

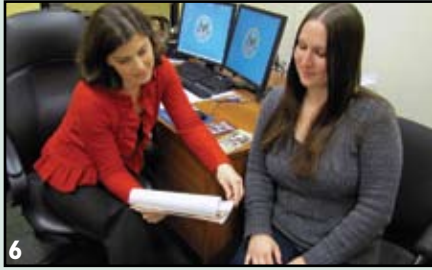
# VA **Anguard**

U.S. Department of Veterans Affairs

January/February 2012



*Recovery, Transition, Growth*  
*VetSuccess on Campus*  
*Simulation and Health Care*  
*Core Values in Practice*



**Vanguard**  
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## Features

<b>Bringing VA to Student Veterans</b>	<b>6</b>
VetSuccess on Campus supports Veterans transitioning to college life	
<b>Training Exercises for Health Care</b>	<b>9</b>
Simulation can offer clinicians a safer training environment	
<b>Core Values in Practice</b>	<b>12</b>
I CARE partners with a Compensated Work Therapy program	
<b>Helping Veterans Via Video</b>	<b>14</b>
Top 10 innovation illuminates common benefit claims form mistakes	
<b>South Texas VA's 'One-Armed Cowboy'</b>	<b>15</b>
For Veteran Ray Slone, becoming an amputee was just another challenge	
<b>At VAAA, Life After Retirement</b>	<b>16</b>
VA Alumni Association helps D.C.-area retirees stay connected	
<b>Recovery, Transition and Growth</b>	<b>17</b>
Restoring Veterans health care after Hurricane Katrina	

## Departments

<b>3</b>	<b>Feedback</b>	<b>33</b>	<b>Have You Heard</b>
<b>4</b>	<b>News You Can Use</b>	<b>36</b>	<b>Honors</b>
<b>26</b>	<b>Around Headquarters</b>	<b>39</b>	<b>Heroes</b>
<b>30</b>	<b>Introducing</b>	<b>40</b>	<b>Employee Veterans</b>
<b>31</b>	<b>Medical Advances</b>		



### On the cover

An architectural rendering of the new New Orleans VA Medical Center's main entrance on Galvez Street. When the old facility was flooded and abandoned in the aftermath of Hurricane Katrina, the future of Veterans health care—and that of hundreds of VA employees—was uncertain. The journey to recovery that began in those first days after the flooding and will end with the opening of this state-of-the-art facility, has been long and life-changing for everyone involved.

**Marines Aren't Soldiers**

While waiting to see my doctor, I happened to scan the article in the May/June 2011 issue highlighting the need to understand different aspects of the Veterans you serve ("To Know Them is to Serve Them Better," page 8).

I had to chuckle, since the most senior members of your medical centers do not know how to address us—few seem to understand that each branch follows a different terminology for how we are identified. In the case of my husband and me (both Marine Corps Veterans), it appears we are now "soldiers," something some Marines might find offensive.

I suggest those that we so appreciate and depend upon for our health care take the time to understand MASA: Marines—Marines; Army—Soldiers; Seaman—Sailors; Airman—Air Force.

Yes, there are several nice and not-so-nice variations on

addressing the members of the active/Veterans of our military services, but the above are the general terms. But never, ever, refer to Marines as soldiers.

*June M. Helligrath*

**Where are the People?**

The article, "Twenty VA Facilities Make Joint Commission's Top Performers List," (page 26) in the Fall 2011 issue has terrific photos of three VA medical centers; however, they have no people in them. VA hospitals are about people, and the Top Performers on Key Quality Measures is all about Veteran patient care.

I think the photos of some of these top facilities should have people in them and not look like ghost towns. I realize there is a big issue with privacy, but frankly, someone should go the extra mile and take some photos of our VA hospitals how they really look, with people in the photos. Get the releases and show something real.

This is something to keep in mind for future articles.

*Carol Zografos  
Training Technician  
VA Medical Center  
Boise, Idaho*

**Transition Support for Veterans**

I would like to comment on the photo with the small article on page 30 of the Fall 2011 issue, "Transition Support for Veterans." I find something in this photo inherently and systemically wrong.

Whenever I see photos like these from summits, meetings or conferences focused on brainstorming about better or more efficient ways to help Veterans or transitioning service members, I generally see only high-level VA executives or high-level military.

I don't want my views to be construed as negative criticism. I'm simply looking at this article and photo and thinking, as I always do, where's the low man's view-

point? By that I mean, where and who in the photo is the direct "rubber meets the road" representative that may act as a pro/con viewpoint for which these high-level decisions will be made?

The majority of the people in that photo are far removed from the day-to-day decisions they make and could possibly greatly benefit from a worker bee's perspective or a recently transitioned Veteran's perspective.

Again, I'm not saying this is a negative way of doing business and the decisions that are made are tremendous, as I too am a Veteran. I just think having at least one "rubber meets the road" representative at meetings like these could be hugely beneficial to all concerned parties.

*Steven Vandervort  
HR Specialist  
VA Maryland Health  
Care System  
Baltimore*

**VA Employees Are Veterans, Too**

There's often a misconception among Veterans about VA employees and who they are. But the fact is this: VA employees are Veterans, too, and they make up about 30 percent of the workforce. That's why, for Veterans Day 2011, the Office of Public and Intergovernmental Affairs launched an effort to recognize and thank the more than 100,000 Veteran employees who serve their fellow Vets each day.

In October, VA Chief of Staff John Gingrich asked Veteran employees to submit photos of them-

selves in uniform. OPIA received a flood of submissions from Vets young and old, from the Vietnam era to the current conflicts in Iraq and Afghanistan. In all, more than 1,500 were received. They were then published in a permanent collection on VA's Flickr page. In just two months, the photos have been viewed more than 160,000 times, making it by far the most popular photo set the Department has published to date.

Through military service, Veterans have already shown great discipline,

efficiency and teamwork—values that are indispensable in any organization. At VA, those traits are increasingly important in the effort to transform the Department into a truly 21st-century organization. Their commitment to selfless service continues at VA, even if they don't wear the military uniform anymore.

If you'd like to view the photos of your fellow employees in uniform, visit [www.flickr.com/photos/VeteransAffairs](http://www.flickr.com/photos/VeteransAffairs). And check out just one example on the back page of this issue of *Vanguard*.

**We Want to Hear from You**

Have a comment on something you've seen in *Vanguard*? We invite reader feedback. Send your comments to [vanguard@va.gov](mailto:vanguard@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 facility. We may need to edit your letter for length or clarity.

## VA's Talent Management System Named Best in the Industry

In October, VA's Talent Management System received the 2011 Insight Award for "Best Deployment to an Organization." This prestigious award is bestowed on public and private sector organizations that have found imaginative methods to launch learning management solutions to their organizations. Previous Insight Award winners have included ImClone Systems, Allegis Group and Dana-Farber Cancer Institute.

VA's TMS is the result of a Department-wide effort to expand support of employee learning and training needs. The success of this project was made possible through well-coordinated collaboration across the VA Learning University, Office of Information and Technology, all three administrations, staff offices and Plateau Systems.

VA assigned a highly skilled team to plan, design, develop and deploy a 21st-century learning and training system of record. The result was a groundbreaking system that provides online training and puts professional development just a mouse-click away.

The new talent management and career development tools accomplish the goal of enhancing employees' personal and professional development by offering the training they need when and where they need it. Beyond providing users with an improved interface, the new TMS supports enhancement of leadership, occupational proficiencies and personal growth for employees.

With an intuitive, user-friendly interface and enhancements to functionality, the new TMS streamlines the process of accessing and completing training and simplifies

other learning-related tasks and activities. This ultimately results in cost and time savings to the federal government, VA and the Veterans it serves.

"We understand that we need innovative, agile approaches to design and deliver education, leadership development, learning and training—both now and in the future," said VA Assistant Secretary for Human Resources and Administration John U. Sepúlveda. According to Sepúlveda, "in the months ahead, VALU will help us build upon our existing successes by ensuring that our learning initiatives continue to meet the changing needs of our employees and the Veterans we serve."

Sheila Bayne is an electrician with the VA Hudson Valley Health Care System. Her story is a testament to how the new TMS delivers improved on-the-job-training. "I take a lot of training to make me more qualified for my job as an electrician," Bayne said. "TMS was very easy to understand. I am also an automated data processing application coordinator, so I assist fellow employees with computer issues. The training offered through the TMS helps me help them."

In fiscal year 2011, VA learning and talent management system users recorded nearly 8 million training completions. According to VALU Dean Alice Muellerweiss, TMS has a lot to do with that. "TMS is the backbone for learning throughout the VA enterprise," she said. "VA strives to become one of the best places to work—a place where employees are empowered to reach their full potential. By having the right system

at their fingertips, employees can access on-demand content regardless of their location."

VALU Director of Learning Infrastructure Dr. Reginald E. Vance emphasized that "it's all about the people we serve. VA employees are exhibiting a thirst for learning and training that is indicative of a transformative organization." Vance added that one of VALU's goals is to operate and sustain state-of-the-art learning delivery systems. "To achieve that goal, we are providing functionality within a learning system that is employee development-centric."

The fresh, friendly design and contemporary look and feel of TMS is apparent to users as they navigate the system, and includes such enhancements as dashboards for at-a-glance views of activity. The new TMS provides access to a full complement of human capital development tools and capabilities in an intuitive format.

Lyn Costaldo, a training officer with the VA Office of Construction and Facilities Management, offered a personal testimony based on her experience and that of her employees. "The TMS management team has done outstanding work in improving the system," she said. "It's a huge improvement from the early LMS days."

"This upgrade enhances VALU's ability to transform learning across VA," said Vance. "The new, easy-to-use education, learning, leadership development and training system gives employees access to the tools they need to take charge of their careers."

Vance added that "TMS is a step in the right direction for VA to achieve a single system of record for all employees to access, track and record their learning."

Currently, VALU is highlighting the "Switch" video series on the TMS. "Switch" is an exclusive video presentation on change management. Industry thought leader Dan Heath adapted his best-selling book into a video presentation



Users can find much of what they need on the TMS home page. It presents them with the information they need in an intuitive format.

to relate to a VA audience.

The videos are now available to all employees. The "Switch" video presentations deliver useful and entertaining insights on the nature of change, how to overcome resistance to change, and practical techniques on managing change initiatives.

To access the TMS, or to learn more about course offerings and career development tools, visit [www.INSIDE.TMS.va.gov](http://www.INSIDE.TMS.va.gov), or contact VA TMS Training Manager Clarence Bashshar, at [clarence.bashshar@va.gov](mailto:clarence.bashshar@va.gov) or 202-618-5527.

## VA Deploys 20 New Mobile Vet Centers Across the Country

VA deployed 20 additional mobile vet centers Jan. 4 from the production facility of Farber Specialty Vehicles near Columbus, Ohio, to increase access to readjustment counseling services for Veterans and their families in rural and underserved communities across the country.

“Mobile vet centers allow VA to bring the many services our vet centers offer Veterans to all communities, wherever they are needed,” said VA Under Secretary for Health Robert A. Petzel, M.D. “VA is committed to expanding access to VA health care and benefits for Veterans and their families, and these 20 new vehicles demonstrate that continued commitment.”

In an event attended by Petzel, Sen. Sherrod Brown (D-Ohio), representatives of the Ohio congressional delegation, and Veterans service organizations, VA launched the 20 new vehicles to their destinations.

These customized vehi-

cles—which are equipped with confidential counseling space and a state-of-the-art communication package—travel to communities to extend VA’s reach to Veterans, service members and their families, especially those living in rural or remote communities. The vehicles also serve as part of the VA emergency response program.

The 20 new, American-made vehicles will expand the existing fleet of 50 mobile vet centers already in service providing outreach and counseling services. The 50 mobile vet centers were also manufactured by Farber Specialty Vehicles. In fiscal year 2011, mobile vet centers participated in more than 3,600 federal, state, and locally sponsored Veteran-related events. The VA contract for the 20 mobile vet centers totals \$3.1 million.

During the launch event, Petzel also announced that Farber Specialty Vehicles recently won a competitive bid to produce 230 emergency



*The customized vehicles launched from the production facility of Farber Specialty Vehicles near Columbus, Ohio.*

shuttle vehicles for VA over the next five years. The shuttles will provide routine transportation for patients in and around various metro areas during normal operations, but convert to mobile clinics that will facilitate the evacuation of patients and their care teams during disasters and emergencies. The VA contract for the 230 emergency shuttles totals \$53.5 million.

The 20 new mobile

vet centers will be based at: Birmingham, Ala.; San Diego; Atlanta; Western Oahu, Hawaii; Cedar Rapids, Iowa; Evanston, Ill.; Indianapolis; Baltimore; Pontiac, Mich.; Kansas City, Mo.; Jackson, Miss.; Greensboro, N.C.; Lakewood, N.J.; Reno, Nev.; Stark County, Ohio; Lawton, Okla.; Ponce, Puerto Rico; Nashville, Tenn.; Washington County, Utah; and Green Bay, Wis.

## VA Launches Facebook Pages for All 152 Medical Centers

VA announced Dec. 21 that all of its 152 medical centers are now actively represented on Facebook, the world’s largest social networking site.

The process that began with a single Veterans Health Administration Facebook page in 2008 has now produced more than 150 Facebook pages, 64 Twitter feeds, a YouTube channel, a Flickr page, and the VAntage Point blog. Additionally, in June 2011, VA produced a Department-wide social media policy that provides guidelines for communicating with Veterans online. The overarching strat-

egy is designed to help break down long-perceived barriers between the Department and its stakeholders.

“Veterans of all eras are depending on us to get the right information to the right person at the right time,” said Brandon Friedman, VA’s director of online communications, and a veteran of Iraq and Afghanistan. “With more troops returning home, we also have a responsibility to connect with the thousands of service members who have been—and will be—entering our system. They’re using social media, so that’s where we

need to be. Facebook helps us do that.”

VA clinicians can’t discuss the specific health concerns of individual Veterans on Facebook, but that doesn’t prevent staff from monitoring VA’s sites closely each day—and providing helpful information to Veterans when they can. In the last year, for instance, VA’s Crisis Line counselors have successfully intervened on Facebook in cases where Veterans have suggested suicidal thoughts or presented with other emotional crises.

VA currently has more than 345,000 combined Fa-

cebook subscribers, or “fans.” The Department’s main Facebook page has more than 154,000 fans, and its VAMCs have a combined subscriber-ship of more than 69,000. The Department plans to continue expanding its Facebook presence while also focusing on bringing Twitter to every VAMC as well.

For more information, visit the sites below:

■ Directory of All Social Media Sites: [www.va.gov/opal/SocialMedia.asp](http://www.va.gov/opal/SocialMedia.asp)

■ Facebook Directory: [www.facebook.com/VeteransAffairs?sk=app\\_7146470109](http://www.facebook.com/VeteransAffairs?sk=app_7146470109)

Jeanine Frederick, left, VetSuccess on Campus counselor at the University of South Florida, works with student Veteran Elizabeth Mueller.



