

# U.S. Department of Veterans Affairs

# VAnanguard

July/August 2004



*Tribute to a Generation*

*Women at War*

*Tips from a Citizen-Soldier*

*Red Carpet Treatment*



**Vanguard**

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**On the cover**

The long-awaited National World War II Memorial has already become a popular attraction for visitors to the nation's capital. It was officially dedicated during a four-day Memorial Day weekend celebration of the contributions and sacrifices of America's Greatest Generation. *photo by Robert Turtill*

### What Does CARES Stand For?

I read the article on CARES on page 13 (May/June issue) and not once does it say what the acronym stands for. I do not know and I am sure many readers do not know. It would be a good idea to write the full name and put the acronym in parentheses the first time it appears in an article.

*Dennis T. Gerdovich  
Landscape Architect, NCA  
VA Central Office*

*Editor's note: You're right. We*

*shouldn't have assumed that everyone knows what it stands for. For the record, CARES stands for Capital Asset Realignment for Enhanced Services. The acronym was devised by former Under Secretary for Health Dr. Kenneth Kizer over a weekend.*

### EMS 50th Anniversary

The cover article in the May/June issue of *Vanguard*, which featured Environmental Management Service's 50th anniversary in the VA, is very positive and educates people on what Environmen-

tal Management Service has done for medical centers for years.

To this day, in my experience as a chief, people in the hospital do not have any idea about our range of services, and constantly call our service and other services with erroneous requests. We are constantly educating medical center staffs about what we do!

The Atlanta VA employees and VISN 7 were very surprised and delighted that an EMS employee was on the cover of the magazine.

The employee, Willie Griggs, a housekeeping aid in our service, was "teased" by fellow employees who were ultimately very proud of his representation of all housekeeping staff across the nation.

From the network director to our medical center director to our employees at the Atlanta VA, we were honored to be recognized nationally. Many employees commented that it was about time that housekeeping was given the credit they have deserved for such a long time. Thank you for supporting the EMS 50th anniversary.

*Eva North  
EMS Chief  
Atlanta VAMC*



SCOTT AIR FORCE BASE PHOTO

### A Bit of Home in Iraq

The 375th Security Forces Squadron, stationed at Scott Air Force Base in Illinois, was preparing to deploy to Iraq last October when, in conjunction with the Gateway chapter of the Air Force Security Police Association, they contacted Becca Shinneman, community affairs officer at the Marion, Ill., VA Medical Center. The squadron wanted to know if they could take a bit of home—the American flag that flies over the facility every day—with them to Iraq. The flag flew there over Tallil Air Base, where the 375th joined the 407th Expeditionary Security Forces Squadron.

On July 19, the flag returned to the Marion VAMC, where it flew over the facility one more time to complete the circle. "It was an honor to fly this flag in honor of our nation's veterans and our soldiers," said Chief Master Sgt. Scott Dearduff of the 375th. The flag is now on permanent display in the outpatient clinic entrance area of the facility. In the photo above, members of the 407th hold the flag over the stairway of the Ziggurat at Ur in Iraq. The ancient city of Ur is believed to be the birthplace of Abraham.

### 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](mailto: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.



## HIPAA and the e-Business Revolution: Moving Forward

*Barbara C. Mayerick*

*Director, Business Development, VHA Chief Business Office*

We have major progress to report on two fronts that were discussed in these pages just about a year ago: HIPAA (the Health Insurance Portability and Accountability Act) and VHA's e-Business revolution, which, as you'll see, is very much related to HIPAA as well.

To many people, HIPAA means privacy requirements, which are indeed among the most widely visible effects of HIPAA. Another component of HIPAA, however—the Security Rule—is now front and center for VHA, with a compliance deadline around the corner, on April 21, 2005.

The HIPAA Privacy Rule is about confidentiality of Protected Health Information (such as veterans' medical records, whether in paper or electronic form). The HIPAA Security Rule, which went into effect in April 2003, is about safeguarding that Protected Health Information when it is in electronic form.

What this means for veterans and for VHA is that, in accordance with HIPAA regulations and under the leadership of the VA Privacy Service, we are reviewing and, as needed, improving VHA's security provisions in terms of administrative, physical, and technical safety measures.

For example, VHA facilities are examining the ways we safeguard electronic health information that is created, transmitted or received (such as medical

records sent from one VA medical center to another). Facilities are also reviewing the maintenance of that information, such as access controls for electronic files, and the protection of information systems against physical or electronic intrusion as well as physical damage.

An innovative pilot program began this spring when a "tiger team" from the VHA HIPAA Program Management Office worked with information security officers at three VHA facilities to assess current security programs.

The facilities were chosen to represent a cross section of VHA—Fort Harrison, Mont., a rural facility; Louisville, Ky., a facility with both rural and urban characteristics; and Baltimore, a large urban facility.

The tiger team gathered examples of best practices and of effective policies and procedures. These will be made available, along with a VHA-developed HIPAA Security Rule Assessment Tool, to help VHA facilities implement Security Rule requirements.

While HIPAA is providing the impetus to review and strengthen VHA security policies and procedures, HIPAA electronic transactions standards have been the

driver for important, and beneficial, changes in VHA's business processes.

VHA is permitted by law to seek reimbursement from third-party insurers for veterans' nonservice-connected care. In the past year, to comply with HIPAA, VHA has implemented a number of software projects, including our Electronic Payments, or e-Payments, System, which makes possible electronic receipt of payment information, and even goes beyond HIPAA to make possible electronic transfer of the

payments are received by a central bank, and payment and explanation information can be automatically matched with submitted claims.

The result, when insurers make full use of our e-Payments System, has been collections that are as much as 43 percent faster (with electronic funds transfer), and an average 64 percent overall time savings on tasks related to receipt of payments and closeout of accounts. This means that Business Office staff can be more available to help answer

**As we continue implementing HIPAA and transforming VHA's business operations, our focus remains steadfast—improving VA to better serve veterans.**


payments themselves.

VHA's e-Payments System was implemented in October 2003, slightly ahead of the HIPAA deadline for electronic transactions. Approximately 10 percent of our targeted insurers have begun using VHA's e-Payments System, and we are actively recruiting more, helping them become HIPAA-compliant by sending us payment information electronically, and offering as well to help them take the next step to electronic funds transfer.

With the new software, Business Office staff who used to open envelopes by hand and manually match payments to claims can make use of a streamlined electronic process where pay-

veterans' billing questions and otherwise provide greater levels of customer service.

This electronic transactions effort and our work on HIPAA's Security Rule both contribute, each in its own way, to supporting VHA. The e-Payments System is speeding receipt of reimbursements that are used to help fund veterans' health care. And security compliance work with VHA facilities is enabling us to better safeguard veterans' electronic Protected Health Information.

As we continue implementing HIPAA and transforming VHA's business operations, our focus remains steadfast—improving VA to better serve veterans. 



## Improving Opportunities for Women in VA

*Susan C. McHugh*

*Deputy Assistant Secretary for Diversity Management and EEO*

Let's crunch some workforce numbers. The federal government employs about 2.7 million workers. Women represent roughly 45 percent of that number, compared to 46 percent of the standard measure, the civilian labor force.

At VA, however, women represent a whopping 58 percent of the workforce. That's a good thing, right? Well, yes and no.

While our representation of women is excellent, our grade distribution deserves a more careful review. For instance, only 33 percent of GS-13s and above in VA are women. Twenty-two percent of our Senior Executive Service staff is female, while the federal average is 24 percent. That raises several issues: Are leadership training and development opportunities in place? Are they administered fairly? Do our programs support women's voices in VA?

Creating a workplace that values women is a business imperative. It's crucial to VA's success in meeting its strategic goal to deliver and provide world-class service. It also supports the President's Management Agenda for Human Capital. It's not enough to talk the talk; we must walk the walk when it comes to helping women develop successful federal careers.

Since the appointment of Secretary Principi to head VA in 2001, the department has taken steps to help ensure equal workplace opportunities, including:

- Scrutinizing nominations for key leadership positions to ensure that women are receiving fair and equitable consideration.

- Selecting more women for the SES Candidate Development Program.

- Appointing women to positions with significant leadership responsibilities.

- Increasing the representation of women in the SES corps.

- Nominating women for presidential appointments.

To strengthen the department's commitment to diversity, Secretary Principi directed activation of the Secretary's Task Force on the Employment and Advancement of Women to address employment concerns and prepare a plan to further cor-

recognize and publicize the accomplishments of women in government.

In December 2002, the group began gathering data and outlining strategies that would bring about meaningful workforce change not only for women, but for minorities, veterans, and people with disabilities, as well. The task force issued a report to the Secretary in April 2003 identifying three key initiatives: establishing a Secretary's Advisory Council on Diversity, briefing VA's most-senior managers on the task force report, and incorporating strategies for success into the department's strategic plan and holding organizations accountable for results.

The task force developed

communications, technology, and governance”):

- Increasing internal and external recruitment and retention programs designed to attract and promote women.

- Developing and enhancing education and training programs designed to advance women.

- Fostering a corporate culture that proactively integrates women into GS-13, 14, 15 and Senior Executive Service positions.

The Office of Diversity Management and Equal Employment Opportunity is overseeing the implementation of key plan initiatives that support the Secretary's task force. Several organizations have made significant progress already, including updating marketing and re-

### ***It's not enough to talk the talk; we must walk the walk when it comes to helping women develop successful federal careers.***

rect workplace imbalances.

The Secretary mandated the following:

- Expanding the Women's Executive Leadership Forum to include field facilities.

- Obtaining information from other agencies and the private sector on best practices.

- Working with professional organizations to enhance VA's ability to recruit and retain highly skilled women and prepare them to become future VA executives.

- Identifying strategies to

enabling goals and specific strategies that incorporated management practices necessary to support our beliefs and values regarding including women in the senior executive ranks. After gathering and analyzing data and best practices, the task force developed three strategic goals linked to the department's enabling goal (“Deliver world-class service to veterans and their families by applying sound business principles that result in effective management of people, com-

recruitment plans, developing mentoring programs, and benchmarking best practices, among other successes.

VA's success or failure in meeting its goals depends on the willingness of supervisors, managers and executives to lead with integrity—to walk the walk—and demonstrate a commitment to a workplace that recognizes women's achievements, offers quality career advancement opportunities, and promotes qualified women into leadership positions. **VA**

# Phase I: In the Beginning



Two-and-a-half years after the Secretary approved the Capital Asset Realignment for Enhanced Services, or CARES, plan for VISN 12, employees and veterans are seeing real progress. But there were some challenges along the way. Can Phase II facilities learn from their experience?

**A**lthough Secretary Principi made the announcement on May 7 that he had accepted the CARES Commission's recommendations, the first active steps of CARES date back to December 2000, when the CARES pilot was launched in VISN 12 (Chicago). In February 2002, the Secretary approved the CARES plan for VISN 12. The period in between, however, was one of intense heightened activity, analysis and review for the VISN 12 leadership.

### More Questions than Answers

In the beginning, it looked as though the CARES pilot project would actually generate more questions than answers. How would the

CARES process work? What data had to be compiled? What would, or should, it show? How would the changes be implemented? When and over how long a period of time?

With these questions and many more floating around, VISN 12 Director Joan E. Cummings, M.D., soon discovered that a major concern was how to keep the communication flowing to patients, staff and community members, all of whom had a high stake in the outcome of CARES.

"The greatest challenge in the CARES process was to ensure that our various stakeholders, particularly the veterans in our VISN, their VSO representatives and our employees had accurate information

about the process and the timelines for the decision," said Cummings. "To address this need, we established a CARES Communication Bulletin, sent electronically or mailed to all of our traditional stakeholders, and others such as state and City of Chicago veteran representatives and VISN 12 congressional offices."

Earning the trust of employees and veterans during the CARES process was another challenge, according to Richard Citron, director of the West Side Division of the VA Chicago Health Care System. "We

*Above: An architectural rendering of the Hines VA Hospital's new 68-bed spinal cord injury center.*

had to earn the trust of our employees and veterans that the transition would be conducted in a fair and equitable manner," he explained. In the end, "The veterans and staff came to trust us because we always kept our word."

### High Anxiety

One step in the VISN 12 CARES process was the consolidation of inpatient services from Lakeside to the West Side division. The endeavor required detailed planning, tremendous coordination and close monitoring. Additionally, extensive workforce planning and staff orientation measures were taken to manage the moves of both inpatients and staff.

