



U.S. DEPARTMENT OF VETERANS AFFAIRS
Vanguard

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A tall, stylized Olympic torch stands prominently in the foreground, its flameless top glowing. The torch is set against a backdrop of a large, modern medical center building with a sign that reads "Medical Center". In the foreground, a dense field of flags, including the United States flag and various international flags, is visible. The scene is set in a valley with mountains in the background.

Olympic Support
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On the cover:

The Salt Lake City VA Medical Center is located just across the street from Olympic Stadium for the 2002 Winter Games. Employees from the medical center and regional office took on a variety of volunteer assignments to help their community host the first Winter Olympics held in the U.S. since 1980. *Photo by Tod Peterson*

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INTRODUCING

Tom Iverson

If you spot the vintage 1942 U.S. Army ambulance cruising the streets of Reno, Nev., you can bet Tom Iverson is behind the wheel.

As Voluntary Service assistant in the VA Sierra Nevada Health Care System and curator of their Military Heritage Museum, Iverson takes the VA message to the streets by driving the ambulance in parades, ceremonies and other community events.

At each stop he talks with curious onlookers about the sacrifices of America's veterans and the role VA plays in their transition from military to civilian life. "He's the face of VA in the community," said Lisa Howard, the VA Sierra Nevada public affairs officer.

Serving in the military was his family's "patriotic duty," Iverson explained, and he joined right out of high school, just as his brother and father had done before him. He trained as a helicopter crew chief and served in Vietnam with the 173rd Airborne Brigade from 1969 to 1970. He went on to serve 20 years in the Army, retiring in 1988. He joined VA full-time in 1994, after completing a two-year work/study program.

The ambulance was donated to the medical center by the mother of a

veteran who restored military vehicles, and volunteer Rex Scollard got it into showroom condition.

Last year, Iverson drove the ambulance in about seven community events, including the Armed Forces Day parade and a hometown Christmas parade. He's displayed it at the state fair, at a conference of

emergency medical technicians, and at a local high school on Career Day.

The reactions of some community members have been surprising. "I found a lot of people didn't even know there was a VA hospital here in Reno," Iverson said. "I try to encourage them, especially the Vietnam veterans, to come back and check out the VA.

They didn't get a warm reception back in the '70s, but a lot has changed since then."

In this photo, taken by volunteer Charles "Bud" Lemmond, Iverson looks the part, wearing a crisp World War II-era uniform and chewing on an old stogie as he flips through the pages of a 1940s YANK magazine. He has a similar photo of his father, who served in the Army Air Corps during World War II. ▣



By Matt Bristol

John Hancock, Director,
Office of Occupational
Safety/Health and
Workers' Compensation



Violence in America has reached epidemic proportions, according to recent reports of workplace monitoring organizations. News reports

all too frequently confirm this as they detail violent workplace episodes.

Yet these dramatic events that seize national and local headlines are only a small part of what we experience day-to-day. The majority of violent and aggressive incidents are not fatal assaults, but everyday occurrences of rude and aggressive behaviors—intimidation, verbal threats, harassment, and physical abuse—that undermine effective service.

The tragedy of these subtle, and sometimes not so subtle, incidents is that they often go unreported, and therefore unresolved.

Regrettably, these acts of workplace violence are often accepted as routine events and considered “part of the job.” This informal

culture of violence tolerance forms a base on which progressively aggressive and violent behaviors may build. Self-esteem, morale, and service can be diminished as a result.

In recognition of the need for more active effort to reduce workplace violence and to obtain and share knowledge, the Veterans Health Administration (VHA) assembled a team of experts and professionals with specialized knowledge and trained as “Prevention and Management of Disruptive Behavior” (PMDB) Master Trainers. These experts provide excellent state-of-the-art program assistance for any VA organization. PMDB contacts are listed on the VA Office of Safety and Health violence prevention Web site,

Get Involved in Preventing Violence in the Workplace

vaww.va.gov/vasafety, under “Violent Behavior Prevention.”

In developing prevention programs, VHA is taking the additional leadership step of sponsoring a national violence prevention “stand down” satellite broadcast this year. As part of the VHA stand down, the Veterans Benefits Administration (VBA), National Cemetery Administration (NCA) and all VA Central Office (VACO) organizations will be able to share valuable information for developing and maintaining effective violence prevention programs.

It is important that factors that contribute to workplace violence be recognized and defined, and that systems are in place to measure and quantify the costs and consequences of aggressive and violent behaviors so that programs can be developed to reduce and prevent them.

We must expand our concept of violence prevention to embrace a collaborative approach that includes

We must expand our concept of violence prevention to embrace a collaborative approach that includes the whole work environment.

the whole work environment. Adopting proactive methods increases possible intervention options. Our goal is to help employees and managers understand the human and business value of reducing workplace stress, aggression and violence by linking interventions to organizational performance.

Our research shows that an “empowered” work climate is strongly associated with lower stress and aggression and higher employee satisfaction. “Work climate” refers to the way work processes are structured and managed, and deals with issues such as scheduling work (work-rest schedules, hours of work and shift work), job design (complexity of tasks, degree of worker con-

trol), interpersonal aspects of work (relationships with supervisors and co-workers), management style (autocratic, participatory management, teamwork), and organizational characteristics (culture, communications).

Effective strategies for conducting work organization interventions to improve work climate need to be developed. Intervention research is a new and multidisciplinary field that has not been traditionally applied to employee safety and health research. We are participating in studies of VA organizations with VA and private sector partners to identify effective violence intervention strategies. I am particularly encouraged by the support and participation we have received from our partners in VBA and NCA.

Secretary Principi clearly stated in his Oct. 19, 2001, letter to all employees that violence in the VA workplace will not be tolerated and that he expects more to be done to reduce violence in VA.

Violence prevention must be a collaboration of managers, employees and their representatives,

and veterans and their representatives. These groups need each other’s support to foster an understanding of the causes of aggression and violence, establish firm parameters of acceptable behavior, and take part in providing interventions tailored to address the root cause of violence for each workplace. Every person working in, being served by, or visiting VA facilities deserves to be treated fairly and equitably, with dignity and respect.

I will continue to reach out to organizations and individuals who want to form these partnerships to enhance our ability to serve veterans and I encourage you to participate in your organization’s violence prevention activities. □

President Seeks Record VA Budget Increase



Secretary Anthony J. Principi testifies at a House Veterans Affairs Committee hearing on the FY 2003 budget proposal. With him are, from left, Acting Under Secretary for Health Dr. Frances Murphy, Principal Deputy Assistant Secretary for Management Mark Catlett, and Acting Under Secretary for Benefits Guy McMichael.

President Bush is seeking a \$58 billion budget for VA in fiscal year 2003, an increase of \$6.1 billion over this year's budget. If approved by Congress, this funding increase would be the largest ever for VA. The new budget also would give VA the largest increase in health care spending in history—an 8.2 percent hike.

VA Secretary Anthony J. Principi said the proposed budget furthers the Department's three highest priorities—improving the timeliness and accuracy of claims processing, ensuring that veterans receive high-quality health care, and meeting their burial needs while maintaining VA's cemeteries as national shrines.

The budget requests \$25.5 billion for medical programs, a \$2.7 billion increase; \$31.5 billion for veterans' benefits programs, a \$3.4 billion increase; and \$138 million to operate the national cemetery system, a \$17 million increase. It also includes the largest request for capital programs (construction and grants) since 1996, totaling \$537 million.

Significant new initiatives in the budget include:

- \$892 million to fund certain federal retiree benefits as proposed by the Administration's Managerial Flexibility Act of 2001;

- \$179 million for a new competitive grant program replacing programs currently administered by the Department of Labor that help create, expand or improve employment and training programs for veterans; and

- an annual \$1,500 medical care

Two VA Health Care Networks Merge

In the first major change to the Veterans Health Administration (VHA)'s health care network structure since it was set up in 1995, two of the 22 Veterans Integrated Service Networks (VISNs) are merging.

VISN 13, headquartered in Minneapolis, oversees VA facilities in Minnesota, North Dakota and South Dakota. VISN 14, headquartered in Lincoln, Neb., manages VA's health care resources in Iowa and Nebraska.

The move is being made to increase efficiencies and redirect resources to patient care, according to VA Secretary Anthony J. Principi. He pointed out that VISN 14 serves fewer veterans than any of the 22 networks, and VISN 13 serves the third fewest. The combined network, called VISN 23, will still rank as the eighth smallest among the 21 remaining networks.

deductible for higher-income, non service-connected veterans.

Why the need for such a large increase in health care funding? VA has experienced unprecedented growth in enrollment for health care. In 1995, 2.9 million veterans were enrolled; by 2001, that number had jumped to 6 million.

Open enrollment since 1996 has resulted in particular increases in the number of higher-income, nonservice-connected veterans (Priority 7s) coming to VA for care. Thirty-three percent of total enrollees currently fall into this group, and that number is expected to leap to 42 percent by 2010 with no policy change.