# Bringing VA to Student Veterans

COURTESY ST. PETERSBURG VARO

*Active on a growing number of college campuses, the VetSuccess on Campus program supports Veterans transitioning from military to college life.*

**VA** launched the “VetSuccess on Campus” pilot program to ease service members’ transition from active duty to civilian life in June 2009. With the introduction of the Post-9/11 GI Bill in August 2009, there has been a dramatic increase in the number of Veterans returning to colleges to prepare for employment. These Veterans are faced with a challenging economy, escalating unemployment

rates, and transition from military to college life.

The VetSuccess on Campus program places a vocational rehabilitation counselor on campus to provide resources and support to all Veterans, Veteran dependents, and active duty service members. In addition to the VRC, outreach coordinators from VA’s vet centers are also on-site to provide peer-to-peer counseling and referral services as needed.

The VRC and outreach coor-

dinators are available to address the unique needs of student Veterans, some with severe disabilities, providing a wide range of rehabilitation and personal adjustment counseling to remove barriers and facilitate completion of education programs and entrance into employment. The VRC also provides vocational testing, career and academic counseling, and makes appropriate referrals for more intensive health services, including mental health treatment through VA medical

centers, community-based outpatient clinics, or vet centers.

VetSuccess on Campus counselors are knowledgeable of all VA programs and benefits and are able to assist Veterans in effectively resolving any VA benefit issues. For student Veterans who need employment assistance, the VRC assists with services to help secure suitable employment, including services available through VA, on campus, and other local community and government-sponsored programs. Job placement assistance and coordination with local disabled veterans outreach program specialists and local veterans employment representatives are also offered.

The University of South Florida was chosen as the first pilot site, and has approximately 1,200 student Veterans using VA benefits. According to the VetSuccess on Campus counselor, Jeanine Frederick, "There are so many ways to reach out and connect with Veterans."

In the fall of 2010, Frederick organized three Veterans Outreach Expos, presented USF's first Veteran Success course, and provided benefits informa-

tion during Veteran-specific events such as the Salute to Black Veterans, as well as a kick-off event to support the university's first Veterans Week. In between events, Frederick meets with student Veterans to answer benefits questions and provide referrals for legal aid, non-VA dental services, and assistance through charitable organizations.

"Like the name implies," noted Vocational Rehabilitation and Employment Service Director Ruth Fanning, "VetSuccess is aimed at helping Veterans become successful in their educational and career endeavors."

"Veterans come armed with military experience," said Frederick, "but do not always have the degree to land the best jobs. Preparing for a career in today's market requires a well-rounded approach with a concrete employment objective."

Her advice was welcomed by student Veteran Elizabeth Mueller, who met with Frederick during her Veteran Success class at USF. "I had a general sense of what to do but had no idea how to get there," Mueller said.

With the guidance of Frederick, Mueller participated in vocational and educational counseling. "It was a team approach," said Frederick. Through a partnership agreement, Mueller completed vocational testing, exploration, and a knowledge, skills and abilities course through the vocational rehabilitation department at the James A. Haley Veterans' Hospital in Tampa.

Mueller's employment goal of human resources manager was solidified during follow-up appointments. After she completed a four-year tour with the Air Force working in Security Forces, Mueller began taking classes at USF in the fall of 2010.

She admitted that, like many students, she picked a major but was uncommitted to the potential employment outcome. According to Mueller, the guidance and direction she received through VetSuccess on Campus gave her clarity on her career objective and enlightened her with information related to other benefits. "Having one person to go to has been very beneficial," she added.

"VetSuccess has radically changed the way we serve Veterans here at

## **VetSuccess: Promoting a Successful College Experience**

The transition back into civilian life can be a challenge. For service members who take on the added complexities of pursuing higher education, there's a lot to manage.

To ease this transition, VA initiated the VetSuccess on Campus pilot program. The program's goal is to ensure the coordinated delivery of benefits to student Veterans and promote a successful college experience.

Started in June 2009 at the University of South Florida, the pilot program provides benefits assistance and counseling. It offers guidance to select a career goal and related classes and to understand the various VA benefits. Assistance is provided in person and right on campus so Veterans can complete their college education and prepare to enter the labor market in viable careers.

A vocational rehabilitation counselor and vet center outreach coordinator are assigned to be the on-campus face of VA. VRCs provide vocational testing, career and academic counseling, and readjustment counseling services to ensure Veterans receive the support and assistance needed

to successfully pursue their educational and employment goals.

Both the VRC and outreach coordinator are available to refer Veterans for more intensive health services, including mental health treatment, through VA medical centers, community-based outpatient clinics or vet centers. On-campus access to counselors ensures that Veterans have information and support personally, medically and academically.

In January 2010, the VetSuccess on Campus program was expanded to two additional campuses—San Diego State University and Cleveland State University. With the success of all three sites, five additional sites were opened in the fall of 2010, at the Community College of Rhode Island, Rhode Island College, Texas A&M-Central Texas, Salt Lake Community College and Arizona State University.

Since the inception of the pilot, many other schools have expressed interest in the program. Deployment to nine more campuses in fiscal year 2012 will focus primarily on schools with student Veteran enrollment greater than 800.



*“Veterans come armed with military experience, but do not always have the degree to land the best jobs,” says VetSuccess on Campus counselor Jeanine Frederick. “Preparing for a career in today’s market requires a well-rounded approach with a concrete employment objective.”*

ROBERT TURTIL

USF,” said Dr. Larry Braue, director of the USF Office of Veterans Services. “VetSuccess has enabled us to implement a ‘one-stop-shop’ concept. Vet-

erans don’t have to leave campus to get the support they need.

“Jeanine Frederick has taken VetSuccess to a whole new level,” he

added. “Her enthusiasm and incredible work ethic have been a blessing to our office and to our Veterans. Our Veterans can count on Jeanine to get them answers and nearly always fix their problems. This has been an incredibly successful collaborative effort and should be the model for all VetSuccess on Campus programs.”

Braue believes the VetSuccess on Campus program will continue to spread across the country.

Frederick has worked for VA for more than 10 years and has been committed to top-notch customer service from the start. “VetSuccess on Campus is customer service,” she said. “We bring VA to the Veterans. We provide face-to-face contact with Veterans and their families to show them we care.”

Other VetSuccess locations include San Diego State University, Cleveland State University, Arizona State University, Salt Lake Community College, Texas A&M University-Central Texas, Community College of Rhode Island, and Rhode Island College. **VA**

## Veterans Get the Most from Their Educational Benefits

Eligible Veterans and transitioning service members have a variety of educational benefits available to them. To use them, Veterans must sort through their options and decide which career path to take and which benefit is the best fit. This is where Vocational Rehabilitation and Employment can help.

The Vocational Rehabilitation and Employment program provides free career testing and counseling. These services assist Veterans in selecting a career goal that meets their interests, aptitudes and needs.

Veterans can also meet with a counselor to resolve any barriers to training or employment. If a Veteran faces a severe disability, the counselors provide a direct referral to VA’s VetSuccess, or Chapter 31, program, and VA medical facilities as needed.

Who can receive free educational and vocational counseling?

- Transitioning service members (six months prior to discharge from active duty)
- Veterans discharged from active duty one year ago or less
- Veterans or qualified dependents who receive any VA educational benefit

Service members and Veterans are encouraged to register with eBenefits to gain access to online benefits-related tools and information. To register, visit [www.ebenefits.va.gov](http://www.ebenefits.va.gov).



# Training Exercises for Health Care

*Simulation can offer clinicians a safer training environment.*

**T**he military is no stranger to skill acquisition when preparing warfighters and other personnel. Training exercises customized towards potential real-world threats are a familiar way in which the men and women of the armed forces obtain mastery in routine and hazardous tasks and missions. Thanks to the efforts of leading VA clinicians and technicians, health care is no longer any different.



CURT CAMPBELL

*Participants in the SimLEARN Palo Alto Clinical Simulation Instructor Training Course practice a procedure on a mannequin during a simulation exercise last year.*

A 1999 report by the Institute of Medicine entitled “To Err is Human,” found that between 44,000 and 98,000 people die each year in the United States as a result of preventable medical errors. Simulation is a credible teaching tool for both military and civilian populations to practice their skills in a safe, immersive environment to be mission ready and save lives. Just as the military uses simulations to train troops the way they would fight in hostile territory, VA uses simulation techniques to train clinicians the way they would practice in the clinical arena.

Where did health care simulation get its start? In the 1980s, a young man named David Gaba completed medical school and, through his interest in the space program, became aware of how pilots and soldiers trained. Dr. David Gaba is now director of the Patient Simulation Center of Innovation at the VA Palo Alto Health Care System and associate dean for Immersive & Simulation-based Learning at Stanford University. He is considered one of the founders of health care simulation and defines simulation as a “technique—not a technology—to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.”

### **Extent of Training: How in-depth does it go?**

Typically, simulation is divided into four categories based on different modalities: standardized patients; screen-based simulation; partial-task simulation; and high-fidelity mannequin simulation.

**Standardized patients** have traditionally been used in the medical and nursing school environment to teach history taking, assessment, and physical exam skills using trained actors. Some standardized patients are also trained as “gynecological teaching associates” and are skilled in the art of providing feedback to the student

examiner while undergoing a physical examination.

**Screen-based simulation** ranges from online virtual patients that allow the learner to read case histories and select from a variety of possible clinical responses, to avatar-based virtual worlds that enable providers to work as teams in a real-time Web-based environment.

**Partial-task simulation** is often divided into two subcategories, depending on the technology of the equipment. Task trainers, which are anatomical body part mannequins designed for student practice, are used in many instances.

Simple task trainers enable learners to practice skills such as the placement of an intravenous line or chest tube. More complex task trainers simulate high-risk procedures, such as colonoscopy or laparoscopic surgery, using haptic technology that gives the learner a sense of physical resistance and touch feedback similar to what they will experience when performing the procedure on a real patient.

Finally, **high-fidelity mannequin simulation**, sometimes called “simulation theater,” reproduces a real clinical environment such as an operating room using lifelike mannequins that are capable of breathing, sweating, seizing, blinking, speaking, and reproducing heart and lung sounds.

Recently, the field of simulation has begun focusing research on where these modalities can best be applied in the health care setting. One area is in the application of simulation for education. Schools are using simulation labs to provide opportunities for health professions students to become familiar with procedures, evoke critical thinking skills and work with colleagues as a team when interacting with patients.

Surgical programs are requiring the use of simulation to teach laparoscopic skills prior to having the resident perform on a patient. Other programs, such as anesthesiology, are using simulation to train residents to

use anesthesia machines and troubleshoot equipment.

Emergency medicine and internal medicine programs are teaching skills like lumbar puncture on task trainers, and code team management on mannequins. The days of “see one, do one, teach one” are increasingly falling out of favor.

The field of patient safety and quality improvement is researching ways of using simulation to improve patient care. In obstetrics, simulation is used to allow teams of clinical providers to practice managing high-risk, low-frequency events such as post-partum hemorrhage and shoulder dystocia. Studies have demonstrated a significant reduction in neonatal injury after simulation team training. Other hospital systems are training their physicians and nurses in the placement and management of central lines and demonstrating a reduction in central line-associated bloodstream infections.

This past year, at its annual meeting, the National Patient Safety Foundation dedicated a plenary session on simulation to showcase how simulation can be used to disclose errors.

Apart from provider training, simulation is being used to test units and workflow within medical facilities. Testing entire systems in a health care organization can lead to the identification of latent safety threats.

Prior to the opening of a new hospital or clinic, simulation experts can provide common scenarios to the staff of a certain ward or floor. For example, simulating a transfer from a patient room to other clinical environments, such as radiology, may reinforce a smooth process or expose hazards that need mitigation.

A simulation test by the Armed Forces Global Emerging Infections Surveillance and Response System, or GEIS, performed in a new satellite hospital found 37 latent safety threats involving equipment, personnel and resources. Because GEIS used simulation to test the new facility prior to



Registered Nurse Micah Zimmerman works with a mannequin during simulation training at the Minneapolis VA Medical Center.

opening, they were able to address most of these potential threats before the arrival of patients.

A popular simulation event called “SimWars” has been featured at meetings like the International Meeting on Simulation in Healthcare and American College for Emergency Physicians. These team competitions use both low- and high-fidelity mannequins in patient scenarios where competitors must work through the clinical problem in a fixed amount of time. Each team is evaluated against predetermined criteria that encompass the entire simulation process. There are “SimWars” played by accomplished health care professionals and students alike ([www.vimeo.com/11084119](http://www.vimeo.com/11084119)), and scenarios may have components of team training and communication principles.

The applications described above are only a few ways simulation is being used in health care. Studies are increasingly demonstrating the effectiveness of simulation.


### What is the future of simulation in health care?

As technology continues to advance, simulation will continue to provide an opportunity for the health care provider to practice procedures and become familiar with the equipment. Answers to questions about the functioning of the equipment, techniques or approaches to common and not-so-common surgical procedures, and the ability to fill in knowledge gaps if an error is made, can be accomplished through the use of simulation well in advance of encountering a live patient.

Boards controlling re-licensure of health care professionals are talking about using simulation in their decisions to define what procedures will need to be demonstrated prior to renewal. Percentages of time students can use simulated patient care activities in lieu of actual demonstrated live practice is being mandated by some licensing bodies. Standards and guidelines will continue to emerge from

simulation associations.

A compendium of broad categories of simulation modalities can be found on the VA SimLEARN website, at [www.simlearn.va.gov/lib.asp](http://www.simlearn.va.gov/lib.asp). SimLEARN, an acronym for the Simulation Learning Education and Research Network, is a national program under the Veterans Health Administration for advancing clinical simulation training, education and research across VHA.

The program is a collaborative effort of the Employee Education System, Office of Patient Care Services and Office of Nursing Services program offices. For more information, go to [www.simlearn.va.gov](http://www.simlearn.va.gov). 

By Dr. Haru Okuda and  
Dr. Lygia Arcaro

**Editor’s note:** Dr. Haru Okuda is VA’s SimLEARN national medical director, and Dr. Lygia Arcaro is SimLEARN national director, nursing programs.



*I CARE partners with a Compensated Work Therapy Program to help Native American Veterans.*

# Core Values —in— Practice

*Lakota Sioux Standing Rock Tribal Chairman Charles W. Murphy points to the Bronze Star Medal he earned while serving in the Army.*

It's a disturbing fact that many Native American tribes, and the proud Veterans that served among them, face tremendous obstacles of poverty, substance abuse, homelessness and unemployment. So when the Department of Veterans Affairs launched I CARE, VA's Core Values Program, in June 2011, it became a priority to put those values—Integrity, Commitment, Advocacy, Respect, and Excellence—into practice by incorporating Native American Veterans into the implementation effort.

Mike Galloucis, executive in charge for the Office of Public and Intergovernmental Affairs, seized the opportunity to integrate Veterans into the overall campaign effort through the framing of I CARE posters to be distributed to VA offices across the

country. "From the outset, there has been strong support of the VA Core Values and Characteristics, with staff and facilities taking it upon themselves to find different ways to demonstrate their commitment," he said. "It made sense for us to look for opportunities to include Veterans in the process, which is why the partnership with the Therapeutic and Supported Employment Services made so much sense. These Native American Veterans did a great job and the posters they framed will be seen at VA organizations throughout the USA."