As expected, anxiety was initially high among staff. After all, this wasn't only a major change for patients. Many staff members had served their entire careers at the Lakeside campus. One employee's story of how the move affected her summed up the thoughts of many of her co-workers.

Walterine Brooks, a licensed practical nurse at Lakeside, was apprehensive about coming to the West Side campus. "I'll admit that at first I was very leery about coming to the West Side campus," she said. She was comfortable with her job at Lakeside, some three miles away, and simply didn't want to change. She ended up taking a position at West Side treating oncology patients.

"I was expecting the worst," she said. "From the very beginning, I could see that I was wrong. People were very welcoming and receptive." What advice would she give others

facing a change due to CARES? "I'd tell them to keep an open mind," she said. "People are people, and if you are receptive to them, they will be receptive to you."

### CARES Accomplishments

CARES for VISN 12, which includes VHA facilities in Michigan's Upper Peninsula, northern Illinois and southern Wisconsin, is now in the implementation stage, with many new initiatives underway for area veterans.

In Michigan, the intensive care unit renovation project at the Iron



*The new 34-bed blind rehabilitation center now under construction at the Hines VA Hospital is expected to be completed in late fall.*

Mountain VA Medical Center is in progress. In Wisconsin, the Green Bay Community-Based Outpatient Clinic opened in December 2003. At the Tomah VA Medical Center, the acute care ward unit is under renovation. There is a new major construction project proposal for a nursing home at the Madison VA Hospital, and construction and modernization of the Milwaukee VA Medical Center's intensive care unit is now complete.

In Illinois, several initiatives at the North Chicago VAMC have either been completed or are well underway. Plans are in progress for a proposed Navy ambulatory care cen-

ter to be located on the VAMC campus. The new facility will serve both Navy members from the nearby Great Lakes Naval Training Center and VA outpatients. Architectural and engineering designs for new operating rooms are currently underway.

Major CARES initiatives, however, are most visible in the Greater Chicago area. A new 68-bed spinal cord injury center and 34-bed blind rehabilitation center are under construction at Hines VA Hospital, located 12 miles west of downtown Chicago. Both facilities are scheduled to be completed in late fall 2004 with occupancy in early 2005.

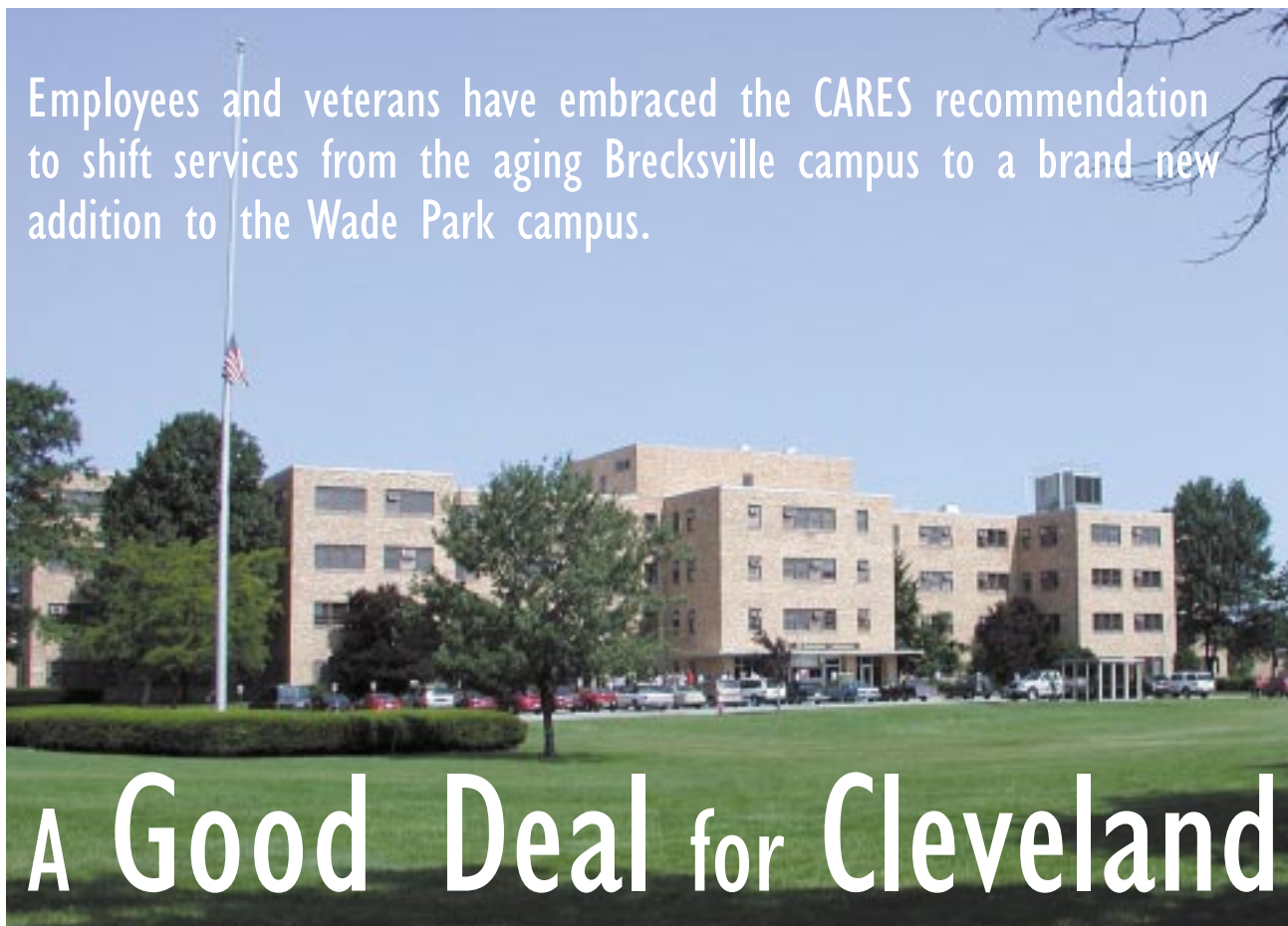
Perhaps the most significant and visible sign that CARES really does address the needs of veterans will be at the West Side Division (now officially renamed the Jesse Brown VA Medical Center), where a seven-story, 200-bed replacement bed tower is in the works. Groundbreaking is expected to take place in October, and it should be ready for occupancy in 2007.

### CARES is a Commitment

In the end, said Cummings, the success of CARES in VISN 12 rested on the commitment of VA leadership, starting at the top. "The commitment of the Secretary and Congress in funding the implementation plan has allowed us to fulfill the communications statements we made during this process," she said. "Looking at where we are today, we have accomplished our goals of continuing to provide excellent patient care and service." **VA**

*By Carl L. Henderson*

Employees and veterans have embraced the CARES recommendation to shift services from the aging Brecksville campus to a brand new addition to the Wade Park campus.



# A Good Deal for Cleveland

JIM SUCHY

**E**xactly how did CARES come to be associated with hospital closings? On May 6, the day before Secretary Principi announced his decision, the Associated Press ran a “NewsBreak” with the headline “VA to Close Three Hospitals.”

The story was typical of much of CARES media coverage in that it emphasized closings over improving services. The same headline could have read: “VA cuts wasteful spending” or “VA modernizes health system.”

At its core, CARES is a plan. And the department needed a plan before it could ask Congress to fund major construction projects. It also needed to address charges of wasteful spending on underused and aging facilities.

It goes without saying that the plan touches on some sensitive is-

ssues. Most of them revolve around the NIMBY principle—not in my backyard. No one likes the idea of adding time to *their* daily commute. No veteran wants VA services transferred further from *their* home. And no politician wants a federal agency moving out of *their* district. But all want to modernize the aging VA health-care infrastructure. Something had to give.

## Cleveland’s Plan

Veterans in the Cleveland area know a good deal when they see one. They overwhelmingly welcomed the CARES recommendation to shift services from the aging Brecksville campus to a brand new addition to the Wade Park campus, just 17 miles away.

Sure there were the occasional grumblings. But the ones spreading

rumors had never actually been to any of the CARES meetings, according to David May, a veterans service officer with the Blinded Veterans Association in Cleveland. “Every time someone used the word closing, I’d correct them and point out that they’re moving” services, said May, an Army veteran who credits VA’s blind rehabilitation program with turning his life around.

May wasn’t alone. All six of the major veterans service organizations in the Cleveland area testified in support of the plan. William D. Montague, director of the Louis Stokes VA Medical Center, said be-

*Above: The aging Brecksville facility will close its doors after construction is complete on an eight-story tower at Wade Park.*



ing upfront and maintaining positive relations were the keys. “We presented the plan to anyone, anytime and anyplace,” he said. “The plan never changed. It was consistent, so there were no surprises.”

The plan will save about \$25 million a year. The money saved will be used to care for veterans, not maintain old buildings or pay for moving patients, staff and supplies between campuses.

“The plan has been well thought out,” said May, who is particularly pleased with the decision to bring a blind rehabilitation center to Cleveland. “We’ve got more than 600 blind vets on Cleveland’s rolls. And when you’re dealing with blindness, you can’t wait for services because blindness can destroy you.”

Brecksville will eventually close its doors. But not until construction is complete on an eight-story, 500,000-square-foot hospital tower at Wade Park, a process that may take up to five years. Construction should start in late 2005, once the

architectural drawings are complete. The plan also includes building a new outpatient clinic in Parma, which is about 20 miles from Brecksville, as well as extensive renovations to the existing Wade Park facilities.

### Change for the Better

Putting VA services under one roof means veterans who used to receive nursing home care, mental health treatment and transitional housing at Brecksville will have improved access to emergency services. In the past, patients who suffered a heart attack or other medical emergency at Brecksville had to be driven or flown over to Wade Park. With the consolidations, these services will now be down the hall or across the street.

Transferring services means transferring jobs. For the 1,000 employees who work at Brecksville, CARES is a big deal. Most will simply move with their jobs to the new location. Some commutes will be

longer and some shorter. But all employees have time to assess their circumstances and make the best choice for them, such as moving with the job to the new facility, transferring to one of 13 other VA sites in the Cleveland area, finding another job, or even timing their retirement to their advantage.

No one has to worry about being squeezed out of a job, according to Mary O’Neal, who supported the plan while serving as president of AFGE Local 31, the employee union that represents medical center employees. “As a matter of fact, there are going to be more jobs” as a result of CARES, she said. These include openings expected at the new comprehensive and blind rehabilitation centers.

O’Neal didn’t always support the plan. In fact, she was against it in the beginning. But as the process evolved, she came to realize that consolidating services just made sense. “I thought it would be best for veterans and employees,” she said.

There were also very few substantive arguments against the move. Most people, she found, were simply reluctant to change. “Once they get out to Wade Park, I think they’ll really like it here,” said O’Neal, a medical supply technician who has worked at both facilities.

One way to measure community sentiment is to review letters sent to the national CARES office in Washington, D.C. The office received about 200 letters from people in the Cleveland area who opposed the transfer. By contrast, there were approximately 109,000 letters against the plan to transfer services at the Canandaigua VA Medical Center in New York.

Montague offered a simple explanation for the level of support: “We believe our plan is one where everybody wins,” he said. **VA**



BARBARA BREEN

*Louis Stokes VA Medical Center Director William D. Montague, at head of table, presents an architectural rendering of buildings associated with the new 500,000-square-foot hospital tower coming to the Wade Park campus under CARES. Montague said being upfront and maintaining good relations with VSOs were essential for a successful CARES plan.*

By Matt Bristol

## Summit focuses on emerging issues



**O**peration Iraqi Freedom is pushing the boundaries for women at war. Never before have women played such extensive roles in combat.

The lack of a clearly defined battlefield means women face the same threats as men serving in combat-specific military specialties. More than 20 women have been killed in Iraq and about 150 wounded.

Their stories captivated public interest and came to symbolize key moments in the war. There was the ambush on the road to Baghdad with Jessica Lynch, Lori Piestawa and Shoshana Johnson. Then there was the death of Michelle Witmer, one of three sisters serving in Iraq with the Wisconsin National Guard. Finally there were the Abu Ghraib prison abuses, with Pfc. Lynndie En-

gland and Brig. Gen. Janis Karpinski.

The evolving role of women in the military was among the topics addressed during the third National Summit on Women Veterans Issues June 18-20 in Washington, D.C.

More than 300 women veterans attended the event. They came together to develop recommendations on how to better serve women veterans' needs. The program featured a series of workshops with topics ranging from homelessness and employment assistance to women's health and military sexual trauma.

