

# VAanguard

U.S. Department of Veterans Affairs

May/June 2004



**EMS 50th Anniversary**

**Burial Records on the Web**

**OIF Vets at the Winter Sports Clinic**

**Special Report: CARES**



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## Vanguard

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### On the cover

"I like keeping the hospital clean for the veterans," says Willie Griggs, 47, floor technician at the Atlanta VA Medical Center. "I hope somebody does the same for me one day." Griggs is one of more than 11,000 Environmental Management Service employees. *Photo by Ann Hamilton*

**WWII Registry**

That is a very good article on the WWII Memorial in the March/April issue of *Vanguard*.

Please make your readers aware of the excellent Web site ([www.wwiimemorial.com](http://www.wwiimemorial.com)) maintained by the memorial committee. It is a very informative site and has one unique feature: one can go into the "WWII Registry" portion of the site, establish an account, and register known participants in the WWII effort, veterans as well as civilians on the home

front. There are a lot of WWII participants still out there who have not been recognized, and this is an excellent way to do so.

*Perry Keeton  
Review Appraiser  
Roanoke, Va., VARO*

**VA Executives in Afghanistan**

Nathan Geraths is our brother and we received a copy of your *Vanguard* magazine from him. The write-up on him being in Kabul, Afghanistan ("A Call to Serve," March/April), was

wonderful. To know we have a family member who gave time to assist the hospital there is unbelievable! We are so very proud of Nathan and

all those who made a difference in their lives. God bless America!

*Nelson and Nancy Geraths  
Pendleton, Ore.*

**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 may need to edit your letter for length or clarity.



RICHARD MILANICH

**Presidential Visit**

President Bush visited the Baltimore VAMC with Secretary Princiipi on April 27 to promote computerization of patient medical records, an advancement pioneered by VA. During a town hall meeting, the President said he has set a goal that most Americans will have electronic medical records within the next 10 years. "I want to thank the people who work here at this hospital for the VA," said the President, here with VA Maryland Health Care System Director Dennis Smith. "I appreciate your care for those who have worn the nation's uniform."



## Practice the ‘Three Rs’ of Environmental Responsibility

*William H. Campbell*  
Assistant Secretary for Management

In April, we celebrated Earth Day here at VA Central Office and at VA facilities around the country. Earth Day’s purpose embodies the past, present and future. We look at today’s deteriorating environment and dwindling resources and back to the neglect, ignorance and limited knowledge of the past. We work hard in the present to learn from our mistakes and apply those lessons to how we conduct our lives today.

Conservation is an individual responsibility, but in VA it is also a management responsibility. It means saving money as well as saving the environment. VA managers must factor conservation and environmental quality concerns into their day-to-day responsibilities. VA has been a leader in building conservation into new facilities and refitting older ones with energy-saving systems. But in an organization with the range of facilities, operations and professions that VA encompasses, the small, everyday acts of aware managers and employees also add up to big savings. That’s why we should all practice the “Three-R” management mantra every day.

**Reduce** – At a nickel a kilowatt hour, turning off lights pays off. Conserve water by routinely reporting dripping faucets, leaky toilets and other water wasters. Encourage native plant landscaping (as is done in many of our national cemeteries) to reduce the need to water. Advocate and facilitate the use

of mass transit by employees, volunteers and veterans to reduce fuel consumption. Replace incandescent light bulbs with fluorescent fixtures that use 75 percent less energy and last longer. Purchase products with less packaging.

**Reuse** – Donate outmoded or unused items to charity. Many VA facilities work closely with local schools and other organizations in donating old computers and other equipment. This is not only a worthy community service, it re-

duces landfill needs and the amount of toxic material that could eventually find its way into groundwater. Managers should also consider buying durable rather than disposable products.

**Recycling** – Recycling used materials and buying recycled products should be a routine practice. VA health care facilities have long practiced recycling of X-ray films and other diagnostic products, and today we can all get involved in recycling common products such as toner cartridges, batteries, glass, aluminum cans and even paper. And we can make sure that paper we recycle comes back again when we buy recycled paper products.

When it comes to the

“Three Rs,” each VA employee is an environmental manager. We can all contribute whether we supervise others or not. But we can also take pride in VA programs that are succeeding in keeping us in the forefront of organizations managed with the environment in mind.

Last year, the Office of Asset Enterprise Management led a revitalization of VA’s energy conservation program. Soon thereafter, the office published VA Directive and Handbook 0055, VA Energy Conservation Pro-

gram, which provides central oversight and regional implementation of energy conservation programs.

cent paperless in processing veterans’ insurance death claims. The elimination of paper and file folders saved \$2 million a year, and claims are reaching veterans 31 percent faster.

NCA is in the “Three-R” game, as well. It has revised pest management directives to help national cemeteries minimize both environmental risk and costs. Cemetery directors continue landscape and maintenance programs that minimize water use.

