The Department of Veterans Affairs recently announced a collaboration between its Center for PTSD and the nonprofit PINK Concussions. The aim is encouraging women to donate their brains after they die for research on the effects of traumatic brain injury and post-traumatic stress. “In the past, the focus of TBI and PTSD brain research has primarily been based on male brains — without any active recruitment for women,” said Dr. Carolyn Clancy, executive in charge of the Veterans Health Administration. Visit www.pinkconcussions.com for more information.

Veterans smoke cigarettes at higher rates than nonveterans do, but that can change. VA offers personalized support for Veterans trying to quit through evidence-based tobacco cessation programs.

Research shows that a person has the best chance of quitting tobacco for good when he or she uses approved cessation medication and takes part in cessation counseling.

For more information, ask your primary care provider, call 401-273-7100 ext. 4210 or 3694, or drop-in Mondays, 11 a.m. - 12 p.m., 3rd Floor, Room 327E; or Wednesdays, 9 - 10 a.m., Primary Care Waiting Area 2.

VA's smoking quitline counselors can help, as well. To reach them call 855-QUIT-VET (855-784-8838).
A fast-calibrating brain-computer interface for people with partial or total loss of use of all four limbs will be ready when needed, allowing participants to achieve peak performance within minutes. (BrainGate Collaboration photo by Matthew McKee)

For people with partial or total loss of use of all four limbs, a brain-computer interface should be ready when needed, with minimal expert intervention.

Researchers from the BrainGate collaboration demonstrated new techniques that allowed three participants to achieve peak BCI performance within three minutes of engaging in an easy, one-step process.

One research participant, a 63-year-old man who had never used a BCI before, needed only 37 seconds of calibration time before he could control a computer cursor to reach targets on a screen, just by imagining using his hand to move a joystick.

“Up until now, getting going with a BCI has required oversight from a trained technician,” said Dr. David Brandman, whose research engaged a team of scientists, engineers and physicians from across the BrainGate collaboration, which includes Brown, the Providence VA Medical Center, Massachusetts General Hospital, Case Western Reserve University and Stanford University.

Dr. Leigh Hochberg — director of the BrainGate consortium and clinical trial, professor of engineering at Brown, critical care neurologist at MGH and director of VA’s Center for Neurorestoration and Neurotechnology at the PVAMC — agreed that the research is a key advance.

“Our team has demonstrated that people with tetraplegia can use the investigational BrainGate BCI to gain … control of a robotic arm, to point-and-click on a computer screen … and even to move their own arm and hand again — all simply by thinking about that movement … But each of these achievements required time … to train the computer how to interpret the neural activity … Here, the user is immediately engaged … and can see cursor control evolve sometimes even in the first 30 seconds … Watching our participants do this has been really exciting,” Hochberg said.