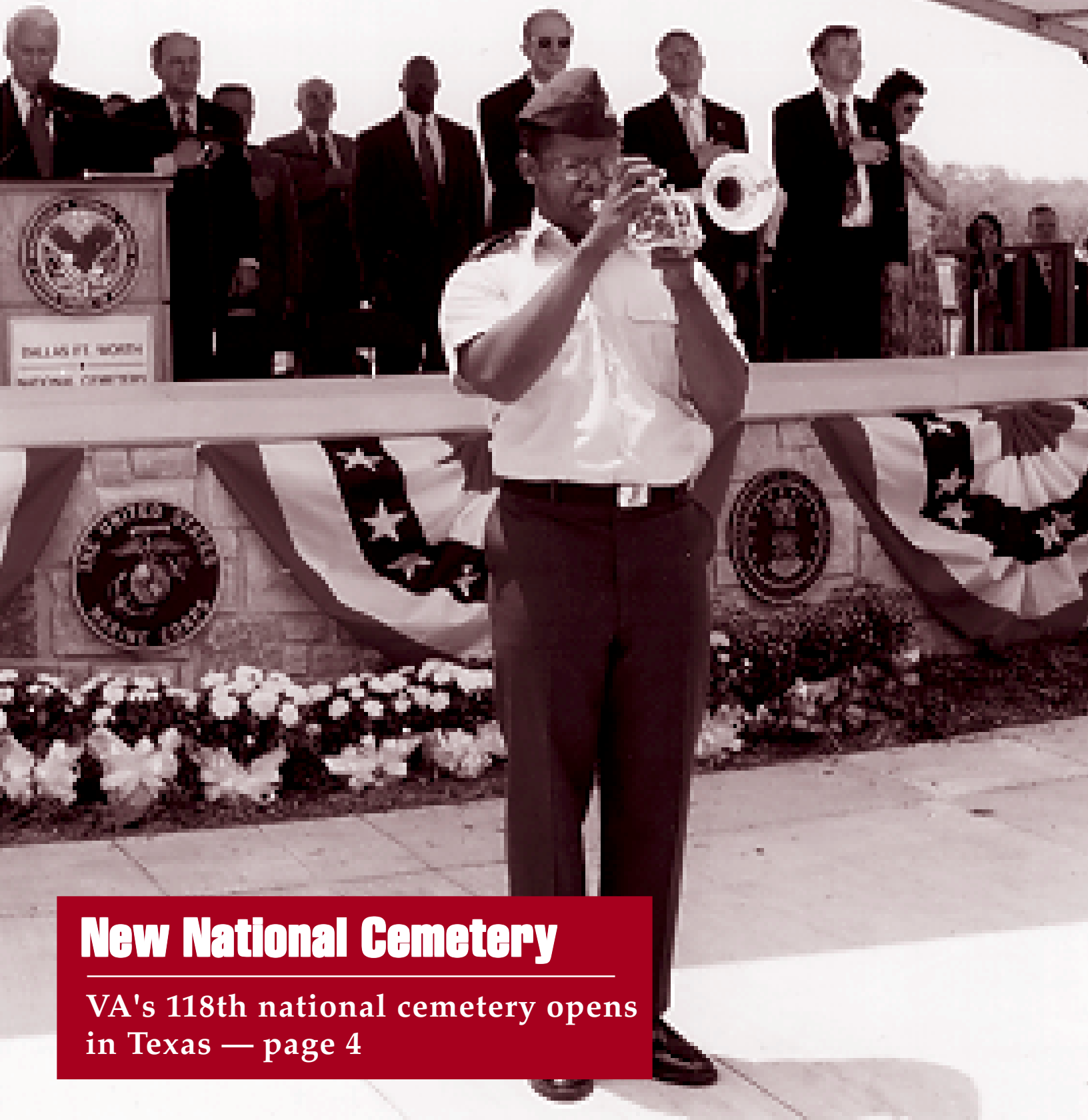




U.S. DEPARTMENT OF VETERANS AFFAIRS

# Vanguard

JUNE/JULY 2000



## New National Cemetery

VA's 118th national cemetery opens  
in Texas — page 4

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## COLUMNS 17-20

### On the cover:

More than 2,500 people attended the dedication ceremony for the Dallas-Fort Worth National Cemetery in May. The cemetery is VA's 118th, and the sixth in Texas. It will provide more than 280,000 burial spaces for area veterans and dependents. The 638-acre cemetery is one of five VA has opened over the past three years.

### Vanguard

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# INTRODUCING

Paul Beadle

Paul Beadle, a counseling psychologist with the Vocational Rehabilitation and Employment (VR&E) service at the Des Moines, Iowa, VA Regional Office, was named Counselor of the Year for 2000 by the National Rehabilitation Counseling Association. It's the association's highest honor and Beadle is the first VA employee to receive the award. "I was very surprised, but also very happy someone from VA was recognized," he said. "I truly believe we have a world-class organization that just isn't recognized as much as it should be."

A Vietnam veteran, Beadle spent 17 years with the Iowa Department of Vocational Rehabilitation prior to joining VA in 1987. Since then, he's been involved in a number of programs that are improving the lives of veterans with both physical and psychological wounds. One of those is called the Self Employment Project.

It's designed to help veterans who are unable to obtain employment due to the seriousness of their service-connected disabilities. Beadle teaches veterans in the program job-seeking skills such as resume and interview preparation, salary negotiation, and workplace conduct. And if the job search comes up empty, and the veteran is eligible, Beadle can help him or her start their own business. So far, he's been involved in the development of more than 40 disabled veteran-owned businesses.

If veterans are struggling with alcohol or substance abuse, Beadle helps them kick their dependencies before trying to find work. "We had guys with 100 percent disability ratings who were doing some real self-destructive behaviors," he

recalled. "We had to figure out how to provide some structure in their lives ... to help them get through complex medical problems and to help them communicate with their families."

Both the veterans he serves and his colleagues in the Des Moines VARO recognize his commitment to helping disabled veterans. "I get more good comments from veterans about Paul," said Jack Hackett, director of the Des Moines VR&E program. "He really connects with

the veterans he serves and he never gives up on them." So what's his secret?

"The greatest quality we can have as counselors is that of being listeners," he said. "That's what catches the veterans' attention and is often the first time someone has

listened to what they have to say." Beadle listens, and then he helps veterans turn their dreams into achievable goals.

It's not the first time he has been recognized for his work with veterans. The Small Business Association named him the Iowa Veterans Small Business Advocate of the Year in 1995, and his knowledge of establishing a small business led the National Rehabilitation Association to appoint him a Switzer Scholar in that same year. The honor is named after Mary Switzer, a pioneer in the early rehabilitation movement.

"We are extremely proud of Paul," said Julius M. Williams, director of VR&E in Central Office. "He represents the level of service that we are striving for nationwide in the Vocational Rehabilitation and Employment Service." ❑

**By Matt Bristol**



Eileen T. Powell,  
coreFLS Project Director

## coreFLS Will Affect Many VA Employees



Finance and logistics activities touch employees throughout the Department. Many of us are directly involved in procurement, inventory and finance func-

tions. Many travel. Others need information to make decisions or to respond to Office of Management and Budget (OMB) and Congressional questions.

VA's Financial Management System (FMS) and the many "stove-pipe" legacy systems currently interfacing with it (e.g., the Integrated Funds Distribution Control Point Activity Accounting and Procurement [IFCAP] system), are old technology—expensive to maintain, difficult to modify, and difficult to reconcile with one another.

The time is right for VA to move to a fully integrated financial and logistics system that can provide easily accessible, consistent, timely responses to the many information needs throughout the Department. We can now procure Web-based applications linking people, processes, facilities and technology.

OMB has endorsed a replacement project and VA's Capital Investment Board (CIB) has voted to fund an Integrated Financial/Logistics Management Standards (IFMS) project. To more clearly describe the project's scope, IFMS has been renamed the "core Financial and Logistics System" (coreFLS).

coreFLS will replace VA's existing core financial management and logistics systems and many of the old systems interfacing with them with an integrated, commercial-off-the-

shelf (COTS) package. Through coreFLS, VA will be able to use technology now available in the marketplace to make our finance and procurement jobs easier and more productive.

We will also re-engineer VA processes to adapt to the best practices identified by our eleven business process re-engineering workshops and those inherent in the COTS package we select. Nationwide implementation of coreFLS is the highest priority in the Chief Financial Officer's (CFO)'s office.

A master project schedule covering the six workstreams governing implementation of the project has been completed. Business process re-engineering (BPR) is part of the functional process workstream and

*The time is right for VA to move to a fully integrated financial and logistics system that can provide easily accessible, consistent, timely responses to the many information needs throughout the Department.*

has been underway since January of this year. It involves all segments of VA.

Acquisition teams, also with Department-wide representation, are currently gathering and analyzing information on four candidate COTS software packages for coreFLS. We anticipate selecting the software by early summer. A conference room pilot to test the software's functionality is planned for the October/November timeframe.

Completion of beta testing is expected in July 2001. We will beta test at the Financial Services Center, one site in VBA, and four VHA sites. Nationwide implementation will occur from August 2001 to October 2002.

While we recognize our timeframes may require adjustment as we move forward, we are committed to our schedule and plan to have

the coreFLS System functional on or near the original target date.

VA employees who currently work with the financial and logistics systems can expect their jobs to change and will receive training and guidance on the new system. I want to assure employees that all projected cost savings are based on technological streamlining and process redesign rather than on elimination of current jobs. Job functions will change. With single source data entry, data will be entered only once at the source. Employees will be able to do more data analysis and considerably less data reconciliation.

The success of any project comes from communicating with the ultimate users of the system. That's

you! The entire coreFLS team is committed to communicating early, often and openly with VA management and employees.