New congressional mandates such as emergency care, mental health, long-term care and CHAMPVA for Life are other contributing factors to the need for more funding, as are the aging of the veteran population and increased costs for pharmaceuticals and health care in general.

The president's proposed budget also supports a VBA workforce of 13,139, 125 over the current level, and establishing new national cemeteries near Miami, Pittsburgh, Detroit and Sacramento. □

Putting the two VISNs under one management structure will result in a single, large operating budget that will create efficiencies by reducing overhead costs and eliminating duplicative services. No facilities are slated to be closed under this merger.

Principi named VISN 13 Director Robert Petzel, M.D., to serve as interim director for the new network. He's been charged with developing an integration strategy. A joint VISN 13/14 advisory committee will manage the merger.

Discussions with groups affected by the merger, including employee unions and veterans service organizations, will be a part of the integration process. Though the number of employees affected by this merger has not yet been determined, it is expected to be small. The consolidated VISN office will be located in Minneapolis. □

Final CARES Decision for VISN 12 Announced

Secretary Anthony J. Principi announced last month that he decided to approve the VA health care delivery changes for VISN 12 (Chicago) recommended to him last summer in the first phase of the Capital Asset Realignment for Enhanced Services (CARES) process.

For the Southern Market, which encompasses the Chicago area, the Secretary approved shifting inpatient services from the Lakeside Division of the VA Chicago Healthcare System to its West Side Division. A large, multi-specialty outpatient clinic will be maintained at Lakeside, and West Side will be remodeled. The Lakeside property will be made available for other government and commercial uses.

The Hines VA Hospital will be renovated, including the Blind Rehabilitation and Spinal Cord Injury Centers. Sharing opportunities between the North Chicago VA Medical Center and the adjacent Naval Hospital Great Lakes will be enhanced.

In the Central Market (Wisconsin), 75 nursing-home beds will be transferred from the Tomah VA Medical Center to the Madison VA

Medical Center, bringing it to full capacity. The Tomah and Milwaukee VA Medical Centers will be renovated, and both facilities will retain their current missions.

Milwaukee also will continue to supply spinal cord injury services. In addition, three community-based outpatient clinics are recommended in Green Bay and Wisconsin Rapids, Wis., and Freeport, Ill.

In the Upper Peninsula of Michigan (Northern Market), the Iron Mountain VA Medical Center will be renovated and will continue as an active facility and telemedicine hub. A new community-based outpatient clinic is recommended for Delta County.

The Secretary's decision followed a 60-day public comment period on these three options, during which more than 13,000 comments from veterans, veterans service organizations, VA employees, Congress and other interested parties were received. Comments were reviewed by the National CARES Steering Committee before final recommendations were presented to the Under Secretary for Health, and then to the Secretary for the final decision. In

light of the Sept. 11 terrorist attacks, a reassessment of VISN 12's capability to meet its Defense Department contingency role under these options also was conducted before the final decision was made.

VA Deputy Secretary Leo S. Mackay Jr., Ph.D., traveled to Chicago on Feb. 8 to announce Principi's decision to VISN 12 employees, local veterans, interested community members, and local media. He told the groups that every effort will be made to minimize the impact of these changes on employees and patients.

VISN 12 will develop implementation plans for the changes, which will be phased in over a period of several years. Because the changes will be gradual, staff reductions are expected to be accomplished mainly through attrition, early retirements, reassignments to programs where services are being enhanced, and reassignments to other locations. Reductions in force will be a last resort.

CARES studies will be conducted throughout the VA health care system. The process is expected to be completed in two years. □

First Veterans Enterprise Awards Program Held

The Center for Veterans Enterprise paid tribute to those who promote business ownership opportunities for veterans during a ceremony held in VA Central Office on Feb. 14, exactly a year after the center's official dedication as part of the VA Office of Small & Disadvantaged Business Utilization.

Among those honored were several employees who provided support for the center during its founding. Jack Hackett, from VBA's Vocational Rehabilitation and Employment Service; Tom Pamperin, of VBA's Compensation and Pension Service; and Fran Heimrich, with the VA Office of Public Affairs, each received achieve-



VA Deputy Secretary Leo S. Mackay Jr., Ph.D., congratulates Enterprising Veteran's Award winner Ben Reyes.

ment awards from Deputy Secretary Leo S. Mackay Jr., Ph.D., and Scott F. Denniston, director of the VA Office of Small & Disadvantaged Business

Utilization. Also honored were representatives from the U.S. Air Force, the Association of Government Marketing Assistance Specialists, and the Defense Contracting Agency.

Ben Reyes, owner of Iron Eagle Environmental Services, received the first Enterprising Veteran's Award. A service-connected disabled veteran, Reyes contacted the center following the Sept. 11 terrorist attacks to volunteer his firm's environmental clean-up services. He is also a volunteer on the Northport New York

Indian Veterans Outreach Council and encourages Native American veterans to come to VA for their health care needs. □

VA, DoD Study Links ALS to Gulf War Service

Preliminary results of a study by VA and Department of Defense (DoD) researchers indicate veterans who served in the Gulf War are nearly twice as likely as their non-deployed counterparts to develop the fatal neurological disease amyotrophic lateral sclerosis (ALS), commonly known as Lou Gehrig's disease.

Those findings prompted VA Secretary Anthony J. Principi to announce in December that the Department would immediately begin compensating veterans who were deployed to the Gulf region between Aug. 2, 1990 and July 31, 1991, and later developed Lou Gehrig's disease.

"The hazards of the modern day battlefield are more than bullet wounds and saber cuts," Principi said at a news conference announcing the decision. "We have to be conscious of that and act accordingly."

He said the study results are considered preliminary because they haven't yet been peer-reviewed or published in an academic journal. But since the disease progresses rapidly, usually causing death in two to five years, he didn't want to wait to begin compensating the affected veterans and their survivors. The law allows VA to adjudicate the claims of these veterans on the basis of the evidence available now.

The epidemiological study, one of the largest ever conducted, began in March 2000 and involved nearly 700,000 service members deployed to Southwest Asia during the period, and 1.8 million who were not deployed to the Gulf during that time. Researchers found 40 cases of ALS among deployed veterans, a rate of 6.7 per million, and 67 cases among the larger group of non-deployed veterans, a rate of 3.5 per million. About half of the veterans with ALS identified by the study have died.

In the wake of Principi's announcement, the Veterans Benefits Administration (VBA) stepped up its efforts to help the affected veterans. VBA centralized its ratings of the claims of Gulf War veterans with Lou Gehrig's disease as well as the claims of their survivors.

A memo to VA regional offices

urged local officials to move quickly when they identify Gulf War veteran claims, and immediately encourage those veterans to file for service-connection for ALS. VBA's Data Management Office provided regional offices a list of deployed Gulf War veterans where VBA records indicated a claim for ALS or an undiagnosed neurological condition to assist in getting benefits to these veterans.

ALS is a rare disease that destroys the nerve cells controlling muscle movement. The cause is unknown, and there is no effective treatment.

Principi said the findings of this investigation warrant further study, and he will devote additional resources to the issue. The investigation, jointly funded by DoD and VA for \$1.3 million, included case reviews, examinations and at-home interviews of the participants. Follow-up studies will examine whether the Gulf War veterans who developed ALS had anything in common that might point to a cause.

In January, a new advisory committee was appointed to help VA oversee its research into the health

problems of Gulf War veterans. The 12-member Research Advisory Committee on Gulf War Veterans' Illnesses, composed of medical experts and veterans, was established by Congress to advise the Secretary on proposed research.

The panel must submit an annual report on the status and results of government research activities and research priorities identified by the committee. Although the committee will not conduct research, its charter instructs members to review "all relevant research, investigations, and processes" done in the past to assess the methods, results and implications for future research.

James H. Binns Jr., a Vietnam veteran, former principal deputy assistant secretary of defense, and chairman of the board of Parallel Design, Inc., of Tempe, Ariz., will lead the new advisory committee.

An expert panel of scientists and subject matter authorities will assist the committee, functioning as an auxiliary to review the group's findings and provide expert guidance to the committee and the Secretary. □

VA Clinical Programs Among Nation's Finest

Some of the Veterans Health Administration (VHA)'s highest performing clinical programs were recognized as being among the finest in the nation during a "virtual" award ceremony conducted Jan. 29 in VA Central Office and broadcast to each VHA network office via videoconference technology.

Sixty-five clinical programs at 27 different VA medical centers were designated "Clinical Programs of Excellence" by Dr. Thomas Garthwaite, former Under Secretary for Health, in what was his last award ceremony as head of VA's health care system. The clinical programs recognized were judged among the best in American health care during a rigorous peer evaluation process and, as programs of excellence, will serve as models within the VA health care system.

