Since introducing the Veterans Hiring Program in 2011, Memorial Hermann Health System has recruited more than 500 veterans, helping our nation’s heroes parlay skills they learned in the military into rewarding careers in health care. From medical technicians to nurses, security guards to administrators, and air ambulance pilots to physicians, professionals across a broad spectrum of specialties are actively sought out by the System in what is seen as a “win-win” for both parties on a number of levels.

According to Robert Kitto, System director of talent acquisition, there are a variety of skills that are highly transferable from the military into health care. And Kitto should know, considering he is a veteran himself, along with several other members of his recruiting team. “We have recruited some amazing talent as a System through our forged strategic relationships at military bases,” said Kitto. “We have strong, established partnerships with many military career transition centers and we visit regional military bases often.” Kitto added that he and other members of the team have flown via Life Flight® to Fort Polk in Louisiana and Fort Hood in Texas on paramedic and flight nurse recruiting trips. “It’s a great way to highlight the breadth and the depth of our System, and our unique capabilities and services as well,” he said.

As part of the program, the System recruiting team works with candidates who are usually a year or less away from separating from their military career, and assists them with tasks important to transitioning to civilian life such as résumé writing, interviewing and other professional skills. “As veterans, it is usually easy for us to develop a rapport with these candidates,” said Kitto. “It is helpful for them to have someone who speaks their language and can help them translate their work in the military into a good résumé and interview.”

At the Memorial Hermann-Texas Medical Center Campus, a Veterans Outreach Program was also developed to provide veterans with comprehensive training and hands-on experience for jobs in the healthcare community. Upon acceptance into the
Life Flight Introduces Cadaver Lab to Local EMS

In an effort to further enhance programmatic offerings to local emergency medical services (EMS), Life Flight® has created a cadaver lab tailored to individual EMS departments’ unique needs. According to Joel Benavides, RN, CFRN, LP, flight nurse, who spearheaded the cadaver lab, the goal is to create a customized learning experience that reflects what EMS personnel potentially encounter in the field and to practice high-risk, low-frequency procedures.

“We wanted to expand our role in education by helping train our colleagues in the EMS community,” said Benavides. “Our pilot program for the cadaver lab was a huge success, and we are ready to bring this service to anyone who needs it.”

The use of cadavers for practicing advanced pre-hospital procedures enables personnel to get practical experience in ways that are not possible with a mannequin, explained Benavides. Life Flight has long trained its own personnel with cadavers, conducting in-house cadaver labs for their flight nurses and paramedics annually. The new cadaver lab for EMS personnel is designed for convenience and can be conducted onsite or at the Memorial Hermann-Texas Medical Center Campus.

The Life Flight team conducted its first successful cadaver lab last year with the West I-10 Fire Department, where Benavides also serves as training officer. The Department has five fire stations and services the near-Katy area covering approximately 45 square miles, with a population of more than 100,000 residents. Their cadaver lab was designed to follow the Department’s specific protocols and procedures, and was performed in small groups of 10 to ensure one-on-one instruction that allowed each trainee a chance to perform skills multiple times individually.

The EMS personnel utilized their own equipment to gain a more practical proficiency of skills, and were trained in procedures such as video laryngoscopy for intubation, intraosseous cannulation (IO) insertion in multiple sites and cricothyrotomy. The group also learned and practiced advanced skills such as chest tube insertion, central line placement, needle chest decompression and pericardiocentesis. While new equipment and other products were available for EMS personnel to try, the entire lab was performed utilizing equipment only found in their ambulance.

“One of the unintended benefits from this particular lab was that a piece of equipment failed during training,” said Benavides. “It was immediately replaced on the ambulance, and the team was able to avert what could have been a catastrophic airway failure.”

Once the above skills were practiced and performed with proficiency, a gross anatomy class was taught by Kevin Schulz, M.D., EMT-B, EMS fellow and assistant professor of emergency medicine at UTHealth Medical School. The shoulders of the cadavers were dissected to show the most accurate locations of IO insertion sites, and chests were opened to show the anatomy of the cavity. The group also dissected coronary arteries to show plaque blockages and other causes of heart attacks.

“The medics loved it and said they learned so much,” said Benavides. “Training on cadavers provides them with the ideal opportunity to receive personalized, hands-on experience.”

