

VAanguard

U.S. Department of Veterans Affairs

May/June 2003



VA and the War

Home Telehealth Care

L.A.'s Unusual Partnership

Emergency Preparedness



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 Assistant Editor: Matt Bristol
 Photo Editor: Robert Turtill
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Department of Veterans Affairs
 810 Vermont Ave., N.W.
 Washington, D.C. 20420
 (202) 273-5746
 E-mail: vanguard@mail.va.gov
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On the cover

Secretary Principi visits Capt. Greg Holden, of the Army's 101st Airborne Division, at Walter Reed Army Medical Center in Washington, D.C. He met with some 50 troops injured in combat during Operation Iraqi Freedom hospitalized there and at National Naval Medical Center in Bethesda, Md.

A Unique Calling

My patients are veterans, and that makes my calling unique. This is a very special group of men and women who are charged to my care. The veterans keep me coming back day after day.

When I apologized to a WWII veteran for not getting his bed made earlier, he responded, "Don't you worry about that, that bed would have looked mighty good in the prisoner of war camp in Germany."

When a Vietnam veteran was discharged irregularly, and I reinforced follow-up services available to him, he called me back and said, "I know it's your job, but thank you."

A few years ago, the vice president of the United States visited our hospital. I was looking out the window trying to catch a glimpse of the dignitary. As I turned around, one of my patients, a WWII pilot who is now a bilateral amputee, was staring at me and asked if the vice

president was here. I answered 'yes' and then realized that I was looking the wrong way. The true American hero was sitting right next to me in his wheelchair.

Some days are harder than others. Some days it takes a conscious effort to put one foot in front of the other. Some days I feel as though I am taking three steps backward for every step forward. But then I remember the veterans like the ones above, and it all seems worthwhile.

Elizabeth H. Stempkowski
Staff Nurse
Milwaukee VAMC

Editor's note: The writer's comments originally appeared in the Milwaukee VAMC newsletter 5000 West.

Childcare Assistance

Reading your article "Report on Employment of Women Released" in the March/April 2003 VAnguard made me think of one question that I have regarding the recruit-

ment and retention of female employees within the VA, particularly the VHA.

With critical shortages in the fields of both nursing and pharmacy, professions that are now made up predominantly of females, does the VA have any plans to offer assistance with or provide childcare? It seems to be hit or miss based on facility. I'm aware that childcare tuition assistance is offered, but the salary cutoff is far below that of these professionals. I recently had my first child and can vouch for the enticement that such an offering would provide, even if it meant a reduction in my salary.

Christine F. Edie
Clinical Pharmacy Specialist
Cincinnati VAMC

Editor's note: One of the strategies the Secretary's Taskforce on the Employment and Advancement of Women recommended to the Secretary was to review, implement and communicate family-friendly programs, including childcare centers. The task force found that although there are some available childcare facilities, the hours of operation are not consistent with the work schedules of some women, especially those who need evening and weekend childcare.

As of publication deadline, the draft report was under review by the Secretary. The task force is awaiting further guidance from the Secretary on implementation of their recommendations.

There Was More to Sue Kinnick than BCMA

Most of us should be so fortunate to leave such a legacy as Glenna Sue Kinnick, R.N., in your "Legacy of VA Women Pioneers," March/April 2003. "Gee Sue," as we

all called her, was a multi-dimensional woman, for which the wireless, hand held bar code administration program was only one achievement.

While working on that project, she was also working on her Ed.D., teaching 16 hours a week at the LPN school, and teaching various classes in the Nursing Education Department. She was truly a pioneer in nursing informatics. As an aside, she was also an active grandmother, and served as a personal mentor to myself and countless others. As pointed out in the article, she set a high standard, working until the day before her death.

Traveling down life's road, I meet many people, but only rarely someone of the caliber of Gee Sue. To the many of us who knew and worked with her, she was an example and a blessing.

Walter L. Hall
Administrative Officer
Atlanta VAMC

New VA SARS Web Site

Severe acute respiratory syndrome, or SARS, is a serious illness characterized by fever and respiratory symptoms that may progress to a fatal form of pneumonia. A new VA Web site has been created to provide VA employees with up-to-date information about this illness.

The Web site was created by the Office of Public Health and Environmental Hazards in VA Central Office and is updated almost daily as news and information about the new disease unfolds. The site has information for health care providers, employees, patients and visitors. It has both VA material, such as a wall chart, poster and fact sheet, and links to extensive medical and educational information from the Centers for Disease Control and Prevention (the lead agency on SARS for the United States, www.cdc.gov), the World Health Organization, and other sources.

Bookmark this site if you are concerned about SARS. The URLs are www.publichealth.va.gov/sars on the Internet and vawww.vhaco.va.gov/phshcg/SARS on the VA Intranet.

We Want to Hear from You

Have a comment on something you've seen in VAnguard? We invite reader feedback. Send your comments to vanguard@mail.va.gov.

You can also write to us at: VAnguard, Office of Public Affairs (80D), Department of Veterans Affairs, 810 Vermont Ave., N.W., Washington, D.C., 20420, or fax your letter to (202) 273-6702. Include your name, title and VA facility. We won't be able to publish every letter, but we'll use representative ones. We may need to edit your letter for length or clarity.



VHA's Enhanced Privacy Culture

Stephanie Putt
VHA Privacy Act Officer

The Privacy Rule resulting from HIPAA, the Health Insurance Portability and Accountability Act, went into effect this past April 14. It has already touched everyone within VHA and is providing patients with additional rights and safeguards that are enhancing what has long been a privacy-oriented culture within our facilities.

HIPAA, passed in 1996, was the outcome of the health care initiatives of the early 1990s. The legislation was designed to do many things, among them to combat fraud and abuse, promote medical savings accounts, improve access to long-term care services and coverage, simplify the administration of health insurance, and ensure the privacy and security of health information.

As a federal administration, VHA has already been complying with privacy-related legislation, such as the Privacy Act of 1974. With the passage of the HIPAA Privacy Rule, some new aspects of privacy are enhancing the way VHA protects patient information and responds to patient requests concerning their health information.

It has been and continues to be the case that great care should be taken to keep patients' health information confidential. For example, health care providers and professionals should speak quietly when discussing a patient's condition with family members in a waiting room or other public area.

They should avoid using patients' names in public hallways, elevators, and cafeterias. To further protect patient privacy, the new "Minimum Necessary" standard states that those needing patients' health information should access only the minimum amount of information it will take to do their jobs. As a result, the VHA workforce has been classified by function so each employee understands the level of patient information necessary to accomplish the task at hand.

With the passage of the HIPAA Privacy Rule, some new aspects of privacy are enhancing the way VHA protects patient information and responds to patient requests concerning their health information.

So that the new privacy requirements cascade throughout all of VHA, a revised VHA Privacy policy has been issued to all facilities, providing national guidance that should, in turn, be used to revise local policies and procedures.

To make sure that everyone in the VHA workforce is familiar with VHA Privacy policies, every employee as well as all students, medical interns, and volunteers have taken the VHA Privacy Policy Training. All new employees must take the training within 30 days of their hire date. Periodic re-training will also be conducted.

From the veteran's perspective, HIPAA provides additional rights, detailed in

the VA Notice of Privacy Practices that was mailed this spring to all veterans eligible for health care benefits. This notice can be found on the Internet at www.va.gov/health_benefits.

Patients now have enhanced rights to an accounting of disclosures from their medical records. The Release of Information Manager software, now installed throughout VHA, will electronically track disclosures made from veterans' medical records. VHA will thus be able to respond more quickly and effi-

ciency. Some patients, for example, do not wish to be listed in the facility directory, but do wish to receive flowers or get-well cards. VHA has been actively working with individual facilities both within the organization and in the broader health care industry to determine the best means of implementing this provision, so that patients' needs may be met while their privacy is protected.

VHA has long been in the forefront of educating its employees about respecting

the privacy of patient information. The many efforts we have undertaken to implement the new HIPAA Privacy Rule—some of which have involved every single VHA employee and literally millions of veterans—have raised the visibility of VHA's privacy culture and are providing the foundation for enhanced rights of veterans over their health information.

The Directory Opt-Out provision of HIPAA has been designed to protect patient privacy while in the hospital. Under this provision, each patient has the right to have his or her name excluded from the hospital's patient directory. If, for example, because of a domestic situation or particular disease condition, the patient chooses not to be listed in the directory, no information will be provided as to whether or not that person is in the hospital.

The Directory Opt-Out provision also offers a good illustration of the living, evolving character of VHA's

the privacy of patient information. The many efforts we have undertaken to implement the new HIPAA Privacy Rule—some of which have involved every single VHA employee and literally millions of veterans—have raised the visibility of VHA's privacy culture and are providing the foundation for enhanced rights of veterans over their health information.

The newest piece of HIPAA legislation, the Security Rule, which goes into effect in 2005, will further strengthen the way we safeguard veterans' health information and will reinforce the culture of privacy that continues to be a hallmark of patient care at VHA. **VA**



The Myth of VA's Budget 'Slash'

Anthony J. Principi
Secretary of Veterans Affairs

One of the byproducts of the Internet Age is the blinding speed with which rumor becomes accepted "fact" among those willing to believe. More than a century ago, a wise man wrote, "A lie can get halfway around the world before the truth gets its boots on." Today, lies can rocket around the world before the truth can even find its socks. Only prompt intervention can squelch rumors before they are widely accepted as truth.

Here's a rumor that desperately needs squelching: on the eve of our battle to liberate the Iraqi people, Congress slashed funding to the Department of Veterans Affairs, the organization I am privileged to lead. This rumor has the potential to frighten our nation's veterans, and to undermine morale among our brave troops in the field.

The rumor has already surfaced on the Internet, in Hollywood, and on the op-ed pages of the venerable *New York Times*. Even a member of Congress, in a

Chicago Sun-Times op-ed published April 13, wrote of a "\$28 billion cut in veterans' benefits and health care."

If any such cut in veterans' benefits were made, veterans and their families would be justifiably concerned. But there is no truth to any suggestion or assertion that VA's budget will be "cut" or "slashed" next year. In fact, funding for veterans' programs will increase in fiscal year 2004, probably by record levels.

President Bush's fiscal year 2004 budget requests a record \$63.6 billion for our nation's veterans, including a nearly 8 percent *increase* over the fiscal year 2003 budget

for discretionary funding—which mostly pays for VA's health care system—and a 32 percent increase in overall funding since fiscal year

2001. And the Budget Conference report the House and Senate agreed to on April 11 raises the suggested levels of discretionary funding for veterans by an additional \$1.8 billion.

This rumor may have been fueled by a parliamentary maneuver that escaped even the most die-hard C-Span viewers. At about the same time the Iraq war began, the House of Representatives passed a resolution requesting House and Senate Appropriations Committee members to reduce most federal agencies' funding, including VA's, by 1 percent in fiscal year 2004, a reduction they believed could be made

ered the amount of the record increase in funding President Bush proposed for veterans, but it would not have cut VA's funding. Lawmakers, however, quickly recognized the impact upon veterans and exempted VA from across-the-board reductions.

So, despite rumors they may hear to the contrary, veterans and their families, including our newest generation of veterans, should rest secure in the knowledge that a grateful nation honors their service to America. These days, the only cuts at VA are to the waiting lists for medical care and the backlog of compensation claims. While VA can always use more

Here's a rumor that desperately needs squelching: on the eve of our battle to liberate the Iraqi people, Congress slashed funding to the Department of Veterans Affairs.

up by reducing waste, fraud and abuse at each department.

If that measure had passed, it would have low-

money, the interests of America's veterans and their families will continue to be protected by Congress, VA and the President. **VA**

Benefits for Iraqi Freedom Veterans

The men and women discharged after Operation Iraqi Freedom will receive the same veterans' benefits usually associated with VA—GI Bill home loan guarantees, educational assistance, disability compensation if they qualify, and survivors' benefits.

Congress recently provided \$100 million in additional funds that will be available for disability claims and other services for veterans returning from combat in Iraq.

Iraqi Freedom veterans will also receive one important benefit not available at the time of Desert Storm.

Under rules that went into effect last year, everyone who served in the combat zone will be eligible for two years of free health care from VA, without having to prove that a medical problem is connected to military service.

This new benefit is an outgrowth of VA's experience

with Gulf War illnesses after the first Gulf War and Agent Orange after the Vietnam War. It will increase the chances that VA health care workers can detect early any unusual health care problems that develop among Iraqi Freedom veterans.

Bringing VA Health Care Right Into Veterans' Homes

If you had a chronic medical condition, which would you prefer: staying at home with your loved ones or checking into a hospital for an extended stay? Most people would prefer to remain at home, and now they can, thanks to a broad initiative to extend VA health care into veterans' homes.

