

VAanguard

U.S. Department of Veterans Affairs

September/October 2009



The War on Flu

Veterans Justice Outreach Program

The Nation's Newest Veterans

Going Green



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On the cover

VA Secretary Eric K. Shinseki (foreground), joined by Deputy Secretary W. Scott Gould, rolled up his sleeve to get his seasonal flu shot from registered nurse Dean Kavalieratos with other headquarters employees on Oct. 7. VA employees nationwide are being encouraged to join the fight against the spread of both seasonal and H1N1 flu by getting vaccinated against both forms of flu. H1N1 shots will be available later this year. *photo by Robert Turtill*

**Hearing Again,
Thanks to VA**

VA has been taking care of my hearing needs since 2004. I have what the doctors call a profound sensorineural hearing loss. What that really means is that without hearing aids, I am functionally deaf.

I was originally tested, diagnosed and treated at the VA medical center in East Orange, N.J. While the facility is old (like many of us), I believe the equipment is up-to-date and the care is first rate. My audiologist, Dr. Carol Ricci, has been just wonderful. Not only technically competent, she's also very kind and caring.

I was originally fitted with two hearing aids, one in each ear. They worked well in most situations, but not all. For distance and noisy situations, each hearing aid was fitted with an FM receiver. I was

also given a small FM transmitter that when used properly sent desired sound directly into my ears.

All this worked well for a while, but like many with hearing problems, my loss became progressively worse. At my last regular check-up with Dr. Ricci, she found that my right ear had almost no hearing, even with the hearing aid. That's when she suggested that I consider a cochlear implant.

I'm not sure I fully understand how hearing works, how sound entering the ear is sent to the brain and understood as language or music or whatever. I do know that hearing aids mostly amplify sound. With a cochlear implant (a surgical procedure), the surgeon snakes a series of electrodes into the cochlea, an inner ear structure, to replace the natural hearing receptors.

Here's what I do know for sure. With the implant, I can now watch TV, go to the movies, talk on the telephone. I could do none of these before the implant. I was implanted in January by a wonderful group at New York University hospital. Instead of a hearing aid, I wear a processor (about the size of a hearing aid) and a small device that sits on the back of my head. The device stays in place by way of magnets, one in the device and one just under the skin on the back of my head.

My thanks to VA and especially to Dr. Ricci, for pushing me in the right direction, and making it possible for me to hear the birds again. Life is so much better now that I can hear my grandchildren. I only wish I knew what they were talking about (what in the world is Twitter?).

*David Miller
Patient
Long Branch, N.J.*

Growing Interest in Wii

We read with interest your feature on electronic bowling, "Wii-habilitation" (May/June issue). The Bowlers to Veterans Link has been proud to sponsor the Annual BVL Bowling Tournament (now in its 64th year) for veterans receiving care at VA hospitals. Each spring, hundreds of teams from VA facilities coast-to-coast compete for bragging rights and entertain hopes of earning a gold, silver

or bronze medal.

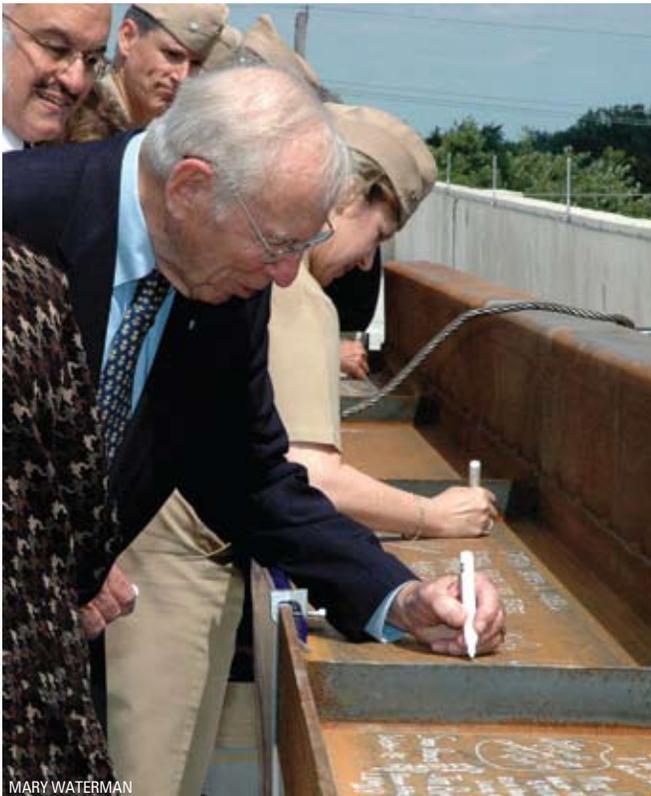
While BVL is pleased to provide veterans an opportunity to enjoy our favorite sport through the tournament, we have noticed the increase in requests from VA facilities for funding of the Wii bowling game. (In addition to our tournament, BVL also provides approximately \$1 million in grants annually for recreational and therapeutic programs at VA hospitals, vet centers and state homes, thanks to funds donated by America's league bowlers and bowling centers.)

This year, in response to what seems to be a growing interest in Wii bowling, BVL expanded our tournament to include two Wii divisions, one for all ages and one for seniors. Although the competition was stiff, teams from the Washington, D.C., VA Medical Center managed to claim first place in both divisions. BVL, and bowling, have come a long way from our inaugural tournament, at which President Harry Truman presided on the White House lanes!

*Darlene Baker
Chair, Board of Directors
Bowlers to Veterans Link
Fairfax, Va.*

Correction

In the July/August issue, the article "A New Gold Standard," on page 25, was credited to Kelly Shreves. Nazaren Hartman also contributed to this article.



MARY WATERMAN

Apollo 13 astronaut and retired Navy captain James A. Lovell signs the final beam of the new federal health care center named in his honor in North Chicago. For more on this, see page 35.

We Want to Hear from You

Have a comment on something you've seen in *Vanguard*? We invite reader feedback. Send your comments to van-guard@va.gov. You can also write to us at: *Vanguard*, Office of Public Affairs (80D), Department of Veterans Affairs, 810 Vermont Ave., N.W., Washington, D.C., 20420. Include your name, title and VA facility. We won't be able to publish every letter, but we'll use representative ones. We may need to edit your letter for length or clarity.



Making VA One of Best Places to Work in Government

John U. Sepúlveda
Assistant Secretary for Human Resources and Administration

My goal as Assistant Secretary for Human Resources and Administration is for VA to become one of the best places to work in government and provide our people the support they need to meet the growing demand for services among veterans and their families.

Our government, including VA, is facing a massive wave of retirements. Fifty percent of all government workers and 70 percent of managers will be eligible to retire in the next five years. This human capital challenge to VA not only offers opportunity for significant hiring, it also requires a major investment in training, health and wellness to help our people reach their full potential.

As our employee population is changing, so is the population of veterans and families we serve. That is why providing training and developmental opportunities for our employees remains the single most important thing we can do to ensure our capacity to serve the present and future generations of veterans and their families.

At VA, our leadership is firmly committed to renewing our internal capabilities and building a foundation for future innovation. Integral to this is creating a culture that nurtures continuous improvement, the heart of which is the training and development of our people.

To rise to these challenges, our plan is to:

- Improve recruiting, hiring and retention. This means having a focus on streamlining the hiring process, improv-

ing the quality of the hiring experience, implementing standardized training for HR professionals throughout the system, and addressing the issues that have the greatest impact on retention of key professional groups.

- Invest in people. Our priority in this area is to establish a more robust leadership competency model and invest in technical training in the occupations that are most central to executing VA's strategy. To do this well, we will factor in generational differences and carefully assess the best modal-

Our leadership is firmly committed to renewing our internal capabilities and building a foundation for future innovation.

ity of training according to the different lines of business.

- Better manage VA's Senior Executive Service assets. Human Resources and Administration is establishing an office that manages and develops the department's SES leaders. The main activities of this office will include leadership training, career development and policy development, while providing a greater emphasis on a more rigorous SES application and selection process.

- Broaden HR capabilities. This will involve investing in our HR professionals throughout VA as well as data systems to support higher value-added roles for the HR function. HR will become a better partner and coach to managers in developing and executing, and in recruiting, hiring, development and retention strategies.

We also intend to

strengthen accountability among managers to make sure they support our employees' needs. This will require aligning their performance to the department's goals in the HR area and providing them the training they need to perform their employee management functions effectively.

Currently, 30 percent of VA employees are veterans, and 8.39 percent of VA employees are service-connected disabled veterans. With the help of our nine regional veterans employment coordinators, VA is working to increase the

including individual lifestyle/exercise plan consultation and help in obtaining short-term and long-term fitness goals.

This benefits not only our individual employees but also VA. A healthier workforce means better morale, increased efficiency, reduced absenteeism and lower health care costs.

Last but not least, our workforce at VA can and will better reflect the diversity of the veterans we serve. While our department's record in this area is a good one, we have gaps that need to be addressed. The level of minority repre-

number of disabled veterans in our workforce with a focus on severely injured veterans of Operation Enduring Freedom and Operation Iraqi Freedom. The Veterans Employment Coordination Service, which operates under my office, will work to increase the percentage of veteran employees in VA's workforce of 270,000 from 30 to 33 percent.

The department-wide Employee Health and Wellness Committee, which I chair, is establishing a comprehensive program offering a wide variety of health and wellness activities and instructional programs. These include fitness and challenge incentive programs, educational seminars, and nutrition education, among others. Wellness/fitness specialists will also be available to provide online wellness coaching and personal training

sentation among the ranks of the senior executives is one of these gaps.

We will close these and other gaps by aggressively identifying and working to eliminate barriers to equal opportunity, cultivating an inclusive workplace that enables full participation, and promoting accountability for ensuring greater diversity among our senior leaders. Only by fully tapping into the rich diversity of our community can we realize our performance potential. **VA**

Top Priorities

- Improve recruiting, hiring and retention.
- Invest in people.
- Better manage SES assets.
- Broaden HR capabilities.



Navy veteran Kevin White was one of thousands of veterans who got emergency payments of their Post-9/11 GI Bill education benefits on Oct. 2. He applied at the VA regional office in Washington, D.C.

Emergency GI Bill Checks for Student Veterans

VA's 57 regional benefits offices began providing on-the-spot emergency payments of up to

\$3,000 on Oct. 2 to student veterans who had applied for their Post-9/11 GI Bill educa-

tion benefits but who had not yet received a government payment.

Students had the option of either applying for the checks in person at their nearest regional office or applying online. Veterans without transportation could request free van service to the regional office by calling their nearest VA medical center.

The emergency checks were an advance on each student's education benefits, and the amount will be deducted from future benefits payments. Checks were written at the regional offices for veterans who brought a photo ID and evidence of their college enrollment.

By the end of the first day, more than 8,500 checks valued at nearly \$26 million had been issued to eligible student veterans, and 7,880 requests for funds had been submitted online with an additional \$23.6 million being distributed. Applications from approximately 25,000 veterans are currently being processed for Post-9/11 GI Bill education benefit payments to students or schools.

2009 National Survey of Veterans is Unprecedented in Scope

For the first time in VA history, the 2009 National Survey of Veterans will include active duty service members, spouses of veterans and active duty service members, surviving spouses of deceased veterans, and activated National Guard members and reservists. The expansion of the survey group beyond veterans is in response to Public Law 108-454.

VA's Office of Policy and Planning is gearing up to launch this 2009 National Survey of Veterans in October. Approximately 130,000 households across the nation will receive a screener for the survey. Those households were chosen through a random

sample drawn from U.S. Postal Service and Defense Department databases. VA expects to locate approximately 10,000 survey participants from the mailing. Survey participants will be able to complete and return the survey through the Postal Service or a password-protected Web address.

The purpose of the survey is to assess the current level of awareness of VA benefits and services by veterans, active duty members, reservists/National Guard members, their spouses and their survivors. The 2009 National Survey of Veterans will provide VA, Congress, stakeholders and the public a clearer picture of the

veteran population and their characteristics.

The information from the survey will be used to evaluate existing programs and policies; to establish baseline measures for planning and implementing new programs and policies; and to monitor progress of programs and policies and their impact on the population. In addition, the survey will provide information to support future VA policy, planning and quality improvement decisions.

The survey will target four overlapping subpopulations of veterans that are identified as special interest by the act:

- World War II veterans;
- Korean era veterans;
- Vietnam era veterans; and
- Gulf era veterans.

In addition, the survey will make extra effort to contact three difficult-to-reach special subgroups of interest:

- Minority (African-American and Hispanic) veterans;
- Young veterans (age 30 or younger); and
- Female veterans.

The survey will also target spouses of:

- Active duty service members;
- Activated National Guard members and reservists;
- Veterans; and
- Deceased veterans. [VA](#)

Veterans Justice Outreach: Diversion to Treatment

New initiative aimed at helping veterans who have encounters with the criminal justice system.

According to a Pew study released earlier this year, one in 31 adults in the United States is in the corrections system, which includes jail, prison, probation and supervision. Of the 2.3 million incarcerated Americans, almost 10 percent are veterans. Seventy percent of veterans are in jail for non-violent crimes; about 60 percent have some type of substance dependence problem; and more than 33 percent have serious mental illness.

A new VA initiative, the Veterans Justice Outreach program, is gearing up to help these veterans and prevent many from becoming repeat offenders by treating their problems, not the symptoms.

“About four in every five incarcerated veterans qualify for VA services upon release,” said the program’s manager, Dr. Jim McGuire. “Our goal is to make VA services more accessible to these veterans and provide treatment for the conditions that led to their contact with law enforcement.”

As an example, a veteran could be arrested for driving under the influence and has a drinking or substance abuse problem. While substance abuse is certainly a problem, an underlying cause could be post-traumatic stress disorder or another condition that leads to drinking or substance abuse. So treat the conditions, address the symptoms, and curb repeat offenses.

Under the program, VA will work closely with law enforcement as well as with local courts to identify veterans and link them with VA services. To accomplish this, the department

has 145 Veterans Justice Outreach specialists at VA medical centers across the system.

“Veterans Justice Outreach specialists are licensed mental health practitioners who fill the position mostly as collateral duty,” explained McGuire, a Los Angeles-based social worker with the Office of Mental Health Services in VA headquarters. “They serve three distinct functions: one, to coordinate law enforcement training on dealing with veterans; two, to assess a veteran’s health care

veteran during an encounter without escalating the situation. Once a veteran is identified by law enforcement, the specialist will assess the veteran for health care needs and VA eligibility, and coordinate with the court to get the veteran treatment.

“This is not about getting out of jail ‘free,’” said McGuire. “For those who the justice system says diversion for treatment is appropriate, it’s about getting these veterans the health care and services they need and preventing future run-ins with law enforcement.”

The third and final role of the VJO specialist is to serve as a liaison between VA and the courts. Specialists will facilitate veteran access to VA services, make patient progress reports to the court, and can function as a member of a court treatment team.

Currently, VJO specialists are taking the first steps to establish relationships with their local court systems as well as other agencies that can help with the identification and treat-

ment of veterans in contact with the criminal justice system.

McGuire said that other VA staff can play a powerful role in the department’s justice outreach initiative by remembering that the justice-involved population rarely receives friendly reception and that good engagement with these veterans is crucial to their effective use of VA services.

For more information about VJO, contact Sean Clark, national Veterans Justice Outreach coordinator, at sean.clark2@va.gov. **VA**



needs in jail and court, and coordinate treatment with the courts; and finally, to serve as a liaison between the courts and VA.”

Law enforcement officers are often the first to come in contact with veterans who may be in need of VA health care services. VJO specialists will work extensively to help educate these officers about issues surrounding veterans, such as PTSD and traumatic brain injury. The goal is to help law enforcement understand the signs, symptoms and behaviors, not only to identify a veteran who has a problem, but also to learn how to deal with a

By Gary Hicks

A Final Resting Place for Some 19th-Century Soldiers

Three Buffalo Soldiers are buried with honors at Santa Fe National Cemetery.

The American flag waved proudly from the main flagpole at Santa Fe National Cemetery against a radiant New Mexico sky as 300 people assembled the morning of July 28 for the reinterment ceremony of three 19th-century soldiers. The men had been stationed at Fort Craig, a remote military outpost located along the Rio Grande about 40 miles south of Socorro. They were being honored after their remains were recovered from the Fort Craig Cemetery by the Department of the Interior's Bureau of Reclamation.

Fort Craig was built in 1854 and played a significant role in the Civil War and Indian wars. In 1862, more than 100 Union troops were killed defending the fort against Texas Confederates in the Battle of Valverde and were subsequently buried in the Fort Craig Cemetery. After the war, the Army conducted military operations against the Apache tribes in an effort to protect local settlements.

Death by violence was common in the Old West, but records show that many civilians and soldiers occupying the fort died of diseases like dysentery, typhoid fever and others. War with the Indians abated in the 1880s and finally, in 1885, Fort Craig was abandoned permanently.

All known remains from the post cemetery were moved to other cemeteries in two exhumations and reburials, one that took place in 1878 and another in 1886. But in 2005, during a criminal looting investigation, the Department of the Interior discovered

that not all of the remains had been removed from the cemetery. In 2007, the Bureau of Reclamation exhumed 64 previously "forgotten" remains and worked with VA's National Cemetery Administration to move them to Santa Fe National Cemetery for permanent interment.

Of those remains, 61 were unidentified and believed to have been soldiers, women and children who lived at the fort. On June 23, the unknown remains, separated in small, individual containers, were reburied

first peacetime all-black regiments of the U.S. Army. As members of the 38th and 125th Infantries and the 9th Cavalry assigned to Fort Craig, these African-American soldiers protected mail routes and supply lines from raids by Indians and outlaws.