Winners were selected in 18 clinical categories covering areas such as cardiac surgery, renal

dialysis, HIV and substance abuse, and had to meet stringent criteria in order to receive the two-year clinical program of excellence designation. The program's top achiever was the VA Palo Alto Health Care System, home to six clinical programs of excellence. The VA New York Harbor Health Care System and the San Francisco VA Medical Center each had five clinical programs recognized during the award ceremony.

Dr. Kenneth Kizer started the Clinical Programs of Excellence Awards in 1997; they are presented every two years. Programs at several facilities have received the designation three times a row. Among those are: the substance abuse program at the Cleveland VA Medical Center; the renal dialysis program at the Durham, N.C., VA Medical Center; and the cardiac surgery program at the West Roxbury, Mass., VA Medical Center. □

NCA's Shrine Initiative: Commitment to Dignity



Contract workers place sod during gravesite renovation at Willamette National Cemetery in Portland, Ore.

The words “national shrine commitment” are heard more and more at VA’s national cemeteries. They appear in the 1973 law that established the national cemetery system within VA and decreed: “All veterans cemeteries shall be considered national shrines as a tribute to our gallant dead.”

VA’s National Cemetery Administration (NCA), now operating 120 national cemeteries, has always taken these words to heart. Recently, the Veterans Millennium Health Care and Benefits Act directed VA to study what improvements could ensure that national cemeteries meet the appearance standards of the best in the world. The words “national shrine commitment” seemed a perfect name for this initiative.

To maintain more than 2.5 million graves in a manner befitting those who rest in its cemeteries, VA requested \$10 million in its proposed 2003 budget to renovate gravesites and to clean, raise and realign headstones and markers. This is the same amount received in FY 2002 and doubles the FY 2001 national shrine commitment funding.

Dramatic appearance changes resulted at the four cemeteries that received last year’s funds. NCA anticipates even more improvements as the program continues and more cemeteries are included.

“The pace of burials in our national cemeteries is increasing,”

said Under Secretary for Memorial Affairs Robin L. Higgins.

“Quality maintenance of more gravesites is a bigger part of our strategic plans than ever. We want there to be no doubt that those who rest in national cemeteries are in hallowed ground.”

The Under Secretary added that the full scope of NCA’s national shrine commitment awaits completion of the study required by the Millennium Act. Maintenance of large cemeteries is ongoing. Cemetery age, climate, burial rates and other factors affect maintenance requirements.

The FY 2001 funds were used to clean, raise and realign 170,000 upright headstones or flat grave markers and to perform other gravesite repairs at Long Island (N.Y.), Golden Gate (San Bruno, Calif.), Fort Sam Houston (San Antonio, Texas) and Willamette (Portland, Ore.) national cemeteries. Some FY 2002 funds will be used to complete the work.

Long Island National Cemetery has received \$3.3 million to raise, realign and clean 80,000 headstones this year, following last year’s repairs on 40,500 headstones. Golden Gate National Cemetery

received nearly \$2 million to renovate 90,000 gravesites this year. With last year’s project funding, 100,000 grave markers were raised, cleaned or realigned.

Willamette National Cemetery has received \$997,000 to raise, realign and clean 10,600 flat grave markers and renovate the gravesites. Last year, the cemetery improved 20,400 grave markers and renovated more than 1 million square feet of turf. Fort Sam Houston National Cemetery received \$1.9 million this year for work on more than 41,000 headstones and markers and renovation of more than 5,500 gravesites. Last year, the cemetery got \$293,000 to raise, realign and clean 10,000 headstones.

Newly funded this year are the Memphis and Wood (Milwaukee, Wis.) national cemeteries. Memphis National Cemetery received \$935,000 to raise, realign and clean 37,000 headstones. Wood National Cemetery received a total of \$771,000 for the same work on 17,000 headstones and renovation of nearly as many gravesites. □

By Jo Schuda



Maintaining the many historic features of national cemeteries, like this Civil War monument at Cave Hill, Ky., National Cemetery, is an element of the national shrine commitment. NCA has begun conservation efforts to retard deterioration of the fragile stone, which is in poor condition. Last month, the cemetery hosted a 140th anniversary ceremony for the monument. Carved by August Bloedner, a member of the 32nd Indiana (First German) Infantry, it honors fallen soldiers of that unit. About 130 people attended the ceremony, which included Union re-enactors in “mourning,” cannon and rifle salutes, and a wreath laying.

VA's Unique History, M



Field investigators like Alberto Villanueva travel to all corners of the Philippines making sure claims for VA benefits are legitimate and that benefit checks are getting into the right hands.

Scattered across the warm waters of the South China Sea, about 7,000 miles southwest of San Francisco, are the islands of the Philippines. The archipelago is home to more than 19,000 VA beneficiaries—veterans, widows and children.

Many Filipino veterans fought side-by-side with U.S. soldiers during the Japanese invasion of World War II. Some served with the Regular Philippine Scouts, also known as the “old scouts,” Filipino-manned units of the U.S. Army. Others served in the Philippine Army or with U.S.-backed guerrilla units. Some survived one of the most notorious episodes of the war in the Pacific, the Bataan Death March.

Today, Philippine units are once again working with U.S. troops as part of *Operation Enduring Freedom*. U.S. Special Forces troops are aiding the Philippine army in their hunt for the terrorist group Abu Sayyaf, Arabic for “Father of the Sword.” The extremist group has ties to Osama bin Laden’s al Qaeda network and is best known for a series of high-profile kidnappings in which they are believed to have netted millions.

Far to the north of Abu Sayyaf’s stronghold on Basilan Island is the Island of Luzon and the Philippine capital of Manila, home to the VA Regional Office and Outpatient Clinic. More than 200 employees work in the office, delivering benefits and providing health care to eligible Filipino veterans and dependents. It is the only VA facility located outside the United States or its territories and is one of the largest agencies operating out of the U.S. Embassy in Manila. In addition to its VA mission, the office also administers the U.S. Social Security program in the Philippines.

The Manila office traces its roots to the early 1900s, when the United States assumed formal sovereignty over the Philippines. In 1921, President Warren G. Harding signed the Veterans Bureau Act, and a year later, the U.S. Veteran Bureau Office in Manila was open.

Back then, the office administered benefits for Filipinos who served in the Regular Philippine Scouts. Originally formed in 1901 and disbanded in the 1940s, the Regular Philippine Scouts were always part of the U.S. Army. They are entitled to all VA benefits under the same

criteria as veterans of the U.S. armed forces.

The Tydings-McDuffey Act of 1934 required the Commonwealth Army of the Philippines to respond to the call of the U.S. President under specified conditions. Those conditions were met on July 26, 1941, and President Franklin Delano Roosevelt ordered the Commonwealth Army to serve with the U.S. armed forces in the Far East during World War II. At the outbreak of the war, there were 17 employees in the VA Manila office administering to the needs of 7,500 veterans.

When the Japanese invaded Manila in January 1942, they sealed the VA office building and employees were not permitted to enter. All VA personnel dispersed and the American personnel remaining were interned for the duration of the war. The VA office was officially re-opened less than a month after the liberation of Manila, in March 1945. The Philippines gained independence from the U.S. in 1946.

Fifteen years after the end of the war, in 1960, the VA office transferred to its present location in the U.S. Embassy compound. Former VA Administrator Thomas K. Turnage was on hand for the dedication of the office’s outpatient clinic when it moved to a new stand-alone building in 1987.

Filipino citizens who serve in the U.S. armed forces are eligible for the same VA benefits under the same criteria as other U.S. military veterans. During World War II, Filipinos served in a variety of units, some under U.S. control, others with no ties to the U.S., and still others somewhere in the middle. Over the years, federal law, international treaties and court cases have taken up the question of which VA benefits these various groups are entitled to.

Administering VA benefits claims in the Philippines can be tricky business. When Filipinos need to get something done, they often turn to a “middleman.” It’s a practice deeply ingrained in their culture and affects almost every aspect of life. For VA purposes, this middleman is often

mission in the Philippines

called a “claims fixer.”

Many of them are not recognized by VA as legitimate representatives of the veterans, as members of veterans service organizations would be. Crooked middlemen look to make a profit by convincing unknowing beneficiaries to submit fraudulent evidence in support of a claim. In return, they request a fee or a percentage of the benefit payment. The Manila office runs a continuing education campaign aimed at alerting beneficiaries about these dubious tactics.

To determine the legitimacy of evidence submitted in support of a claim, and to hand-deliver benefit checks to ensure they get to the rightfully entitled beneficiary, the Manila VA office operates a Field Investigation Unit. Comprised of 11 field investigators, this unit is responsible for conducting fiduciary field examinations and “non-program” field investigations. Last year, they conducted more than 1,800 examinations and investigations. “Our field investigators are our front line of defense against fraudulent activities,” explained Jon Skelly, assistant director of the Manila VA office.