We will keep you informed of the progress, successes and advancement achieved during the life of the project, as well as the challenges.

Our Web site, at [www.va.gov/corefls](http://www.va.gov/corefls) or [vaww.va.gov/corefls](http://vaww.va.gov/corefls), will keep you updated and informed. Check it for project plans, accomplishments, current issues, and impacts on VA employees.

You can also e-mail the coreFLS team with questions, concerns or comments. Simply type coreFLS in the "to" line of Outlook e-mail. □

**For more information...**

check the coreFLS Web site at [www.va.gov/corefls](http://www.va.gov/corefls) or [vaww.va.gov/corefls](http://vaww.va.gov/corefls).

# VA's 118th National Cemetery Opens in Texas

## 2,500 Attend Dallas-Fort Worth Dedication Ceremony

**M**ore than 2,500 people braved the intense Texas sunshine to attend the long-awaited dedication ceremony for VA's newest national cemetery on May 12.

Located amid rolling hills between Dallas and Fort Worth, the \$13 million, 638-acre cemetery will eventually provide more than 280,000 burial spaces for veterans and dependents who live within a 100-mile radius. More than 500,000 veterans live in the greater Dallas-Fort Worth area.

Secretary of Veterans Affairs Togo D. West, Jr., gave the keynote speech at the ceremony, which included a 21-volley rifle salute by a Joint Honor Guard and the Lone Star chapter of the Paralyzed Veterans of America, performances by the 4<sup>th</sup> Infantry Army Band from Fort Hood, a B-1 Bomber flyover and tours of the grounds.

National Cemetery Administration Acting Under Secretary for Memorial Affairs Robert M. Walker and Cemetery Director Jimmy Adamson also participated in the program, along with members of the Texas Congressional and state delegations, veterans service organizations, veterans and their families.

The cemetery is VA's 118<sup>th</sup> national cemetery, and the sixth in the state of Texas. The first phase, now open for burials, includes 14,600 gravesites and 2,200 columbarium

and garden niches on 110 acres. The entrance area, a public information center with an automated kiosk for quick access to information, an administration and maintenance complex, an assembly area, a memorial walkway, two committal service shelters and roadway and utility systems are also part of the completed first phase of construction.

Construction of the Dallas-Fort Worth National Cemetery began in 1997. Originally scheduled to open last July, construction delays caused the date to be moved back.

Initial burials at the new cemetery began on May 15, and the remains of more than 450 veterans and dependents have since been interred. A special memorial service was held on June 10 to honor this first group of veterans and dependents to be buried. The service included a reading of each person's name, a

flyover, full military honors, playing of taps and remarks by clergy.

Since VA took over the country's system of national cemeteries in 1973, the Department has actively worked to expand the number of burial sites

and provide a wider range of burial options for veterans and their eligible family members.

From 1997 to 2000, VA opened five new national cemeteries—in Washington, New York, Illinois, Texas and Ohio—representing the largest expansion of the national cemetery system since the Civil War. More than 75 percent of the nation's 25 million veterans are now served by either an open national or state veterans cemetery within 75 miles of where they live.

VA's short-term goal is to have more than 80 percent of the veteran population served with a burial option by 2004. The Department is working to achieve this goal by establishing six new national cemeteries in Florida, Georgia, Pennsylvania, Michigan, California and Oklahoma.

Through future expansion and land acquisition projects, the extension of the service life of existing national cemeteries is planned. VA is also working in partnership with the states to establish, expand and improve state veterans' cemeteries through the State Cemetery Grants Program.

Veterans from all periods of service are dying at an average rate of 1,500 per day, and more than 560,000 died in fiscal year 1999. That number is expected to peak at 620,000 in 2008. □



Secretary of Veterans Affairs Togo D. West, Jr., greets a local veterans service organization representative on the stage during the dedication ceremony for the new cemetery.



Members of the Lone Star chapter of the Paralyzed Veterans of America joined a Joint Honor Guard to perform a 21-volley rifle salute.

# VA Honors Achievements of Four Top Nurses



Secretary of Veterans Affairs Togo D. West, Jr., with nurse award recipients (from left): Kristi Greeno, Vicki Ellis, Sherri Porterfield, Richard P. Miller and Amy Sackmann.

**T**he dedication and commitment of VA's nursing staff—more than 55,000 strong—were honored at VA medical centers nationwide during National Nurses Week May 6-12. Although nurses have been at the core of veterans health care throughout VA's 70-year history, their roles have changed dramatically over the years. Today's VA nurses are meeting new challenges as clinicians, administrators, researchers and educators.

At a special ceremony in VA Central Office on May 8, Secretary of Veterans Affairs Togo D. West, Jr., presented the Secretary's Awards for Excellence in Nursing to: Vicki Ellis, registered nurse at the VA Palo Alto Healthcare System; Sherri Porterfield, registered nurse at the Tucson, Ariz., VA Medical Center; Amy Sackmann, a licensed practical nurse (L.P.N.) at the Fox Valley Satellite Outpatient Clinic, Primary Care Division, Milwaukee VA Medical Center; and Kristi Greeno, nursing assistant at the Tomah, Wis., VA Medical Center. Richard P. Miller, retired director of the Jackson, Miss., VA Medical Center, received the Secretary's Award for the Advancement of Nursing Programs.

Ellis, a clinical nurse specialist, has been an integral part of the Hospice Care Center at the VA Palo Alto, Calif., Healthcare System since its inception in 1979. Her colleagues

credit her strong leadership skills with helping the center develop into a model hospice program. Healthcare providers and caregivers throughout the VA Palo Alto Healthcare System and the community seek out Ellis' expertise in end-of-life care.

Pet therapy, unrestricted visiting hours, bereavement follow-up for families and educational seminars on palliative care are among the programs she initiated. She has assumed a major role in the hospice's expansion and relocation from the Menlo Park Division to the Palo Alto Division. She holds a faculty appointment at the University of California, San Francisco, and has been a guest lecturer at the Stanford University School of Medicine.

When Porterfield began working at the Tucson, Ariz., VA Medical Center as a graduate nurse four years ago, her colleagues there recognized her potential to become an outstanding nurse. She quickly became a leader on a fast-paced medical telemetry unit. Both new and seasoned nurses seek her out as a resource for her knowledge base and her critical thinking skills.

Her colleagues frequently use her guidance on alternative plans of care that will maximize patient outcomes. While the Tucson VAMC is still developing its clinical computing presence, Porterfield assembled local

and Web-based patient education materials, modified them and created a resource library on the unit for use by all nurses both in teaching patients and reinforcing what they have learned before they are discharged.

Sackmann's duties at the Milwaukee VAMC's Fox Valley Satellite Outpatient Clinic include assisting with specialty clinics and procedures, providing routine injection therapy and following up on patients who do not show up for their appointments as scheduled. She developed the L.P.N. clinic rotation schedule and worked with other members of the health-care team to identify a flow plan for the primary care clinics where three intake areas serve as interview areas for reviewing patient data and obtaining patient information. Sackmann's plan eliminated confusion and streamlined the efficiency of the clinic.

She quickly became an expert user of the clinic's Computerized Patient Records System, and shared that knowledge by developing a self-study/review of competencies on the system for her fellow employees. Sackmann is regarded as a leader by her fellow L.P.N.s, and has been instrumental in improving the performance of staff members and the overall efficiency of the clinic.

Greeno is known for her competent and caring approach to patient care on the Tomah VAMC's nursing home care unit. She consistently demonstrates the ability to provide for both the physical and emotional needs of her patients, while effectively communicating with concerned family members. Greeno has been active in implementing the Restraint Reduction Task Force program at the medical center, and continues to improve her skills through continuing education.

Miller was recognized for his consistent support for integrating contemporary nursing practices into existing nursing programs. He approved the use of nurse practitioners in acute inpatient settings and expanded nurse roles to include prescriptive authority. He was a strong advocate of nursing involvement at every level of the medical center. □

# Consensus Congress Shapes Future of VHA



George Van Buskirk, M.D. (left), a physician at the Orlando, Fla., VA Outpatient Clinic, explains the clinic's transformation from a "Mom & Pop" clinic into a comprehensive health-care center to Dwayne Redman, chief of Audiology/Speech Pathology at the Shreveport, La., VA Medical Center.

**W**hat needs to change the most in VA in order to create a high-quality, responsive health-care system? That was the question posed to an estimated 1,200 VA employees and stakeholders who gathered to celebrate the past, assess the present, and shape the future at the Veterans Health Administration (VHA) Consensus Congress held May 9-11 in Las Vegas, Nev.

During what was VA's largest conference in years, participants had the opportunity to take on the challenge of identifying strategies needed to develop a common vision for the future as well as to reflect on recent successes that have helped transform VA into a national leader in health-care delivery.

Speaking on the significance of the Consensus Congress, VA Acting Under Secretary for Health Dr. Thomas L. Garthwaite said, "This is not a defining event, this is one step in our journey. The goal here is to stop, reflect and celebrate, but also to solidify the direction we are heading." Later, he added, "I challenge you, as we think about what we've done, to consider what is possible."

To consider what is possible. It was a recurring theme throughout the conference. Two former VA leaders who looked beyond boundaries and helped kick-start VHA's

transformation were honored for their roles in shaping a vision for the future.

In a rousing speech that drew a standing ovation, former Secretary of Veterans Affairs Jesse Brown encouraged participants to continue to strive for new heights. "We aimed for the highest—nothing less than the best possible model for health care. Please, keep your sights high. We confronted shortcomings without fear. Please continue to be courageous."

The applause continued as former Under Secretary for Health Dr. Kenneth Kizer strode toward the podium to receive a recognition award for his visionary role in re-inventing the delivery of VA health care. Addressing the audience, Kizer

characterized VHA's transformation as a "great success" and described the Department as a "model for radical organizational change."