### Joining Forces

"VA cannot do it alone. We need to work together," said Dr. Irene Trowell-Harris, a former major general in the Air National Guard who now directs the VA Center for

Women Veterans. The team effort included individual veterans, various VA headquarters offices, other federal agencies and veterans service organizations.

By bringing federal agencies together with the women who use their services, organizers hope to identify what's working and what isn't. "Women are the fastest growing veteran population. We want VA to have the resources necessary to meet their needs, and that's an ongoing process," said participant Joy Ilem, an Army veteran and assistant national legislative director for the Disabled American Veterans.

*Above: Bonnie McIntosh, a social worker at the Providence, R.I., VA Medical Center, serving in Iraq with the Army Reserve's 883rd Combat and Operational Stress Control Company.*



ROBERT TURTIL

Summit participant Delphine Metcalf-Foster, commander of the California Department of the Disabled American Veterans, gave organizers credit for bringing issues to the forefront, but expressed concern about the availability of group counseling for women who suffered sexual trauma.

About a dozen members of the Tennessee Valley Women Veterans Network attended the event. They brought their “Wall of Honor” exhibit, which details the history of women in the military. It was one of about 20 exhibits on display.

MaryAnn Woodward-Smith, the women veterans program manager at the VA hospital in Nashville, started the network in 1997 to reach out to women veterans living in middle Tennessee. Today, the group has evolved into a “sisterhood” of about 300 members who perform outreach and various community projects. In 1998, they helped establish Angel’s Landing, the state’s first transitional living shelter for women veterans.

### Workshops Offer Closer Look

The summit gave attendees an opportunity to learn more about various issues. Many expressed particular interest in the mental health and sexual trauma workshop.

The subject made headlines in early June when the Army reported

a steady rise in sexual assaults over the last five years. View the full report at: [www4.army.mil/ocpa/reports/index.html](http://www4.army.mil/ocpa/reports/index.html). A June 3 *Washington Post* story showed the number of reported

**“We have a duty to assist. And we have a vast amount of resources, expertise and legislative support to help these veterans.”**

sexual assaults in the Army rose from 658 in 1999 to 783 in 2002, an increase of 19 percent. The findings could mean an increase in future demand for VA sexual trauma services.

Currently, approximately 2 percent of men and 20 percent of women veterans seeking VA services experienced some form of sexual trauma—from harassment to rape, according to VA screening database figures. Treating sexual trauma is difficult, experts say, because the symptoms can manifest in a variety of physical or mental conditions.

“Sexual trauma is very elusive. It can’t be put in a box,” said Carole

L. Turner, R.N., an Air Force veteran who serves as director of the Women Veterans Health Program in the Veterans Health Administration.


“Our providers are structuring individual treatment plans based on the veterans’ specific needs. ... We have a duty to assist. And we have a vast amount of resources, expertise and legislative support to help these veterans.”

Sharing information on those resources is one reason Delphine Metcalf-Foster came to the summit. She gave organizers credit for bringing issues to the forefront, but expressed concern about the availability of group counseling for women who suffered sexual trauma. In many cases, these women are put in PTSD treatment groups with men who experienced combat trauma, she explained.

“You can’t put them in group therapy with a bunch of guys. The VA needs to be very sensitive about this,” said Metcalf-Foster, a Gulf War veteran who serves as com-

mander of the California Department of the Disabled American Veterans.

By summit’s close, the working groups had identified specific areas to address. Their final recommendations will be presented to Secretary Principi later this year, according to Trowell-Harris.

They are then distributed to Congress and throughout the women veterans community. For more information, visit the Center for Women Veterans Web site, [www.va.gov/womenvet](http://www.va.gov/womenvet). 

By Matt Bristol



DOD PHOTO

## Tips from a Citizen-Soldier

Hugh Reusser, a VA employee and Army reservist, returned last April from a year of active duty with the 113th Medical Company (Combat Stress Control) in Iraq. He offers some tips on how to help returning OIF/OEF veterans through their readjustment process, and points out a few potential pitfalls to avoid.

*I was on deployment for over a year. Since coming home my own family has changed. They all treat me like I'm a stranger. I've changed too. I don't feel close to them anymore, and that bothers me.*

*I'm worried about changes that have taken place at my old job while I was gone. My co-workers treat me differently*

*now that I've returned. They seem to resent me for coming back. I feel like going off on them. What can I do?*

*A soldier with the 431st Civil Affairs Battalion, 101st Airborne Division, helps secure an area of downtown Mosul, Iraq, during a violent demonstration.*

*I've seen and done things in war that I don't want to remember. I can't stop thinking about it. Help me to forget, please.*

Deployments are difficult. They bring change, separation and loneliness. But when the long-anticipated reunion date finally arrives and then is over, many veterans still find themselves overwhelmed with a variety of emotions—relief, hope, anxiety, and even resentment.

Some veterans fear they have permanently lost a deep connection with their families, friends and co-workers. They may also fear that they have changed so much during the separation that they no longer have that much in common with any of them.

Veterans, families, friends and co-workers must recognize that returning home is a readjustment process that normally occurs over a period of time. The length and complexity of the readjustment process for the veteran to once again live and work back home depends on the length of separation, the ability to communicate, and the willingness to accept change.

We, as VA employees, can all be helpful and supportive in our dealings with them. This assistance should be given to them whether or not we provide direct patient care or services in our work.

Beginning in the fall of 2002, servicemembers, including National Guard personnel and reservists, were called up for active duty overseas in numbers not seen since the Gulf War in 1991. As Operation Iraqi Freedom and Operation Enduring Freedom veterans completed their overseas tours, two distinct groups began to emerge.

One group, comprised of regular active duty soldiers, are for the most part returning to their home duty stations and continuing with their full-time military careers.

The other group, consisting of National Guard personnel and reservists, came off active duty shortly after returning stateside. They are expected to return to the civilian and part-time military lifestyle they had before being called up, once again taking on the role of citizen-soldier, an apt term coined by England's Sir Winston Churchill.

Here are some tips to help VA employees and others who encounter OIF/OEF veterans. Also included are some pitfalls to avoid while providing care and treatment.

### ■ **Avoid asking too many probing questions during your first encounter with the veteran.**

The veteran may react negatively to questions

like: Did you kill anyone? Were you in danger? Will you have to go back? Also avoid well intentioned but inane questions or comments such as: Are you glad to be back? I bet your family is really glad you're back.

Instead, ask yourself this question: Can it really help the veteran at this time if I ask these or any questions of a personal nature? If you can't think of a good reason, it's best not to probe during that first visit.

During the initial encounter, welcome the veteran back and thank them for their service. An appropriate question to ask is: Is there anything you want the VA to do to help you at this time? Be prepared for any legitimate responses to this question and how to get them to the help they need.

### ■ **If the subject of when and how long the veteran served in OIF/OEF comes up, be prepared to hear widely varied lengths of time.**

Length of tours for regular active duty versus National Guard personnel and reservists varied. Tours varied further based on when servicemembers were deployed, the branch of the military they served with, and their specific skills or training.

An indefinite return date prior to going into the theater of combat, and a subsequent ongoing, loosely defined date while in theater, may still be an emotionally charged issue for some veterans. Be prepared for these feelings to be expressed as you talk with them. Again, a general rule of thumb is the longer the deployment the greater the time needed to go through the readjustment process.

### ■ **If the veteran tells you what he or she did in theater ...**

Once they arrived in theater, many servicemembers discovered that what they had been trained and equipped to do was not at all what they would actually be doing. As a result, some needed to acquire new equipment and either sharpen or learn new skills to carry out their changed mission assignments. Be aware of the unique challenges this presented the veteran and how they might have unsettling thoughts and feelings about it.

With this in mind, be prepared to hear firsthand accounts of enemy attacks on convoys and other vehicles. Cross-country and around-town convoys were and remain prized targets for the enemy throughout Iraq. As news reports confirm, the ambushes have increased in sophistication and lethality.

If the veteran shares with you that they spent a majority of their mission time driving (i.e., serving in a

transportation company or as an MP conducting patrols), the likelihood of having been directly attacked by enemy forces is great. Be aware they may have suffered injuries or the loss of comrades. They may be suffering combat-related stress from these experiences.

Be prepared to direct them to one of VA's specialty counseling services (i.e., mental hygiene clinic, PTSD clinical team, vet center) if they seem open and willing to talk about their experiences. If they do not want to talk with anyone at that time, let them know these services do exist to help them, and show them how they can get in touch with them later if they change their minds.

If you are not certain what these services are or do, educate yourself by visiting these programs and reading the brochures describing their services. Give a copy of the brochure to the veteran, and include a name and telephone number they can call.

### ■ **Treat all OIF/OEF veterans as the full-time warriors they now are.**

These veterans are also warriors. This point may have gotten lost on veterans (and non-veterans) who still maintain the old stereotype of "weekend warriors" and then got called up to serve on full-time active duty during OIF/OEF. The time when servicemembers could reasonably expect to retire from the military without being called to active duty to serve in a lengthy campaign appears to be a thing of the past. These returning veterans certainly know this and we should all show them the respect they have earned and deserve.

### ■ **Many veterans just now returning know there's a good chance they will be called**



### **up again for active duty in the near future.**

This may leave them feeling unable to effectively plan for the future. They may instead find themselves focusing too much on the likelihood of returning to active duty.

As a VA employee you can validate any reasonable concerns they have about this simply by listening attentively as they speak. Sometimes a non-judgmental listening ear is all they need at that time.

If the veteran expresses ideas or exhibits behaviors that are clearly inappropriate (i.e., excessive drinking, self or family abuse, isolation or withdrawal), you may need to contact VA professional staff or community social services to get them the help they need.

### ■ **Read up on what veterans wrote on various topics of personal concern while they were deployed.**

The most popular medium for personal opinion while in theater was the *Stars and Stripes* newspaper, especially the letters to the editor section. Looking through back issues of war coverage can help you identify specific themes of interest to veterans during their deployment. This can help you better understand their general frame of reference.

### ■ **Visit the following Web sites.**

[www.equalityinmarriage.org](http://www.equalityinmarriage.org): This site offers tips for managing relationships during and after war.

[www.hooah4health.com](http://www.hooah4health.com): This Army site offers information about post-deployment health. **VA**



*The author on duty in Iraq, left, and with Iraqi orphans, above. When not on active duty, Capt. Hugh Reusser is a Health Care for Homeless Veterans case manager with the VA Northern Indiana Health Care System.*

# Red Carpet Treatment

Steven C. Yevich got his first impression of France while serving as a 26-year-old private with the 35th Infantry Division during World War II. "It was hell. We lost a lot of good people," he said.

He went on to earn two Bronze Stars in six months of fighting beginning in the Normandy hedgerows and ending in Bastogne, where he was wounded in a mortar explosion.

Yevich, now 86, got a new look at the country he helped liberate when he returned to France to commemorate the 60th anniversary of the D-Day invasion, June 6, 2004. He was one of 100 U.S. World War II veterans from across the country invited to France to receive the French Legion of Honor, the country's highest decoration.

"He never expected something like this," said his son, Steven J. Yevich, director of the VA National Center for Disease Prevention and Health Promotion in Durham, N.C., who traveled to France for the ceremony. "It was great to see them honored in this way."

## First Class All the Way

France rolled out the red carpet to welcome the U.S. veterans and thank them for their role in defeating Nazi forces. They were whisked off to Paris in a chartered Air France jumbo jet and put up in the finest French hotels. Yevich said his dad was "wide-eyed" at the opulence of a \$700-a-night suite at the Hotel de Crillon.



## French honor WWII veterans on the 60th anniversary of D-Day.

On June 5 they gathered on the cobblestone courtyard of the Hotel des Invalides, established by King Louis XIV in 1670 as a home for injured soldiers, to receive the Legion of Honor from French Defense Minister Michele Alliot-Marie. The next day they took a train to Normandy for the 60th anniversary ceremony attended by President

Bush, Secretary Principi and other U.S. and foreign dignitaries.

## French Embassy Seeks VA Help

Planning for the ceremony be-

*Steven C. Yevich, father of VA employee Steven J. Yevich, was one of 100 American World War II veterans honored in France.*

# 100 Stories: Three Veterans Tell Theirs

D-Day marked the first of Robert “Bob” Clark’s 75 combat missions piloting twin-engine P-38 fighters with the 429th Fighter Squadron, 474th Fighter Group, 9th Air Force. He admits to being both thrilled and scared to death on that day,



attacking bridges and roads behind the beach-head. He spent the next 11 months strafing and bombing trucks and trains and providing close

air support to U.S. infantry and tanks. “Having two engines was comforting on these flights,” Clark said, “but you had to be a little careful ‘cause if you lost one on takeoff, of course, you were dead.”

