



U.S. DEPARTMENT OF VETERANS AFFAIRS

# Vanguard

MARCH 2001

## Women Veterans

Service through the ages—  
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### On the cover:

Dr. Mary E. Walker, one of the first woman doctors in the country, cared for wounded soldiers on the battlefields of the Civil War. She was held as a prisoner of war by Confederate troops for four months. In 1865, Walker became the first and only woman to be awarded the Congressional Medal of Honor.

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# INTRODUCING

Sherry Laas

When Sherry Laas began singing to hospitalized veterans in the Extended Care Unit of the Albuquerque, N.M., VA Medical Center, the registered nurse never imagined her silky voice would one day reach thousands of listeners.

But that's exactly what happened when veterans there urged her to try out for a spot in an upcoming musical at the Albuquerque Light Opera. After just two auditions, she landed a role in the show and has since rocketed from singing veterans' favorites to performing for audiences at nearly every local theater. "Early on, I had some success," she recalled, "and it's just been an upward spiral ever since."

Her journey is rooted in the corridors of the Extended Care Unit, where veterans can spend long months recovering from medical complications. Shortly after transferring there, she began offering to sing for recovering veterans. "I found that if I offered them a song, and left it at their decision, then it would relax them during uncomfortable situations," she said. "If I can provide some joy or distraction or happy memories, I'm all for it."

As word of the singing nurse spread, veterans would ask her to sing their be-bop favorites from the '40s and '50s, songs she was often unfamiliar with. Determined to learn the veterans' favorites, Laas spent hours memorizing the lyrics of songs like "On Moonlight Bay," which she said is popular among World War I veterans, and the World War II favorite, "You Belong to Me"—songs GI's would sing to their sweethearts

as they headed off to war.

She said the positive response she received from the veterans led her to pursue other performance opportunities. Since her breakthrough, Laas has performed in a variety of venues, including singing the national anthem at Albuquerque Dukes baseball games, performing in Shakespearean plays, singing in a Zarzuela (a style of Spanish operetta), and putting on several one-woman concerts for area civic associations.

One of her most memorable experiences occurred while on a cruise vacation. One night, she approached the pianist in the lounge and asked if she could sing while he played his baby grand. Hesitantly, the pianist agreed. Taking the stage, Laas swayed to the rhythm of her time-honored ballads, winning over the crowd with soulful renditions of "Someone to

Watch Over Me,"

"Georgia" and "Summertime."

As she slowly lowered her head at the end of her performance, the lounge erupted in applause. When the cheering died down, the once-reluctant pianist warmly invited her back the next night for an encore, and Laas put on nightly shows for the remainder of the cruise.

"Sherry really has a marvelous voice," said supervisor Debra Gray, the acting nurse manager in the Extended Care Unit. "Her singing helps brighten the day, particularly for many of our geriatric patients. Giving them that extra attention really goes a long way." ❑

By Matt Bristol





Many VA employees have heard the term workforce planning but may not be familiar with what this term actually means. In fact, this is among the most

important issues facing VA and other federal agencies today.

Workforce planning is the process of determining the kinds of employees and structure necessary to accomplish VA's mission and the strategies to meet those needs. VA recognizes that people—its human capital—are its most critical asset in managing for results.

Why is workforce planning such a critical issue? VA, like every other federal agency, faces major human resources issues because of the significant number of employees eligible to retire over the next five years. Here are just a few of the statistics.

■ Currently, 16 percent of VA's health care staff, 24 percent of its benefits administration staff, and 22 percent of cemetery directors are eligible to retire.

■ By 2005, 98 percent of VHA senior executives will be eligible to retire.

■ By 2005, 88 percent of VHA's GS-15s and 94 percent of GS-14s will be eligible to retire.

■ By 2002, more than 40 percent of VBA GS-15s will be eligible to retire.

■ By 2005, 53 percent of NCA staff will be able to retire.

The current surge in workforce planning initiatives has occurred to address this issue. However, it is not just increased retirements that present challenges.

Rapid changes in technology, an increasingly diverse labor pool, and different expectations of younger workers are forces that strongly suggest that new recruitment and retention practices must be adopted

## Workforce Planning Will Help VA Meet Future Challenges

to meet program goals. In order to remain competitive and become an "employer of choice," VA must design and implement a process that will enable management to maintain a diverse workforce with the appropriate mix of skills and competencies.

VA has made great strides in facilitating a One VA collaborative approach to the design and implementation of a workforce planning strategy. An overall goal of workforce planning is to make it an ongoing process, integrated with VA's strategic and budget planning processes so that we can forecast and avert future crises. This is critical to ensure that we have the right people in the right place at the right time.

VA has identified workforce planning strategies and measures in the Department's Strategic Plan and Annual Performance Plan. In addition, workforce planning is being integrated into the Department's Strategic Management Framework, the primary vehicle for implementing VA's mission.

Each of VA's three administrations is moving ahead to develop the workforce strategies and initiatives appropriate to their mission. A key focus has been on evaluating Department policies that impact pay and benefits to identify additional flexibilities in these policies.

In the longer term, VA will explore a number of potential legislative remedies including movement toward a more streamlined hiring process and broader authority in setting pay. VHA, for example, is currently pursuing legislation to increase the number of health care occupations covered under Title 38.

A Departmental-level Executive Steering Committee has also been appointed. The committee members represent key VA organizational elements and will facilitate a One VA approach to a workforce planning strategy. The committee's charter

includes the following goals:

- championing workforce planning with VA's leadership;
- providing direction for a VA-wide workforce forecasting system;
- monitoring workforce planning implementation in VA; and
- identifying and publishing "best practices" in workforce planning within VA and other organizations.

VA is also enhancing its focus on educating managers and employees on the available family-friendly initiatives aimed at fulfilling VA's commitment to become an "employer of choice." They include the new child care subsidy program, the transit subsidy program, alternative work schedules, family-friendly leave programs, and part-time employment opportunities. VA has many attributes that make us an attractive employer—most significantly, an important and challenging mission to care for the nation's veterans and their families. □

### France Honors U.S. WWII Vets

VA Secretary Anthony J. Principi and French Ambassador H.E. Francois de l'Estang announced that the French government will honor U.S. World War II veterans with certificates of appreciation for their role in liberating France. To be eligible, a veteran must have served on French territory, in French territorial waters or in French airspace between June 6, 1944 and May 8, 1945.

The certificate will not be issued posthumously. The application form will be available from veterans service organizations and on a special Web site maintained by the French government: [www.info-france-usa.org/news/statmnts/ww2](http://www.info-france-usa.org/news/statmnts/ww2).

# CARES: VA Health Care Delivery Study Launched



Chuck Loring (left), of Facility Management at the North Chicago VA Medical Center, and Tony Arnold, a consultant with VW International, Inc., review floor plans of the ICU. VW International is a subcontractor working with Booz-Allen & Hamilton, Inc., on the utility and engineering aspects of CARES.

**E**nsuring that veterans receive the right care, at the right place, at the right time is the primary goal of a new VA health care delivery study. The new study, “Capital Asset Realignment for Enhanced Services,” or CARES, is designed to objectively identify the best ways to provide quality, accessible health care to veterans.

According to Dr. Frances Murphy, VA Deputy Under Secretary for Health, the CARES study will assess veterans’ health care needs with each Veterans Integrated Service Network (VISN) and identify delivery options to meet those needs in the future. The study will also guide the realignment and allocation of capital assets to support the delivery of services. To ensure objectivity, VA has hired an independent consultant group, Booz-Allen & Hamilton, Inc., to gather data, develop options and apply objective criteria to the options.