Home health care has come a long way since the days when nurses used to drive around visiting patients. Back then they might have seen five or six patients on a good day. Now they can see hundreds in a single day, without ever leaving the office.

Advanced nurse practitioners Rita Kobb and Karen Morris, together with social worker Robert Lodge, have managed the care of nearly 500 veterans at the Lake City Division of the North Florida/South Georgia Veterans Health System. They use computers, the Internet and videophones to monitor their patients' vital indicators. If they see a possible complication, they modify the treatment plan or call the patient into the VA medical center for a closer look.

Their patients love it. Ninety-eight percent said they are satisfied with the program, and with good reason—their hospital admission rates dropped 69 percent.

About 1,200 patients are receiving home telehealth care throughout Veterans Integrated Service Network 8 (Bay Pines, Fla.), the first network to implement a VISN-wide telehealth program. These patients represent less than 4 percent of the

network's veteran population. Yet prior to joining the program, they consumed more than 40 percent of the network's medical care dollars.

As VISN 8 director, Dr. Robert Roswell encouraged the use of new technologies to improve the quality of life for VA patients. Now, as Under Secretary for Health, he wants to ensure veterans across the country have the same opportunity.

"VA must leverage its leadership in computerization and advanced technologies to better provide patient-centric care," Roswell told the House Veterans' Affairs Committee earlier this year. "We must find new ways to partner with patients to more effectively manage their health

and disease processes continuously, 24 hours a day, 365 days a year."

A Fundamental Shift in VA Care

Roswell's vision marks a fundamental shift in the way VA delivers primary and long-term care. Traditionally, doctors see chronic patients every three to six months, depending on their best guess of when they might need care.

Wouldn't it be better if they could treat patients precisely when they needed it? This approach would ease waiting times because patients wouldn't have to go to the hospital if they didn't need to. It would improve their quality of life because



RITA KOBBS

Robert Lodge, a social worker at the Lake City, Fla., VA Medical Center, checks up on a patient using a videophone.



DIANE KEEFE

Helen E. Gomes, a diabetes nurse educator at the VA Boston Healthcare System, shows a veteran how to monitor her blood pressure and upload the data to a laptop computer.

they could remain at home with their loved ones and still get care for

their medical conditions. It would also encourage patients to get more involved in maintaining or improving their health.

Roswell recently established the Office of Care Coordination in VA Central Office to coordinate telehealth initiatives within each of VA's 21 service networks. Each VISN will be asked to submit a business proposal that clearly identifies a suitable patient population, adequate administrative and technical resources, and makes sound business sense. Proposals from VISNs 1, 2, 11 and 17 have already been approved. Six additional networks will be selected this year, with the remaining scheduled for 2004.


Dr. Adam W. Darkins is leading the Office of Care Coordination. "This is not a health care fad," he said. "You can trace how this has evolved over the past four years from Dr. Roswell's vision in VISN 8 to where we are today." Telehealth does not take away the need for veterans to come to the hospital, he

stressed. But it does enable providers to care for patients precisely when they need it. It allows them to provide "the right care, at the right time, at the right place."

Are VA Patients Tech Savvy?

In VISN 1, the VA Boston Healthcare System conducted a survey of nearly 900 ambulatory patients to determine if they wanted to use computers and the Internet to better manage their health care. Sixty-three percent did. Their average age was 62. "Everyone assumed our patients were not tech-savvy," said Dr. Paul Conlin, chief of Endocrinology at the VA Boston Healthcare System. "We found that was not the case."

Based on those results, Conlin and staff initiated an 18-month clinical study involving 104 diabetes patients. Each of the patients received a notebook computer, Internet access, glucose meters and blood pressure monitors. Every week or so, they log on to a secure Web site and upload data recorded on their monitors. A care manager reviews the data on the Web site and can address any unusual readings. They also e-mail the data and their prescribed treatment modifications to the primary care provider, who will enter it on the patient's computerized record. Early results are promising. "Most veterans rated their experience as very good to excellent," Conlin said.

Veterans may not be able to see a VA nurse or doctor every day, but that doesn't mean they can't have access to VA care every day. The technology is available, and veterans are capable and eager. For more information, contact program analyst John Peters in the Office of Care Coordination via e-mail at john.peters@hq.med.va.gov or call (202) 273-8508. 

By Matt Bristol

Choosing the Right Technology

Options abound for technologies capable of managing chronic conditions in the home. They range from the Telemonitor, a sophisticated audiovisual system with peripheral attachments that allow for vital sign screenings, including blood pressure, heart rate, heart and lung sounds, oxygen saturation and body weight, to instamatic cameras used to take pictures of open wounds and mail them to care coordinators. In most cases, the \$5,000 Telemonitor is used by patients in group settings such as assisted living homes, while the cameras can be dispensed on an as-needed basis.

The In-Home Messaging system allows patients to answer disease-specific questions on a daily basis and transmit their responses to a Web site where they are reviewed by a care coordinator. Another option is the Videophone, an audiovisual teleconference system that looks like a telephone with a small TV screen. Personal computers with Internet access allow patients to access VA-run Web sites where they respond to questions or input health data. They can also join disease-specific chat rooms for interactive group therapy. In its simplest form, telehealth can be done with an ordinary telephone.

Rather than spending the day driving from home to home to monitor the vital signs of a handful of patients, care managers can use emerging technologies to care for hundreds of patients in a single day, without ever having to leave the office.

Making Some Really Big Friends

The Los Angeles National Cemetery and the Los Angeles Zoo strike an unusual, but mutually beneficial, partnership.

They say an elephant never forgets. If this adage is true, four Asian and African elephants from the Los Angeles Zoo will forever be best friends with Los Angeles National Cemetery Director Bill Livingston. What in the world do elephants have to do with the Los Angeles National Cemetery, you might ask?

It started when Livingston heard about an article in the zoo newsletter soliciting tree trimmings from local homeowners for their elephant pen. It just so happens the L.A. National Cemetery—only 20 miles away—has many of the types of trees the zoo was looking for.

Cemetery staff called the zoo and set up a date for elephant keepers Don Aguirre and Scott Haist to survey the trees at the cemetery. Aguirre and Haist visited the cemetery on March 25 to initially assess which tree trimmings would be appropriate for the animals.

They stopped along the cemetery roads seeking out the most delicious varieties for the elephants. What they settled on were the ficus, California pepper and eucalyptus trees. The cemetery has 98 ficus trees, 50 California peppers and 250 eucalyptus planted over its 115 acres.

“Banana trees are the elephants’ favorite,” said Haist, “but ficus are the next favorite.” Aguirre added that typically when there is ficus around, the elephants push their hay aside and run towards the ficus they love so much. Besides tasting good, the ficus help settle the elephants’ stomachs and have other health benefits.

“We’re going to give them a heck of a load,” said Livingston. “We’ve got a lot of trimmings for the elephants and we’re going to make this partnership happen.”

Jeff Briscoe, principal elephant keeper at the zoo, said ficus “is a priority tree for us. Not only for the el-



Tara munches on the California pepper branches brought to her from the L.A. National Cemetery.

elephants, but the Sumatran Rhinos almost exclusively live on this vegetation as well.” The zoo will be getting a Sumatran Rhino in a few months.

That same week, Livingston and his staffer, Bill Warr, made their first delivery of tree trimmings to the zoo. Aguirre and Nancy Thomas, another keeper at the zoo, unloaded the trimmings and gave Livingston and Warr a private tour of the elephant barn and other elephant areas, where they were introduced to Gita and Ruby.

Gita is a 44-year-old female Asian elephant who’s been at the L.A. Zoo since 1959 and is as gentle as a puppy. Ruby, a 41-year-old female African elephant, is Gita’s best friend. Later, Livingston and Warr were introduced to Tara, a 36-year-old African elephant who always keeps a tire around as a security blanket and play toy, and Billy, the 18-year-old, 11,400-pound male bull Asian elephant walking around with freshly thrown hay on his head.

Aguirre gave Tara some of the fresh California pepper limbs from the cemetery while Livingston looked on. Immediately she scooped up the munchable snack and started eating it.

“Other national cemeteries might want to look at this program before they receive tree project bids.”

“You can see when her eyes close like that while she’s eating, she’s in heaven,” said Aguirre. At that point, Tara pretty much ignored the group of visitors and concentrated on her snack.

Aguirre explained that the tree limbs are not just for nutrition. The elephants love to play with large branches and trees by peeling the bark, stripping the leaves and carrying sections on their backs. Believe it or not, this helps keep the animals mentally stimulated and is part of the zoo’s behavioral enrichment program. It is typical behavior that would occur in the wild, so it’s better than having them just stand around stuffing hay in their mouths.

Handlers also often hide food to encourage foraging and stimulate creative thinking for the animals. A full program that addresses diet, exercise, creativity training and mental exercise helps animals in captivity live happier, healthier, longer lives.

The partnership between the cemetery and the zoo appears to be a mutually beneficial arrangement. Livingston is not only recycling tree trimmings, he’s also saving money by not having to pay to have the material hauled away. The zookeepers no longer have to scour



L.A. National Cemetery Director Bill Livingston meets Gita and Ruby as elephant keepers Don Aguirre and Bill Warr look on.



Bill Livingston (without hat) helps elephant keepers load branches at the cemetery.

neighborhoods for appropriate foliage. But most of all, the elephants are assured of a continuous supply of some of their favorite food from the L.A. National Cemetery.

“Other national cemeteries might want to look at this program before they receive tree project bids,” added Livingston. “I think this idea can become really big ... bigger than an elephant ... and I’m not talking peanuts!” VA

Story and photos by Susan Fishbein

Ready to Respond

In this new, more dangerous world, VA has stepped up efforts to protect veterans and employees, their families, visitors to our facilities and our vast infrastructure.

An ongoing transformation has been taking place in VA. The transformation began on September 11, as Americans everywhere were stunned by the images coming across their TV screens. VA's continuity of operations (COOP) plan was activated, and our lives and the world we live and work in were changed forever. But each day we improve our ability to respond to the war on terrorism.

VA's primary mission of taking care of the nation's veterans and their families is basically unchanged. The war on terrorism and the expanded war in Iraq, however, have challenged us to perform that mission under very difficult conditions—and to take on even more responsibilities.

After 9/11, Secretary Principi and Deputy Secretary Mackay realized that the world had changed dramatically, and this war could last a long time. After a study of VA's preparedness, they decided the department needed Central Office capability to provide oversight of the department's readiness requirements. The Secretary added an emergency preparedness function to the Office of Policy and Planning under the leadership of Assistant Secretary Mick Kicklighter. The new office is called the Office of Policy, Planning and Preparedness (OP3). The functions of Security and Law Enforcement, led by Deputy Assistant Secretary John Baffa, also fall under OP3.

The Directorate of Readiness and Emergency Preparedness (R&EP) within OP3 is a comparatively small office that supports the administrations and staff offices in performing their readiness missions. Led by Dr. Bob Claypool, R&EP's job is to integrate and ensure the unity of VA's mission and continuity of operations under all conditions.

Secretary Principi established this new office to provide oversight for: training and exercises for the VA-wide COOP; preparedness and COOPs of VHA, VBA, NCA and staff offices; coordinated related activities within and outside VA; VA employees and facilities; VA's continuity of government mission; VA's system of emergency preparedness; and VA's fourth mission, which is to support DoD and the civilian community in times of crisis.

Continuity of Operations

VA's COOP team was activated on 9/11 and deployed to the primary COOP site outside the National Capital Region. A new team, the Crisis Response Team (CRT), has since been formed. This group, made up of representatives from all three administrations plus staff offices, has met at least twice a week since 9/11. In times of increased threat levels, the team has met daily.

To ensure VA's ability to operate under any conditions, the department now has four operations centers. Two of these are "caretaker" operations with only a single person to

maintain operational capability. When needed, more personnel can "fall in" on these centers to conduct continuity of operations as required.

Site A, located in VA Central Office, is up and running 24/7.

Site B, the primary COOP site, focuses on emergency response and



ROBERT TURTIL

Members of VA's crisis response team meet in the VACO operations center to discuss and monitor VA's participation in TOPOFF 2, a national disaster exercise led jointly by the Department of Homeland Security and the State Department.

continuity of operations. It now has a permanent staff at all times.

Site C is the secondary COOP site. The focus here is to ensure VA can perform its primary mission. Site C also supports Sites A, B and E, and is the largest site when activated. However, until Site C is activated, it remains in caretaker status.

Site E is the VACO mirror site, located in Bay Pines, Fla. If, for whatever reason, the VA headquarters building in Washington, D.C., and Site B cease to operate, Site E exists to ensure VA continuity of operations without reinforcements or external support from VACO. This includes an acting VA Secretary in the event a successor from VACO is not available.