Clark, 83, of Vista, Calif., now serves as a docent at the P-38 Museum at March Field in Riverside. “I loved that airplane ‘cause it brought me back so many times.” He returned to the U.S. in July 1945. “No, we didn’t fly them back,” he said. “Unfortunately, they’d pull the landing gear up so the plane would just be lying on the ground. Then they ran tanks over them. It just crushed our hearts, ‘cause everybody had a favorite, you know. That was the end of the P-38s.” Married to wife Betty Jane for 62 years, Clark says that VA has played an important part in their lives. “The GI Bill helped get me through training as an air traffic controller.” Only recently has Clark started taking advantage of VA health care—it pays for a very expensive prescription drug. “It’s a nice boost, we need it,” he said.

Albert and Marie Skorupa, of Cranston, R.I., received orientation materials from VA employees Thomas Wilson and Paula Gorman just hours before boarding the Air France flight to Paris. “We used to get a post card from the mayor of Ste. Mere-Eglise every year,” Marie said. She explained that their son found out about this trip on the Internet. “Albert was just elated,” she said. “He turned 85 in April and had abandoned all hopes of ever going



back.” Albert took part in four invasions and eight campaigns, including those in North Africa, Italy and France. He served with the 531st Engineer Shore Regiment, 1st Engineer Special Brigade, 4th Infantry Division, designated as a construction foreman, but “I carried the company machine gun.”

He is a prodigious storyteller, and Marie appears to have listened carefully during their 58 years of marriage, showing pride in her warrior as she fine-tunes his narrative. Albert’s unit was in the very first wave of the Normandy invasion. He carried 30 pounds of C-2 explosives to blow up obstacles on Utah Beach. “We hit the beaches at 6:33, three minutes late ‘cause the landing craft left us in chest deep water. All you could think about was how to stay alive. No, you didn’t even think—you just wanted to get ashore and run like hell. Our company lost 27 (out of 115) men that day.”

Michael N. Ingrisano Jr., 83, of McLean, Va., was a radio operator on a C-47 with the 36th Troop Carrier Squadron, 316 Troop Carrier Group, 9th Air Force. He speaks warmly of his crew. “My pilot was 19, the co-pilot was 20,” he recalls. “I



was the old man at 23. I still talk to the pilot—I’d fly to hell with that kid. The rest of the guys are dead.” On the evening of June 5 his flight of 80 aircraft, along

with nearly 750 other transports, carried the 82nd and 101st Airborne troopers to their drop zones. “We took off at about 11 p.m. from England and approached the French coast at 1 a.m. That’s when we ran into very heavy fire from the ground.” Ingrisano said he was terrified, but found strength after having a vision of his fiancée, “a beautiful girl, dressed in white, sitting on the wing of the plane, smiling and saying, ‘Don’t worry Mike, you’ll be OK.’”

“We dropped our troops at 1:30. We were back at base by 4 a.m., having breakfast. We lost no one from our flight, no injuries to the crew.” Of the chaos and losses that followed the night drop, Ingrisano said, “People complain that we were off course, that we dropped soldiers in the wrong location. But you have to understand, the conditions were very bad and the Field Order was this: You will not bring back any soldier to England.”

*photos and text by Robert Turtill*





France literally rolled out the red carpet for the veterans at Charles de Gaulle International Airport in Paris, where their chartered plane was met by a military band, French servicemen and many dignitaries.



U.S. AIR FORCE PHOTO

Secretary Principi delivers the keynote address at the Utah Beach D-Day memorial ceremony on June 6 near Ste. Marie-du-Mont, France.

gan in December 2003 when French Ambassador Jean-David Levitte asked Secretary Principi for help identifying 100 U.S. World War II veterans to be honored in France during the 60th anniversary of D-Day. The Secretary agreed and assigned the task to the Office of Policy, Planning and Preparedness

in VA Central Office. Much of the work ultimately fell to Robert F. Elliott, VHA liaison officer.

One of his first steps was to identify the military units that contributed to the French liberation. He reviewed the order of battle for the Normandy, Ardennes, Southern and Northern France campaigns and

compiled a list with Army, Navy, Coast Guard and Army Air Corps units. "We had to look at combat units, combat support, combat service ... we didn't want to leave anyone out," he said.

He then turned to the Library of Congress's Veterans History Project to identify veterans who served in those particular units. His plan called for a "fair and equitable" selection process with a proper balance of genders, races and cultures. "I spent many late nights here in the office" putting the list together, Elliott said.

Much of that time was spent on the telephone. Elliott had to call each veteran to determine if they were mentally and physically capable of making the trip. He did about 200 interviews before settling on the final list. He sent the names to the French Embassy for consideration by the Legion of Honor selection committee in Paris.

But it didn't end there. He would need help escorting the veterans to France and coordinating their activities once on the ground. Working with the Secretary's office, he assembled a team of 10 VA employees to travel with the group. The team consisted of a recreation therapist, a protocol officer, a voluntary service chief, and other specialists.

Rosario Hunter, R.N., emergency room nurse manager at the Washington, D.C., VA Medical Center, was part of the team. Originally from the Philippines, Hunter said interacting with the veterans on a personal level was a special experience. "A lot of my family fought with the U.S. forces during the war, so I really appreciate what they did for us. ... Being there on Normandy beach, you could see it all come back to them. It was really an emotional trip," she said. **VA**

By Matt Bristol

# National World War

World War II veterans and their families from all over the country spent Memorial Day weekend in Washington, D.C., where a four-day celebration was planned by the American Battle Monuments Commission around the long-awaited dedication of the National World War II Memorial.

A highlight of the *Tribute to a Generation* was the National World War II Reunion. Held in tented pavilions and on stages set up along the National Mall, this event featured entertainment, oral history presentations, equipment displays and other activities celebrating the contributions of America's World War II generation.

Many VA employees from headquarters and field facilities volunteered their time at the event to answer questions about VA programs. Some came to honor their own family members who fought in World War II, while others just felt the need to make a personal connection with these veterans from the Greatest Generation.



## Corey Upmeyer and Minden Pletsch

Corey Upmeyer was one of the first to volunteer. "I just felt so enamored of this event because my grandfather fought in World War II," he said. "I'm a fifth-generation veteran. We've had a family member in every war since the Civil War." Upmeyer is a Desert Storm veteran, having served as a cavalry scout on a Bradley fighting vehicle. Today he works in NCA as an architect reviewing state cemetery grants. His opinion of the World War II Memorial is not un-

usual. "At first, as a landscape architect, I thought it was a little ostentatious. But now I think it's very appropriate for the big war."

Minden Pletsch has been working in NCA for the past two years. She volunteered as a way to honor her grandfather, who served in the Navy-Pacific theatre and is now buried in the San Francisco National Cemetery. "Many people are asking simple questions, like how do I find where folks are buried, and many questions about prescriptions. A lot of guys are coming around just to tell me what they did during the war. It's been a great learning experience."



## Dr. Bill Eddy

Dr. Bill Eddy is a Marine veteran who served in Cuba, Haiti and Vietnam. He runs through a list of relatives who fought in World War II. His dad was a Marine in the Pacific, setting up communications posts as each island fell. One uncle was in the Navy, another was a weatherman on Okinawa, and a third was on destroyers. His wife's uncle was in the Bataan Death March and died just weeks after returning home in 1945.

"All my relatives served in World War II, all my scoutmasters were World War II veterans, a lot of guys who were important to me," said Eddy. "I work in statistics in VBA and one of the reasons I'm here ... it helps me do my job. These are not numbers that I'm dealing with here, these are veterans, fellow veterans."

# II Memorial Dedication



## Sam Billison

Former Marine signalman and founder-president of the Navajo Code Talkers Association Sam Billison spoke of Navajo contributions made during the battle of Iwo Jima. "Navajos were attached to infantry, headquarters, tanks, artillery; some would go up in the air, some aboard ships. Navajo codes were crisscrossing all around. By the end, the codes got so fast, so perfect that the Navajo code was the main communications on Iwo Jima."



## Ossie Davis and William Powell

Film, stage and television star Ossie Davis, right, and businessman William Powell discussed their personal "Experience of African Americans in World War II." Davis served as a surgical technician in Liberia, an African country founded by freed U.S. slaves in the early 19th century. He immersed himself in the beauty of the native culture, visiting the local villages and spending evenings singing and dancing with a people who reminded him of family back home. "I

have to admit, I was having a bit of a ball over there," Davis said.

Powell was in charge of a transportation unit in the Army Air Corps, based in England. He and his men serviced U.S. airbases, but weren't welcome to eat or sleep there. For those necessities he'd lead his men to British bases where they were welcome. "They didn't care what color we were because we were there to help them and they appreciated it," Powell said. He recalled the two weeks prior to D-Day when his men were charged with driving invasion troops to and from the departure ports. Time and again the troops were returned to their bases complaining of yet another "dry run." They felt sure that the June 5 and 6 runs were drills as well. "Soldiers left bomb bags and guns on the trucks. Lieutenants left sealed orders on the trucks ... but this was the real thing. They were going to hit the beaches."



## Mike Wallace and Al Neuharth

Veteran CBS News correspondent Mike Wallace and Al Neuharth, former chairman and CEO of Gannett Co. and founder of USA Today, discussed their wartime experiences, the GI Bill and the challenges faced by today's combat journalists. Wallace, who served as a Navy communications officer from 1943 to 1946, said that today's networks hold information at the request of the government just as they did in World War II, "if you're going to put American troops in danger."

Neuharth served with Patton's Third Army. "The country as a whole, commerce and politicians really expressed their gratitude for what servicemen and women did," he said. "The GI Bill was the greatest rehabilitation program ever. Under the GI Bill, over 7.2 million of us went to college or university or technical school. I think that's the greatest lesson we should carry with us."

*Photos and text by Robert Turtill*



LAURA EDWARDS



JOE CHARLES



MARIE COOPER

VA Central Office employees were invited by the VACO Broadcast Center and *Vanguard* to take their best shot at capturing the excitement, nostalgia and ceremony of the National World War II Memorial dedication and World War II Reunion on the National Mall.

Armed with disposable cameras supplied by the VACO Broadcast Center, volunteer photojournalists covered the four-day event. Here's a sample of their work ...



ODETTE LEVESQUE



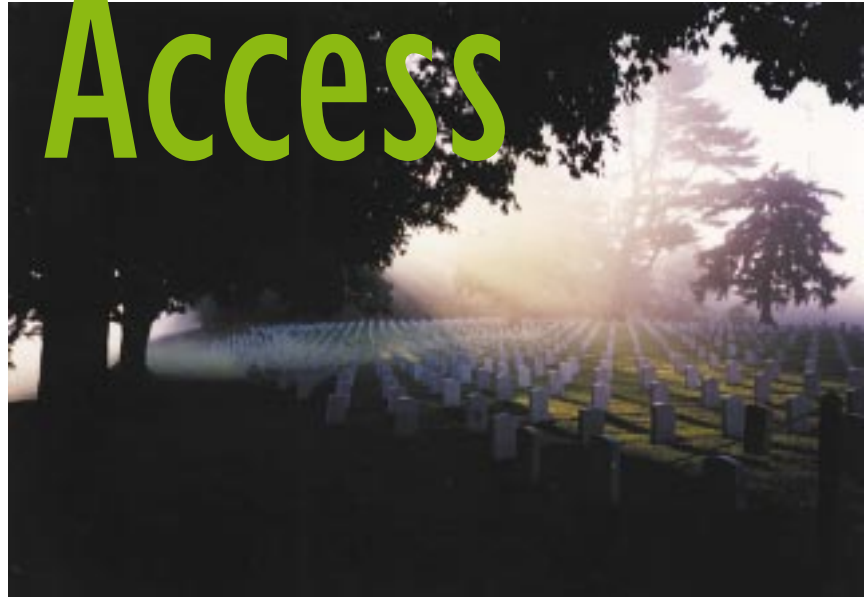
BRADLEY FREDERICKS



BOB VOLCK

# Reasonable Access

Eleven new national cemeteries are now in various stages of completion. Ever wonder how a national cemetery comes into existence?



One of the National Cemetery Administration's main missions is to provide veterans with reasonable access to burial benefits. Historical data show that more than 80 percent of veterans interred in national cemeteries resided within 75 miles of the cemetery when they died.