The I CARE Program Office formed a partnership with a group of 14 Native American Veterans in one of VA's Compensated Work Therapy programs to assemble and distribute 600 framed I CARE posters to VA facilities.

"It means so much to know that these posters were touched by our Native American Veterans and that VA takes every opportunity to put Veterans first in our planning for potential projects," said Anthony Campinell, Ph.D., director, Therapeutic and Supported Employment Services.

The I CARE posters serve as a visual reminder to employees to exemplify the Core Values and Characteristics in their daily work environment to provide the best care for Veterans, their families and beneficiaries. The posters are prominently displayed in lobbies, entrances and common areas of VA facilities for employees and Veterans to see.

"We are grateful that the VA selected our CWT to assist with the I CARE posters," said Rodger Woepfel, CWT supervisor, VA Black Hills

Health Care System. “Projects such as this one ensure stability for our Veterans enrolled in the McLaughlin CWT program.”

Located approximately 80 miles south of Bismarck, N.D., the McLaughlin CWT program, known as Veterans Industries, is a rural outreach program designed to assist under-served Veterans on the Standing Rock Reservation. This Northern Plains Indian reservation encompasses millions of acres in North and South Dakota, and is home to more than 1,200 Veterans.

“We were taught growing up to protect our reservation,” said Charles W. Murphy, chairman of the Standing Rock Sioux Tribe. “This is one reason why so many Native Americans join the military—we fought for what we had and many of our people volunteer to serve and protect our country.”

Unfortunately, as is the case for many Native American tribes, the Standing Rock Tribe struggles with poverty, substance abuse, homelessness and unemployment. Approximately 50 percent of the Standing

Rock Reservation is unemployed.

With such hardships, programs like VA’s CWT provide an opportunity for Veterans to obtain work-based treatment—paid work experience and vocational assistance services integrated into the Veteran’s overall mental health treatment plan.

CWT programs are designed to assist Veterans, particularly those with serious and persistent mental, emotional or physical health problems, who may have difficulty obtaining or maintaining employment.

Employment can be an important personal goal and a meaningful part of mental health recovery. CWT allows participating Veterans to gain a sense of self-worth and integrity by performing a job and contributing to society.

Veterans Industries does exactly that and more, literally taking these Veterans off the streets, providing a supportive, stable work environment, access to resources at VA medical centers and clinics, and counseling by social workers and VA employees. VA staff are committed to helping Veterans learn to live a healthy lifestyle by setting short- and long-term goals for their personal and professional development so they can better support themselves and their families.

Linda Comeau, CWT program coordinator, who has been working with Veterans Industries for close to 16 years, is known by the Veterans and the community for her dedication, reliability and sense of responsibility to serve the Veterans who have served the nation.

“I wake up each morning just thankful I am alive,” said one Veteran. “I could not have done it without the support of the VA CWT program



*Compensated Work Therapy Program Coordinator Linda Comeau works with a Native American Veteran employee to assemble framed I CARE posters depicting the VA Core Values and Characteristics.*

KAREN DESIMONE

and my new friends in this program who push me to be a better man.”

The Veterans in McLaughlin are craftsmen, best known for their woodworking skill and assembly of miniature flag cases for the National Cemetery Administration, recognized in 2010 for producing more than 100,000 flag cases. They also work on other contracts, such as the assembly of the I CARE posters, that come into Veterans Industries.

“When a Veteran comes through our door for CWT, he or she commits to remain drug- and alcohol-free and to the process of recovery,” said Comeau. “I realize how hard it is for some of them to ask for help, and I enjoy nothing more than serving as their ultimate advocate.”

The VA Core Values and Characteristics represent the employee’s promise to do their best, every day, to serve Veterans, their families, caregivers and survivors. Working at Veterans Industries and learning about the I CARE Program, this group of Native American Veterans in rural South Dakota can attest to VA’s commitment to this crucial mission.

For more information about the I CARE Program, visit [www.va.gov/ICARE](http://www.va.gov/ICARE). For more information about the Compensated Work Therapy Program, visit [www.cwt.va.gov](http://www.cwt.va.gov). **VA**

## Regaining Self-Worth Through Work

The mission of VA’s Therapeutic and Supported Employment Services, which include Compensated Work Therapy, is to improve the Veteran’s overall quality of life through a vocational rehabilitation experience in which the Veteran learns new job skills, and regains a sense of self-esteem and self-worth.

Truly Veteran-centric, no Veteran is restricted from the program, regardless of physical or mental health conditions. Therapeutic and Supported Employment Services programs provide paid work experience and vocational assistance services to approximately 80,000 Veterans each year and operated 259 work-based programs nationally in fiscal year 2011.

# Helping Veterans Via Video

## *An Albuquerque VA Regional Office Team's top 10 innovation helps Veterans avoid common mistakes when filling out benefit claims forms.*

**A**s a rating veterans service representative in the Veterans Benefits Administration, Victoria Reynolds had often encountered Veterans who were frustrated by the requirements of a claims process they did not fully understand.

Her solution was an online video that would help Veterans avoid problems and delays by providing them with coaching from experts who could explain the claims process, provide tips, and answer questions before a Veteran sat down to fill out a benefit claims form.

"I kept hearing the same comment from Veterans: 'If someone had told me this before, I could have avoided the aggravation of resubmitting the form,'" said Reynolds. "I knew VA had the right resources to tackle the problem. We just needed a new way to package the message in a simple, accessible format."

Reynolds entered the idea in VA's largest innovation competition in history. More than 3,000 ideas focused on the delivery of services to Veterans were collected from VA employees and Veterans service organization representatives.

The "Help Us Help You" video was one of the top 10 winning ideas selected and funded.

Reynolds said she could not have

done the project alone, and quickly credits her team of six subject matter experts as the brainpower behind the video. The team met frequently to identify the most common mistakes Veterans make and then develop ideas

Authorization to Release Information (21-4142), Application for Compensation and/or Pension (21-526), and Status of Dependents (21-686c)—by offering Veterans clear guidance on how to list disabilities and provide evidence of their connection to military service.

"We're very proud of our efforts," Reynolds said. "The tips we provide in the video could easily shave 30 to 60 days off the claims process. It's the kind of project that will improve the quality of our dialogue with Veterans while tackling the issue that matters most—

streamlining the claims process on which they depend." **VA**



*Victoria Reynolds submitted the idea for the "Help Us Help You" video in the VBA innovation competition.*

COURTESY VETERANS BENEFITS ADMINISTRATION

on how best to help Veterans avoid errors.

"People often take a rote approach to forms—they see a series of blanks and focus on filling them in without understanding the context," she said. "We wanted to break that cycle by providing Veterans with a road map they could easily follow, and a video seemed like the natural fit."

The "Help Us Help You" video addresses some of the most common mistakes made on several forms—

### **View it Online**

"Help Us Help You" is as near to a Veteran or service member as his or her computer keyboard. The video can be viewed on the VA network at [go.va.gov/claims](http://go.va.gov/claims) or on YouTube at [www.youtube.com/watch?v=rTtMVrY1SKg](http://www.youtube.com/watch?v=rTtMVrY1SKg).

# South Texas VA's 'One-Armed Cowboy'

*For Vietnam Veteran and ranch owner Ray Slone, losing part of an arm was just another challenge he had to rise to meet.*

**R**ay Slone, the self-described “one-armed cowboy,” is a 65-year-old Vietnam Veteran and Purple Heart recipient who receives his health care through the South Texas Veterans Health Care System. Diagnosed with skin cancer on his right hand, he underwent surgery at a civilian hospital expecting to have a finger or two removed, but when the surgeons got in, they discovered the cancer had spread

and they had to amputate the lower part of his arm.

Losing part of an arm might be a devastating thing for a ranch owner and horse trainer, but to Slone, it was just a small bump in the road. Having dealt with other health issues in the past, losing part of an arm was another challenge he had to rise to meet and make it work for him rather than against him.

Prior to his amputation, Slone had a successful and lucrative job with a construction company. The job provided him with his health insurance because, at that time, Slone didn't know he qualified for VA health care.

Not thinking about the financial aspect, Slone agreed to surgery. It turned out to be more expensive than expected and his insurance didn't cover all of it. Slone had to come up with a way to pay for it on his own. “I sold my prize Appaloosa horse, Dodgers Chick, to pay for my surgery,” Slone said with sadness. He went on: “My horse sold for \$32,000, but my surgery cost \$38,000.”

In addition to the financial strain of the surgery, Slone now had to consider how he was going to keep working his 18-acre ranch, located five miles outside Bandera, Texas. Because prosthetics are expensive, two days after discharge from the hospital, Slone and his saddle maker friend sat down together and designed a prosthetic “arm” that Slone could use while tending the ranch.

The homemade prosthetic is tooled leather with a burnished aluminum hook. The “arm” came in very handy while working the ranch. It

allowed him to continue working with his horses and other ranch tasks.

Slone's civilian oncologist suggested he check his eligibility at VA. After working with a South Texas VA social worker, he was assigned a primary care provider who referred Slone to prosthetics.

The first prosthetic, a metal hook, took him “from 50 percent to 70 percent,” he said. Then Slone heard about a new “bionic” arm and approached South Texas VA staff expecting to be denied because of the cost involved, but was pleasantly surprised when the bionic arm was approved.

The new arm would take him from 70 percent to 90 percent. He jokingly said he wanted the new arm for his birthday and, to his amazement, he received it just one day before his 65th birthday; he became only the fifth person in the country to receive this kind of arm.

Because South Texas staff was able to work with this Veteran and provide excellent customer service, he has been able to continue doing the things that are important to him. “My plan was to retire at 70 and raise horses,” he said. “Of course, that plan changed when I lost my hand.”

But thanks to the South Texas VA, he is still able to do some of the things he wants to do on his ranch. “I thank God for the VA,” he said. “I could never say anything bad about the VA. Between bouts of cancer and other health issues, I wouldn't be here today if it wasn't for the VA.” **VA**



ROBIN RISEMAS

*Being an amputee doesn't stop Ray Slone from working with the animals he loves.*

By Robin Risemas

# At VAAA, Life After Retirement

*The VA Alumni Association offers D.C.-area retirees the chance to stay connected.*

**T**here is definitely life after retirement for federal employees, but for Washington, D.C.-area VA retirees, that doesn't mean leaving those they worked with and the mission that brought them together behind.

For more than 50 years, the VA Alumni Association has offered Washington-area VA retirees the opportunity to stay connected with each other and with the Department while continuing to serve Veterans.

Established during the tenure of former VA Administrator Sumner G. Whittier (1957-61) to "promote activities to meet the needs and interests of members and provide opportunities for social activities with former colleagues," VAAA membership now stands at 208. Most worked at VA Central Office, but membership is open to any former VA employee. Many worked at other agencies during their federal careers, but choose to stay connected with the VA through the association.

Linda Reamy ended her federal career working for the Senate Committee on Veterans' Affairs, but returned to the VA family as a member of VAAA when she retired.

"I always knew I would join the alumni association once I retired," she said. "I truly enjoy socializing with my friends at VA and supporting our Veterans."

"I found that becoming a member helps maintain that VA connection," said current VAAA President Jim

Delgado, former director of VA Voluntary Service. "You get together with old friends and make new ones, hear from a variety of meeting speakers—many from VA—on interesting topics, and keep on top of VA issues and activities."

A recent trend has been for employees to join VAAA before their actual retirement.

"I joined VAAA as a life member four years before I retired from VA," said Jim Mayer, who retired as outreach coordinator in the Seamless Transition Office. "I attended my first meeting as a speaker and joined then just for the opportunity to renew friendships with folks I had worked with. It means a lot to me to be able to stay in touch with so many that helped me so much in my VA career."

The association holds quarterly luncheon meetings in the Washington area and plans picnics and other events focused on serving Veterans. Meetings feature speakers who range from top VA leaders to news editors and retirement experts.

Pam Gates helped arrange many of those events during her three-year tenure as VAAA president. She retired in 2000 as public affairs specialist and speechwriter for Veterans Benefits Administration headquarters, and wasted no time getting involved with VAAA.

"We've had some extraordinary speakers over the years," Gates recalled. "Federal News Radio reporter Mike Causey, a number of *Washington*



ROBERT TURTIL

*VA retirees catch up at the Alumni Holiday Luncheon in December.*

Post reporters and editors, former members of Congress, leaders of organizations like the USO, and many top VA officials."

In 2010, VAAA adopted the Aleethia Foundation ([www.aleethia.org/index.php](http://www.aleethia.org/index.php)) as its official charity and raises funds for this non-profit that support "Friday Night Dinners" for wounded troops recuperating at Washington-area military and VA hospitals, as well as recreational outings, family emergency grants and family emergency aid for them.

Though based in the Washington area, VAAA membership is open to any VA retiree, regardless of grade or position, whose federal retirement is based in any part on VA employment. Current employees are also eligible. Membership is \$5 per year or \$25 for lifetime membership.

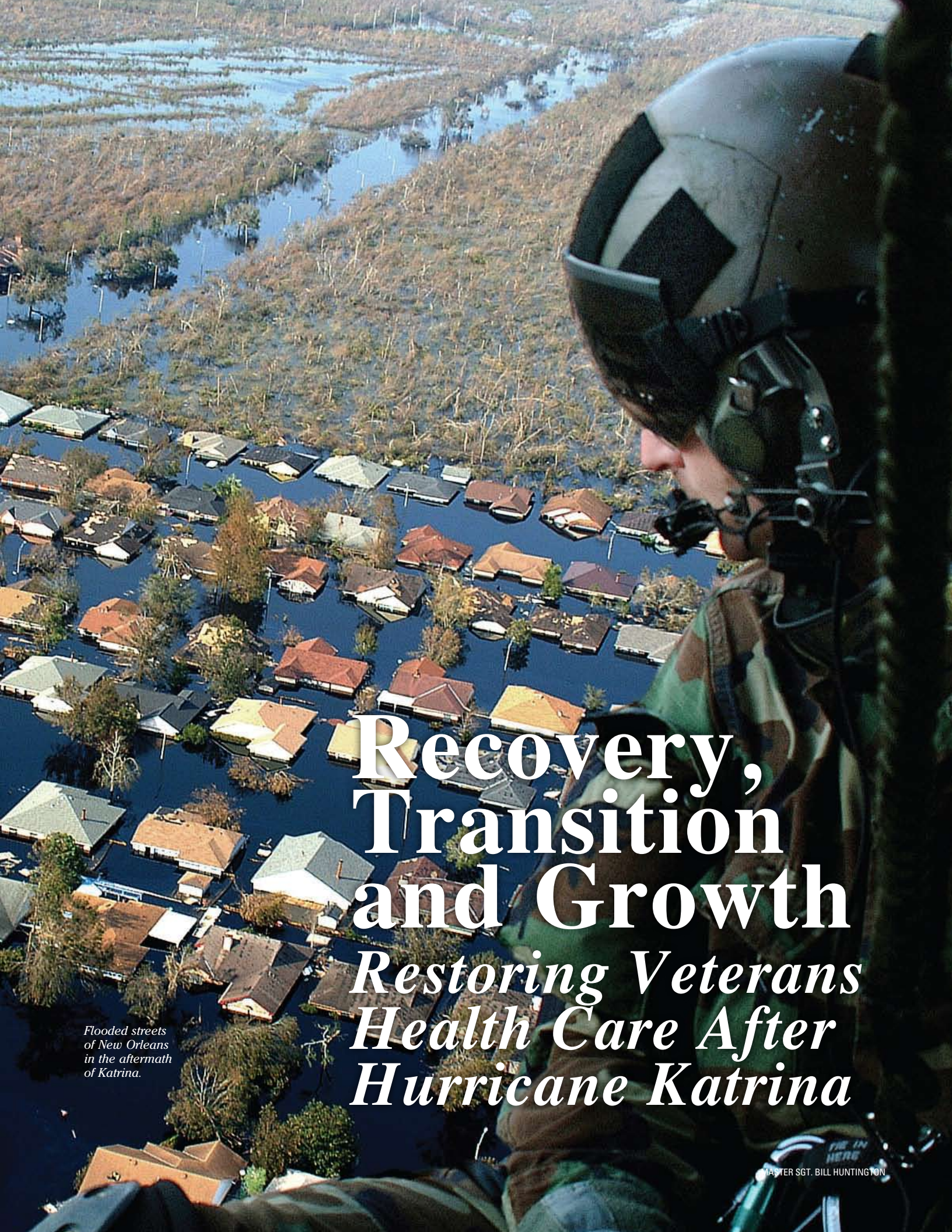
Want to join? Need more information? VAAA's website, at [www.vaalumniassociation.org](http://www.vaalumniassociation.org), offers background and membership application online.

