

Borne the Battle

Episode # 160

Benefits Breakdown—Assistive Technology Program

<https://www.blogs.va.gov/VAntage/65334/borne-battle-160-benefits-breakdown-assistive-technology-program/>

(Text Transcript Follows)

[00:00:00] Music

[00:00:02] PSA:

Man:

There are a lot of different points in our history that changed our country as we know it and 9/11 is in that mix. It put us on a different path. But the most important thing that it showed us is that as Americans we come together in times of strife. No 9/11 date should ever pass without Americans coming together and remembering why we have all the freedoms that we have. What we would really like to see happen this year on September 11th, is for people to come out and join Carry the Load and the National Cemetery Administration, cleaning the headstones of all these great heroes out here to show the families that the death of their loved one mattered. Join an existing team at the local cemetery near you. If there's not one, we would ask that you start your own. Help us clean the headstones of our heroes. Let's make sure that we give them all the due respect that they deserve.

[00:00:59] Music

[00:01:08] OPENING MONOLOGUE:

Tanner Iskra (TI):

Ahhh, let's get it! Wednesday, August 28th, 2019. *Borne the Battle*, brought to you by the Department of Veterans' Affairs. The podcast that focuses on inspiring Veterans' stories and puts a highlight on important resources, offices, and benefits for our Veterans. I am your host, Marine Corps Veteran, Tanner Iskra. Hope everyone had a good week outside of podcast land. I did, I got a chance to go back to Charlotte, North Carolina over the weekend and I met up with some old colleagues. Got to record a couple of interviews. And I cannot wait, cannot wait to bring those episodes to you. No new reviews this week. However, ladies and gentlemen, we have sixty-five ratings, thirty-four reviews for a grand total of ninety-nine, that's right, ninety-nine ratings and reviews. One! We are one away, one, from that bonus episode of Adrian Cronauer of *Good*

Morning Vietnam fame, interviewing actor, comedian, producer, and World War II Veteran, Mel Brooks. You know, when we started this, we had about twenty ratings and reviews on this podcast and to be one away from a hundred now – um, I’m humbled and thank you. Ah, these – these ratings and especially the reviews help us climb the podcast algorithms and also helps me, especially the reviews, they help me become better informed on how to produce your show. So, thank you.

[00:02:50] Music

[00:02:57] MONOLOGUE CONTINUES:

TI: One news release today. It’s an addendum to a release from back in June. Says for immediate release. VA modifies smoke free policies at healthcare facilities to include workers aimed at increasing the quality of care for Veterans. As part of the US Department of Veterans Affairs commitment to a smoke-free healthcare environment for Veterans, in October, the Department will extend its smoke-free policies to include employees at its healthcare facilities. This follows the Department’s June 10th announcement of a new policy restricting smoking by patients, visitors, volunteers, contractors, and vendors at its healthcare facilities. The integration of these two efforts guarantees a fully smoke-free environment for our Veterans. And there’s a quote by our secretary and then it says, the VA has collaborated with key stakeholders to update and rectify the employee policy to be consistent with the Department’s commitment to Veterans and the community. Implementation of the employee smoke-free policy will be completed no later than January 2020, based on employee union negotiated timelines. The Veterans Health Administration’s smoke-free policy applies to cigarettes, cigars, pipes, any other combustion of tobacco, and non-Federal Drug Administration approved electronic nicotine delivery systems. Including, but not limited to, electronic or e-cigarettes, vape pens, or e-cigars. So, they’re in the policy as well.

[00:04:26] Music

[00:04:27] PSA:

TI: And finally, our partners at the Veteran Health Administration want to remind you of Make the Connection. Reaching out for help can be the moment when mental health recovery begins. No matter what you’re going through, treatment and support can make a difference. Hear inspiring stories from more than 500 Veterans online at

maketheconnection.net [Link to Make the Connection website]. Visit today and get inspired to make a change.

[00:04:50] Music

[00:04:51] MONOLOGUE CONTINUES:

TI: We recently had a Veteran that took part in Make the Connection. His name was David Lucier. So, if you're curious about Make the Connection, go ahead and click over to that episode, it's in our archives. Alright, so this week we have a benefits breakdown. I'm looking forward to doing these for every future episode of *Borne the Battle* that ends in either a five or a zero. So at least you'll get one of these, every five weeks. This week we brought back Army Veteran and episode 157's Ursula Draper. She's one of the founders, if you will, of the VA Assistive Technology Program. Uh, now, she went into it briefly in her episode but in this episode, we're going to cover how the Assistive Technology Program started, where it's located, who the program is for and the different types of technology they're developing for our Veterans. There's some really cool Professor X tech that's helping our Veterans. Uh, so without further ado, let's take a deeper look in the VA Assistive Technology Program. Enjoy.