Today, 75 percent of veterans live within that 75-mile area of an open national or state veterans cemetery. Eleven new national cemeteries are in various stages of completion and when they're done, 89 percent of the nation's veterans will have reasonable access to a national cemetery.

To determine the location of those 11 new national cemeteries, NCA analyzed veteran demographics, the most important being veteran population centers. NCA identified large populations of veterans, 170,000 or more, who were not served by a national or state veter-

ans cemetery.

Once Congress authorizes a cemetery to be built, NCA follows a six-step process: site selection; environmental assessment; land acquisition; master planning and design development; construction document preparation; and construction award and completion.

During site selection, NCA canvasses local areas for sites of the size needed to meet demographic forecasts. "We usually look for 300 to 500 acres to meet current and future burial needs," said Bob Holbrook, director of NCA's Office of Construction Management. "We also look for sites that are close to major highways, and accessible to veterans and their families."

Other site considerations include utilities and water, surrounding land use, soils, topography, aesthetics, and restrictions to development. The top two to five sites are chosen to advance to the next step.

Each of the top sites is assessed to see if it meets National Environmental Policy Act standards. Each site must undergo an environmental assessment by an independent organization. To be considered for purchase, a site must receive a "Finding of No Significant Impact." This means that the construction and operation of the new cemetery will not have a significant adverse effect on the natural or human environment.

NCA then makes these results available to the public for a comment period—usually 30 days. After the comment period, NCA recommends a site to the Secretary, who decides whether to acquire the property.

Land for a national cemetery is acquired through direct purchase or by donation. A real property appraisal determines the fair market value of any land purchased by VA. Before final sales or transfer documents are signed, the Department of

Justice reviews all documents to ensure that the contract and title meet all legal requirements for the transfer of ownership to the federal government.

Next, NCA contracts with an architectural and engineering firm to develop the master plan. The master plan design encompasses all

## State Veterans Cemeteries

The process to build a state veterans cemetery under NCA's State Cemetery Grants Program is similar to that followed when building a national cemetery. NCA State Cemetery Grant-funded cemeteries complement the national cemetery system by providing burial options to smaller populations of under-served veterans. NCA provides funding to construct and equip the cemetery for operations. Then it is turned over to the state for operation and maintenance.

## New National Cemeteries

The 11 new national cemeteries in various stages of completion are:

- Sacramento, Calif.
- Pittsburgh
- Detroit
- Atlanta
- Southern Florida
- Jacksonville, Fla.
- Sarasota, Fla.
- Greenville/Columbia, S.C.
- Bakersfield, Calif.
- Philadelphia
- Birmingham, Ala.

aspects of the new cemetery and addresses the entire property. Full-casket burial sites, which will eventually have upright marble headstones, and columbarium complexes to accommodate cremated remains are laid out.

Some common features include an administration and maintenance complex, committal service shelters, a public information center with electronic gravesite locator and public restrooms, a cemetery entrance area, a flag assembly area, a memorial walkway and donations area, and infrastructure elements including roadways, landscaping, utilities and irrigation. NCA strives to develop cemeteries that are aesthetically pleasing and that architecturally blend into the local landscape. The master plan also delineates phases of development so that construction and the required funding can be phased over time.

Subsequently, under a second contract, the architectural and engineering firm produces the construction documents, the detailed design of all aspects of the construction of the first phase, showing exactly what is to be built and where.

National cemeteries are often named for their geographic location. NCA consults with local veterans service organizations and other stakeholders before selecting a new cemetery's name. NCA looks for a name that highlights the geography or history of the community and is recognizable to the veterans it will serve.

Finally, NCA awards a contract for the construction of the new national cemetery, and the work begins. Most new cemetery construction takes about two years to complete.

Because new cemeteries are built in areas without other burial options, there's a need to accommodate burials as soon as possible. To meet that demand, NCA may begin



*Columbaria under construction at Ohio Western Reserve National Cemetery.*

burials in a "fast-track" area that is developed early on in the construction process.

The fast track is a small-scale development separate from the major construction project using a portion of the phase one burial sections with temporary office and maintenance facilities. While burials are conducted within the fast-track area, the permanent facilities of this phase are built adjacent to or around it.

This entire process, of course, depends on funds being approved by Congress to complete any of these steps. Usually, funds are appropriated throughout the life cycle of the project as needed.

Generally, in the first fiscal year, funds are provided for site selection and environmental assessments of those sites. The second fiscal year provides funds for the purchase of the property and the master planning and construction documents. Finally, Congress appropriates money for the actual construction. The process usually takes nearly five years from start to the opening of the cemetery. New national cemeteries are designed to serve veterans and their families for more than 40 years. **VA**

*By Mike Nacincik*

# Writing on the Wall

A message written during construction of the Kansas City VAMC more than 50 years ago is traced to a Korean War veteran.

Staff at the Kansas City, Mo., VA Medical Center solved a mystery by identifying the author of a message written on a concrete support beam during the hospital's construction in the early 1950s.

Electrician Clark Vancil, 46, found the message during renovations to the radiology department in October 2003. He was taking down ceiling tiles and moving light fixtures when a contractor called him over. "You might want to take a look at this," he recalled the contractor saying. He couldn't believe what he saw. "When I started reading it I knew right away that this was important ... that this was a definite piece of history," Vancil said.

The words were foreboding yet brimming with purpose. "On this day, Feb. 14, 1951, I leave this job, setting off on a new career, a career which many young men such as myself are setting out in these dark days of World War III. When we return let no one say that we were fighting in vain, or that those who failed to return died in vain, for we are doing our duty as Americans and fighting so that you will have a better tomorrow." Above the message was a portrait drawn in pencil with the signature JMerys.

## On the Trail

Curiosity mounted as word of the discovery spread throughout the medical center. Did the author survive the war? Was he still in the

Kansas City area? Was he a VA patient?

As questions lingered, Glenna Greer, the hospital's public affairs officer, decided to seek answers. She cross-checked the last name and first initial with the names of veterans enrolled for VA health care in Kansas City, but came up empty-handed. Rick Shannon, a veterans service representative assigned to the hospital, checked the VBA records system to see if he could find a match. But no J. Merys was listed as receiving VA benefits. Jim Lannigan, in community relations, even called the construction com-

pany that built the medical center to see if they had a record of an employee named J. Merys. Again, nothing.

Greer eventually contacted a local TV reporter to see if she was interested in covering the story, with the hope that the veteran might be watching and contact the hospital. The reporter liked the idea and agreed to do a story during the National Salute to Hospitalized Veterans in February.

## Mystery Solved

Days before the TV film crew arrived, Greer bumped into Tony



JIM SPAW

Electrician Clark Vancil found the message during renovations to the radiology department last fall.

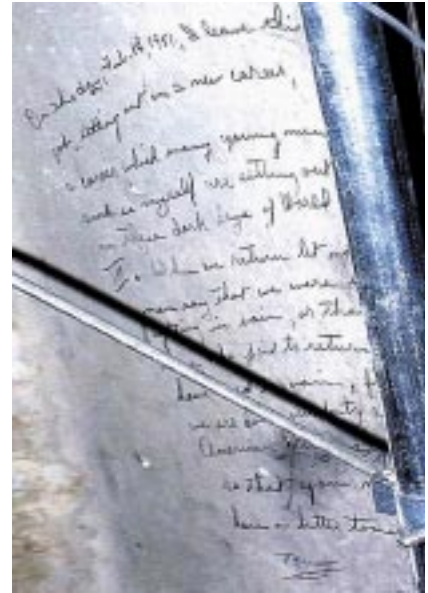
Barnett, an audio-visual specialist, and told him about the search to identify the mystery author. As he walked back to his office, Barnett got to thinking, “how many J. Merys can there be?” He logged on to the Internet and typed the name into the *www.whitepages.com* Web site. Topping the results page was a James Merys, of Antioch, Calif., located about 45 miles east of San Francisco. In addition to his address and telephone number, the Web site listed his age as 72. “I figured he was about the right age [for a Korean War veteran] so I called him up,” said Barnett.

Calling a stranger doesn’t always turn out so well in this age of caller ID and telemarketing. But James Merys answered the telephone and agreed to talk with Barnett about his past. Yes, he grew up in the Kansas City area. Yes, he was an electrician’s apprentice who worked on the VA hospital before joining the Navy. And yes, he remembered drawing on a support beam. Barnett told him they had found his message and had been trying to locate him for months. “He was a little surprised at first,” Barnett recalled. “He explained that he was just doing his duty over there and wasn’t a hero.”

Merys downplayed the significance of his message during a telephone interview. He doesn’t remember why he wrote it, he said. Clues



through World War II and saw the aftermath. When the trouble started in Korea, we were ready to do our part. All my friends went in to-



*Top left: A 17-year-old James Merys poses in his Navy uniform in Swope Park, Kansas City, prior to his deployment during the Korean War; bottom right: Now 72, Merys strikes a similar pose near his home in California. Top right and bottom left: the message and self-portrait Merys left on a support beam at the Kansas City VAMC.*

**“I joined the Navy because it was my duty. At the time, most young people felt that way. We lived through World War II and saw the aftermath. When the trouble started in Korea, we were ready to do our part.”**

surfaced, however, as he spoke about his military service. “I joined the Navy because it was my duty,” he said. “At the time, most young people felt that way. We lived

together. Some didn’t make it back.”

His words reflect the cultural and social perspectives of 1950s America. Perhaps that’s the key to his message. He wrote it because it

was a turning point in his life. It was the end of innocence. He was embarking on a new journey, not knowing if he’d ever return. **VA**

By Matt Bristol



# Ft. Snelling National Cemetery's All-Volunteer Memorial Rifle Squad 25 Years of Dedicated Service



*Members of the Memorial Rifle Squad, left, disembark for a funeral at Ft. Snelling National Cemetery in Minnesota, above, where winter temperatures can reach bone-chilling levels.*

**T**uesday, Friday, Thursday, Wednesday, Monday. That's the order in which the squads were formed, one for each day, as new members were recruited to fill the ranks of the Memorial Rifle Squad at Ft. Snelling National Cemetery in Minneapolis.

On June 19, 1979, the Tuesday Squad conducted its first three funerals. Since then, members of the Memorial Rifle Squad have participated in nearly 42,000 services for veterans at Ft. Snelling. And their record is impeccable—the Rifle Squad has never missed a scheduled funeral despite Minnesota's bone-

chilling winter temperatures that dip to 25 degrees below zero and boast wind chills nearly double that.

There were six members on the Squad that first Tuesday in 1979, including George Weiss, who at 50 years old was the youngest member at the time. Today the ages range from 26 to 87 and the average is a spry 71.6. With a squad for each day of the week, the Memorial Rifle Squad is able to provide honors for up to 17 services a day. The Squad presents a rifle volley for each veteran, and every squad includes a bugler who plays taps.

On June 19, 2004, Weiss was on hand for a banquet commemorating the 25th anniversary of the Memorial Rifle Squad at The Prom Center in Oakdale, Minn. An audience of 350 crowded the banquet hall, in-

cluding 100 active and 30 inactive members of the Squad. Under Secretary for Memorial Affairs Jack Nicholson presented the Secretary's Award to Weiss in recognition of the Rifle Squad's 25 years of dedicated service to the nation's veterans. The state of Minnesota acknowledged the Rifle Squad's accomplishments as Alberto Quintela, deputy secretary of state, read a proclamation from the governor.

Bob McCollum, cemetery director at Ft. Snelling, says he has never met a more dedicated group in his 22 years at VA. "What they do for our nation's heroes, day in and day out, it doesn't get any better. It's an honor to work in the same facility with them."

The Memorial Rifle Squad at Fort Snelling is the first and largest all-volunteer group of its kind within VA's 120 national cemeteries. Every branch of the military is represented.

"There's a little competition among the squads about who's the best," said Weiss. "We joke back and forth. But when we step out of the bus, we are in radio contact with the lead car. There is no talking in ranks and no horseplay."

Weiss says the Squad performs its duties "with honor, pride and integrity." Nicholson says he'd like to see this spirit and voluntarism spread to all national cemeteries.

Two of the youngest members of the Squad are reservists serving in Kosovo. "They come out once a week when they are in town," says Weiss, "so we figure we'll be around at least another 25 years." **VA**

By Orin Hatton

## Enterprise Center Helps Veterans Get Down to Business



ROBERT TURTEL

Pictured with Scott Denniston, left, director of VA's Office of Small and Disadvantaged Business Utilization, and VA senior executive Bill Campbell, right, are Champions of Veterans Enterprise awardees Alexander Murray, Teresa Blackman, Mathew St. Thomas and Julie Alley.