“CARES is about planning for veterans’ health care and making sure that quality and access are given the highest consideration,” Murphy said. “I encourage all VA health care employees and stakeholders to get involved in the process. Broad input is critical to the development of effective options.”

Phase One of the study began in the VA Great Lakes Health Care System (VISN 12) in January. The CARES process will be applied in

every VA health care network in the country. In 2001, VA expects to begin CARES initiatives in VISNs 1, 3, 4, 10, 11, 12, 21 and 22.

## How the CARES Process Will Work

The CARES process takes a new approach to planning for the future veterans health care system. It begins with a detailed

assessment of veterans’ health care needs now and in 2010. Following the assessment, a team of health care consultants will visit facilities by network, gathering information from stakeholders and employees to help develop service delivery options that will best meet veterans’ needs.

Next, these options will be evaluated based on two sets of objective criteria developed by VA to determine whether the options under consideration provide adequate ambulatory, hospital, and long-term (nursing home and home-based) care. The best option based on quality, access and cost will be presented to the Secretary of Veterans Affairs for approval.

## Facility Visits and Meetings

Each VA facility will hold meetings between consultants for the CARES study, Booz-Allen & Hamilton, and employees, volunteers, veterans service organizations, medical school affiliates, congressional staff and others. The goal of these meetings will be to gather information and data for consideration in developing service delivery options.

“The facility visits have enabled the CARES team to understand the needs of veterans and the opportunities presented by each facility directly from both the staff giving the care and the veterans they serve,” said VISN 12 Director Joan E.

Cummings, M.D. “This type of interaction by the CARES team will ensure the most positive outcome from the study.”

## Employee and Stakeholder Involvement

VHA employees and stakeholders will be involved in the CARES process in a number of ways. Prior to the first facility visits, each network will assemble an official CARES Support Task Force to provide information to and coordinate with the CARES consultant. Each CARES Support Task Force will designate a “stakeholder communication coordinator.”

This person will oversee implementation of a communications plan that ensures stakeholder involvement throughout the process. The communications plan will facilitate regular information sharing and allow communication of stakeholder comments and concerns to the team and consultant.

Employees will be kept informed about the process via regular employee bulletins, newsletters, e-mails, and meetings. They will also be encouraged to share their thoughts and ideas by sending comments, by e-mail or regular mail, to a special CARES e-mail address or postal address that will be posted on a CARES Web site to facilitate the flow of information during the study.

## Why CARES?

VA’s health care system has changed dramatically in the past decade. Increases in outpatient care, demographic changes, changes in technology, and availability of new treatments have altered 21<sup>st</sup> century medicine. VA needs to look carefully at these changes, assess their impact on veterans’ health care needs, and develop plans for the future. VA health care infrastructure must be aligned to support the vision and plan.

The VA system was designed and built decades ago during a different era of medical care. A new focus emphasizes putting outpatient resources into community-based facilities close to where veterans live

*(continued on page 6)*

# VA to Establish Six Parkinson's Disease Centers

VA will create six new centers specializing in Parkinson's disease research, education and clinical care, agency officials announced at a Capitol Hill news conference on February 7. The Department will commit more than \$30 million over four years from existing resources to fund the centers, which will be named Parkinson's Disease Research, Education and Clinical Centers (PADRECCs).

Operating as a national consortium, the PADRECCs will function similarly to VA's Geriatric Research, Education and Clinical Centers (GRECCs) and Mental Illness Research, Education and Clinical Centers (MIRECCs). They will be established at the VA medical centers in Houston, Philadelphia, Portland, Ore., Richmond, Va., San Francisco and West Los Angeles.

The Parkinson's centers will conduct research covering basic biomedicine, rehabilitation, health services delivery and clinical trials. They'll also participate in a landmark clinical trial to assess the effectiveness of surgical implantation of deep brain stimulators in reducing the symptoms of Parkinson's disease.

The centers will develop education and training programs for patients, families, students and health care professionals. And each



VA Secretary Anthony J. Principi announces the new Parkinson's centers during a Capitol Hill news conference on February 7. Looking on are (from left): VA Deputy Under Secretary for Health Dr. Frances Murphy; VA Under Secretary for Health Dr. Thomas Garthwaite; Rep. Tom Udall (D-N.M.) and Rep. Lane Evans (D-Ill.).

site will conduct a clinical care demonstration program for evaluating new models of care delivery for veterans with Parkinson's disease and movement disorders.

"Our centers will bring hope—hope to veterans, and to all Americans with Parkinson's. And they will bring progress in treating the disease," said VA Secretary Anthony J. Principi, making his first appearance on Capitol Hill since his confirmation.

Parkinson's disease is a chronic neurological condition caused by the degeneration of cells in a region of the mid-brain that produces the chemical and neurotransmitter dopamine. The resulting decrease in dopamine produces symptoms

including tremors, slowness of movement, stiffness of limbs and gait or balance problems. The disease progresses slowly. Treatments are available, but there is no cure.

The National Parkinson Foundation, Inc. (NPF) estimates that up to 1.5 million Americans have the disease, with about 50,000 new cases diagnosed each year. VA medical centers treat at least 20,000 Parkinson's disease patients each year. The new Parkinson's centers build on an alliance formed by VA and the NPF in 1999 to improve

care and find a cure for the debilitating disease.

Illinois Congressman Lane Evans, a Marine Corps veteran and ranking Democrat on the House Veterans' Affairs Committee, suffers from Parkinson's disease. He joined Principi and other VA, congressional and NPF officials for the announcement.

"As a veteran with Parkinson's disease, I know personally of the struggles we confront daily to live normal lives—we endure these battles as we have endured other great conflicts," said Evans. "I know that veterans and other Americans will profit from the work that takes place in the centers VA is announcing today." □

## National Telephone Survey of Veterans Underway

A national telephone survey of veterans designed to help VA plan its future programs and services got underway last month and will continue through August. Results from VA's fifth comprehensive survey of a nationwide sample of veterans are expected in 2002. The last survey was conducted in 1993.

The survey helps VA:

- follow changing trends in the veteran population;
- compare characteristics of veterans who use VA services with those of veterans who do not;

■ study its role in the delivery of all benefits veterans receive; and

■ update information about veterans to help the Department analyze its policies.

Interviewers working for the survey contractor, Westat, Inc., will ask veterans about their health, disabilities, military background, education, and their needs for services such as medical care, housing and education assistance.

The interviewers will use a sample of 20,000 veterans, 13,000 of whom will be selected by a random-

number dialing procedure. The other 7,000 will be selected from files of veterans who are enrolled in VA health care or who receive disability compensation or pension benefits. Those veterans will receive a letter giving them advance notification about the survey.

Participation in the survey is voluntary and the information the interviewers obtain from the veterans will be kept confidential under the federal Privacy Act. VA conducts the survey every seven or eight years. □

# Classification Services Now Available at SSC

A new service to help VA managers and supervisors create and classify position descriptions is now available through the VA Shared Service Center (SSC) in Topeka, Kan. A part of the HR LINK\$<sup>SM</sup> human resources and payroll initiative, the new service features an online library of more than 700 position descriptions (PDs) that managers and supervisors can either use "as is" or modify to meet their needs.