[00:05:50] Music

[00:05:56] INTERVIEW:

TI: Ursula, thank you for coming back on *Borne the Battle* to help us give a, I guess what would you call it, a deeper dive into the – uh, a – Assistive Technology (AT) Program?

Ursula Draper (UD): Yes.

TI: I think a – a lot of people really don't know what it is, who you serve or – uh, or where to find it. So, I think this is a good thing.

UD: Absolutely. So – um, all of our Assistive Technology Programs have branched out into all the VAs so they may not be as robust as what we have here at our facility but –

TI: Yeah.

UD: They are new programs that are developing and one of our goals is to mentor other facilities in developing their programs and to be a subject matter expert for them. Since we've been doing this for ten years now, we're able to offer our critiques and our suggestions to them. So – uh, we call them little hubs, but you know, it may be a smaller VA but they still have access to us through Telehealth and through even the Skype at work, we can work with a therapist and patients.

TI: Okay, so what you're saying is there's – there's AT hubs almost every VA facility?

UD: Probably, you know, it's getting there. Pretty close I would say, or at least someone, a therapist can get in touch with one of the major AT centers.

TI: One of the main four. Gotcha, gotcha.

UD: Right. Right.

TI: Um, we know from your previous episode, and if you haven't listened to it – uh, take a listen, that the mission of the – of the Assistive Tech Program is to improve the functional lives of disabled Veterans. Um, how did it start? Where was the – where did the idea come from? Um, and I – and how was it funded? Just for those people that haven't listened to the previous episode.

UD: So, back in February of 2008, our Deputy under Secretary for Health – um, established assistive technology labs at the four major polytrauma sites being Richmond, Virginia; Tampa, Florida; Palo Alto, California; and Minneapolis. So, what we were finding is that a lot of our soldiers were coming back from the – um, Afghanistan and Iraq with multiple injuries, very complex injuries. And newer advancements in technology were needed for these active duty service members to be able to function in their environment and in their homes. So, they awarded each site 2.4 million dollars for funding to set up the site and for the salaries and for all the equipment. Uh – and, we contracted with the University of Pittsburgh – uh, contracted through VACO to assist with our lab designs and education of all the therapists and the training. So that was –

TI: Okay.

UD: Ten years – yeah, that was ten years ago. And – um, so we’ve been working ever since then at a very steady pace.

TI: Gotcha. Is a – is the University of Pitt – are they still involved in the program? Or was that kind of phased out as the four – the four main hubs –

UD: That was – yes, that was phased out as we kinda got standing on our own two feet. So, that was just a few years ago, I believe, that they were phased out. But they helped develop the framework for all the sites.

TI: Absolutely. Um, who’s eligible for the Assistive Tech Program?

UD: So, any Veteran is eligible. We service the entire hospital here at Tampa. We do have clinical practice recommendations that we follow from the prosthetic area. Um, it has to be that they need some sort of assistance in either accessing items in their communication, with their driving, they – it has to be a need and not a want. I mean, many people want technology, but they don’t need it.

TI: [Laughter]

UD: [Laughter] I hear –

TI: Yeah.

UD: Uh, to survive. But many people absolutely need it. If you’re paralyzed from the neck down, you need technology to – uh, survive in your day to day – um, environment. Even, anything from using the telephone to turning on a light. So that’s where we come in, to help people with those devices.

TI: Yeah, I mean, you know as much as I wanna feel like Professor X sometimes and just look at a – a light bulb switch – or light switch, and just want to turn it on, I don’t really need it, you know.

UD: Right. Exactly.

TI: Um, but – but it’s almost like you guys kinda create – almost a Professor X world for some of these Veterans, which is kinda cool, actually.
[Laughter]

UD: [Laughter] Absolutely. And they'll – they'll tell you that, and –

TI: Really?

UD: Yeah. [Laughter] What's nice about it is that things are now available over the counter. So, ten years ago – um, what would suffice for, let's just say and I'm not showing any preference here to Amazon Echo – uh, and the peripherals that it controls, we had dedicated devices that would do that. But they cost twenty-five thousand dollars. That's huge –

TI: Whew!

UD: And that's what we were routinely purchasing for our Veterans because that was all that was on the market for them.

TI: Yeah.

UD: It controlled their hospital bed, their television, their lights. They could sync a telephone with it – um, they could call 911 with it, it could talk for some of our Veterans that need communication devices. So, that was what we knew. But then, when Amazon came out –

TI: [Laughter]

UD: And Google Home, I mean we can provide the exact same thing for under a thousand dollars.