After having been forgotten for more than a century, the three Buffalo Soldiers arrived at their final resting place with full military honors. Members of the Arizona Buffalo Soldiers Association, in period dress, served as pallbearers. The New Mexico Army National Guard presented the flag and rendered a rifle salute. The New Mexico Territorial Brass Band, also dressed in period uniforms, performed musical selections, including taps.

"It's important to have these soldiers rest in peace in a national cemetery with honor and dignity," said cemetery director Cliff Shields. "These men fought for our freedom, the freedom we enjoy as Americans today."

Following the formal part of the ceremony, Shields asked that the

media and public wait in place while cemetery staff interred the remains in section 15A. He then invited the guests to view and photograph the site, which consisted of three individual markers inscribed with name, rank, unit, birth and death dates. While gathered around the soldiers' final resting place, the Buffalo Soldier re-enactors broke into an emotional rendition of "Boots and Saddles," an old Western cavalry song. **VA**



Members of the New Mexico Army National Guard and the Arizona Buffalo Soldiers Association render honors for the three identified remains of the Fort Craig Buffalo Soldiers.

EZEQUIEL ACEVEDO

at Santa Fe National Cemetery in a modest ceremony. They were laid to rest in section 51A and memorialized with a historical marker.

Archaeologists identified three of the remains through forensic analysis coupled with extensive research of military documents at the National Archives. The remains are those of Pvt. David Ford, Pvt. Levi Morris and Pvt. Thomas Smith, all of whom died between 1866 and 1877. They were "Buffalo Soldiers," members of units established by Congress as the

By Chris Erbe

‘Warrior Citizen’: A Soldier’s Path to War and Back

Book by social worker highlights veteran’s journey from childhood dreams to the difficulties of readjusting to civilian life.

Jason Henson is just 16 years old when he witnesses a homecoming parade of soldiers returning from Desert Storm. From that moment, he knows he wants to join the military, serve his country, and experience a homecoming just like that of the 132nd Transportation Company of Harrisville, Pa.

“He’s a very patriotic young man,” said Jeremy Harrison, a social worker at the Morgantown (W.Va.) Vet Center. “At that moment, he decided to follow in the footsteps of those heroes.”

Henson signs on as an Army reservist while attending Penn State to become a doctor like his father, Ray, the hometown family physician. Life is good for Jason—he graduates from medical school and marries his sweetheart, Shannon Miller. Then he’s called to active duty to serve in Operation Iraqi Freedom.

“Following the Sept. 11, 2001, attacks, Jason goes through the stressful process of pre-mobilization and mobilization, as well as the ups and downs of serving in a combat zone,” said Harrison.

“When he comes back home, there are some noticeable changes in Jason. He’s abusing alcohol and displaying typical signs of post-traumatic stress disorder.”

As a VA social worker and an adjunct professor at West Virginia University, Harrison is fully capable of recognizing signs of PTSD and other symptoms displayed by combat veterans. He himself is an OIF veteran, having served in 2003 and 2004 as a combat engineer during the invasion.

Harrison and Henson have many things in common and share similar experiences, but there is a special connection between the two—Harrison

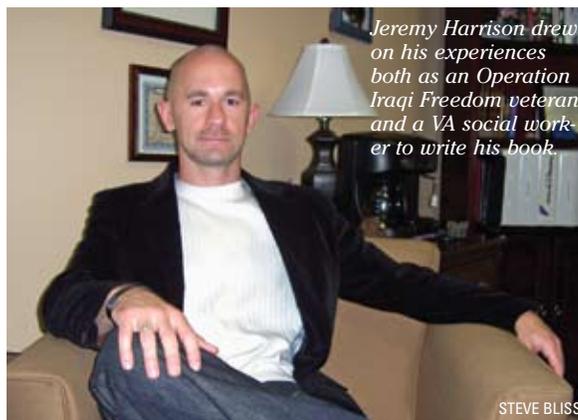
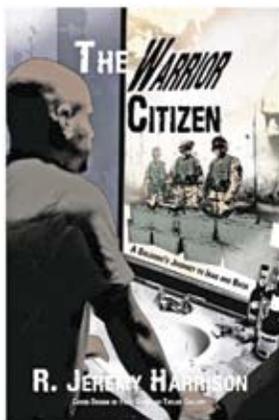
created Henson as the main character in his book, *The Warrior Citizen: A Soldier’s Journey to Iraq and Back*.

Inspired by true-life experiences, *The Warrior Citizen* follows a soldier’s journey from the moment he dreams of joining the Army through basic training, 12 months of service in Iraq, and return to his Pennsylvania home. He receives the homecoming he imagined as a teenager, but the cost may have been too great.

“My friends and family that have read the book have noticed some similarities between us,” Harrison said, “but it is a work of fiction.”

In addition to his work with veterans and families at VA, Harrison also teaches a 600-level course at WVU titled, “Social Work Practice with America’s Veterans and Families.” VA

By Gary Hicks



Jeremy Harrison drew on his experiences both as an Operation Iraqi Freedom veteran and a VA social worker to write his book.

More Books With a VA Connection

Another recently released book, *Hidden Battles on Unseen Fronts: Stories of American Soldiers with Traumatic Brain Injury and PTSD*, published for the nonprofit Armed Forces Foundation, includes six essays contributed by top VA mental health and rehabilitation services officials and professional staff.

The book features first-person essays from 21 soldiers and veterans who have dealt with traumatic brain injury or PTSD. The VA contributors highlight VA programs, services and research in those areas. The book also includes contributions from the Department of Defense, including a foreword by Army Brig. Gen. Loree Sutton, M.D., director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. The co-authors are Patricia Driscoll, president of the Armed Forces Foundation, and Celia Straus, an award-winning writer and film producer. All proceeds from the work will go directly to the front line of support for injured soldiers and their families.

If you are a VA employee that has written or been featured in a book about or for veterans, contact Gary Hicks at gary.hicks@va.gov for future inclusion in *Vanguard*.

RollModels

Veterans show courage and a lot of heart at Wheelchair Games.

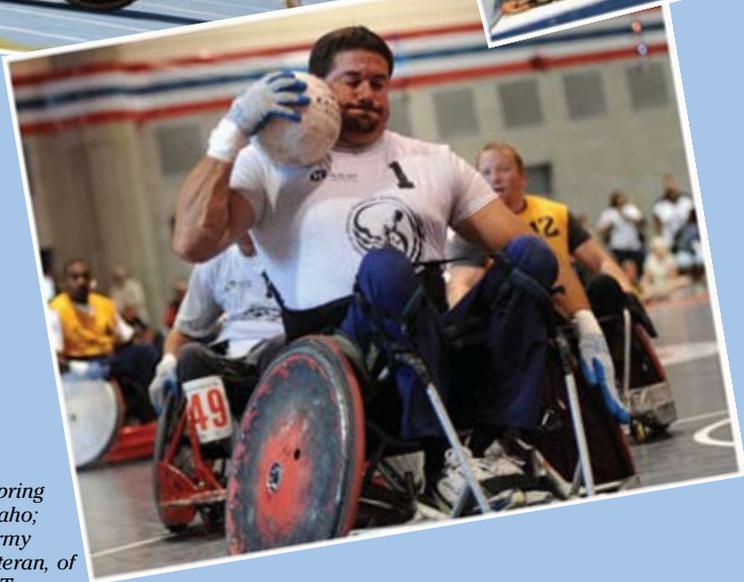
The hits kept coming on the quad rugby court as veterans rammed their armored wheelchairs into each other and across the goal line in a determined effort to take home the gold medal at the 29th National Veterans Wheelchair Games, held July 13-18 in Spokane, Wash.

Quad rugby was just one of 17 sports offered this year that provided a glimpse of the courage, heart and determination of the 500-plus athletes who competed in the Games. Other events included basketball, shot put, track, swimming, and the grueling slalom obstacle course, just to name a few.

VA and Paralyzed Veterans of America co-present the Games, the largest annual wheelchair sports event in the world. The Wheelchair Games promote a healthy lifestyle for military veterans who use wheelchairs due to spinal cord injuries, amputations or certain neurological conditions.

These photos depict the will and drive of the athletes who compete in the Games. In Spokane, many spectators agreed that these veterans are “roll models” for all Americans. Next year, the Games will be held July 4-9 in Denver, where competitors will showcase “Games with Heart—A Mile High!”

For more information, visit www.wheelchairgames.va.gov, or contact Tom Brown, event director, at (210) 617-5159 or Tom.Brown@va.gov. 



Clockwise from top right: Jacqueline Tyler, Army veteran, of Spring Valley, Ohio; Sean Halsted, Air Force veteran, of Rathdrum, Idaho; Scot Severn, Army veteran, of Caro, Mich.; Michael Trujillo, Army veteran, of Huntington Beach, Calif.; and John Potter, Navy veteran, of Fort Worth, Texas. Photos by Wheelchair Games Photography Team.

Veteran-Owned Businesses: Providing Services, Stimulating the Economy

VA is spending more than half of its stimulus funds with veteran businesses.

If you watch the news, chances are you've heard the phrases "stimulus package" or "stimulus spending" more than once. You've probably heard good things and a few negative things from pundits, but what exactly is it?

Officially known as the American Recovery and Reinvestment Act of 2009, the stimulus package is a piece of legislation designed to inject \$787 billion into the U.S. economy. As a whole, that dollar figure is hard to comprehend, but VA's \$1.4 billion portion of the act is easier to grasp.

Two previous articles in *Vanguard* outlined how the money is being spent, such as the Veterans Health Administration's \$601 million for non-recurring maintenance projects to correct, replace, upgrade and modernize existing infrastructure and utility systems for VA medical centers; the Veterans Benefits Administration's \$150 million allotted to hire 2,293 temporary claims processors; or the \$50 million set aside for the National Cemetery Administration to complete monument and memorial repairs to honor the final resting place of American veterans in its national shrines.

Obviously, VA is using its portion of the stimulus dollars to better serve veterans, but how does that tie in with helping America's economy? VHA's chief procurement and logistics officer, Fred Downs, has a simple explanation: "buy American; buy small business."

The majority of VA's employees provide direct services to veterans such as surgical procedures, counsel-

ing or even securing a home loan. VA employees don't design and build state-of-the-art medical centers, repave parking lots or engineer and build green energy systems. For those types of projects, the department contracts the experts—American small businesses.

Small businesses represent more than 99 percent of all employers in the U.S. and about half of the country's Gross Domestic Product. When VA contracts with a small business, money flows from the government to the business to its employees, who in turn pay bills and purchase other goods and services in their community. That is the principle behind stimulus spending and how VA is carrying out its part of the President's plan.

This theory isn't new. The federal government realized a long time ago that small business is the driving force behind America's economy. As a matter of fact, all federal agencies have mandatory goals when it comes to contracting with small businesses. Agencies are required to spend 5 percent of their contracting dollars with small disadvantaged businesses; 5 percent with women-owned businesses; 3 percent with HUBZone-certified businesses, those in historically underutilized business zones; and 3 percent with service-disabled veteran-owned businesses.

However, the Veterans Benefits, Health Care, and Information Technology Act of 2006 gave VA the ability to set higher goals for itself when it comes to doing business with veteran-owned businesses. VA's goal for doing

business with service-disabled veteran-owned businesses currently stands at 7 percent.

In fiscal year 2008, only four of 24 federal agencies met their contracting goal with service-disabled veteran-owned businesses. VA led that group with 11.6 percent of its contracting dollars; the Department of Labor came in a distant second with only 4.34 percent.

As of September, VA is on track to shatter last year's record spending with service-disabled veteran-owned businesses through the use of ARRA funds.

"We are currently spending close to 60 percent of ARRA funding with veteran businesses," said Downs.

Although federal agencies have tools, like set asides, which allow non-competitive awarding of contracts to meet their goals, VA is competitively bidding these jobs.

"While all of our projects are nearly 100 percent competitive, we've found that we can bid some projects among veteran-owned businesses," said VA Deputy Assistant Secretary for Finance Ed Murray. "While the project is still competitive, veteran-owned businesses are competing with each other for the project and not other companies."

The types of VA projects veteran businesses are completing range from plumbing and electrical upgrades to paving parking lots and renovating emergency and operating rooms.

"The majority of the veteran business owners are craftsmen," said Downs. "They do quality work and



ROBERT TURTEL

When it comes to stimulus spending, “buy American; buy small business” is the mantra of Fred Downs, left, chief procurement and logistics officer for the Veterans Health Administration; with him is VA Deputy Assistant Secretary for Finance Ed Murray.

receive good feedback. The ARRA funding is affording them work they might not otherwise have in the current economy. Plus it’s an opportunity to build a reputation and earn more work in the future.”

As of Aug. 31, VHA had awarded 239 ARRA projects; 121 of those projects went to service-disabled veteran-owned businesses, and 15 projects went to veteran-owned businesses. Out of the \$108 million spent so far, veteran and service-disabled veteran-owned businesses collected \$89.5 million.

While Downs, a Vietnam vet from a blue collar family, preaches “buy American; buy small business,” he isn’t solely responsible for the large amount of business being done. It’s a team effort.

“We have follow-ups every day

and weekly meetings,” explained Downs, who keeps in touch with VISN coordinators, contracting staff, tiger teams, the National Acquisition Center and all points in between. “Our job is to keep everyone informed, show them where they are and help them move forward. It involves everyone from the VISN to the COTR (Contracting Officer Technical Representative).”

All of the VA Recovery Act dollars will in some way benefit veterans—improving patient care areas, access and facilities, providing direct veteran payments, improving infrastructure and systems, and enhancing national cemeteries.

Using a high number of veteran businesses to accomplish these goals is icing on the cake. These veteran-owned businesses are not only helping

their fellow veterans through these projects, they are also hiring more people, stimulating a struggling economy, and in a sense still serving a country that they once proudly defended.

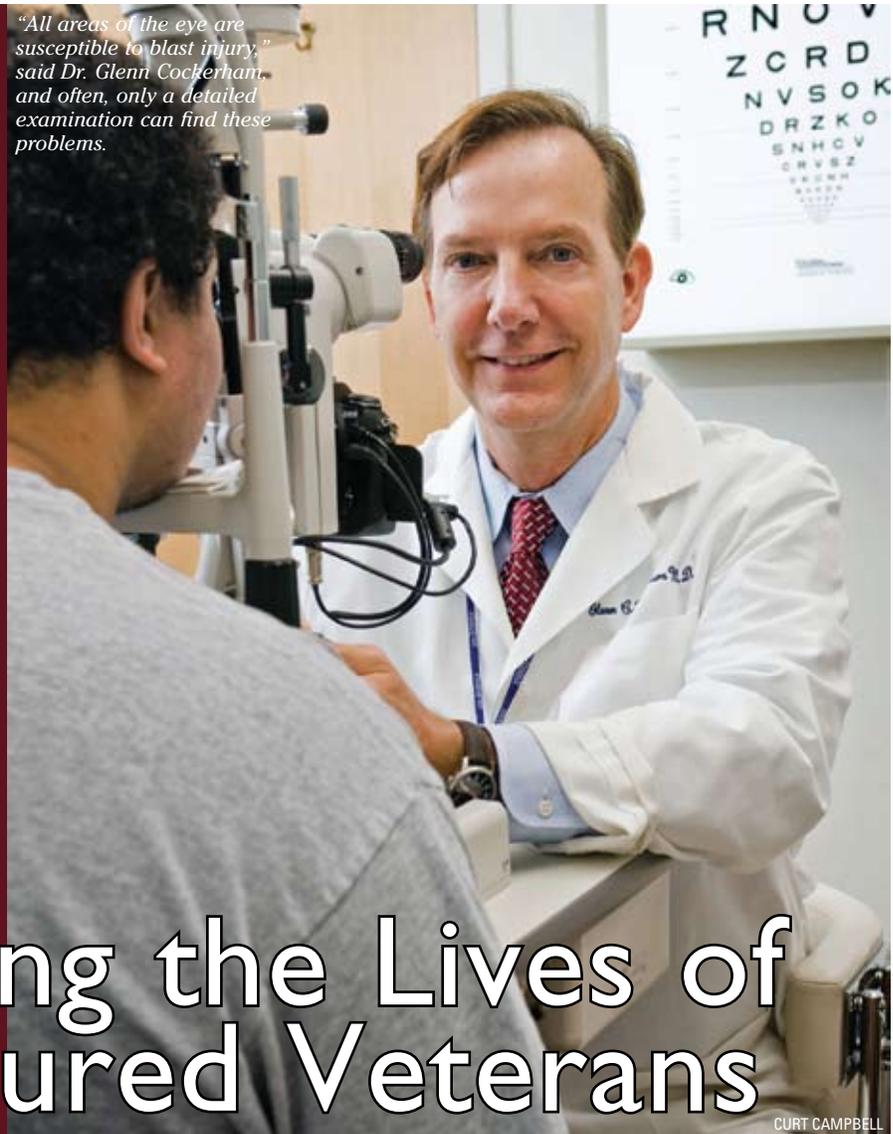
VHA predicts that the percentage of contracts awarded to veteran-owned businesses will drop as contracting needs change toward the end of the year, but they still expect the final number to be near 50 percent.

The American Recovery and Reinvestment Act of 2009 was signed into law by President Obama on Feb. 17 in an unprecedented effort to jumpstart America’s economy, create or save millions of jobs, and put a down payment on addressing long-neglected challenges so the country can thrive in the 21st century. **VA**

By Gary Hicks

Palo Alto doctors receive national recognition for their groundbreaking work.

"All areas of the eye are susceptible to blast injury," said Dr. Glenn Cockerham, and often, only a detailed examination can find these problems.



CURT CAMPBELL

Improving the Lives of War-Injured Veterans

Bringing together research and clinical care, two doctors at the VA Palo Alto Health Care System in California were recently recognized for their groundbreaking efforts in the care of veterans injured in the Afghanistan and Iraq wars.