He later recommended holding additional conferences to help guide the re-engineering process through the years ahead. "We are in the midst of very tumultuous times and the need to continue to transform, to continue to change to meet new challenges, is going to be with us as far as I can see into the future," he said.

Other distinguished guests at the Consensus Congress included National Partnership for Reinventing Government Director Morley Winograd; Miss America 2000 Heather Renee French; and William Ihle, senior vice president for corporate relations of Jackson & Perkins, developers of the Veterans' Honor™ Rose. Ihle presented two Veterans' Honor™ rose bushes to French and handed Garthwaite a check for more than \$110,000. When the rose was introduced last May, the company pledged to donate a portion of the sales to VA research.

A poster exhibit featuring VHA



In a lighter moment, participants demonstrate their knowledge of VA acronyms and other trivia in a skit titled, "Who Wants to be a VA Extraordinaire?" Modeled after the popular ABC program "Who Wants to be a Millionaire?," the skit—complete with the same tension-building music and sound effects—poked fun at what can be a confusing assortment of VA acronyms. Above, the Time Traveller (conference host) presents the fastest-finger question to (from left) Alma Lee, president, American Federation of Government Employees, Salem, Va., VAMC; Kenneth Mizrach, director, East Orange, N.J., VAMC; William Conte, director, Bedford, Mass., VAMC; Larry Deal, director, VISN 7 (Atlanta); and Paul Low, clinical service manager, VISN 12 (Chicago).



Former VA Under Secretary for Health Dr. Kenneth Kizer accepts an award from Acting Under Secretary for Health Thomas L. Garthwaite recognizing his leadership in re-inventing the delivery of VA health care.

lessons from the past, opportunities for the present and ideas for the future was another highlight of the conference. The posters were designed to familiarize employees with initiatives underway at VA medical facilities throughout the country, and covered VHA advances in a number of areas, including chronic pain management, restraint use reduction, clinical applications of virtual reality, patient safety and mental health.

Each participant was issued a "passport" and asked to "travel" throughout the poster exhibit visiting the past, present and future of VA health care. They needed to get their passports stamped by at least five exhibitors as reminders of innovative practices they could implement once they returned to their facilities. With nearly 300 poster exhibits to choose from, it was difficult to decide which five to pick.

Later in the conference, Dr.

to serve more veterans; and  
 ◆ Build healthy communities.

Murphy said implementing these goals would allow VHA to "provide health care that is the highest quality to the highest number of people at the most reasonable cost.

Those are the goals of this conference and we need to be able to translate them into a strategy so that VA can continue to be a leader in those areas in the future." She then offered specific strategies for reaching these

Frances Murphy, Acting Deputy Under Secretary for Health, unveiled the six VHA strategic goals for 2006. They are:

- ◆ Put quality first, until VA is first in quality;
- ◆ Provide easy access to medical knowledge, expertise and care;
- ◆ Enhance, preserve and restore patient function;
- ◆ Exceed patients' expectations;
- ◆ Save more dollars

six goals, giving participants a clear understanding of the direction VHA is heading and what steps are needed in order to get there.

As the conference wound down, participants could be seen exchanging business cards and discussing how they could apply the concepts learned at the conference. The message of the conference was clear—change, though not always easy, is a necessary element in the evolving world of health care.

The significance of VHA's ability to change was perhaps best expressed by Garthwaite when he said, "By changing we've not only improved the way we provide care, but we've also begun to teach people how future changes are possible.



Former Secretary of Veterans Affairs Jesse Brown received a standing ovation for his remarks to conference participants.

And even though it [change] can be a little untidy in the beginning, in the end, it's well worth the effort." □

By Matt Bristol

## VA Expands Eligibility for Readjustment Counseling Services

Veterans of the U.S. armed forces who served in the military in the former Republic of Yugoslavia are now eligible for readjustment counseling services offered by VA through the vet center program.

Secretary of Veterans Affairs Togo D. West, Jr., approved the recommendation that veterans who participated in one or more of three successive operations in the former Yugoslavia (Kosovo/Bosnia)—Operation Joint Endeavor, Operation Joint Guard and Operation Joint Forge—be authorized full access to vet center counseling.

The vet center program is now 20 years old. It was established by law in 1979 and provides counseling services at 206 locations in communities across the nation.

Originally established to provide counseling to any veteran who served on active duty during the Vietnam era, legislation passed in 1991 extended eligibility to all post-Vietnam era veterans who served on active duty at a time and place during which hostilities occurred. This opened vet centers to veterans of the Gulf War, as well as actions in Lebanon, Grenada, Panama and

Somalia.

In 1996, the law extended vet center services to any veteran who served in the military in any war, or in any period in which armed hostilities occurred. That law authorized vet centers to serve all war veterans, and added World War II and Korean War veterans to the list of eligibles.

Department of Defense data indicates that up to 176,000 veterans could be affected by this most recent change, 30 percent of whom represent ethnic minorities and 10 percent of whom are women. □

# USA Today Honors Bar-Code Medication Project



Tom Curley, president and publisher of USA Today, presents the USA Today Quality Cup award to VA's Kathy Kardell, BCMA project leader.

**A** light clicked on in G. Sue Kinnick's mind when the registered nurse at the Topeka, Kan., VA Medical Center saw the rental car company employee use a hand-held device to scan a bar code in the trunk of the car she was returning. If Hertz can track cars nationwide this way, she thought, VA should be able to track a patient's medications in the same way. She shared the idea with her boss, and that was the birth of a cutting-edge program that VA officials believe will eliminate errors in dispensing pharmaceuticals.

Kinnick died three years ago after a prolonged battle with breast cancer, but not before she worked with a VA team developing a system to implement her core idea in a 1994 pilot project at the Topeka VA Medical Center. Colleagues say she worked right up to her death and was particularly concerned that the bar-code project would not expand beyond Topeka.

Her fears were unwarranted, as the tremendous success of the project led VA policymakers to make the decision to implement the program at all VA facilities. System-wide implementation is expected to be complete this summer.

Kinnick would be particularly pleased to hear how VA nurses are responding to the bar-code system. One Amarillo, Tex., nurse said, "If I don't know a patient, that doesn't matter to the computer. It's really a

nurses' helper."

And the world beyond VA has also taken notice.

The project, developed by VA's Bar-Code Medication Administration (BCMA) team, was one of three finalists in the health-care category of this year's USA Today Quality Award. The national award recognizes teams making significant contributions

to improvement of quality products and/or services in an organization by applying principles of quality management.

Tom Curley, president and publisher of USA Today, said the award honors "high standards of

quality, both at the team and individual level of an organization."

The BCMA team was among 166 nominees from Fortune 500 companies, government agencies, educational institutions, health-care organizations and small businesses nationwide competing in five categories in this year's ninth annual Quality Cup competition. Representatives of the BCMA team demonstrated the project and attended presentation ceremonies May 5 at USA Today headquarters in Rosslyn, Va.

Kathy Kardell, BCMA project leader and computer specialist at the Office of Information field office at the Bay Pines, Fla., VA Medical Center, said health-care organizations are becoming more and more interested.

"We expect the interest to rise proportionate to the success rate of the bar-code project," Kardell said. "The inquiries have already started to come in."

The software program provides

## Tribute to a Pioneer

Her colleagues at the Topeka, Kan., VA Medical Center were not surprised that it was Sue Kinnick who led the way in developing an innovative system to reduce medication errors. The registered nurse was known for her commitment to a safe patient environment, and she was instrumental in fostering a more cohesive working relationship between the nursing and pharmacy staffs at the VA Eastern Kansas Health Care System.

Chris Tucker, a pharmacy specialist at the Topeka VAMC who worked closely with Kinnick for seven years, said the nurse worked tirelessly on the bar-coding project—right up until the day before she lost her battle with breast cancer in 1997. Her last words to colleagues, according to Tucker, were to "keep fighting to keep this project going."

As evidence of Kinnick's persistence in pursuing a goal, Tucker points to a story Kinnick told from her childhood. Growing up in Kansas, Kinnick longed for a backyard swimming pool. When she and her brother asked their father for a pool, he responded by handing each of them a shovel. If they would dig the hole, their father told them, he would put in a swimming pool. Far from being dissuaded, the siblings spent all summer digging the hole—and they got their swimming pool the following summer.

"Her spirit can be felt throughout the medical center on a daily basis," Tucker said of Kinnick. "She touched many lives and was loved by everyone. Sue's commitment to excellence still provides inspiration to many employees at our medical center." □



Kinnick



## Memorial Day 2000

# Thousands Attend VA Observances Nationwide

Wreath-layings, speeches by dignitaries, military aircraft flyovers, honor guards and patriotic music highlighted the many Memorial Day 2000 ceremonies held throughout the nation. Secretary of Veterans Affairs Togo D. West, Jr., joined President Clinton at Arlington National Cemetery for his eighth Memorial Day address and wreath-laying, the final one of his presidency.

In his remarks, the President focused on Korean War veterans, whom the nation will honor over the next three years during a 50<sup>th</sup> anniversary commemoration of that conflict. He pledged to reaffirm the nation's commitment to the more than 1.7 million Americans who served in Korea, the more than 36,000 who lost their lives there, and the more than 8,000 still missing.

VA facilities across the country hosted or joined in local observances of Memorial Day. National cemeteries were the sites of Memorial Day observances attended by thousands

of veterans, their families and community members. As in past years, volunteers including the Boy Scouts and the Girl Scouts of America placed more than a million small American flags on individual graves, and the cemeteries displayed their Avenues of Flags, flying burial flags donated by families of deceased veterans.