In addition to the PD library, the Classification Services Web page, at [www.hrlinks.aac.va.gov](http://www.hrlinks.aac.va.gov), also offers instructions on how to access and use the library, how to submit a PD to the SSC for classification, and how to add PDs to the library.

A manager or supervisor who uses a PD from the library without making any changes can get a position classified by classification specialists at the SSC within five business days, according to Classification Services Supervisor Kay

Crayton. Newly created PDs or PDs with minor changes can be classified within 15 business days, she said.

Classifying PDs involves assigning a title, series and grade to a set of job duties. For managers and supervisors who need assistance classifying PDs beyond what the Web page offers, the SSC's classification specialists are available to help, Crayton said. "Sometimes, a manager or supervisor may not be sure if the correct information is included in the PD, or they may want to verify basic criteria for the PD," said Crayton. "We are here to help out in any way we can."

The Classification Web page is one of several services currently available through HR LINK\$<sup>SM</sup>. From any desktop computer equipped with HR LINK\$<sup>SM</sup> technology, VA employees can also review or change personal information such as their name or address, buy Savings Bonds, enroll in health or life

insurance, or set up a payroll deduction. To initiate any of the personal transactions or use the new Classification Services, VA employees will need their personal identification number (PIN). Crayton emphasized the importance of keeping the PIN secure, since it gives anyone who knows the number access to your personal information.

"Your HR LINK\$<sup>SM</sup> PIN is just like a PIN you would get from a bank for your checking account," said Crayton. "In order to ensure your information and transactions are secure, you need to make sure your PIN is kept secure." To reach the Classification Section at the SSC, call 1-800-414-5272. TTY users should call 1-800-877-8339. □

## Faster Service from the SSC

This year's Federal Employee Health Benefits (FEHB) Open Season was a success, according to staff at the VA Shared Service Center (SSC). Employee calls to the SSC's toll-free line were answered much faster during the recent FEHB Open Season than in 1999. Of the nearly 41,000 calls received between November 13 and December 11, 2000, about 97 percent were answered within 45 seconds. During the 1999 FEHB Open Season, only about 80 percent of the calls were answered during the same timeframe.

About half of the calls were from employees initiating FEHB transactions; the other half were from employees requesting information about their HR LINK\$<sup>SM</sup> personal identification number or the Thrift Savings Plan Open Season, which began on December 15.

SSC staff attribute the improvement primarily to the availability of the HR LINK\$<sup>SM</sup> Self Service desktop application and sound planning. Instead of calling in to the SSC on the toll-free line, employees could log on to any desktop computer equipped with HR LINK\$<sup>SM</sup> technology and independently initiate their transactions.

Over the month-long FEHB Open Season, VA employees accessed the Self Service desktop application more than 79,000 times. And nearly 17,000 employees used the desktop application to print out a copy of their new health insurance form (SF 2809)—they no longer had to wait for a copy of the form to be mailed to them.

Many employees who used the desktop application reported that it was easy to access and use. The busiest day of the recent FEHB Open Season was December 11, when more than 6,000 employees accessed the desktop application, and more than 4,000 spoke with customer service representatives at the SSC within a 12-hour period. □

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## CARES (cont.)

and providing tertiary care at its medical centers. CARES is a responsible and necessary process to ensure veterans are getting the best health care possible, said Murphy.

## The Impact on VA Facilities

"CARES' goal is not about closing facilities," she said. "CARES will develop strategies for meeting veteran needs for accessible, quality health care and aligning capital assets to meet those needs, while maximizing our expert staffing, community resources and VA education and research missions."

CARES will look at all health care delivery options, including potentially recommending that new VHA facilities be opened. Options that involve a significant mission change for a facility will require approval by the Secretary.

If approved, the Secretary will submit reports describing the option to appropriate congressional committees and stakeholder groups. There will be a formal 45-day comment period before implementation. From beginning to end, the CARES process invites and considers employee and stakeholder input in developing recommendations. □

By Maureen Bossch  
Chicago OPA Regional Office

# Unique Program Speeds Claims Processing

*When Minnesota veterans have a question, concern or need more information on a claims decision, they 'Call George'*



*George Zechmann has handled more than 3,000 calls from veterans, dependents and veterans service officers since the 1-800-Call George program began at the St. Paul, Minn., VA Regional Office.*

**M**innesota veterans who want to discuss decisions on their claims for VA benefits can do so by simply picking up the telephone, dialing 1-800-827-1000 and asking for George. The toll-free number connects callers directly to an employee at the St. Paul VA Regional Office who is both familiar with the veteran's case and VA's appellate process. His name is George Zechmann.

"Having this phone line gives claimants the opportunity to call VA and speak with someone specifically about their claim," said George. "And they are extremely happy to have that option."

Since opening the Call George telephone line and starting several other appeals reduction projects, the St. Paul VA Regional Office is processing claims faster and more accurately, has reduced notices of disagreement by some 50 percent, and has seen a sharp spike in customer satisfaction.

But just who is this George guy?

And how did the phone line come to bear his name?

Back in 1996, the regional office faced a growing backlog of claims for VA benefits. "It was difficult to make progress on new claims when we were constantly revisiting old cases," said Don Walker, Veterans Service Center manager.

Slowed by a mounting workload, Walker met with Regional Office Director Ron Henke to hammer out a solution. "We wanted to provide better service to veterans," said Henke, "and we knew that if we could reduce the number of appeals filed, then we could process new claims faster."

They decided to implement a telephone line to give veterans the option of talking with someone about claims decisions they are unhappy or confused about, instead of automatically filing an appeal. Henke asked if George could take on the role of explaining decisions to claimants. "George happened to be the right person to fit that need," Henke explained.

An Air Force veteran with a service-connected disability, George knows first hand how the claims process works. Plus, he's worked in VA benefits offices for nearly 30 years.

Now, every time a decision is mailed to a claimant, a letter is included with a paragraph encouraging the claimant to call or e-mail George if they have any questions about the decision, or if they disagree with the decision and want to discuss it.

Since opening the telephone line, George has handled more than 3,000 calls from veterans, dependents, and veterans service officers. "Usually, the caller is unsatisfied with a decision," said George. "I try to help them understand how it was reached, or explain what type of evidence they can submit to re-open their claim." Reports show 51 percent of callers felt George's explanation was sufficient, and 35 percent re-opened their claim with evidence previously unknown to VA.

One unexpected outcome of the telephone line, George noted, is gaining the ability to help veterans as they develop new claims. "We work closely with county and national service officers to help veterans with evidence issues up front," he explained. "It's a proactive approach to developing customer relationships and leads to higher customer satisfaction."

George recently took his telephone hot line to TV prime time when he appeared on a local cable television program devoted to veterans' issues. The show reaches an estimated 30,000 viewers in seven St. Paul suburbs. "This cable television show is another way of reaching out to the veterans we serve," said George.

The Call George initiative is considered a VA "best practice" and has been adopted at several other VA regional offices, including Des Moines, Milwaukee and Nashville. "We felt the need to simplify the claims process for veterans," said Henke. "To take away some of the confusion and enhance VA in the eyes of veterans." □

**By Matt Bristol**

## Women's History Month

# Celebrating Women of Courage and Vision



World War I Marine recruits take the oath.

**M**arch is National Women's History Month, a time to honor the courage and vision of women who challenged social inequities and brought a wrecking ball to the foundations of gender discrimination. Women like Mary McLeod Bethune, who in 1904 scraped together \$1.50 and with just five pupils, founded a school for young black women.