Field investigators travel to all corners of the Philippines, an archipelago of more than 7,000 islands. They traverse mountains, jungles and rivers using any type of transportation available—bicycle, horseback, or raft.

One field investigator, Ralito J. Daylin, survived being bitten by a venomous cobra during an investigation in a remote province. “I was all alone, but luckily I

had my cell phone,” he said. “I called my sister who has medical training and she told me what to do.” He made a small incision on his leg to let the wound bleed. As he sat there on the side of the road, an old man came walking by. It was “like a miracle,” said Daylin. The man sucked the venom from his wound and he was able to drive to the nearest town for medical treatment.

Alex DeGuzman is chief of the Manila field section and has been a field investigator since 1982. Delivering benefits to the proper recipients isn’t just his job—it’s personal. His father served alongside U.S. troops during World War II. He survived the Bataan Death March and later escaped from a Japanese prison camp. During his escape, he was shot in the back. After recovering in a jungle hideout, he organized a guerrilla unit and battled Japanese Occupation Forces for the remainder of the war. DeGuzman’s father was awarded a Purple Heart, but he never applied for VA benefits, saying, “Service to my country is free.”

During one field investigation, DeGuzman and colleague Rosel



Transportation is a constant challenge for the Manila field investigators, who often must find creative ways of getting where they need to go.

Matienzo had to park their jeep and walk to a veteran’s house, which a guide assured them was “very near.” They left their jeeps and set out at 6 a.m. Ten hours later, after hiking over three mountains and crossing a rope bridge suspended 50 feet above a raging river, they finally reached the veteran’s home.

With darkness setting in, DeGuzman took “one of the fastest depositions in long hand I have ever taken.” By 10 p.m. they had made their way back to a small town where a police officer agreed to let them sleep in a municipal office building. They tried to make it as comfortable as possible, with DeGuzman sleeping on a cleared desk and Matienzo stretched out between two chairs.

A recent study revealed that through the efforts of the Field Investigation Unit, the Manila VA office saved taxpayers an estimated \$1,345,000 in fiscal years 2000 and 2001. But Rick Johnson, the Manila VA veterans service center manager, noted that investigators do more than save taxpayer money. “These brave investigators are ensuring those who have rightfully earned benefits do not have the gratitude of our nation diminished by paying benefits to those who have not earned them.” □

By Matt Bristol and Jon Skelly



2002 Winter Olympics

VA Volunteers Stay Busy Behind the Scenes



Stephanie Hatton-Ward, a clinical nurse coordinator with the VA Salt Lake City Health Care System, volunteered at the Salt Lake Olympic Committee headquarters.

Millions watched last month as top athletes faced off in international competition at the 2002 Winter Olympics.

They saw America sweep the men's snowboarding half pipe competition, an Olympic first, and watched off-the-ice drama unfold after a French judge admitted feeling pressured to vote for a Russian figure skating team in a controversial gold medal decision.

What they couldn't see on the TV screen were the thousands of volunteers working behind the scenes to help make the Games a success.

Many were from the VA Salt Lake City Health Care System, which is located just up the hill from where athletes ate and slept in the high-security Olympic Village. Some volunteered their medical skills to treat athletes in the Olympic Polyclinic, located inside the village. They treated athletes suffering from dehydration or the flu, or helped those with sports injuries such as ligament damage or stress fractures.

Mark Elstad, M.D., director of the VA intensive care unit (ICU) and professor of medicine at the Univer-

sity of Utah School of Medicine, served as medical director of the polyclinic. He spent six weeks running the 24-hour clinic, which involved treating high-profile athletes and supervising the staff of 80 volunteer physicians, nurses and medical specialists. His tour marked the culmination of nearly four years of planning.

Elstad said he got involved because the VA affiliate, the University of Utah School of Medicine, was subcontracted to staff the polyclinic and sought volunteers from within the medical school staff, many of whom are also VA employees. He compared his experience to being on call for six weeks in an ICU with a busy rotation. "Maybe this is a little worse," he said, laughing. "At least in the ICU I know what I'm doing."

Joining Elstad in the polyclinic was Dr. Ronald Gebhart, chief of staff at the medical center, who used seven days of annual leave to serve as a primary care physician. This was Gebhart's second Olympic tour; he was a volunteer during the 1996 Summer Olympics while working at the Atlanta VA Medical Center. He

said it was an exciting change of pace to treat world-class athletes in top physical condition.

Physical therapist Brian Murphy, who serves as clinical manager for rehabilitation services at the medical center, saw his share of sports injuries in the polyclinic. The former Army paratrooper sent in his resume a year-and-a-half before the Games began and was one of about 40 physical therapists chosen from more than 400 applicants. "It's like a who's who of sports therapists from all over America," said Murphy, who chairs the VHA Physical Advisory Council.

Sandy Sweitzer, R.N., also submitted her volunteer applications more than a year before the Games began. The Salt Lake Organizing Committee received three times as

Emergency Teams Prepare for Worst-Case Scenario

A new team was invited to Salt Lake City for the 2002 Winter Olympics. But they weren't there to compete and no one wanted them to be called into action.

When Salt Lake City was chosen to host the Winter Olympics, few Americans considered terrorist attacks on U.S. soil a credible threat. Sept. 11 changed that. The terrorist attacks placed increased emphasis on security procedures for high-visibility events such as New Year's Eve in Times Square and SuperBowl XXXVI in New Orleans.

The Olympics are the ultimate in high visibility, and were targeted in 1972 by Palestinian terrorists who killed 11 Israeli athletes. To prepare for the possibility of another terror attack, a joint team of hospital decontamination experts from VISN 8 (Bay Pines, Fla.) and VISN 7 (Decatur, Ga.) were brought in to boost Salt Lake City's ability to respond to weapons of mass destruction or other disaster incidents.

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many applications as it had volunteer positions and held a series of interviews to sift through the volunteer pool. Sweitzer, a clinical coordinator at the medical center, made it through three interviews and was assigned a position in the wardrobe department for opening and closing ceremonies of both the Olympic and Paralympic Games. "It was the chance of a lifetime," she said.

Her department was made up of about 300 volunteers responsible for alterations and custom fitting for more than 5,000 costumes used in the opening ceremony alone. She stitched the silvery gowns worn by the "crones," the 25-foot tall, stilt-wearing mystical creatures which led the opening procession.

She described the moment President Bush entered the stadium for the opening ceremony. "All the dignitaries had to pass through our staging area," she explained. "The Secret Service told us the president

was coming and lined us into a human chain. He walked by and put his hand on my shoulder to say 'hi' to the kids. It was wonderful, just wonderful."

Native American dancers from the five tribes of Utah followed the thunder and lightning of the "crones" in the opening ceremony procession. Among them was Kathleen First Raised, a secretary in the medical center's audiology department.

She is a member of the Assiniboine tribe of the Fort Peck Indian Reservation in northwestern Montana, which was invited to participate by the Northwestern Band of Shoshone, one of Utah's five tribes. She was joined by her father, a Korean War veteran, and her two nieces.

Volunteers also emerged from the ranks of the Salt Lake City VA Regional Office. Don Wardle, a veterans service representative,

submitted his volunteer application last February. Nearly six months later he was chosen to be a sector coordinator at the Utah Olympic Oval, site of the long track speed skating competition.

He started his Olympic duties on Jan. 5, and in the weeks leading up to the Games, supervised seven specialists responsible for security, access control and loss prevention at the venue. During the Games, he led a group of 22 volunteers who worked all aspects of venue operations, including hosting, ticket collection, spectator control and security.

The Olympics bring together world-class athletes for international competition. But they also can bring out the best in people like the thousands of volunteers who contributed countless hours of their time and energy to help make the Winter Games a success. □

By Matt Bristol

VA Olympic Volunteers

Many employees from the VA Salt Lake City Health Care System and VA Regional Office volunteered their time and skills to help make the 2002 Winter Olympics a success. They joined hospitality crews assigned to welcome the thousands of international guests descending on Salt Lake City, provided medical treatment to athletes and spectators, and supported behind-the-scenes emergency preparedness operations. Here are a few of their stories.