Dr. Gregory Goodrich, research psychologist, and Dr. Glenn Cockerham, chief of ophthalmology, were selected to receive the 2009 Olin E. Teague Award, a national award that recognizes outstanding achievement in an area of utmost importance to VA's mission: the rehabilitation and improvement in the quality of life of war-injured veterans.

The doctors' research efforts began in 2004, when they noticed that soldiers and Marines who were exposed to combat blasts also had visual disorders and eye injuries that often went undiagnosed by the Department of Defense and VA health care systems. These personnel usually had traumatic brain injury, a common aftermath of blasts.

Modern body armor offers improved protection against blasts, but the face remains relatively exposed. Published scientific literature rarely addressed this population or discussed the visual system in patients with TBI.

"As one example, a 25-year-old

Army soldier was thrown through the air and lost consciousness following an IED blast in Iraq," said Cockerham. "When he regained consciousness, he was not aware of any damage to his eyes. As an inpatient at our polytrauma center, the soldier voiced no eye or vision complaints, and his corrected vision was 20/20 in each eye. Our examination found a retinal detachment that if untreated could have led to vision loss.

"All areas of the eye and orbit are susceptible to blast injury, and are often asymptomatic," Cockerham continued. "A detailed examination is required to find this. The concern is

that internal damage may lead to retinal detachments or glaucoma in the future in this young population.

“We also find visual dysfunction in soldiers who pass a standard vision screening test. Patients with TBI after blast exposure rate their visual quality of life very poorly, even with good standard visual acuity. Ongoing surveillance is necessary to follow these problems.”

The seminal research done at VA Palo Alto led to the development of improved eye and vision injury examination techniques, which were adopted as the standard of care in 2008 for inpatients with TBI at all VA polytrauma centers.

“We have learned so much,” said Goodrich. “We now know that with a thorough eye examination with emphasis on traumatic injury, what might formerly have been thought to be anger expressed from post-traumatic stress disorder could be frustration in not seeing well and not understanding why. Our blind rehabilitation specialists are working closely with our ophthalmologists to ensure veterans receive the training they need, which in the past was just not done.”

Goodrich gave an example. An Army captain, 22, sustained a severe brain injury that left her with the loss of her left visual field, as well as

reduced memory, motor and cognitive functions. Her visual deficits included poor reading and mobility skills.

Initially her mobility was impaired by both the field loss and by visual neglect (lack of awareness of the visual loss), as well as poor visual search skills that led to a number of falls at curbs and on tripping hazards. A multidisciplinary vision rehabilitation program, including the first use in the United States of the Neuro Vision

“If we can be a model for other facilities, we can help improve the lives of the many thousand Americans who experience a traumatic brain injury each year.”

Technology assessment and training program, was prescribed to improve her visual abilities. This therapy re-trains visual scanning and perceptual awareness.

Through this comprehensive rehabilitation effort, the captain was able to overcome her visual loss and neglect and regain her ability to travel safely and effectively. She also was able to dramatically improve her reading ability and to once again carry out a full range of daily activities. She now lives independently and is pursuing additional education that will allow her to return to work.

“Visual impairment needlessly results in social isolation, depression, unemployment, and reduced independence, among other factors reducing quality of life,” said Goodrich. “If we can be a model for other facilities, we can help improve the lives of the many thousand Americans who experience a traumatic brain injury each year, whether from stroke, motor vehicle accidents, falls, assaults, gunshot wounds, and other causes.”

“Visual damage and ocular injury in combat have been recognized by Congress as an important area of research with the creation of the Vision Center of Excellence, a joint collaboration between DoD and VA,” Cockerham added. “This agency will manage an Eye Injury Registry to allow tracking of war injuries, coordinate clinical guidelines and fund and supervise research. It is rewarding to know that we played a role in this effort and in future efforts to improve the lives of our war-injured veterans through prevention and rehabilitation.”

VA Chief of Staff John Gingrich presented the 29th annual Olin E. Teague Award to Goodrich and Cockerham at a Sept. 17 ceremony on Capitol Hill. Also on hand to make the award presentation was Teague’s daughter, Jill Cochran.

The Teague award was established by VA to honor the late Texas congressman, whose leadership as chairman of the House Committee on Veterans’ Affairs for 18 years provided vital support to the agency’s mission of serving America’s veterans. A highly decorated World War II veteran, Teague represented his state’s 6th District for 32 years. He retired in 1978 and died in 1981. **VA**

By Kerri Childress



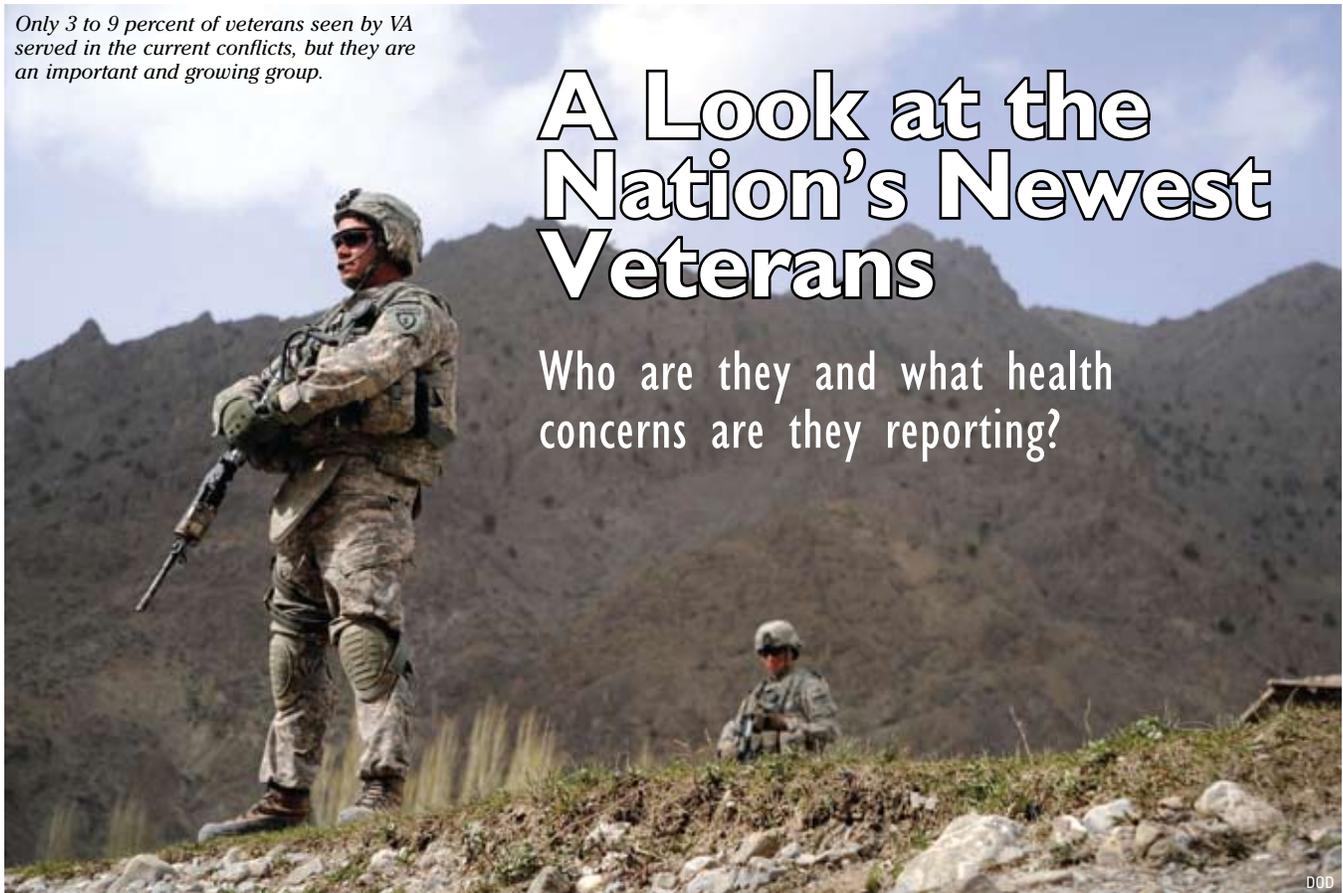
Dr. Gregory Goodrich works with VA Palo Alto Health Care System patient Jason Poole, who was injured by a roadside bomb in Iraq.

CURT CAMPBELL

Only 3 to 9 percent of veterans seen by VA served in the current conflicts, but they are an important and growing group.

A Look at the Nation's Newest Veterans

Who are they and what health concerns are they reporting?



As the global war on terrorism moves into its eighth year, 1.6 million men and women have served in Afghanistan or Iraq as part of America's all-volunteer fighting force. Up to 75 percent of deployed troops have endured two or more deployments during the current conflicts, which have continued longer than World War II. Repeated and extended deployments have been associated with increased physical and mental health concerns.

More than 40 percent of eligible veterans from Operation Enduring Freedom and Operation Iraqi Freedom have already been seen in VA clinics and hospitals. Although only 3 to 9 percent of veterans seen across VA health care networks are OEF/OIF-era veterans, they are an important and growing group of VA patients. They are ethnically diverse (more than 35 percent minority), and include many more women (12 percent) than the

Vietnam War (only 0.5 percent of Vietnam veterans were women).

The OEF/OIF veterans range in age from 18 to over 65, with an average age of 24. As they return from war zone deployments or separate from active duty components, they immediately become eligible for VA health care for five years for any condition potentially related to their service, and veterans with service-connected disabilities continue receiving benefits after five years.

Because VA has not been part of the culture of the reserve component, outreach efforts through post-deployment health reassessment events, in collaboration with the Department of Defense, have been implemented to provide information about VA services to new veterans 30 to 90 days after their return from deployment. Currently, about half of OEF/OIF veterans seen in VA facilities have served in National Guard or reserve

components.

The combination of early VA enrollment, repeated post-deployment health assessments, improved communication with DoD and community partners, and novel outreach efforts, presents VA with a unique opportunity to help this new cohort of veterans with a variety of service-related health concerns. Similarly, we have a unique opportunity to identify prevention issues and provide early interventions to promote health and prevent chronic disease.

The two most frequent diagnoses among OEF/OIF veterans presenting to VA clinics are: musculoskeletal disorders, including joint and back pain often associated with military duties such as carrying heavy equipment and body armor over uneven terrain; and mental health disorders, including post-traumatic stress disorder, depression and substance abuse, usually first identified by a primary care provider.

The impact of acute and chronic pain may be associated with both of these presenting conditions. Most war veterans successfully transition to civilian life, yet all are affected by their war experiences.

Through a series of six focus groups with OEF/OIF veterans from both active duty and reserve components residing in North Carolina, several themes representing common health concerns emerged. Participants reported sleep problems and difficulties with anger, irritability, concentration and memory. Many described chronic joint pain, hearing loss, digestive problems and weight changes—most frequently weight gain. Some digestive problems were attributed to bouts of dysentery while deployed, and concerns were voiced about food safety, exposure to smoke and toxins, mandatory vaccines and malaria prophylaxis, and exposure to desert insects and animals. Several women expressed concerns about post-deployment fertility and miscarriages.

Changes in mood and frequent anger or irritability were often associated with marital and employment problems stemming from interpersonal conflicts. In addition to directly impacting relationships with family and co-workers, the potential impact of readjustment problems, including depression and PTSD, on employment and related financial stress has emerged as a key issue for returning veterans.

Further, exposure to blasts and other injuries have resulted in traumatic brain injury. It has been estimated

that about 19 percent of returning service members may have experienced TBI while deployed, and in one study, 12 percent reported symptoms of mild TBI or post-concussive syndrome following deployment.

Symptoms of mood and memory problems overlap in mild TBI and PTSD, including difficulties with attention, concentration, recall and temper, which can affect employment and educational options. Unemployment rates among veterans ages 20 to 24 is 15 percent, three times the national average for this age group. These veterans may face difficulty transferring military skills to the civilian workforce or resuming their prior employment, also placing them at



“When I get home, I don’t even want to be with my family. It’s like I just go into my office area and work on my computers and stuff. Anybody really talks to me or anything like that, it just aggravates me.”

“My knees just started hurting when I got home.”

“We had to do a lot of sleeping outside when we first got there. I still got welts on me from the bugs, from bug bites at night. I even end up having to take about three or four Benadryl just to get to sleep at night.”

“I miss the adrenaline rushes; I can’t get a fix on those. I wind up driving just as fast as I can go, flying through traffic.”

“My wife has threatened to leave me if I don’t see somebody about my anger issues.”

“Everybody is happy for you to be back and they rush around you and they want to spend time and I’m just saying ... leave me alone!”

risk for homelessness.

Some of the same strategies that service members may use initially to celebrate homecoming or to cope with deployment or readjustment problems may emerge later as behavioral health risks. Recent analysis of longitudinal data from the Millennium Cohort study (June 2004-June 2006) revealed that heavy drinking, binge drinking, and alcohol-related problems were more prevalent among deployed troops with combat exposure. New-onset binge drinking rates were greater than 25 percent among reserve/National Guard troops; overall, younger service members and reserve component personnel with combat exposures were at highest risk of new-onset weekly drinking, binge drinking and alcohol-related problems.

Among OEF/OIF veterans seen at VA hospitals and clinics in 2005 who completed the Survey of Healthcare Experiences of Patients, 40 percent screened positive for potentially haz-

ardous alcohol use on the three-item AUDIT-C, and only 31 percent of these reported having been advised by their doctor to reduce their drinking. Due to increased risky behaviors associated with alcohol use, including aggressive driving and inconsistent seat-belt use, routine assessment of alcohol and other substance use provides an excellent prevention target.

High rates of tobacco use have also been reported both within active duty cohorts (up to 35 percent) and within VA OEF/OIF cohorts (31 percent smoked within the past year, 24 percent currently smoking at time of clinic visit). Tobacco is the most lethal and costly substance use disorder in the U.S., and routine tobacco use screening and effective smoking cessation treatment can promote health and well-being among this group of veterans, many of whom may be cared for by VA for many years to come.

Finally, the transition of fighting forces to civilian life includes drastic

changes in dietary and physical activity routines. Widely reported post-deployment weight gain may present increased risk for chronic and acute joint problems, particularly for backs, knees and ankles already worn or injured by extended physical duties carrying heavy gear over uneven terrain.

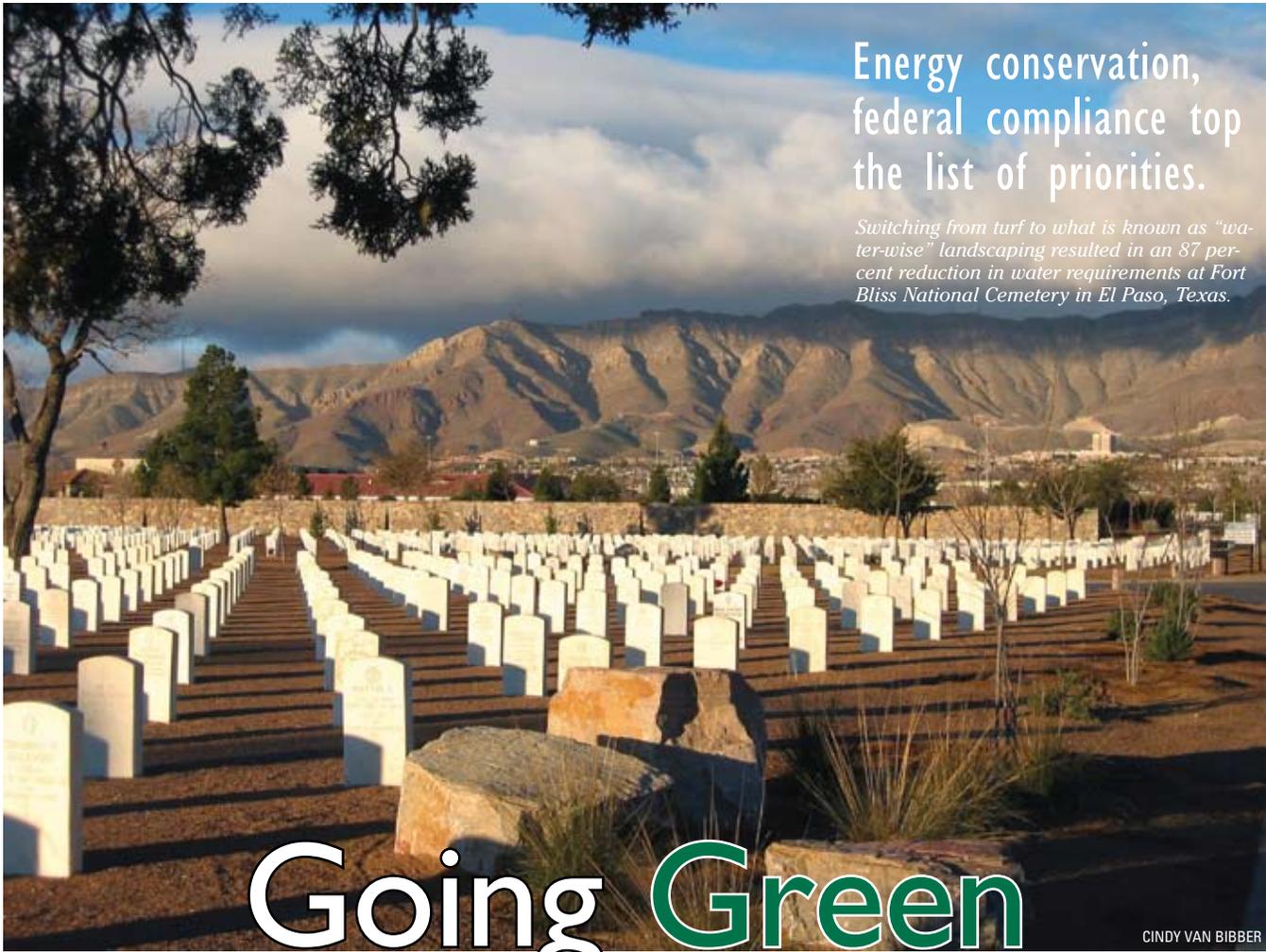
Support for healthy eating and routine physical activity are indicated for this group of veterans, and may mesh with their personal goals to reconnect with family, jobs and peers as they transition to civilian life. Their health concerns warrant careful attention and the full range of programmatic health promotion support that VA can offer in collaboration with DoD and community partners. **VA**

Editor's note: From an article published in Health Power! Prevention News, a publication of the VA National Center for Health Promotion and Disease Prevention, by Kristy Straits-Tröster, Ph.D., Brianna Gillikin and Harold Kudler, M.D., with the VA Mid-Atlantic Network's Post-Deployment Mental Illness Research, Education and Clinical Center.