Medical Readiness

VA health care personnel are being trained to respond to medical consequences of terrorist attacks—reception and decontamination, triage, and reception of mass casualties into the hospital. VA's facilities and personnel could support and augment community health care, with the appropriate authorization and funding; its medical training capabilities can be used for emergency health care training in hometown America for a small investment.

Under the VA/DoD Contingency Hospital Support System, VA will accept military casualties for treatment when DoD hospitals are overwhelmed. The department regularly reports the number of VA beds for military patients that could be available if required, and also surveys bed capability to support a civilian need by polling about 1,800 civilian hospitals that have volunteered to join the National Disaster Medical System (NDMS).

Under NDMS, Federal Coordinating Centers (FCCs) route patients from disaster areas in which hospitals are overwhelmed to other areas of the country for treatment.

VA manages 43 of the nation's 69 FCCs.

Under the national Federal Response Plan, there are 12 emergency support functions (ESF), each of which has a primary or lead agency and several support agencies. VA supports four ESFs: #3, public works, which provides structural integrity reviews (Army Corps of Engineers is the lead); #6, mass care, which provides food, shelter and clothing (the American Red Cross is the lead); #7, resource support, which manages procurement of supplies (GSA is the lead); and #8, health and medical, which includes NDMS and the provision of medical services to disaster sites and victims (HHS is the lead).

Because of its size, VA procures large amounts of pharmaceuticals centrally for distribution throughout the system. Using the VA acquisitions program, VA also purchases the medical supplies and pharmaceuticals for the nation's pharmaceutical caches. This system was in place even before 9/11. This critical activity is part of VA's support to a national bio-terrorism response.

VA procures, rotates and maintains drugs, supplies and equipment for five NDMS WMD caches, four of which are maintained on VA property. The fifth cache is deployed for national security events, like the Salt Lake City Olympics.

The department also procures pharmaceuticals and supplies for the CDC. Located strategically across America are 12 "push packs" which contain 600 tons of antibiotics, antidotes, bandages, and other medical supplies—50 tons per push pack. One push pack is housed on VA property.

VA has also established internal caches, which are necessary to ensure care for VA patients and staff. Smaller facilities have supplies for 1,000 patients for two days; and larger facilities have a supply to cover 2,000 patients for two days.

As of May 9, 97 of 143 planned caches had been placed strategically throughout the nation.

In addition, through inter-agency agreement with the U.S. Army Corps of Engineers, there is a congressional cache located on VA property for the Office of the Attending Physician of the U.S. Congress. This cache was deployed to the Hart Senate Office Building during the anthrax contamination.

VA also has one deployable Medical Emergency Radiological Response Team (MERRT), comprised of Dr. Larry Flesh, chief medical director for VISN 2 (Albany, N.Y.), and 21 volunteers. The MERRT assesses the radiological impact on human health, manages radiation trauma and provides emergency services.

VA has two Emergency Medical Response Teams, one in Pennsylvania (VISN 4), and the other in Georgia (VISN 7). These teams reinforce VAMCs in times of disaster or emergency and act as airport casualty reception teams.

The Disaster Emergency Medical Personnel System is managed by the Emergency Management Strategic Health Care Group based out of the Martinsburg, W.Va., VA Medical Center. It's a database that compiles VA health care volunteers who can be deployed in an emergency.

Safe Harbor

With the start of Operation Iraqi Freedom and the national threat level being raised to orange, or high risk of terrorist attacks, VA expanded its COOP to cover the agency in emergency situations from orange all the way up to red, or severe risk. VA's master continuity of operations plan, renamed "Safe Harbor," was put together in support of "Operation Liberty Shield," the Department of Homeland Security's plan to respond to an increase in the

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Shopping 'Til You Drop at the AIB Store

It has the look and feel of a commercial office supply store, but there are some big differences in this enterprise.

The shelves in the AIB Store at the San Francisco VA Medical Center are chock full of all kinds of computer and office accessories, plus supplies ranging from pens to air purifiers. The retail items are professionally displayed and competitively priced.

In fact, as you walk around looking at the products, you may get the feeling that you're shopping at Office Depot or a similar commercial enterprise. But there are two big differences: VA employees are the only customers this store serves, and it is staffed by visually impaired people.

AIB stands for Associated Industries for the Blind, which is one of 88 member industries of the larger umbrella nonprofit organization the National Industries for the Blind. AIB began operation in 1997 with its first retail store at Great Lakes Naval Training Center in Illinois and has since expanded its operations.

Currently, AIB operates six retail stores from Michigan to California. The store at the San Francisco VAMC is the first AIB retail store at a VA facility.

"We are really excited that the San Francisco VA

facility was willing to do business with us," said AIB Store Manager Steve Burns. "And without a doubt, the business relationship between AIB and SFVAMC is a win-win

situation for everyone."

Burns explained that a federal law authorizes AIB to supply retail items to government agencies. In fact, 27 percent of AIB sales are Skilcraft (the well-known U.S. Government pens) and other blind industry-made products. The AIB Store conveniently provides San Francisco VA Medical Center employees with the majority of their supply needs and also serves the community-based outpatient clinics at 13th and Mission, and in Santa Rosa, Ukiah, and Eureka.

George Camacho, acting chief of Acquisition and Materiel Management Service (AMMS) at the San Francisco VAMC, established the contract with AIB and is a strong supporter of the business relationship with them. "There are no up-front costs for us," said Camacho. "AIB renovated the designated space at their own cost, and we get the advantage of an in-house supply store offering competitive prices for almost all of the products we need."

Camacho said that AIB stocks about 1,000 items in the store, and offers another 25,000 items that can be or-

Continued on page 14



AIB Store manager Steve Burns.



The store offers a wide variety of products, including computer accessories.

A Better View of Life

The Houston VA Medical Center's busy VIST program is helping blind veterans lead independent, productive lives.

Ted Ruehl enrolled in the Visual Impairment Services Team program at the Houston VA Medical Center after losing his sight six years ago. Today, he's a volunteer with the program he credits with allowing him to return to the self-reliant lifestyle he values.

93 VIST programs and the second-largest overall. More than 850 legally blind veterans enrolled in the Houston VIST program are experiencing a better way of life through the program.

According to VIST coordinator Bill Johnson, there are three different levels and types of training currently available to program participants. "The first and most critical is basic life skills," he said.

Once patients complete this first level of training, they are able to cook, clean house and move around with more confidence.

The equipment supplied for this first level of training includes

additional lighting, a closed circuit television that enlarges text, and a monocular to assist with travel. Equipment supplied for cooking includes a cutting board that is black on one side and white on the other, and an elbow-length oven mitt. Patients also learn things like how to go up and down stairs and cross the street safely.

They learn computer skills in the second level of training. Once they've completed the basic skills training, they can return for advanced computer skills.

After two to four weeks of training, patients get a new computer and printer loaded with the latest in Microsoft Office software and one of two specially designed programs for the blind, ZoomText and JAWS.

ZoomText allows the user to enlarge the document being viewed as much as needed; it's designed for those with usable sight. JAWS, designed for those with little or no sight, vocalizes the text.

Training includes setting up the equipment so that veterans are independent and fully functioning with their new computers.

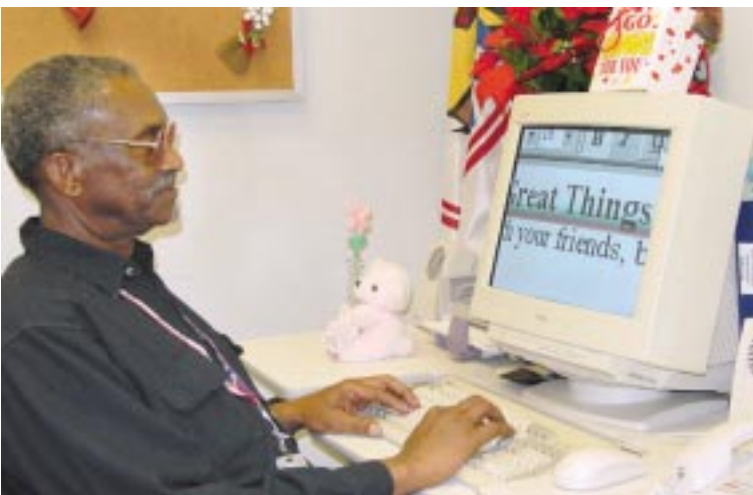
"Amazingly enough, e-mail and Internet access have become an integral part of many of the veterans' computer usages," said Johnson. "Friends made during training share e-mail on a regular basis."

As one visually impaired veteran put it, "The computer is the blinded person's avenue to the outside world."

A third level of training available involves the latest in head-borne electronic low vision devices. With this equipment, a veteran can read a greeting card from across the room. One is called the "Jordy" because of its similarities with the visor worn by Commander Geordi La Forge from the television show "Star Trek: The Next Generation." This device can be connected into a VCR allowing the veteran to watch TV and movies.

These training sessions are offered at one of VA's blind rehabilitation centers. Houston sends patients

Continued on page 14



Arnett Wilson, president of the Greater Houston Area Chapter, Blinded Veterans Association, demonstrates ZoomText software on his office computer.

The VIST program is a key element of the comprehensive rehabilitation services VA offers blind veterans. These teams coordinate the health care of blind veterans at VA medical centers, assess their benefits and other needs, and provide referrals to one of VA's 10 residential blind rehabilitation centers, where they can get intensive training to help them lead independent and productive lives.

The Houston VA Medical Center's program is one of the busiest. It's the fastest-growing of VA's

Preparedness continued from page 11

threat of terrorist attack during the expanded war.

VA's Safe Harbor plan can be activated because of threats to the federal government structure and functions that could derive from natural disasters and accidents, technological emergencies, military or terrorist threats or attacks. It covers conditions for incidents for which there is warning, and where there is no warning. It covers situations where the incident happens during normal duty hours and during non-duty hours. It covers the VACO Emergency Alert Process, with instruction for assembly of essential personnel and possible relocation to an alternate site. It covers specific direction and control, communications and logistics support.

From May 12 through 16, VA participated in TOPOFF 2, a national terrorism exercise designed to provide training for federal, state and local officials and responders, and to demonstrate coordinated national crisis and consequence management capabilities in response to a WMD event. Look for a TOPOFF 2 story in the next VAnguard. **VA**

By Roxanne Fischetti

Houston VIST continued from page 13

to Tucson, Ariz., or Waco, Texas.

To be eligible for the VIST program, a veteran must be legally blind—their best-corrected vision using normal eyewear being 20/200. Of those served by the Houston VIST program, 80 percent lost their vision to diseases such as macular degeneration, glaucoma, and diabetes retinopathy; the other 20 percent to trauma, and 242 are service-connected.

Johnson, who came to the program eight years ago, has seen enrollment grow from 200 to more than 850. He said it took three to four years of aggressive outreach to organizations like the Texas Commission for the Blind, private eye treatment programs, the Greater Houston Area Blinded Veterans Association and other organizations.

Nowadays, Johnson doesn't have to do much outreach—his program is being "sold" by word of mouth by veterans whose lives have been changed. The Houston program now averages three or four new referrals a week.

Johnson credits the success of the program to his more than 30 volunteers, coordinated by blind veteran Mike Anger. These volun-

teers, most of whom are program participants, provide encouragement to the visually impaired veterans, assuring them that they will be able to function at "90 percent of what a 20/20 vision person does—everything except drive a car," as one volunteer put it.

William Cooper, who was housebound for several years, volunteers one day a week to give back to the program that has given him so much. "They helped me because I wanted to help myself," he said.

The efforts of Johnson and his team have not gone unnoticed. Last year at the Blinded Veterans Association national convention, Johnson was honored for his work. The citation presented to him reads, in part: "As a result of his dedication and sustained high level of commitment, Mr. Johnson has garnered the respect and admiration of blinded veterans throughout the southeastern Texas area." The words in the citation sum up the feelings of the visually impaired veterans who have participated in the Houston VIST program. With the help of Johnson and his team, they now have a better view of life. **VA**

Story and photos by Lana Shuman

AIB Store continued from page 12

dered by catalog. Turnaround on catalog-ordered items is quick—most arrive in one to two days. The store even offers free in-office delivery of supply items.

Another benefit of the AIB Store is that no state sales tax is added to any transaction. "That will make our lives here in AMMS much easier as opposed to when employees used to run to Office Depot or elsewhere and be charged sales tax on their purchases," Camacho pointed out.

The products offered by the AIB Store meet VA's requirement

for purchase from mandatory sources. The store also provides AMMS reports on all transactions, which improves tracking for individual control point officials.

Open Monday through Friday from 7:30 a.m. to 4:00 p.m., the 2,500-square-foot, self-service store is for official business purchases only. Employees must pay for their supplies with a government purchase card.