Or labor activist Esther Peterson, whose efforts were instrumental in the passage of the Equal Pay Act of 1963. Or Air Force Lt. Col. Eileen Collins, who in 1999 became the first woman commander of a NASA space shuttle mission.

With each stride toward equality, women also forged an identity within the traditionally male-dominated military. Nearly 1.5 million women have worn the uniform of the U.S. armed forces since Teddy Roosevelt led the Rough Riders up San Juan Hill in 1898 during the Spanish-American War. But their wartime contributions can be traced much further.

In the Revolutionary War, women like Margaret Corbin and Deborah Samson served courageously beside their male counterparts. When her husband was killed

while manning a cannon during the 1776 battle of Fort Mifflin, Corbin rushed to replace him—cleaning, loading and firing the weapon—until she was hit and seriously wounded by grapeshot. Three years later, she became the first woman awarded a disability pension from the Continental Congress. Samson, who was later de-

clared the Official Heroine of the Commonwealth of Massachusetts, disguised herself as a man and served gallantly for three years with the 4th Massachusetts Regiment until she was wounded and her secret discovered.

Women of both Confederate and Union allegiance repeatedly put themselves in harm's way to care for wounded soldiers on the Civil War's bloody killing fields. Perhaps best known is Dr. Mary Walker, who served as an Army physician and became the first and only woman awarded the Congressional Medal of Honor.

The proportion of women veterans has risen steadily since World War I, with some 34,000 women serving in that war, primarily in the Army Nurse Corps. World War II

saw more than 350,000 women enter military service, and according to the House Veterans' Affairs Committee, more than 200 died in action.

In 1943, Congress activated the Women's Army Corps to regular Army status. The law, however, was scheduled to expire in 1948. In response, the Army took steps to make the unit a permanent part of the U.S. military. After two years of legislative debate, the Women's Armed Services Integration Act of 1948 was passed. The act allowed women to serve as permanent, regular members of the Army, Navy, Marine Corps, and Air Force.

During the Korean and Vietnam Wars, women served in numerous medical and clerical assignments—in hospitals, MASH Units, intelligence operations groups, information offices, in headquarters and personnel units. In 1950 in Korea, Army nurses supported combat troops defending the Pusan Perimeter, they were in the amphibious landing at Inchon, and joined troops crossing the 38th parallel on their way to the



A woman pilot prepares to board a P-38 fighter during World War II.

Yalu River on the Manchurian border. Some 7,500 women served "in country" during the Vietnam War, the majority as nurses assigned to military hospitals, air evacuation





1st Lieutenant Joan Furey caring for a burn patient in 1969 at the 71st Evacuation Hospital in Pleiku, Vietnam, and today (inset) as director of VA's Center for Women Veterans.

units, hospital ships and field units. Some were wounded; others killed in action. The names of eight are memorialized on the wall at the Vietnam Veterans Memorial. 1st Lt. Sharon Ann Lane is one of those. She died from shrapnel wounds received when her unit, the 312th Evacuation Hospital, came under rocket attack at Chu Lai in 1969. She was in Vietnam for less than three months.

Military deployments of the 1990s highlighted the growing number of women in the armed forces. More than 40,000 women participated in the Gulf War. Five were killed in action, and two taken prisoner of war. Records of the Defense Manpower Data Center show more than 1,000 women participated in military operations in Somalia and more than 5,000 in Bosnia.

As the number of women veterans grew, VA health care evolved to meet their needs. As early as 1938, an article in the *American Journal of Nursing* reported VA as having 287 hospital beds for women veterans.

In the early 1980s, VA Administrator Harry N. Walters established the VA Advisory Committee on Women Veterans, charging the group with a wide range of outreach activities aimed at informing women veterans of their entitlement to the same VA benefits as men. One of the committee's major accomplishments was initiating the Women Counselors' Program, a precursor to the current Women Veterans Coordinator program. Back then, VA esti-

imated women would make up five percent of the total veteran population by the year 2000. We've reached that mark. And the number of

women veterans is expected to double by the year 2010.

In response, VA has established the Center for Women Veterans and assigned women veterans coordinators to VA facilities nationwide to help women veterans receive gender-specific benefits and services, including breast and pelvic exams, contraceptive services, menopause management, Pap smears and mammography. VA social workers and PTSD experts also are on hand to help women veterans overcome psychological trauma resulting from sexual abuses occurring during active military service.

For more information on VA benefits for women veterans, visit the Center for Women Veterans Web site at: [www.va.gov/womenvet](http://www.va.gov/womenvet), or to learn more about women in the military visit: [www.dtic.mil/dacowits](http://www.dtic.mil/dacowits), the Web site for the Defense Advisory Committee on Women in the Service. □

By Matt Bristol

## Tuning in the New Secretary

VA Secretary Anthony J. Principi spoke to employees on February 1 during a live national broadcast over the VA Knowledge Network from its new headquarters studio.

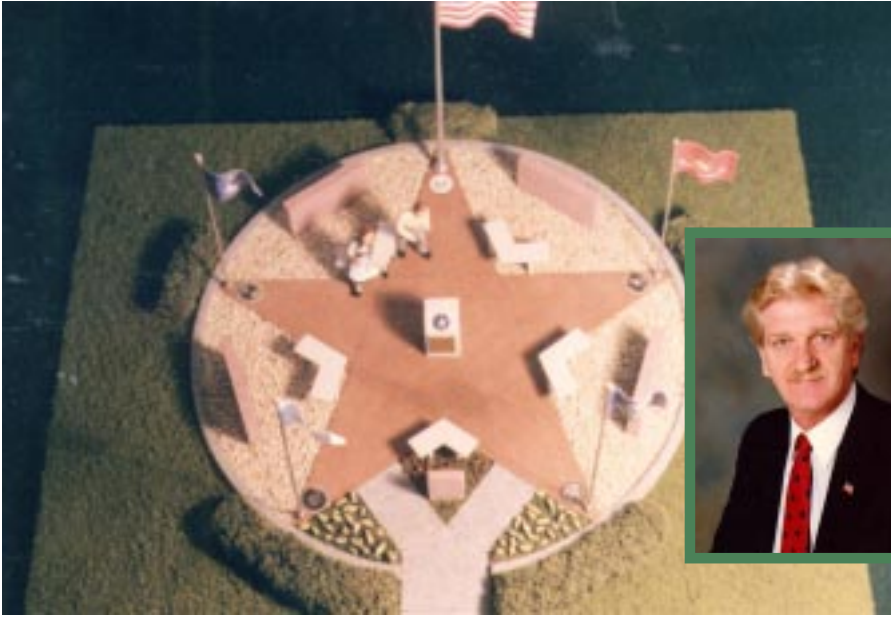
"I was honored when President Bush asked me to return to Washington, and I was honored again when the Senate consented to my nomination," Principi told employees during the broadcast. "But I really believe that the greatest honor of all is that I can once again claim the title of 'VA employee.' There are no people in government more committed, more dedicated to their work than VA people."

Principi said he looked forward to getting out in the field to meet and talk with VA employees personally. He urged VA employees to "treat every veteran who turns to us for the benefits and services he or she has earned with sympathy, compassion and with respect. Many of them come to us in their weakest and most vulnerable moments. Many of them have no other options. Veterans are the reason we exist as an organization. A commitment to service to veterans is a prerequisite to a career in our Department." □



Secretary Principi speaks to employees from the VA Central Office broadcast studio.