The cadaver labs are now available to all EMS departments and are offered at a moderate cost to cover materials and supplies, which varies based upon their specific needs. For more information, contact Joel Benavides at joel.benavides@memorialhermann.org.
Eric Von Wenckstern, administrative director of Memorial Hermann Life Flight®, was awarded the coveted 2013 Program Director of the Year award, sponsored by Bell Helicopter, a Textron Company, and presented by the Association of Air Medical Services (AAMS). Each year, AAMS recognizes excellence in emergency medical transport through 10 different awards honoring distinction in leadership, research, safety and quality. All awards are voted on by a special committee including elite industry group representatives. Georgie Brown, RN, chief flight nurse for Life Flight, nominated Von Wenckstern for the award.

The awards are presented annually at the Air Medical Transport Conference, which took place on Oct. 21, 2013 in Virginia Beach, Va.

Tom Flanagan, chief operating officer of Memorial Hermann-Texas Medical Center, who won the same award back in 1999, announced the news to Von Wenckstern during a monthly directors’ meeting in September.

“It is truly an honor to work with Eric, and I could not think of a stronger candidate for this award,” Flanagan said. “He performs his job with humility and integrity and is largely responsible for shaping Life Flight into the exceptional program that it is today.”

Each year, Bell Helicopter sponsors the award for the Director of the Year, highlighting an individual for contributions to the EMS community. Von Wenckstern was honored for his exceptional work and 32-year dedication to the industry. He started his career as a pilot and still regularly flies with his Life Flight team members. During his tenure as program director, the medical crew’s satisfaction rate has increased 17 percent, and the program has seen a 10 percent growth in volume. Von Wenckstern has significantly expanded the role and scope of Life Flight by broadening the cardiogenic shock transport program, instating a new pelvic binder protocol for the management of shock, implementing the use of ultrasounds in air and integrating secure iPads in-flight.

Building on Life Flight’s long history of pioneering, Von Wenckstern helped institute two new “firsts” for the transport program. After realizing the need for red blood cells and plasma in-flight two years ago, the program has since delivered blood products to nearly 300 trauma patients. The program has also introduced the use of a new tourniquet device called the JETT, developed by physicians at the Texas Trauma Institute at Memorial Hermann-TMC. Von Wenckstern recognized the device’s life-saving potential and today Life Flight remains the nation’s first and only air ambulance service to offer this incredible tool.

Von Wenckstern generously donates his spare time and air medical expertise to oversee the training and continuing education of his Life Flight team, local EMS and the U.S. Army. He helped create an exclusive program for the training of Army flight medics and more than a third of the current Life Flight team has served in the U.S. military.

“I received this award thanks to the collaboration of the flight crews, physicians, hospital administration and the blood bank,” Von Wenckstern said. “Patient and employee safety are the mainstays of our daily operations. We continue to lead the nation in air medical rotor wing transport of patients thanks to the support of our hospital system and their commitment to the health of the Houston community.”
Life Flight

IN THE NEWS

Institute Aims to ‘Protect and Serve’ with Customized Trauma Kit Donation to HPD

On Feb. 6, the Memorial Hermann Texas Trauma Institute announced the donation of 5,000 Individual First Aid Kits (IFAKs) to the Houston Police Department (HPD). This significant donation provides all uniformed HPD officers with immediate access to proven, life-saving tools.

Unlike a traditional first-aid kit, each IFAK is equipped with combat gauze, which is similar to what is used in Emergency Centers across the country, and two tourniquets, which have proven to save lives in combat. Also, unlike any other trauma kit available, the IFAKs donated to HPD are customized to attach to an officer’s bulletproof vest, under the officer’s shirt, for immediate access.

“With this generous donation, Houston will soon be able to supply all police officers with tourniquets and hemostatic dressings, making the access to these important tools easier and faster than ever before,” said Houston Police Chief Charles McClelland. “By the end of next year, every officer in the department will have been trained and assigned an Individual First Aid Kit. I have no doubt that having tourniquets readily available will help us save more lives, whether it’s the life of a civilian or the officer’s own.”

Houston City Council Member Ed Gonzalez agrees that this donation is truly life saving for all citizens of Houston.