TI: You know, in the previous episode, you mentioned Steve Gleason doing a hackathon at Microsoft, and it makes me –

UD: Yes.

TI: It makes me wonder if that hackathon or others like it, and – and Veterans needing these capabilities helped push that technology forward from a consumer standpoint.

UD: Absolutely. Absolutely. I have to say that – um, I would probably say about six or seven years ago, when the – uh, when Amazon first came out with their voice assistant that one of our nonprofit organizations was donating some of them to our active duty members. And, actually – uh, Amazon came down here and they had a whole – they have a whole section of their company dedicated to accessibility –

TI: Interesting.

UD: And they worked with us very closely on what our patients needed. What – how did they want to use these devices. What – and even as far as, they had a whole section on hiring the disabled Vet. So, I was pretty impressed with that, because before this –

TI: No kidding.

UD: Um, you know, like Microsoft and Apple, I mean accessibility was an afterthought. We're such a small part of the market share, right?

TI: Yeah. Yeah.

UD: But now, everything is becoming more and more accessible for people with special needs that, you know, can't touch a telephone. Well, how are we going to operate it? We need to use our voice or our eyes or our head. So, it is becoming more mainstream and being able to use these devices that we can get over the counter has been a huge saving for the VA. And –

TI: Yeah.

UD: They work very well. I mean – I – uh, we've probably have placed, here at Tampa, over a hundred and fifty homes – Veteran homes with – uh, the Amazon voice assistant for lights – um, smart locks, for controlling whatever they have in their environment. And – um, I probably only had a handful and it was usually due to internet connections –

TI: [Laughter] Yeah.

UD: [Laughter] Uh, that are not quite working as well. So, it's very reliable and you know, compared to the other device there's just no way we can compare the price savings.

TI: Oh, of course.

UD: And –

TI: Sure.

UD: They're intuitive. It's intuitive. I mean, usually it'll train you. If you –

TI: Yeah. Yeah.

UD: [Laughter] It'll train you what to say. So that's been a real plus for our Veterans.

TI: Some of it kinda scares me sometimes, but [Laughter]

UD: I know.

TI: Ummm. [laughter]

UD: I do get the question of who's listening, and I tell them, I'm not quite sure but if that's – um, where you kinda go then this is not for you. [Laughter]

TI: [Laughter] Yeah, exactly. Exactly. So, what – what new technology is coming out – uh, that helps you with this mission? I know – I know, when I went to Richmond, they were doing 3D printing, a lot of 3D printing.

UD: Oh, I love – uh, Richmond for their 3D printing. We work with them a lot on – we work up prototypes here and we'll send it up to them to be printed. So, I think 3D printing is the next wave for very customized equipment. We have a Veteran here at the hospital who is – is in a wheelchair. He's paralyzed – uh, from the neck down. And he has some movement in his hands, but he is a runner for our pharmacy, so he takes the drugs all over the hospital.

TI: Oh wow.

UD: And, the one thing he couldn't do was press the elevator button. He didn't have the range in his arms to touch it.

TI: Hmm.

UD: So – um, one of the occupational therapists (OT) here developed a stick, pretty much, to hit the button but she was using material that you would use for splints. It was heavy, it was breaking off all the time, but we were just trying to adapt from what we had. And we sent it up to Brian Burkhardt in Richmond, the rehab engineer, he made it out of – um, carbon fiber. Lightweight, put a lightweight aluminum pole on it, it – he – this guy's used it probably over a year and a half now with no problems, no problems –

TI: [Laughter]

UD: To his skin, no problem – it doesn't break down, and you see him all around the hospital using it to go up and down the elevators.

TI: That's awesome. That's so awesome.

UD: It is. It is awesome. I mean, something as simple as that. We also – uh, came up with a drive control for a wheelchair that is – it looks like a U and it hooks onto the wheelchair where a patient, all they have to do is have finger control, one finger control, and they're able to drive their wheelchair. And we sent that up to Richmond and they printed that for us. And right now, we're working on a –

TI: They printed the – they printed the control?

UD: Yeah. And –

TI: Oh wow!

UD: We just put it right on the wheelchair. Yes.

TI: Wicked. [Laughter]

UD: It is wild, and then, right now we're coming up, one of the OTs that I work with, one of the big problems here is hydration for our patients that are bed bound.

TI: Sure.

UD: And a lot of the times, you know, the tubing that you use can get very dirty and we don't want it to get moldy and it's –

TI: Yeah.

UD: It's very costly, right? So, she came up with a holder that would hold one of those disposable water containers that you usually get in the hospital. And it can just be, essentially, thrown away. And, that was just sent up to Richmond, they're going to print that for us. So, hopefully we'll get that out, VA wide.