At the **Houston National Cemetery**, approximately 7,000 veterans, family members and dignitaries honored the 50<sup>th</sup> anniversary of the Korean War in a ceremony that also featured flyovers and a display of the Gold Star Mothers' Heroes Wall, which included photos and memorabilia of loved ones killed during military service.

The dedication of a Veterans Memorial before an estimated crowd of 1,500 was the highlight of Memorial Day observances at the **Riverside, Calif., National Cemetery**. The bronze statue was a gift from Denver sculptor Tom Schomberg and New

Jersey entrepreneur Thomas F. Kane. The 12-foot black granite monument depicts a fallen soldier on the battlefield, and is designed to honor the personal and emotional sacrifices of veterans, and to acknowledge Americans who have lost loved ones in battle.

Memorial Day observances at the **Los Angeles National Cemetery** were highlighted by the presentation of a Silver Star by California Governor Gray Davis to retired Army Sergeant Thomas J. McGowan for gallantry in action 54 years after his participation in World War II's Battle of the Bulge. At the conclusion of the program, 2,000 carnations were scattered over the Pacific Ocean by a Vietnam veteran flying in a local TV news helicopter. The cemetery also held a ceremony on May 28 to dedicate a new entranceway, a 7,000-foot-long wrought iron fence, and other improvements donated by Veterans Park, Inc., a local non-profit organization.

Army soldiers from Fort Lee, Va., participated in the **Richmond, Va., VA Medical Center's** Memorial Day program by visiting the bedsides of patients who were unable to attend the ceremony, and escorting others to the program. Fort Lee's Army band played patriotic music as F-16s from the Virginia Air National Guard flew in formation over the audience. A wreath-laying at the medical center's Memorial Wall, taps, and the planting of another Veterans' Honor™ rose bush capped the VAMC's observance.

The **Kansas City, Mo., VA Medical Center**, along with the VA Eastern Kansas Health Care System and the VISN 15 (Kansas City) office, accepted the city's invitation to participate in its "Heart of America Salute to Veterans" Memorial Day parade. Using donated funds, employees, volunteers and veterans constructed a float on a trailer loaned by the Air National Guard. The float, with the theme "Veterans Serving Veterans," celebrated both the contributions of local veterans service organizations and the One VA concept of coordinated health, benefits and burial services. □

## USA Today Award (cont.)

online patient medication information and uses bar-coded patient wristbands and bar-coded medication to ensure the patient receives the correct medicine and dose at the correct time.

The system works simply. First, a doctor uses a desktop computer to order a patient's medicine. The pharmacy and the nurse receive the order. Then the nurse takes a computer cart—wireless and configured for each facility—to the patient's room, scans the patient's wristband and the medication packet—individually wrapped and bar-coded for drug and dosage information. An error message appears on the computer screen if it's the wrong drug, dose or time. If there are no alerts, the nurse dispenses the drug and records it in the computer.

The medication record becomes part of the computerized patient record for a doctor or nurse to see at any time what medication was given or missed.

The BCMA project team reports continued improvement through

statistical analysis of error rates in the medication administration process, where, combined with transcription, nearly 50 percent of medication errors occur. Each improvement in a statistical count indicates an improvement in the process, since averted errors indicate inefficiency in the process.

The greatest measure of improvement is the count of actual medication errors. Through April 2000, the Topeka VA Medical Center has documented no errors and prevented some 378,000 while dispensing some six million doses since the software was implemented there.

The 16-member BCMA project team includes people from across the Veterans Health Administration and the private sector. While the core Technical Services team continues to enhance the bar-code system, the national customer support, training and implementation teams are deploying the product throughout VHA facilities. □

By Ken McKinnon

## Disaster Response

# Augusta VAMC Sets the Stage for CM2K



PHOTO BY MICHAEL HOLOHAN COURTESY OF THE AUGUSTA CHRONICLE

Soldiers at Ft. Gordon, Ga., try out their acting skills during the mock bombing conducted for Consequence Management 2000.

injured by the explosion. Amid the chaos, federal officials also confirmed their worst nightmare: deadly nerve gas was detected.

The president immediately issued a declaration of emergency, activating the Federal Response Plan and the National Disaster Medical System (NDMS).

Pre-positioned medical elements of VA, the Department of Defense (DoD), the Federal Emergency Management Agency (FEMA), the U.S. Public Health Service (PHS) and local hazardous materials (HAZMAT) teams responded to the scene lending medical, decontamination and evacuation support. Law officers set up perimeters and

protected the integrity of the crime scene.

Near the Augusta VAMC uptown division, another explosion confirmed what had been suspected—terrorist activity.

### This is a drill

If you don't remember hearing about this incident, that's because it never happened. The 48-hour "simulated" exercise was the culmination of Consequence Management 2000 (CM2K), held at Ft. Gordon, Ga., May 15–20.

For the last two years, VA's Emergency Management Strategic Healthcare Group (EMSHG), in cooperation with federal, state and local governments, has orchestrated this "real world" training to measure the capabilities of military and civilian authorities working together to manage the aftermath of a disastrous event involving weapons of mass destruction (WMD). Weapons

of mass destruction include nuclear, biological or chemical (NBC) agents and high explosive devices delivered in a way that could result in a large number of casualties—such as bombs or missiles.

"VA has been very involved in planning the exercise and we have undertaken a huge nationwide effort to coordinate resources. 'Weapons of Mass Destruction' is an area of major concern to us," said EMSHG Director Dr. Kristi Koenig.

"First and foremost, we need to make sure that we can continue to take care of our veteran patients should they converge on our hospitals as victims of a WMD event, and protect our own staff as well," said Koenig. "However, we also have a role in the National Disaster Medical System. We participate as one of the four partner agencies in NDMS (along with DoD, FEMA and PHS) preparing our medical facilities for catastrophic events," she said.

According to Koenig, the handling and treatment of WMD casualties requires stringent procedures and training to protect emergency medical personnel, firefighters and police officers from contact with contaminated victims. Another challenge is the coordination between agencies that use different terminology, acronyms, means of communication and equipment to exact the same outcome.

### Classroom Training

In order to meet these challenges and learn more about treating victims of WMD and reduce the number of deaths involving these agents, participants devoted themselves to five days of extensive classroom instruction in three educational tracks: clinical, emergency management and mental health.

The clinical track offered courses such as "Principles of Patient Treatment," "Medical Considerations for Air Evacuation," and "Nuclear, Biological and Chemical Casualty."

The emergency management track offered courses such as "Preservation of Evidence," "Managing

**M**ore than 4,000 people gathered in the quaint Southern town of Augusta, Ga., May 19 to hear the President of the United States deliver an address to health-care professionals about medical resources within the departments of Defense and Veterans Affairs.

The early morning speech at the downtown division of the Augusta VA Medical Center was certainly newsworthy in this town more noted for the Masters golf tournament than for presidential visits.

Gathered outside was a lively group of protestors who broke the morning calm with their chants. Their presence was typical; law enforcement agents long accustomed to presidential visits took no special note of the protests.

Until the explosion.

The blast ripped through the medical center, partially destroying the building. Scores were killed or

Mass Fatality Incidents,” and “Managing Responder Stress.”

The mental health track included the Red Cross Disaster Mental Health Certification Course.

Additional courses included “Dealing with the Media,” “Radiation: Basic Concepts and the Impact on Healthcare Facilities,” and round robin classes on litter (stretchers) and decontamination procedures.

Then came the actual exercise, where two days of training transformed into two days of nonstop reaction to WMD scenarios.

### “Casualties overwhelm all hospitals”

The exercise was carefully scripted by a civilian/military committee headed by Bruce Young, exercise director, EMSHG, and Bruce Martin, area emergency manager, Birmingham, Ala., VAMC, who spent two years compiling a comprehensive scenario that tested the mettle of everyone on the ground for CM2K.

Imagine if you will a script from a movie set, complete with special effects like smoke grenades to simulate a bombing and bodies sporting “gaping injuries” strewn throughout a demolished structure. The scenario dictated the exercise developments—from the bombing of the Augusta VAMC to the evacuation of patients to regional hospitals.



*Edward Dickerson, R.N., from the Pittsburgh VAMC, helps Kevin Frank, also from the Pittsburgh VAMC, with the personal protective equipment worn during the drill.*

For example, a portion of the scenario looked like this:

11:00 a.m. - Urban search and rescue effort commences at the Augusta VAMC. Personnel to include over-pressurized and self-contained air supply suits.

12:50 p.m. - First group, 15-20 patients, arrive at Bush Air Field for transfer to the Atlanta (VAMC) federal coordinating center.

2:00 p.m. - Casualties overwhelm all hospitals within a five-mile radius of Augusta.

2:05 p.m. - The Atlanta, Birmingham, Charleston and Columbia VA hospitals are activated.

### Exercise “challenging and successful”

Army Reserve Col. Robert Roswell, commander of the 73rd Field Hospital, St. Petersburg, Fla., had to prepare his unit to react. Roswell, also the VISN 8 (Bay Pines, Fla.) director, explained their role as not providing definitive treatment but accepting casualties that the greater Augusta metropolitan area is unable to handle because they are overwhelmed.

“Our priority [in the Army Reserve] is to make sure that civilian casualties brought to this site are fully and completely decontaminated so they don’t continue to sustain injuries from chemical agent exposure and they don’t become a hazard to others or family members,” said Roswell over the constant din of military field telephones and generators.

“Second, we want to evaluate them as carefully as we can to assure there isn’t additional trauma that requires treatment. Then we get them evacuated as quickly and as safely as we can to a civilian tertiary health-care facility which might be located in Atlanta, Charleston or Columbia, S.C., or as far away as



*Registered nurses Diane Yoder, from the Philadelphia VAMC, and Casmir Olszewski, from the Erie, Pa., VAMC, triage a “victim.”*

Birmingham,” Roswell said.