You can email your request for membership to [vaalumni1@gmail.com](mailto:vaalumni1@gmail.com). Check out VAAA online newsletters for information about events and activities.

Are you involved with or do you know of VA retiree organizations in your area? *Vanguard* would like to highlight these groups in future issues. Send your information to [vanguard@va.gov](mailto:vanguard@va.gov). **VA**

*By Chris Scheer*





# Recovery, Transition and Growth

*Restoring Veterans  
Health Care After  
Hurricane Katrina*

*Flooded streets  
of New Orleans  
in the aftermath  
of Katrina.*

**H**urricane Katrina changed the face of New Orleans. In her aftermath came broken levees, flooded streets, homelessness and devastation of unprecedented proportions. Katrina's storm surge pushed the waters of Lake Pontchartrain inland, inundating parts of every community along the shore in St. Tammany Parish.

South of the lake, breeched levees poured water throughout nearly 80 percent of the city of New Orleans. Families scattered, seeking shelter from what would become the nation's costliest natural disaster, and returned only to find their homes destroyed.

Employees and patients at the VA medical center in New Orleans found the building damaged and unsuitable for health care. The future of Veterans health care—and the future of hundreds of VA employees—was uncertain. What follows is the story of the titanic recovery effort that started with a flooded 50-year-old medical center and ends with the construction of a state-of-the-art facility.

#### **What came before**

In March 2005, then-New Orleans Mayor Ray Nagin met with leaders from health care facilities in Orleans Parish about the upcoming hurricane season.

"He laid out the city's evacuation plan, which offered no assistance for any hospital," said John Church, who was the director of the New Orleans VA Medical Center at the time. "For the first five or 10 days, we were going to be on our own."

Church and his colleagues had to begin making changes to long-standing evacuation plans. The medical center had previously served as a shelter for employees, their families and even their pets. Without support from the city, they could no longer be so accommodating.

"We had to consider that we probably would lose power and would only have our emergency back-up, which was insufficient to run the entire facility," Church said, noting that a project to upgrade the emergency power systems was slated to begin 15 days after Hurricane Katrina hit.

In the end, it was determined

that approximately 200 employees of various disciplines would be needed to operate the medical center in an emergency situation.

"The biggest problem we had was that people just assumed we'd come in, the storm would pass and we'd all go home," Church explained. "They assumed we'd have power by the next day. We never get hit by a hurricane in New Orleans—they always go around at the last minute."

#### **Then came the storm**

"The Friday before the storm, the weather service was calling for Katrina to miss New Orleans," Church said. "Saturday morning, it was heading right for us."

Church activated the medical center's emergency plan and began evacuating patients. Staff identified to stay through the storm came in Sunday to be with patients who were unable to leave. Everyone else was told to evacuate.

"We evacuated Saturday night to avoid the big last-minute surge," said Liz Failla, who at the time was a planner and the facility's informa-

tion security officer. "We spent the night in Pensacola, Florida. Watching the news that night, we saw where the storm hit Category 5. At that point you realize it's never going to be the same." She, her husband and three children had safely evacuated, but friends, family members and co-workers had defied recommended and mandatory evacuation orders.

Back in New Orleans Sunday, staff began moving patients into the corridors and away from the windows.

"We hadn't evacuated the really sick patients," said Dr. Jamie Buth, who was the acting chief of staff during the storm. "We were often called to the hospital in case of hurricanes, but we didn't ever evacuate everyone. It was never that bad."

Katrina hit New Orleans Monday morning.

"It went on for the first five or six hours of the day," Church said. "It was like a really bad windstorm, and the brunt of the storm passed us to the east. It was all over by 2 p.m."

The medical center weathered Katrina's glancing blow, suffering minor wind damage but remaining



*The street in front of the New Orleans VA Medical Center flooded, stranding medical center staff and patients, as well as those sheltering in the Superdome, visible from the front door of the hospital.*

intact, sheltering hundreds of critical patients who had not been previously evacuated.

But then the levees protecting the city began to fail catastrophically.

“We had no outside contact and knew nothing about the levees,” Church said. The area around the medical center often flooded during bad weather, so at first no one was concerned. People called from other areas to let employees know about the levee failures, and by Tuesday morning, the facility was surrounded by five feet of water.

With the basement and sub-basement flooding, staff knew it was only a matter of time before they lost access to elevators. Intensive Care Unit patients were moved into the emergency room area on the first floor, which was high enough above sea level to avoid most of the flooding.

Flooding in the facility and across the city took out phone service soon after. The loss isolated the staff, and news communications were limited to a single radio station, which was broadcasting rescue information.

“The water just kept on rising,” Both said. “News reports on the radio

said the city was filling up with water. We were trapped and no one knew we were here.”

It quickly became necessary to abandon the building, and the city, to protect patients and staff. A plan was established to move ventilator patients to the Superdome one block away for helicopter evacuation. With no outside help, it was decided to use a diesel laundry truck to make the trek through the deep water.

“The driver was adamant he could make it,” Church said. “He made a lap around the dome to prove the truck would continue to run under all that water, and I let him take the first two over. After that, the National Guard members stationed at the Superdome came and took the rest.”

“We weren’t sure where the patients were being taken; we just knew they were being taken to safety—taken out of New Orleans,” Both added. Without contact with the outside world, and with the risk of power failure, it was the best option staff could see for saving the patients on life support.

The lack of communication compounded the already stressful situation

in the medical center. Mental health providers made rounds doing crisis intervention with patients, staff and family members.

“Many of our staff had families in the ninth ward, out in the city,” Both said. “They had no way of knowing who was living or dead.”

Robert Wynn was the clinical manager in radiology for the New Orleans VAMC when Hurricane Katrina came. He was detailed to work during the storm, as was his wife, a nurse at a different community hospital. His wife took their daughter, a high school student, with her.

“We had no contact for six days,” Wynn said. “I had no idea if my family was OK.”

Sporadic contact was established with VA Central Office and the New Orleans VA Regional Office on Tuesday. New Orleans staff was informed that members of the Arkansas National Guard would arrive Wednesday to begin evacuating patients and employees.

Employees began preparing to evacuate approximately 200 patients and a similar number of employees and their families.

“We brought patients down to the loading dock,” said Buth. “We brought patients down to the edge of the water, down the stairs, in evacuation sleds, on stretchers and sometimes using blankets to carry them down.”

### After the flood

For six weeks, residents were forbidden to return to New Orleans. High floodwaters, in places up to 15 feet deep, covered parts of the city for weeks. When they began to return, VA employees discovered the hospital

Failla, a New Orleans native whose family has lived in the same neighborhood for nearly 40 years. “You couldn’t have been prepared for what you were going to see. You just started crying.”

The ground was covered in a layer of crackling gray dirt. The mud from the lake covered everything and had dried to a near-ceramic finish two inches thick.

“Everything was dead,” said Failla. “There wasn’t a sound. Not a bird or any living thing. It was indescribable: the stench, the visuals.” Failla’s house had taken on seven feet of water. Her extended family lost nine homes in all.

She was not alone. Many New Orleans residents came back to find homes destroyed or severely damaged. Some just never came back.

“Those that came back chose to do so,” said Gloria Livas, utilization review nurse. “Some came back on faith, not knowing what they would find, because of their love for New



*Above: VA employees load ventilator patients for evacuation from the New Orleans VA Medical Center after Hurricane Katrina; right: VA employees returned to homes that had been underwater for weeks. In the Lakeview neighborhood, mud had dried in thick, crackling layers, giving the streets a surreal, broken appearance.*

The final group of employees did not leave until every patient was safely out of the city, driven through rapidly rising floodwaters in military-style, open-backed trucks.

“We were escorted out of the city by helicopters and armed soldiers,” Church said. “You could see the fires burning across the city. You could see the devastation. It was like driving through a war zone.”

Once on their way to Baton Rouge, La., and points beyond, VA employees began to be able to contact their loved ones. Wynn and other concerned employees received the good news that their families were safe.



had been rendered inoperable and its future—as well as their own—uncertain.

“It was six weeks before we were able to get back into the city,” said

Orleans and our Veterans.”

### Stabilization

Once the city reopened and people began to return, the adminis-

tration of the New Orleans VAMC faced the monumental task of contacting and caring for more than 1,700 employees, assessing the damage done to the old medical center and re-establishing health care for tens of thousands of Louisiana Veterans.

Then-director Church requested assistance from Julie Catellier. Catellier was working on the new VA Secretary's transition in Washington, D.C., but was well-known for her disaster recovery credentials.

"Julie had been in Biloxi (Miss.) the year before when Hurricane Ivan hit," Church said. "I needed someone at her level ... who had experience cleaning up after a hurricane."

Catellier accepted the challenge of rebuilding VA health care in New Orleans.

Although this was not her first major hurricane recovery project, Catellier recognized that this storm, this catastrophe, was different in every

worst thing you can do in a major recovery effort is to allow learned helplessness to set in. Once that happens, you almost never recover."

To combat that helplessness, Catellier gave returning employees a mission: VA's mission of caring for America's heroes. By concentrating on taking care of others, employees were given a productive, useful task to accomplish. Their common mission pulled them together to fight the common pain they also shared.

"That's how we marshaled the energy to move forward," Catellier said.

Determining which employees could return became a major concern for the administration. Without an inpatient facility, many positions were no longer available. Other positions were in high demand, but only for a short time.

"We didn't need intensive care unit nurses, for example," said Church. "We had no place for a labo-

ity nationwide; no employee was left without a job. VA offered housing and food allowances for all displaced employees, tracking people scattered across the nation and ensuring their well-being.

"VA treated it like they were all on travel," said Dean Mazzanti, who joined the New Orleans VAMC shortly before Hurricane Katrina hit. After evacuating, he was recalled to Jackson, Miss., to work on contacting and placing as many employees as possible.

"I didn't know many of them because I was so new," said Mazzanti. "And yet, people were happy to hear from another VA employee. You were getting their stories and you wanted to know how they were and about their moms and their children. It was just good to hear that people were OK."

"People just wanted to go back to the way things were," Catellier said.

But things would never be the

## ***"It was like the wild, wild west. You never knew what was ahead of you as you navigated around town. Work was the only stability some people had."***

way. Whereas most disasters affect a piece of someone's life, Hurricane Katrina in many cases took it all.

"Of course you anticipate the pain, the immediate chaos, the trauma and disruption, not just to people's work, but to their lives," Catellier said. "Everything that had defined them was gone. People looked to their jobs because their homes, churches, neighbors and even their streets were just gone."

Recognizing that the entire region was suffering from post-traumatic stress, Catellier called in the best post-traumatic stress disorder experts she could find and began to apply their advice to her post-disaster recovery efforts.

"I read everything I could get my hands on about post-disaster recovery," said Catellier. "What worked and what didn't in events like the Kobe earthquakes and hurricanes Andrew and Hugo. The literature said that the

ratory. But carpenters? We needed every carpenter we could get, at least for the first three months."

Eventually about half of the employees would return. Many who returned fought to get back to New Orleans, often without a home in which to stay.

The administration established guidelines on who would be allowed to come back. Among the requirements was that each person returning had to have an identified position to fill and a place to live.

Some who returned were desperate to get back; they lied about their living arrangements and were actually sleeping in their cars. For these people, their job was more than just a job—it was their only sense of stability.

For employees who would not or could not return to New Orleans, VA offered priority placement in jobs for which they qualified at any VA facil-

same for VA New Orleans. With the medical center closed, the supporting infrastructure of the health care system fell apart. Policies, committees and processes were no longer applicable and employees scrambled to make sense of the disaster and offer care to thousands of Veterans similarly affected by the storm. Many people moved from task to task as needed, never able to settle into a routine.

"It was stressful," said Catellier. "We found that people could not tolerate anything that resembled inconsistency or insecurity. If you moved someone's office, you'd find them in hysterics."

"You went from a well-oiled machine in the medical center to just trying to scrounge up anything to provide care," said Failla, who was part of a team of people seeking space for clinics. "You concentrated on food, shelter, security. Work was like a calling. It meant so much, restoring

health care to a population that suffered, but it was hard.

"It was like the wild, wild west," she added. "You never knew what was ahead of you as you navigated around town. Work was the only stability some people had."

Re-establishing services often meant setting up clinics anywhere space could be found. VA New Orleans began setting up care in parking lots and sending nurses out to offer in-home care using mobile kits carried in the trunks of their cars.

After 100 days, they had set up an outpatient clinic in the facility's nursing home. In St. John Parish, services were established in a Veterans of Foreign Wars meeting hall. In Slidell, La., tents were set up in a Wal-Mart parking lot.

"Was it perfect?"

No. But were we seeing patients? Yes," Catellier said.

"We had to take down the clinics every night and put them up again in the morning," said Dr. Stephanie Repasky, who worked as a clinical psychologist before Hurricane Katrina and took over as customer service co-

ordinator shortly after she returned.

"In St. John, we had to shut down the clinic for a monthly gun show, but without those partnerships we would have had a hard time getting care re-established so quickly."

Partnerships between VA and the community enabled both to start the long process of rebuilding. Those partnerships were strengthened by mutual need and concern for the region and its citizens.

"The city was in real trouble," Catellier said. "They couldn't keep beds open; emergency rooms were overrun." To help the community, VA New Orleans treated 11,000

non-Veterans in the aftermath of the storm. "We made a rule that if they showed up, we would treat them."

Nursing shortages across the city exacerbated the space issues, but VA New Orleans had 106 nurses returning with no space in makeshift clinics for them. Catellier and the administrative staff at VA New Orleans worked a deal through the Federal Emergency Management Agency that allowed the VA nurses to work in non-VA facilities for a year. VA paid their salaries and the community hospitals were able to more effectively care for their patients.