“Because of our city’s vibrant economy and celebrated cultural diversity, Houston continues to be one of the country’s fastest-growing areas. In order to best care for that growing population, we must stay ahead of the curve when it comes to the safety, health and wellbeing of our citizens. And, we can do that by constantly reevaluating how that care can be delivered faster and more efficiently, with the highest quality treatments yielding the best results,” said Council Member Gonzalez. “There is no doubt that the access to these important tools will make an immediate difference.”

According to a 2008 study published in the Journal of Trauma: Injury, Infection, and Critical Care, co-authored by (Ret) Col. John B. Holcomb, M.D., director of the Memorial Hermann Texas Trauma Institute and professor and vice chair of the department of Surgery at UTHealth Medical School, the immediate and proper use of prehospital tourniquets on the Iraqi battlefield increased a patient’s survival rate by greater than 90 percent.

“Learning from recent mass casualty events in our own country, as well as what we’ve learned from treating our soldiers on the battlefield, we know that the primary cause of preventable death is blood loss and the best way to prevent blood loss is to properly apply a tourniquet,” said Dr. Holcomb.

“Providing our officers, who are essential members of our City’s first responder team, with immediate access to tourniquets and combat gauze helps set a new precedent for pre-hospital standard of care.”

To ensure that the tourniquets and the other tools provided in the IFAK are used effectively, appropriate education is required. Led by HPD Executive Assistant Chief Kirk Munden, more than 1,000 IFAKs have already been distributed and more than 200 officers a month are undergoing intensive training prior to receiving their IFAK. By this September, all patrol officers should have the critical life-saving training and equipment.

“The goal is to educate, train and equip every officer with an IFAK by the end of 2015,” said Executive Assistant Chief Munden.
Memorial Hermann Life Flight Featured in Latest Exhibit at the Rick Smith Gallery

On the evening of Thursday, Feb. 20, members of Life Flight®, hospital administration, Chaplaincy, Volunteer Services and invited guests gathered for an intimate ceremony honoring the latest exhibit in the Rick Smith Gallery.

Titled “Life Flight: History of the Air Ambulance Program at Memorial Hermann-Texas Medical Center,” the installation features more than 20 historical images of the program from its inception to present day. It is curated in honor of all those who have made Life Flight the incredible program it is, from the nurses and paramedics to the patients, technological advancements and helicopters themselves.

This is the gallery’s fifth installment since it opened in 2012. Previous exhibitions have featured paintings, photographs, mixed media and sculptures by physicians and hospital employees; professional photographic images of the Campus’ beloved therapy pets; and hand-drawn portraits of caregivers by pediatric patients.

The Rick Smith Gallery is funded through employee contributions to the Annual Employee Campaign and was created in memory of Rick Smith, our late director of Chaplaincy Services, who understood the importance of healing the body, mind and soul. He led by example, demonstrating how spirituality in the workplace supported an environment of healing, and he often encouraged self-expression in others as a way to make a personal contribution to that healing. He shared his love for the arts through his own paintings, and his encouragement and influence are still manifest throughout the Memorial Hermann-TMC Campus today. The gallery is an expression of his vision and spirit, and is open to all employees, patients and visitors. It is located on the 1st floor of Cullen Pavilion and is open 24 hours a day, seven days a week.

Now Accepting Submissions

Do you have an article or case study you’d like to see featured in our newsletter? We are always looking for great stories and are now accepting submissions. To submit your article or to get more information, please email lifeflight@memorialhermann.org. We look forward to reading your work!
Mischer Neuroscience Institute and UTHealth Medical School Unveil the Nation’s First Mobile Stroke Unit

Ambulance equipped with scanner to be part of EMS services for Houston area

The Mischer Neuroscience Institute at Memorial Hermann-Texas Medical Center and UTHealth Medical School have unveiled the country’s first mobile stroke unit, made possible by a consortium of partners from the Texas Medical Center, the Houston Fire Department and generous donors.

Onboard the mobile unit is a CT scanner that allows a technician to quickly assess whether a patient is having an ischemic stroke, allowing for the administration of the thrombolytic tPA. “It takes more than an hour once a stroke patient arrives in the emergency room to receive treatment. So if we can put the emergency room in the ambulance and take the CT scanner to the patient, we can treat the patient at the scene and save over an hour,” says neurologist James C. Grotta, M.D., who is co-principal investigator of a UTHealth trial that will measure cost savings and outcomes. “That hour could mean saving 120 million brain cells.”