At San Francisco VAMC's AIB Store, employees get quality customer service for convenient one-stop shopping and competitively

priced products, and AIB generates jobs for the disabled and blind industries. When employees go to the store and buy a couple reams of paper or some three-ring binders, they know that they're also helping the blind industries remain financially viable. In fact, the medical center and Camacho have been honored by the California Counsel of the Blind for supporting employment, education, and access for blind and visually impaired people. **VA**

Story and photos by Gene Gibson

Supporting Citizen Soldiers

Once called ‘problematic,’ VA is now viewed as a model agency.

Marty Fallgren remembers the day VA was called “problematic” when it came to supporting citizen soldiers—employees in the National Guard and reserves.

It happened when he was called to active duty as a U.S. Marine in support of Operation Desert Storm. He was attending a transition assistance briefing when a rep from the National Committee for Employer Support of the Guard and Reserve (ESGR), an agency within the Office of the Assistant Secretary of Defense for Reserve Affairs, pointed out that among federal agencies, VA and the Postal Service just weren’t getting it done.

Fallgren, a Marine reservist and employee at the VA Black Hills Health Care System, didn’t like the sound of that. He asked if there was anything he could do to help. “They took me up on my offer, gave me some training, and said they’d be in touch,” recalled Fallgren, now a program specialist in extended care at the Fort Meade, S.D., campus of VA Black Hills.

His first call came from a VA police officer and reservist at a VA medical center in upstate New York whose supervisor would schedule him to work the midnight shift on Sunday, just hours after he’d wrapped up his weekend reserve duty. “More often than not, the issues were between individuals and their first-line supervisors and it was brought on by scheduling demands, it wasn’t purposeful,” Fallgren said.

The calls kept coming and before long Fallgren assumed the role of VA’s “at large” ombudsman for reserve and guard issues.

What began as a collateral duty snowballed into a department-wide priority. Ronald Cowles, then deputy assistant secretary for human resources management in VA Central Office, gave his full support to Fallgren and encouraged increased HR participation.

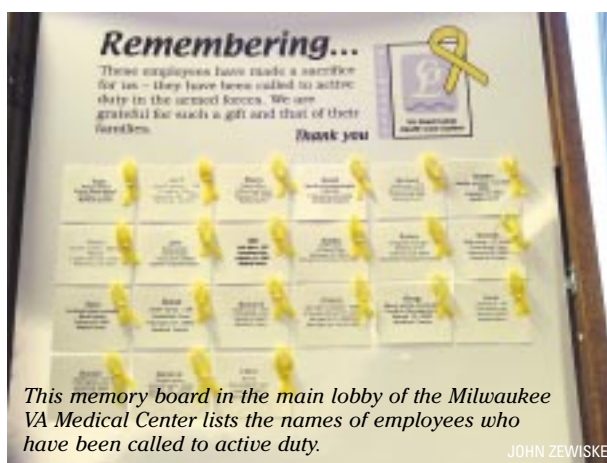
When the ESGR held their annual training last year, Dr. Frances

better time. About 15,000 VA employees wear their military uniform once a month. And more than 500 would be called to active duty in Operations Enduring Freedom and Iraqi Freedom.

When the big call came, VA stood ready to shake off its problematic image and take on a more fitting title—that of a “model” employer.

“VA has actually been a challenge—there have been many, many cases of VA hospitals having issues and questions in regard to their reservists and guardsmen performing duty. As a federal employer, they are supposed to be a model employer; today, I can tell you they have taken the steps to be just that. In fact, they have over-achieved,” e-mailed Lt. Cmdr. Mark Shelley, an ESGR project manager. He specifically cited the HR Web site for reservists and employees, www.va.gov/ohrm/Reservist, and the cover story in the January/February 2003 issue of VAnguard as examples of VA support for employees who serve.

Fallgren, a Vietnam veteran who joined VA as a GS-2 file clerk in 1971, sees a more fundamental shift. “Right now the national attitude about people in the reserves and guard is changing and VA is keeping pace with that. Individuals subject to call are serving their country and Secretary Principi recognizes that and encourages the field to do the same. Those are the signs of a model employer.” **VA**



This memory board in the main lobby of the Milwaukee VA Medical Center lists the names of employees who have been called to active duty.

JOHN ZEWSKE

M. Murphy, then acting under secretary for health, was there along with Dr. David Chu, undersecretary of defense for personnel and readiness, and other DoD leaders to learn the latest challenges facing reservists and members of the National Guard. Finally, in February 2003, Mari A. Horak, associate chief in patient care services, helped organize a ESGR briefing for HR staff in VA Central Office.

The increased emphasis on supporting employees in the guard and reserves couldn’t have come at a

Comforting the Wo

How do you comfort a 20-year-old Marine who lost his right foot and ankle when he stepped on a land mine in Iraq? He desperately wanted to get back to his unit and continue the fight, but his military career is probably over. The thought of hanging up his uniform brought an empty expression to his face. His young wife, barely out of her teens, sat nearby, gently stroking his arm.

Time can ease the wounds of war. Finding comfort is difficult when the wounds are fresh and the memories vivid. Secretary Principi helped ease the concerns of about 50 troops injured in combat during Operation Iraqi Freedom when he visited National Naval Medical Center in Bethesda, Md., and Walter Reed Army Medical Center in Washington, D.C., on April 8. He was accompanied by Dr. Tom Sizemore, special assistant in the Office of Policy, Planning and Preparedness, who recently joined VA after retiring as deputy commander of Bethesda Naval Hospital.

The Secretary started in Building 10 of the Navy hospital complex, where more than 20 young Marines and sailors were recovering from combat wounds. A sculpture in the building's lobby showed a Navy corpsman aiding a wounded Marine. Titled "The Unspoken Bond," it provided a glimpse of what was to come.

Upstairs, on the 5th floor, the Secretary met troops who exemplified that bond. A Marine in one room was recovering from wounds he received when he stepped on a land mine. In the bed next to him was the Navy corpsman who came

to his aid, and lost part of his leg in the process when he also stepped on a mine.

Secretary Principi thanked the young men for their service and assured them VA would be there to help them adjust to civilian life. "Here's a book on all of your veterans' benefits," the Secretary said as he handed the Marine a copy of the Federal Benefits for Veterans and Dependents booklet. "Now, you've earned these benefits, so read it carefully, and here's my card—call me if you need anything."

A Marine corporal in one room described to the Secretary how he got his Achilles tendon "blown off" during fighting in Nasiriyah in southern Iraq. "We got hit by an ambush with mortars and RPGs (Rocket Propelled Grenades). I wasn't really expecting anything like that. They really lit us up." Another told of how he was run over by a tank, breaking his pelvis in three places. "I'm getting better every day sir," he said. One said he would likely report to the VA hospital near his home in Delaware for physical therapy upon his discharge from Bethesda. Despite their physical wounds, the Marines showed remarkable spirit.

At times, the Secretary was clearly touched by what he saw and heard. "I feel so humbled to come out here and meet these brave young men and women. It really reminds me of why my job is so important," he said.

As he toured the area, Secretary Principi had an unexpected encounter with a VA nurse called to active duty in support of Operation Iraqi Freedom. Navy Reserve Capt. Mary E. Walker, a nurse case manager on



During his visit to Bethesda Naval Hospital, Secretary Principi talked with Mary E. Walker, a VA nurse and reservist who was called up to treat the wounded there.

the red team at the Atlanta VA Medical Center, was called up to treat the wounded at Bethesda Naval Hospital. "This has been a very unique and fulfilling experience," she said. She has a son on active duty in the Navy and a daughter back in Atlanta.

Following his visit to Bethesda,

unded

the Secretary stopped at Walter Reed Army Medical Center to meet with wounded troops from the 101st Airborne Division, 507th Maintenance Company, and other Army units deployed to Iraq. The medical center's commanding officer, Maj. Gen. Kevin Kiley, led the tour. At one point, they stopped at the Surgical Intensive Care Unit, where the upbeat spirit was difficult to maintain. A soldier in one of the rooms had been shot in the back of the head. His chest rose and fell with each breath, but he didn't appear to be conscious. He's in a coma caused by a severe traumatic brain injury, doctors explained. His mother and girlfriend, their eyes red and swollen, sat by his side.

The war is over for these soldiers. Many will be medically discharged from the service. As veterans, they will turn to VA for disability compensation, education benefits, and care for their wounds. "I want them to know VA will be there to help in their recovery, no matter how difficult," said Secretary Principi. "I am so proud of the members of our Armed Forces. I wish I could tell each of them that personally."

Secretary Principi's visit may have achieved more than he expected. "The Secretary's visit today meant so much to the soldiers," wrote Army Capt. August Schomburg III, aide-de-camp to Walter Reed's Maj. Gen. Kiley, in a follow-up e-mail message. "He may have changed some of their lives today simply by the act of stopping by." **VA**

By Matt Bristol



WHITE HOUSE PHOTO

President Bush met with Secretary Principi and the national commanders of veterans service organizations at the White House shortly after the war in Iraq began.

Bush Meets with Veterans

President Bush met with Secretary Principi and the national commanders of veterans service organizations at the White House on March 28 to thank them for their strong and unwavering support for America's Armed Forces.

The president said he's "proud" of Secretary Principi's service and noted that he is doing a "really good job" as head of VA. President Bush also singled out former VA employee Brian Thacker, who retired from VA Central Office March 1, 2002, after 25 years of VA service. "I want to thank the national commanders and presidents of our national veteran service organizations for coming. ... I'm particularly pleased that Brian Thacker, a Medal of Honor recipient, is with us as well," he said.

President Bush spoke about the noble purpose of Operation Iraqi Freedom and called upon Congress to pass his nearly \$75 billion wartime supplemental appropriations bill.

"We must give our armed services the support and the resources they require. As veterans, all of you understand the importance of a well-supplied and well-trained fighting force. This funding would provide fuel for ships and aircraft and tanks; supplies for our troops in the theater of operations; new high-tech munitions to replace the ones we have used in this war. The supplemental would also provide funds to assist in the reconstruction of Iraq, and to help protect the American homeland in this time of high alert. I call upon the United States Congress to pass the supplemental as quickly as possible," said the president.

In closing, President Bush thanked veterans for giving their full support to America's fighting forces. "I want to thank each veteran here today and across our land for the lifetime of service you have given our nation. I thank you for standing behind the men and women of today's Armed Forces, as they fight for the liberty of an oppressed people, for the security of the United States and our friends and allies, and for the peace of the world. May God bless our troops."

Sighs of Relief

VA employees from coast to coast anxiously await the return of loved ones from Operation Iraqi Freedom.

America held its breath on March 19 as Operation Iraqi Freedom began with a barrage of cruise missiles and precision-guided bombs aimed at “decapitating” Saddam Hussein. The war began amid fears of chemical weapons, urban fighting and massive casualties. But it was over in a matter of weeks, with relatively few U.S. battle deaths.

The swift victory brought a sigh of relief to hundreds of VA employees with loved ones in the combat zone. From Secretary Principi, who has two boys deployed to the Middle East, to Brenda Johnson, a food service worker at the Memphis VA Medical Center, whose 21-year-old son, Brandon, is in Kuwait with an Army supply unit.

Nearly 200 VA employees responded to an e-mail message from *VAnguard* asking if they had a loved one in the Operation Iraqi Freedom theater of operations. The responses covered a wide range of possible relationships: spouses, children, siblings, fiancés, cousins, nephews, friends.

Ninety-eight VA employees said they had a son serving in the war. Gary and Janeen Ingber, who both work for the VA in Minneapolis, wrote about their son, Air Force Capt. Travis Ingber, who deployed to Qatar from Seymour Johnson Air Force Base in North Carolina on March 3.

Capt. Ingber flew 140 combat hours over Iraq in his F-15E Strike Eagle, according to his father, Gary, chief financial officer for VISN 23 and a Marine Corps veteran. He and Janeen faced their worst fear on April 7 when they heard that an F-15 from their son’s squadron had gone down in Iraq. “It was terrible,” said Janeen, campus manager for the Minneapolis Employee Education Resource Center. “I cried most of the day.” They later received an e-mail from their son indicating he was OK, but had lost a good friend in the crash. The pilot of the downed aircraft was his tentmate in Qatar and classmate from the Air Force Academy class of 1995. Gary and Janeen hope their son will be home in time for his July 1 wedding anniversary.

Pam Westmoreland, a budget analyst at the Leavenworth National Cemetery, also has a son in the combat zone. Army 1st Lt. Joshua Panek serves as an ordnance officer with the 101st Airborne Division out of Fort Campbell, Ky. He did a tour in Afghanistan during Operation Enduring



Atlanta VAMC’s Alberta Lane with her son, Marine 1st Lt. James M. Lane, who served in Nasiriyah with the 2nd Marine Expeditionary Unit.