At the uptown division of the Augusta VAMC, site of another bombing incident, Safety Manager Kathy Frazier had her hands full with Richmond HAZMAT teams, a U.S. Army Reserve chemical unit, the Georgia National Guard and A.R. Johnson High School students, who seemed pleased to be “decontaminated,” or sprayed with water on a hot day.

“We exercised four key elements for the first time—first responders, WMD agent reconnaissance, decontamination experts and community medical control,” said Frazier. “It was challenging and successful. After decontamination, patients were transported to the downtown division of VA and local community hospitals.”

The likelihood of the president being at a VA facility during a terrorist attack with explosions and nerve gas is remote. Nonetheless, through realistic exercises like CM2K, VA’s emergency responders are better equipped and trained than ever before. In fact, with more than 1,500 participants, advisors, observers and players, Consequence Management 2000 was the largest field exercise ever conducted.

Planning for next year’s exercise, named “Consequence Island 2001,” in San Juan, Puerto Rico, has already begun. □

**By Jan Northstar**  
Atlanta OPA Regional Office

# Military Service Coordinators Travel the World Bringing VA Benefits Information to Separating Servicemembers



Military Service Coordinator Hal Farrington assists a servicemember in his office at the Naval Submarine Base New London in Groton, Conn.

**W**hen Tom Lefferts was preparing to leave the Navy in 1971, Navy personnel debriefed him on what was ahead of him and benefits available to him in civilian life. But it seems they didn't exactly give him the most accurate information. "They told me the VA would buy me my house and pay for my education. Hellooo..." Lefferts recalled, laughing.

Now Lefferts is one of a distinct group of VA employees known as military service coordinators (MSCs) who give the truth, the whole truth and nothing but the truth to separating servicemembers both stateside and abroad.

"This is a good job," said Lefferts, who currently is a team leader for the VBA outreach program in Togus, Maine. "It's a good job to have and a good job for VA to have finally undertaken... to grab these people before they leave active duty and tell them the truth about their home loans and GI Bill."

The Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP) were created as joint efforts of the Departments of Defense, Labor and Veterans Affairs in 1990 to ease the transition of military personnel from active duty to the private sector. As part of the program, VA MSCs like Lefferts regularly conduct briefings

with some coordinators outbased to locations near large military populations. The coordinators and other VBA counselors, in addition to their support of TAP, also provide benefit briefings at regular pre-separation and retirement programs and are involved in outreach to members of the Reserve and National Guard. The program was expanded in fiscal year 1992 to station VA military service coordinators in Europe and the Pacific.

In fiscal year 1999, VA military service coordinators conducted more than 5,000 benefit presentations at TAP workshops, retirement seminars and pre-separation briefing sessions attended by more than 217,000 servicemembers. These sessions resulted in more than 80,000 personal interviews in 1999 by VA MSCs. In the overseas program in fiscal year 1999, 12 MSCs (six working per six-month period) conducted more than 350 briefings attended by more than 10,000 servicemembers and conducted almost 7,000 personal interviews.

on benefits and services to military personnel at installations throughout the country and to military personnel stationed in Europe and the Pacific theater.

Initially, a MSC was designated at each VBA Veterans Service Division nationwide,

"We have an obligation to get the word out to all those who may be eligible or may become eligible for VA benefits and health care," said Diane Fuller, assistant director of VBA's Demand Management staff, which administers the MSCs and TAP and DTAP programs.

MSC Al Klar, from Nashville, has conducted separation benefits briefings at stations as diverse as Howard Air Force Base in Panama and an old radar site on a mountain top in Germany.

He recalled a recent briefing conducted in a small building in an Army tank motor pool area in Schweinfurt, Germany, where he could barely hear himself talk as armored personnel carriers "rumbled and clanked by."

"The soldiers attending my briefing weren't particularly distracted, so I talked between vehicles going by," Klar said.

One of Klar's more interesting clients was Army Specialist Steven



Margie Pastorek, right, with a servicemember aboard the USS Land, off the coast of Sardinia.

Gonzales, one of the three Army soldiers taken prisoner during last year's conflict in Kosovo. Klar personally briefed Gonzales on VA's far-reaching POW benefits and health-care programs following a larger briefing of 40 soldiers at their home base in Schweinfurt.

Klar was conducting briefings at Conn Barracks in Schweinfurt last July when he learned an Army sergeant stationed there had been killed a few days earlier in an

accident in Kosovo. Klar took the initiative to locate the soldier's wife, who lived at Conn Barracks with the couple's two children. Klar briefed the woman on the benefits she likely would be entitled to and helped her fill out the necessary VA application.

Hartford, Conn., MSC Hal Farrington said he sees his job responsibilities as two-fold: to assist clients as they file for VA benefits and to share his expertise on military entitlements.

"I love doing my job," Farrington said. "It's exhausting, but very rewarding. On the average, more than 300 people pass through my door each month. The only place on base busier than the VA office is McDonald's."

The MSCs—stateside or abroad—are on the move all the time, conducting briefings they arrange or that are requested by base commands within their geographic area.

Andy Carver, from Montgomery,

Ala., is the first MSC sent to Korea—serving there from mid-January to mid-April in 1999. During 57 workdays, Carver provided a total of 62 briefings to 1,879 active duty servicemembers, retirees and dependents at 14 different bases.

Carver was quoted in the U.S. Forces publication, "Seoul Word," as saying, "If servicemembers have any doubt regarding a particular benefit, go ahead and apply. The worst we can do is turn him or her down, but the worst they can do is not apply."

Margie Pastorek, from San Diego, recently returned from a three-month tour as a MSC in Italy. She sent photos to *Vanguard* from briefings and interviews she did aboard the USS Land off the coast of Sardinia, on La Maddolena Island in Sardinia and in her office in Aviano, Italy—all during a week's time in February.

Pat Cullen, from New Orleans, is currently on duty for VA in Germany. He said it did not take him

long to realize that "to [MSCs'] audience, we are VA, and that's a big responsibility for each of us.

"We're there to give them information. That's what they're hungry for," Cullen said. "In many cases, I've been told that they feel better after a briefing, because life, or starting a new kind of life, doesn't seem as scary to them.

"It's hard work but a fun job, which involves a lot of time on the road, many dinners alone, and the ability to work independently and without a regimented schedule. Flexibility is probably the key asset for any [overseas] MSC.

"The best part is that we're doing this in great locations throughout the world, with most weekends free to enjoy the culture, history and people, as only few fortunate souls get to do. I'm always grateful for the opportunity," Cullen said. □

By Ken McKinnon

## VA Joins DoD to Commemorate Korean War

**C**ommemoration of the 50<sup>th</sup> anniversary of the Korean War, which began June 25, 1950, got off to an early start during Memorial Day ceremonies that focused largely on that period and its veterans.

On Memorial Day, Secretary of Veterans Affairs Togo D. West, Jr. spoke at the Korean War Memorial and, in his speech at Arlington National Cemetery, President Clinton called for continued efforts to identify the 8,176 Americans still missing from the war.

Commemorative events began in earnest across the country in June, highlighted by June 25 opening ceremonies in Washington, D.C., and Seoul, officially kicking off the three-year commemoration. President Clinton presided over the ceremony at the Korean War Memorial in Washington. Simultaneously, Secretary West and Republic of Korea leaders presided over the opening ceremony in the Republic of Korea.

VA and all of its facilities are participating as full partners, individually and collectively, with the Department of Defense (DoD) 50<sup>th</sup> Anniversary of the Korean War Commemoration Committee. Under a memorandum of agreement

reached in June, VA joined the Commemorative Communities Program designed by Congress and DoD to celebrate the 50<sup>th</sup> anniversary of the three-year period of hostilities in the Korean War.

As a partner in the program, VA medical centers, network offices, outpatient clinics, nursing homes, domiciliaries, regional offices, national cemeteries and area NCA offices will receive commemorative information and products to hold at least three activities during each of the three years of the commemora-

tive period. Events can range from honoring veterans and their families to supporting school programs that teach the history of the Korean War Era. Military and civilian communities, schools, businesses and corporations are joining the Commemorative Community program.

Information on the Commemoration Committee, the Commemorative Community program, a calendar of events and educational information about the Korean War are available on the committee's Web site at <http://Korea50.army.mil>. □

## Korean War Veterans

As the nation prepares to commemorate the 50th anniversary of what has sometimes been referred to as "the forgotten war," here's a snapshot of today's Korean War veterans:

- There are approximately 3.9 million Korean War Era veterans in the United States and Puerto Rico, down about 21 percent from the nearly five million living in 1990. Korean War Era veterans make up nearly 16 percent of the 24.4 million total living veterans.
- The median age of Korean War Era veterans is 69, with 336,500 under age 65, 3.25 million age 65 to 74, and 363,000 age 75 or older.
- The five states with the most Korean War Era veterans are California (431,000); Florida (294,000); Texas (243,000); New York (220,000); and Pennsylvania (201,000).

# VA, NASA to Develop Patient Safety Reporting System



Dr. Thomas Garthwaite, VA's Acting Under Secretary for Health, listens to Dr. Henry McDonald, director of NASA's Ames Research Center, during a news conference announcing the agreement.

VA and the National Aeronautics and Space Administration (NASA) are teaming up to create a groundbreaking system for reporting health-care errors and "close calls" in VA health-care facilities.

Under an agreement signed by officials from both agencies on May 30, VA and NASA will develop a voluntary external patient safety reporting system for the Department. The system will be modeled on the Aviation Safety Reporting System (ASRS) that NASA operates for the

come from pilots, air traffic controllers, flight attendants, mechanics and others who are involved in, or observe, an incident or situation that may compromise aviation safety. All submissions are voluntary and held in strict confidence.