The Center for Veterans Enterprise honored those who support veteran-owned small businesses during a June 14 ceremony in Washington.

The 3rd Annual Champions of Veterans Enterprise awards program formally recognizes agencies that meet or

exceed the federal law of awarding 3 percent of prime contracts to businesses owned by service-disabled veterans. This year's honorees include representatives from the Department of the Navy, U.S. Air Force, and NASA.

"These champions rep-

resent the greatest of our national traits: the ability to see a better future and make it a reality," said Scott F.

Denniston, director of VA's Office of Small and Disadvantaged Business Utilization.

Several VA employees were recognized during the ceremony for winning a competition to register the most businesses on the Web-based VetBiz Vendor Information Pages, [www.vetbiz.gov/vip/vip.htm](http://www.vetbiz.gov/vip/vip.htm), a database of veteran-owned small businesses. The competition was open to all VA employees. It began March 1, 2004, and ended on May 15.

The top prize went to Teresa Blackman, a supply systems analyst with the VA Gulf Coast Veterans Health Care System in Mississippi, who registered 4,297 veteran-owned businesses. First runner-up was Mathew St. Thomas, a contract specialist from the Tucson, Ariz., VA

Medical Center, who added 1,255 businesses. Second runner-up was Julie Alley, a secretary from the VA Gulf Coast system, who logged 1,188 new businesses.

They found the businesses by searching other databases, such as those maintained by the Small Business Administration. "It was incredible initiative on their part," explained Alexander Murray, chief of Acquisition and Materiel Management for the VA Gulf Coast system. "They spent literally hundreds of hours of their personal time."

The program also honored individual veteran business owners with the "Enterprising Veteran Award." This year's awardees are Kevin Mabie, a former Navy fighter pilot who founded Valador, an information architecture company, and Gerald Hawkins, an Army veteran whose company G&H Foods makes Summertime Salsa. **VA**

## WorkLife4You: A New Benefit for You and Your Family

Managing your personal and professional lives can be challenging at times. That's why the Office of Human Resources Management is sponsoring a pilot program—VA WorkLife4You—that can help you with many work and life responsibilities.

Through this employer-sponsored benefit, trained specialists are available 24 hours a day, seven days a week by phone and the Web to provide you information and referrals to helpful resources in your area or nationwide. They can assist you

with the following work/life issues:

- **Family** (adoption, child care, adult care, parenting, etc.).
- **Education** (college, graduate school, financial aid, elementary/secondary school, pre-K/kindergarten, pre-school, etc.).
- **Health & wellness** (general health, diet and nutrition, medications, etc.).
- **Financial/legal** (credit/debt, retirement and estate planning, etc.).
- **Daily life** (cleaning services, home improvement,

moving/relocation, etc.).

Plus, WorkLife4You offers free consultations with the following professionals:

- **Local financial counselors.** Receive up to three 30-minute phone consultations per year to assist with credit repair, debt management and debt consolidation.
- **Local attorneys.** Receive free 30-minute consultations on up to three new legal topics per year and 25 percent off the discounted fees for services beyond the initial consultation. Legal consultations can either be in-person

or by phone.

"In addition to caring for veterans, VA employees have so much to deal with these days," notes VA senior executive Bill Campbell. "Child care, adult care, parenting and family challenges, financial and legal matters, health and wellness concerns—the list goes on. So we've decided to give everyone a family-friendly resource to help them manage and resolve these challenges. No matter what life event you might be facing, something major like having a

## Participating Organizations

The following organizations are participating in this pilot program:

- Office of the Secretary
- Center for Minority Veterans
- Veterans Benefits Administration
- National Cemetery Administration
- Office of Public and Intergovernmental Affairs
- Office of Acquisition and Materiel Management
- Office of Human Resources Management
- Office of Information and Technology
- Office of Employment Discrimination Complaint Adjudication
- Office of Diversity Management and EEO
- Office of Security and Law Enforcement
- Office of Inspector General
- Veterans Canteen Service (Central Office)
- Center for Women Veterans

baby or something smaller like where to find a reliable plumber, WorkLife4You can help.”

You can access WorkLife4You on the Web at [www.worklife4you.com](http://www.worklife4you.com). If you're a new user, you'll need to enter the company code "DVA." If you have problems logging in, contact the WorkLife4You help desk at 1-888-604-9565.

If you'd like to discuss

your needs personally with a WorkLife4You specialist, call 1-800-222-0364 (1-888-262-7848 if you are hearing-impaired). You can contact your specialist as often as you'd like. Your specialist will work with you one-on-one until your issue has been resolved.

WorkLife4You phone and Web services are confidential and free to VA employees. **VA**

## VA Launches New Corporate One VA Recruitment CD-ROM

VA human resources specialists, managers and field recruiters are eagerly awaiting the arrival of a small package designed to do a big job. A new pocket-sized "Corporate One VA Recruitment CD-ROM" is on its way and should be arriving at VA facilities in September.

"This CD-ROM—which melds custom video, exciting animation, upbeat music and informative content—will bring the Department into the 21st century of high-tech recruiting," said Tom Hogan, Deputy Assistant Secretary for Human Resources Management and Labor Relations. "It introduces a new corporate marketing approach that will give VA a competitive edge over other federal agencies and the private

sector when attracting highly qualified career applicants."

In addition to VA facilities and offices, the CD-ROM will go to military transition centers, veterans service organizations, vocational rehabilitation centers, and colleges and universities. More than 50,000 have been requested.

Developed by the Office of Human Resources Management/Labor Relations, Marketing and Veterans Employment Outreach Service, the new mini-CD-ROM incorporates Web-driven information, lively graphics and photos and video-streamed first-person accounts by VA employees.

"The approach is definitely One VA," said Willie Hensley, director of HR Marketing and Veterans Employment Outreach Service. "VA's commitment to being the 'Employer of Choice' is strengthened by this innovative and creative tool."

Next on the HR recruitment list—corporate One VA branding, a new recruitment tagline and a new interactive state-of-the-art VA jobs Web site due out soon. **VA**

## In Memoriam: VA Seal Designer Leaves a Lasting Legacy

David E. Gregory, 63, a medical illustrator who retired in 2000 from the Richard L. Roudebush VA Medical Center in Indianapolis, died July 29. He had colon cancer.

Gregory was known throughout the department for designing the official VA seal. His design was selected in 1989, when VA became a Cabinet department. It was one of approximately 40 submissions in a nationwide competition.

Much of its appeal lies in his use of patriotic symbolism. "He had a real keen sense of patriotism," said former supervisor Mark Masser, chief

of medical media at the Roudebush VAMC. "He was a great employee, a hard worker and extremely talented." In addition to the VA seal, Masser said Gregory designed the VA Police shoulder patch and other logos. "He made a big impact on the VA," he said.

A veteran of the U.S. Army, Naval Reserves and Army National Guard, Gregory is survived by his wife, son, daughter and three brothers. **VA**



## VA Social Worker Honored for Work with Blinded Veterans

John F. Ciak, a social worker and Visual Impairment Services Team coordinator at the Pittsburgh VA Medical Center, received the George Alexander Memorial Volunteer Service Award during a spirited ceremony June 15 in the U.S. Capitol. "This is much more than I expected ... just overwhelming," said Ciak, who attended with his wife, Ann, and sons Brian and Jeff.

The Blinded American Veterans Foundation recognized Ciak for his role in helping blinded and low-vision veterans adjust to their condition and reintegrate into their communities. The award specifically cited his role in establishing a talking prescription bottle program at the Pittsburgh VA last year and providing special services for blinded veterans receiving colon cancer screenings, such as audiotape instructions on how to prepare.

"Blinded veterans have special needs because of the

nature of their disability. It's really just a matter of reviewing and assessing their needs and making accommodations," said Ciak, a Vietnam veteran who served with the 1st Infantry Division.

Ciak joined VA in 1977 and has been with the VIST program since 1981. Since then he has enrolled more than 1,000 blind veterans in the VA blind rehabilitation program.

Also recognized during the ceremony were Sen. Daniel Akaka (D-Hawaii) and Rep. Walter Jones (R-N.C.). Both received the George "Buck" Gillespie Congressional Award for their support of blinded veterans.

Secretary of Homeland Security Tom Ridge, who received the inaugural Gillespie award in 1986, dropped in to congratulate the honorees. He applauded the Blinded American Veterans Foundation and award recipients for "ensuring those who lost



ROBERT TURTLIL

*Richard C. Schneider, left, of the Non-Commissioned Officers Association, presents the George Alexander Memorial Volunteer Award to John Ciak, VIST coordinator at the Pittsburgh VA Medical Center. Behind them are (left to right): BAVF President John Fales; BAVF member Steve Miyagawa; Homeland Security Secretary Tom Ridge; and retired Gannett News Service correspondent John Hanchette.*

their sight so others might see liberty ... receive the gratitude and care of a grateful nation."

BAVF was founded in 1985 by John Fales, Don Garner, and Dennis Wyant. All three men lost their eyesight during military service

yet went on to build successful careers. Fales writes the weekly Sgt. Shaft column in the *Washington Times*. Garner serves as director of blind rehabilitation for VA. And Wyant retired in 1999 as director of the Indianapolis VA Regional Office. **VA**

## Acquisition Staff Benefit from New Educational Partnership



ROBERT TURTLIL

*VA's Bill Campbell, seated left, and Troy State's Dr. Jack Hawkins sign the college degree partnership agreement.*

VA and Troy State University officials signed a unique partnership recently that will allow VA's acquisition workforce to participate in a pilot program for a college degree. VA senior executive Bill Campbell and Troy State University Chancellor Dr. Jack Hawkins signed a formal agreement that will offer VA employees an opportunity to acquire a bachelor of applied science degree in resources management, an acquisition-related degree program offered by the university.

This partnership is a direct result of a provision of the Clinger-Cohen Act of 1996, which requires specific training for federal acquisition employees and others who work with federal procurement processes. VA's Office of Acquisition selected Troy State University as the academic institution to pilot this college degree program based on its record as a leader in the field of modern education.

## VA's First 5-Year Capital Plan Released

VA released its first ever five-year capital plan on June 28. With more than 5,500 buildings and about 32,000 acres of land nationwide, it is critical that VA have a systematic and comprehensive framework for managing its portfolio of capital assets.

The plan provides a blueprint for effective management of the department's capital investments that will lead to improved resource use and more effective health care and benefits delivery for the nation's veterans. The capital plan also identifies VA's highest priority needs for new construction and expansion of cemeteries in areas where burial sites will soon be depleted, new benefits administration office facilities, and information technology projects designed to improve customer service and enhance delivery of VA benefits.

VA's 5-Year Capital Plan can be downloaded from the Intranet at [vawww.va.gov/oaem](http://vawww.va.gov/oaem) or the Internet at [www.va.gov/oaem](http://www.va.gov/oaem).

## Top Golden Age Games Athletes Get Chance to Compete in Senior Olympics

After "going for the gold" at this year's National Veterans Golden Age Games, the top senior athletes among the nation's veterans will have the chance to test their mettle at next year's Senior Olympics.

This new opportunity is possible through an agreement between VA and the National Senior Games Association, a community-based member of the U.S. Olympic Committee. The agreement allows some finalists at the 18th National Veterans Golden Age Games, held July 18-23 in Fresno, Calif., to qualify as competitors for the 2005 Senior Olympics.

The NSGA, which serves 50 member state organizations located in 49 states plus the District of Columbia, spearheads the senior games movement, sanctioning and coordinating the efforts of senior games organizations across the country.

Under the agreement, veterans who won gold or silver medals at the veterans' games in bowling, horseshoes, shuffleboard, table tennis, 50- and 100-yard freestyle, discus and shot put qualify for the 2005 Senior Olympics, which will be held June 3-18, 2005, in Pittsburgh. Other veterans who met or exceeded minimum performance standards in certain time or distance events also qualify.



Participant Sunny Shapiro carries the California state flag during opening ceremonies at this year's Golden Age Games in Fresno.

## Infection: Don't Pass It On

Washing your hands and covering your coughs can make a huge difference in reducing the spread of infection in hospitals. A collaboration of VA Central Office and field experts has developed a series of more than 60 colorful posters for the VA medical system to convey this message to all staff, patients and visitors.

The posters will be distributed in September to key contacts in infection control, patient safety, occupational health, prevention, patient education and public affairs. These posters are part of a new VA campaign described at [www.publichealth.va.gov/infectiondontpassiton](http://www.publichealth.va.gov/infectiondontpassiton).