Shortly after observing a similar mobile stroke unit in Germany, Dr. Grotta had the opportunity to present his idea to UTHealth Development Board members. He was surprised when a couple approached him and offered to donate a used ambulance. That couple, John and Janice Griffin, are owners of Frazer Ltd., a third-generation, family-run Houston company that builds emergency vehicles. After looking at the needs of a mobile stroke unit, the Frazer team felt it would need to be engineered from the ground up.

“We really liked the possibilities of moving medicine forward,” says Laura Griffin Richardson, CEO and president of Frazer. “Our company likes to push the limits and this has never been done before. We’re excited to be located in Houston, the forefront of the medical community. Once everyone sees the possibility of putting a CT scanner in an emergency
vehicle, the question is, “What else can we do?”

Local businesses also generously supported the stroke unit, giving $1.1 million to UTHealth Medical School, which paid for the scanner and personnel. Operated in conjunction with the call services of the Houston Fire Department, Bellaire Fire Department and West University Fire Department, the mobile unit will be located at The University of Texas Professional Building in the Texas Medical Center. It will respond to calls within a 3-mile radius, transporting patients to comprehensive stroke centers including Memorial Hermann-TMC, Houston Methodist Hospital and St. Luke’s Medical Center. The mobile unit will carry a paramedic, neurologist, nurse and CT technician, and run alternate weeks as part of the clinical trial.

“We know we can speed up treatment but we don’t know how much that speed will affect recovery,” Dr. Grotta says. “We really don’t have data on how receiving tPA within an hour to 80 minutes affects patient outcomes, including the amount of disability. When people have small strokes, they often make a complete recovery on their own. This study will help us determine how much more helpful receiving tPA within 80 minutes is.”

Elizabeth Nosler, M.D., clinical assistant professor of neurology and the James C. Grotta, M.D. Chair in Neurological Recovery and Stroke at UTHealth, is the co-principal investigator alongside Dr. Grotta. Co-investigators from UTHealth and Memorial Hermann-TMC include Tzu-Ching “Teddy” Wu, M.D.; Andrew Barreto, M.D.; and Nicole Gonzales, M.D. Faculty members from The University of Texas School of Public Health also are part of the collaborative research project. Co-investigators from the school include Suja Rajan, Ph.D.; Mary S. Baraniuk, Ph.D.; and Barbara Tilley, Ph.D. Stephanie Parker, R.N., B.S.N., is the project manager for the UTHealth Mobile Stroke Unit.

The mobile stroke unit was completed at the end of January; trial runs will be held for one to two months.

The study, expected to last three years, began in March.

May is National Stroke Month

Memorial Hermann is promoting National Stroke Month to raise awareness of stroke symptoms among the general public. As any first responder knows, time is critical when it comes to treating strokes. Please help us spread the message – if you see the warning signs of a stroke, act FAST:

**FAST** can help people remember the warning signs of a stroke

- **F** – **FACE**: Ask the person to smile. Does one side of the face droop?
- **A** – **ARMS**: Ask the person to raise both arms. Does one arm drift downward?
- **S** – **SPEECH**: Ask the person to repeat a simple phrase. Is their speech slurred or strange?
- **T** – **TIME**: If you observe any of these signs, act quickly. If given within three hours of the first symptom, the thrombolytic tPA can reduce long-term disability for the most common type of stroke.
Last summer, the Memorial Hermann Heart & Vascular Institute-Texas Medical Center (HVI) received the prestigious “Accredited STEMI Receiving Center” designation from the American Heart Association (AHA) and the Society of Cardiovascular Care. Awarded only to those hospitals that meet specific criteria as outlined by the AHA’s Mission: Lifeline Program, the certification recognizes the HVI’s successful implementation of the highest standard of care for heart attack patients.

“It is very gratifying to be recognized for all of the effort that has been put forth,” said HVI-affiliated physician Stefano Sdringola, M.D., Weatherhead Distinguished University Chair and professor of cardiovascular medicine at UTHealth Medical School. Dr. Sdringola credits the leadership and vision of Richard Smalling, M.D., director of interventional cardiovascular medicine at the HVI, with the successful creation of a system designed to maximize rapid response times that lead to better outcomes for heart attack patients. “Dr. Smalling and the rest of the team worked diligently to create a system of response time, and now that system is serving as a model around the city and state, even across the country, as a standard of care,” added Dr. Sdringola.