TI: That's so cool.

UD: So that everybody can use it. Yes.

TI: That's – that's not only affecting, you know, your patients, that's something that's affecting the entire VA system. I mean, that could potentially –

UD: Absolutely.

TI: That's really cool.

UD: Absolutely.

TI: So, you – so, you have the hub in – there in Tampa, you have it in Richmond, and I think I read there's a – the other Assistive Technology's in Palo Alto. Where's the last one? I know that there's four main ones.

UD: Uh, Minneapolis and actually San Antonio has a rather – um, they came on probably a year or two after we started but they've developed a nice hub there also.

TI: Gotcha. And you – and you said – um, but no matter what, I mean, you guys – there's still some hubs that are – that are at smaller VAs that can communicate with those VAs and try to work together for – for people that are not close to those four, right?

UD: Absolutely. In fact, we have just done Telehealth visits with New Orleans. And we actually can see the patient, see what they're doing, suggest what devices we think might work with them. And even send them devices to trial if they need it, if they can't get it – something. So that's how we've been working it.

TI: Very cool.

UD: You know, it works out really well and we've done that with West Palm Beach, we can do it anywhere over the country.

TI: Very cool. How – how can a Veteran start to utilize the program? Like, what – what are some of the beginning steps?

UD: So, first of all, they would need to get a consult from their primary care physician. And – um,

TI: Okay.

UD: We ask them just to refer them to Assistive Technology for an evaluation. And then we can go from there. Uh, instead of referring them for a device, like instead of referring for an iPad or a computer [laughter]. That –

TI: Yeah.

UD: They come to us so we can identify what the needs are. And the – we – we have a broader knowledge of what's out there on the market so we're able to identify for the Veteran the best –

TI: The best –

UD: Solution.

TI: Yeah. Um, so if you're – if you're not a Veteran, but you're a primary care doctor that's listening to the program or a physician's assistant – uh, what can they do to make your job easier?

UD: The main thing is -um, listen to the Veteran and see where, you know, we might can help them. We see diagnoses, everything from a stroke patient who only has use of one side of their body –

TI: Yeah.

UD: Uh, to – uh, the brain injury to the quadriplegic to spinal cord injury to throat cancer to – we work a variety of diagnoses, so it's not limited to that. It's – it's limited to what their needs are. So, that's the biggest thing is for them to identify that there is a need for them to be able to do something safer, easier, with more – to be able to do it more often, to also share some of that caregiver burden. You know, a lot of this – um, we have a lot of older Veterans and I always say to them, you know, who's gonna do this for you? And they always tell me that their wife is going to do it for them. [Laughter]

TI: [Laughter]

UD: And I say, looking at the wife, [laughter] what if she's – something happens to your wife, right? And so –

TI: Yeah.

UD: Um, that's a huge issue is the caregiver burden because so many of our Veterans go home to be cared for.

TI: Mmmm.

UD: So, the more that they can do for themselves –

TI: Yeah.

UD: If they can change a channel on a tv, wow, they don't have to call their wife every few minutes to do that.

TI: Yeah.

UD: Or turn a light off and on, or to be able to summon help when they need it – um, immediately from somewhere else in the house. Many of 'em do not have speech so how do you do that? So, we're able to offer them devices that will do that for them.

TI: The ability to afford independence, I think, is the real – real big push. Uh, or the real big – uh, thing about this program.

UD: Absolutely.

TI: You know – uh, how much is it – your independence worth? You know?

UD: Absolutely. And many of our Veterans live alone – um, that are catastrophically injured. It's – amazes me, the strength of the human nature is just amazing.

TI: Yeah. Um, so what are some future goals for the program?

UD: So, keeping up with technology is one of our biggest goals. It is changing every few minutes. We're getting more into the robotics. We have here at this –

TI: Mmmm.

UD: Uh, Tampa VA, they're using the exoskeletons for – uh, the paralyzed Veterans, the paraplegics, to walk. They're still –

TI: Spinal cord.

UD: Yes, spinal cord. They're still using that. But I think we're going to see a lot more in terms of robotics and the voice assistant. Uh, there's a lot out there right now about aging in place with the voice assistant. So, I think we're gonna see more – more functions that are gonna be available for that. And the robotic – um, little, kind of robots that will be able to interact with people – uh, who are aging in place and trying to keep them at home longer. So, I think we're going to see a lot more of that. And, you know, one of our goals is to ease that caregiver burden, keep the patient as independent as possible – um, following what they want to do, following their interest.

TI: From what I'm gathering, it's like roo – Roombas but like a souped up Roomba.