*Employees worked during the day to restore health care and at night to restore their lives.*

"You really learn and do things you wouldn't do at any other time," said Catellier. "We were doing things in homes and FEMA trailers that you would never do normally. It was as close to battlefield medicine as you could get without being in a war zone."

In addition to the makeshift clinics, VA New Orleans began looking to build more permanent outpatient clinics throughout the 23 parishes in the system. Construction timelines were accelerated for the addition of new outpatient clinics, initially established in the May 2004 Capital Asset Realignment for Enhanced Ser-

vices, or CARES, program, designed to expand access to health care by strengthening the Department's network of outpatient clinics.

The first permanent clinic to be established was built in Hammond, La.

"When I first arrived in Hammond," Wynn said, "we had one big house—we called it the 'white house'—and two tents. The ground was just fabric-covered dirt. If it rained too hard we'd just hold the roof up and pray." He took over as Hammond Clinic manager in January 2006.

It would be another six months

before construction of the permanent clinic was completed. The Hammond staff operated out of tents, and then FEMA trailers, in the interim. At the end of each day, Wynn and his staff would break down the clinic's equipment and chain it all together in the one trailer they could secure.

The biggest challenge for Wynn and his staff didn't come from the lack of facility as much as from the daunting task of learning an all-new job with all-new people.

"I had no idea what a licensed practical nurse

did every day," Wynn explained. "I had to learn new concepts, new processes, and learn the people and their duties, all while setting up a brand-new clinic in a brand-new area."

Many of the staff in Hammond were from New Orleans and wanted to go back. Wynn noted that the cultural differences between small-town, rural Hammond and the Big Easy caused a bit of culture shock for many of his employees. Establishing a team with individuals who truly just wanted to go home was difficult.

"It took a long time to stabilize," he said. "People just wanted to go back to the way things had been."

## Transition

After a year of stabilizing care and opening temporary clinics, approximately 85 percent of VA New Orleans' patients had returned, but only 40 percent of the staff was actively serving Veterans. They were doing so in 20 percent of the space previously available in the medical center.

Making that care available required major transitions in how care was delivered. But with so many employees and patients hoping for "the way things were," VA New Orleans' administration had a long, hard road ahead of them in changing perceptions, redefining goals and still meeting care standards set by VA.

As a first step, Catellier made the decision to change the name of the system from VA New Orleans to Southeast Louisiana Veterans Health Care System, or SLVHCS. Although rebranding the system was a major change in an already volatile environment, she believed it necessary to promote the healthy transition of the health care system from one centered on a large inpatient facility to a system of outpatient clinics.

"People needed to understand that the only option was to move forward," Catellier explained. "You can't stand still, and you don't want to go back, so you've got to move forward."

Putting people in new, permanent positions helped rebuild structure for employees and patients alike. New processes and policies were put into place reflecting the new, outpatient-centered service SLVHCS could offer.

Getting care to Veterans was the paramount concern. Doing so efficiently and effectively required some creativity and the exploration of new care delivery methods.

Mental health care was a huge concern, given the trauma Hurricane Katrina wrought on Gulf Coast Veterans. In recognition of the need for care, SLVHCS expanded mental health care to all clinic locations, rather than centralizing care in one location. Specialty clinics were estab-

lished to care for Veterans with PTSD and the homeless. By leasing space throughout the system, SLVHCS was able to expand services, house administrative functions and quickly re-establish health care for Veterans.

Telehealth care, which uses telephone and computer technology to remotely care for patients, grew exponentially, as did Home and Community Care services. Although non-traditional and unconventional, these care delivery models allowed SLVHCS to continue the mission of caring for Veterans. Patients who could not get to the clinics could still be treated using the new technology.

Inpatient care was still lacking, and without a medical center of its own, SLVHCS was forced to outsource care to other VA facilities or community hospitals. Also suffering were SLVHCS' academic partnerships. One of VA's key missions is to train and educate health care professionals, and nationwide VA trains a large majority of the nation's doctors. Without an inpatient facility, SLVHCS' ability to meet VA's education mission requirements was limited.

In June 2007, the system found a way to re-establish its academic partnerships and simultaneously keep some Veterans closer to home for their care. The new program, known as the Virtual Inpatient Program, or VIP, would allow VA doctors to be cross-credentialed and treat VA patients in Tulane's facilities while training Tulane residents.

By the end of the second year after Hurricane Katrina, SLVHCS had re-established home oxygen services for Veterans and opened an in-house pathology and laboratory center in Baton Rouge. Radiology services in Baton Rouge were expanded to reduce the number of outsourced tests.

"We wanted to do as much as we could for Veterans in our own facilities," Catellier said. "Aside from being fiscally responsible, VA doctors caring for VA patients is the best way to ensure our patients receive the best care

anywhere."

SLVHCS had successfully transitioned into a system of outpatient clinics. Now it was time to transform into something more.

## Transformation

"The transition took about three years to get through with any semblance of acceptance," Catellier said. "Then we started to bring in new people and redefine ourselves.

"You had three types of people who came back," she continued. "Those who called New Orleans home for generations, those with a tie to the city like college alumni, and the pioneers—people looking to be a part of something bigger than themselves."

With those types of people digging in and working hard, SLVHCS' transformation began in earnest.

In fiscal year 2008, SLVHCS added two specialty mental health locations in New Orleans using leased space, and built an outpatient clinic in St. John Parish. An infusion center expansion increased SLVHCS' ability to treat cancer patients, and pharmacy renovations began in New Orleans.

In October, SLVHCS launched a pilot program known as Hospital at Home. The program had only been used at one other VA facility, but seemed like a unique solution for a health care system operating without an inpatient facility.

"Hospital at Home allows us to offer hospital-quality care to Veterans suffering from certain chronic conditions in the privacy of their own homes," said Dr. Lumie Kawasaki. Kawasaki championed the program at SLVHCS and continues to work to expand its reach.

Over the next three years, mental health services in New Orleans expanded again as Operations Enduring Freedom/Iraqi Freedom Veterans continued to enter the VA health care system. Audiology services also expanded, and services were launched in the Hammond clinic to handle



*Architectural renderings of the new New Orleans VA Medical Center show a view of the main entrance on Galvez Street and (inset) an aerial view of the campus.*

compensation and pension exams for Veterans living outside New Orleans.

SLVHCS added an Imaging Center, an Urgent Care Center, an Eye Clinic and an Ambulatory Procedures Unit, which performs same-day surgeries. The addition of the APU necessitated an expansion of SLVHCS' Sterile Processing and Decontamination facilities as well.

"Adding all of these services, particularly the APU, restored our capability to perform many services for our Veterans," said SLVHCS Chief of Staff Dr. Paul Rosenfeld. "By keeping their care within VA, we can better monitor quality and continuity of care."

SLVHCS also leased space to consolidate and expand services in Slidell, and secure two new contract clinics in Bogalusa and Franklin, La., bringing primary care to within 30 minutes of 90 percent of enrolled Veterans' homes.

And during all this transition and transformation, SLVHCS planned for and designed a replacement New Orleans VA Medical Center.

### **Project Legacy**

In February 2006, then-Secretary

of Veterans Affairs R. James Nicholson submitted a report to Congress detailing options for re-establishing a medical center in New Orleans. The plan laid out multiple options determined by an independent consultant hired shortly after the storm. The consultant determined that re-using the 1950s-era facility was not feasible for modern health care and instead postulated a number of construction and remodeling possibilities, including building a completely new complex.

In September, a design contractor was selected. Three firms—NBBJ, of Columbus, Ohio, and Eskew+Dumez+Ripple and Rozas-Ward Architects of New Orleans—would form a joint venture known as Studio NOVA to work on the project.

In November 2007, the city of New Orleans and the Secretary of Veterans Affairs signed a Memorandum of Agreement delineating the city's intent to provide the proposed site construction-ready to VA.

VA would spend another year conducting environmental assessments, studying the joint impact of having the VA and state medical centers together in one neighborhood, and seeking public comment on the

assessments and plans to build.

"In addition to opening the draft assessments for comment, Ms. Catellier began attending neighborhood organization meetings," Failla said. "No one was talking to the residents, and we decided to be good neighbors and try to answer as many questions as we could."

User group meetings and public scoping meetings regarding the National Environmental Policy Act process began in June 2008. By November, the NEPA and National Historic Preservation Act processes were complete, allowing VA to officially select the city's offered site as the most opportune.

"Co-locating our medical center with the state's teaching hospital in the emerging bioscience district allows us to recruit and retain the best medical professionals for our Veterans," Repasky said. "You need to be able to offer doctors the opportunity to do clinical work, research and teach. Having all of those opportunities in close proximity helps us offer the best care for our Veterans and the best working environment for our clinicians."

Meanwhile, Studio NOVA and VA met with a variety of focus and user groups made up of Veterans, their family members, employees and community members, learning their culture, needs and desires for a new medical facility. In all, 113 Veteran patients, 189 VA staff members and 14 designers met in a total of 21 workshops totaling more than 77 hours of observation and sharing.

User and focus group input would lead to major changes in initial proposed designs. By March 2009, a final



schematic design, based on three previous designs put out for public comment and input from the focus groups, was released.

Shortly thereafter, SLVHCS established a new office to head up the medical center project. An employee naming contest garnered 85 possible names for the project and the office: "Project Legacy" was selected.

"The name reflected the idea that the new medical center will be our legacy to the Veterans in Southeast Louisiana and the Gulf Coast region," Catellier said.

As work with the designers began, Project Legacy began to take tangible shape.

"We received initial renderings of the facility, and we could see our plans and dreams really starting to take shape," said Failla, who now works under now-Assistant Director Repasky to head up the Project Legacy team.

Although site acquisition and turnover took much longer than anticipated, planning continued to move forward. In January 2010, design development was completed and new, highly-detailed renderings were made available to the public.

The following April, the state began architectural salvage and demolition on the site, acquiring land in parcels and preparing them for turnover to VA. Project Legacy began hosting monthly meetings with the residents affected by the construction.

"We held the NEPA meetings as required by law, but their feedback was extremely helpful," Repasky said. "They really shaped the design of the hospital and helped us better honor the region and reflect the cultural feel of the neighborhood. We want to be good neighbors; that's why we began holding neighborhood meetings. It's just the right thing to do."

One property acquired early on was 2400 Canal Street, the old Pan-American Life Insurance building. Renovation of the historic site began in June 2010. To mark the milestone,

SLVHCS held a groundbreaking ceremony for the replacement medical center that same month.

Hundreds of Veterans and community members gathered to hear community leaders, including the mayor and the governor, join current Secretary of Veterans Affairs Eric K. Shinseki and SLVHCS Director Catellier to usher in a new era in Veterans' health care in southeast Louisiana.

"Veterans have been without their own dedicated health care facility now for over six years," said Catellier, hailing Project Legacy as an end to that wait.

"Designed by Veterans for Veterans, [this facility] will respect the sacrifice our Veterans have made and honor the culture and feel of New Orleans, the city that not even Katrina could stop," she added.

Site acquisition and turnover would take another eight months, but in April 2011, the cleared site, with the exception of the Dixie Brewery building located at the corner of Tulane Avenue and South Rocheblave Street, was officially signed over to VA.

"We're now truly at the point of transformation," said Catellier. "This is where the real rebirth happens because there is a physical, tangible, see it, taste it, feel it, get your arms around it picture of where we're going.

"The land is clear. Design is done. We have renderings on our website. The fighting, churning battles about the land, money and design—that's all over. Now we're truly into transformation both as a city and an organization."

### **Into the future**

VA projects that when it opens, the new New Orleans VAMC will serve 70,000 enrolled Veterans throughout the Gulf Coast region and will handle a half-million outpatient visits annually.

The new medical center will be better prepared to face another storm

like Hurricane Katrina, with all of its critical facilities and infrastructure located at least 20 feet above ground level and a seven-day "defend in place" capability.

"We'll be like an independent city during a disaster, with self-contained power and water as well as evacuation capabilities," Failla said.


For VA employees and the Veterans they serve, Project Legacy is about more than just restoring health care. It's more than just a building.

"A building is just bricks and mortar," Catellier said. "It is the people—the employees, Veterans and families—who walk within the walls that matter."

When the bricks and mortar begin to rise from the cleared, muddy construction site, that dream of regional rebirth will become the reality that every VA employee has worked so hard for, including newcomers like Mazzanti and the "pioneers" Catellier brought in to help rebuild.

"You see all the bad around but you also see how much everyone wants to succeed," said Mazzanti. "For me, it was enough that someone with no ties to the city could see that it was something special. I was part of something special and I want to be around to see it completed."

The new New Orleans VAMC is slated to begin full activation in late 2014. Early activation of Human Resources and Workforce Development services are scheduled for 2013 to aid in hiring more than 1,100 new employees to staff the facility.

Until then, the men and women of the region watch a promise rise from the mud—the cornerstone for the emerging bioscience industry that will also offer closure. They wait, and they hope, and find strength in each other and the noble mission of honoring America's heroes. That is the project's legacy: building health care, honoring Veterans, keeping the promise, restoring hope for the future. 

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*By Kimberly Gearhart*

## VA Recruitment Programs Honored

The Office of Human Resources Management recently won three excellence awards for its recruitment marketing efforts: two for the VA Virtual Career Fair and Hiring Event, and one for a new series of recruitment brochures. The virtual career fair won a Creative Excellence Award, presented by the Employment Management Association, as well as a W<sup>3</sup> Gold Award. The recruitment brochures also won a Creative Excellence Award.

OHRM produced its first-ever full-service, end-to-end virtual career fair on Jan. 20, 2011. With an ambitious 2011 hiring objective of 1,000 new information technology employees and acquisitions/contracting professionals (33 percent Veterans), the Human Resources and Administration's ADVANCE initiative mirrored many of the same features of a traditional brick-and-mortar event, but offered the distinct advantages of national reach and no travel expenses for the agency or the participants.

"At VA, we are always looking for new, innovative ways to reach the most qualified candidates possible," said Lisea Johnson, program manager for the Virtual Career Fair. "This was a fantastic way to reach a nationwide audience with one recruiting event. We couldn't have been more pleased with the attendance, applications and referral rate that resulted from the fair."

The design of the virtual event space replicated that of a traditional brick-and-mortar career fair. Registration was driven by a full-bodied media plan, using both print and online channels.

During the eight-hour event, VA recruiters and

attendees were visually represented by avatars—online images of people—as they interacted with the crowd. Conversations took place via text chat sessions, both public and private.

Candidates learned about the benefits of working for VA, including HR&A's ADVANCE program, which represents an unprecedented investment in the Department's human capital resources, and provides every VA employee, regardless of career level, with the tools, training and support necessary to advance his or her career. Candidates could also read job postings at the information technology and acquisitions and contracting booths and submit their resumes directly online via the VA Careers/USA Jobs application platform.

The virtual show floor was complemented with an auditorium featuring an on-demand video presentation, a resource center packed with VA and career information, and a lounge for networking with other job seekers. After the live event day, the environment remained live (on-demand) for four days.