Navy Lt. Alan Beaty, brother of Tom Beaty, chief of the Support Service Division at the St. Louis VARO.



Lexington, Ky., VAMC Police Officer William Langley with his son, Lance Cpl. Sean M. Langley, who is deployed to the Middle East.



COURTESY OF PAM WESTMORELAND

1st Lt. Joshua Panek, son of Pam Westmoreland, who works at Leavenworth National Cemetery.



COURTESY OF GARY ANTAL

Matt Antal, son of Gary Antal, a veterans service representative at the St. Louis VARO.

Freedom before deploying to Iraq. The last time she heard from him, he was about 30 miles south of Baghdad.

"I have a great sense of pride about Josh. I worry about him constantly, of course, but have put him in God's hands," his mother wrote. "He was able to call his wife, Teresa, a couple of days ago and told her that when passing from Kuwait into Iraq his Humvee, as well as others, were fired on and took several rounds. I do believe in the power of prayer and know that God was protecting him and others as well." Lt. Panek and his wife are expecting their first child this summer.

At the St. Petersburg, Fla., VA Regional Office, hearing officer Bea Rue was worried about her youngest son, Air Force Tech. Sgt. Richard K. Rue, who shipped out to the Middle East in late January from Lackland Air Force Base in Texas. He was assigned to the intelligence division of the Combined Air Operations Center at Prince Sultan Air Base in Saudi Arabia. When the war started, Rue was "transfixed" by the combat coverage on CNN and other television networks. "I had a constant knot in my stomach, but could not stop watching," she said. "Words cannot express the fear I felt, the constant uneasiness and all the time feeling such pride in my son and all who are there."

She asked colleagues in the finance division if they'd like to "adopt" her son's unit and send care packages with cookies, brownies and other goodies. "The response was an overwhelming 'yes,'" she said. Word got out about the care packages and donations started coming in from throughout the regional office and surrounding community. "The generosity and kindness by these people meant more to me than anyone could ever know," said Rue.

Twelve VA employees who responded said they have daughters in the Iraqi war zone. John Lankford, a veterans service representative at the Hartford, Conn., VA Regional Office, has two. His oldest daughter Heather, 27, is a specialist in the Oklahoma National Guard. She deployed in mid-March with a transportation company and is hauling ammo and other supplies from the Iraqi ports to the front lines. His daughter Alexis, 20, is serving as an active-duty Army medic with the Big Red One, the same unit her dad served with in Vietnam. She's with a tank battalion attached to the 173rd Airborne Brigade in Northern Iraq. "I have the usual father's trepidations, but they're smart and tough and I have confidence in their leadership," Lankford said.

The following excerpts are from an April 15 e-mail message Heather sent her parents: "Hey guys - This place (Iraq) is crazy - People here love us and hate us at the same time - kids beg us for food & water - some try to rob our sunglasses, headphones, watches its crazy. ... We are based about 60 miles from Baghdad, and suppose to move to Terkurk(?) - I saw things I'd prefer never to see again because they just don't make me feel like a good person." She ended the message with the words: "Well I love you both and I have to go back to work... please take care of yourselves. - Just know you raised a firecracker and nothing is going to happen to me ... Be proud of what you raised us kids to do - I love ya."

Thirteen employees said they have spouses serving in Iraq. Dr. Victor Stewart, VA San Diego Healthcare System, said goodbye to his wife, Lt. Mary Stewart, when she deployed to the Middle East on Feb. 3. She is an active-duty Navy nurse assigned to a medical unit under the 1st Marine Expeditionary Group. Three days after the war started, she left Camp Coyote in Kuwait and headed into Iraq. Dr. Stewart said he got a phone call from

her on May 4. She was southwest of Baghdad in a military hospital on the grounds of a university. "It's tough," Dr. Stewart said, when asked about the separation. "I wish I could be there with her."

At the Atlanta VA Regional Office, both Anna Crenshaw and Rhoni Boatwright have husbands

serving at Camp Doha in Kuwait. Crenshaw said her husband, Chief Warrant Officer 4 Dallas Crenshaw Sr., deployed in August 2002 with the Third U.S. Army, based out of Fort McPherson in Atlanta.

It's not the first time her husband has been in the region. He also served in Operation Desert Shield/

Desert Storm. Crenshaw, a senior veterans service representative, said the first Gulf War taught her not to fixate on the war coverage. Instead, her family relied on prayer. "I didn't watch the news because I didn't want to be anxious and nervous every day," Crenshaw said. "I just took it one day at a time, and we did a lot of praying. My prayers go out to all the families."

Paula Hamilton, a medical administration specialist at the Huntington, W.Va., VA Medical Center, has a twin sister in Iraq. Army Sgt. Stephanie Hamilton, 27, is a surgical technician serving at Camp Wolf, on the Iraqi border, with the 47th Combat Support Hospital out of Fort Lewis, Wash. "She's risking her life to protect our freedom and I'm real proud of her," said Hamilton,

who also served in the Army and did a tour in Bosnia in the mid-1990s.

One of the most detailed responses to the VAanguard e-mail message came from Pamela Salazar, at the St. Petersburg, Fla., VA Regional Office. Her husband has been in the Navy for about

three years and deployed on the USS Roosevelt in January.

"It's hard to explain the feeling that comes over you when you hear news about war, especially when you have a loved one out there. I was scared, upset, mad and frustrated all at the same time," she wrote. Salazar also began to view her work at VA in a different light. "I could now relate to [veterans] and their families in a better way. ... I can also take a deeper pride for what we do here as rehabilitation counselors working with veterans." VA

On the Home Front

VA Employees Supporting the Troops

With America at war, VA employees came together to show their support for the troops. Employees at the Birmingham, Ala., VA Medical Center set up a telephone line for families to call if they needed assistance. The phone number was broadcast on nightly newscasts by the local ABC-affiliate TV station. About 10 to 20 people called each day, seeking help with things like preparing a nursery for a newborn and cleaning up around the yard.

In Washington, D.C., employees in Education Service at VBA headquarters adopted the Army's 369th Transportation Detachment in Kuwait. They sent care packages with snacks and other goodies as well as books, CDs and phone cards. They even sent information on VA benefits. An officer with the unit sent a letter thanking them for their support. "It is an honor that you adopt our unit," he wrote. "I will let all the soldiers know of the good news."

VBA field offices got in on the act as well. The Nashville VA Regional Office, for instance, sent more than 200 pounds of comfort items to soldiers in the Army's 101st Airborne Division. Some packages contained a group photo of employees with the caption: "We'll be there when you need us."

Posting yellow ribbons and decorating "freedom trees" was another popular way to show support for the troops. At the Richmond VA Medical Center, employees set up a Branches of Freedom tree trimmed with yellow ribbons and small tags bearing the names of employees' loved ones who were called to active duty.

The Caribou Vet Center in Maine started a small project to send a care package to the son of one of their work-study students. Once word got out, people from all over Aroostook County contacted the vet center to see how they could contribute to the cause. Pretty soon, they were sending packages to deployed soldiers from throughout the county. Office manager Deborah M. McPherson said the vet center received phone calls from parents and spouses asking them to send a package to their loved one. "We will keep sending out the care packages as long as we can," she said.



Sandra Chandler, Voluntary Service, adds a tag for a family member to the Richmond VAMC's Branches of Freedom tree.

PAUL GREENWOOD

Streamlined Casualty Assistance Program Gets Kudos from Military

The ultimate sacrifice is made all too often in the service of this country. Nearly 150 U.S. service members made that sacrifice during Operation Iraqi Freedom, as of May 16. Although formal military action has ended, peace has yet to be won, and more casualties are expected.

In the past, the families of soldiers killed while on active duty were required to deal with what sometimes seemed a cold and impersonal bureaucracy when applying for VA benefits like Dependency and Indemnity Compensation, educational assistance and loan guaranty.

With the terrorist attacks of

Sept. 11, VA began an initiative to review and streamline the process families of the deceased must use to file claims, ensuring that they receive timely and compassionate assistance. Now those efforts are winning accolades from the military for VBA staff members.

Initial meetings between VBA officials and their Department of Defense counterparts began in October 2001, and soon after, Diane Fuller, assistant director of Veterans Services in VBA headquarters, was invited to participate in the quarterly Joint Service Casualty Advisory Board meetings, working directly with DoD's Office of the

Undersecretary of Defense for Personnel and Readiness.

Fuller and co-workers including Milton Maeda, chief of outreach, and Eileen Kostic, from the Philadelphia Regional Office and Insurance Center, listened to DoD's concerns and quickly identified several key areas for improvement.

"The first and most important change was to establish a centralized claims process at the Philadelphia Regional Office," said Mark Ward, senior policy advisor with the Office of the Deputy Undersecretary of Defense. This gave military casualty officers a central location to work all

Continued on page 23

Vet Centers See Spike in Visits from Veterans, Families

Vet centers across the nation reported an increase in visits from both veterans and their families during Operation Iraqi Freedom. Though the numbers are strictly program data and do not necessarily correlate to the war, vet centers reported a 9 percent increase in visits by veterans and a 12 percent increase in family visits for March 2003, the month the war began, compared to March 2002.

"Science cannot confirm a causal relationship to the war in Iraq based on our collected data," said Dr. Alfonso R. Batres, director of VA Readjustment Counseling Service, "but it certainly looks to be that way."

Some vet centers saw significant spikes. The Honolulu Vet Center saw 36 families in March 2003, up from one family during

the same month last year. "We look at this as a family issue," said Robert Brown, a counselor at the Honolulu Vet Center since 1981. "The family members come in seeking help for their loved ones. They're very concerned and they want to change their loved one's behavior—the one thing they don't have control over. We try to teach them about trauma and the effects on family and how taking care of themselves is part of the healing process."

The Peoria Vet Center in Illinois has taken on an aggressive outreach/education program, offering their services to military reserve units and military family support groups. In May, Team Leader Ronald E. Harriman spoke with 21 military moms who had children in the war in Iraq. "They're very interested in what they should expect when their sons and daughters come home," he

said. Having an emotional outlet helps families cope with the uncertainty of war. "We give them an opportunity to talk about the stressors they may be experiencing with the deployment of their loved one. It has really done wonders as far as establishing our reputation out in the community," said Harriman.

Now Batres is seeking to further solidify the vet center role in serving military families through a memorandum of understanding with the Department of Defense. "We are already there in the communities providing support systems for veterans and their families," he said. "This would extend those same opportunities to the families of those soldiers deployed in the global war on terrorism and Operation Iraqi Freedom theaters."

Putting Families First Brings Home the Mission for NCA

Among the very first American troops to die in Operation Iraqi Freedom, Marine Maj. Jay Thomas Aubin also became the first to be buried in a VA national cemetery, on April 2. Ft. Rosecrans National Cemetery in San Diego, near the Marine Corps' Camp Pendleton—where Aubin was laid to rest—had prepared for the tragic inevitability that would follow once the war began.

As of May 5, 26 burials of America's most recent war casualties had been conducted in 17 VA national cemeteries.

Like other high-profile burials in national cemeteries, the interment of Aubin—killed in a helicopter crash March 21—required cemetery staff to plan for numerous observers and news media, while respecting the wishes of family members. Soon after plans for the officer's burial at Ft. Rosecrans became known, news media began calling the cemetery office. Some 15 media called, seeking to cover the interment ceremony or to interview family members.

Cemetery staff referred most calls to the Los Angeles Office of Public Affairs (OPA), where Susan Fishbein informed reporters the Aubin family did not want to have them or TV cameras at the interment service. OPA and cemetery staff developed a strategy to satisfy the family's wishes first, and then the media's need for visual coverage of this important story. By allowing media to come to the cemetery after the service, when the family had departed, they accommodated both.

The National Cemetery Administration assigned Rick Boyd, deputy director of Riverside, Calif., National Cemetery, to be the on-site VA spokesperson at the early California national cemetery burials. After the Aubin ceremony, Boyd talked on-camera about eligibility for burial in national cemeteries. Media were allowed to photograph the Ft. Rosecrans gravesite, by then marked with its headstone.

"Our mission was to meet the family's needs above all others and

rity personnel and San Diego VAMC police. Fishbein added, "I was honored to be there, part of VA, because we were doing the right thing for the family and the soldier. It brought home the mission."

Ft. Rosecrans held the added interest of generally interring only cremated remains or casketed burials of family members as second interments in the same gravesites. San Diego veterans have been concerned for years about not having a full-service national cemetery in the area, so news media had many questions about how space was provided for Aubin's casket burial.