# VA Retiree Designs Monument to Hometown Heroes



An architect's model of the veterans monument designed by former NCA employee Butch Douma (inset) for his Iowa hometown.

**H**ull, Iowa, holds onto its veterans, its fallen soldiers, its memories. The town of about 2,000 counts between 200 and 300 veterans among them, and they are not about to forget each other—especially now that they have a monument to all of them.

Designed by native son Butch Douma, the new monument—scheduled to be dedicated on Memorial Day—will display the names of every Hull resident who ever served in the armed forces and will serve honorably in the future. “It will truly be a living memorial to all its veterans,” said the retired VA Central Office employee.

Douma retired from the National Cemetery Administration (NCA) as western area coordinator in 1997, moved to Phoenix, and more than a year ago found an opportunity to tap into his early-career experience in architecture and design. That was when a longtime friend back in Hull, as the commander representing the Wegman-Keole American Legion post, asked him to design a monument for a park on Main Street.

An Army veteran and longtime Legion member whose father was a founder of the same post in 1919, Douma vigorously accepted the challenge and prepared six possible

designs. The Legion chose one, “the most complex with the most meaning,” said Douma, who then developed working drawings for a contractor.

Legion post and auxiliary members did research to identify everyone in Hull who had served in the armed forces. To help raise funds to build the monument, Douma built an architect’s model. A Hull “snowbird” drove it from Phoenix to Hull, where it was displayed in the town hall to generate donations. Post members wrote to all veterans they could find who had ever lived in Hull, and received more than enough money for the construction. The donations will also pay for maintenance, which the Legion post and its auxiliary have committed to provide.

Douma visited Hull last summer in time to help prepare the soil for pouring of concrete. World War II veterans volunteered to shovel dirt. The monument’s total cost was \$42,000. A contractor donated labor and a concrete company donated materials.

The five-pointed rose-colored concrete star design of the monument symbolizes both the United States and its five military branches. A circular curb surrounds the star to evoke unity at many levels, including the concept of a circle of friends

or a family circle. A hedge surrounds the monument as an embracing element of nature, the evergreen symbolizing everlasting honor.

The monument is handicapped-accessible. A walkway leads to an interior that includes flower beds and, near the entrance, a small stone monument carved with “Hull Veterans Memorial,” the American Legion emblem and the words “All gave some—some gave all.”

At that point, visitors can walk in either direction around the star or sit on benches to talk or contemplate. At each star point is a bronze emblem representing a military branch and a flagstaff displaying the corresponding service flag. The star’s apex carries the United States emblem and next to it appears the main flagstaff with the American flag. On patriotic holidays, an “avenue of flags” will surround the monument.

Between the star points are four red granite monuments on which the Hull veterans’ names are carved, with space for future veterans’ names to be incised. Currently, 787 names appear. Of those, 350 names are of World War II veterans, 50 of whom still reside in Hull. There are even names of 28 Civil War veterans.

The star’s center holds a stone with a bronze plaque. The plaque names the 18 Hull residents who died in service, honoring them with a bronze “gold star” set on a blue background. The blue background harks back to Douma’s remembrance of small blue flags with a star that adorned the windows of families who had someone in military service during his childhood. Spotlighting and other illumination within the monument area invite evening visitation.

The Legion post expects more names to be added after the dedication when visitors recognize missing names. Douma will speak at the program, which will be part of a veterans homecoming weekend of community activities.

Douma’s VA career began at the Phoenix VA Regional Office in 1974. He moved to VACO in 1978, and held management positions in VBA and NCA. □

By Jo Schuda

# State Rural Development Councils Seek VA Help

Before VA opened a community-based outpatient clinic in Hays, Kan., local veterans had to travel more than a hundred miles to receive medical treatment. But thanks to a partnership between the Wichita VA Medical and Regional Office Center (VAMROC), the Kansas Rural Development Council, and statewide health care organizations, nearly 1,500 rural veterans can now receive primary and preventive health care services right in their hometown.

The Hays clinic is just one example of the remarkable successes resulting from VA partnerships with state rural development councils. Other notable accomplishments include a collaborative effort between the Wisconsin Council, the Department of Agriculture's Food and Consumer Service, and VA to educate the state's elderly population about new nutritional guidelines.

Similarly, in 1999, the Massachusetts Rural Development Council, Northampton VA Medical Center, and other local groups worked to coordinate transportation resources to meet community needs, including the transportation of VA patients.

The list of successful partnerships also includes multiple conferences, information-sharing efforts, and endeavors to improve health care delivery across rural America. In spite of these achievements, VA representation on the state councils has declined over the years. As recently as 1996, VA could boast of membership on half of the 40 state councils. Today, only 12 have VA participation.

Yet, in a recent survey, virtually all of the councils expressed interest in recruiting VA members to work on projects benefiting rural veterans. For example, the Montana Council reported it would like VA representatives to help with Internet training for veteran small business owners. And even though the Mississippi Council has a strong relationship with local VA staff, it could benefit from additional VA support to work with clinics offering telemedicine.

To stimulate interest, employees of the Office of Intergovernmental Affairs in VA Central Office launched a campaign to educate VA employees on the value of state councils. They published a report

entitled "Department of Veterans Affairs and the State Rural Development Councils: Partnerships That Work!" This report illustrates the breadth and depth of the councils' recent work in such areas as health care, housing, telecommunications, workforce development and transportation.

The National Rural Development Partnership's mission is to bring together federal, state, local and tribal governments as well as private and non-profit organizations to address the problems facing rural America. This network serves as a valuable resource by allowing multiple partners to work together to achieve shared goals.

To get a copy of the report on VA partnerships with state rural development councils, call (202) 273-9399. For more information about state rural development councils, contact the National Rural Development Partnership at (202) 690-2394 or visit the Web site: [www.rurdev.usda.gov/nrdp](http://www.rurdev.usda.gov/nrdp). □

**By Kimberly A. Jones**  
Truman Fellow, VA Central Office

## AIDS Treatment Pioneer Joins San Francisco VAMC

A world-renowned pioneer in AIDS treatment and research has been named chief of Medical Service at the San Francisco VA Medical Center. Dr.



*Volberding*

Paul Volberding, professor of medicine at the University of California, San Francisco (UCSF), also serves as vice chair of UCSF's Department of Medicine.

He had been director of the UCSF Positive Health Program, the university's AIDS clinical service based at San Francisco General Hospital Medical Center

(SFGHMC). Volberding helped found the service in the early years of the AIDS crisis, and led it to become the highest-ranked AIDS program in the country.

Volberding joined the UCSF faculty at SFGHMC in 1981—the same year San Francisco recorded its first cases of a mysterious illness that later become known as acquired immune deficiency syndrome (AIDS). Two years later, with funding from the San Francisco and California departments of public health, he teamed with two colleagues to establish the first program dedicated to treating AIDS patients.

At the clinic, then known as Ward 86, Volberding and his colleagues conducted clinical testing of many of the first anti-retroviral drugs on AIDS patients, and have continued to study and test new treatments for

HIV/AIDS. Under his leadership, the clinic, now known as the Positive Health Program, was a major influence in developing a widely accepted model for effective and compassionate care of HIV/AIDS patients.

Dr. Diana Nicoll, chief of staff at the San Francisco VA Medical Center, said Volberding's "broad array of talents in clinical treatment and research will be of great benefit to us, and to VA's national commitment to patient care, education and research."