Each year in the United States alone, nearly 300,000 people suffer from a ST-segment elevation myocardial infarction, or STEMI, which as the most severe form of a heart attack is often ominously referred to as a “widow-maker.” A STEMI occurs when a blood clot completely blocks an artery to the heart, and there is a very short window to prevent death in which the blocked vessel must be opened surgically or with clot-busting medication.

No one knows the importance of fast intervention better than Alana Bethea, whose husband, Eric, miraculously survived a massive STEMI two years ago at the young age of 31, thanks to the cardiovascular team at the HVI. Just four months after their second child was born, Eric, a successful young executive and Rice University School of Business graduate, returned to the couples’ Pearland home after a workout. He began feeling discomfort in his chest and told his wife that he thought he pulled his pectoral muscle. “We didn’t think much of it at first,” Alana said, noting that Eric hadn’t exercised in a long time but was fairly active and not overweight. However, Eric’s symptoms quickly worsened and he said he felt intense pressure in his chest before collapsing on the bed. “He was white as a sheet and I was terrified.”

Alana had recently witnessed her grandmother’s heart attack, and knew immediately that her husband was in cardiac arrest and to call 911.

“It only took the paramedics a few minutes to get here, but I could tell that they didn’t really think he was having a heart attack because he was so young.” According to Alana, once they saw Eric they immediately sprang into action and rushed him to the HVI.

“As soon as my parents got to my house to watch our kids, I rushed to the hospital,” said Alana. “He looked so bad when he left in the ambulance, I honestly did not expect good news.” Much to Alana’s surprise, by the time she got to the hospital, Eric was already in the CVICU, sitting up in bed, talking to one of the nurses. “I was stunned. I had not seen color that good in his face in years. I was trying to brace myself for the worst news possible on the way to the hospital, and he looked better than ever!”

According to Dr. Sdringola, who was on service at the time and led Eric’s treatment team, the fast response time meant the difference between life and death for the young husband and father. “The great thing about our system is that we have a very rapid response.”

Stefano Sdringola, M.D.

Eric Bethea, who is pictured with his wife, Alana, and their three young children, survived a massive STEMI at the young age of 31.
coronary artery disease.” After an emergency angiooplasty and stent and other supportive measures, Eric’s condition quickly stabilized and he was only hospitalized for a short time. Because of the severity of his CAD, an additional stent was necessary a few weeks later.

“In under an hour, he was transported from our house by ambulance, got to the hospital, had the procedure to clear his artery, and was in a bed in the CVICU,” said Alana. “It was amazing.” Such rapid response is a major factor in the HVI receiving the AHA’s STEMI accreditation. In order to achieve Gold level as a STEMI receiving hospital, the HVI had to meet the following criteria with an 85 percent or greater composite score with no single measure below 75 percent for two years:

1. Percentage of non-transfer direct admit STEMI patients with door-to-device time less than 90 minutes
2. Percentage of direct admit STEMI patients who arrived via ambulance-only EMS with FMC-to-device time less than 90 minutes
3. Percentage of reperfusion-eligible patients receiving any reperfusion therapy (PCI or fibrinolysis)
4. Percentage of STEMI patients receiving aspirin within 24 hours of hospital arrival
5. Percentage of STEMI patients on aspirin at discharge
6. Percentage of STEMI patients on beta blocker at discharge
7. Percentage of STEMI patients with LDL over 100 who receive statins or lipid-lowering drugs
8. Percentage of STEMI patients with
left ventricular systolic dysfunction on ACEI/ARB at discharge

9. Percentage of STEMI patients that smoke with smoking cessation counseling at discharge

In addition to becoming an AHA-accredited STEMI Receiving Center, the HVI is also an established Accredited Chest Pain Center by the Society of Cardiovascular Patient Care. Dr. Sdringola stresses the importance of coordinated care among all specialties and the EMS network for the successful treatment of cardiac events such as Bethea’s, and emphasizes the importance of education. “He underwent cardiac rehabilitation and diet education in the hospital, he started a regular exercise program, he lost a significant amount of weight and he is taking medications to keep his cholesterol under control. He is doing well and remarkably, he suffered no damage to his heart. Yet he is not free of the condition. It will require a lifelong commitment.”