UD: Absolutely.

TI: Like a Roomba that can, like, cook – cook your dinner or something. Like –

UD: [Laughter]

TI: [Laughter]

UD: Or at least – at least tell you how to cook a dinner. [Laughter] Or remind you.

TI: [Laughter]

UD: So, absolutely.

TI: Gotcha.

TI: The closest that we – the closer we can get to that spouse, the better. Right? [Laughter]

UD: Absolutely. [Laughter]

TI: Ursula, is – is there anything that – that I have missed about the Assistive Technology Program – uh, that you – you think it's important to share?

UD: Many of my Veterans tell me that they had no idea this was available through the VA and –

TI: Yeah.

UD: Unfortunately, sometimes it is hard to find these things. We are on, you know, the websites, but – um –

TI: The VA – the VA system's huge. You know, that's – that's –

UD: Yeah, it's huge. So, when they do finally get to us, they – they say, I had no idea this could be provided by the VA. That's probably one of our biggest roadblocks is getting the word out there and – uh, letting people know that we can assist them with their independence.

[00:25:49] Music

[00:25:53] PSA:

Man 1: The VA does a very good job on the medical side. I don't know of anybody that has any complaints. My primary care doctor's probably the best doctor I've ever had in my life.

Doctor: [Inaudible] my friend, good patient of mine. He only comes once a week, but I do, I enjoy him.

Man 1: [Laughter] She comes in special, for me, early in the mornings.

Doctor: Yes, I do, early in the mornings.

Man 1: Just for me. That's exactly why I choose VA.

Man 2: Choose VA today. Visit [va.gov](https://www.va.gov).

[00:26:23] Music

[00:26:27] CLOSING MONOLOGUE

Ti: Thank you to Ursula for coming back on the program. You can hear more about her journey on *Borne the Battle*, Episode 157. And for more information about the VA Assistive Technology Program, go to www.prosthetics.va.gov/assistivetechology/index.asp - that's all one word - [/index.asp](https://www.prosthetics.va.gov/AssistiveTechnology/index.asp). [Link to VA Assistive Technology Program: <https://www.prosthetics.va.gov/AssistiveTechnology/index.asp>] Alright, this week's *Borne the Battle* comes by way of the *Union Sun and Journal*, out in Lockport, New York. He is Marine Veteran Meredith Keirn. He began active service in the Marines on March 24th, 1944. During World War II, Meredith served in the Battle of Iwo Jima and had reenlisted twice by the time of the Korean Conflict. During the Korean War, Keirn was a member of Fox Company, Second Battalion, Seventh Marines. He was wounded on November 28th, 1950, by the Chinese communist forces while defending a hill overlooking the Toktong Pass in North Korea. After succumbing to his injuries, his remains were buried at the base of the nearby Fox Hill. In October of 2011, Darr, Meredith's brother, went to a military building at Arlington Cemetery and found out that if he wanted to identify his brother's remains, he had to submit a DNA sample. The Defense POW/MIA Accounting Agency, which is responsible for attempting to identify unaccounted U.S. military personnel dating back to World War II, was contacted by an intermediary from South Korea in August 2015, and they turned over a partial set of remains reportedly recovered from North Korea. The accounting agency identified the remains of Meredith Keirn on May 31, 2018. And was finally given a proper burial in Arlington National Cemetery on August 18th, 2019. There are about fifty family members who attended the ceremony. Darr, who was not able to make the ceremony did receive the flag of his brother. We honor Meredith's service. That's it for this week's episode. If you,

yourself, would like to nominate a *Borne the Battle*, Veteran of the Week, you can. Just email us at podcast@va.gov. Include a short write up and let us know why you would like to see him or her as the *Borne the Battle*, Veteran of the Week. For more stories on Veterans and Veteran benefits, check out our website at blogs.va.gov and follow the VA on social media. Twitter [Link to the VA's Twitter page: https://twitter.com/DeptVetAffairs?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor], Instagram [Link to the VA's Instagram page: <https://www.instagram.com/deptvetaffairs/?hl=en>], Facebook [Link to the VA's Facebook page: [Facebook.com/VeteransAffairs](https://www.facebook.com/VeteransAffairs)], YouTube [Link to the VA's YouTube page: <https://www.youtube.com/channel/UCBvOzPLmbzjtpX-Htstp2vw>], RallyPoint [Link to RallyPoint: <https://www.rallypoint.com>], Dept Vet Affairs, US Department of Veterans Affairs, no matter the social media, you can find us with that blue checkmark. Thank you again for listening and we'll see you right here, next week.

[00:29:14] Music out

(Text Transcript Ends)