## Howard Gorman

As a nation paused to honor the passing of Ronald Wilson Reagan, 40th President of the United States, one man made a personal journey to fulfill a pledge made long ago. Howard Gorman, a procurement analyst with the VA Mid-Atlantic Health Care Network (VISN 6), promised himself that he would honor the former President at the time of his death, no matter where in the world he might be when that time came. What prompted Gorman to make that kind of commitment to a man he never actually met?

In the 1980s, Gorman was serving in the U.S. Navy as a lieutenant commander working with inventory control and budget. From Gorman's perspective, Reagan's positive leadership and support of the military helped improve morale within the service. "A lot of people serving at that time would tell you the same thing," he reflected. "President Reagan just made a huge difference—we saw it, we felt it, we were motivated by it."

In foreign policy, Reagan sought to achieve "peace through strength." During his two terms he increased defense spending 35 percent, but sought to improve relations with the Soviet Union. In dramatic meetings with Soviet leader Mikhail Gorbachev, he negotiated a treaty that would eliminate intermediate-range nuclear missiles. He was also instrumental in establishing the Veterans Administration as a Cabinet-level agency.

The death of Ronald Reagan on June 5 is but one

example of how Americans unite at critical moments in history. As the nation's capital geared up for the first state funeral in years, Gorman made his own plans to travel to Washington from Salem, Va., where he was working for the VISN that week. He didn't have a place to stay in D.C., but he drove there with the sole intent of paying respect to the President as he lay in state in the Capitol's Rotunda.

When Gorman arrived about 10:30 p.m., Capitol Police officers directed him to the end of a long line outside the Rotunda. It took about 30 minutes just to walk to the end of the line, estimated to be four miles long. Gorman reports that no one tried to break in line, nor did anyone leave, even though the wait at that point was about eight hours.

As he waited in line, Gorman chatted with the people around him. People of all ages were there, from the very young to the elderly. Some were in wheelchairs. Entire families stood together waiting.

Gorman recalled that the atmosphere was almost festive at times. Some in the crowd were talkative, while others remained quiet and reflective. He was impressed by the diversity of the crowd—people of all nationalities and from all walks of life united in a single purpose. Vendors in portable kiosks sold Reagan memorabilia.

Gorman's turn to enter the Rotunda came about 7 a.m. the next day. Before entering, everyone was subjected to a security search. Once inside, any frivolity

displayed in the line outside came to an end as people fell silent, some placing their hands on their hearts. As soon as Gorman entered, the changing of the guard inside the Rotunda ceased all activity for about 25 minutes. No one could enter or leave during that time. After paying their respects, each person received a commemorative card from the Capitol Police to mark the occasion. The card read, in part: "In final tribute from a grateful nation – the lying in state of President Reagan."

Ronald Reagan's funeral on June 11 capped a week of activities that captured the attention of the world and brought back memories of a popular President. A whole new generation learned how their country honors the passing of its highest-ranking officials, and the importance of marking their place in history. For Gorman, it was the culmination of a commitment made many years ago. He says he would definitely do it again.



Gorman

"It was an honor, and I'm thankful that I was healthy enough to be able to be there." As he drove back to his home in North Carolina, Gorman listened to the radio coverage of Reagan's funeral. He reflected again on how surreal it was to be standing outside the Capitol at 3 a.m. with so many other people. "I thought, what a great country. No one told any of us to do this. But we were all there, regardless of our political beliefs, with a clear connection and respect for a great man." **VA**

By Pam Howell



President Reagan signs the legislation creating a Cabinet-level Department of Veterans Affairs on Oct. 25, 1988.

### Bacteria Not Causing Gulf War Illnesses

Researchers can cross “bacterial infection” off the list of possible causes of Gulf War illnesses, according to a VA study. Findings were released in the July 20 edition of the *Annals of Internal Medicine*.

“The results are definitive: this is not the smoking gun,” said study author Joseph F. Collins, a researcher with the VA Maryland Health Care System, in an interview with the *Associated Press*. That leaves exposure to depleted uranium, chemical and biological weapons, multiple vaccinations, smoke from oil well fires or any possible combination of environmental toxins as potential causes of the unexplained illnesses plaguing some veterans of the 1991 Gulf War.

The study involved nearly 500 sick Gulf War veterans at 28 VA medical centers. All of the veterans had the bacteria mycoplasma in their bloodstream.

Researchers randomly split the veterans into two groups. One group took daily doses of the antibiotic doxycycline and the other took a placebo. At the end of the yearlong study, researchers found the antibiotics did nothing to improve the veterans’ symptoms. The findings should end the long-term prescription of antibiotics to sick Gulf War veterans.

### Dementia Risk Factors Identified

Middle-aged people who smoke and have high cholesterol, diabetes and hypertension—risk factors for heart disease—are nearly three times as likely to develop dementia in old age than those with no risk factors, according to researchers with the

San Francisco VA Medical Center.

Previous studies on the relationship between cardiovascular risk factors and dementia focused only on the elderly. “We wanted to see if mid-life risk factors translated into increased risk of dementia later in life, and the answer was yes,” said Kristine Yaffe, M.D., senior researcher and chief of geriatric psychiatry at the San Francisco VAMC. Yaffe and colleagues presented their findings at the 56th annual meeting of the American Academy of Neurology in April.

The study involved 11,341 men and women between the ages of 40 and 44 who underwent detailed health evaluations from 1964 to 1973 and remained in the study through 2003. Researchers found each heart disease risk factor increased the chance of developing dementia later in life by 20 to 40 percent.

### Bronx VA Opens Dental Clinic on SCI Unit

It’s tough to provide proper dental care to patients with spinal cord injuries, particularly those who use respirators or are on complex therapies. Just getting them to the dental clinic can be extremely difficult and requires a team of specialists—nurses, respiratory and physical therapists. Alternatively, bringing dental care to the patient’s bedside poses its own set of challenges, such as moving the X-ray machine, air compressor and other specialized equipment.

At the Bronx VA Medical Center, staff from the dental unit and the spinal cord injury ward decided enough is enough. “We felt it



LYNNE KANTOR

Glen Marrow, a ventilator-dependent quadriplegic patient on the Bronx VAMC’s SCI unit, receives dental care in the SCI dental clinic from Dr. Brian Jeon, left, a dental resident, and Dr. John Piro, a dental prosthodontist. All of the clinic’s dental equipment is mobile, making it easier to position the patients properly.

was imperative that we improve this process,” said dentist Daniel MacDonald. Their solution was to open a dental clinic right on the spinal cord injury ward to provide emergency and routine care to the 60 veteran patients who live there.

Spinal cord injury patients have many special needs. But providers shouldn’t overlook the importance of proper dental hygiene, according to the hospital’s chief nurse, Lynda Olender, R.N. “Proper dental care fosters appropriate nutrition, maintenance of immune status and good general health,” she said.

The new clinic offers the full range of dental services and comes equipped with high-intensity lighting, X-ray machine and vacuum suction. It even has its own respirator for ventilator-dependent patients.

For patients and staff, the clinic is a welcome addition. “This has really made a

difference for our patients ... it has added a new, positive dimension to our department,” said Vivienne Barton, R.N., clinical manager on the unit.

### VHA Announces Public Health Grants

Forty VA employees from medical centers across the country received \$1,000 grants from the VHA Public Health Strategic Health Care Group to support their public health projects. The goal of the grant program is to encourage the development of education and prevention materials for veterans and VA health care providers.

The program is open to VA health care providers and other VA employees at hospitals, clinics, vet centers and domiciliaries. Contact Donna Wells, national prevention coordinator, at (202) 273-8205 or via e-mail [donna.wells@hq.med.va.gov](mailto:donna.wells@hq.med.va.gov) for information on the public health grant program. **VA**

## Meeting the president

Ron Kelstrup, a volunteer in the transitional care unit at the VA Sierra Nevada Health Care System, develops a strong bond with veterans on the unit. His charisma and dedication to the VA mission led volunteer coordinator Priscilla Davis to nominate him to meet President George W. Bush when he visited Reno on June 18.



SPARKS (NV) TRIBUNE PHOTO

*VA Sierra Nevada Health Care System volunteer Ron Kelstrup's charisma and dedication won him a chance to meet President Bush when he visited Reno.*

Kelstrup joined Nevada Gov. Kenny Guinn and the state's attorney general on the tarmac as Air Force One taxied to a halt. As the two shook hands, President Bush asked about his volunteer work at the VA and they chatted for several moments before the President was whisked away for a speaking engagement.

For the first time in five years, the **Federal Employees' Group Life Insurance Program** is having an Open Season. It starts Sept. 1 and ends Sept. 30. This Open Season gives employees in FEGLI-eligible positions the opportunity to enroll in the program if they don't have basic coverage, or change or increase their current FEGLI coverage. Advantages of the FEGLI Program and this Open Season include group premiums and payroll deduction, no age restrictions, no medical questions to answer, and no physical examinations. You can elect cover-

age up to the maximum available. To learn more about the FEGLI Open Season, visit [www.fegli2004.opm.gov](http://www.fegli2004.opm.gov).

Thirteen high school students from Washington, D.C., spent May 25 learning about law careers at the **Board of Veterans' Appeals** "Law Day" event. The students heard from BVA Chairman **E. Dane Clark**, who spoke about growing up on an Alabama cotton plantation and becoming a Marine Corps judge and chairman of the Board of Veterans' Appeals. The students then learned what it takes to

make it as a lawyer or judge from panelists from BVA, the **Office of General Counsel** and the **Board of Contract Appeals**. Finally, they took a tour of the U.S. Court of Appeals for the Federal Circuit. Several of the students are participating in a BVA summer intern program.

The **VA National Medical Musical Group** delighted lawmakers, congressional staffers and visitors to the nation's capital on June 17 with a patriotic concert on Capitol Hill. The program mixed musical performances with narrative readings to create "music with a message," according to group founder and conductor **Dr. Victor Wahby**, director of the VHA Office of Special Projects. The musical group

is made up of health professionals from throughout VA and affiliated university medical centers.

Residents and staff of Nursing Home Care Unit 73 at the **Togus, Maine, VA Medical Center** celebrated the lives of former residents during a "We Remember" program held June 16. Social worker **Carol Thomas** came up with the idea to help preserve the memory of residents who passed away. "When a veteran dies on the ward, more than the family grieves the loss. The entire ward experiences the sadness," said Thomas.

The VA hospital in Fargo, N.D., celebrated its 75th anniversary on June 25. When it opened in 1929, the hospital accommodated

## Honoring fallen Floridians



Employees of the St. Petersburg VA Regional Office dedicated a Fallen Soldier Memorial in the lobby of their office building on May 26. The memorial, above, a sculpture of a soldier's rifle, boots, helmet and dog tags, is a tribute to the 45 Floridians killed in Operations Iraqi and Enduring Freedom. About 50 family members of fallen servicemembers attended the ceremony.



## A 'very special' volunteer



BRANDON LUNDAY

The sight of 11-year-old Boy Scout James Milam, above, placing flags in front of headstones at the Nashville National Cemetery for Memorial Day brings tears to the eyes of those who witness it, according to cemetery director Bill Owensby. It's not so much what the young volunteer does, but how he does it.

Milam is paralyzed from the waist down. He rolls his wheelchair up a row of headstones and slowly climbs down to the grass. He then crawls forward on his stomach, pulling himself with his arms, until he can reach the headstone. He measures 12 inches from the marker and carefully places a flag before moving on to the next one. "He's a serious, quiet boy [who is] very special to all he meets," his mother said.

about 50 patients. Today, there are a total of 109 beds: 59 inpatient and 50 on the restorative care unit. The anniversary celebration drew a crowd, including Deputy Secretary **Gordon H. Mansfield** and **Dr. Robert Petzel**, director of the VA Midwest Health Care Network.

California state police contacted **Tracy Pullar**, a social worker who works with homeless veterans at the **San Francisco VA Medical Center**, and asked her to appear in a training video called "Homelessness and the Role

of Law Enforcement." The video was produced to give law enforcement officers a better understanding of homeless issues. It will be used at police training academies throughout California. In it, Pullar provides an overview of services for homeless veterans and discusses specific mental health issues they may face.

The National Cemetery Administration opened a new training center near the **Jefferson Barracks National Cemetery** in St. Louis on June 14. The new center will teach core competencies re-

quired to effectively manage a national cemetery. The inaugural class of 14 interns is expected to graduate in April 2005. They will then be assigned positions as cemetery directors or assistant directors.