- **Ian Willard**, a supervisory veterans service representative from the regional office, staffed the Salt Lake Ice Center (the Delta Center), site of all figure skating and some short track speed skating competitions. He was stationed in the Olympic Family Member Lounge and was responsible for ushering dignitaries to their reserved seats.
- **Sylvia McKee, R.N.**, an education coordinator at the medical center who is active in the Utah Nurses Association, served on the International Olympic Committee's Medical Commission and helped establish criteria for volunteer nurses as part of the Intermountain Health Care Nursing Committee.
- **Sharon Jones**, a visual impairment coordinator, and **Janet Cook**, a patient services assistant, helped transport the Olympic Committee of Slovenia. Jones said the committee contacted her because she is Slovenian and belongs to a national heritage organization.
- **Phillip A. Kithas, M.D.**, provided medical treatment for athletes competing in the Paralympics.
- **Penny Jensen**, a nurse practitioner in primary care, provided medical care during the Olympics.
- **Faith Gartrell**, a nurse anesthetist, was at the Utah Olympic Park as part of the media services team.
- **Tracy Dustin**, a registered nurse, provided health care support at the Medals Plaza.
- **James Cypress**, an environmental care supervisor, joined his church choir on stage for the opening ceremony to back up Gladys Night, Aretha Franklin and other entertainers.
- **Harald E. Olafsson, O.D.**, chief of optometry, worked 14 shifts in the polyclinic inside Olympic Village.
- Medical Residents **Helen Hollingsworth**, **Tim Lahey**, **Heather McGuire** and **Marinka Kartalika** provided medical care at the polyclinic and the media center.
- **Stephanie D. Hatton-Ward, R.N.**, a clinical nurse coordinator, volunteered in the Salt Lake Olympic Committee headquarters.
- **Richard Brown, R.N.**, who works in outpatient mental health, staffed a Red Cross first aid station set up at a Park-and-Ride site near Park City, Utah, where many of the downhill events were held.



Members of the VISN 8 Haz-Mat/WMD Mobile Hospital Decon Team and the VISN 7 Emergency Medical Response Team set up a decontamination site near the emergency room entrance of the Salt Lake City VA Medical Center.

"This [the Olympics] is what they call a National Security High Risk Event," explained Dr. Kristi L. Koenig, VA's chief emergency management consultant. "And there are some unique aspects to consider since the VA medical center is so close to the Olympic venue. For example, we need to be able to protect not only the athletes and spectators, but also VA employees and veteran patients."

In the months leading up to the Games, Bill Bossert, an area emergency manager from the VA North Texas Health Care System, met with leadership from VISN 19 (Denver) and the VA Salt Lake City Health Care System to assess their disaster response capabilities. They decided to bring in a team of hospital decontamination experts composed of members of the VISN 8 Haz-Mat/WMD Mobile Hospital Decon Team and VISN 7's Emergency Medical Response Team. "We train and practice together," explained Bruce Martin, the VISN 7 area emergency manager, "now we're deploying together."

This joint team was made up of about 30 specialists certified in "Awareness and Operations Level Hospital Decontamination" by the

Occupational Safety and Health Administration. They spent the weeks of the Olympic opening and closing ceremonies manning a decontamination site set up near the emergency room entrance of the Salt Lake City VA Medical Center.

Thomas H. Weaver, director of the Bay Pines VA Medical Center and co-coordinator of the Bay Pines team, said their mission had three primary goals: to protect the VA medical center, support other federal agencies such as the Public Health Service, and to train a new Salt Lake City decontamination team. Coming from the Sunshine State, Weaver said his team gained valuable experience working in Salt Lake City's sub-zero temperatures. "We've never really trained below 40 degrees, so this allowed us to improve our cold weather capabilities." He said the opportunity to coordinate and interact with emergency teams from other agencies was another benefit of their Olympic experience.

"We learned a lot," said Martin, who also provided emergency support during the 1996 Summer Olympics. "But the most important was how to work together as a team ... it was exceptional, really outstanding." □

Landmark Agreement Benefits VA and Navy

VA Deputy Secretary Leo S. Mackay Jr., Ph.D., and Navy Secretary Gordon England signed a landmark agreement last month that will benefit both North Chicago VA Medical Center and the neighboring Great Lakes Naval Training Center.

Under the agreement, a 48-acre parcel of land will be transferred from VA to the Navy. Immediately adjacent to the Navy's Recruit Training Command, the land will be used in Great Lakes' nearly \$1 billion boot camp construction project. New barracks with dining facilities and classrooms, along with a drill hall, will be built on the land. It is the former site of a nine-hole golf course for veterans, and hasn't been used since former VA Secretary Jesse Brown decided that VA funds could no longer be spent on golf courses.

The land will allow Great Lakes to create a training campus that places buildings where they will best support training operations. It also enables the planning of buildable sites into the layout of the new boot camp, giving Great Lakes flexibility to prepare for any expanded mission that might be assigned in the future.

"This agreement permits the Navy to expand its only recruit training command in the smartest, most efficient way possible," Secretary England said.

In exchange for the land, the Navy has agreed to buy electricity and steam for its new facilities from a planned VA-sponsored co-generation energy center. This agreement will provide VA substantial energy savings in the future.

"The agreement reaffirms our commitment to work with the Department of the Navy and DoD to look for additional ways to maximize our resources in order to effectively serve both our nation's veterans and our active duty personnel," said Mackay.

The two officials signed the memorandum of understanding at a Feb. 8 ceremony at the North Chicago VA Medical Center. The VA medical center and the Great Lakes Naval Hospital already have several sharing agreements in health care

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Meds By Mail Program's Routine Miracles



The Meds by Mail program provides prescription drugs to more than 8,000 VA beneficiaries.

Desperate times breed desperate measures, and for Sherry Rockwell of Bremerton, Wash., the word desperate was a serious understatement. The wife of a disabled Vietnam vet, Sherry suffers from leukemia, asthma, arthritis, fibromyalgia and several heart ailments, and until recently was forced to live on welfare to cover her enormous medication bill each month.

A seemingly good bit of news came in February 2001, when her husband Phil, who is treated at the Seattle VA Medical Center, had his monthly disability compensation increased. Unfortunately, the increase in VA compensation benefits meant that it was no longer possible for Sherry to receive welfare benefits. The result was devastating—she lost access to the medicines that she needed to live.

"I had no means of getting any medication," said Rockwell. "Because of my leukemia, my platelet count was up around 2 million and

my doctor gave me about a month to live. I was getting really desperate. I had to beg the people down at the welfare office to extend my benefits, even though I wasn't eligible. Thank God they did."

Things looked bleak until Seattle VA Medical Center's Lena Swanson told Rockwell about the Meds by Mail program and put her in contact with Ted Benn, the national Meds by Mail coordinator. The Meds By Mail program is run from VHA's Health Administration Center (HAC) in Denver, and has more than 8,000 users. The program provides prescription drugs to the beneficiary through the mail at no cost to the recipient.

Beneficiaries subscribe to Meds by Mail through the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), a program that specifically targets the dependents of 100 percent-disabled veterans or of veterans who have died from a service-related condition.

Benn enrolled Rockwell in both CHAMPVA and Meds by Mail; unfortunately, this was only the beginning of the process to get help and medication for her. The average CHAMPVA claim can take several weeks or even months to process. After enrollment in CHAMPVA, Rockwell's Meds by Mail claim had to be forwarded to Cheyenne, Wyo., to the Pharmacy Servicing Center, where CHAMPVA enrollment is verified for all Meds by Mail recipients. That part of the process sometimes takes several weeks.

Benn, however, recognizing that Rockwell was in dire need of her medication, expedited the process. "I had not one, but two CHAMPVA cards in my hand within 72 hours, and my medication within two weeks," said Rockwell. "I've been

dealing with the VA for years and figured I was going to just get the runaround again and have to wait for months and probably die. But someone was really looking out for me to have all of these people in the right place at the right time and willing to help."

"Sherry called and I could tell that she was in trouble," said Benn. "This isn't anything we wouldn't be willing to do for any of our Meds by Mail people. I simply expedited it through our process here in Denver and through Cheyenne."

While Rockwell's case was a little extreme, it did not surprise HAC Director Ralph Charlip that his staff went the extra mile to help. "Although this case is an unusual example of how this program can work, it is a good example of how the Department is committed to serving the special need veterans and their families that rely on the Meds by Mail program."

For more information on the CHAMPVA or Meds by Mail programs, call the Health Administration Center's toll-free line at 1-800-733-8387, Monday through Friday from 9 a.m. to 5 p.m. EST. □

**By Glenn Johnson
Health Administration Center**

Agreement (cont.)

services and are exploring more opportunities to share resources.

Just days after the agreement was signed, VA and DoD officials met to discuss more inter-agency cooperation opportunities. It was the first meeting of the DoD-VA Joint Executive Council, made up of members of the new DoD-VA Health Executive Council and the DoD-VA Benefits Executive Council.

The meeting's agenda included a review of standardized billing and reimbursements, joint procurement, computerized record systems and capital assets management. Mackay co-chairs the Joint Executive Council with Under Secretary of Defense David Chu. Improving efficiency, maximizing resources and enhancing health care for veterans and military personnel are key objectives of the council. □

Taking a New Look at an Ancient Mystery



Religion scholar Dr. Ross Kraemer interviews “King Herod,” as played by fellow scholar Dr. Peter Richardson.

Historians peg him as a brutal, paranoid and unpredictable leader. During his 36-year bloody reign as king of ancient Judea, Herod the Great ordered the executions of one wife and three sons, and, in a vain attempt to destroy the infant Jesus, directed the infamous Slaughter of the Innocents.