The VA system will be similarly designed and will be operated by the Ames Research Center, NASA's lead center for Information Technology, Aviation Capacity and Aerospace Operation Systems, which has operated the ASRS since it was

Federal Aviation Administration.

The ASRS receives about 35,000 reports of close calls or aviation mistakes each year, and sends out about 20 safety alerts a month, calling attention to potential problems.

The reports

established in 1976. When a VA health-care worker either makes or witnesses a mistake, he or she will be able to fill out a form describing the incident, including their name and phone number on a removable section of the form.

A NASA medical expert will review the report and contact the employee if clarifications or additional information are needed. The NASA analyst will then remove the employee's name and phone number before entering the report in a database, allowing the employee to remain anonymous and free from being personally penalized for the error.

The data collected can then be analyzed for patterns, and alerts can be issued. The goal is to focus on installing safeguards against mistakes, instead of placing blame, according to Dr. James Bagian, director of VA's National Center for Patient Safety.

Dr. Thomas Garthwaite, VA's Acting Under Secretary for Health, signed the agreement on behalf of VA, while Dr. Henry McDonald, director of NASA's Ames Research Center, signed on behalf of the space agency. VA will provide NASA \$8.2 million in funding to develop a prototype by 2003. □

## Boy Scouts Take on Worthy Cause at San Francisco VAMC

**S**ixteen San Francisco-area Boy Scouts sacrificed a Saturday in May to take on a worthy project—refurbishing the Battle of the Bulge Memorial Monument and Trail located on the grounds of the San Francisco VA Medical Center.

The scouts and their troop leader spent 10 hours constructing a wood rail fence along the steep 100-yard trail, clearing brush, and pouring and leveling gravel on the pathway.

They also cleared weeds and debris from around the monument and trail.

The Battle of the Bulge Monument and Trail, sponsored by the



The Battle of the Bulge Memorial Trail was refurbished by Boy Scouts from Troop #68 in time for Memorial Day.

Golden Gate chapter of the Veterans of the Battle of the Bulge and dedicated to the memory of the soldiers who fought in one of World War II's bloodiest battles, is the only monu-

ment of its kind on the West Coast. Boasting breathtaking views of the San Francisco Bay and the Marin Headlands, the trail is marked with the names of the French, Belgian and Luxembourg cities involved in the Battle of the Bulge. Benches positioned along the trail allow patients and other visitors a quiet place to reflect and meditate.

The civic improvement project was led by troop member Tony Burr, an Eagle Scout. He coordinated the scouts' beautification efforts with members of the Veter-

ans of the Battle of the Bulge to ensure they were in keeping with the memorial trail's original concept. More than 19,000 Americans were killed in the Battle of the Bulge. □

# First Successful VA Heart/Kidney Transplant Performed



Marine veteran Bill Fish, with wife Kathy, became the recipient of the first heart and kidney transplant performed in the VA health-care system.

**T**here are currently about 62,000 patients in the United States on transplant waiting lists. Eleven Americans die every day because of the lack of available organs. Bill Fish, 53, used to be on one of those lists, but that changed in February when he underwent a successful heart and kidney transplant at the Nashville VA Medical Center, a first in VA.

"Heart/kidney transplants are still relatively rare," said Javed Butler, M.D., who directs the Nashville VAMC Transplant Service. "A literature search finds that only about 100 have been performed to date."

The Transplant Service is a joint venture with Vanderbilt University Medical Center. The facility is the only one in VA to perform all major organ transplants.

Five years ago, Fish was diagnosed with arterial blockages, requiring him to undergo quadruple coronary artery bypass surgery. In 1996, he received the news that he had acute blockages in the renal arteries.

"While undergoing additional bypass surgery, my doctors found

that only one of my kidneys was working," recalled Fish. "I later suffered complete renal failure and lost my single functioning kidney."

Peritoneal dialysis sustained him as the search began for a new kidney, but Fish's deteriorating heart prevented surgeons from proceeding with a kidney transplant. His condition led doctors to consider him as a candidate for both a heart and kidney transplant.

Fish, who saw action in Vietnam during the Tet offensive, was about to embark on another battle for his life. After receiving the original diagnosis of heart disease, he changed jobs, only to learn that his new employer would not provide medical insurance.

A resident of Bloomington, Ind., Fish transferred his care to the Indianapolis VA Medical Center. Other life changes occurred as well, including the birth of his first grandchild.

"The birth of that child, and later a second grandchild, only strengthened my will to live and hopefully become a transplant candidate," said Fish. The veteran's worsening health prompted the Indianapolis VAMC to refer Fish to VA's transplantation program in Nashville.

Fish and his wife Kathy were hopeful when he was placed on the national organ waiting list. That hope was tempered, however, by fears about his deteriorating health.

Fish grew weaker with each passing day, suffering bouts of peritonitis and other problems associated with congestive heart failure. At the start of the new year he also contracted the flu and was bedridden for weeks.

But not even the real Y2K bug could stop a determined Fish. He was able to make a scheduled trip to Nashville VAMC, where he was admitted and remained hospitalized until organs became available.

Although Nashville VAMC and Vanderbilt had not previously performed a heart/kidney transplant, the medical team there was eager to break new ground. On February 5, after just one week in the hospital, Fish got the good news that a single donor match was found. He still has great difficulty sharing how

he felt at that moment in time.

"Knowing you have the chance for life is tempered by the fact that you know someone else has just lost his or her life."

The former Marine sergeant was very lucky. "The most successful heart/kidney transplants are those where organs come from a single donor," said Butler, who is also an assistant professor of medicine at Vanderbilt University Medical Center.

As Kathy Fish described it, from the moment they heard the news, "an army of medical and nursing staff went into frenzied action, racing to make all the necessary preparations prior to transplantation."

Fish first received the heart transplant, and then 12 hours later received the kidney. The dual-organ surgical team was headed up by Drs. Davis Drinkwater and David Van Buren, who performed the heart and kidney transplants, respectively.

On February 19, Fish was released from the hospital. "Bill's post-operative course was remarkably good," said Butler. "His cardiac biopsies so far have been negative, suggesting good acceptance of the donor organ by the body."

Butler believes that heart transplantation is a proven and efficacious modality of treatment for a selected group of patients with end-stage heart failure. "All doctors should keep transplantation in mind when treating patients with this kind of condition."

The Transplant Service performed 78 transplants (which include liver, heart, bone marrow and kidney) in 1999, and since January of this year, more than 54 transplants have been conducted.

Now that they have been given a new lease on life, Bill and Kathy want to increase public awareness about organ/tissue transplantation and the importance of becoming an organ donor. A bumper sticker that hangs in the Transplant Service sums up the Fishs' new mantra quite well: "Don't take your organs to heaven...heaven knows we need them here!" □

**By Pam Howell**  
Nashville VA Medical Center

# 41 Indigent Veterans Receive Honorable Burials

The cremated remains of 41 indigent veterans that had languished in the Philadelphia morgue were buried at Indiantown Gap National Cemetery, near Harrisburg, Pa., after a memorial service arranged by cemetery staff with *One VA* assistance.

Providing that service for veterans whose bodies were unclaimed in Philadelphia is not new for the staff at Indiantown Gap, but over the past four years the Philadelphia Veterans' Advisory Commission and the medical examiner's office suffered a breakdown in their procedures for arranging burials. A recent inquiry from a family member led to the discovery of the remains of 62 men, and a frantic effort by local officials to have them buried quickly but with dignity and honor at Indiantown Gap National Cemetery.

For nearly two weeks, Cemetery Director Charlene R. Lewis coordinated with various VA regional offices and Calverton, N.Y., National Cemetery staff to verify the veteran status of the deceased. Of the 45 that could be identified from information



*Tom Shea, of VFW Post 23 in Lebanon, Pa., presents a burial flag to Jack Schuyler, nephew of one of the deceased veterans honored during the memorial service.*

available from the medical examiner's office, four of the veterans were found to have dishonorable discharges, but the remaining 41 were eligible for burial in a national cemetery.

A Pennsylvania National Guard chaplain provided a non-denominational religious service. Three World War II veterans read each of the 41 names aloud as their boxed remains were lifted from a funeral home van and delivered, along with a folded flag, into the hands of a veteran

pallbearer. In spite of heavy rain, more than 50 veterans from several organizations volunteered to deliver the honors they believed the dead had earned through military service.

These same veterans then acted as surrogate family members as the cremated remains were placed in rows on a committal shelter bier, with each veteran's folded flag placed upright in front. When prayers and benedictions were finished, an honor guard of five riflemen from a VFW post fired three times. Approximately 100 people were present.

Administrative staff members Dick Orwig, Judy Stickler and Paul Martin provided cemetery representation and organized and directed the morning's activities. Ken Arnick and the Indiantown Gap National Cemetery field staff handled traffic control, transportation and interment. Calverton staff had helped to get the veterans identified and burial eligibility established. The VA Regional Office in Philadelphia made eligibility determination a priority for its staff's time. □

## *VA's IT Chief Retires to Pursue Private Sector Opportunity*



*Gracey*

Harold Gracey, VA's Principal Deputy Assistant Secretary for Information and Technology and acting Chief Information Officer (CIO), retired at the end of May to pursue a job

opportunity in the private sector.

As the Department's acting CIO, Gracey oversaw the operation of VA's computer systems and telecommunication networks for medical information, veterans benefits payments, life insurance programs and financial management systems. He was responsible for a wide area network interconnecting three

centralized data centers, 172 medical centers, 58 benefits offices, more than 600 outpatient clinics, more than 200 vet centers and VA Central Office.

Gracey previously served as the Department's Chief of Staff from January 1994 to June 1998. In that position, he served as chief advisor to the Secretary on policy matters and worked with the Secretary and Deputy Secretary in managing the day-to-day operations of the Department. He also was VA's liaison with the White House Chief of Staff and chiefs of staff of other executive-branch departments.