Volberding will stay on as principal investigator of the UCSF-Gladstone Institute of Virology and Immunology Center for AIDS Research (CFAR). The center is part of a national network of CFARs organized by the National Institutes of Health. □



*A performance by the VA Gospel Choir was one of several activities celebrating Black History Month at VA headquarters.*

## Voices Lifted in Harmony

Wearing dark suits and gowns accented by lively Kente cloths, members of the VA Gospel Choir swayed and lifted their voices in spirited harmony before a packed conference room in VA Central Office (VACO) on February 15, for the second in a series of events celebrating Black History Month.

The program, “Creating and Defining the African-American Community: Family, Church, Politics and Culture,” simulated an actual church service led by the Rev. John Vaughan, who doubles as a choir member. His

vibrant sermon elicited several rounds of “amen” from enthusiastic audience members, while the smooth harmonies of the VA Gospel Choir blended in such gospel favorites as “Center of My Joy,” “I Know I’ve Been Changed” and “Victory is Mine.”

The VA Gospel Choir has been delighting audiences throughout the Washington, D.C., area since they formed in 1980 to perform at a Black History celebration. “There are many ways we celebrate in the African American church,” said Deborah K. McCallum, chair of the VACO Black History Month Committee. “Song is one of those.”

In his opening remarks, Secretary Anthony J. Principi confirmed the significance of celebrating Black History Month. “We celebrate our unity while we simultaneously remember and honor each of the individual and separate threads from which our unified tapestry is sewn together.” Later he added, “Your presence shows your support, not only for African Americans and their history, but also for the commitment to diversity that is at the heart of our Department’s efforts.”

VA facilities around the country also planned and conducted a variety of activities to observe Black History Month, which celebrates progress, achievements and diversity in the nation’s African American community. African American historian Carter G. Woodson created an annual celebration of African American life in the 1920s. Originally called “Negro History Week,” it was expanded to a month-long observance in 1976. Woodson chose February because it is the birth month of two historical figures who had a dramatic impact on the lives of African Americans—Frederick Douglass and Abraham Lincoln. □

## Korean War 50th



*VA Long Beach Healthcare System employees mount a 50th anniversary of the Korean War commemoration logo on the float they created and entered in the Long Beach, Calif., Veterans Day parade.*

Thousands of Long Beach, Calif., residents line the streets each year on November 11 to enjoy the city’s annual Veterans Day parade. This past Veterans Day, employees of the VA Long Beach Healthcare System decided for the first time to enter a float in the parade. And for their initial foray into float-making, they chose the 50<sup>th</sup> anni-

versary of the Korean War commemoration as the theme.

Starting from scratch only a week before the parade, the employee volunteers created a red, white and blue float emblazoned with the words, “VA Honoring the 50<sup>th</sup> Anniversary of the Korean War,” and featuring the logo and flag of the 50<sup>th</sup> anniversary commemoration. They also flew the U.S. and five military service branch flags, and veteran employees in uniforms representing each service branch rode on the float. □



*Employee volunteers put the finishing touches on their 50th anniversary of the Korean War-themed float for the Long Beach Veterans Day parade.*



## Boise, Idaho, VAMC Researcher Identifies New Antibiotic

A Boise, Idaho, VA Medical Center researcher has demonstrated that linezolid, a new type of antibiotic, cures many bacterial infections that are increasingly resistant to commonly used drugs. Dr. Dennis Stevens, chief of Infectious Diseases at the Boise VA Medical Center, headed the clinical trials of linezolid at about 40 U.S. medical centers. The study was recently reported in the journal *Antimicrobial Agents and Chemotherapy*.

Stevens and colleagues tested the new antibiotic on more than 600 patients who were suffering from serious skin or soft-tissue infections, including abscesses and wounds. Linezolid cured 89 percent of the patients. The first of a new class of antibiotics that attack bacteria at a different point than other antibiotics, linezolid causes only mild to moderate side effects and can be taken by mouth, unlike many similar antibiotics. It is known commercially as Zyvox.

The Food and Drug Administration (FDA) has approved linezolid for treatment of pneumonia and skin infections, including those caused by staph and enterococcal infections. Enterococcal bacteria are considered to be among the “supergerms” that frequently invade surgical wounds and may also cause serious abdominal, urinary tract and heart valve infections. Moreover, enterococcal infections are growing increasingly impervious to antibiotics.

According to the FDA, about a quarter of enterococcal infections among intensive-care patients in 1999 were untreatable, even by using vancomycin, the longtime drug of last resort—a shocking 43 percent increase from the mid-1990s in enterococcal infections among similar patients.

## Gulf War Conference Confirms Need for More Research

On the tenth anniversary of the Gulf War, researchers attending a VA conference on Gulf War illnesses agreed there is still no clear indication of why veterans of the conflict are experiencing a myriad of ailments they believe were incurred in the deserts of Saudi Arabia and Iraq.

Opening the three-day conference, Dr. John Feussner, VA chief research and development officer, confirmed what most experts believe—more research is necessary. “We’re going to look as long as there’s a chance we’re going to find something,” he said.

Like archaeologists patiently unearthing bone after bone to piece together a lost species, researchers have steadily assembled evidence in their quest to determine what caused the collection of illnesses plaguing Gulf War veterans. So far, \$155 million has been spent on 192 different studies. Some have focused on depleted uranium, anthrax vaccinations, insecticides, PB pills, oil smoke and low levels of nerve gas as key ingredients in a hazardous environment possibly respon-

sible for symptoms afflicting as many as 60,000 Gulf War veterans.

Yet, as Feussner pointed out, there is no clear answer. “One of the handicaps is there is no conventional diagnosis that they have. They don’t have disease ‘X.’ The symptoms are very broad,” he said. Complicating matters, studies show those who served in the Gulf War do not have higher death rates than normal, are not more susceptible to infectious disease or cancer, and do not have higher rates of birth defects in their children.

VA researchers are currently studying the effects of exercise and cognitive-behavioral therapy in treating a group of 1,100 sick veterans. Results of the study are expected later this year.

## Columbia, S.C., VAMC Researcher Links Folic Acid with Alzheimer’s

Research shows that birth defects of the central nervous system are less common in children whose mothers had diets rich in folic acid during pregnancy. But can the essential vitamin also reduce the risk of getting Alzheimer’s disease or other cognitive disorders associated with aging?

Researchers from the Columbia, S.C., VA Medical Center hope so. Christine Tully, M.D., chief of the Extended Care Service Line, collaborated on a study published in the *American Journal of Clinical Nutrition* that shows a correlation between folic acid blood levels and severe brain changes associated with Alzheimer’s-type brain disorders.

Tully and colleagues studied the brains of thirty deceased nuns, between the ages of 78 and 101, who lived in the same convent. They found those with higher levels of folic acid in their blood had fewer and less severe Alzheimer’s-like brain changes.

The findings allow researchers to test whether folic acid deficiency may lead to or accelerate the development of Alzheimer’s disease. “Overall findings in this unique population of women suggest that relatively low folate concentrations may be related to atrophy of the neocortex, particularly in persons with significant numbers of Alzheimer’s disease lesions,” concluded the journal article.

## VA Researchers Find Intense Exercise May Boost Bone Density in Older Women

A new study conducted by researchers from the VA San Diego Health Care System (HCS) and the University of California at San Diego shows intense exercise may boost the density of certain fracture-prone bones in older women.