VA headquarters is

**Conservation is an individual responsibility, but in VA it is also a management responsibility. It means saving money as well as saving the environment.**

VA headquarters is working to set a good example. It recycles 40 percent of its waste stream, above the 35 percent federal standard, and funnels its GSA recycling rebate into U.S. Kids Childcare, the headquarters child development center.

VA will also be the first federal agency to participate in the Biobased Benefits Survey. Teams will survey all products purchased at three VA facilities for one year, then suggest biobased alternatives along with their cost and performance benefits.

VA’s commitment to our environment and to the future is clear. It’s the way we do business. Each of us has a role to play, from top line manager to individual employee. **VA**



## Celebrating the 60th Anniversary of the GI Bill

*Daniel L. Cooper*  
*Under Secretary for Benefits*

This nation just dedicated a grand World War II Memorial honoring the men and women who won the war against tyranny 60 years ago. This year we also celebrate another enduring monument to the veterans of that war that rests at the core of the benefits programs administered by VA.

On June 22, 1944, President Franklin D. Roosevelt signed "The Servicemen's Readjustment Act," popularly known as the GI Bill of Rights. The GI Bill was responsible for assimilating more than 16 million veterans into a peacetime economy, and its social impact is felt yet today.

Historians hail it as one of the greatest pieces of social legislation ever. Before the war, college and homeownership were provinces of the few.

The GI Bill provided education and homeownership opportunities to millions. Some dubbed it the "Magic Carpet to the Middle Class," but it wasn't magic. It simply harnessed the drive and energy of veterans eager to get on with their disrupted lives.

The success of our World War II veterans in making the most of their GI Bill benefits established the validity and structure of the VA programs and benefits we provide veterans today. VA education, home loan guaranty, and vocational benefits programs have given millions more veterans and active duty personnel the opportu-

nity to work hard to build careers, buy homes, start businesses, and pursue the American dream.

The history of the GI Bill and succeeding veterans benefits legislation is our VA history. Today, the GI Bill legacy lives on as VA home loan guaranty and education programs continue to work for our newest generation of veterans.

The current VA education benefits program is known as the Montgomery GI Bill (MGIB). As well as providing benefits for those who are serving or have served on active duty, it also provides VA-administered education benefits for mem-

bers of the Selected Reserve. More than 1.2 million veterans and servicemembers and half a million reservists have received VA education benefits under the current program.

An unprecedented variety of educational experiences now qualify for VA education benefit payments. In addition to traditional colleges and technical schools, beneficiaries can use their benefits for flight, correspondence, apprenticeship and on-the-job training, or they can receive MGIB benefits to pay for licensing and certification tests needed to reach

their vocational or professional goals.

Servicemembers can supplement their military tuition assistance with MGIB benefits to cover the total cost of tuition and fees, and if they meet Defense Department transferability criteria, they can transfer part of their benefits to their dependents.

Congress has helped the MGIB keep up with the escalating cost of education by increasing the MGIB benefit rates by more than 80 percent since 2002. Legislation enacted in 2000 permits an active duty servicemember to contribute an additional amount, up to \$600, to receive a higher basic monthly

and active duty servicemembers have taken advantage of the program.

Based on current law, most veterans and active duty servicemembers who wish to use their benefit can buy a home for up to \$240,000 without a down payment.

Loan funds amounting to about \$830 billion have been made available to veterans, the vast majority of whom took advantage of the unique no down payment feature that the VA program offers. Last year, the program had its third highest volume of loans in the last 50 years.

The GI Bill is recognized by political, business,

### **The GI Bill was responsible for assimilating more than 16 million veterans into a peacetime economy, and its social impact is felt yet today.**

sociocultural and educational leaders as a landmark piece of legislation that has contributed to the development of the United States, its people and its leaders for 60 years. VA's obligation is to continue this important legacy by looking for new ways to meet the needs of this country's veterans, reservists and servicemembers.

Please join VA in celebrating the 60th anniversary of this historic and monumental bill and in remembering this nation's enduring commitment to the men and women who serve this great country in uniform. **VA**