He joined VA in 1983 as a program analysis officer with the Office of Information Resources Management and in 1985 became the director of the Plans and Contracts Service of the forerunner to the Veterans Benefits Administration. He was

named Executive Assistant to the Chief Benefits Director (now called Under Secretary) in 1988 and Chief of Staff in 1990. Gracey began his federal career in 1970 as a management intern with the Department of the Army.

The 1996 Information Technology Management Reform Act mandated that every major federal agency appoint a CIO to oversee technology investments and development. Gracey was the first to serve in that capacity at VA.

At a farewell gathering held in VA Central Office, Secretary of Veterans Affairs Togo D. West, Jr., presented Gracey with the Exceptional Service Award, VA's highest honor. He received numerous other awards during his 30-year federal career. Gracey will join a startup Internet company, fedbid.com. □





## Gainesville VAMC Researchers Discover Pumping Iron Benefits Elderly Patients

Researchers from the Gainesville, Fla., VA Medical Center and the University of Florida (UF) have discovered that pumping iron can help restore some independence in even the most incapacitated elderly patients by boosting their strength to the point where they can perform some of the simpler tasks of daily life. The study, appearing in the March issue of the *Archives of Physical Medicine and Rehabilitation*, shows how exercise can reverse muscle weakness, reducing the frequency of falls and other accidents that require hospital stays.

"There's been a little bit of fear that you might harm older people who are this frail, that if you push them too hard they'll either strain a muscle, have a heart attack, get short of breath or that something else might happen to them," said Dr. John Meuleman, associate director of the Gainesville VAMC's Geriatric Research, Education and Clinic Center and associate professor of internal medicine at UF's College of Medicine. "Our study strongly suggests you can push these people without injury or adverse outcomes, and that they really enjoy doing it and get a lot stronger. It makes a big impact on the quality of their lives."

The average age of the study participants was 75 and each initially needed help performing one or more of 13 simple daily living activities like walking, bathing, dressing or eating. About half of the 58 participants were randomly assigned to the weight-training group, the other half to the control group. The weight-training group lifted weights three times a week and did aerobic exercise twice a week for a period of four to eight weeks. The control group did not exercise.

Although few of the participants could do the aerobic exercise, the weightlifting led to some impressive results—about a 20 percent overall increase in arm and leg strength. A year after wrapping up the exercise program, researchers looked at which group, the training group or the control group, required more frequent hospitalization. They found that those who were in the training group required fewer visits to VA



*Trish Kline, an occupational therapist at the Gainesville, Fla., VA Medical Center, supervises veteran Charles Porter, 70, of Steinhatchee, while he works out on a weight resistance machine similar to one used in a University of Florida/VA study of how exercise affects the frail elderly.*

hospitals, had shorter lengths of hospitalization and also had fewer deaths than those in the control group.

## Study Shows High Fiber Diet Helps Control Type 2 Diabetes

A study conducted by researchers from the VA North Texas Health Care System and the University of Texas Southwestern Medical Center (UT/SW) shows a high-fiber diet is more effective than the moderate-fiber diet currently recommended by the American Diabetes Association (ADA) in controlling Type 2, or adult onset, diabetes. The study appears in the May 11 issue of the *New England Journal of Medicine*. A high-fiber diet is currently recommended for prevention of heart disease and certain types of cancer. "Now add control of diabetes to the list," said Dr. Abhimanyu Garg, director of the Diabetes Clinic at the Dallas VA Medical Center, professor of Internal Medicine at UT/SW and principal author of the study.

In the study, researchers compared a diet consisting of the ADA-recommended daily amount of fiber—25 grams—with another diet consisting of twice that amount in 13 adults with Type 2 diabetes. Each person followed either the 25 grams-a-day or the 50 grams-a-day diet for six weeks and then switched to the other diet for another six weeks.

The researchers found that the high-fiber diet was significantly more effective in lowering blood sugar and insulin concentrations. The high-fiber diet was also more effective at lowering blood cholesterol levels, triglyceride levels and very-low-density lipoprotein cholesterol concentrations. "The finding concerning blood cholesterol was expected," reported Garg, "but the surprising findings were that the high-fiber diet improved glucose control and the triglyceride concentration."

## Findings Encourage Researchers Battling Fetal Alcohol Syndrome

VA Boston Healthcare System and Harvard Medical School researchers have reported in the *Proceedings of the National Academy of Sciences* that certain long-chain alcohol molecules can block the harmful effects of short-chain alcohols like ethanol—the kind found in alcoholic beverages—on nerve cell growth and development. It's an encouraging discovery to those battling fetal alcohol syndrome, the leading preventable cause of mental retardation in the United States.

"The findings may lead eventually to medications that reduce the damaging effects of alcohol in both fetal development and in adults," said Michael Charness, M.D., chief of Neurology at the VA Boston Healthcare System and an associate professor in the Department of Neurology, Harvard Medical School.

The discovery occurred when Charness and Harvard Medical School Instructor Michael Wilkemeyer, Ph.D., studied the effects of alcohol molecules of various sizes and shapes on nerve cell adhesion. Cell adhesion is critical to normal human nervous system development. They found that smaller alcohol molecules with fewer than five carbons (including ethanol) inhibit cell adhesion with increasing potency but that the effect abruptly ceases between four-carbon butanol and five-carbon pentanol. The researchers then introduced longer chain alcohols such as pentanol and octanol and found that the nerve cells clumped together—a complete reversal of ethanol's anti-adhesive effects. □

# HONORS



## and awards

Physician Executive **E. Jackson Allison, Jr., M.D.**, of the **Syracuse, N.Y., VA Medical Center**, was design-



Allison

ated as a Fellow by the Order of the International Federation for Emergency Medicine for his ongoing contributions to the advancement of emergency medicine internationally. Allison, along with 21 other newly designated Fellows from around the world, was recognized at the 8th International Conference on Emergency Medicine, held in Boston. He has traveled extensively to advance emergency medicine through education, research and enhancing access to patient care. One of his projects is to promote an HIV/AIDS awareness campaign in Africa through the use of public service radio musical messages that he writes and performs.

The **Denver, Colo., VA Regional Office** received an Excellence in Government Award for exceeding customer service goals by reducing the number of abandoned calls and blocked calls on its toll-free telephone lines. During FY 1999, the regional office's Veterans Service Center and the Loan Guaranty Division handled more than 238,000 telephone calls, an increase over previous years thanks to major improvements in telephone service. The

Denver Federal Executive Board presented the award at the annual Public Service Recognition Week awards program.

**Larry Reynolds**, a counselor with Vocational Rehabilitation & Employment (VR&E) Service at the **Des Moines, Iowa VA Regional Office**, was named Iowa Veterans Small Business Advocate for the year 2000. Governor Tom Vilsack presented the award on behalf of the Small Business Administration (SBA). Reynolds' commitment to the mission of the VR&E division, where he also serves as the Employment Services Coordinator, is known throughout the Hawkeye State. Also recognized by the SBA for his work with disabled veterans was **Bruce V. Holderead**, VR&E officer in the **Cleveland, Ohio, VA Regional Office**. A U.S. Air Force and Air National Guard veteran, Holderead was named the 2000 Ohio Veterans Small Business Advocate of the Year.

Two long-time VA scientists were recently honored at the 96<sup>th</sup> International Conference of the American Thoracic Society held in Toronto, Canada.

**Joseph H. Bates, M.D.**, former chief of Medical Service at the **Little Rock, Ark., VA Medical Center**, received the Society's Trudeau Medal for his contributions in the control, prevention and treatment of lung disease. **Sami Said, M.D.**, associate chief of staff for Research and Develop-

ment at the **Northport, N.Y., VA Medical Center**, delivered the Society's prestigious Amberson Lecture.

**Victor Gordan, M.D.**, a Primary Care physician at the **Manchester, N.H., VA Medical Center**, was selected to receive the Volunteer Clinical Faculty Award for 2000 by student members of the Alpha Omega Alpha chapter of the Dartmouth Medical School. Gordan was recognized by both students and faculty for his dedication to teaching ambulatory medicine to students at the VA medical center.

**Nicholas P. Lang, M.D.**, chief of Surgical Service at the **Central Arkansas Veterans Healthcare System** (Little Rock) was named president of the Southwestern Surgical Congress during its recent annual meeting. A *Lang* native of Arkansas, Lang is a professor of surgery at the University of Arkansas for Medical Sciences and a member of the Arkansas Cancer Research Center staff. The Southwestern Surgical Congress is a non-profit organization with members in 16 states organized to stimulate and promote the progress of surgery.



The Council of Ministers of the State of Lebanon presented **Dr. Rabih O. Darouiche**, a staff physician for Spinal Cord Injury and Infectious Disease at the **Houston VA Medical Center**, with the "National Order of Cedars" for his outstanding scientific achievements. He was also presented the Year

2000 Albert O. Bernstein, M.D., Award by the Medical Society of the State of New York. Both honors stem from his research into the prevention of infections resulting from the use of medical devices such as catheters. Darouiche successfully demonstrated that a central venous catheter coated internally and externally with two particular drugs (minocycline and rifampin) was more likely to protect against potentially deadly bloodstream infections.

**Ronald J. Zabransky**, an internationally recognized microbiologist and chief of Microbiology at the **Cleveland, Ohio, VA Medical Center**, was recently elected Councilor-at-Large for the American Society for Microbiology. The 42,000-member society is the world's largest professional biological organization.

The **Battle Creek, Mich., VA Medical Center's** 75th Anniversary Committee received an Apollo Award of Excellence from the Michigan Healthcare Communicators Association for their 75th Anniversary entry in the Special Projects category. Their entry included a commemorative anniversary newsletter, historical timeline, video documentary and several special events held during the year-long celebration.