Of the 6,233 participants who attended, 30 percent submitted applications; half of them had the qualifications necessary to be referred for the VA positions they sought. Attendees spent an average of two hours and 33 minutes at the show, demonstrating the perceived value offered by the event.

Post-event surveys conducted with attendees attested to the success of this recruitment event. "This is the Government at its best ... great job, VA. A nice, easy method to apply online," said one.



*The Office of Human Resources Management won two excellence awards for its virtual career fair, top, and one for its recruitment brochures.*

"My perception of VA has changed [after attending the virtual career fair]," said another, "because I did not realize how much more VA does beyond being a Veterans' hospital. I learned a great deal about VA."

VA recruiters also enjoyed the new recruitment venue. "It was fun interacting in an environment different from the traditional job fair setting," said Amy Loveridge, Veterans Health Administration national recruiter. "The best part was that this type of event could last for eight hours versus the traditional three- to four-hour face-to-face event. We were also able to respond to more people because staff members were able to log in from various locations to staff their booths."

OHRM Deputy Assistant Secretary Tonya M. Deanes praised the event as a tremendous success. "In addition to helping redefine our recruitment and outreach strategies," she said, "this event positioned VA as a contemporary organization, using today's latest technology to communicate with today's high-talent audience."

OHRM also developed a series of six new recruitment brochures.

Largely in response to VA's Transformation 21 agenda, as well as the Department's immediate need to hire many new professionals across the nation, the brochures were designed to attract a qualified, diverse applicant pool of both Veterans and non-Veterans to

fill critical vacancies in information technology, human resources, and acquisitions and contracting.

This family of brochures was developed to communicate the benefits and advantages of VA employment, inspire college students and professionals in the targeted occupations to apply for employment, and increase the number of applications received at local facilities.

The Creative Excellence Awards have been presented to advertising agencies and companies for more than 15 years. It is the recruitment advertising industry's leading program for recognizing outstanding achievement in recruitment practices.

The W<sup>3</sup> Awards honor creative excellence on the Web, and recognize the creative and marketing professionals behind award-winning sites, videos and marketing programs. The W<sup>3</sup> is sanctioned and judged by the International Academy of the Visual Arts, an invitation-only body consisting of top-tier professionals from a "Who's Who" of acclaimed media, interactive, advertising and marketing firms.

## VA Honors Performance Excellence Award Winners in D.C.

The Veterans Health Care System of the Ozarks in Fayetteville, Ark., was selected as the 2011 recipient of the Department's highest award for organizational performance excellence, the Secretary's Robert W. Carey Trophy Award. The award recognizes the health care system's commitment to the Veterans it serves.

The Veterans Health Care System of the Ozarks is well known for its outstanding primary care program that embraces the Patient Aligned Care Teams, or PACT, concept. It prides itself on being a national leader in patient and employee satisfaction, low cost per unique Veteran, short wait times for appointments, and exceeding performance measures.

The health care system's commitment to continuous improvement is evident in its peer review process, which has been designated as a best practice for its innovative systems redesign initiatives. Among other awards, the health care system also achieved the Root Cause Analysis Gold Cornerstone Recognition by the



*Dr. Mark Enderle, director, Veterans Health Care System of the Ozarks, Fayetteville, Ark., shares the health care system's success with the audience.*

for Memorial Affairs Ronald Walters.

The Secretary's Robert W. Carey Performance Excellence Awards were established to recognize organizations with exemplary approaches to systems management that achieve

and personal learning.

The Carey Awards, presented annually since 1992, are named for the former director of the Philadelphia VA Regional Office and Insurance Center, who died in 1990. Carey led his office in initiat-

### **The Veterans Health Care System of the Ozarks is the 2011 recipient of the Robert W. Carey Trophy Award.**

National Center for Patient Safety.

The award ceremony was held on Dec. 9, 2011, at the Omni Shoreham hotel in Washington, D.C. Assistant Secretary for Policy and Planning Raul Perea-Henze, M.D., provided the keynote address at the awards ceremony. Also participating in the ceremony were Under Secretary for Health Robert A. Petzel, M.D., Under Secretary for Benefits Allison A. Hickey, and Acting Principal Deputy Under Secretary

excellent results for America's Veterans.

The foundation for the awards is the Baldrige Criteria for Performance Excellence. The Baldrige Criteria are designed to help organizations use an integrated approach to organizational performance management that results in: delivery of ever-improving value to customers and stakeholders, contributing to organizational stability; improvement of overall effectiveness and capabilities; and organizational

ing a total quality management approach to serving Veterans and their families.

Other 2011 Carey award winners include:

#### **Excellence Awards**

- Southern Arizona VA Health Care System, Tucson
  - James H. Quillen VA Medical Center, Mountain Home, Tenn.
  - Central Texas Veterans Health Care System, Temple
- #### **Achievement Awards**
- VA Palo Alto (Calif.) Health Care System

■ VHA Center for Engineering & Occupational Safety and Health, St. Louis

#### **Circle of Excellence Award**

■ Central Arkansas Veterans Health Care System, Little Rock

The Secretary's Carey Awards ceremony was preceded by a two-day symposium focused on "The Shape of Things to Come" as a means to further support VA's transformation and the Secretary's principle of being forward-looking. Highlights of the Carey symposium included a keynote address by Assistant Deputy Under Secretary for Health for Operations and Management William Schoenhard on cultural transformation in the Veterans Health Administration, and a presentation by Under Secretary for Benefits Hickey on transformation plans in the Veterans Benefits Administration.

## Senior Leaders Gather to Complete Annual Mandatory Training

On Dec. 8, senior VA executives met in the G.V. “Sonny” Montgomery Conference Center at VA Central Office to perform an important duty to help secure Veterans’ data. As a group, the Senior Executive Service members and other VACO staff completed their annual information security and privacy awareness training by viewing and discussing a new Web-based training course created by VA’s IT Workforce Development.

Assistant Secretary for Information and Technology Roger Baker played an instrumental role in gathering the executives for this training session. “Senior leadership commitment to security is more important now than ever before,” he says. “Studies have shown that senior management’s commitment to information security initiatives is the single most critical element that impacts an information security program’s success.”

Each year, every VA employee is required to complete information security and priva-



*Left to right: W. Todd Grams, executive in charge for the Office of Management and chief financial officer, Roger W. Baker, assistant secretary for Information and Technology, and Rom Mascetti, deputy assistant secretary for Information Technology, confer during the training session.*

ROBERT TURTEL

cy awareness training and sign a National Rules of Behavior document signifying their understanding of the rules and policies governing actions involving Veterans’ Personally Identifiable Information. The date by which employees must complete this training is called their SecureIT Day and

is based on the previous year’s training completion date. The training completion dates are assigned to employees via Talent Management System learning plans.

Baker and his fellow VA leaders viewed the fiscal year 2012 VA Privacy and Information Security Awareness course and Rules of Behavior before signing their individual National Rules of Behavior documents. The course presents viewers with reality-based scenarios potentially facing VA employees. These scenarios feature employees who are saved from committing information security errors by the intervention of everyday heroes within their organization.

Director of IT Workforce Development Terri Cinnamon leads the development team responsible for the annual VA Privacy and Information Security Awareness and Rules of Behavior in accordance with the Federal Information Security Management Act of 2002. “While ITWD has been

involved in information security course creation for quite awhile now,” she says, “this new Web-based training is different from anything we’ve done before. The scenario-based presentation engages learners from the beginning, and the built-in interactions keep them involved throughout. Employees enjoy learning the critical information shared in the course.”

Baker agrees, saying, “The course is good. It is entertaining and it looks great. It covers important security and privacy issues we all face daily.”

VA Information Security and Privacy Awareness is located on the Talent Management System and can be found by searching for TMS Item 10176.

Cinnamon adds, “The course is available now. VA employees don’t need to wait for their SecureIT Day deadline to view it. They can go to the TMS and take the course at any time to complete their training early.”

### A New Approach to Training

VA employees taking their mandatory annual information security and privacy Web-based training this year will notice a big difference in the course—it incorporates a scenario-based approach in applying policy guidance to everyday situations. The new course, with an “Everyday Hero” theme, carries the look and feel of a graphic novel.

Each topic is introduced by a short fictional video of common situations that could occur at VA. In these situations, the characters make mistakes that could result in sensitive information being disclosed. In the end, the characters discover better choices to protect Veterans’ sensitive information and to protect VA’s information resources. Doing the right thing makes them—and everyone—everyday heroes.

The new course is available on VA’s Talent Management System at [www.tms.va.gov/plateau/user/login.jsp](http://www.tms.va.gov/plateau/user/login.jsp).

## Disability Benefits Questionnaires Workshop Driven by Innovation

While it isn't really news that VA is facing an unprecedented surge in compensation and pension disability claim filings by 2015, the intensity of efforts to address the surge is.

To help VA staff become more familiar with Disability Benefits Questionnaires, or DBQs, the Office of Disability and Medical Assessment and the Veterans Benefits Administration held a DBQ and Compensation and Pension Record Interexchange, or CAPRI, workshop, "Training and Talk-Back for all Disciplines," from Nov. 28 to Dec. 2 in Atlanta.

The concept for the DBQs was an award-winning innovation initiative from the Pittsburgh VA Regional Office. The DBQs were designed as part of the claims transformation initiative to improve the documentation of evidence collected to support Veterans' claims.

In October, VA released 81 DBQs internally for use by Veterans Health Administration examiners. The DBQs provide medical information that is straightforward and in a user-friendly format for VA regional offices to use in making rating decisions on disability benefits claims.

Some 700 people participated in the recent workshop in Atlanta, including VA compensation and pension examiners and rating specialists, De-

partment of Defense contract and civilian providers, and Veterans service organization representatives. The workshop provided an opportunity for

participants to transmit and receive consistent information on the completion of DBQs and the medical decision-making involved in that process. The workshop was organized into four separate tracks for attendees. There was a general track for C&P and Integrated Disability Evaluation System, or IDES, disability examiners who complete multiple types of DBQs; two separate tracks for mental health providers and audiologists who perform disability examinations in their specialties; and a separate track for primary care providers.

VA Chief of Staff John Gingrich addressed the workshop and came away impressed with the turnout and improved performance of C&P in reducing the number of days needed to complete C&P and IDES exams. Gingrich told the audience he "could not think of a single transformational initiative more important than getting these DBQs right."

DMA Chief Medical Officer Dr. Gerald Cross kicked off the workshop by reminding attendees of what he'd asked them to do at last summer's: "the best work you have ever done in your lives."

In Atlanta, Cross declared that they had "met the challenge and the pending days for [processing] an exam is at historic lows for both C&P

and IDES." He reminded the attendees that their work each day went beyond numbers, resulting in a positive impact on Veterans' lives. Cross explained that C&P clinicians "are often the first contact a Veteran or service member has with VA, which plays a crucial role in making a positive initial impression." Cross noted that DBQs are going to play an instrumental role in VA meeting the future demand.

Plenary and concurrent sessions were held on topics including the evolution of DBQs, legal aspects of the disability examination process, and specific DBQs. Additionally, a computer lab was offered to provide hands-on, one-on-one training from DMA and VBA mentors on the intricacies of each DBQ. The workshop was a chance to provide clear and consistent information regarding roles and responsibilities in the use of DBQs and was intended as a "train the trainer" opportunity.

The DBQs were produced under significant time constraints, and minor imperfections required improvements as the tool

developer of the DBQs, noted "the workshop was a good investment for VA to help facilities embrace the DBQs and let users know we need their feedback to continue to improve the product."

McCoy received an email following the workshop from a rating veterans service representative at a regional office

**continued on page 30**



COURTESY OFFICE OF DISABILITY AND MEDICAL ASSESSMENT



COURTESY OFFICE OF DISABILITY AND MEDICAL ASSESSMENT

*Top: VA Chief of Staff John Gingrich addresses the workshop; above: The workshop offered live, hands-on computer training to participants.*

***"The workshop was a good investment for VA to help facilities embrace the DBQs and let users know we need their feedback to continue to improve the product."***

part of the workshop provided an opportunity for

and IDES." He reminded the attendees that their work each day went beyond numbers, resulting in a positive impact on Veterans' lives. Cross ex-

began to be used nationwide. The abbreviated timeframes also required greater work to get practitioner buy-in and understanding. As Dr. Leslie

developer of the DBQs, noted "the workshop was a good investment for VA to help facilities embrace the DBQs and let users know we need their valuable feedback to continue to improve the product."

McCoy received an email following the workshop from a rating veterans service representative at a regional office

**continued on page 30**

## Edgar Lopez-Colorado

In 1999, Army Veteran Edgar Lopez-Colorado was on the right track following his military service. He would finish school and begin a promising career in computing technology.

He tested well in technology and began taking classes in computer networking. After graduating, Lopez-Colorado, 29 years old at the time, did an internship with the computer firm Unysis. But after a challenge came up, he decided to return to school to get additional certifications.

Once he was certified, Lopez-Colorado was a marketable technician. He was soon hired to be a senior engineer with another company.

"When potential clients came into town, my boss and I would take them out for lunch as well as dinners," Lopez-Colorado explained. "We would go out to a restaurant and my boss would ask everyone what they wanted to drink. He ordered a round for everybody. I thought, hey, this is pretty cool. Sure, I'll have a beer. It wasn't long before my drinking got out of hand."

His drinking and behavior while intoxicated created a number of severe problems in his personal life. "It messed up my relationship with my wife and kids," Lopez-Colorado

said. Despite his heavy drinking, he was able to keep his job: "I was a functioning alcoholic."

Then, two unanticipated events, in close proximity, took place. He was pulled over by police and charged with DUI. Soon after, he was shocked to learn that his company needed to cut back on staffing and he'd been laid off. "It all happened so fast," he said. "I lost my job. Then I lost my apartment, my ex-wife kicked me out and I was homeless, living in my car."

Kenneth Hammond, a social science technician with the VA Greater Los Angeles Healthcare System, was visiting a WorkSource California Center looking for eligible Veterans with whom he could share a presentation explaining the VA benefits to which they were entitled. Hammond noticed a young man wearing an Army hat and asked if he was a vet. When Lopez-Colorado answered, "Yes, sir," Hammond persuaded him to sit in on the VA benefits presentation.

"I decided to accept Hammond's offer to personally take me to the West LA VA and be considered for entry into the Haven program," said Lopez-Colorado. "The possibility of getting into a program

gave me something I was not feeling at the time—hope."

The Salvation Army Haven Program, located on the campus of the West Los Angeles VA Medical Center, offers emergency housing and support for Veterans struggling with a complex set of problems, including lack of affordable housing, low employability, chronic medical problems and mental illnesses such as post-traumatic stress disorder, and lack of social support networks.

"Initially, I really didn't know what I was signing up for," said Lopez-Colorado, smiling at the recollection of how naïve he had been. "I said to myself, I'll just go through the motions until I find a job. I wasn't initially sincere or serious about being in this program."

"I immediately had a connection with the other vets and how they grew up under similar circumstances," he continued. "I was an alcoholic, my dad was an alcoholic ... I recognized a pattern I was repeating. As months passed, I reached the point where I was able to admit out loud that I had a drinking problem."