More than 1,000 motorcyclists took part in the second annual Pride Ride in Jackson County, Ore., on May 16. The mile-long procession wound its way through Ashland, Medford, around **Eagle Point National**

**Cemetery** and culminated at the **VA Southern Oregon Rehabilitation Center & Clinics**. Sponsored by the Rogue Valley Concerned Citizens and coordinated by VA Voluntary Service representatives **Lorry Vaughn** and **Wendy Grammatica**, **Pride Ride** is a visible show of support for America's military forces and a way of expressing appreciation to area veterans. The event raised funds and collected comfort items for hospitalized veterans. **VA**

## Battle Creek's 'Hero's Diner'



TODD M. GREENMAN

A 25-foot wall mural depicting a 1950s-style diner was unveiled June 14 on the dementia unit at the **Battle Creek, Mich., VA Medical Center**. Nurse Manager **Sue Reed, R.N.**, came up with the idea as a way to help stimulate memories in patients with Alzheimer's and dementia. Many patients on the unit have lost their short-term memory but can still recall people, places and events from the past.

The mural, aptly titled "Hero's Diner," is the work of local painter **Dan Arens**, above, a parts handler for **General Motors** who volunteered for the project. He was careful to include all the authentic details, including a pie rack, ice cream fountain, red bar stools and a chalkboard listing the daily specials. Adding to the atmosphere is a reproduction jukebox that plays golden oldies.

## Inspiration begins at home



Eggimann

Brooke Eggimann, a social worker with the VA Puget Sound Health Care System, received The Commander's Award for Public Service from Brig. Gen. Michael A. Dunn, commander of Madigan Army Medical Center at Fort Lewis, Wash., on July 14.

She was recognized for her role in developing the VA/DoD seamless

transition program at the military hospital. She had been with VA just two months when she volunteered to help set up the program to care for combat-wounded soldiers. Her motivation was simple: her husband was in Iraq with the 555th Engineer Group.

The program evolved from treating individual soldiers to briefing entire units as they returned from combat tours. The idea was to familiarize them with services available should they experience difficulties at some point down the road. Eggimann is quick to credit colleagues with helping develop the idea. "We all had the same mission and just kept talking it over. I didn't have this pre-planned, it just sort of happened," she said.

Now that her husband has returned from the war and separated from active duty, the two are moving home to Florida where Eggimann has accepted a position at the Tampa VA Hospital.

Dr. Marci Mylan, a psychologist at the **Minneapolis VA Medical Center**, received the Outstanding Graduate Student of the Year Award from the faculty of the U.S. Army-Baylor master's program in health care administration. Mylan, who recently completed the yearlong program, is now doing her residency at the Minneapolis VA. She was the only VA student in her class of 44. The U.S. Army-Baylor MHA

Program celebrated its 50-year anniversary of training military officers and VA employees.

**Ann Hayes, R.N.**, charge nurse at the gastroenterology diagnostic center at the **San Francisco VA Medical Center**, received the National Distinguished Service Award from the Society of Gastroenterology Nurses and Associates.

**Bryanne Patail**, a biomedical engineer with the VA

**National Center for Patient Safety**, has been named a fellow of the American College of Clinical Engineering, one of only 12 in a national organization of approximately 500 members. Clinical engineers support and advance patient care by applying engineering and managerial skills to health care technology.

The Bradley Free Clinic, which provides medical, dental and pharmacy services for uninsured and low-income families in the Roanoke, Va., area, recognized the efforts of four pharmacists from the **Salem VA Medical Center** for giving their time and talents to help those in need. Pharmacists **Francine Farnsworth, Joanne Hawley, Martha McDearmon and Daniel Payne** received the clinic's David Newman Award for Volunteer Excellence in Pharmacy.

**Dr. Mark Zimering**, chief of endocrinology for the **VA New Jersey Health Care System**, received the 2003 Arthur S. Flemming Award in the scientific category for his research into how fibroblast growth factor contributes to diseases. This prestigious award is presented to public servants who have made extraordinary contributions to the federal government in one of three categories: scientific, administrative and applied science.

**Samuel Evans Jr.**, a youth volunteer at the **Jackson, Miss., VA Medical Center**, received the Jesse Brown Memorial Youth Scholarship from the Disabled American Veterans. Previously known as the National Commander's Youth Volunteer Scholarship, the DAV changed the name in 2003 to honor the memory of former

VA Secretary Jesse Brown. The program recognizes outstanding young volunteers who make a difference in the lives of America's veterans. DAV has awarded 39 scholarships worth \$258,000 since the program began in 2000.

**Melanie Erskine**, a clinical nurse specialist with the **VA Pittsburgh Healthcare System**, was named clinical "Hands-On" Prevention Champion at the annual meeting of VHA's National Center for Health Promotion and Disease Prevention. She was recognized for her work helping veterans lose weight.

**Gohar Azhar, M.D.**, a geriatrics fellow with the **Central Arkansas Veterans Healthcare System**, received the 2004 Merck/American Geriatrics Society New Investigator Award. The award is presented to researchers whose work is new and relevant to the field of geriatrics. Azhar is studying cardiac aging, with particular interest in a protein called serum response factor.

The University of Pennsylvania recognized two employees of the **Philadelphia VA Medical Center**. **Dr. Laure Veet**, associate chief of staff for education, received the Dean's Award for Excellence in Clinical Teaching at an Affiliated Hospital and **Nancy Wiedemer**, a primary care nurse, received the EXPERT Alumni Award for Clinical Excellence from the university's nursing school.

The Tennessee Nurses Association, District 15 in Murfreesboro, presented its 2004 Outstanding Patient Care Unit award to the nurses of 1-B, Long Term Care Hospice, at the **Alvin C. York** campus of the **VA Tennessee Valley Healthcare System**. Nurse manager

Cathy Pickens, R.N., accepted the award on behalf of the entire unit. During the ceremony, Sharon Deskins, R.N., from Unit 1-A of the York campus, was recognized as Outstanding New R.N. for 2004.

Dr. Rachel Yehuda, director of the Bronx VA Medical Center's Post-Traumatic Stress Disorder Clinic and a professor at New York University's Mt. Sinai School of Medicine, received the Distinguished Alumna Award of Touro College on May 2. She was selected for the prestigious honor from among 1,500 graduates.

The Florida Health Sciences Library Association's Librarian of the Year is Janet Schneider, patient education librarian at the James A. Haley Veterans' Hospital in Tampa. Her achievements include writing consumer health information pamphlets distributed to all patient waiting areas, serving in a leadership role on the VISN 8 Chronic Disease Self-Management Program, and serving as the hospital's team leader for the interdisciplinary *My HealthVet* implementation workgroup.

Theodore Podkul, a health systems specialist for the VA Western New York Health Care System in Buffalo, received the Harold C. Piepenbrink Award during the annual conference of the National Council for Community Behavioral Healthcare and Association of Behavioral Healthcare Management. The annual award recognizes a member for outstanding contributions to the field of behavioral health care management.

The Association of Women's Health, Obstetric and Neonatal Nurses elected

Debra F. Hobbins, associate chief nurse at the VA Salt Lake City Health Care System, to lead its board of directors. The association represents more than 22,000 health care professionals.

Lt. Katrina Hansen was named the outstanding Naval Reserve Nurse Corps junior officer for 2003 and received the Bea Rattner Award at the Naval Reserve Association's national conference. Hansen is a nurse practitioner at the New Orleans VA Medical Center. "It is really ... quite an honor," she told the New Orleans *Times-Picayune*. "What I do, helping people, gives me a real meaning in life."

The Chillicothe-Ross Chamber of Commerce presented its Volunteer of the Year Award to Lori Hice, patient services coordinator at the Chillicothe, Ohio, VA Medical Center. Hice was recognized for rejuvenating the chamber's Pathfinders Leadership program. Her commitment to the program went "well above what one could expect from a volunteer," according to the chamber's executive director, Marvin Jones.

The American Psychological Association presented its 2004 award for Distinguished Professional Contributions to Practice in the Private Sector to Dr. Rodney Baker, chief of the Mental Health Product Line at the South Texas VA Health Care System.

Dr. Hakan Kaya, a hematologist/oncologist at the Spokane, Wash., VA Medical Center, received the 2004 Outstanding Achievement in the Arts/Sciences Award from the Assembly of Turkish American Associations, the central organization for

55 Turkish American associations located throughout the United States and Canada. Turkish Ambassador to the United States Dr. Osman Faruk Logoglu presented Kaya with the award earlier this year during a convention in Washington, D.C.

Barbara Spence-O'Donnell, a staff nurse in the Life Support Unit at the Carl T. Hayden VA Medical Center in Phoenix, received the Forensic Nursing Achievement Award during the Las Vegas meeting of the International Association of Forensic Nurses. A VA em-

ployee since 1978, she was cited for her tireless efforts in improving the quality of care for victims of violence and establishing forensic nursing practices within VA.

The International Association of Webmasters and Designers awarded the VA Kids Web Site, [www.va.gov/kids](http://www.va.gov/kids), the 2003-2004 Golden Web Award based on votes by professional webmasters and designers in more than 145 countries. The VHA Office of Special Projects coordinated development of the site, maintained by the Office of Public Affairs. VA

## New Mexico's recycling champ



Boyers, foreground, at the ceremony with Larry Massie, M.D., chief of Pathology and Laboratory at the Albuquerque VAMC.

Mark Boyers, supervisor of a histopathology lab at the New Mexico VA Health Care System, received the White House Closing the Circle award July 15 in Washington, D.C. He was recognized for his focus on recycling and waste prevention. Boyers' approach to recycling revolves around ownership. He asks the question: what would I do differently if this were my home or business? "By taking ownership it belongs to you and you take more responsibility. It's just the right thing to do," he said. Boyers was selected from more than 200 nominees for the White House environmental award.

## Quick thinking on an elevator



Burvin Smith with his rescuer, Latasha Black.

VA Greater Los Angeles Healthcare System employee Latasha Black was sharing an elevator with VA Regional Office employee Burvin Smith in the Los Angeles Federal Building when Smith suddenly collapsed, complaining of chest pains and a headache. Black recognized these as symptoms of a heart attack.

She took two aspirin from her purse, gave them to Smith and took him to the nurses' office. The nurse called 911 and Black gave Smith oxygen while massaging his chest. Paramedics arrived and rushed Smith to the hospital. The paramedics, as well as doctors at UCLA Medical Center and Smith himself, credit Black's quick thinking with saving his life. Her response to being called a lifesaver was simply, "I'm just thankful that I knew CPR and first aid and was able to help him."



Miller

Ernest Miller, of Environmental Management Service at the Lexington, Ky.,

VA Medical Center, went beyond the call of duty earlier this year. While off campus, his VA ID caught the eye of a veteran who had run out of diabetes medication and was unable to get to the medical center. He asked Miller if there was anything he could do. After seeking the advice of a social worker, Miller brought the veteran to the ER the very next day. The veteran got his medication, and arrangements were made to place him with a primary care physician. Miller gave

the veteran a contact number for DAV transportation, helping him overcome the final logistical hurdle. The veteran thanked Miller for his help over breakfast—Miller's treat.

Palo Alto, Calif., VA Medical Center nurse Carol McDuffy and social worker Jim Barker were carpooling home when they noticed an apparently homeless man lying motionless on the sidewalk. They immediately

stopped and found he was suffering from a head injury. They tried to communicate with him, and realized he was only partially conscious and severely dehydrated. They quickly called for help and stayed with the man until the paramedics arrived. "It's easy to just ignore someone you think is drunk or homeless," said Barker. "But I'd like to think any VA employee would have stopped and done the same thing." VA

## A cry for help at the ballpark

On a Saturday in June, Ron Burke, veterans service center manager at the Baltimore VA Regional Office, was at Camden Yards buying tickets to an Orioles game when he heard someone scream, "Help, my father is dying!" He spotted and raced to a man lying face down on the pavement. The man's wife and daughter didn't know what had happened. Burke checked and found the man was breathing and had a pulse.



Burke

As Burke was calling 911 on his cell phone, the victim stopped breathing and turned blue. Burke immediately rolled the man onto his back and performed chest compressions until he began breathing again. Then Burke noticed that the victim was beginning to vomit, so he positioned the man's head to avoid aspiration. It took nearly 20 minutes for the ambulance to arrive. As the victim was prepped for transport to the hospital, an EMT told Burke that without his swift actions, the man would not have survived. Later, the 911 dispatcher informed Burke that the man had suffered a seizure and a major heart attack.