Registered nurses **Kathi Brophy, Susan Sucharski** and **Vicki Trnavsky**, from the **Erie, Pa., VA Medical Center**, were recently honored as outstanding nurses by the Erie County Council of Nursing as "Nurses Who Make a Difference" for 2000. Only 25 nurses from throughout the county are selected for this honor each year. □



VA's annual **Information Technology Conference (ITC)** is scheduled for August 7-11 at the convention center in Austin, Texas. As in past years, a broad range of sessions are planned to help VA employees maximize their knowledge and use of VA's vital IT systems. As an added twist this year, the Australian Department of Veterans Affairs is scheduled to participate, providing insight into how another country uses information technology to better serve its veterans. Registration for the conference opens on June 20 for hands-on sessions and June 27 for other sessions. Hotel reservations can be made beginning on June 12. For more information, visit the ITC Intranet site at [vawww.aac.va.gov/itc](http://vawww.aac.va.gov/itc), call the ITC staff at (512) 326-6025, or send an e-mail to [VAITC@mail.va.gov](mailto:VAITC@mail.va.gov).

The third annual **Administrative Professionals Training (APT) Conference**, held recently in Silver Spring, Md., drew more than 100 participants representing a wide range of administrative support staff positions in grades 1-9. The two-day conference was designed to support the competencies that form the foundation of VA's High Performance Development Model (HPDM). A highlight was the workshop, "Strategic Career Planning Workshop: Building on Your Strengths through Self-Discovery." The facilitators, Drs. Jim Sampson and Janet Lenz of Florida State University's Center for the Study of Technology in

Counseling and Career Development, helped the participants identify career options and design a realistic plan of action for discovering and reaching their full potential. The APT conference was sponsored by the Office of Human Resources Management, VHA's Employee Education System, VBA's Office of Training, the Office of Resolution Management and the Office of Administration.

The **Detroit VA Medical Center** recently became the first in the nation to host an organizational ethics workshop. Designed for VISN 11 (Ann Arbor, Mich.) executive leadership and ethics advisory committee members, the workshop provided an opportunity to review the strategies for addressing ethical issues facing VA health care facilities. The primary speaker was **William A. Nelson, Ph.D.**, Ethics Education coordinator for the VA National Center for Ethics. Also presenting was **Susan D. Goold, M.D.**, of the **Ann Arbor VA Medical Center** and associate director for Ethics and Health Policy at the University of Michigan Medical School. The workshop emphasized procedural justice and the ethical character traits of integrity, courage, humility and tolerance.

In order to reduce the cost of medical services and avoid the unnecessary duplication of facilities, staff and equipment, more than 100 VA facilities are teaming up with the Department of Defense

(DoD) on several information technology projects. To address automation issues resulting from these sharing agreements, the **VHA Office of Information (OI)** established an organization for VA/DoD Information Management and Technology Sharing, located at the Washington OI Field Office. Projects currently underway include: the Pre-discharge Physical Examination Program (P2EP)—which combines the military separation physical with the VA compensation and pension physical exam, and the Government Computer-based Patient Records project—which involves creating a technology framework that enables the sharing of clinical information between VA, DoD and the Indian Health Service.

What killed composer Ludwig Van Beethoven? It's a question that has puzzled historians and researchers for more than a century. And now, thanks to research conducted by **Michael Donnenberg, M.D.**, a staff physician at the **Baltimore VA Medical Center** and associate professor at the University of Maryland School of Medicine, that mystery has finally been solved. "Syphilis is a disease that best explains Beethoven's three most prominent symptoms at his time of death: his deafness, eye condition and liver failure," says Donnenberg. His findings, published in the April 15 edition of the *American Journal of Medicine*, were presented to more than 200 medical students, physicians and history buffs at an annual clinical pathological conference sponsored by the VA Maryland Health Care System and the University of Maryland School of Medicine.

Several employees from the **Murfreesboro, Tenn., VA Medical Center** contributed to

a recently published textbook titled *Evaluation of Dysphagia in Adults: Expanding the Diagnostic Options*. The book provides answers to questions clinicians may have when treating patients with dysphagia, a condition characterized by difficulty in swallowing. **Russell H. Mills, Ph.D.**, chief of Audiology and Speech Pathology at the medical center, served as both editor and a contributor to the text. Mills is nationally recognized for his extensive research and published works in the fields of dysphagia and computer applications in the rehabilitation of patients with stroke and head injuries. **Virginia Zachary, RD**, and **Bryan Kobylak, MSN**, co-authored chapters related to nutrition, infection control and dysphagia. The book was developed to increase the depth of knowledge regarding core diagnostic methods and to familiarize clinicians with some of the most promising new diagnostic options available.

The **Nashville VA Medical Center** is hoping its new Geriatric Research, Education and Clinical Center will advance knowledge about the elderly and improve care for seniors. Comprised of researchers from the Nashville and Murfreesboro VAMCs, Vanderbilt University Medical Center and Meharry Medical College, the center will focus on issues affecting seniors such as vascular biology, disease prevention and drug reaction in elderly patients. Funded by a \$7 million VA grant, the center is one of only 20 in the country. "It is a veterans-focused project. But what we learn will be beneficial to all seniors," said **Dr. Robert Dittus**, assistant chief of Medical Service at the Nashville VAMC and director of the new center. □

# HEROES



The day started as a fun-filled afternoon at the local YMCA swimming pool, but it almost turned tragic for a young 11-year old girl. She wanted to learn how to swim, so when a friend offered to teach her, she jumped at the opportunity. Together, they ventured out to the deep end of the pool, but just as they reached the deeper water, the lesson turned into a struggle for survival. The girl became frightened and began dragging her friend underwater. He pulled free and quickly swam to the side of the pool. Unable to stay afloat by herself, she slowly sank to the bottom. Luckily, **Grand Island, Neb., VA Medical Center** Police Officer **Kyle Hughes** also happened to be at the pool with his family that afternoon. He realized that the girl was in serious trouble and sprang into action. He quickly dove into the pool and pulled the girl to safety. Her family wanted to put a thank-you note in the local newspaper and offered Hughes reward money, but he refused both.



When **Avinash Pradhan, M.D.**, a service line manager for Specialty and Diagnostics at the **Central Alabama Veterans Health Care System (CAVHCS)**, heard about a medication advisory from Janssen Pharmaceuticals, he took it upon himself to spread the word throughout VA. The advisory warned of 270 significant cardiac events, including 70 deaths, reported nationwide in patients taking the medication Propulsid (cisapride). Pradhan began by

warning both clinical staff members and patients receiving the medication in the CAVHCS. He then notified VISN 7 (Atlanta) headquarters, which subsequently contacted VA Central Office in Washington, D.C. Thanks to Pradhan's actions, news of the advisory reached VA clinicians quickly and this may have prevented additional adverse events among patients taking the medication.



In early April, **Alan "Buck" Rogers**, a licensed practical nurse at the **Oklahoma City, Okla., VA Medical Center**, discovered a young woman lying in the middle of the street. She was unconscious and bleeding from the head, so Rogers stopped to render first aid. He began by calling 911, but the emergency operator placed him on hold. Rogers couldn't waste any time. He called the VA emergency number and spoke with operator **Jerry Young**. He quickly explained the situation and asked Young to call for an ambulance. The ambulance arrived shortly afterwards and transported the woman to a nearby hospital.



**Lala Cornelius, M.D.**, a resident at the **Murfreesboro, Tenn., VA Medical Center** and Meharry Medical College, recently assisted the Murfreesboro Noon Rotary Club when a Russian visitor to the club needed medical attention. The visitor, here on a joint U.S.-Russian endeavor

that allows Russian entrepreneurs to visit the United States to learn more about business operations in their career fields, spoke no English. So, several VA employees who belong to the club turned to Cornelius, a native of Russia, for help. A consultation was arranged and Cornelius accompanied the visitor to ensure that he understood his treatment options. A treatment was determined and the next day, a local orthopedist fit the patient with orthopedic shoes and supports. Thanks to the involvement of Cornelius, the man received help for a foot condition that would have hampered his mobility for the rest of his life.



Professional skill, teamwork and compassion characterized the response of staff at the **New Mexico VA Health Care System's Artesia Community Based Outpatient Clinic** to a call

from a distressed veteran. It didn't take long for VA social worker **Gayle Morgan** to get to her phone and realize that the veteran who said he was holding a loaded gun to his head was deadly serious. As Morgan spoke with the patient, she discovered he was at his home in Roswell, N.M. She talked with him for an hour and forty-five minutes, and during their conversation two other clinic personnel, **Charlotte Schiel**, contract L.P.N., and **Robbie Harwell**, L.P.N., called the Roswell Police Department and relayed information between Morgan and the police. Morgan eventually talked the patient into dropping his gun and stepping outside to surrender to police and the Emergency Medical System (EMS) team awaiting him. Police later told Morgan they feared the crisis could have turned into a hostage situation after they discovered the patient's wife was also in the house. □

## In Memoriam

**Joseph L. Moore, 64**, former director of the VA Chicago Health Care System, died April 29 of lung cancer. He served as director of the Lakeside VA Medical Center and the VA Chicago Health Care System from 1979 to 1998, where his achievements included overseeing the integration of Lakeside and West Side VA Medical Centers into the VA Chicago Health Care System in 1996.



Moore

Moore retired from VA in 1998 after 43 years of federal service. He received many honors during his VA career, including the Presidential Distinguished Executive Rank Award in 1986. He also was honored by the city of Chicago, which named a section of East Huron Street—where Lakeside VAMC is located—Joseph L. Moore Way.

He began his VA career as a GS-1 clerk/typist and rose through the ranks to VAMC director. He served as assistant director at several VA medical centers before being appointed director at Lakeside.