Dr. Sdringola also added that it’s important for EMS, primary care physicians and other medical professionals to recognize that the traditional red flags for heart disease are changing. “While it’s not common for someone so young to have such severe blockage, it is becoming increasingly more so. Here we have a very smart and successful young man, who was not sufficiently treated for his high cholesterol and not educated about his risk, who almost died,” said Dr. Sdringola. “There is an increasingly large percentage of the population that leads sedentary lifestyles, is morbidly obese and eats diets high in saturated fats. Despite our interventions to decrease mortality, we utilize countless resources keeping people alive once they suffer disease instead of focusing on prevention.”

According to Alana, her husband’s heart attack was a wake-up call that has completely changed their family’s lifestyle. “We all exercise regularly and we have completely overhauled our diet. Not just Eric’s, but the entire family’s,” she said, adding that Eric’s diet consists of whole foods like grains, nuts, fruits, vegetables and fish. “He hasn’t had red meat in more than two years. Our kids eat vegetables with every meal, and we only allow treats for very special occasions, and try to make them as heart-healthy as possible.”

Dr. Sdringola stresses the importance of coordinated care among all specialties and the EMS network for the successful treatment of cardiac events such as Bethea’s, and emphasizes the importance of education.

Like their father, both of the Bethea’s children are at increased risk for heart disease, as they have familial hypercholesterolemia. “Eric’s grandfather died from a heart attack in his early fifties, and although he has been on Lipitor® since he was 16 for his condition, in retrospect we should have been much more conscientious about our lifestyle choices,” said Alana. “But his heart attack has completely changed our lives. We honestly love to eat healthy now; we don’t miss any of the junk that used to make up our diet.”

Continuing Education

Memorial Hermann Life Flight® offers the following classes and more. For a schedule, visit trauma.memorialhermann.org/ems-education. For more information or to register, contact Kelly Murphy, Life Flight education coordinator, at 713.704.6151 or Kelly.Murphy@memorialhermann.org.

• Advanced Burn Life Support (ABLS)
• Advanced Cardiovascular Life Support (ACLS)
• American Heart Association Heart Codes
• Aortic Aneurysm Management
• Blood Product Administration
• Cardiopulmonary Resuscitation (CPR) License Provider
• CPR-Heartsaver Non-license
• Emergency Nursing Pediatric Course (ENPC)
• Instruction on Difficult Airways
• Landing Zone classes
• 12-Lead Interpretation Course
• Metabolic Emergencies
• Multi-System Trauma Care
• Neonatal Resuscitation Program (NRP)
• Pediatric Advanced Life Support Course (PALS)
• Pediatric Airway Management
• Respiratory Emergencies
• STEMI Protocol Instruction
• Tourniquet Use
• Trauma Nursing Core Course (TNCC)
program, veterans who lack healthcare experience participate in an intensive three-week training program taught by System educators and clinical leaders. Throughout the course, the new employees learn a variety of patient care duties and responsibilities. Upon completion of the training, they are fully certified as patient care technicians (PCTs) who are ready to provide direct and indirect patient care in a variety of specialties under the supervision of a licensed nurse.

“Our service members who fight to protect our freedoms abroad shouldn’t have to fight for jobs when they return home,” said retired colonel John Holcomb, M.D., director of the Memorial Hermann Texas Trauma Institute. Together with James “Red” Duke, Jr., M.D., medical director of Life Flight, Holcomb has been a key player in the development of a multi-institution veterans hiring initiative called “Hiring Red, White and You!”

Through this program, Memorial Hermann teams with other institutions in the Texas Medical Center to help actively recruit veterans for healthcare careers, and Kitto said it’s a unique way in which the hospitals—who often view themselves as competitors for recruiting top talent—put aside their individual goals for the greater good of the veterans.

Together, institutions in the TMC host at least one annual hiring fair aimed at veterans, sometimes two. “Our last job fair filled up an entire hall at Reliant Arena,” said Kitto. “We invited veterans, their family members and spouses, and in addition to hospitals in the TMC, we also invited our colleagues in the oil and gas industry to participate.”

The TMC veterans hiring collaborative also hosts an annual “coin” ceremony and hospitals take turns hosting the event, which honors veterans who have been hired through the program. “It’s actually a pretty remarkable collaboration,” said Kitto. “These are the folks who we are usually competing against in terms of talent acquisition. But we work hard on this together for the veterans because it is a higher calling.”