Musculoskeletal disorders, often associated with military duties such as carrying heavy equipment and body armor over uneven terrain, are a common diagnosis among OEF/OIF veterans seen in VA clinics.

DOD



Energy conservation, federal compliance top the list of priorities.

Switching from turf to what is known as “water-wise” landscaping resulted in an 87 percent reduction in water requirements at Fort Bliss National Cemetery in El Paso, Texas.

Going Green

CINDY VAN BIBBER

Conserve energy, save the environment, help veterans! Across the VA landscape, at facilities new and old, VA is going green.

From replacing and updating lighting, plumbing, and boilers, to conserving and reducing energy, water and other resources, VA is enhancing efficiency and maximizing savings, allowing more money to go towards the department’s greater mission—serving veterans. With an additional \$68 million in assistance for investments in clean energy and conservation from President Obama’s American Recovery and Reinvestment Act of 2009, VA received a boost to its ongoing conservation programs.

“These investments help spur new energy savings and, at the same time, reduce our environmental footprint,”

said VA Secretary Eric K. Shinseki. “Since hospitals use such large amounts of energy, we need to step up our efforts to transition to clean-energy technologies. These measures, identified through regularly scheduled energy audits, facility condition assessments, and ongoing monitoring by energy engineers and other staff, are important steps in ‘greening’ VA.”

With new environmentally-friendly buildings being constructed across the nation, and older facilities being renovated and retrofitted, VA’s latest efforts were spurred by the recent passage of the American Clean Energy and Security Act of 2009 by the House of Representatives. Aimed at boosting the production of renewable energy while creating jobs, the act encourages a reduction in depen-

dence on foreign energy, and limiting harmful greenhouse gas emissions. The bill also includes a provision to significantly increase the use of renewable electricity by the federal government—the nation’s largest energy consumer.

By 2015, VA’s goal is to cut energy and water consumption, as well as vehicle fuel use, by 2 percent a year. Consider this: a typical VA medical center of 1 million square feet has a combined annual gas and electric bill of \$3.2 million. Cut that by 2 percent and VA would save \$64,000 a year per facility.

The department is already headed in the right direction. The new VA regional office in Fort Harrison, Mont., recently received its Leadership in Energy and Environmental Design certi-

fication from the U.S. Green Building Council as a “Green Building” in support of the President’s Management Agenda. The LEED design shows a strong commitment to promoting energy efficiency and a healthy environment for building occupants.

The VA Pittsburgh Healthcare System also moved into a new 70,000-square-foot LEED-certified administration building. Holding almost 250 employees, the two-story building is lined with large windows, allowing daylight into 85 percent of the office spaces. During construction, the building’s contractor was required to sort, separate and track all recyclable construction debris.

In addition to exploring renewable energy sources, such as solar, wind and geothermal, VA will also dedicate nearly \$238 million toward retrofitting existing buildings to use energy and

water more efficiently. These small changes are amounting to big savings for some of VA’s older facilities.

At the Cheyenne (Wyo.) VA Medical Center, energy conservation is an ongoing effort. The medical center was recently certified as an Energy Star Award facility, a particularly significant achievement since the facility is celebrating its 75th anniversary this year and most of the buildings date to the 1930s. Overseen by the Environmental Protection Agency and the Department of Energy, an Energy Star Award rating means a health care facility must be in the top 25 percent of all health care facilities in energy conservation.

With electricity accounting for one-third of its utility costs (the remaining two-thirds is natural gas), the Cheyenne facility constantly measures and documents its energy use and

when no one is in the room and adjusting lighting if natural sunlight is available. Steam lines were rewrapped and insulated and excess water was recycled and used for irrigation, especially useful since Cheyenne gets just 13 inches of rain a year on average.

More trees, such as pines and elms, were planted, replacing others that died from diseases. That created a wider wind shelter belt, a U-shaped barrier made of trees and vegetation that protects the facility from strong northwestern winds, conserving energy to heat the building. Future plans for the Cheyenne facility include incorporating other renewable energy resources, such as solar panels and a wind turbine.

Even VA’s national cemeteries, not typically thought of as big energy consumers, are “greening” their grounds. Cemeteries, especially those in dry, arid regions such as California and Arizona, are using what’s known as “water-wise” landscaping. Employing techniques such as installing drought-resistant plants, removing turf, and using drip-emitters for irrigation, water-wise landscaping uses only 5 to 15 percent of the water typically used in turf landscapes.

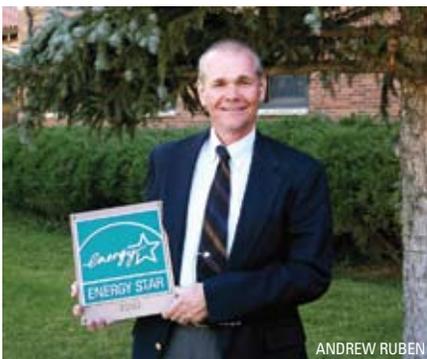
After switching from turf to water-wise landscaping, the 61-acre Fort Bliss National Cemetery in El Paso, Texas, reduced its water usage to 9 million gallons a year, achieving an 87 percent reduction in water requirements, not to mention lower maintenance costs. “Frankly, the less water we can use, the better our cemeteries will look,” said Dr. Tom Perkins, NCA’s chief agronomist. “Too much watering creates problems with insects, plant diseases and weeds. By not over-watering, we conserve resources in more ways than one.”

New and innovative methods of obtaining energy are helping VA facilities become self-sustainable, and in some cases, even providing surplus energy for the local community. In 2001, the James H. Quillen VA Medical Center in Mountain Home, Tenn.,



The VA Pittsburgh Healthcare System’s new administration building is lined with large windows, allowing daylight into 85 percent of the office spaces; below: David “Mike” Kilpatrick, M.D., director of the 75-year-old Cheyenne VA Medical Center, which was recently certified as an Energy Star Award facility.

WARREN PARK



ANDREW RUBEN

cost. To cut energy use, the facility installed new double-pane windows throughout the buildings, providing improved insulation against the elements. Old fluorescent lighting was replaced by low-energy fluorescents, not only saving energy but also improving visibility.

The facility also installed occupancy and daylight sensors in all rooms, ensuring lights are turned off

built the first power plant on VA property in a lease agreement with Energy Systems Group. The power plant generates electricity for the medical center as well as a neighboring medical school. Any additional energy needs are supplemented by the local power company.

A year ago, Energy Systems Group proposed harnessing the methane gas from a local landfill called Iris Glen, and piping it to Mountain Home Energy System to be converted for energy use. By using garbage to make energy, the landfill is turning a problem into a solution. In return, the city receives money from the purchase of the methane gas.

Established in March 2005, the Green Environmental Management System works to ensure VA meets environmental compliance laws and regulations and that those laws are integrated into their day-to-day planning, purchasing and operating decisions. GEMS also aims to reduce waste generation and hazardous exposures by enhancing environmental practices set forth by the EPA.

In Boise, Idaho, the VA medical center's GEMS program has sent nearly 9 tons of X-rays off for the recovery of silver, a byproduct of diagnostic imaging that is considered hazardous waste by the EPA. This process reclaims the silver, ensuring it doesn't end up in the sewer and septic systems and pollute the local drinking water.

Besides the typical recycling of paper and cans, the Southern Oregon Rehabilitation Center and Clinics in White City, and the Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla, Wash., have also found ways to recycle materials such as fluorescent light bulbs, used oil, batteries, tires and organic materials. Almost 20 new items, previously identified as hazardous waste or general bulk waste, have been tagged as recyclable since the GEMS program began there, reducing the amount of waste headed to the local landfill.

Conservation doesn't end with

the facility itself. Executive Order 13423 mandated that all federal agencies manage end-of-life electronics in an environmentally sound manner. Among the many entities helping VA with that requirement is UNICOR, a component of Federal Prison Industries run by the Department of Justice.

Established by Congress in 1934, UNICOR provides job skills to prison inmates. With eight locations around the country, UNICOR takes end-of-life electronics, such as computers, and recycles them for free. VA pays for transportation, although in some cases, UNICOR will pick up and transport the used electronics for free.

VA is also leading the way among federal agencies by "greening" its information technology purchases according to EPA's EPEAT® system. The EPEAT® (Electronic Product Environmental Assessment Tool) program evaluates computer desktops, laptops and monitors based on 51 environmental criteria developed through an extensive stakeholder consensus process.

VA ranked as a leader in EPEAT® purchases for 2008. All of the 290,623 Dell desktops and monitors leased by the department between September 2007 and December 2008 were EPEAT® gold or silver products.

"This is particularly notable because EPEAT® requirements are new and being implemented along with security and other IT requirements," said Dana Arnold, of the Office of the Federal Environmental Executive. "This striking level of compliance reflects great work on the part of agency IT purchasing staff, as well as the ease of use of the EPEAT® system."

The Veterans Canteen Service, with food courts, retail stores and coffee shops in VA facilities nationwide, has also converted to using more environmentally friendly products. Recent improvements include switching from Styrofoam to paper cups, using napkins made from recycled products, offering reusable coffee mugs for purchase, and introducing reusable

shopping bags and recycled plastic bags into their retail stores. Another alternative option being considered for future implementation includes changing food delivery methods, further reducing plastic and Styrofoam usage.

Hybrid and subcompact vehicles, recently listed as alternative fuel vehicles in the GSA Lease Program, are also helping facilities save money and gas costs. In Loma Linda, Calif., where freeway driving is the norm and E85 fueling stations are 60 miles away, the VA Loma Linda Healthcare System researched other types of AFVs that would fit their fleet.

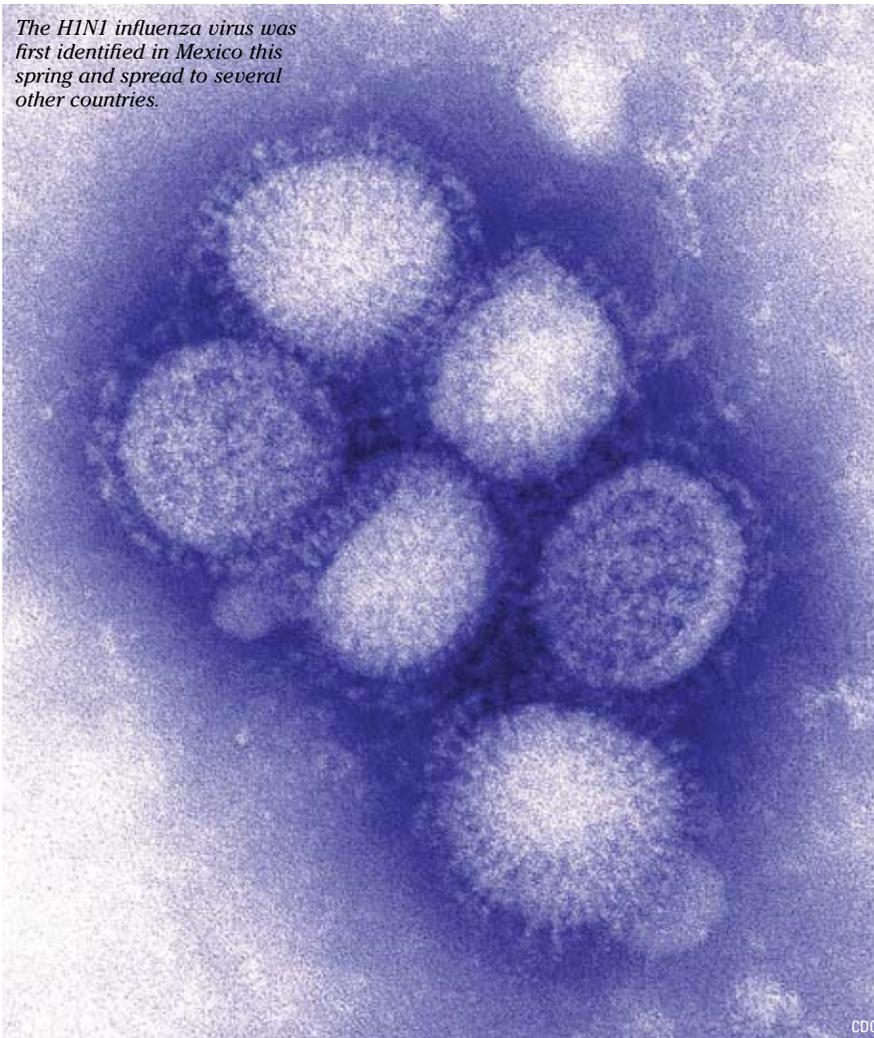
The facility's new Chevrolet Malibu hybrids, which arrived in April, use regular gasoline but are supplemented by an electric engine for better power and performance. Besides costing less per month to lease, the new hybrids save .04 cents per mile over the standard midsize Chevrolet Impalas they replaced. Two subcompact Ford Focuses, which get 35 miles to the gallon fuel economy, were also ordered, replacing the other midsize cars in the fleet.

With a focus on the future, VA has launched a "Green Routine" campaign, which seeks to further engage employees in recycling and reducing paper and energy use, and gives guidance on the overall "greening" of their work areas. A working group, consisting of several subcommittees, met over the summer to develop the new campaign at VA Central Office.

The Green Routine, an ongoing and collaborative effort, aims to improve VA's awareness and review methods, and help employees "go green," both at work and at home. With the upcoming launch of the Green Routine Web site and a toolkit for employees, the department's goal is to become a cleaner, healthier, more energy-efficient place to work, allowing employees to serve its most important resource—veterans. **VA**

By Amanda Hester

The H1N1 influenza virus was first identified in Mexico this spring and spread to several other countries.



CDC

Fighting the Flu, 2009

Battling both the 'regular' and the new 2009 H1N1 flu.

Flu season seems to be all the time these days. It's true. Even "regular" or seasonal flu occurs throughout the fall, winter and spring. A new type of flu, called the "2009 H1N1 influenza" or "novel

H1N1 influenza"—the new H1N1 flu—was first identified in Mexico in early spring of this year and spread to several countries quickly. By June, it was declared by the World Health Organization to be a pandemic. The

new H1N1 flu has been in the United States since April, and some experts believe it may be around through next year and beyond.

The department, particularly the Veterans Health Administration, has been getting ready for this for several years. A stellar track record and depth of experience in planning flu programs and emergency preparedness have paved the way for dealing with an uptick in H1N1 flu and the challenges it poses.

VHA's approach to emergency preparedness and response for the health system has long been recognized and emulated. In terms of prevention of infection, VHA has laid a strong foundation: After a scare in 2003 that the respiratory disease SARS might become a problem in the U.S. (it didn't), the Office of Public Health and Environmental Hazards worked across VHA to start up the "Infection: Don't Pass It On" campaign to promote hand washing and respiratory hygiene.

They also began to take on the yearly flu vaccination program, helping to coordinate VHA's highly successful efforts. VA's rates for both staff and patient vaccination outperform the rest of the country. Use of a range of innovative approaches by health care facilities—from drive-through flu shot programs to mobile carts and multifaceted outreach—help foster this success.

VHA's expertise in emergency planning and in flu prevention, along with a collaborative approach across the department and the field, led to the development of the VA Pandemic Influenza Plan in early 2006. The plan was cited by the White House as a model for agencies to follow.

Created by a team of 75 staff and covering not only VHA, but also VA Central Office, the Veterans Benefits Administration, and the National Cemetery Administration, it has been the foundation for plans at facilities across the country. It has been tested at all levels, too, from 2007 to the

Flu shots are **fast, safe, and free.**

People with spinal cord injuries or disorders are at higher risk for complications or death from the flu.

Get your flu shot today.

GET YOUR FLU SHOT HERE:

www.publichealth.va.gov/InfectionDontPassItOn

Department of Veterans Affairs

SafeGuarding and Serving

VETERANS AND VA FIGHT THE

2009 H1N1 FLU

Department of Veterans Affairs
www.publichealth.va.gov

VA's flu vaccination rates for staff and patients outperform the rest of the country. The department employs a variety of innovative techniques to foster this success.

COURTESY OFFICE OF PUBLIC HEALTH AND ENVIRONMENTAL HAZARDS

present, with some 175 pandemic tabletop exercises and two national-level exercises carried out, all to improve and refine VA's local, network and national approach to pandemic flu planning and response. That's in addition to such initiatives as major purchases of supplies of antiviral drugs and related medications and supplies, as well as multifaceted communications and education efforts.

VA's pandemic flu plans were tested in real life when H1N1 came on the scene in the spring and continue as the department both deals with cases in the health care system and puts on its large-scale vaccination programs—with *two* flu shots this year, not just one, for enrolled veterans and staff.

Why the concern over flu?