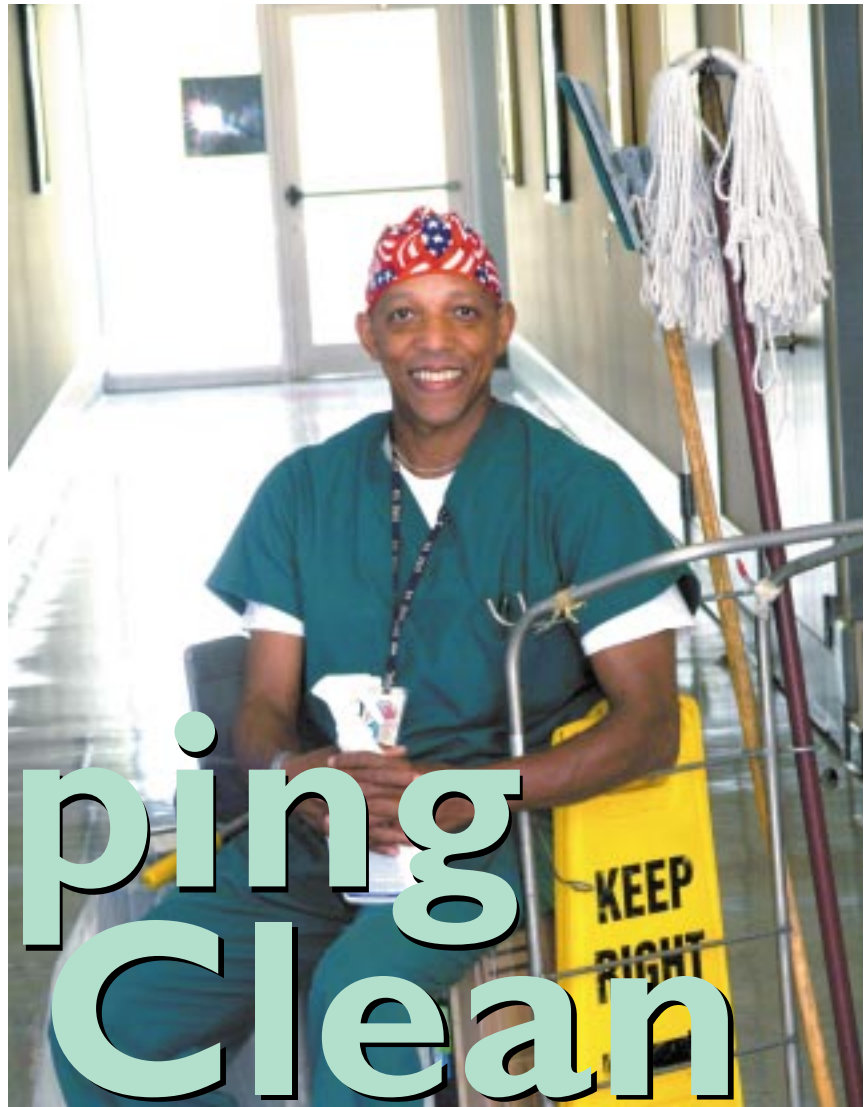
benefit. Recently passed legislation allows payment for entrepreneurship courses to help veterans learn how to operate a franchise. VA and Congress also continue to look for ways to help the GI Bill benefit respond to the needs of our veterans when it comes to homeownership. The first VA home loan was guaranteed for a retired World War II Army captain named Miles Meyers, who bought a home in Washington, D.C., on Nov. 17, 1944. Since Meyers obtained his loan, approximately 17.5 million additional veterans

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Environmental Management Service employees work quietly behind the scenes at VA medical facilities, but their contributions cannot be overstated. June 24 is the service's 50th anniversary.

# Keeping It Clean



ANN HAMILTON

Choosing the most important job in a VA hospital is no easy task. The answer, it seems, depends on whom you ask.

Front office staff would no doubt say it's the director. Ask the ER team and they'll likely name a physician. The chief nurse would probably pick a nurse.

Few would ever think of picking Willie Griggs, who cleans floors at the Atlanta VA Medical Center. For starters, most people never see him. He works the midnight shift while the rest of the world sleeps. Yet Griggs and his fellow floor techni-

cians, housekeeping aids and all the employees of Environmental Management Service play a vital role in the day-to-day operation of VA medical facilities nationwide.

Building healthy communities would be tough without them. They're the ones who empty the trash, disinfect the bathrooms, wash the sheets and keep the bugs out. They create safe working conditions for employees and an appropriate healing environment for veterans. And yes, they may be among the most valuable players in a VA hospital.

## Cleaning House

One of their most visible functions is keeping the place clean. "When a veteran first comes to the medical center and it looks clean and appealing, well, that has a lot to do with their perception of the quality of care," explained Mike Morley, director of VA's Environmental Management Service in Washington, D.C.

That concept of a sparkling first

*Above: Willie Griggs, floor technician at the Atlanta VA Medical Center.*

impression dates back to 1954, when VA's chief medical director, Joel T. Boone, established a distinct housekeeping division at each VA medical facility. A retired Navy admiral, Boone reportedly wanted VA hospitals looking "shipshape," and thought the best way to maintain cleanliness was to consolidate responsibility under a single command.

Hospitals require a certain type of clean. "It's a little more scientific than most people might think," said Morley. The goal isn't so much to make the floors shine, but to kill germs that could cause patients and staff to get sick.