Boyd explained to reporters that recent storms had destroyed several trees. Their clearance, along with construction to expand columbaria for cremation burials, made 12 new casket burial spaces available at Ft. Rosecrans. He explained that even cancellation of grave reservations (made by the U.S. Army before VA took over operation of national cemeteries) may contribute to a dynamic situation in otherwise closed cemeteries. Ft. Rosecrans had conducted six interments of Operation Iraqi Freedom soldiers as of May 5, the most of any VA national cemetery.

Anticipating war casualties, NCA continued its commitment to accommodate the requests of families of war casualties to have their loved ones buried in a national cemetery of their choice wherever possible. Directors of cemeteries that offer burial space only for cremated remains were asked to inspect their



Pfc. Brandon Scott Tobler was laid to rest at Willamette National Cemetery in Portland, Ore., on April 3.

we committed to making that happen," said Boyd.

"Most media respected our ban on attending the service," said Fishbein, who assisted and advised Boyd on site. But one station's crew arrived early, claiming to cover an unrelated burial, and interviewed a veteran about the fact that Ft. Rosecrans usually does not perform casket burials due to lack of space. To ensure the camera crew left without filming the Aubin service, the public affairs officer asked for help from San Diego police, Navy secu-

VBA program continued from page 21 military death claims and the ability to speak directly with a VBA representative.

Fuller concluded that reducing paperwork for survivors was an obvious necessity. She had witnessed bereaved families applying for benefits while working alongside other government agencies at the Joint Services Survivors Assistance Center organized for families of victims of the Pentagon terror attack.

What struck her was the bureaucracy they had to endure. "It was a shame that these people were being asked the same question, over and over again. VA could have filled in many of the questions, just by listening to what the other agencies asked."

But more than the redundancy of the paperwork, "Dealing with complicated forms was just too much for them," Fuller recalled. "They were quite often in an acute state of grief and were emotionally unable to make decisions on educa-

tion or loan guaranty benefits."


Fuller's team created a one-page addendum to the DoD casualty forms, replacing the 12 pages of instructions and questions of VA Form 21-534. This "VA DIC Worksheet" involves six simple questions and a signature.

"These two changes alone reduced the claims processing time from several weeks to less than 48 hours and has been widely appreciated by military units and surviving family members," DoD advisor Ward said.

A casualty assistance officer is designated at each VA regional office to work directly with the families of service members who die on active duty. As soon as they receive a report of death from the military, they schedule a visit with the family to provide personal assistance in applying for benefits. They then fax the family's claim to the centralized unit in Philadelphia for immediate processing.

Ongoing improvements con-

tinue with comprehensive training for VA casualty assistance officers and the development of a new brochure entitled *Benefits and Services for Survivors of Servicemembers Who Die on Active Duty* (VA pamphlet 21-02-1). In June the Philadelphia VA Regional Office will begin sending six-month follow-up letters to surviving spouses, who often are unable to discuss future plans as they struggle to comprehend the loss of their loved one. This letter will help ensure they understand the variety of VA benefits available to them.

Summing up the "visionary" contribution of Fuller and her team, Meg Falk, director of Office of Family Policy with the Office of the Undersecretary of Defense for Personnel and Readiness, said, "The VA has demonstrated through Ms. Diane Fuller's program that this is an organization [that] truly cares about the families of those we lose while in service to our nation." 

By Robert Turtill

NCA continued from page 22

grounds to determine if space was available for casket burials in obstructed areas or if removal of damaged trees could create space.

The second national cemetery burial took place at the full-service Willamette National Cemetery in Portland, Ore. Pfc. Brandon Scott Tobler was laid to rest April 3 in the presence of 300 people, including Oregon Governor Ted Kulongoski, military officers, members of Portland's police and Oregon state police.

Staff designated an area for TV cameras that allowed filming the ceremony out of the family's view. Police attendance was prompted by the 19-year-old Army reservist's expressed interest in eventually joining a police force.


Long Island, N.Y., National Cemetery had experience with high-profile burials following the Sept. 11 attacks in New York, but did not get requests for new gravesites for casket burials at that time. The burials then were of family members in existing graves.

The cemetery has had three casket burials since the war with Iraq began, made possible only after extensive surveying of grounds to create space. For all three services, Office Manager Annette Bianco said, the cemetery asked funeral directors to inquire about the families' wishes regarding news media.

Air Force Master Sgt. Michael Maltz, who died in a helicopter crash in Afghanistan March 23, was the first to be buried at Long Island. News media were kept at a distance from the service. Though family

members did not speak to reporters, members of Maltz's troop came from Afghanistan for the service and talked with them.

To provide privacy for grieving family members, Bianco said standard practice at Long Island is to place news media at a distance even if families don't object to their presence.

Ft. Leavenworth, Kan., National Cemetery also used previously obstructed ground. Family of Army Sgt. Donald R. Walters requested a service at the gravesite on a weekend and staff accommodated them. The fully inscribed headstone was placed on the gravesite the same day, implementing a goal that NCA set for burials of all active-duty casualties. 

By Jo Schuda

Secretary Represents President Bush on Official Trip to Poland



DARIN SELNICK

Secretary Principi and the other members of the U.S. delegation laid wreaths at the Auschwitz and Birkenau concentration camps.

It's been six decades since a group of young Polish Jews achieved the unimaginable. Though lightly armed and heavily outnumbered, these 750 residents of the Warsaw Ghetto launched a daring revolt against their Nazi oppressors.

Nazi forces were attempting to liquidate the remnants of the ghetto, which they had established in 1940 as a separate Jewish district. Jews were forced to move into the ghetto, which was surrounded by a nearly 12-foot high brick wall topped with barbed wire and broken glass. No one was allowed to leave without special permission.

At its height, the ghetto had more than 400,000 residents. Starvation and disease claimed many lives. Mass deportations to the Treblinka extermination camp led to the deaths of 300,000 ghetto residents.

The freedom fighters knew they faced certain death, and had nothing to lose. Against all odds, they held out for nearly a month.

By the time the resistance was finally fully put down, after house-to-house fighting that destroyed most of the ghetto, the Nazis had killed 7,000 Jews. Another 56,000 were sent to their deaths at Treblinka. Only a small number of the fighters were able to escape.

Secretary Principi trav-

eled to Poland in April as head of the U.S. delegation participating in the commemoration of the 60th anniversary of the Warsaw Ghetto Uprising. He and the other members of the delegation, including U.S. Ambassador to Poland Christopher R. Hill, and former New York Congressman Benjamin A. Gilman, were among the hundreds who gathered in Warsaw on April 30 at a ceremony to remember the Jewish heroes.

During the ceremony, Polish President Aleksander Kwasniewski and Israeli President Moshe Katzav laid wreaths at the black granite memorial erected on the site of the revolt. The Secretary and the other members of the U.S. delegation also laid wreaths at the monument. The next day, the Secretary flew to Krakow, where he toured and laid wreaths at the Auschwitz and Birkenau concentration camps.

"The trip evoked profound emotions in every member of the delegation as we visited the sites of unspeakable horror and inhumanity," Secretary Principi said. "If any place on earth can be said to be the portals to the gates of hell, Auschwitz-Birkenau is that place."

While in Poland, the Secretary also met with Polish Minister of Veterans Affairs Jan Edward Turski. They discussed the differences between the veteran populations of the U.S. and Poland, and the minister expressed his desire to work with Secretary Principi on veterans' rights and the issue of Polish Americans living out their last years in Poland. The Secretary offered VA's assistance with veterans' issues and expressed the nation's gratitude to Poland for being part of the coalition in Iraq and for their support in NATO and Europe. **VA**

Korean War Commemoration's Last Hurrah

The three-year commemoration of the 50th anniversary of the Korean War is coming to a close, and the Commemoration Committee is planning a last-hurrah weekend of activities for Korean War veterans and their families in Washington, D.C., this summer to mark the signing of the agreement that ended the war.

Events on Friday, July 25 include an evening concert by the U.S. Air Force Band at the Sylvan Theater on the Mall. A wreath-laying ceremony will be held at the Tomb of the Unknowns at Arlington National Cemetery on Saturday morning. Later

that day, a National Salute to Korean War Veterans hosted by entertainer and Korean War vet Ed McMahon kicks off at the MCI Center. The weekend's events conclude on Sunday with an Armistice Day ceremony at the Korean War Veterans Memorial hosted by the Chairman of the Joint Chiefs of Staff.

Veterans can order free tickets for Saturday's National Salute at the MCI Center by calling 1-866-751-4403. All other events are open to the public and do not require tickets. Hotel information is available by calling 1-800-554-2220, ext. 102, and veterans can get up-

dates and more information on the Armistice Day Weekend by calling the 50th Anniversary of the Korean War Commemoration Committee at 1-866-567-3250 or visiting their Web site at www.korea50.mil.

Similar events commemorating the end of the fighting are being planned in Seoul, Korea. The United States, North Korea and China signed an armistice agreement on July 27, 1953. The commemoration of the 50th anniversary of the conflict that has frequently been called the Forgotten War officially ends on Veterans Day. **VA**

Harvard Study Evaluates VA's Cardiac Care Program



ROBERT TURTEL

Calling the results of the study "troubling," Secretary Principi, with Under Secretary for Health Dr. Robert Roswell, and principal researcher Dr. Barbara McNeil of Harvard Medical School, ordered immediate actions to address the findings.

An independent study commissioned by VA comparing the quality of care provided to VA and Medicare patients treated for heart attacks between 1997 and 1999 found a statistically significant higher death rate among VA patients at 30 days after their heart attacks, and at one-

two- and three-year points.

Secretary Principi announced the findings of the study, conducted by Harvard Medical School and PricewaterhouseCoopers researchers, at a VA headquarters news conference on April 11. "We asked for a close, unbiased look at our cardiac

care program and we received just that," the Secretary said.

The study used administrative data to compare mortality for VA and Medicare patients who had suffered heart attacks. Though the study wasn't designed to pinpoint the reason for the differences in outcomes, researchers did identify two factors that may have some bearing: VA patients were less likely than Medicare patients to undergo invasive cardiac procedures, such as angioplasty and surgery; and VA patients traveled on average twice as far as Medicare patients for treatment when they experienced symptoms of a heart attack.

Calling the results of the study "troubling" and "unacceptable," the Secretary announced several measures VA will take to address the findings:

- strict adherence by VA practitioners to treatment guidelines established by the

American College of Cardiology and the American Heart Association;

- a review of cardiac care at VA facilities to identify locations appropriate for round-the-clock care and procedures for transferring patients to non-VA facilities where VA facilities don't have the appropriate resources;

- a clinical study to provide a better understanding of the link between VA's cardiac care and the results of the Harvard study;

- creation of a patient education program to encourage veterans to go to the nearest medical facility if they experience symptoms of a heart attack; and

- formation of a Blue Ribbon panel composed of cardiologists, surgeons and emergency room physicians to examine all aspects of VA's cardiac care program and report their initial findings to the Secretary within 90 days. **VA**

VA Employees Staff Public Service Recognition Week Exhibit on the Mall

VA employees across the nation were honored during Public Service Recognition Week May 5 through May 11. The event has been celebrated since 1985 to recognize the men and women who serve America as federal, state and local government employees. Some of the week's activities included award ceremonies, open houses, parades, community clean-up days, and charity fund-raisers. The goal is to reach out to communities and remind citizens of the many ways in which government serves the people.

VA employees in Washington, D.C., kicked off the celebration by joining more than 100 agencies for an exhibit on the National Mall. Nurses from the Washington, D.C., VA Medical Center were on hand to provide health care information, and benefits experts from VBA headquarters and the Washington, D.C., VA Regional Office answered questions about VA benefits. Staff from VA Central Office, including the National Cemetery Administration, the Office of Public Health and Environmental Haz-



ROBERT TURTEL

VA joined more than 100 agencies at a Public Service Recognition Week exhibit on the National Mall.

ards, and the Media Services Division of the Office of Administration, also volunteered to help get the word out about the many ways VA serves veterans and their families.

Franchise Opportunities for Veterans Featured at Expo



ROBERT TURTEL

Deputy Secretary Mackay, third from left, joined officials opening the International Franchise Expo in Washington, D.C.

Deputy Secretary Dr. Leo S. Mackay Jr., and International Franchise Association (IFA) chairman Russell Frith officially opened the 12th annual

International Franchise Expo during a ribbon-cutting ceremony at the Washington, D.C., Convention Center on April 11.

Mackay also addressed conference attendees and renewed a memorandum of understanding between VA and the IFA to promote the Veterans Transition Franchise Initiative, commonly known as “VetFran,” which makes franchise opportunities more affordable for veterans.

The expo, hosted by the IFA, offered a free seminar, “Franchising 101 for Veterans,” sponsored by VA’s Center for Veterans Enterprise.