Though it's been more than 2,000 years since his death in 4 B.C., clinicians and scholars took a fresh try at unraveling the mystery of what killed 69-year-old Herod the Great during this year's historical clinical pathologic conference (CPC) sponsored by the VA Maryland Health Care System and the University of Maryland School of Medicine in Baltimore. Their conclusion? King Herod, as he is called in the Bible's New Testament, died of chronic kidney disease.

The diagnosis was reached through the medical investigative work of Jan Hirschmann, M.D., staff physician at the VA Puget Sound Health Care System and professor of medicine at the University of Washington's School of Medicine. Hirschmann revealed his diagnosis before an audience of 200 “medical detectives” and scholars gathered at the eighth annual historical CPC at the University of Maryland School of Medicine on Jan. 25.

Ordinarily, a CPC serves as a

teaching forum where medical students can observe how an experienced clinician, working only with the case history of an unnamed patient, can accurately diagnose the probable cause of illness or death. But for Hirschmann, the challenge presented by the historical CPC was two-fold. Working with a “blind” case study, he had to develop and present a credible diagnosis of the historical subject.

“The texts that we depend on for a close description of Herod's last days list several major features of the disease that caused his death—among them, intense itching, painful intestinal problems, breathlessness, convulsions in every limb, and gangrene of the genitalia,” said Hirschmann.

Past speculation pointed to complications of gonorrhea as the cause of Herod's death. But Hirschmann decided to dig deeper and focus on a single symptom of his final illness.

He first determined what diseases could possibly cause it, then explored whether any of those diseases could explain the other symptoms. “When I first looked at the general diseases that cause itching, it became clear that most of them couldn't explain a majority of the features of Herod's illness,” he said. “At first, I considered

Hodgkin's disease and some diseases of the liver.”

Of the diseases Hirschmann explored, the disorder that accounted for nearly all the features of Herod's illness was chronic kidney disease. Still, one feature of the ruler's illness—gangrene of the genitalia—was not explained by that diagnosis. “I finally concluded that the most likely explanation was that his chronic kidney disease was complicated by an unusual infection of the male genitalia called Fournier's gangrene.”

That kind of detective work is part of the attraction of this conference, according to Philip A. Mackowiak, M.D., director of medical care at the VA Maryland Health Care System and professor and vice chair of medicine at the University of Maryland School of Medicine. The only one of its kind in the world, the annual conference is the brainchild of Mackowiak, who each year selects a new historical figure for study as well as a guest clinician and noted historians who bring their own insights. Since 1995, the historical CPC has examined the deaths of such notables as Edgar Allan Poe, General George A. Custer, and Wolfgang Amadeus Mozart.

For Mackowiak, the conference serves a much greater purpose than that of a clinical exercise. “The historical CPC is cross-disciplinary. It links medicine to art, music, literature and history in a special way that gives the liberal arts greater relevance to clinicians,” he noted. “In training physicians, we emphasize the science of medicine so much that we tend to ignore the relationship of medicine to society in general. This conference teaches our students and residents the importance of considering the art of medicine as well.”

This year's program even featured a guest appearance by Herod the Great himself, as played in full costume by religion scholar Peter Richardson, Ph.D., professor emeritus at the University of Toronto's Department for the Study of Religion. Richardson as Herod was interviewed onstage by another noted scholar, Ross Shepard Kraemer, Ph.D., professor of religious studies at Brown University. □

High School Students ‘Shadow’ VACO Employees

About 30 high school students from the Washington, D.C., metro area visited VA Central Office on Feb. 5 for VA Groundhog Job Shadow Day. The students spent time with employees in a wide range of fields, from photographers and video producers to health care specialists and attorneys, as they learned how to apply education to the workplace.

“This program demonstrates the connection between academics and careers,” said Alice Bell, an employment specialist in the Office of Diversity Management and Equal Employment Opportunity, who coordinated the Groundhog Job Shadow Day. “And it gives VA employees a chance to play an important role in helping students sort out the choices they must make as they prepare for life beyond high school.”

Before teaming with their mentors, the students were encouraged to gain the most from their experience by Angela Haney, a former Hispanic Association of Colleges and Universities intern who was hired as a budget analyst in the Office of Finance after completing her internship. Some of the Department’s top-level managers volunteered to serve as mentors for the visiting students,



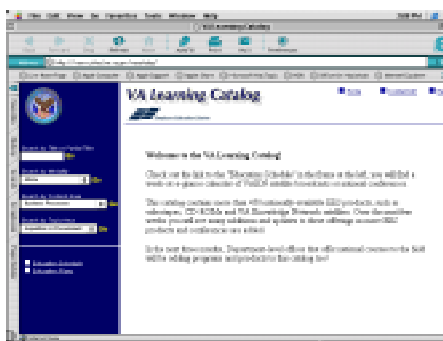
Kendra Fowler, a student at D.C.’s Eastern High School, sits in on a meeting of VHA officials while shadowing Acting Under Secretary for Health Dr. Frances Murphy.

and one young lady spent her day following in the footsteps of Dr. Frances M. Murphy, Acting Under Secretary for Health.

After spending a few hours with their mentors, the students met with employees who recently joined VA to talk about their transition from school to work. Later, as they ate

lunch, the students heard from Howard University student and VA intern Malcolm Beech II as he described his experience as an intern through the National Association for Equal Opportunity in Higher Education. To learn more about this national program, visit the Web site www.jobshadow.org. □

Online Learning



Looking for an easy way to find educational videos, satellite broadcasts, CD-ROMs, online courses, and other learning tools? Try the VA Learning Catalog, developed by VHA’s Employee Education System (EES).

Easily accessible from the EES Web site at vaaww.ees.lrn.va.gov, the

VA Learning Catalog allows employees to find all relevant and updated information about learning courses (accredited or non-accredited), plus other material like handouts, brochures and course descriptions. Some e-learning courses can be completed directly from the Web site.

In the catalog, employees can find the location of videos and software, dates and times of satellite broadcasts, and the topic and target audience of virtually all available items. The catalog offers a descriptive list of more than 500 EES products and programs that are currently available, as well as detailed explanations of products that will be available in the future.

A new feature added to the Web site is a schedule of conferences and satellite broadcasts. The week-at-a-

glance schedule gives the date, time, and channel of the broadcast up to eight months in advance, and the three previous months. Employees who are interested in getting more information on upcoming or previous broadcasts can contact the project manager of each broadcast, also listed on the calendar.

Melissa McCanna, coordinator of the VA Learning Catalog, has been getting positive feedback from employees who have used it, like Judy Janovec, project support assistant with the VA Nebraska-Western Iowa Health Care System. “This new catalog system is wonderful,” Janovec said. “Everything under one roof!”

For more information about the VA Learning Catalog, contact Melissa McCanna at Melissa.McCanna@lrn.va.gov. □

Original Titans Tell Story of Struggles, Triumphs on the Field

Four of the original players portrayed in the 2000 Walt Disney Pictures release "Remember the Titans" spoke about the struggles and triumphs of their 1971 AAA state championship football season with employees gathered Feb. 13 for a VA Central Office Black History Month Celebration.

The team was formed in 1971, when Alexandria, Va., school administrators merged three high schools into one, T.C. Williams High School, as a way to bring racial and economic balance to their school system. Former community rivals, divided by athletic and racial lines, were forced to become one of the first integrated football teams. Their success on the playing field set the tone for a community struggling with tension and mistrust.

Paul Hines, the team's offensive line coach, spoke about the lessons



Paul Hines, second from left, offensive line coach of the 1971 high school football championship team depicted in the film "Remember the Titans," forms a huddle for old time's sake with former players (from left) Terry Thompson, Rufus Littlejohn and Jerome Buck.

he and head coach Herman Boone, who was played by Denzel Washington in the film, tried to teach players. "We said, 'You don't have to love that guy you're playing beside, but you will respect him.'"

Respect was the underlying theme as three former players shared stories of how they came to respect one another. "You can respect a

person for the good tackle or block they made," explained linebacker Rufus Littlejohn. "Once we had that respect, we began to like one another. We found some of us listened to the same music and had the same goals."

Terry Thompson, #96, credited the coaches with molding the players into a cohesive team. "I learned a lot about teamwork, and it started with the coaches ... they abused us equally," he said. Center Jerry Buck, a Naval Academy

graduate, said he knew the players had become a team when "80 guys could drink from the water fountain in under three minutes."

Littlejohn provided the final insight. "If I learned anything, it's to have integrity and honor in what you do," he said. "You never know when someone is going to look back and write a story about *you*." □

National Salute 2002



Actor Gerald McRaney, chairman of the 2002 National Salute to Hospitalized Veterans, greets Leonard Brady, a patient at the Baltimore VA Medical Center. McRaney visited patients there and at McGuire VA Medical Center in Richmond, Va.



