



Federal Health Matters

VA Funds New Collaborative Limb Loss Research Center

Although the mortality rate from combat wounds is lower in the current Iraq war than in past conflicts, more wounded survivors are losing limbs. In order to help these veterans—and other amputees—gain greater levels of functioning and independence, the VA has awarded a \$7.2 million grant to establish a new Center for Restorative and Regenerative Medicine at the Providence VA Medical Center in Providence, RI. This five-year, multidisciplinary program will bring together experts in orthopedic surgery, physical rehabilitation, community health, tissue engineering, neuroscience, artificial intelligence, robotics, and materials science from the VA; Brown University, Providence, RI; and Massachusetts Institute of Technology, Cambridge, MA.

The program's major focus is the creation of "biohybrid" limbs that would maximize amputees' existing tissue in order to improve mobility and limb control and reduce complications. The idea is to combine surgically lengthened bone, regenerated tissue, titanium prosthetics, and implantable sensors in such a way that allows limb movement through ordinary nerve and brain signals.

One type of implantable device that facilitates movement by inter-

facing with nerves is the BION microchip, developed by the Alfred E. Mann Foundation (Valencia, CA). A few months ago, the VA's Rehabilitation Research and Development Service announced a partnership with this foundation to explore applications of BION technology in a variety of clinical settings. Now, researchers from the new center plan to use BIONs to translate nerve impulses into movement instructions for robotic knees and ankles. Others will work with a similar mind-to-movement system, which was pioneered at Brown for use in quadriplegic patients, to improve prosthetic control.

Another team plans to encapsulate time-release growth factors so that they can be injected, along with precursor cartilage cells, into damaged joints to regenerate supportive material. And one pair of researchers will try to improve a process known as "osseointegration," in which the amputee's existing limb is fitted with a titanium bolt that forms the point of attachment for the prosthetic. The goal is to grow skin that will fuse with the titanium bolt, forming a natural seal around it and protecting the limb against infection.

"While many of the tools and techniques we're using are being tested across the country," said Roy Aaron, MD, director of the new center, "this project marks the first time they will be pulled together to improve care for amputees, particularly veterans."

Operation Purple Enters its Second Year

Last summer, 12 youth camps held special one-week sessions that brought together over 1,000 children from all over the country with one thing in common: deployed parents. The camps were participating in Operation Purple, a program founded by the nonprofit National Military Family Association (NMFA), financed by the Sears American Dream Campaign, and supported by the DoD and the National Guard Bureau, with the purpose of helping military children deal with the stress of a parent's deployment. The camps used team building activities, motivational speakers, community service and art projects, communication exercises (such as journal writing and small group sharing), and other traditional recreational activities to help the children develop supportive relationships, build coping skills, and relieve stress in a safe, fun environment.

This year, the NMFA plans to expand the program to accommodate approximately 2,000 children. An NMFA panel is currently reviewing applications from camps interested in hosting 2005 Operation Purple sessions. In addition to a camp's resources, physical accommodations, and commitment to the Operation Purple experience, the selection panel will consider location—with a goal of targeting areas with high

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deployment rates while maintaining a broad geographic distribution.

All children of military personnel—from all service branches as well as the National Guard and Reserves—are eligible for the program, though priority is given to those with a parent who was recently, is currently, or soon will be deployed. Attendance is free, and the program will reimburse travel expenses up to \$100 for each child. Health care personnel who provide care to service members and their children are encouraged to refer them to the NMFAs web site (www.nmfa.org) for more information on this opportunity.

VA Rescinds Optometrists' Surgical Privileges

The VA has ended a five-month policy permitting optometrists with appropriate licenses to perform laser eye surgery under the supervision of ophthalmologists. As reported previously (see *Federal Health Matters*, September 2004, page 32), the VA announced this policy in response to a situation in which a VA optometrist, whose Oklahoma license included surgical privileges, was performing laser eye surgeries in Kansas, where state law pro-

hibits optometrists from performing such surgeries. The policy was opposed by the Veterans Eye Treatment Safety Coalition, who maintained that only licensed physicians should be allowed to perform laser eye surgery.

The decision to withdraw optometrists' surgical privileges resulted from the inability of a VA panel to agree on the form that ophthalmologic supervision should take. "Since experts could not come up with an implementation plan agreeable to both specialties, I chose this path to protect the interest of veterans," said VA Secretary Anthony J. Principi. ●