IFA first introduced VetFran in the early 1990s as a way for franchisers to express gratitude to military members for their service during the Gulf War. The program allows veterans to acquire a franchise with a down payment of 10 percent

or less of the initial cost, which generally ranges from \$45,000 to \$150,000 for a small business.

“I am pleased that more than 75 companies have enlisted in the drive to engage America’s veterans in the franchise community,” said Mackay. “We want every veteran who is thinking about opening a franchise and every military member transitioning into civilian life to know about VetFran.”

Information about business opportunities and programs, including VetFran, is available on VA’s Web site at www.vetbiz.gov. The IFA Web site, www.franchise.org, has important information for any veteran interested in investing in a franchise. **VA**

‘Best of the Best’ in VA Nurse Corps Honored in Washington

Shirley Cline wiped tears from her eyes as she described what she enjoys most about her job as a nursing assistant at the Bronx VA Medical Center. “It’s unimaginable that a human being could go through what [veterans] went through ... how they suffered for our freedom. Caring for them allows me to give something back,” she said.

For her compassionate care and commitment to veterans, Cline was named VA’s top nursing assistant and honored during the Secretary’s Awards for Excellence in Nursing ceremony on May 5 in VA Central Office. She was one of six honorees recognized during the awards program, which kicked off National Nurses Week.

“National Nurses Week shines a light on the treasures

of nursing,” said VA’s chief nurse Cathy Rick. “We are gathered here today to honor six individuals who have been selected as the ‘best of the best’ representing VA nursing.” The award recipients were nominated by their colleagues and selected to represent their VISN in the national nursing awards program. Each award recipient was then chosen from among the VISN-level winners as the top nominee in their category.

Christopher Hermann, an advanced practice registered nurse, received the Secretary’s Award for Excellence for his work at the John D. Dingell VA Medical Center in Detroit, where he specializes in chronic obstructive pulmonary disease, asthma and sleep dysfunction. He was cited as an exceptional role model for VA



ROBERT TURTEL

Left to right: VA’s chief nurse Cathy Rick with James Horstmyer, Markus Townsend, Christopher Hermann, Frankie Manning, Shirley Cline, Patricia Johnson and Dr. Judith St. Onge. Townsend and St. Onge represented honoree Linda Watson at the Secretary’s Awards for Excellence in Nursing ceremony.

nursing—someone who regularly goes the extra mile to help veterans with special needs. Hermann said he was honored and humbled to receive the award, but didn’t

see what all the fuss was about. “I’m just going in and doing my job,” he said.

James Horstmyer, 40, a registered nurse at the Wilmington, Del., VA Medi-

cal Center, joked about demanding a recount when he heard that he had been selected for the Secretary's Award. But all jokes were off as he stood outside Secretary Principi's office before the award ceremony. Horstmyer credited his colleagues and medical center leadership with creating an atmosphere where nursing is "really fun." He said he feels respected for his work and that makes his job very rewarding. "The camaraderie we have between patients and staff is really amazing," he said.

Patricia Johnson, a licensed practical nurse at the Buffalo VA Medical Center, was honored for her work in the home-based primary care program. "It's been a real whirlwind," she said about being selected to receive the award and coming to Washington, D.C., for the ceremony. At the ceremony, the whirlwind continued as Sec-

retary Principi showered her with praise. "Your career embodies the very philosophy of selflessness," he said.

Secretary Principi also gave praise to two VA executives recognized for advancing VA nursing programs. Linda F. Watson, director of the Central Alabama Veterans Health Care System, was honored for fostering an environment in which nurses play a vital role in health care delivery. "Linda is a spark of enthusiasm and she is a champion for personal initiative and management innovation," said Secretary Principi. Though Watson was unable to attend the ceremony, her son, Markus, and Central Alabama's nurse executive, Dr. Judith St. Onge, accepted the award on her behalf.

The final award recipient is no stranger to accolades. Frankie Manning, nurse executive for the Puget

Sound VA Health Care System in Seattle, Wash., became the first person recognized under a new award category for nurse executives. She was cited for her tireless efforts to advance the prac-

tice of nursing. "We would be here all morning if I tried to list all your contributions," said Secretary Principi, calling her achievements "the stuff of which legends are made." **VA**

VA Honors Country Singer Tritt



ROBERT TURTLIL

Travis Tritt visited patients at the Washington, D.C., VAMC's nursing home.

While in the area on a concert tour, country music star Travis Tritt stopped by the Washington, D.C., VA Medical Center on April 24 to visit patients and staff at the nursing home. Under Secretary for Health Dr. Robert Roswell took the opportunity to honor Tritt for his longstanding support of veterans and veterans' issues, presenting a public service award from VA to the singer.

Tritt's awareness of veterans' issues was first raised in 1991, when the music video for his song "Anymore" was filmed at the Murfreesboro, Tenn., VA Medical Center, near his Nashville home. The video cast Tritt as a combat-disabled veteran, and patients and staff at the facility appeared in it with him.

In 1992, the singer skied with and performed for par-

ticipants in the National Disabled Veterans Winter Sports Clinic, and in 1993 he served as chairman of the National Salute to Hospitalized Veterans. Recently, Tritt visited troops and their families at Fort Riley, Kan., and Fort Bragg, N.C., as the troops prepared to deploy to Iraq.

The singer, who has tentatively agreed to visit 9 VA medical centers during his current national tour, said he's proud of the men and women who care for the nation's veterans. "The people who work in the different VA medical centers across the United States are some of the most dedicated people that I've ever been around in my life. They have a tremendous love and affection for the people that have served our country so well throughout the years." **VA**

New Head of NCA Named

VA has a new Under Secretary for Memorial Affairs. He's John W. "Jack" Nicholson, a 30-year Army veteran.

The 1956 graduate of the U.S. Military Academy at West Point, N.Y., taught strategy and tactics there and served



Nicholson

on both the Army staff and the Joint Chiefs of Staff at the Pentagon. His overseas military assignments included more than two years with infantry units in Vietnam and tours of duty in Germany, Korea, Lebanon and Switzerland. He retired from the Army in 1986 with the rank of brigadier general. Nicholson was a Federal Executive Fellow at The Brookings Institution and has served on the board of directors of several associations. In recent years, he has been active in numerous civic and veterans organizations. As VA under secretary, he'll direct the operation and maintenance of 120 VA national cemeteries and other memorial-related programs for veterans and eligible family members. **VA**

Christopher Reid

Christopher Reid, 34, is the face of VA for wounded soldiers recovering at Walter Reed Army Medical Center and Bethesda Naval Hospital.

As a veterans service representative with the Washington, D.C., VA Regional Office, he spends four days a week at the military hospitals, introducing himself to young men and women whose bodies are broken and battered. He welcomes them home and provides information on disability compensation and other VA benefits. But his presence does much more. "I share my story with them and that gives them hope," he said.

Reid's story begins when his family emigrated from Jamaica to the United States in 1986, settling in Brooklyn, N.Y. He enlisted in the Army about three years later as a combat infantryman and completed tours in Hawaii and Korea before being sent to Charlie Company, 2nd Battalion, 14th Infantry Brigade, 10th Mountain Division at Fort Drum, N.Y. His unit shipped out to Mogadishu, Somalia, in the summer of 1993 as part of Operation Continue Hope.

The call came at 2:00 a.m., on Sept. 25. A Black Hawk had been shot down inside the city. Army Rangers and Special Forces were taking heavy fire as they maneuvered to the crash site. "They told us to go out there and rescue those guys and bring them back," Reid said.

His platoon jumped into Humvees and two-and-a-half ton trucks and raced into the city, battling Somali militia block by block. "We were taking fire from every-

where," Reid recalled. When they reached the crash site, they began loading dead and wounded soldiers into their vehicles.

Reid remembers the heat from the burning chopper. He remembers taking up a position at an intersection and laying down covering fire as the convoy prepared to depart. There was a bright flash and a deafening explosion. The details of what happened next are a little blurry. "I knew to a certain degree what happened. I knew my hand had been blown off because I tried to move my fingers and I couldn't. I couldn't see anything so I tried to feel what was happening. I felt a burning sensation from my leg so I used my left hand to reach over and feel where it was supposed to be but I couldn't feel it."

Reid had been hit by a rocket-propelled grenade. The blast ripped apart his right leg; it was later amputated above the knee, and his right hand was completely blown off. His left hand was badly burned and he was peppered with shrapnel. His eardrums were ruptured and he couldn't see anything. He drifted in and out of consciousness as he was loaded into the back of one of the Humvees and rushed to the airport for medical evacuation. He would spend seven months in recovery at Walter Reed Army Medical Center in Washington, D.C.

During his recovery he got a visit from Jesse Brown, then Secretary of Veterans Affairs. "He came by and shook my hand and thanked me for my service," he said. He also gave Reid his card



ROBERT TURTEL

Christopher Reid visits Sgt. 1st Class Scott Barkalow, an Army Special Forces reservist from Lyles, Tenn., injured by a land mine in Afghanistan during Operation Enduring Freedom.

and encouraged him to call if he needed anything. Six months after his medical retirement from the Army, Reid called. "He invited me to come to his office and we talked for awhile. As I got up to leave, he asked if I wanted to work for VA and I said, 'Let's give it a shot.' It's one of the best decisions I've made so far. Jesse Brown was a good man. A veteran's veteran he was, and I will always respect him for that and all he did for VA."

Each case is different. Some of the wounded aren't ready to talk. Others can't accept that their lives will never be the same. "Most of them are amputees like me," Reid

said. "They see that I'm up, getting around without a limp or braces, that I'm enjoying life, and that gives them hope." He shares the story of his injury and subsequent recovery. He tells them about his wedding in the chapel at Walter Reed hospital, about his three children, his car and his job. He even lets them try on his prosthesis if they want to.

Bringing hope to others has brought Reid a new perspective on his own journey. "Now I think maybe I got hurt for a reason," he said. "I'm there to help these soldiers and guide them down the right track." **VA**
By Matt Bristol

Treating Gulf War Illnesses

Exercise and behavioral therapy improved the health of sick Gulf War veterans, reported scientists from VA and the Department of Defense in the March 19 issue of the *Journal of the American Medical Association*. An editorial described the study as “a remarkable achievement” and noted it was one of the largest trials of psychological treatment ever published.

The \$9.6 million study, conducted between 1999 and late 2001, involved 1,092 Gulf War veterans at 18 VA and two DoD medical centers. The veterans were experiencing fatigue, musculoskeletal pain, and/or cognitive difficulties. They followed a treatment program that included cognitive behavioral therapy, aerobic exercise, or a combination of the two therapies. The behavioral therapy involves teaching techniques to reduce the severity of symptoms and is commonly used to enhance traditional treatments for many chronic illnesses.

The study found that cognitive behavioral therapy and/or exercise provide modest but significant improvement in physical functioning, mental health functioning, cognitive symptoms, fatigue and distress. The study was the first major treatment trial of Gulf War veterans reporting serious health problems.

Broad-Spectrum Antibiotic Use on the Rise

Doctors gained ground in the 1990s in the effort to curb unnecessary prescriptions for antibiotics, according to a report in the April 1 issue of the *Annals of Internal Medicine*. But the same period saw a sharp increase in

the use of powerful “broad-spectrum” antibiotics. Overuse of antibiotics can hasten resistant strains of bacteria.

In the report, Dr. Michael A. Steinman and colleagues at the San Francisco VA Medical Center reviewed prescription drug data from the National Ambulatory Medical Care Survey for 1991 to 1992 and 1998 to 1999. They found the frequency of doctor visits resulting in prescriptions for antibiotics dropped from 13 percent to 10 percent for adults and from 33 percent to 22 percent for children.

At the same time, prescriptions for expensive broad-spectrum antibiotics rose from 24 percent to 48 percent in adults and from 23 percent to 40 percent in children. “The fact that we

are using more and more broad-spectrum antibiotics may signal an impending crisis in antibiotic resistance,” Steinman told *HealthScout News*. The CDC will be part of a national public service campaign this year encouraging proper use of antibiotics.

VA Receives OSHA Training Grant

VA received the Occupational Safety and Health Administration’s Susan Harwood Training Grant to develop and implement a training program aimed at reducing musculoskeletal injuries caused by lifting and moving patients. The grant will partner the VA Patient Safety Center of Inquiry in Tampa, Fla., with the University of South Florida and the Florida Health Care As-

sociation. Audrey Nelson R.N., Ph.D., director of the Patient Safety Center and an OSHA Ergonomics Task Force member, will lead the team.

Because nursing homes are where a lot of back and other musculoskeletal injuries take place, OSHA is targeting them for the first of a series of industry-specific ergonomic guidelines. The training course, *OSHA—Reducing Worker Injury and Improving Resident Safety*, is based on a Patient Care Ergonomics Evaluation Process developed at the VA Patient Safety Center of Inquiry.