At the McGuire VA Medical Center in Richmond, 189 feet of wall space was covered with colorful homemade valentines during National Salute to Hospitalized Veterans. The cards and letters, many from schoolchildren, poured in for patients there and all over the country thanks to advice columnist Ann Landers' annual call to her readers to send valentines to hospitalized veterans during National Salute week.



Patients More Likely to Get Life-Saving Heart Medication at VA Hospitals

Heart-attack patients receiving treatment at VA medical facilities are more likely than patients at private hospitals to receive life-saving heart medications, according to a report in the Dec. 11, 2001, issue of the journal *Circulation*.

Researchers led by Laura A. Petersen, M.D., of the Houston VA Medical Center, analyzed the records of more than 30,000 heart patients from both private hospitals and VA medical facilities. They found 51.4 percent of heart-attack patients considered "ideal candidates" for thrombolytic drugs received the clot-busting medication upon their admission to a VA facility. At private hospitals, the figure drops to 47.2 percent.

Upon discharge, nearly 71 percent of heart-attack patients considered candidates for angiotensin converting enzyme inhibitors received the medication at VA medical facilities, compared to just 58 percent at private hospitals. The medication has been shown to decrease the death rate after heart attack. Also at discharge, 87.4 percent of candidates received aspirin at VA facilities, compared to 75.9 percent of patients in private hospitals.

"The medications we looked at have all been demonstrated in big, randomized clinical trials to save lives, either in the short term or the long term," noted Petersen.

Can Self-Hypnosis Help Smokers Kick the Habit? VA Researchers Investigate

Researchers at the San Francisco VA Medical Center are conducting VA's first clinical trial to learn if self-hypnosis can help smokers fight off their tobacco cravings. Tim Carmody, Ph.D., director of health psychology and clinical professor of psychiatry at the University of California at San Francisco, said smokers in this study would learn how to use self-hypnosis skills to strengthen their resolve to quit, particularly at the moment of a craving.

The study will enroll 360 participants over the next year. It is VA's first randomized trial comparing the efficacy of self-hypnosis training with individual smoking cessation counseling. Other researchers have tried hypnosis as a tool for smokers, with a wide range of success rates, but this will be the first VA clinical trial to actually test its efficacy.

Participants have a 50-50 chance of receiving counseling or hypnosis training. All participants receive eight weeks of nicotine patches. Those receiving hypnosis will initially be hypnotized by a counselor and given suggestions regarding reasons for quitting and strategies for staying abstinent. While hypnotized, the participants will also learn a signal they can later use to quickly and naturally re-experience the hypnotic state any time they are confronted with the urge to smoke. It is hoped that the hypnotically suggested stop-smoking messages will reinforce the commitment to quit and bolster confidence in the ability to resist the urge to smoke.

Carmody's new clinical trial should provide a more definitive answer about hypnosis because it uses a saliva test to assess the smokers' success or failure 12 months after treatment has begun. If the subject has not quit smoking, the test will find small amounts of nicotine by-products in the saliva. Previous trials simply used self-reporting, a less than scientific measure of smoking habits. Additionally, Carmody's study will assess whether certain characteristics make a smoker more likely to succeed with the hypnosis method.

Research Reveals Extent of Alzheimer's Psychological Toll on Caregivers

Caring for a loved one with Alzheimer's or other form of dementia can be physically and emotionally demanding. New research suggests the psychological toll on caregivers may continue long after their spouse has passed away. The study, conducted by researchers at the Houston VA Medical Center and Ohio State University, showed 41 percent of former caregivers showed symptoms of mild to severe depression for two to three years after their spouse's death.

"One assumption has been that the psychological health of caregivers would improve once the burden of caregiving ends," said Dr. Susan Robinson-Whelen, a researcher at the Center of Excellence on Healthy Aging with Disabilities at the Houston VAMC and the study's lead author. "However, we found that the negative effects of long-term caregiving for a spouse with dementia may continue well beyond the caregiving years."

The researchers studied 49 former and 42 current caregivers who cared for a spouse suffering with dementia, and 52 non-caregivers as a control group. All participants were assessed on a variety of psychological measures for four years. Study results showed 41 percent of former caregivers had symptoms of depression compared to 43 percent for current caregivers and 15 percent for non-caregivers. The study was published in the *Journal of Abnormal Psychology*.

Imaging Technique Detects Cardiac Warning Signs in Diabetics

A non-invasive imaging technique called stress myocardial perfusion imaging, or stress MPI, was shown to be more accurate than clinical assessment alone in detecting cardiac warning signs in diabetics, according to results of a study published in the January 2002 issue of *Circulation*.

The Centers for Disease Control and Prevention estimates there are about 16 million Americans with diabetes, yet only 10 million know they have the disease. Identifying potential heart problems is an important aspect of managing diabetes, as those with diabetes are two to four times more likely than others to have cardiovascular disease or stroke. About 800,000 new cases are diagnosed in the United States each year.

In the study, researchers provided both a standard clinical assessment and a stress MPI to 929 patients with diabetes. The patients were then monitored for heart attack, cardiac death and revascularization (bypass surgery or angioplasty). The findings showed an abnormal stress MPI was an effective predictor for heart attack and cardiac death in both men and women. This research was conducted as a substudy of the Economics of Noninvasive Diagnosis trial and took place at five hospitals across the nation, including the St. Louis, Mo., VA Medical Center. □

HONORS and awards



Rear Admiral Matthew G. Moffit presented **Ronald J. Henke**, director of **VBA's Compensation and Pension Service**, with a plaque from the Department of the Navy recognizing VBA's efforts in supporting the Pentagon Family Assistance Center following the Sept. 11 terror attack. C&P Service set up a claims processing unit at the assistance center to provide information and assist family members applying for VA benefits. The resulting Dependency and Indemnity Compensation claims were processed on site and authorized within 48 hours of receipt. Lessons learned from the Pentagon assistance center will be applied to improving VBA's Casualty Assistance Program nationwide.

The **Harry S. Truman Memorial Veterans' Hospital in Columbia, Mo.**, received an employment service award from the Rehabilitation Services for the Blind Program in the Missouri Division of Family Services. The facility was recognized for developing employment opportunities for the blind through a telephone operator contract with Alphapointe Association for the Blind.

The American Geriatrics Society awarded its 2001 Dennis W. Jahnigen Memorial Award to **Dr. Evelyn Granieri**, associate director of education for the **Pittsburgh VA Geriatric Research, Education and Clinical Center**. The award is the Society's highest honor for advancing geriatrics educa-

tion in medical and health professional schools. Granieri is an associate professor at the University of Pittsburgh School of Medicine, director of education services and fellowship director for the university's Division of Geriatric Medicine.

Dudley S. Childress, Ph.D., a VA researcher whose groundbreaking work in prosthetics and rehabilitation technology has helped thousands of people with severe disabilities, received VA's Magnuson Award on Feb. 11 during the VA national meeting for rehabilitation investigators. A researcher at the **VA Chicago Healthcare System** and professor at Northwestern University, Childress is among the pioneers of myoelectric control, which applies electrical signals from muscles to prosthetic limbs. His team developed the "sip and puff" wheelchair to enable quadriplegics to perform certain activities by breathing in or out. The Magnuson Award was established in 1998 in honor of Paul B. Magnuson, M.D., chief medical director for VA following World War II.

Dave Pettit, chief of biomedical engineering in the **VA Northern California Health Care System**, was selected as VA Biomedical Engineer of the Year for 2001. His careful attention to detail and dedication to the VA mission have had a significant impact on the quality of patient care and the success of the Biomedical Engineering Program throughout VISN 21

(San Francisco). The award honors VA engineers who demonstrate exceptional performance, leadership and dedication to biomedical engineering.

During the Jan. 2002 VHA National Leadership Board meeting, **VISN 3** (Bronx, N.Y.) Director **James J. Farsetta** received the Virtual Learning Center VISN Champion Award. As winner of the award for the second year in a row, VISN 3 employees were recognized for sharing their innovative practices with others by posting the most lessons, 327, on the Virtual Learning Center during fiscal year 2001. Employees can share their innovative practices by visiting the learning center home page at vawww.va.gov/vlc.htm.

The Illinois Council on Tuberculosis presented a service award to **Jan Collins**,



Collins

infection control officer at the **Marion, Ill., VA Medical Center**, for her "outstanding service in the fight against tuberculosis." A microbiologist, Collins specializes in infectious disease prevention. "It is so important to be aware of the fact that [tuberculosis] is not a disease of the past. We must never get complacent in aggressively controlling the disease," she warned. According to the Centers for Disease Control, America was complacent from 1985 to 1992, and the number of tuberculosis cases in this country rose 20 percent during that period. Thanks to increased awareness and treatment, the number of tuberculosis cases has

decreased for the past eight years.