The findings, presented during the 86th Scientific Assembly and Annual Meeting of the Radiological Society of North America, highlight the significance of physical training in helping to prevent bone fractures and osteoporosis. In the study, researchers measured the bone density of male and female athletes age 40 and older who competed in the 1999 Ironman World Championship Triathlon. They found density values were equal for bones like the lower spine and upper thighbone—common sites of serious fractures in osteoporosis.

“Our data show that intense physical exercise may curtail bone loss in women over 40 years of age,” said lead author Dr. Daphne J. Theodorou, a musculoskeletal radiologist in the San Diego VAHCS. □

# HONORS and awards



U.S. Representative Silvestre Reyes (D-Texas) presented a Certificate of Special Congressional Recognition to **Paul Farmer**, a rating veterans service representative with the **Waco, Texas, VA Regional Office**, in recognition of his "outstanding and invaluable service to the community." A Vietnam veteran retiring after 32 years of federal service, Farmer was recognized for his work in establishing the Pre-Discharge Development, Examination, and Rating Program at Fort Bliss, Texas.

**Chaplain Michael L. McCoy**, associate director of Chaplain Service at the **VA National Chaplain Center** in Hampton, Va., received the Distinguished Service Award from the Military Chaplains Association of the U.S.A. It is the association's highest honor. McCoy was recognized for conducting site reviews of 49 medical centers and providing recommendations to enhance the spiritual care available to veterans. He also was instrumental in opening the door for VA chaplains to pursue mediation training.

A longtime Los Angeles advocate for the homeless, **Senior Judge Harry Pregerson** of the Ninth Circuit Court of Appeals, received an award of appreciation from VA for creating partnerships that improve the lives of homeless veterans. A World War II veteran who was severely wounded during the battle of Okinawa, Pregerson has worked tirelessly since 1972 to create organizations that provide housing, employment

and rehabilitation services for Los Angeles homeless veterans.

**Richard A. Silver**, director of the **Tampa, Fla., VA Medical Center**, was selected winner of the Florida Best Hospital Administrator Award for the Tampa Bay area by a multi-specialty panel of judges. He will receive the award at the annual Florida Healthcare Awards ceremony this month.

The American College of Physicians (ACP) presented **Marvin H. Sleisenger, M.D.**, of the **San Francisco VA Medical Center**, the prestigious 2001 John Phillips Memorial Award. The award was established in 1929 to honor an ACP member for outstanding work in clinical medicine. Sleisenger has elevated the academic standards of teaching, patient care, and research during his distinguished career with VA and the University of California at San Francisco (UCSF). In 1967 he played a pivotal role in renegotiating the medical center's academic affiliation with the university. From 1968 to 1988, he served as chief of Medical Service at the San Francisco VAMC and vice chair of the Department of Medicine at UCSF.

Congressman James E. Rogan (R-Calif.) honored **Ira Needleman** for his work as program manager of the VA/ HUD Veterans Outreach Partnership Program in the Los Angeles area with a proclamation from the U.S. House of Representatives.

The program Needleman manages is a cooperative effort between **VISN 22 (Long Beach, Calif.)** and the Los Angeles office of the Department of Housing and Urban Development (HUD) that brings VA health care and benefits information to veterans in HUD assisted housing developments and HUD-funded community and senior centers. Needleman, a former HUD employee, developed the concept for the program, which began in 1998. He later helped VA and HUD officials in Houston set up a similar program there.

**Barbara K. Chang, M.D.**, chief medical officer for the **New Mexico VA Health Care System**, received the 2000 David M. Worthen Award for Academic Excellence, VA's highest award for achievements in the education of health care professionals, at the recent national meeting of the Association of American

Medical Colleges. Throughout her career, Chang has made significant contributions to the VA educational mission, recently as a member of VHA's Resident Oversight Council and in helping VHA realign its graduate medical education program. She contributed to the development of two highly regarded VA graduate education programs: the VA Primary Care Chief Residency Program and the VA Primary Care Specialist Program.

The New Hampshire Cancer Pain Initiative presented its annual "Freedom from Pain Award" to **Madeline Gerken, M.D.**, an oncologist at the **Manchester, N.H., VA Medical Center**. In presenting the award, Tim Ahles, president of the New Hampshire Cancer Pain Initiative, cited Gerken's dedication to making pain management and end-of-life issues an essential element of patient care. □

## Two VA Health Care Practitioners Honored With Wolcott Awards



*Sullivan*

Each year, the Veterans Health Administration presents the Mark Wolcott Awards for Clinical Excellence to two VHA health care practitioners deserving of special recognition for their contributions to enhancing clinical care. **Dr. George Sullivan**, assistant chief of the **VA Palo Alto Health Care System's**

Spinal Cord Injury Service, was selected from a group of 19 nominees to receive the 2000 Award for Excellence in Clinical Care Delivery, and **Dr. David Law**, associate chief of staff for education at the **Bay Pines, Fla., VA Medical Center**, was selected from 31 nominees as winner of the Award for Excellence in Clinical Care Leadership.

The award is named after Mark Wolcott, M.D., who dedicated more than 40 years of his life to improving the quality of health care for the nation's veterans.



*Law*



What does the flag mean to you? Holding and kissing the flag one final time was the last wish of terminally ill veteran Thomas Smith, who was hospitalized for more than a year at the **Miami VA Medical Center**. When social worker **Mercedes Mukati** learned of Smith's request, she contacted **Jorge Ramos**, veterans benefits officer at the **St. Petersburg VA Regional Office**, for help in obtaining a flag. Together, they obtained one, and **Thomas Tomlinson**, chief of Miami VAMC's Police and Security Service, presented it to the veteran at his bedside while his family looked on. When the veteran died a few days later, this small act of kindness provided a lasting memory for his family.

The **National Memorial Cemetery of the Pacific, Hawaii**, was featured on the cover of the November 2000 issue of *American Cemetery*, *The Magazine of Cemetery Management*. James Messner, the cemetery's public affairs officer, provided the author with details on the cemetery's vision, mission statement and history for the feature article. The story also mentioned a few of the special services the cemetery offers, such as taking photographs of loved ones' gravesites for families who are unable to make the trip to Hawaii.

In April of 1999, a car slammed into **Greta Harris**, an employee at the **Birmingham, Ala., VA Medical Center**, as she crossed the street on her way to work.

The accident left the single mother paralyzed from the neck down and dependent on a ventilator. The only way she can communicate with her family and friends is by blinking her eyes or moving her lips to "mouth" words. To help meet her special medical needs, the Birmingham VA Medical Center and the community established the Greta Harris Trust Fund at AmSouth Bank. The primary goal was to raise \$8,000 to buy a special computer that would allow her to speak to her 8-year-old son, Tori. The remaining money would be used for her medical care, including a ramp at her house, a suction machine, a power wheelchair with special controls and 24-hour nursing care so she could be home during the holidays. To date, the fund drives for Harris have raised more than \$40,000 with the assistance of the local newspaper and television stations.

The Chicago area VA medical centers and regional office will host their annual **VA Bowling Tournament** June 1-3. The tournament will offer team, singles and mixed doubles events for people who work for VA, or bowl in a VA bowling league. The last tournament attracted more than 95 teams from VA medical centers and regional offices from all over the country. For more information, contact Tyrone Reese at (708) 681-6942 or by e-mail at [hsctrees@vba.va.gov](mailto:hsctrees@vba.va.gov).