Oral Smallpox Drug Among Top Developments of 2002

Popular Science magazine selected an oral smallpox drug developed by a VA-led team as one of the five most promising developments in medical technology for 2002. The drug, hexadecyloxypropylcidofovir (HDP-CDV), stops the spread of smallpox and their poxvirus-caused illnesses in mice. It is undergoing additional testing in animals and will need to be tested in human clinical trials before it is made available for use.

One advantage of the drug is that it is administered orally, rather than intravenously, which would make it easy to distribute in an emergency situation. The development effort was led by Dr. Karl Hostetler and Dr. James Beadle of the VA San Diego Healthcare System and the University of California, San Diego, in collaboration with scientists at the U.S. Army Medical Research Institute of Infectious Disease and the University of Alabama, Birmingham. **VA**



A VA-DoD study found that exercise improved the health of sick Gulf War veterans.

ROBERT TURTIL

Salt Lake's Collage of Caring



VA Salt Lake City Health Care System Director James R. Floyd with the photo display created to honor employees during National Hospital Week.

The VA Salt Lake City Health Care System marked National Hospital Week, May 11 to 17, with a photo display dedicated to employees. The display was literally made up of employee photos arranged as a collage within the health care system's eight-letter acronym—VASLCHCS. "We got a lot of positive compliments, not only from our staff, but from patients and visitors," said public affairs officer Susan Huff. Photographer Tod Peterson took the photos, snapping images of more than 650 of the 1,200 employees over a three-day period. The 1-foot by 3-foot letters were placed on a cloud image background and set up in the hospital's lobby.

When the curtain closed at the Muskogee, Okla., Civic Center on April 12, country music star Tanya Tucker left the stage and headed to the Muskogee VA Medical Center, where she held an encore performance at the bedside of veteran Ted Williams. The special visit came about thanks to the efforts of Williams' wife, Pearl, and his longtime friend, John Millsap. Williams, a former DAV van driver, was hospitalized at the medical center and had only a few days to live. His buddy

Millsap, also a volunteer van driver, went down to the civic center the day of the show to see if Tucker could pay his friend a visit. "Probably not," was the answer he got. Instead, the manager offered tickets and a backstage pass for Williams' wife. After the show, Pearl spoke with Tucker and told her what a big fan her husband was. As Pearl prepared to leave, Tucker told her to hold on, she was going to the VA medical center after all. In the intensive care unit, she gave Williams a hug and told

him how much she admires veterans. Then she sang her hit "Delta Dawn" and told him that she would keep him in her prayers. Williams was thrilled with the visit, but sadly, he passed away the next day.

Ten couples renewed their wedding vows in the chapel at the Augusta, Ga., VA Medical Center on Feb. 13. Recreation therapists planned the ceremony to honor the spouses of veterans with Alzheimer's disease who live in the medical center's Social Model Unit. Some family members drove up to three hours to attend the service. The couples were escorted to the front of the chapel and renewed their vows before Chaplain Paul Schantz. Music therapist Sheri Smith and intern Michael Ray provided music for the special occasion. "In typical wedding vows, brides

and grooms promise to love each other in sickness and in health; the wives of dementia patients live out these vows daily," said Denise Whitten, the recreation therapist who coordinated the ceremony.

A Gold Star Mothers monument was unveiled at the Northport, N.Y., VA Medical Center on April 15 during the medical center's 75th anniversary celebration. The monument, a tribute to the mothers of service members killed in the line of duty, was the idea of Robert Schuster, medical center director. It was paid for by Vietnam Veterans of America (VVA), Chapter 11. The monument was unveiled in a ceremony attended by Secretary Anthony Principi, VVA Chapter 11 President Richard Kitson, and Dorothy Oxendine, National President of the American Gold Star Mothers. **VA**

A Celebration to Remember



Marine 1st Sgt. Ron Green greets George Perkins as patient advocate Rose Mary Mason looks on. Clapping in the background is Perkins' son, Judson Rives Perkins.

DARREN MIDDLETON

The Overton Brooks VA Medical Center in Shreveport, La., held a birthday celebration on March 10 for 105-year-old World War I veteran George Dewey Perkins, the oldest veteran receiving treatment there. Perkins was born March 10, 1898, and served as a U.S. Marine from 1917 to 1919. The entire community was invited to the medical center to celebrate his birthday.

Abie Abraham, a volunteer at the **Butler, Pa., VA Medical Center** with more than 22,500 hours of service, received the Family Heritage Award at Ellis Island in New York on April 10. Abraham, 89, is a retired Army Master Sergeant who survived the Bataan Death March as a prisoner of the Japanese during World War II. He wrote about his experience in two books, *Ghost of Bataan Speaks* and *Oh, God, Where Are You?*, and is also a central character in a book, *Ghost Soldiers*, by Hampton Sides. Bob Hope, Yogi Berra and Cicely Tyson also received the award, which is given by the Statue of Liberty-Ellis Island Foundation.

Since arriving at the **Colorado Springs VA Clinic** a year and a half ago, **David L. Decker** has found jobs for more than 100 veterans through his Veterans Industries program. Goodwill Industries, Inc., recognized his efforts with their 2002 Open Door Award during an April 15 ceremony. "The beauty of this [Veterans Industries] program is how we work together with the community to break down barriers and create opportunities for veterans," said Decker, a vocational rehabilitation specialist. Together with **Monroe J. Freeman**, homeless coordinator at the clinic, and community groups such as the **Colorado Veterans Resource Coalition**, Decker is helping homeless veterans find more than three hots and a cot—he's giving them a reason to believe in themselves.

Kathleen L. Dunn, R.N., a rehab case manager at the **VA San Diego Healthcare System's Spinal**

Cord Injury Center, was named 2003 Clinical Nurse Specialist of the Year by the Association of Clinical Nurse Specialists. The award nationally recognizes a member for outstanding professional achievement.

The Society for Healthcare Epidemiology of America presented their Investigator Award to **Dr. Rabih O. Darouiche**, of the **Houston VA Medical Center**, for his successful pursuits in disease prevention. The award



Darouiche

consists of a \$2,500 grant, commemorative plaque, and recognition at the society's annual meeting held April 5 in Arlington, Va. Darouiche is consistently listed as one of the top physicians in Houston by *Inside Houston* magazine.

Two VA employees were listed among the top 15 black nurses in Alabama. **Gregory Tyrone Howard**, a licensed practical nurse at the **Tuscaloosa VA Medical Center**, and **Cassandra Miller-Hardwick**, infectious disease clinical coordinator at the **Birmingham VA Medical Center**, were honored by Samford University's Ida V. Moffett School of Nursing during an April 4 ceremony. The program marked the 40th anniversary of Birmingham's civil rights movement.

The **VA Maryland Health Care System** took top honors in the Building

Healthier Communities category of the Maryland Society for Healthcare Strategy and Market Development's 2002 Alfred Knight Awards. VA Maryland was honored for its statewide cable television program "Veterans' Health Watch." The show beat out five other entries in the category, including entries from CareFirst (Blue Cross and Blue Shield), Medstar, and the National Museum of Health and Medicine.

A VA employee newsletter beat out 300 entries for the top honor in the 2002 Inspire Awards program, sponsored by the League of American Communications Professionals. The November 2002 issue of *VAlleyview*, the bi-monthly newsletter for the **VA Central California Health Care System**, received the Platinum Award in the category for businesses with less than 1,000 employees. The newsletter is produced by the Human Resources Management Service, with articles and photos done entirely "in-house."

The Tampa chapter of the Military Order of the Purple Heart honored two VA law enforcement agents from the **Office of the Inspector General** on May 4. **Michael C. Keen**, from the Nashville office, was recognized for his investigation into a Korean War veteran who fraudulently claimed he was wounded in combat, had been held prisoner of war, and witnessed the killing of civilians at No Gun Ri, Korea. After Keen's investigation, the veteran admitted his claims were not true. The second agent, **Danilo P. Whittaker**, from West Palm

Beach, Fla., was honored for two separate investigations: one involved a VA nurse accused of administering medication without a doctor's consent that killed a patient. The second case led to the arrest of gang members responsible for the murder of VA Police Officer Jose Oscar Rodriguez-Reyes at the San Juan VA Medical Center. Officer Rodriguez-Reyes was shot April 24, 2002, while on duty at the VAMC.

The Veterans of Foreign Wars named **Alan G. Harper**, director of **VA North Texas Health Care System**, as Outstanding VA Health Care Employee of the Year 2002-2003. Harper received the award on March 11 during the VFW mid-winter convention in Washington, D.C.

Jay R. Vargas, regional veterans service organization liaison based at the **San Diego VA Regional Office**, received a Silver Helmet Award from AMVETS, the organization's highest honor, and was named their Civil Servant of the Year. Other Silver Helmet Award recipients include President



Vargas

George W. Bush and Hall of Fame quarterback Bart Starr. Vargas was cited for his longstanding commitment to veterans. He is a Vietnam veteran and Medal of Honor recipient who previously served as the secretary of the California Department of Veterans Affairs. **VA**

Thomas Rierdon, a scrub technician at the **Louisville, Ky., VA Medical Center**,



Rierdon

was eating lunch in the OR lounge with a scrub technician student when a chunk of pineapple in some juice the student was drinking got stuck in her throat, blocking her airway. Recognizing the student was in trouble, Rierdon asked her if she could speak. When she indicated she could not, he performed the Heimlich maneuver and dislodged the pineapple chunk. The student was grateful to Rierdon for saving her life, and other than feeling a bit sore the next day, she was fine.

Kerri Wambolt, a Medical Unit nursing assistant at the **Sheridan, Wyo., VA Medical Center**, was driving home with her husband and their two children one evening when they noticed oncoming headlights disappear and then reappear. They were pretty sure a rollover accident had just occurred. "It was raining and then it snowed and the highway was very slick," said Wambolt. As they got closer, she saw a large SUV in the median with its passenger side completely crushed. They were the first on the scene, so she jumped out to check on the victims. The driver said she was OK, but her 67-year-old father complained of a severe headache and neck pain. Suspecting a possible neck injury, Wambolt climbed in the

backseat and stabilized his head and neck until paramedics arrived. He was later diagnosed with a broken vertebra in his neck. Because of Wambolt's quick thinking, the man is expected to recover fully.

Seth Tolliver, associate chief nurse at the **Central Arkansas Veterans Healthcare System (CAVHS)**, was having lunch with his family at a restaurant



Tolliver

when a female patron collapsed. She was not responsive, had difficulty breathing and had a rapid, faint pulse. Tolliver, who is also a member of CAVHS' Emergency Medical Response Team, triaged the victim, monitored her condition and assisted paramedics with oxygen and IV therapy. The woman regained consciousness and was taken to a local hospital.

Janell Giles, a medical administration assistant in Fiscal Service at the **Richmond VAMC**, was returning home from work on a cold and rainy day when she passed a disabled car and noticed a woman with a man in a wheelchair just outside the vehicle. The woman was wrapping the man in blankets. Giles turned her car around to offer assistance. She soon learned that the

man was a transplant patient from the **Richmond VAMC**. Giles drove the patient back to the medical center, where he could get shelter from the inclement weather. She then returned to the car, where she waited with the patient's wife until help arrived.

While on her way to work early one morning, **Colleen Smoger**, an administrative assistant at the **North Chicago VAMC**, noticed a young child wandering near a busy highway. She immediately stopped and called 911, then talked calmly to the child in an attempt to keep him away from the road. Though it was near 40 degrees that morning, the child was not wearing a jacket or shoes, and seemed unable to

understand Smoger. About 20 minutes later, a woman in



Smoger

a van stopped and told Smoger that the boy was her son. She said the 5-year-old was autistic, and had wandered off while she was bathing. Smoger told the 911 operator what the woman said, and provided the license plate number of her van. She stayed with the woman and child until police arrived. After conducting a short investigation, the police escorted mother and son back home. VA

Armed and Distraught

When a distraught caller contacted the **Louisville, Ky., VA Medical Center E.R.** threatening to commit suicide with a firearm, **Marnie Gliebe, R.N.**, was on the other end of the line. She spoke calmly to the caller and learned that he was recently divorced and that his ex-wife was attempting to take the family home from him. The man told Gliebe that he was not going to let that happen and fired off two rounds into the house to let her know he was serious.



Gliebe

She kept talking to the caller while county sheriff's deputies were summoned to his residence. Gliebe ascertained that there were no other occupants in the house and soon persuaded the man to put his weapon down and walk out to the officers waiting outside his home. Through the entire ordeal, Gliebe kept her emotions in check, leading to the successful conclusion of a potentially deadly situation.