"During my stay at Haven, working with my case manager, Ronnie Jackson, I learned how to use the tools



PAULA BERGER

*With the help of VA and a Salvation Army program, Edgar Lopez-Colorado was able to overcome some personal challenges and land a job at the West Los Angeles VA.*

the program provided to be sober. Jackson helped me get my drinker's ego out of the way and confront the reality of my situation."

Haven's Return to Work Program proved to be a supportive experience for Lopez-Colorado. Today, he is employed by the IT department at the West Los Angeles VA as a computer maintenance specialist.

### DBQs (cont.)

that read in part: "I have a better understanding of these changes and the VA process as a whole as a result of my attending the conference. I feel the experience has made me a better rating specialist and employee."

Nurse Practitioner Mar-

sha Siegel, of the Cheyenne (Wyo.) VA Medical Center, commented, "It was great to learn from a VBA perspective why they require certain information to rate cases."

Cross pronounced the workshop an overwhelming success. "This meeting certain-

ly highlighted the significant collaboration between leaders and colleagues in VHA, VBA and DoD," he said.

The net result, he pointed out, should be for this Veteran-centric collaborative effort to result in significant improvements in the disability

claims process and meet the anticipated increase in future claims as service members return from Operation Enduring Freedom and Operation Iraqi Freedom. For more information, contact Jeff Scarpiello, at 727-540-3802, or Danny Devine, at 202-461-6451.

### Osteoarthritis Finding Could Pave Way for Prevention

Challenging long-held notions that osteoarthritis is a result mainly of wear and tear on the joints, researchers led by Dr. William H. Robinson, of the VA Palo Alto Health Care System and Stanford University, have provided new insights into the immune system changes that may trigger cartilage breakdown. Their report appeared in the Nov. 6 online edition of *Nature Medicine*.

Working with samples from humans with osteoarthritis and mice, the research team found that the complement system, a group of proteins that move freely through the bloodstream, plays an important role in the development and spread of osteoarthritis. When functioning normally, the complement system is an important part of the body's immune system, killing harmful bacteria and cells infected by viruses when it is called upon to do so.

The researchers discovered that one component of the complement system, called the membrane attack complex, or MAC, is formed and activated in the joints of both humans and mice affected by osteoarthritis. They believe that when the MAC is aberrantly activated in the joints (a phenomenon called "dysregulation"), it induces low-grade inflammation and the production of enzymes that break down cartilage and result in the development of osteoarthritis.

"It's a paradigm change," said Robinson, a physician-researcher with the Geriatric Research, Education and Clinical Center at the Palo Alto VA and an associate professor of immunology and rheumatology at Stanford. "People in the field predominantly view osteoarthritis as a matter of simple wear and tear, like tires gradually wearing out on a car."

Osteoarthritis, also known as degenerative arthritis, affects millions of people around the world, usually those who are middle-aged or older. The disease is most commonly found in hands, neck, lower back, knees and hips. Currently, there are no therapies available to slow the progression of the disease, and treatment is focused on pain control. Ultimately, some patients with osteoarthritis require joint replacement surgery.

Robinson said one-third of people aged 60 or over suffer from osteoarthritis. VA estimates that more than 6 million World War II and Korean War Veterans are still living and could be affected. Finding a way to stop the disease from progressing in an aging population could potentially help millions of Veterans.

Robinson said he is optimistic about the potential of the new findings to eventually translate into better therapies to treat osteoarthritis or prevent it altogether. "Right now," he said, "we don't have anything to offer osteoarthritis patients to treat their underlying disease. It would be incredible to find a way to slow it down."



Researchers found that the complement system, a group of proteins that move freely through the bloodstream, plays an important role in the development and spread of osteoarthritis.

### Computer-Based Learning Program Improves Communications Between Oncologists and Patients

Showing doctors recordings of their interactions with patients may boost their ability to show empathy and communicate effectively, according to a study by researchers with VA and university partners. The findings appeared in the Nov. 1 *Annals of Internal Medicine*.

The research team audio-recorded four to eight visits between the doctors and their patients with advanced cancer. All of the doctors then attended an hour-long lecture and discussion on effective communications skills. Afterwards, half were randomly assigned to receive a CD-ROM communications skills tutorial, along with personalized feedback and video clips to watch; the other half received no additional information. The CD taught the doctors how to recognize and respond to opportunities in conversations when patients share negative emotions, and how to empathetically discuss their prognosis.

Subsequently, all oncologists were again recorded during patient visits, and the recordings were assessed by both patients and trained listeners. Oncologists who did not take the CD course made no improvement in the way they responded. Doctors in the CD-trained group responded empathetically to patients' concerns or fears twice as often as those who received no training. Also, patients of the intervention group reported greater trust in their doctors—a key component of care that enhances quality of life.

According to lead author Dr. James A. Tulsky, resident at the Durham (N.C.) VA Medical Center, and his colleagues, the intervention likely worked for three reasons.

"First, it was grounded in a strong theoretical foundation and incorporated principles of adult learning," they wrote. "Sec-

ond, it used structured feedback based on the physicians' own audio-recorded conversations, which allowed physicians to hear their own shortcomings and successes. Finally, the intervention supplied oncologists with a handful of tools they could remember and apply in patient encounters."

The 48 VA and non-VA doctors who took part in the study also received individualized feedback and watched video clips that modeled communications skills. The intervention was evaluated by a team with the Durham and Pittsburgh VA Medical Centers, and Duke University, University of Texas and University of Pittsburgh. The work was funded by the National Cancer Institute.

"This simple technology can improve oncologists' empathic behavior and, consequently, patient trust, leading to improved adherence to therapy," the researchers wrote. "Future research should evaluate the effect of such an approach on both oncologists and patients over time."

**Risk Factors for Post-Traumatic Stress Symptomology in Iraq, Afghanistan Vets Similar to Those Observed in Vietnam Vets**

VA researchers from Boston reported in the November issue of the *Journal of Abnormal Psychology* that risk factors for post-traumatic stress symptomatology (PTSS, short of full-blown post-traumatic stress disorder, or PTSD) in Afghanistan and Iraq Veterans were found to be similar to those observed in Vietnam Veterans. This suggests that there may be generalized mechanisms and pathways, common to different Veteran populations, through which risk factors contribute to PTSS.

The study subjects were a national sample of 579 (333 female and 246 male) Iraq and Afghanistan Veterans exposed to combat operations who had returned from deployment in the 12 months preceding the study. Using data from mailed surveys, the researchers assessed, as predictors of post-traumatic stress symptomatology, several risk factors that were previously documented among Vietnam Veterans. Examples include exposure to combat, pre-deployment stress exposure, dysfunctional family during childhood, lack of post-deployment emotional support from family and friends, and post-deployment stress exposure.

An interesting finding was that the women Veterans surveyed had new risk factors that were not seen in Vietnam-era women, such as exposure to combat and perceived threat. The authors ascribed that finding to the significantly different experiences of female Vietnam War and Afghanistan and Iraq war Veterans. Women Vietnam Veterans were primarily nurses or clerical staff.

In contrast, women Veterans' roles in Afghanistan and Iraq have substantially expanded, with much higher levels of exposure to combat. Thus, women Veterans in these more recent conflicts may have more in common with their male contemporaries, in relation to PTSS risk, than with their female counterparts from the Vietnam era. However, in terms of post-deployment readjustment, family relationships during deployment appeared to play a more prominent role in female compared to male Veterans.

"Our findings highlight the impact and role of family disruptions in increasing the risk for post-traumatic stress symptomatology, particularly for female service members," said Dr. Dawne Vogt, the paper's lead author, from the VA Boston Healthcare System. "It is particularly noteworthy that women who experienced relationship problems during deployment also reported less post-deployment social support."

Veterans who believe they are experiencing symptoms of PTSS or PTSD can call the crisis hotline number, at 1-800-273-TALK (8255), and then press 1 on their phone keypad to reach a trained VA mental health professional who can assist the Veteran 24 hours a day, seven days a week.



MASTER SGT. JAMES M. BOWMAN

*The subjects of this study were a national sample of 579 Iraq and Afghanistan Veterans exposed to combat operations who had returned from deployment in the 12 months preceding the study.*



**VA Greater Los Angeles Healthcare System Sends 2,000 Healing Cranes to Japan**

For thousands of years, cranes have been considered sacred birds in Asia, capable of granting a wish to those that ask. After hearing of last year's earthquake and tsunami in Japan, Thomas Szymanek, a VA Greater Los Angeles Healthcare System employee, worried about the safety of his close friends living there. He wondered what he and others could do to show their support. "All of a sudden, I thought of folding paper cranes in memory of the victims and in support of the survivors," said Szymanek.

Collaborating with the Consulate of Japan in Los Angeles, Szymanek and his colleague Mickey Clarke enlisted the help of other staff and Veterans to make the origami cranes. In November, several VA Greater Los Angeles staff members visited the Japanese Consulate to present 2,000 cranes to be donated to the children of the Miyagi Prefecture, one of the most heavily devastated areas.



*VA Greater Los Angeles staff members visited the Japanese Consulate in November to present origami cranes they made for children devastated by the earthquake.*

**Replica of Vietnam Wall Makes First Visit to VA**

On Oct. 24, more than 350 Veterans on motorcycles escorted the Dignity Memorial® Vietnam Wall to New York's Northport VA Medical Center, marking the first time the Wall has been hosted by a VA medical center. Since 1990, the 240-foot long, eight-foot tall, 3/4-scale replica of the Vietnam Veterans Memorial in Washington, D.C., has visited more than 200 sites across the country. The replica allows those who haven't visited the nation's capital a chance to experience the memorial firsthand.

Although the memorial was open to the general public 24 hours a day for three days, numerous Veterans visited the Wall during its set-up. A Purple Heart medal, earned by a fallen soldier, was placed into the Wall's base for the exhibit's display. The Wall, which pays homage to the more than 58,000 American service members who died or are missing in Vietnam, was created by Dignity Memorial®, a nationwide network of funeral, cremation and cemetery service providers.



*Since 1990, the replica of the Vietnam Veterans Memorial in Washington, D.C., has visited more than 200 sites across the country.*

**VA Dedicates Fifth Polytrauma Rehabilitation Center in San Antonio**

The South Texas Veterans Health Care System in San Antonio recently opened a state-of-the-art, \$66 million inpatient and outpatient rehabilitation center that treats Veterans and active-duty service members with multiple, traumatic injuries. The new Polytrauma Rehabilitation Center, VA's fifth nationwide, works closely with the Department of Defense to treat service members and Veterans with disabilities, including traumatic brain injury, amputations, burns, fractures, hearing loss and visual impairment.

The PRC consists of 12 acute care polytrauma rehabilitation inpatient beds; physical medicine and rehabilitation services; outpatient polytrauma rehabilitation services; and refurbished prosthetic, rehabilitation and office space. "Today, casualties survive catastrophic injuries that would have been lethal just a few years ago," said VA Secretary Eric K. Shinseki. "More of our wounded are surviving, and more of them are permanently disabled by devastating injuries. They had the will to survive. We owe them the rest of the journey home."

**Detroit Pitcher Donates \$100,000 to Two Michigan VA Hospitals**

The holidays came early for the John D. Dingell VA Medical Center in Detroit and the VA Ann Arbor Healthcare System—each received \$50,000 courtesy of Detroit Tigers pitcher Justin Verlander. Verlander, the American League’s Most Valuable Player and a Cy Young Award winner, was already having a stellar year after going 24-5 with a 2.40 ERA and no less than 250 strikeouts.

On Nov. 3, he was also named 2011 Player of the Year and American League Outstanding Pitcher at the Players Choice Awards, earning him \$70,000. The money, along with another \$30,000 of Verlander’s own money, was then donated to his “Verlander’s Victory for Veterans” charity, which split the money between the two VA facilities. But Verlander’s generosity is not limited to monetary donations. He also invites Veterans to each of his home starts, donating his suite to the Veterans and their families.



*Justin Verlander, a Cy Young Award winner, invites Veterans to each of his home starts, donating his suite to the Veterans and their families.*

**Veterans Race Aspires to End Homelessness in Fayetteville**

More than two years ago, Veterans Health Care System of the Ozarks employees Jon Benedict, Janet Stockton-Taylor and Jerry Bailey decided to combine a love of running with their desire to support fellow Veterans in need. On July 4, 2009, after years of brainstorming, “Run for Veterans” was born. In 2010, the trio was inspired to take the charity run in a whole new direction, partnering with the homeless Veterans program. In 2011, the Fayetteville, Ark., event consisted of a four-mile competitive run and a one-mile fun walk for families.

Among the participants: six Veterans from the MOVE! weight-loss program, who walked the four miles together and crossed the finish line arm-in-arm. For Stockton-Taylor, the race is about more than the monetary donation. “It’s about bringing awareness to the issue of Veteran homelessness, giving back to the community, and bringing people together.”



*Veterans Richard Dyke, Robert Jump, Luther Allen, Ralph Stamps, Larry Caudle and Dwight Laningham (left to right) walked the entire four miles together and crossed the finish line arm-in-arm.*

**Legal Stand Down Helps Utah Veterans in Court**

Some combat veterans returning from war struggle in everyday life, and unfortunately, get in trouble with the law.

The VA Salt Lake City Health Care System’s Veterans Justice Outreach has been successful in working with the Utah judicial system to create the first Veterans Court at the federal, state and municipal level.

The court caters to a Veteran’s history and treatment needs. If a Veteran is willing to get help, the court will work to reduce fines and drop charges.

On Nov. 4, VA Salt Lake City hosted its first Legal Stand Down during the U.S. District Court of Utah Veterans Court. The event was designed to give special consideration to Veterans who are having legal troubles as a result of issues related to their service. Fifteen Veterans participated in the court proceedings and 31 Veterans received assistance on navigating the legal system from volunteer attorneys and law students.

**D.C. VAMC Kicks Off its 'Capitol Excellence' Initiative With a Pep Rally**

Chants of "Capitol Excellence starts with me" echoed through the atrium of the Washington, D.C., VA Medical Center as executive leadership joined staff and Veterans to launch the Capitol Excellence initiative Dec. 1. The festive pep rally served as the backdrop for new medical center director Brian A. Hawkins' explanation of Capitol Excellence.

The new initiative encompasses employee engagement, operational excellence and cultural transformation, and focuses on the medical center's goal of increased patient satisfaction. Employee engagement centers on camaraderie, sense of family, accountability, pride, and personal and career development. Operational excellence involves taking a look at current processes and operations and seeking feedback from multidisciplinary employees to enhance performance and maximize current budget restraints, while providing resources for staff to give quality care to Veterans. The look and feel of the medical center is part of Capitol Excellence's cultural transformation.



Washington, D.C., VA Medical Center employees Felice Newsome and Mary Beasley share some enthusiastic spirit at the Capitol Excellence Pep Rally.

**VA Illiana Health Care System Dedicates First New Model of Care Homes**

The VA Illiana Health Care System in Danville, Ill., held a dedication ceremony recently for two homes designed to provide a new and innovative approach for Veterans needing a skilled care setting. The 7,500 square-foot Green House® homes, called Freedom House and Liberty House, can each accommodate 10 Veterans. The Green House® concept provides a full range of personal care and clinical services that gives priority to the Veteran's quality of life in a real home setting.