Armstrong Atlantic State University presented its first honorary doctorate degree to alumnus **Dr. Irving Victor** for his long and distinguished medical career. Victor helped found the Chatham County Emergency Medical Services and served as chief of staff at Savannah's three major hospitals. The 1941 Armstrong graduate is a consultant at the **Savannah Primary Care Clinic**, which is operated under the **Ralph H. Johnson VA Medical Center in Charleston, S.C.** He sees about 30 patients a week.

Fred H. Rodriguez Jr., M.D., director of Pathology and Laboratory Medicine at the **New Orleans VA Medical Center**, was awarded the Distinguished Service Award of the Board of Registry of the American Society for Clinical Pathology. He was recognized for his 14 years of service to the Board. During that time, he served in various capacities, including governor on the Board of Governors. The Board of Registry is the preeminent national certification agency for non-physician medical laboratory personnel. The American Society for Clinical Pathology is a nonprofit medical specialty society organized for educational and scientific purposes. A native New Orleanian, Rodriguez received a bachelor's degree in Biology from the University of New Orleans and medical degree from Louisiana State.

David J. Irvine, medical media program manager at the **Battle Creek, Mich., VA Medical Center**, accepted the role of chair of the Medical Media Council. The council represents a network of more than 300 media professionals from across the country. □

HAVE

you heard

Veterans service organizations play an important role in enhancing the delivery of VA services to America's veterans and dependents. When the widow of a service-connected disabled veteran was facing financial difficulties as she struggled to raise three children by herself, she turned to Fred Tremblett, of the veterans service group AMVETS, for help filing a claim for Dependency and Indemnity Compensation. When he found out about her financial difficulties, Tremblett took her claim to **Al Padilla**, the public affairs officer at the **San Diego VA Regional Office**, and asked if there was any way to expedite it. Padilla discussed the case with **Barbara Myers**, assistant

veterans service center manager, and within five hours, the team of **Sue Haak**, **Mike Cavalier**, **Dave Colton**, and **Sandy Del Rosario** had processed and awarded the widow's claim.

President George W. Bush signed legislation Jan. 24 renaming the Saratoga, N.Y., National Cemetery the **Gerald B. H. Solomon Saratoga National Cemetery**. Solomon, the former New York congressman, died Oct. 26, 2001. At the time of his death, he was co-chairing a task force commissioned by the president to recommend reforms in the delivery of health care to veterans and military retirees through better coordination between VA and



Employees from the **Board of Veterans' Appeals** collected and shipped nearly 100 boxes of warm clothing, books, candies and other items to families in Bosnia-Herzegovina and U.S. troops stationed there as part of a NATO peacekeeping force. The effort began when the commander of a hospital support unit stationed at Eagle Base Tuzla, Army Col. Rhonda Cornum, contacted her friend **Alice A. Booher**, an attorney at the Board, to ask for the Board's help in organizing a clothing drive for needy families and hundreds of orphans whose lives had been shattered by years of war. The Board took on the project, and over a five-month period, collected donations from employees, friends, local school groups, military units and other groups. Their shipment of clothing totaled more than 70,000 cubic inches. Above, Air Force Col. Kory Cornum, left, and BVA attorneys **Vito Clementi** and **Jeanne Schlegel** bag boxes bound for Bosnia.



Former Senator and astronaut **John Glenn**, above left, stopped by the **VA Central Office Broadcast Center** on Jan. 31 to film part of a public service announcement for VA's Compensated Work Therapy Program. The U.S. Marine Corps veteran filmed the opening and closing segments of the announcement encouraging businesses to participate in VA's work therapy program. There are work therapy programs at 100 VA medical facilities. The national program is coordinated by Psychosocial Rehabilitation, part of the Mental Health Strategic Health Care Group, at the **Bedford, Mass., VA Medical Center**.

the Department of Defense. Among his accomplishments for veterans, Solomon spearheaded the effort to create the Cabinet-level Department of Veterans Affairs and successfully led a drive to establish the Saratoga National Cemetery, where he is now interred.

Federal employees can now keep frequent-flier miles earned on official travel, thanks to legislation President Bush signed Dec. 28. The 2002 defense authorization bill allows federal employees to collect frequent-flier miles and other airline promotional perks while traveling on official government business. It also allows employees to "convert" to personal use frequent-flier miles they

earned before the new law. Previously, airline perks such as travel upgrades or flier miles were considered government property. For more information, visit the General Services Administration Web site at www.gsa.gov.

The Preventive Medicine and Rehabilitation Service of the **Central Texas Veterans Health Care System** is the first VA outpatient rehabilitation program to receive accreditation by the Commission for Accreditation of Rehabilitation Facilities. "We are very proud of this accreditation," said **Dr. Valerie Van Wormer**, chief of staff. "It shows our veterans we are providing them with medical rehabilitation services of the highest quality." □

HEROES

☆☆☆☆☆

Brenda Smith, a licensed vocational nurse and 25-year employee of the **San Francisco VA Medical Center**, saw a 92-year-old veteran weeping in the facility's Nursing Home Care Unit. She asked why he was crying and he told her his wife was in the city hospital and he had no way to visit her. Smith assured him that he would have an opportunity to visit his wife, and when she got off duty, she drove him to the hospital. They stayed for about an hour before driving back to the nursing home. Later that day, the veteran's wife passed away. Though

Smith was off duty the day of the funeral, she drove the veteran to the cemetery where his wife was being buried so he could say his final farewell. "I only did what's right," she said. The veteran's family, made up of three generations of VA volunteers, was grateful for Smith's considerate actions.

☆☆☆☆☆

After finishing his Jan. 18 shift at the **Brookings, Ore., Outpatient Clinic**, **Nick Long, R.N.**, stopped by the bank to take care of some business. As he spoke with the bank teller, he noticed she

was having difficulty breathing. He suggested she take a seat and try to catch her breath, but she insisted she was OK. When he realized the woman's breathing was getting worse, he asked an employee to call 911 and asked another teller to get the woman into a chair or onto the floor, since she looked as if she was about to faint. He ran outside, where colleagues **Sharon Carlson, VA Roseburg Healthcare System** public affairs officer, and **Lynn Johnson**, a licensed practical nurse at the clinic, were waiting in Carlson's car. He grabbed a first aid kit from the car and asked Johnson for help. Johnson ran inside and comforted the victim while explaining techniques for controlling her breathing. Their efforts helped calm the victim and she remained

conscious until the emergency medical crew arrived.

☆☆☆☆☆

Police Sgt. Frank Judd heard a call for help while having lunch in the main canteen at the **Bath, N.Y., VA Medical Center**. He ran to the other side of the room and saw a man choking, his face turning blue. Judd asked if he could breathe and the man shook his head from side to side to indicate he couldn't. Judd moved into position to perform the Heimlich maneuver and dislodged a piece of hot dog. With his airway cleared, the man resumed breathing and refused additional treatment when the ambulance arrived. Later, he sent an e-mail message to the VISN 2 (Albany, N.Y.) Web site to describe his experience and thank Sgt. Judd for "averting a bad situation."

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Anne M. Rahtjen, a pharmacist from the **Ralph H. Johnson VA Medical Center** in **Charleston, S.C.**, was playing bridge when an 82-year-old man collapsed across the room. She asked another player to call 911 while she checked his pulse. His heart had stopped, so Rahtjen immediately began CPR and continued until emergency medical technicians arrived. Thanks to her quick thinking and knowledge of CPR, the victim survived. □

Secretary Honors American Veterans Awards

VA Secretary Anthony J. Principi honored members of the entertainment industry Feb. 1 for producing the annual American Veterans Awards (AVA) program. The show, which aired Feb. 10 on the History Channel, is a star-studded Hollywood gala held to recognize celebrity veterans and honor all veterans for their service to the nation.

Principi presented the Secretary's Award, VA's highest award to those who support the Department's mission to serve and honor veterans, to Vietnam veteran Harry Shaw, the show's founder.

Secretary Principi said the award was "in recognition for all his hard work ... and in gratitude for everything he and everyone associated with this program has done on behalf of America's veterans."

Deputy Secretary Leo S. Mackay Jr., Ph.D., made a guest appearance on the show to honor actor Hal Linden, chairman of last year's National Salute to Hospitalized Veterans. During the program, which was hosted by former Secretary of Defense William Cohen and his wife Janet Langhart Cohen, "NYPD Blue" star Dennis Franz, a Vietnam veteran, received the AVA "Veteran of the Year award." For more about the program, visit www.avashow.com on the Internet. □



Honoree Harry Shaw talks with AVA co-host Janet Langhart Cohen. Behind them are, from left, AVA honorary chair Jack Valenti, AVA producer Tonia Craig, and actor Gerald McRaney, chair of the 2002 National Salute to Hospitalized Veterans.

Correction

In the Introducing column of the December 2001 issue, we neglected to mention the contributions of Dr. Tesfai Gabre-Kidan, a primary care physician with the VA Puget Sound Health Care System, who has been instrumental in establishing and conducting cultural competency training.