Influenza, or flu, is a fever-causing, contagious illness of the respiratory system caused by a virus. The flu virus changes often (in terms of its genetic makeup). Slight changes occur every

year. We all have a little immunity to the seasonal flu, from exposure to the similar virus the year before and sometimes from past vaccinations, but because of even small viral changes, everyone is best protected by an annual vaccination. A pandemic occurs after such major changes occur in the flu virus that humans can have little to no immunity to it. The illness it causes can spread easily from person to person and around the world. That is the case for the 2009 H1N1 flu. Like seasonal flu, illness in people with H1N1 can vary from mild to severe.

Annual outbreaks of the seasonal flu usually occur during the late fall through early spring. It typically peaks in the U.S. in January or February, but activity can last until May. Most people have natural immunity, and a seasonal flu vaccine is available. Seasonal flu is serious business. In a typical year, approximately 5 to 20 percent of the population gets the seasonal flu. This leads to about 220,000 hospitalizations and about 36,000 flu-

related deaths.

This year, experts believe that the 2009 H1N1 flu virus could cause a more dangerous flu season, with a lot more people getting sick, being hospitalized, or dying than during a regular flu season. The 2009 H1N1 flu caused illness, hospitalizations and deaths in the U.S. during the summer months when influenza is very uncommon. It is not known when 2009 H1N1 flu activity will increase, when it will be most intense (peak), if other flu strains will also circulate, or how long the "flu season" might last. Prevention is therefore key to keeping flu from becoming more prevalent.

Preventing the flu

Vaccination is the best protection against contracting the flu. The seasonal flu vaccine and the 2009 H1N1 flu vaccine are separate vaccinations. A seasonal vaccine is distributed routinely every year; the H1N1 flu vaccine has just been developed. The seasonal vaccine cannot protect against

the 2009 H1N1 flu, and the 2009 H1N1 flu vaccine does not replace the seasonal flu vaccine. It is important to get both vaccinations when they are offered because regular flu viruses may circulate this winter. VA will have supplies of both vaccines, as will local public health departments, community health clinics, and private doctors' offices throughout the country.

Seasonal flu vaccine was ordered as usual in the summer and began to be delivered to VA facilities—and the rest of the country—early in the fall. Seasonal flu vaccination is well underway.

H1N1 vaccine is being delivered

Many VA health care facilities offer popular drive-through flu shot programs to maximize convenience and efficiency for patients.



COURTESY OFFICE OF PUBLIC HEALTH AND ENVIRONMENTAL HAZARDS

in late October and for the next several weeks. Supplies will be limited initially. VA will follow federal guide-

lines on beginning H1N1 vaccination with target groups, including health care and emergency medical workers, pregnant women, and caregivers of babies under 6 months old. VA will then follow up with vaccinating those in the next groups: teenagers and young adults to age 24, and people ages 25 to 64 with health conditions associated with higher risk of flu complications, before opening it up to other VA staff and veterans enrolled in care.

Besides vaccination, there are other ways to help prevent the flu, through common sense practices that limit the spread of germs. Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective. Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it. Avoid touching your eyes, nose or mouth. Germs spread this way.

Avoid close contact with sick people when you can. Heed your local community health leaders if they request that public events be postponed. Stay home when you are ill.

For more information on flu, the main federal site is www.flu.gov. VA's extensive collection of material on flu and its prevention appears at www.publichealth.va.gov; the site for the 2009 H1N1 flu is www.publichealth.va.gov/h1n1flu. **VA**

'Do I Have the Flu? What care should I get?'

Symptoms of flu are:

- Fever
- Coughing and/or sore throat
- Runny or stuffy nose
- Headache and/or body aches
- Chills
- Fatigue

For H1N1 flu, these symptoms can be more severe than seasonal flu. In addition, some people with H1N1 flu also have gastrointestinal symptoms.

One recent project of the Veterans Health Administration has focused on "self-assessment" tools to help veterans understand what these symptoms are, whether they might have the flu, and if so, what care is most appropriate for them. The information is available to VA facilities that run nurses' advice lines or have telephone recordings. In addition, Web-based tools—print and interactive—can help veterans directly to understand flu and how it can be cared for.

In many cases, getting cared for at home is all that is needed. This involves rest, drinking fluids, taking fever-reducing over-the-counter medications, and taking other medicines if prescribed.

Antiviral drugs are often prescribed for individuals with severe flu, and these drugs are on the VA formulary of medications. In some situations—such as the presence of one or more of several chronic health conditions, pregnancy, having no one to take care of you—patients will be urged to call a nurse advice line or health care provider for guidance.

There are also several warning signs that indicate a person should get medical help right away. For more information about assessment of and care for flu and to take the assessment yourself, visit www.publichealth.va.gov/h1n1flu.



For most people, once the flu strikes, home care is the best way to deal with it.

ISTOCK

By Connie Raab

“**R**escuing dogs to free people.” This motto of the Denver non-profit organization

Freedom Service Dogs caught the eye of Janice Jacobs, director of the Denver VA Regional Office, in late 2007. Freedom Service Dogs rescues dogs from shelters and custom trains them to assist people with disabilities, providing lifetime support to ensure the success of the team and increasing the independence and peace of mind of its clients.

Leveraging this organization’s expertise, the Denver VARO collaborated with them and the Denver VA Medical Center to develop Operation Freedom, a unique program that allows a veteran to help fellow comrades by training a dog that is destined to become a service dog for a severely wounded soldier or veteran. “Experience has taught us that spending time with animals is therapeutic in and of itself, and has a calming effect on people,” said Jacobs. “Dogs are not judgmental and will accept a trainer who may carry the scars of war, both physical and mental.”

The veterans enrolled in the six-week Operation Freedom program advance dogs through a required certification program, the American Kennel Club’s “Canine Good Citizen Test.” Many of the veterans participating in Operation Freedom are referred to the program from the Life Skills Center of the Denver VA Medical Center, and have included patients with traumatic brain injury and post-traumatic stress disorder.

The Life Skills Center is a psychosocial rehabilitation and recovery program that provides education, skills development and community integration to veterans living with mental illness. “By establishing meaningful roles in their community, veterans experience community integration as an integral part of their recovery,” said program director Allison Douglas. “The partnership between Freedom Service Dogs and veterans highlights

Army Spc. Cameron Briggs says his service dog Harper provides him both physical and emotional support.



Battle Buddies in Civilian Life

Denver partnership places service dogs with disabled veterans to help them live more independent lives.

COURTESY FREEDOM SERVICE DOGS

this process—it provides a bridge to the community through a meaningful volunteer opportunity that serves disabled veterans.

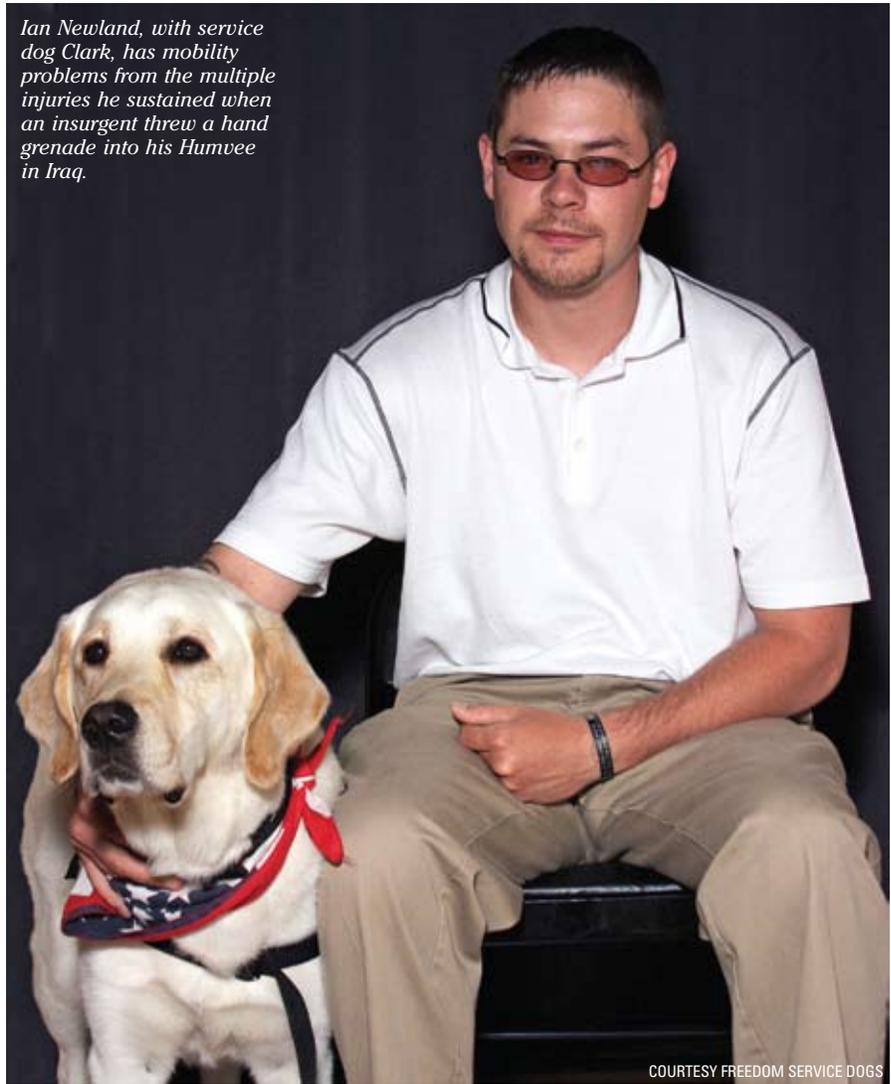
“Veterans who have not believed they could volunteer or impact others in a meaningful way are empowered through this process of establishing positive relationships with the service dogs, the trainers, members of their community, and by giving back to other disabled veterans.”

Dr. Herbert Nagamoto, chief of mental health services with the VA Eastern Colorado Health Care System, echoed the benefits Douglas noted. “A key part of recovery is getting veterans out into the community—increasing their time in the ‘mainstream,’ increasing their activities, and improving their quality of life,” he said. “Consequently, the participation of veteran patients increases their independence but also furthers the goal of training service dogs targeted to go to disabled soldiers and veterans.”

This year, participants in the independent living program of the Denver VARO’s vocational rehabilitation and employment division have received or been referred to Freedom Service Dogs to obtain a service dog initially trained in Operation Freedom. Following that initial training, Freedom Service Dogs places the dog in a rigorous seven-month training regimen, teaching them to pick up canes, keys and credit cards, as well as how to perform useful tasks such as opening doors and drawers, turning on lights, pressing elevator buttons, and even loading laundry machines. They can also be trained to be companions for veterans with emotional disabilities.

Freedom Service Dogs then matches the trained dog with a veteran referred by the Denver VARO, and trains them as a team for another six to eight weeks. The dog learns to perform the specific tasks needed by that veteran. Many of the dogs are trained to be “brace and balance” dogs, outfitted with a special harness

Ian Newland, with service dog Clark, has mobility problems from the multiple injuries he sustained when an insurgent threw a hand grenade into his Humvee in Iraq.



COURTESY FREEDOM SERVICE DOGS

that allows a wounded veteran to lean on the dog in place of using a cane or walker in public.

“The discussion with the regional office began about military personnel from Afghanistan and Iraq,” said Sharan Wilson, executive director of Freedom Service Dogs. “Then we began looking at veterans from other conflicts.”

She said a Vietnam veteran and a Gulf War veteran were the first two to receive service dogs through the efforts of the Denver VARO. There are currently eight dogs in training to be placed with veterans.

Artie Guerrero, a Vietnam veteran in a wheelchair, was the first to receive a service dog through Opera-

tion Freedom. Guerrero and his black Labrador retriever, Sierra, bonded on first contact. “Sierra is wonderful,” he said. “She calms me, and having her with me drops my blood pressure about 15 points. Plus I’ve reduced the number of medications I take. She is a great help to me, too. If I drop something, she picks it up for me, whether it’s keys or even a credit card.”

The significance of this veteran-dog bond has garnered media attention as Sierra accompanies Guerrero during state capital visits when he advocates for veterans, or on routine visits to the Denver VA Medical Center. “I’ve noticed how she calms the veterans in the waiting room,” Guerrero said. “I can just see their stress

level decrease as Sierra walks around to greet them.”

Guerrero and Sierra were members of the latest Freedom Service Dogs spring graduation ceremony celebrating the placement of service dogs with clients. For the first time, the class included wounded warriors, both veteran and active duty.

Jacobs was the keynote speaker at the event. “Everyone in combat has someone as close as a brother called a battle buddy,” she told the gathering. “I figured the same concept would work with Freedom Service Dogs because I felt they could help wounded veterans cross that very scary bridge as they move toward independent civilian lives.”

Also graduating at the event was Army Spc. Cameron Briggs and Harper, the first soldier-dog pairing in Fort Carson’s Wounded Warrior Battalion. Briggs frequently shares the powerful story of becoming involved with Operation Freedom and teaming up with his new “battle buddy” Harper.

Briggs is a third-generation soldier. After returning from a 12-month tour in Iraq in February 2006, he resides in the Warrior Transition Unit at Fort Carson. A series of roadside bombs that erupted next to his vehicle left Briggs with traumatic brain injury and PTSD. Physical injuries to his back, knees and ankles add to his challenges. “Soldiering is all I’ve ever known,” said Briggs. “I can’t soldier anymore and, like a lot of guys like me, it’s scary leaving the Army.”

Briggs describes his relationship with Harper as a “breakthrough” because Harper provides him as much emotional support as physical support. “In combat, you can’t go anywhere alone—you don’t go anywhere without your battle buddy. In civilian life, Harper is my battle buddy,” he said.

Ian Newland, a medically retired Army staff sergeant, graduated with his service dog, Clark. Newland was injured in December 2006 while his unit was patrolling an area in Adhamiyah in northeast Baghdad. An insurgent threw a hand grenade into the Humvee in which Newland and four other soldiers were riding.

The 19-year-old gunner on board first tried to deflect the grenade, but it fell inside the vehicle. When he saw

wheelchair or cane, so Clark is trained to assist in keeping him moving and avoid falling like a tree.

Newland is married with two daughters; he’s a full-time student and holds down a job with a major real estate firm. When asked how Clark has changed his life, Newland exclaimed, “Positively! I feel like I can do more of the things I did before I was injured.”

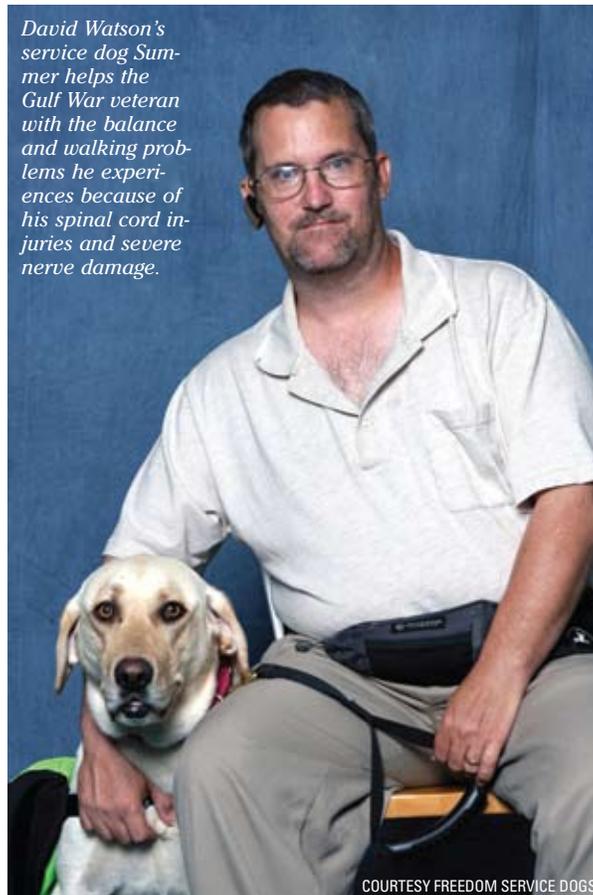
David Watson, a Gulf War veteran, graduated with his service dog, Summer. Watson has many physical challenges as a result of his tour of duty. His spinal cord injuries and severe nerve damage inhibit his balance and his ability to walk. Increasingly, he found himself grasping the back of his wife’s wheelchair for balance. Summer helps him by preventing falls and detecting obstacles. “Some days I can’t move my legs, and then Summer is my legs,” said Watson.

The Operation Freedom program continues to grow, through the collaborative efforts of the Denver VARO, Freedom Service Dogs, and the Denver VAMC.

“I fully support the innovative approach to veteran recovery with Freedom Service Dogs,” said Lynnette Roff, director of the VA Eastern Colorado Health Care System. “The fact that veterans volunteer to train dogs who will eventually go to another veteran affects healing on many

levels.”

Freedom Service Dogs executive director Wilson concurs. “Veterans involved in Operation Freedom know they are training a service dog for a comrade who needs help. It gives them an important mission and helps them transition back into civilian life. It is life-changing for the dogs and the veterans.” **VA**



David Watson's service dog Summer helps the Gulf War veteran with the balance and walking problems he experiences because of his spinal cord injuries and severe nerve damage.

COURTESY FREEDOM SERVICE DOGS

no one was going to be able to get out in time, he used his body to shield the others from the deadly blast. He was killed instantly; the others survived.

Newland was the most severely injured of the four soldiers who lived. He suffers from mild traumatic brain injury, shrapnel wounds to his face, both arms, right hip, both legs and right knee. The injuries have left him with severe mobility problems. Newland does not want to rely on a

Managing the Front Line of Defense Against Computer Viruses

As winter approaches, VA medical staff are readying for what experts anticipate will be a busy season, with strains of the H1N1 virus looming. The White House's Office of Science and Technology Policy has already predicted that this virus could affect up to 50 percent of the U.S. population. At the same time, VA's IT workforce continues their own diligent fight, against viruses that are just as costly, potent and pandemic—computer viruses.