The 10 Veteran bedrooms, each with its own bathroom, are situated around a hearth area with an open kitchen and dining room. In addition to the 24-hour nurses, Clinical Support Teams, and a "Guide" administrator, nine certified nursing assistants provide personal care for the Veterans while also doing the routine household tasks of cooking, cleaning and laundry in each home.



The 10 bedrooms are situated around a hearth area with an open kitchen and dining room.

**VA Boston Healthcare System Named One of the 'Top Places to Work' in the State of Massachusetts**

For the second year in a row, the VA Boston Healthcare System has been named one of *The Boston Globe's* "Top Places to Work" in the state of Massachusetts. VA Boston ranked number 16 in the category of Large Employer workplaces with 1,000 or more employees.

Employees at 237 participating companies were surveyed, with more than 73,800 completed surveys received. Each was asked to grade their organization's performance according to 24 distinct statements, ranging from "New ideas are encouraged at this company," to "It's easy to tell my boss the truth."

In addition, all of the employers were invited to complete a 12-question survey on workplace practices.

To compile the ranking, each employer was measured according to six factors: direction; execution; managers; career; conditions; and pay and benefits. Participating employers were placed into one of three size groups, based on the number of employees, and were ranked within their size band.

**VA Team Receives National Award for Liver Research**

A team of researchers at the Central Texas Veterans Health Care System recently won the Association of Military Surgeons of the United States Research and Development Award for their work with chronic liver disease. The award, which recognizes exemplary federal health care employees, was given to the Biliary Pathophysiology Team of the Digestive Disease Research Center for addressing a continuum of chronic liver disease issues.

The team is leading research on cholangiocyte pathophysiology to understand what pharmacological targets will likely be helpful for the treatment of liver diseases and have a significant impact on the future management of cholestatic liver diseases. As a group, they have published more than 100 peer-reviewed manuscripts, and they are often asked to present their findings at national and international scientific meetings. The team includes: team leader Gianfranco Alpini, Ph.D.; Shannon Glaser, Ph.D.; Sharon DeMorrow, Ph.D.; Fanyin Meng, Ph.D.; and Heather Francis, Ph.D.



*Left to right: Digestive Disease Research Center team members Dr. Sharon DeMorrow, Dr. Heather Francis, Dr. Gianfranco Alpini, Dr. Fanyin Meng and Dr. Shannon Glaser.*

**Veterans Benefits Administration's 2011 'Who's Who' Award Winners Announced**

The Veterans Benefits Administration announced its first annual "Who's Who" award winners, representing the top 10 performing rating veterans service representatives and veterans service representatives during fiscal year 2011. The top performing employees met or exceeded established performance standards for the fiscal year.

On Nov. 10, the "Who's Who" winners attended a ceremony in their honor at VBA headquarters. The next day, Veterans Day, the award winners joined Under Secretary for Benefits Allison A. Hickey at the Veterans Day Ceremony at Arlington National Cemetery. The winners also had the opportunity to attend the Women in Military Service for America Memorial Veterans Day celebration, where Under Secretary Hickey was the keynote speaker.

The award winners were: Joyce Andrews, VSR, Portland (Ore.) VA Regional Office; Ryan Hartman, VSR, Milwaukee Pension Management Center; Nadine Huntley-Hall, RVSR, Baltimore VA Regional Office; John Lorenzani, VSR, Roanoke (Va.) VA Regional Office; Gail Pomeroy, VSR, Cleveland VA Regional Office; Elizabeth Rogers, RVSR, San Diego VA Regional Office; Michael Roney, RVSR, St. Petersburg (Fla.) VA Regional Office; Harold Taylor, VSR, Houston VA Regional Office; Theresa Tenpenny, RVSR, Milwaukee Pension Management Center; and Janice Watkins, RVSR, Milwaukee VA Regional Office.

**VA Chiropractor Named Mississippi 'Chiropractor of the Year'**

Dr. Michael Pavalock, staff chiropractor at the G.V. (Sonny) Montgomery VA Medical Center in Jackson, Miss., received the 2011 Chiropractor of the Year Award from the Mississippi Chiropractic Association for his contributions to the chiropractic profession, career achievements, and his leadership within the federal chiropractic arena.

Pavalock is one of a few select chiropractors pioneering the integration of chiropractic care into the VA health care system. In this role, he has established the capabilities and value of chiropractic care through clinical excellence and organizational integration. His work to control outsourced neurosurgical expenditures is yielding significant savings to the medical center while improving the care of Veterans.

The Chiropractor of the Year award recognizes a chiropractor who exemplifies the highest standards of professional leadership, service and quality health care. Pavalock also is the director of the Chiropractic Academic Affiliation program. This highly competitive program has been designed to welcome select students into the G.V. (Sonny) Montgomery VA Medical Center and to provide advanced clinical multidisciplinary training.



*Dr. Michael Pavalock is one of a few select chiropractors pioneering the integration of chiropractic care into the VA health care system.*

### Martinsburg VAMC Chief Nurse Earns State Nursing Award

Susan E. George, of the Martinsburg (W.Va.) VA Medical Center, was selected by the West Virginia Center for Nursing as a recipient of the 2011 “Celebrating Nursing Excellence” Award. George received the award in the “Excellence in Nursing Leadership” category for demonstrated commitment, compassion and collaboration in the nursing profession.

She leads the nursing service through a participative management style and shared governance through a council structure. This two-way communication encourages both a more satisfied staff and better care for patients. “This award validates the extraordinary professionalism and dedication Susie demonstrates for our staff and Veterans on a continual basis—she inspires her nurses and brings out their best,” said medical center Director Ann R. Brown. “We thank her for representing the very best in nursing leadership.” George began her VA career in 1974 holding staff nurse positions, and her administrative career began in 1982 as the Operating Room nurse manager at the James A. Haley Veterans’ Hospital in Tampa, Fla.



*Susan George, center, associate director, Nursing Programs and Education, Martinsburg VA Medical Center, works with staff to assemble welcome kits for 116 patients evacuated from the Hampton VA Medical Center as Hurricane Irene approached last year.*

### VISN 16 Audit and Compliance Practices Recognized by Council of Ethical Organizations

The South Central VA Health Care Network (VISN 16) was recently recognized for its best practices in “Integrating Audit and Internal Controls with Ethics and Compliance” by the Health Ethics Trust during a ceremony in Washington, D.C. “The South Central VA Health Care Network received this award because of the collaboration and cooperation of all facility compliance officers in VISN 16 and Business Implementation Manager Jimmy Neely,” said VISN 16 Compliance Officer Charlotte Colbert. “We continue to work with our business partners to mitigate our business practice risks, correct identified compliance failures, and improve the Non-VA Purchased Care Program.”

The Veterans Health Administration’s Non-VA Purchased Care Program pays non-VA medical providers to treat eligible Veterans when medical services are not available at VA medical centers or in emergencies. The South Central VA Health Care Network initiative focuses on ensuring compliance in the areas of delegation of authority memorandums, referral requests, verification that care was rendered, and receipt of medical record documents.



*Mark Pastin, Ph.D., chair and president of the Council of Ethical Organizations, presents the Integrating Audit and Internal Controls award to VISN 16 Compliance Officer Charlotte Colbert.*

### Four VA Researchers Receive PECASE Honors

Four VA researchers were among the 94 named by President Obama as recipients of the 2011 Presidential Early Career Award for Scientists and Engineers. The PECASE is the highest honor conferred by the U.S. government upon young professionals in the early stages of their careers.

The 2011 VA recipients were: Tanya Z. Fischer, M.D., Ph.D., VA Connecticut Healthcare System; Christine M. Freeman, Ph.D., VA Ann Arbor (Mich.) Healthcare System; Kristina M. Utzschneider, M.D., Seattle VA Medical Center; and B. Price Kerfoot, M.D., VA Boston Healthcare System.

Fischer is being recognized for groundbreaking research on chronic pain, including the pain suffered after burn injuries. Freeman’s honor stems from the cutting-edge research conducted on chronic obstructive pulmonary disease, one of VA’s most problematic chronic diseases.

Utzschneider is being honored for her novel work on Type-2 diabetes and its relationship to obesity and liver disease, all of which are on the rise for Veterans and the U.S. population. Kerfoot is receiving the award in recognition of innovative learning mechanisms he developed to help improve learning and retention of core medical concepts for clinicians.

**Southern Oregon VA Golf Course Wins Award**

The Veteran's Golf Course in White City, Ore., was recently named the Oregon Golf Association Member Club of the Year. Formed in 2003 and based at VA's Southern Oregon Rehabilitation Center and Clinics, the Veteran's Golf Course strives to stimulate interest in the game and bring together Veterans and their family members and friends who want to support and assist their comrades in a unique recreational and therapeutic opportunity. All funds donated or generated by the golf course are spent in support of VA SORCC residents or community Veteran programs.

In 1996, the White City VA was faced with the possibility of having to close the golf course as VA facilities across the country were no longer permitted to operate golf courses with appropriated funds. Realizing the therapeutic and recreational value of golf, management and the White City VA Voluntary Service Committee signed a memorandum of understanding authorizing the committee to maintain golf facilities operations.



*Left to right: Dr. Max McIntosh, SORCC director; Ted Morehouse, golf volunteer; Kari Liekkio, golf volunteer; and Sharon Kalvels, SORCC associate director.*

**Houston VA Doctor Recognized for Service to Veterans**

Sally Ann Holmes, M.D., the spinal cord injury care line executive at the Michael E. DeBakey VA Medical Center in Houston, recently received the Operation American Heroes Foundation Founder's Award. The Founder's Award is given annually to honor local heroes, Veterans and first responders who have gone beyond the call of duty to serve their country and community.

"Dr. Holmes has always been the consummate rehabilitation professional who practices, teaches and exemplifies a life that has far transcended her physical challenges and limitations," said Thomas Horvath, M.D., former chief of staff for DeBakey VA. "Her patience, strength of character, quiet determination and inspirational leadership have led the Michael E. DeBakey VA Medical Center to be recognized as the finest spinal cord injury service in the VA."

When she was a baby, Holmes was diagnosed with a congenital neuromuscular disorder that prevented the development of her muscular system. She now oversees medical care for more than 500 patients who are in rehabilitation from spinal cord injuries.



*Sally Ann Holmes, M.D., the spinal cord injury care line executive at the Michael E. DeBakey VA Medical Center, received the Operation American Heroes Foundation Founder's Award.*

**Federal Energy and Water Management Awards**

Eleven VA employees were honored during the Department of Energy and Federal Interagency Energy Policy Committee ("656" Committee)'s annual Federal Energy and Water Management Awards. These awards honor individuals and organizations making significant contributions to the efficient use of energy and water resources within the federal government.

Honorees included: Robert Rossbacher, energy manager for the Salem (Va.) and Beckley (W.Va.) VA medical centers; Matt Evans, Samuel Hagins and Daniel Martin, of the West Texas VA Health Care System; Rose Forbes, Mark Ivory and Paul McFarland, of the Massachusetts National Cemetery; and Dennis Gerdovich, Johnathan Reiker and Cindy Van Bibber, of the Fort Bliss National Cemetery in Texas.

Each of the facilities demonstrated reductions in energy consumption, decreases in greenhouse gases, notable uses of renewable resources or the use of green devices and other energy reduction techniques.

### Boiler Plant Workers Come to the Rescue

Quick reaction by engineering employees at the Tuscaloosa (Ala.) VA Medical Center helped stabilize a contractor who was severely injured while working in the boiler plant. The contractor was standing on a ladder cutting pipe when the saw he was using kicked back and severely lacerated his arm.

Safety specialist Jeff Munford and electrical worker Jimmy Hixson were in the area when the injured contractor came running out of the plant. Munford and Hixson rendered first aid and radioed boiler plant operator Terry Rowe, who made a direct call to the Tuscaloosa Fire Department.

Electrician Reggie Mulhern and maintenance worker Roy Johnson responded to the initial radio call to offer assistance. Once on scene, Johnson fabricated a tourniquet and, along with Munford, talked to the injured man to keep him coherent until fire and rescue personnel arrived.



*Left to right: Roy Johnson, Terry Rowe, Jeff Munford and Reggie Mulhern helped a contractor injured at the Tuscaloosa VA Medical Center.*

### Embrace the Hero Inside

Eight employees of the West Valley Community Clinic, located in a suburb of Salt Lake City, came to the rescue of two victims of a car crash just outside the clinic in September. Nurse Carla Ball and pharmacist Melissa Young were in a car heading to lunch and licensed practical nurses Hazel Riley and Brianna Wamsley were eating on the clinic's patio when the two automobiles collided nearly head-on.

"We were sitting there, and then suddenly heard that terrible sound of a car accident," Riley recalled. "We said to each other, 'maybe we should go make sure everything is okay.'" It wasn't until they turned the corner that they saw how serious it was. "We ran back into the clinic and started telling everyone we could find to grab towels and gloves."

Ball and Young pulled over immediately to assist one of the drivers, found crumpled in the passenger's seat from an obvious head injury. Nurse practitioner Anne Daly, Riley and Wamsley arrived with towels and gloves as Ball and Young rendered first aid to the driver with the head injury. Administrative officer Andrew Kalinen and medical technician Rick Lay assisted the other driver, who sustained minor injuries from a successful airbag deployment. Licensed practical nurse Gwen James also assisted until emergency medical technicians arrived on the scene.



*Left to right: Andrew Kalinen, Rick Lay, Hazel Riley, Melissa Young and Brianna Wamsley were among the eight clinic employees who came to the aid of two car crash victims near Salt Lake City.*

### Joint Efforts Between Columbus and VA Police Save Veteran's Life

During a phone call with Columbus, Ohio, VA psychiatrist Dr. Patrice Arehart, a Veteran told her that he was sitting nearly 2,000 miles away in the parking lot of the Phoenix VA Health Care System with a .357 magnum—ready to pull the trigger. While remaining engaged with the Veteran, Arehart simultaneously contacted VA police.

Columbus VA Police Service Lt. Scott Mandeville was dispatched to the doctor's office and began coordinating with his counterparts in Phoenix. VA officers were able to retrieve information on the patient's vehicle and weapons in his possession while Arehart kept him on the line. Assistant Chief Justin Flynn and Sgt. Tim Franklin of the Phoenix VA Police Service located the patient's vehicle with Ohio license plates.

City of Phoenix police were notified and brought in to secure the perimeter while the two VA officers approached the Veteran, who remained deeply engaged in conversation with Arehart. Flynn and Franklin were able to apprehend him without incident. The Phoenix VA Police confirmed that the patient did in fact have a loaded .357 magnum and 50 rounds of ammunition in his possession as well as an unloaded shotgun in the trunk. A suicide note was found on the dashboard of the vehicle.

## VA Employees Are Veterans, Too

Joseph Rauscher, a veterans service representative at the Baltimore VA Regional Office, was one of more than 1,500 VA employees who submitted photos of themselves in uniform for a permanent collection published on VA's Flickr page for Veterans Day. Rauscher is an Army Veteran of Vietnam who served 1969-1971. Check out the rest of the collection at [www.flickr.com/photos/VeteransAffairs](http://www.flickr.com/photos/VeteransAffairs).