When a late December ice storm caused a loss of power to thousands of homes in

north Texas, the **Bonham VA Medical Center** opened its doors to care for families left without electricity, heat or water. Some 35 people sought refuge at the medical center, including five U.S. Forest Service employees who were removing trees from blocked roadways. Employees of the **Central Arkansas Veterans Healthcare System** also battled freezing temperatures and power outages as the storm whisked through that state. **Cathy Heaton**, a program assistant, brought her husband and two children to the medical center's Mountain Park Conference Center, where they stayed for six days while their home was without electricity.

A partnership between the American Legion and the Women's Health Center at the **Richmond, Va., VA Medical Center** has generated a new Guest Relations program for women veterans. With the goal of brightening the lives of women veterans, **Jerry Wenditz**, American Legion representative, met with staff of the Women's Health Center and suggested presenting a carnation to each woman veteran following her appointment. Employees agreed, and the Guest Relations Program was born. **Joan Knox**, a nurse practitioner, said the program has been well received by women veterans.

The **Washington, D.C., VA Medical Center** was the only local hospital to respond to D.C. Mayor Anthony Williams' call for assistance in providing clinical emergency support during the recent presidential inauguration. At the request of the D.C. Emergency Management Agency, the medical center installed a bio-agent symptomatology information system, a computerized patient tracking system.

The Rev. Bernice King, daughter of slain civil rights leader Martin Luther King, Jr., spoke to veterans, employees and visitors at the **Hines, Ill., VA Medical Center** in January about the need to honor her father's dream. **Barbara Bollenberg**, a registered nurse who has served on the medical center's Black History Month Committee for four years, presided over the presentation.

The **Center for Minority Veterans**, in partnership with the Health Care Financing Administration and the VA Learning University, hosted the fifth annual training conference for VA's minority veterans program coordinators in Pittsburgh last fall. More than 230 coordinators gathered to learn how to better promote the use of VA programs and services among minority veterans, assess the needs of minority veterans, and analyze the barriers that impede service to the nation's minority veterans. They participated in workshops on a full range of topics, including outreach, interactive networking with community-based organizations, cultural sensitivity, and issues facing minority veterans.

How do you encourage patients and their families to ask questions when they're concerned about their health care? "Ask Me a Question," a 13-minute video produced for the **VISN 7 (Atlanta) Customer Service Action Plan** and customized for each of the network's medical centers, uses vignettes and humor to remind veterans that asking questions is an integral component of the patient/health care provider relationship. The video is shown in waiting rooms, education centers and other areas where patients gather. □

# HEROES



While driving to work on a cold, rainy morning, **Tony Brown**, an echocardiogram technician at the **Central Arkansas Veterans Healthcare System**, saw an accident on the opposite side of the freeway. “A car was on the median, it had hit a pole and was totaled,” he later recalled. Instead of driving on, Brown swung a U-turn and went to help. When he arrived, two other motorists, who happened to be nurses, had also stopped to assist. The accident victim had been thrown into the car’s back seat from the force of the crash. “We felt for a pulse and looked for a heartbeat, but saw nothing,” said Brown. They tried CPR, but the victim’s airway was blocked. Carefully, they cleared her airway. “Once we did that, she started breathing again on her own,” said Brown. The trio stayed with the victim, monitoring her vital signs, until paramedics arrived.



Tornado strengths are rated according to the Fujita, or “F,” scale—starting with the relatively weak 40-72 mph winds of the F0 and going all the way up to the monster F5, an extremely violent storm with winds reaching speeds of 261-318 mph. Though F5 storms are rare, one touched down last fall in Xenia, Ohio, taking the life of one man and injuring 115 people. Within an hour of the storm’s passing, members of the **Dayton, Ohio, VA Medical Center’s Red Cross Disaster Mental Health Team** sprang into action. **Pam Davis**, a clinical

social worker, worked throughout the night, opening a disaster center and placing supportive pamphlets and other literature for those injured in the storm in a nearby hospital emergency room. **Fred Peterson**, a clinical psychologist at the medical center, visited three shelters and the emergency room, where he counseled those affected by the storm. He continued his work throughout the week. Also pitching in were **Rob Dennis**, a vocational rehabilitation specialist, and **Joan Barron**, a nurse clinical specialist. Barron spent the night of the storm coordinating the phone tree for VA volunteers and spent several days assisting field workers.



Alone in a motel room, his truck broken down and little or no money to pay for repairs, a veteran made a desperate call to the **Atlanta VA Medical Center** and was fortunate enough to be connected to social worker **Bruce Rooney**. The conversation took on a deadly tone though, when the veteran threatened to harm himself or possibly others. Rooney calmly spoke with the man and discovered he had been treated at Florida outpatient clinics in Viera and Daytona Beach and had a good relationship with his therapist there, **Marilyn McQuarrie**. The vet gave permission for Rooney to call her and after much reassurance that help was on its way, also promised not to do anything rash. After several more phone calls, help arrived

and the veteran was transported without incident to the Atlanta VAMC for evaluation and treatment.



It was a beautiful day for **Clyde Kelly**, a regular volunteer at the **Loma Linda, Calif., VA Medical Center**. The disabled Vietnam veteran and his wife were moving into their own home after some 10 years of homelessness. But the day’s joy was abruptly interrupted by the sound of piercing screams coming from outside. Kelly and his friend Ryan Molnar raced outside and saw a neighbor with her 8-month-old baby in her arms. The baby was blue, showing no signs of life; the woman frantically pleading for help. They placed the child on the grass and began CPR. “He asked me to do the compressions while he did the respiration,” said Kelly, describing how they coordinated the CPR procedures. After a few minutes, the baby began breathing. Paramedics soon arrived and transported the child to a nearby hospital where she was examined. They later learned the mother had been bathing her child and left the room for a couple of minutes to get a clean towel. When she returned, the infant was submerged in the bath water.



**Joe Print**, a construction analyst in the **Cleveland, Ohio, VA Regional Office’s Regional Loan Center**, was driving back to the office after a typical day of house appraisal reviews last December when all of a sudden, he saw a car skid on the icy pavement, roll over three times, and abruptly land on its roof. He immediately pulled his government van to the side of the road and

jumped out to assist the victim. As he approached the car, he saw a young woman crawling out of the vehicle’s shattered rear window. He helped the victim away from the wrecked car and had her sit inside the warm van. He wiped blood from the victim’s face, carefully removed embedded glass, and comforted her until paramedics arrived.



With quick thinking and decisive action, a group of employees in the Laundry Department at the **Minneapolis, Minn., VA Medical Center** saved the life of a co-worker in distress. **Randy Williams, Todd Vang, Clifford Johnson, Jewel Granger, Fred Holland, Charles Collet, Keith Shelby** and nurse manager **Joyce Damon, R.N.**, who happened to be nearby when the incident occurred, alerted the medical center’s Cardiac Arrest Team and performed CPR when a co-worker suddenly collapsed. They all received Heart Savers Awards for their actions.



**Nancy Griffith**, a nurse at the **Huntington, W. Va., VA Medical Center**, was driving home after work one night—she had her windows rolled up and the radio on—when she somehow managed to hear a voice calling for help. She pulled her car to the side of the road and again heard a man’s voice calling for help from down a hillside. Though she couldn’t see what was wrong, she dialed 911 and then climbed down the hill. At the bottom, she found an injured couple sitting next to their wrecked truck. Emergency personnel arrived shortly thereafter and rescued the couple. □