Computer viruses are called “viruses” because they behave similarly to human viruses in many ways—they spread from computer to computer just like influenza passes from person to person. And just like human viruses, computer viruses can wreak havoc on the systems they infect. For humans, the likelihood of catching a virus rises with exposure to large groups of people, which increases the probability of infection. This same principle holds true with computer viruses.

VA's IT network and operating systems are interconnected and span the globe, with multiple points of access. From VA medical staff accessing patient information to benefits administrators accessing beneficiary information, each day more than 278,000 VA employees, contractors, volunteers and non-VA researchers log in to the department's IT network and information systems to facilitate veteran care. With this level of user volume, protecting VA's network from virus infection on a 24/7 basis is no easy task.

Malware, worms, botnets, trojans, spyware, and viruses with catchy names like Conficker and LoveBug are just a

VA-NSOC staff at work in their Command Center.



MICHAEL ADAMS

few of the ailments plying our information superhighway on a daily basis. And make no mistake: viruses can do more serious harm than just replicating themselves. Most were designed to be destructive, and on a large scale, such as the VA system, they could do incalculable harm.

When triggered, viruses and their nasty relatives can act to deny your ability to access information, steal your ATM pin number and even delete entire hard drives. Every day, malicious code weaves its way through cyber space searching for gaps in security defenses or unsuspecting users to initiate their chaos. Federal government networks and systems remain prime targets for eager hackers—a Department of Homeland Security U.S. Computer Emergency Readiness Team report counted more than 5,400 hostile program attacks on government computers and installations last year.

VA's front line of defense against viruses and other intrusions such as worms and malware is the Office of Infor-

mation Protection and Risk Management. Although not all malicious code can be prevented or mitigated, IPRM is dedicated to protecting the department's infrastructure. The office has several sub-offices, each with a specific security focus.

VA's Network Security Operations Center maintains the front line against virus attacks and at field facilities across the U.S. by monitoring, protecting, responding to and reporting threats. VA information security officers provide field employees with information and support on fighting virus attacks. To that end, these offices have established numerous procedures, protocols and protective measures to detect, preempt, prevent, react to, respond to and recover from any cyber intrusion.

“Our job is to deter, detect and defeat anything that might adversely affect our VA networks and various systems,” said John Killian, director of Critical Infrastructure Protection Service.

On an average day, VA-NSOC monitors millions

of Web sites, and according to VA-NSOC's Enterprise Anti-Virus Team Helpdesk Engineer David Mautone, VA-NSOC also prevents more than 1.7 million viruses a year from impacting the VA network.

“Even a single piece of malware finding a sole point of entry into a VA network can have severe consequences,” explained VA-NSOC's Threat Management Lead Lynette Sherrill.

For instance, this past July, Web sites of the Treasury Department, Secret Service, Federal Trade Commission and Transportation Department, as well as several corporate Web sites, were targeted by a concerted attack, a major incident that is still under investigation.

“One of the best ways for people to deter viruses is to keep all systems patches up to date,” according to Lindsey Ross, deputy director of VA-NSOC's support services. “Patches replace vulnerable code with updated coding to remediate vulnerabilities and provide protection to the agen-

cy's workstations and servers.”

In most instances, an individual user doesn't have to take any action. VA-NSOC bundles these security patch upgrades into convenient packages. These 'packages' are then sent to local VA IT staff and patch administrators to be pushed out to individual users to keep them up to date with the latest security measures. To get these security patch upgrades, however, remote users must connect to the VA enterprise network every 90 days.

Yet, even with all the best precautions in place for

an individual user and their network, viruses sometimes circumvent all of the security measures. Once a computer has been infected and information is compromised, it is imperative to know what to do.

“If someone thinks they may have a virus or malicious code on their computer, the first two things they should do are contact their ISO and stop using their computer,” said VA-NSOC's Ross. To the average user, an attack may appear as slow connectivity to the network, modified data, or denial of service.

Even with some of the best precautionary measures in the federal government in place, the war against viruses and hackers continues to present challenges. IPRM is working to anticipate these challenges and meet them with vigor.

Individual users can help by taking the following steps to increase security: make passwords longer; change passwords frequently; and make sure computers have the most current patch updates. These steps will support VA in mitigating intrusions.

Finally, it's vital to infrastructure protection for anyone with access to VA information or the networks to learn who their ISO is and how to contact them—before a crisis occurs. ISOs are responsible for providing support before, during and after any cyber attack. If the ISO is unavailable, it's important to contact anyone on the IT team, or even VA-NSOC directly, at (866) 407-1566.

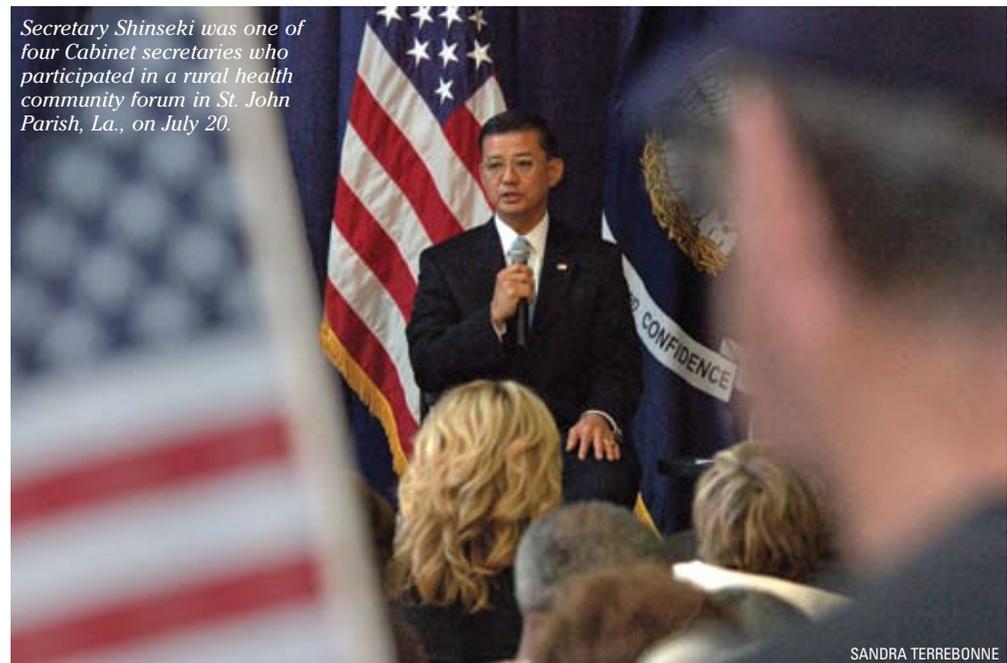
For more information on the department's information security, visit vaww.infoprotection.va.gov.

Shinseki Joins Fellow Cabinet Secretaries at Rural Health Forum

VA Secretary Eric K. Shinseki joined three other Cabinet secretaries in St. John Parish, La., on July 20 to host a rural health community forum to share information about the federal government's efforts to rebuild and revitalize rural America. It was the second leg of a tour launched by President Obama showcasing how communities, states and the federal government can work together to support rural America.

Shinseki and the secretaries of the Departments of Health and Human Services, Agriculture and Labor listened to local residents' perspectives and discussed solutions to the challenges facing rural communities during the 90-minute forum.

In June, President Obama announced that top officials from his Administration would visit communities across the nation to discuss how to strengthen rural America. The forums let the Cabinet secretaries hear directly from people living in rural communities and advise the President on the best ways to meet their needs.



Secretary Shinseki was one of four Cabinet secretaries who participated in a rural health community forum in St. John Parish, La., on July 20.

The forums allow public input on how to build a healthier American economy, which depends on a prosperous rural America. Rural America supplies much of the nation's food, safeguards the environment, cultivates a vibrant small business sector, and plays a growing role in science, innovation and energy independence.

The American Recovery and Reinvestment Act of 2009 includes broad support for rural communities by investing in nutrition programs, broadband, economic development, conservation, and in the community health centers that dot the landscape of rural America.

“It is essential that we work together to build rural programs that reach out to our

nation's veterans,” said Secretary Shinseki.

“VA has a strong national program, but there is more to be done. We are continually seeking innovative ways to apply the tools of leading edge technologies and advances in medical science to enhance access to services and improve quality of care for our veterans in rural areas.”

Mobile Vet Centers Expanding Outreach, Availability of Services

With 232 vet centers across the country, covering most major cities and metropolitan areas, VA provides access to counseling and benefits to thousands of veterans each day. But some veterans live beyond a reasonable drive to their nearest VA office and others are physically unable to make a trip, leaving these men and women with limited access to VA services—until now.

In keeping with its goal of finding new and better ways to serve veterans, VA has added a fleet of 50 mobile vet centers to increase outreach and expand the availability of services to areas not currently being reached by vet centers.

“Many vets don’t keep their appointments and often don’t get their prescriptions renewed because it’s such a drag to get there,” said Tim Beebe, Northeast regional manager for VA’s vet centers. “With mobile vet centers, we can reach areas we’ve never been to before.”

Mobile vet centers are large motor coaches, just short enough to be operated without specialized licensing, that can carry VA counselors and veteran outreach workers to post-deployment and other events and activities, expanding the availability of services to areas that cannot conveniently access existing vet centers.

The cities that are hosting these mobile vet centers were chosen based on a stringent selection process designed to give access to care to as many veterans as possible. Areas with a large rural population were given priority, as were areas with many veterans living far away from medical centers and vet centers.

Each vehicle is assigned

a coverage area where it routinely operates, but if a vehicle is stationed in one area, and services are needed elsewhere, it can deploy and provide access to veterans as needed. This will also allow mobile vet centers to travel to county fairs, Veterans Day events, parades, or any place veterans may congregate.

“It won’t be a 9-to-5 project,” said Beebe. “The people we hired understand they will be working some evenings and weekends, whatever it takes to get to the events.”

The mobile vet centers will also help out units returning from overseas deployments. Many National Guard units have small armories and do not have easy access to large VA medical centers or vet centers. The mobile vet center will bring the care to them, assisting with VA’s outreach to Afghanistan and Iraq war veterans.

“National Guard leadership is aware of the various mobile vet centers, and the unit commanders are free to request a mobile vet center presence whenever it is convenient for them,” said Beebe.



Each vehicle is assigned a routine coverage area, but can deploy to other locations as needed.

“If they ask us, we’ll be there.”

Despite the relative newness of the program, VA is already looking at ways to improve services offered by mobile vet centers. One idea is installing telehealth capabilities, two-way video conferencing between a patient and a doctor that allows a medical consultation to take place without the patient having to travel to the doctor’s office. This feature would enhance access for veterans who need care, but live far away from a VA medical center.

Another feature the mobile vet centers already have is counseling support. Counseling offices have been installed in the motor coaches to provide a confidential location for veterans to meet with counselors and work through issues.

So far, the vehicles are getting rave reviews, according to Beebe. “We’ve had an enormous positive response from the vets and the communities as well,” he said. “Requests are starting to come in and we’re scheduling events several months in advance.”

2009 National Veterans Day Poster Now Available

The 2009 National Veterans Day poster is available for download on the Veterans Day Web site, at www.va.gov/opa/vetsday/index.asp. It is also featured on the back page of this issue of *Vanguard*.

The poster was designed by Dr. Richard Serrao, a staff physician at the VA Boston Healthcare System and assistant professor of medicine at Boston University School of Medicine. The Veterans Day National Committee chose his design from among nearly 60 submissions as part of a national poster search.

This is the third year the committee has held a poster contest, and Serrao’s second time winning. He previously won the 2007 Veterans Day poster contest. Serrao designed his poster using photographs he took while attending the Veterans Day observance at Arlington National Cemetery in 2007.

The poster will be printed and shipped to more than 115,000 schools nationwide, VA facilities, federal buildings and military installations. It will also grace the cover of the program booklets distributed at Arlington National Cemetery on Nov. 11.

Health Resource Center Takes Over OEF/OIF Outreach Campaign

The Veterans Health Administration transferred its Operation Enduring Freedom/Operation Iraqi Freedom Outreach Office campaign to the VHA Health Resource Center on July 1.

The OEF/OIF Outreach Office began a campaign in April 2008 to contact all recently discharged veterans from Afghanistan and Iraq who were not using VA health care services to inform them of benefits that are available and how to access VA health care. The initial effort, which ran through this June, reached more than 500,000 veterans. The Health Resource Center began making calls on July 1.

“The HRC is excited about the opportunity to provide this service to the OEF/OIF veterans,” said Richard Rhoades, director of the center. “We believe this is the right decision for the veterans and the HRC.”

There is an ongoing need to contact veterans as they are released from the military, and this function is being completed and enhanced by the HRC, according to Rhoades.

“VHA is taking extra steps to make sure OEF/OIF veterans are aware of the benefits available,” he said. “We are making sure that veterans have all the information they need to make the right decision for themselves and their families.”

The HRC, located in Topeka, Kan., is a contact center within VHA that handles more than 4 million veteran contacts a year. It has completed outbound campaigns, partnered with the Department of Defense and the Wounded Warrior Resource Center, and has existing infrastructure to support this project.

The OEF/OIF Outreach

Office provides a list of newly released veterans to the HRC on a regular basis. The center expects to contact about 40,000 veterans each quarter. Veterans will be provided information and resources to assist them with enrolling in health care and other VA benefits.

“The one-on-one personalized service is the key to the outreach program,” said Rhoades. “We go to the veteran to ensure they receive the services they deserve.”

The HRC also provides metrics reporting that identifies total contacts pending, total contacts pending 45-day follow-up, total contacts completed, total number of contacts enrolled in the VA health care system, and contacts with wrong name/number, among other information.

“The reports and follow-up are an important part of our mission,” said Rhoades. “They ensure that the veteran does not fall through the



Contact Representative Anne Willcoxon made the first OEF/OIF call for the Health Resource Center; with her is Senior Contact Representative Tim Smith.

cracks, and also provide VA much-needed information about why veterans chose not to use VA health care services.”

The HRC will enhance the veteran campaign by providing contacts with the VHA Health Eligibility Center, VA medical centers and other VA departments to lessen the veteran’s burden. The center will complete follow-up contacts as

necessary to ensure resolution and assistance with enrollment.

Additional value-added functions that will be completed during this follow-up include ensuring the veteran received their enrollment letter and Veterans Identification Card, and has had the opportunity to make their first VA appointment.

VA Debuts in Corporate Gray Employee Recruitment Campaign

VA’s Office of Human Resources Management is reaching out to veterans to interest them in careers with the department through the 2009-2010 Corporate Gray

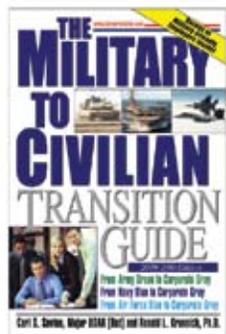
Military-to-Civilian Transition Guide. Corporate Gray is an organization that links employers with veterans and transitioning military personnel through military-to-civilian career transition guidebooks, job fairs and online services.

VA’s full-color recruitment message on the inside back cover of Corporate Gray’s Military-to-Civilian Transition Guide will potentially reach an estimated 240,000 men and women leaving military service next year—a ready source of talent for VA’s 21st-century mission. The department’s field and staff offices will participate in Corporate Gray job fairs nationwide, and

meet face-to-face with a large number of highly motivated, well-trained job seekers, representing all ranks and branches of the armed forces.

“Reaching out to these committed, experienced, talented professionals, often even before they separate, enables VA to be a proactive, strategic organization, and a support in the transition process to civilian life at the same time,” said Lina Savkar, director, Human Capital Planning, Development and Outreach.

For more information, or questions about the VA Corporate Gray recruitment/marketing campaign, e-mail vecs@va.gov. 



Lori Sykes

When Lori Sykes plays her violin, she doesn't always know if a patient actually hears it, but she believes they can feel it. Sykes, a registered nurse at the VA medical center in Memphis, Tenn., works in the intensive care unit, a place where patients are at their most critical.

Whenever there is downtime in her shift, Sykes grabs her violin, which she carries with her every day, and spends a few minutes playing for her patients. She often notices changes in her patients once she starts playing; some will try to move to the music, others make no movement at all but their vital signs respond, letting her know her music is having an impact.

The Memphis native is the product of a medical environment. Her mother, an adolescent mental health counselor, would often bring Sykes and her sister to play for the patients. From an early age, the children were encouraged to learn music, and soon were playing instruments, including Sykes at age 3. Within a few years, she began performing at nursing homes, hospitals and churches.

But playing for her mother's patients was where Sykes first noticed the power of music. "When I was little, I could tell a difference right away in the patients when we started playing," she said. "I'm sensitive to that and I believe it's the personal connection that reaches a part of them which otherwise couldn't be reached. It makes them feel better on a level I can't explain."

By high school, Sykes' love of music had grown and even earned her a college scholarship, but it was family influence again that led her to

a career in nursing.

"My grandmother's illness and hospital stay is what really helped me make the decision to be a nurse," she recalled. "I saw how the staff handled her and there was a bit of distance there. At the time, I was still at a crossroads: did I want to continue to play music or did I want to help others?"

"I wanted to be a musician but didn't want to follow in my sister's (a professional violinist) shadow. I was thinking to myself, 'I could do this with more warmth and compassion.' In my head, those went hand-in-hand."

After receiving her bachelor's degree in nursing at the University of Memphis, Sykes began working at a local Memphis hospital. In September 2008, after a brief stint as a travel nurse in California, she began working at the VA medical center in Memphis.

Formally trained in specialty ER and trauma, she switched into ICU to expand her nursing skills. The VA system was especially appealing to her over the traditional hospital setting; not only did she like the idea of working for veterans, it also allowed her movement within a large system of care.

"The best part about this job is that a few times I've seen patients who I thought were going to die walk in a few weeks later," said Sykes. "It always brings me to tears and always makes me feel better."

Working 8- to 12-hour shifts, Sykes never has a typical day. In the ICU, a patient's needs can ebb and flow by the minute, often requiring full care and constant monitoring. Usually caring for up to three patients at a time, she provides



Nurse Lori Sykes plays the violin for her ICU patients.

medications, hygiene and emotional support. If a patient improves and needs more testing or can be moved to another floor, she assists with transport and handoffs. Throughout the day, she makes assessments of patients, and in turn, reports her findings to the night nurses, doctors and lab techs on staff. Interacting with the patient's families and easing their stress over their loved ones is also a priority for her.

If her patients are awake, Sykes will often ask them if they would like her to play the violin. If so, she will play and sing to them, taking requests if they have any and going through up to four songs if she has the time. Playing from memory, she mostly sings

church hymns and gospel tunes, learned from her childhood in church, and counts "Amazing Grace" as one of her favorites.

"When I worked at other hospitals, I thought I had seen the worst, in terms of suffering and healing," Sykes said. "I wasn't prepared for the extent of suffering some of my patients have because of the way the body heals or doesn't heal. Some people are in the same condition for months and months. I feel I am soothing them, although I don't always know if it's helping. But suffering is heartbreaking, and if I can do the least little bit, I will, even though what I do is so small." **VA**

By Amanda Hester

Study Suggests Rise in Wars' Mental Toll

Among nearly 290,000 veterans of the wars in Afghanistan and Iraq who used VA health care for the first time between April 2002 and March 2008, 37 percent received a mental health diagnosis.

That's the main result of a database study by a team from the San Francisco VA Medical Center and the University of California, San Francisco. The findings appeared online July 17 in the *American Journal of Public Health*.

An earlier study by the same group looked at 100,000 veterans of Operation Enduring Freedom and Operation Iraqi Freedom who were first seen in VA between 2001 and 2005. The study found that a quarter of them had at least one mental health diagnosis.

"What's really striking is the dramatic acceleration in mental health diagnoses, particularly PTSD, after the beginning of the conflict in Iraq [in 2003]," said lead author Karen Seal, M.D.,

Prostate Cancer Vaccine in Phase 2 Clinical Trial

More than 80 men with advanced prostate cancer are expected to take part in a trial at the Iowa City (Iowa) VA Medical Center and the University of Iowa to test whether an experimental vaccine can beat back the disease.

The treatment, said lead researcher Dr. David Lubaroff, is not a vaccine in the way most people think of the word. "When people hear 'vaccine,' they usually think prevention of a disease. But a

co-director of the mental health clinic for Afghanistan and Iraq veterans at the San Francisco VAMC. She noted that no such trend was seen after U.S. forces began fighting in Afghanistan in 2001.

In the latest study, nearly 22 percent of the veterans had PTSD. Among veterans who had been on active duty, PTSD was nearly twice as common in the youngest cohort—those under age 25—as in those over age 40. Among National Guard and reserve veterans, the trend was reversed: Older veterans were at higher risk than their younger peers for PTSD.

Active duty veterans who were of enlisted rank, who served in the Army rather than other service branches, or who had multiple tours of duty—all factors linked with greater combat exposure—were more likely to have PTSD.

Other common diagnoses were depression, seen in 17 percent of the veterans, with women at higher risk than men; alcohol use disorder, affecting 7 percent of

vaccine's role is to produce an immune response against the antigens—the proteins associated with that vaccine."

In Lubaroff's vaccine, the antigen is prostate-specific antigen, or PSA. The protein, made in the prostate, helps keep semen watery. In cancer and some benign conditions, more PSA escapes into the bloodstream. For that reason, PSA tests are commonly used to screen for prostate cancer, with higher levels signaling the need for additional tests.

The men in the Iowa trial



In a study released this summer, researchers at the San Francisco VA Medical Center discovered that nearly 37 percent of Afghanistan and Iraq veterans who sought treatment at VA between 2002 and 2008 were diagnosed with PTSD, depression, alcohol abuse or other mental health concerns.

the veterans; and drug use disorder, 3 percent. A third of those with mental health problems had three or more different conditions.

The study didn't explore why there was a sharp uptick in mental health issues following the start of the Iraq war. But the authors say possible reasons include "waning public support and lower morale among troops, as occurred during the Vietnam war era," along with a war zone characterized by unpredict-

able threats, such as from roadside bombs. They also cite increasing media attention and multiple, longer deployments.

To address the trends noted in the study, the authors recommend targeted screening for mental health problems and early interventions tailored to the problems of particular subgroups of veterans, such as women, young men under age 25, and Guard and reserve members over 40.

-VA Research Currents

have cancer that has come back and spread even after surgery or radiation. Some have also undergone hormone therapy. None of them have a prostate gland any longer, due to the aggressive treatment they underwent to try to wipe out and contain the disease. In fact, the absence of a prostate is crucial to how the experimental therapy works. The vaccine contains the gene for PSA, inserted into a non-reproducing adenovirus. In gene therapy, scientists often use these viruses, which cause

the common cold, as carrier molecules to ferry genes into cells.

When the immune system detects PSA, it responds by sending antibodies and T cells—a type of white blood cell—on the attack to kill PSA-secreting cells. In the case of the study participants, who no longer have a prostate, the only cells making PSA are the cancer cells that have spread from the gland into other parts of the body. These malignant cells continue to make PSA even though they are no lon-

ger in the prostate.

So in theory, the vaccine will kill cancer cells with no damage to healthy tissue.

Many scientists have tried similar approaches. So far, though, no vaccine designed to treat cancer has been approved by the Food and Drug Administration. Cancer cells have proved ingenious at outsmarting the immune system.

Lubaroff, however, is hopeful, partly on the basis of earlier animal studies, that his

lab will be among the first to develop an effective vaccine to treat cancer.

“It’s an important goal that many immunologists in cancer research are trying to attain, because of the strict specificity,” he noted.

In the phase 1 trial that Lubaroff’s group conducted prior to the new phase 2 trial, 68 percent of men who received the vaccine had an immune response against PSA. That was from only one injection

of the vaccine.

For the phase 2 trial, the researchers have FDA permission to try multiple injections. They are now analyzing early study results to decide whether to keep the protocol at three injections or increase it. “Are we targeting the immune system in the best way to achieve the optimal clinical response and the best outcomes?” said Lubaroff.

He stressed that as part of the informed consent process,

study volunteers carefully consider, along with their doctors, whether standard therapy could still help them. If so, the trial might not be the best option. “Even once they enter the trial,” said Lubaroff, “if they or their doctor feel the disease is progressing and the vaccine is of no benefit, they can always opt out.”

The VA-University of Iowa trial is funded by the Department of Defense.

- *VA Research Currents*

Implantable Patch May Mend Ailing Hearts

It was one of the cooler videos posted recently on National Public Radio’s “Science Friday” Web site: A mesh patch, the size of a thumbnail, appears to dance rhythmically, as if shaking to a Latin beat.

What’s driving the motion? Heart muscle cells, beating in the same direction and at the same tempo, seeded onto the polymer patch.

The research—presented at an American Heart Association meeting in July—shows what may be a key strategy in cardiac care of the future.

Study leader Dr. Steven Goldman, chief of cardiology at the Southern Arizona VA Health Care System in Tucson and a professor at the University of Arizona, said the biodegradable patch would be seeded with cells and implanted onto the heart to deliver a therapeutic boost. The idea would be to help rebuild dead muscle tissue after a heart attack and revitalize the hearts of people with chronic heart failure.

The patch itself is made by a California company called Theregen. In its basic form, it contains living human cells called fibroblasts. These are the building blocks for connective tissue. In early clinical trials, the patch spurred the

growth of new blood vessels in the heart. In animal studies in Goldman’s lab, it improved heart function after heart attack.

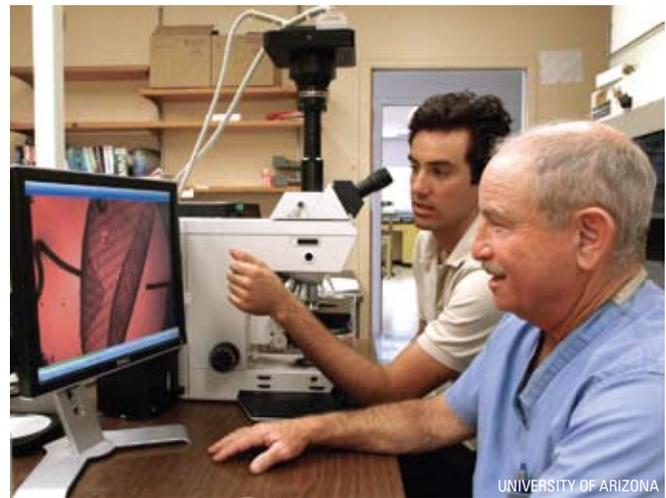
In the new VA study, Goldman’s group showed that the patch can be a viable platform for living heart cells—in this case, heart muscle cells taken from newborn rats. Seeded onto the patch in sufficient number, they resume beating just as they did in the animal. They even beat in unison—at the same speed and in the same direction.

“Within 72 hours, you can see the entire scaffolding contracting,” said Jordan Lancaster, a pre-doctoral fellow in Goldman’s lab, in an interview with NPR.

“The fact that they beat synchronously and the whole thing contracts, means the cardiomyocytes [heart muscle cells] are talking to each other,” added Goldman.

“This neonatal work was a proof of concept that we could seed the cells in a way that would allow them to survive and communicate with each other,” noted Lancaster.

How would the work translate into patient care? The patch would need to be seeded with cells that would divide, multiply and grow into mature heart tissue. Several types of cardiac stem cells have already



Dr. Steven Goldman, right, and pre-doctoral fellow Jordan Lancaster view a microscope image of an implantable, synthetic mesh patch seeded with living heart cells.

been tried in humans.

The main point, the researchers said, is that the patch is a good environment for cells to thrive in—like seedlings placed in rich, fertile potting soil. “Think of it as a delivery system,” explained Goldman. “Any type of cell could be put on the patch.”

That could help get around obstacles that have thwarted other approaches. In

past clinical trials, researchers have tried injecting cardiac stem cells directly into the heart, or squirting them into the arteries that supply blood to the heart. But not enough of the cells survive.

“Delivery can be a huge problem in cell therapy,” said Lancaster. “We think the patch method could promote cell survival and growth.”

- *VA Research Currents*

VA to Launch Study of Vietnam Veterans’ Health

VA will soon begin additional research to better understand the health consequences of service in Vietnam. The National Vietnam Veterans Longitudinal Study will look at the Vietnam generation’s physical and psychological health. This is a follow-up study to a previous one that concluded in 1988. The study is expected to run from 2011 through 2013.

Lowe's Volunteers Help Out at Pittsburgh VA Facility

Lowe's Heroes, a company-wide volunteer initiative that offers Lowe's employees the opportunity to work on a community improvement project in their own neighborhoods, paid a visit to the VA Pittsburgh Healthcare System recently.

More than 30 volunteers from 10 different Lowe's stores arrived at the Heinz Division on Aug. 4 and got straight to work at the Veterans Recovery Center, where they installed

a horseshoe pit and sand volleyball court in just two days. They returned on Aug. 13 to finish a landscaping overhaul of two gardens for the dementia unit and the Free Mason's Pavilion area. The time and effort these volunteers donated over a few days will serve veterans for years to come, providing a therapeutic escape and leisure enjoyment.



Lowe's volunteers work to prepare a garden area for new plants and flowers at the VA Pittsburgh Healthcare System's Dementia Unit at the Heinz Division.

Memphis VA Medical Center Welcome Home Event Draws More Than 1,000

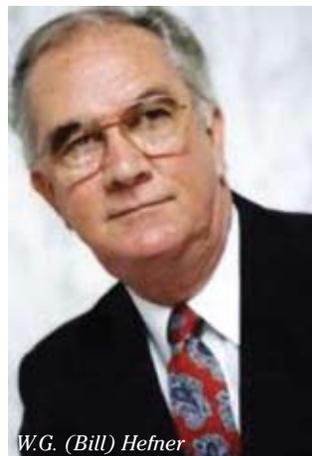
The "Welcome Home/Job Rally" for returning Operation Enduring Freedom/Operation Iraqi Freedom veterans, sponsored by the Memphis (Tenn.) VA Medical Center and held June 6 in nearby Millington, offered more than just assistance with transitioning home. More than 1,000 attendees, including 250 OEF/OIF veterans, learned about VA benefits, programs and services, as well as educational and employment opportunities in the community.

Twenty-five employers, including Coca-Cola, Home Depot, FedEx and H&R Block, and eight schools and vocational programs, staffed booths along with representatives from the U.S. Army Wounded Warrior Program, transition assistance advisors, vet centers and VA regional office employees. Miss Tennessee Ellen Carrington signed autographs, and special displays of military vehicles, medical equipment and fly-fishing demonstrations by Project Healing Waters accompanied the free lunch. Eighty-five Memphis VAMC employees displayed information about the many VA resources available specifically to the OEF/OIF veteran population.

In Memoriam: W.G. (Bill) Hefner

Former U.S. Rep. W.G. (Bill) Hefner died Sept. 2 at the age of 79. Hefner, the namesake of the W.G. (Bill) Hefner VA Medical Center in Salisbury, N.C., served in Congress for 24 years, from Jan. 3, 1975, until his retirement on Jan. 3, 1999. A native of Tennessee, the Democrat represented North Carolina's 8th District, and served as a member of the House Appropriations Committee. He was known for his deep commitment to veterans, the military and their families, and as a tribute to his dedication, the VA facility was named in his honor on April 16, 1999.

Hefner was the owner and president of WRKB, a radio station in Kannapolis, and a founding member of the Harvesters Quartet, a gospel group he started in the 1950s. His frequent visits to the medical center with the Harvesters endeared him to both patients and staff. Hefner is survived by his wife, Nancy, and their two daughters, Stacye and Shelly.



W.G. (Bill) Hefner

World's Oldest Known Military Veteran Dies at 110

Gertrude E. Noone, 110, the oldest known military veteran in the world, died on Sept. 10 in Milford, Conn. One of 10 children, Noone was born Dec. 30, 1898, in Ansonia, Conn. Never married, she was a 44-year-old insurance policy clerk in Hartford, Conn., before the start of World War II.

In 1943, during the war, she enlisted in the U.S. Women's Army Corps as a tech sergeant, eventually attaining the rank of sergeant first class. Before discharge in 1949, she was the chief clerk of the large dispensary at Fort Myers, Va. She later worked in a private psychiatric hospital as an administrative assistant in Stamford, Conn., until her retirement in 1962.

Described as "fiercely independent" by her great-niece, Noone didn't stop driving until 1990 and lived independently until age 103, when she moved into an assisted living facility. She was recognized as the oldest known living military veteran when British World War I veteran Harry Patch died on July 25 at 111. At 110, Noone was actually older than the two surviving World War I veterans, Frank Buckles, 108, and Canadian-born John Babcock, 109.

HAVE YOU HEARD

Baltimore Orioles and VA Maryland Health Care System Welcome Veterans Home

What do the Baltimore Orioles and VA have in common? Patriotic veterans! On Aug. 30, more than 2,100 Operation Enduring Freedom and Operation Iraqi Freedom veterans and their families, all wearing red, white and blue VA Maryland Health Care System caps, gathered at Oriole Park at Camden Yards for the Third Annual Welcome Home Celebration sponsored by the VA Maryland Health Care System.

Armed with discounted tickets, veterans, active duty military personnel and their families showed up in full force to support the newly returned troops and to cheer on the Orioles against the Cleveland Indians. The celebration also included a pre-game bullpen party, complete with hot dogs and hamburgers, and a pre-game ceremony recognizing veterans of each Armed Forces branch. Added bonus: the Orioles won the game 5-2.



Baltimore Oriole David Hernandez presents Navy veteran Kate Ennis with a signed jersey during the VA Maryland Health Care System's Welcome Home celebration.

Japanese Royalty Visit VA National Cemetery

During their official state visit to Hawaii in July, the Emperor and Empress of Japan visited VA's National Memorial Cemetery of the Pacific in Honolulu. Escorted by Cemetery Director Gene E. Castagnetti, Hawaii Gov. Linda Lingle, and Commander of U.S. Pacific Command Adm. Timothy J. Keating, Emperor Akihito and Empress Michiko presented a wreath at the prestigious national shrine popularly known as "the Punchbowl."

The cemetery is the final resting place of more than 49,000 American service members, veterans and family members, including many American soldiers of Japanese ancestry. While in Hawaii, the Emperor and Empress also attended a banquet in celebration of the 50th anniversary of the Crown Prince Akihito Scholarship Foundation, established in 1959 to commemorate the wedding of the Crown Prince and Princess, now the Emperor and Empress.



Emperor Akihito and Empress Michiko bow after placing the wreath at the Punchbowl.

Dedication Ceremony for New VA Regional Office in South Carolina

On July 24, in an effort to serve area veterans with renewed efficiency, a new 100,000-square-foot VA regional office was dedicated on the grounds of the William Jennings Bryan Dorn VA Medical Center in Columbia, S.C. The dedication ceremony featured Under Secretary for Benefits Patrick W. Dunne as the keynote speaker, and VA staff, veterans, volunteers and veterans service organizations were also on hand.

The state-of-the-art facility, whose spacious halls are adorned with vibrant collages of South Carolina men and women in uniform, replaces the older downtown building VA had used for the past 60 years. Housing 385 employees, the new location also contains offices for VA's Regional Counsel and training rooms for the Dorn VAMC.

Cleveland VA Regional Office Helps Rebuild City, One Veteran at a Time

Partnering with the Rebuilding Together Cleveland Program, employees from the Cleveland VA Regional Office volunteered to help a Vietnam veteran with much-needed home repairs. The veteran's wife, who is a disabled cancer survivor, expressed her love of roses and gardening to the volunteers. Taking time out on a Saturday, the volunteers took note and planted flowers, re-seeded the lawn, painted the house and did minor repair work around the home.

"It is an opportunity for us to give back to the community. One day of work with the volunteers carries such meaning to the veteran homeowner," said Catherine Zalar, Cleveland VARO employee and Rebuilding Together volunteer. "We actually get to assist veterans in our local area and see the difference our efforts make in their lives."

Veteran homeowners helped by the program are identified by Rebuilding Together Cleveland, a nonprofit organization seeking to preserve and revitalize houses in blighted neighborhoods.

Twin Sister Volunteers Considered 'Priceless' by Staff at Alabama Facility

Famous on the Central Alabama Veterans Health Care System's Tuskegee campus, twins Regina and Davina Hicks were recently honored at the facility's annual volunteer awards program. For the past eight years, both sisters have volunteered at the Tuskegee campus, spending time assisting and comforting patients in the blind clinic, physical therapy and other areas.

Born with Down syndrome, the twins were influenced by their mother, Lillie Hicks, a Central Alabama VA clinical dietician for more than 28 years. "I don't think they realize they have a disability," their mother said. "I decided early on not to treat them any different. Others may have had to adapt, but we decided they would be included in everything." "The twins have volunteered more than 17,500 hours," said William Petty, Central Alabama VA's Voluntary Service chief. "That equates to more than \$285,700 in savings to the VA—each." But as Central Alabama VA staff agree, the twins are "priceless."



Twins Regina (left) and Davina Hicks have volunteered at the Tuskegee VA campus for the past eight years.

B. ERIC JOHNSON

Old Soldiers Help Keep Watch, Deter Vandalism at Houston's VA National Cemetery

The watchful eyes of several old soldiers and sailors guard Houston National Cemetery. A year ago, the Texas Lone Star Chapter of Korean War Veterans volunteered to help after the cemetery was targeted—thieves were robbing cars of wallets and purses while loved ones visited graves. So to deter crime, a team of 16 Korean War veterans, some well into their 80s, keep watch at the cemetery each weekend.

They greet each driver at the cemetery entrance, reminding them to lock their cars and secure their valuables. They also patrol the cemetery grounds to remind would-be thieves that someone is always watching. "The more I'm out here, the more I see what needs to be done," said Travis Riley, 84, a Navy veteran of both the Korean War and World War II. "And I'm glad to be out here to help."



Korean War veterans like Bob Bighouse keep watch over Houston National Cemetery.

AMANDA RHODES

Astronaut Signs Final Beam of Namesake Facility in Illinois

In a construction ceremony held Aug. 24, the placement of the final beam marked a milestone in the completion of the new Captain James A. Lovell Federal Health Care Center, scheduled to open in October 2010 in North Chicago. Signed by Apollo 13 astronaut and retired Navy officer Lovell, the steel beam was ceremonially lowered into place during a "Topping Out" ceremony, a 1,000-year-old tradition among ironworkers rumored to bring good luck to a completed facility.

Lovell, along with his wife, was on hand alongside key leaders from VA, the Navy, naval facilities, and Walsh Construction to witness the exterior's completion. When completed, the Lovell Federal Health Care Center will be a first-of-its-kind partnership between VA and the Department of Defense, integrating all medical care into a single federal health care facility with a combined VA and Navy mission.

VA and Army Reserve Muster Together to Ensure Soldiers Take Advantage of Their Veterans Benefits

In a new approach to outreach, Arizona service members mustering for their annual Individual Ready Reserve aren't meeting at their local Army post anymore. Instead, they're mustering at the Phoenix VA Health Care System. Part of a new joint effort between VA and the Army Reserve, the one-day Readiness muster gives soldiers the opportunity to provide information about their personal situation and significant health changes, as well as learn about VA's benefits, services and opportunities.

With the addition of outreach programs such as the IRR/VA Muster, the Veterans Health Administration estimates that nearly 80 percent of newly eligible veterans are now being reached. Eighty-seven soldiers, 56 of whom were new enrollees, attended the Phoenix muster, the eighth IRR muster for 2009 and the second to be held at a VA medical center. Three more joint efforts were held over the summer in Denver, Temple, Texas, and Kansas City, Kan. [VA](#)

Veterans Health Administration Named AARP Top Employer for Workers Over 50

The Veterans Health Administration has been named by the American Association of Retired Persons as one of the 2009 Best Employers for Workers Over 50. The annual recognition program honors companies and organizations for best practices and policies addressing issues affecting the aging labor force. A diverse group of more than 247,000 VHA clinical and administrative employees deliver quality health care to veterans. Nearly half of VHA employees are over the age of 50.

Recipients of the AARP Best Employers for Workers Over 50 designation are selected based on their exemplary policies and practices in meeting the needs of an aging workforce. Key areas of consideration include: recruiting practices; opportunities for training; education and career development; workplace accommodations; alternative work options, such as flexible scheduling, job sharing and phased retirement; employee health and pension benefits; retiree benefits; and age diversity of the workforce. See the entire “best” list on the AARP Web site at www.aarp.org—“best employers.”



Joleen Clark, chief officer, VHA Workforce Management and Consulting, and Acting Under Secretary for Health Dr. Gerald Cross accept the AARP award.

ROBERT TURTIL

Atlanta VA Medical Center Achieves Magnet Status for Nursing Excellence

The Atlanta VA Medical Center recently achieved Magnet designation from the American Nurses Credentialing Center recognizing the hospital's nursing excellence. Magnet status is awarded by ANCC to hospitals that meet specific criteria for nursing professionalism, teamwork and the highest standards in patient care. “The Magnet



Atlanta VA Medical Center staff celebrate after receiving notification of their Magnet designation from the American Nurses Credentialing Center.

designation is the gold standard for nursing and confirms what we already knew about our commitment to taking care of our veterans,” said Sandy C. Leake, associate director of nursing and patient care services.

To achieve Magnet designation, the Atlanta VAMC underwent a detailed evaluation process that included the submission of an extensive application and volumes of data, stories, interviews and

Indianapolis VA Medical Center Wins Endoscopy Award

The Richard L. Roudebush VA Medical Center in Indianapolis received the Endoscopy Unit Recognition Award from the American Society for Gastrointestinal Endoscopy earlier this year.

The award was created in 2008, when the ASGE launched an effort to increase quality in endoscopy at medical facilities across the United States. The award recognizes units that are following ASGE guidelines on privileging, quality assurance, and endoscopy reprocessing, and Centers for Disease Control guidelines on infection control.

To receive the award, a unit must not only meet or exceed the ASGE guidelines, but also send a representative to complete ASGE training reviewing those quality guidelines. The training focuses on several central themes—improving patient satisfaction, preventing endoscopy-related infections, endoscope reprocessing, understanding quality metrics, designing and implementing a quality improvement plan, training and credentialing, and quality in sedation and monitoring.

The Roudebush VA Medical Center is one of only 56 endoscopy units throughout the nation to receive this award, and the only VA facility whose commitment to excellence is documented by ASGE Endoscopy Unit Recognition.

Puget Sound Doctor Appointed to Royal College of Physicians

Benjamin A. Lipsky, M.D., director of the primary care clinic at the VA Puget Sound Health Care System in Seattle, was elected to the Royal College of Physicians in London. Lipsky is one of only 20 doctors from around the world this year to receive this appointment.



Benjamin Lipsky, M.D.

The Royal College of Physicians is among the most prestigious, and perhaps the oldest, medical societies in the world. It was founded in London in 1518 by King Henry VIII as an “academic body for physicians, rather than a trade guild of the kind which regulated surgeons and apothecaries.”

Lipsky has authored more than 200 scientific publications with an emphasis on urinary tract infections in men and foot infections in diabetic patients. He will spend the next year on sabbatical at the Nuffield Orthopaedic Centre in Oxford. During the sabbatical, Lipsky will be involved mainly with research projects related to his interest in foot infections in people with diabetes.

Mentor, Inspirational Therapist Recognized for Work with Veterans

Clara Wise, an occupational therapist with the VA Loma Linda Healthcare System, was presented an award May 27 from San Bernardino County recognizing her as a community advocate and for her outstanding contributions to mental health. Wise received the accolades in front of more than 300 community mental health professionals, consumers and local elected officials during a banquet hosted by the San Bernardino County Department of Behavioral Health.

The county presented her with the “Behavioral Health Community Advocate Award” for embracing the recovery model and for actively helping others to become empowered, take control of their lives, develop goals, and reach their fullest potential. Wise, of Claremont, Calif., has served veterans at the Loma Linda VA Medical Center for 19 years. She recently assisted in coordinating a training and subsequent graduation sponsored by San Bernardino County Veterans Affairs. The two-week peer specialist training program prepared 10 veterans to serve as peer specialists.

Transit Benefit Program Recognized by WMATA

In June, the Washington Metropolitan Area Transit Authority recognized federal agencies in the National Capital Region for outstanding performance in facilitating mass transit alternatives for employees commuting to work. VA received top honors as recipient of the WMATA 2009 Federal Agency Transportation Recognition Award for exemplary management of its Transit Benefit Program.

More than 27,000 employees participate in the VA Transit Benefit Program nationwide, including 5,000 in the National Capital Region. The Office of Human Resources and Administration is responsible for oversight of the program, with senior leadership provided by John U. Sepúlveda, assistant secretary for HR&A; Quinton Walker, program coordinator for the Office of Administration; and staff Michael Page and Wylene Price, who work closely with 15 VA organizational transit managers conducting program coordination with more than 180 field stations.

VA Scientists Among White House Honorees

VA scientists Melina Kibbe, M.D., and Alex Sox-Harris, Ph.D., will receive Presidential Early Career Awards for Scientists and Engineers at the White House this fall, along with researchers from eight other federal agencies. The awards, established in 1996 as America’s top honor for early-career researchers, are given each year for “innovative research at the frontiers of science and technology” and a commitment to community service.

Kibbe is a vascular surgeon and biomedical researcher at the Jesse Brown VA Medical Center in Chicago. Her lab studies how a body chemical called nitric oxide promotes healthy blood vessels. Sox-Harris is a researcher at VA’s Center for Health Care Evaluation, in Palo Alto, Calif. He has led efforts to study how well quality measures used widely by VA and other U.S. health systems predict outcomes for patients treated for drug or alcohol addiction.



Melina Kibbe, M.D.



Alex Sox-Harris, Ph.D.

HONORS

Jefferson Barracks National Cemetery Employee Receives Top Minority Veterans Program Award

Alvin L. Cochren Sr., program support assistant at Jefferson Barracks National Cemetery in St. Louis, was recognized as Minority Veterans Program Coordinator of the Year for 2008. The award was presented during the recent national convention and workshop held in Atlanta.



The minority veterans program is the VA model for inter- and intra-agency cooperation to ensure all veterans receive equal service regardless of race, origin, religion or gender. The program coordinators assist VA in executing its mission in the most efficient and humane way possible. As internal consultants to the organization, MVP coordinators facilitate VA's ability to deliver services to veterans worldwide by approaching its mission with a "veteran comes first" philosophy based on a deep respect for the men and women who defended their country. Cochren, a retired Marine Corps gunnery sergeant, has been with Jefferson Barracks National Cemetery for eight years.

Left: Alvin L. Cochren Sr. is the 2008 recipient of the Minority Veterans Program Coordinator of the Year Award.

Rehabilitation Professional of the Year Honors

Michael Anthony, Ph.D., with the Houston VA Regional Office, was named Rehabilitation Professional of the Year by the Texas Rehabilitation Association, the state chapter of the National Rehabilitation Association. He received the award during the organization's 58th annual meeting in San Antonio in August. Anthony is a vocational rehabilitation counselor for the San Antonio Benefits Office. TRA awards two Rehabilitation Professional of the Year awards annually, one to a physician and one to a non-physician. Anthony is the 2009 non-physician recipient.

The Rehabilitation Professional of the Year award is presented to a Texas rehabilitation professional who made an outstanding contribution to the rehabilitation of persons with disabilities or the expansion of medical or rehabilitation programs and services resulting in more effective services to persons with disabilities within the previous year. Anthony has been an active member of TRA for more than 10 years.



Michael Anthony, Ph.D., right, accepts his award from Texas Rehabilitation Association President Dr. Paul McCollum.



Richmond VA Medical Center and Veterans of Foreign Wars Partner to Help Homeless Veterans

Dr. Robert Buncher, a staff psychologist at the Hunter Holmes McGuire VA Medical Center in Richmond, Va., was recently awarded the VFW Humanitarian Award for his work with the Feed A Stranger Program, demonstrating how VA and service organizations such as Veterans of Foreign Wars Post 622, in Petersburg, Va., are reaching out to the community to assist homeless veterans.

Quarterly, the VFW Post invites area homeless to the Post for a meal, and Buncher, who is the local recovery coordinator with the medical center's mental health services, speaks to the group about VA and recovery from mental illness, emphasizing that VA is committed to assisting people with serious mental illness by helping them connect with community resources, build relationships, and engage in meaningful activities. [VA](#)

Left: Dr. Robert Buncher receives the VFW Humanitarian Award from VFW Post Commander George Friday.

Nurse Helps Stricken Passenger on a Plane

Licensed Practical Nurse and Teleretinal Imaging Care Coordinator Jennifer Strickland, of the Durham (N.C.) VA Medical Center, was on a flight to San Diego to attend a VA conference when the flight crew requested emergency assistance from any medical personnel on board. Strickland identified herself and was escorted to a young woman in obvious distress at the rear of the cabin.

Strickland assessed the woman, who was alert and oriented, but heavily perspiring, pale, and complaining of nausea, weakness and feeling overheated. Strickland had the woman sit on the floor, where she applied cold, wet cloths to the ill woman's head. The woman denied having any known medical disorders, including diabetes, but said that she hadn't eaten in more than 12 hours. Strickland noted that her vital signs were stable. Airline staff immediately contacted a doctor on the ground, who advised Strickland to give the woman Tylenol with juice. Soon, the color returned to her face and she said she felt better. She returned to her seat, and Strickland observed her for the remainder of the flight. The aircraft continued to its destination, where EMS personnel met the woman at the gate for further evaluation, followed up by Strickland's assessments.



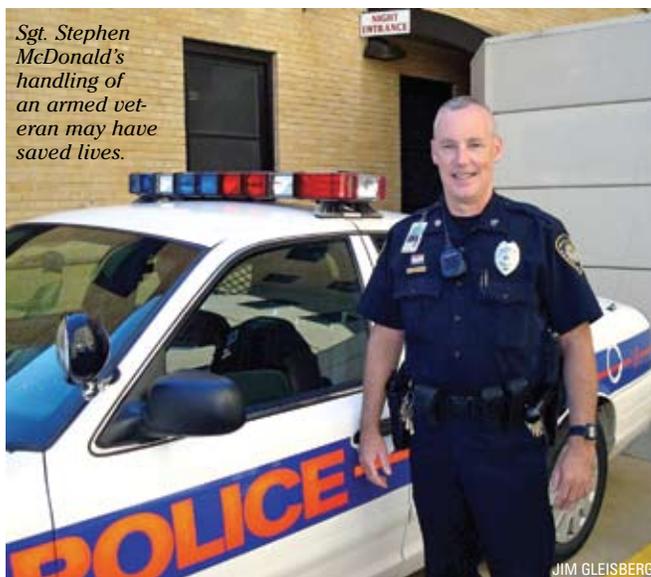
Jennifer Strickland responded when the flight crew requested emergency medical assistance.

Peaceful Ending to a Tense Situation

Just after noon on July 12, a veteran came to the emergency room at the Colmery-O'Neil VA Medical Center in Topeka, Kan., and asked the administrative officer of the day to see a police officer. The AOD summoned VA police.

As Sgt. Stephen P. McDonald approached, the seated veteran turned in his direction, brandishing a gun. The veteran chambered a round, and then told McDonald that he wanted to harm himself only. McDonald loudly declared "Gun!" as he drew his weapon. He calmly attempted to talk with the veteran and identify the cause of his action. McDonald convinced the veteran to move outside for the safety of all, and they both left the building. At the same time, officer Ron Glover evacuated the ER, locked down the main building, and with the help of the ER staff, called 911 to request assistance from Topeka police.

The Topeka police arrived and, working with VA police and staff, began clearing the area. Negotiations with the veteran took about 90 minutes. The situation ended with the veteran putting down his weapon and surrendering to police. McDonald's heroic and professional response and handling of the armed veteran may have saved the life of the veteran and prevented possible harm to others. **VA**



Sgt. Stephen McDonald's handling of an armed veteran may have saved lives.

Coatesville Employee Helps Neighborhood Avoid Tragedy

In 2008 and early 2009, a rash of arson fires burned across the small, industrial town of Coatesville, Pa. Employees of the Coatesville VA Medical Center, particularly those who live in town, shared the fear that gripped the community.

Early one morning, Financial Management Service employee Sondra Melvin was awakened by her wildly barking dogs. Then she heard the sound of a car creeping to a halt, followed by a door slamming and the car speeding off. One dog led Melvin to the back door, where she caught sight of a burning chair on her neighbors' porch. She immediately called 911, woke her sister and ran to alert her sleeping neighbors. After pounding on the door and yelling, Melvin and her sister were able to help safely evacuate the burning house. That same night, another porch fire was started just two houses away. Luckily, both fires were extinguished without injury.

After that night, Melvin and others started a Town Watch program. They patrolled the area on foot and by car, looking for suspicious activity. She also let family, friends and co-workers know what happened, and they all exchanged tips on staying safe. Melvin's quick thinking led to lifesaving outcomes, and the Town Watch program will help keep her neighborhood safe into the future.

HONORING ALL WHO SERVED

VETERANS DAY 2009



NOVEMBER 11, 2009