"We are the first line of defense in preventing cross-contamination," said Ashley Newman, a retired Air Force master sergeant who cleans the intensive care unit at the South Texas Veterans Health Care System in San Antonio. His defense relies on heavy use of the germicide Virex 256. He uses it to wipe down the obvious culprits: doorknobs, IV poles and remote controls. But he also uses it on the nightstand drawers, the curtains, "anywhere people touch," he said. He even uses it to wipe down his cleaning cart when he leaves a room.

One of Lori Tyler's defenses is the double bucket mop technique. Tyler, a housekeeper at the Sioux Falls, S.D., VA Medical Center, uses it when cleaning the supply, processing and distribution room. "That's where they sterilize and clean surgical equipment," she explained. The double bucket method involves rinsing the mop in one bucket to wash off the dirty water, and then rinsing it again in a second bucket filled with clean water and disinfectant. She also changes the water, mop head and even the buckets every few rooms.

It's not an easy job, she admits, but she likes keeping busy and enjoys interacting with fellow veterans



LUPE HERNANDEZ

*Donald Culwell, laundry machine operator at the Kerrville, Texas, VA Medical Center.*

she meets while doing her rounds. "Most are just amazed at the cleanliness and friendliness from all the staff," she said.

### Taking Out the Trash

Another EMS function is to dispose of hazardous medical waste in a way that is "safe for the environment and community," according to David Roose, EMS chief at the Sioux Falls VAMC.

In the old days, hospitals would incinerate used needles, surgical waste and other trash deemed too hazardous for the local landfill. But who wants to breathe the smoke from that stuff? These days, employees like Jerry Bender sterilize biohazardous material at the Sioux Falls VA facility.

Housekeeping crews collect the waste in 44-gallon drums and wheel it down to a 6-by-9 walk-in refrig-

## EMS at a Glance

There are 11,463 EMS employees, according to April 2004 cost accounting figures. Here's a breakdown of who they are and what they do.

- 8,855 EMS staff work in sanitation operations as housekeeping aids, laborers and various other positions.
- 979 work in laundry and dry cleaning operations.
- 516 work in linen and uniform distribution.
- 395 are EMS chiefs and administrative support personnel.
- 338 work in bed services and patient assistance programs.
- 196 work in interior design operations.
- 85 work in waste management.
- 53 work in grounds management operations as painters, gardeners and mechanics.
- 46 conduct integrated pest management operations.

erator out by the loading dock, where it is stored at about 45 degrees Fahrenheit. Bender takes over from there. He loads the barrels onto his truck and moves them over to an industrial sanitizing machine. "The machine starts with a vacuum cycle, then injects steam until it reaches a temperature of at least 275 degrees for at least 30 minutes," he explained. The process takes about 45 minutes. Once complete, the trash is safe enough for the landfill.

Bender estimates that he sanitizes about 1,500 pounds of medical waste a week. Not all of it comes from the VA hospital. He said they've partnered with city and state agencies to sterilize biohazardous waste from throughout the area. "Medical waste processing and handling is a huge program here," said Bender. "We generate revenue for the hospital and make it safe for the community."

### Keeping the Bugs Out

Pest control is another job under EMS. Though many VA facilities contract out for total pest management, some find it useful to have an in-house expert to monitor the contractors and be available on short notice to respond to certain situations.

David Weber serves as the in-house expert at the Washington, D.C., VA Medical Center. He said pest control isn't something you just pick up on the job. It's a regulated industry that requires specialized training and state licensing. Maintaining a pest-free hospital in an urban environment goes beyond spraying for flies or ants. You have pigeons and various other birds that make a mess of public areas. Then there are mice and other rodents attracted to food sources. "There are a lot of aspects to pest control," said Weber.

Shannon Smith faces the full range of potential pests at the Perry



CHUCK REVELL

Point VA Medical Center, a 400-acre facility located at the base of the Chesapeake Bay in Maryland. They range from deer and feral cats to gnats and black snakes. But her philosophy is simple: "If they don't bother us, then we don't bother them," she said.

Most of her work involves inspections of various wards. "You look for cracks and crevices, open win-

dows without screens, spills or other food that can attract ants," she said, referring to the department's integrated pest management policy. "It's also just trying to teach people how to reduce pests, because it's really a team effort."

### Enhancing the Healing Environment

Creating a healing environment





CHUCK REVELL

*Opposite: Charlotte L. Roberson collects and secures the personal belongings of hospitalized veterans at the Palo Alto VA Health Care System; top: hospital design has come a long way since the medical bays of the '40s and '50s; above: Barbara Odum-Newberry delivers employee uniforms at the Palo Alto VA Health Care System.*

goes beyond sanitation. There's an aesthetic element, as well. That's where EMS interior designers come into play. More than 100 interior designers work at VA facilities nationwide. Together with architects,

engineers and nurses, they bring continuity and aesthetic appeal to VA hospitals.

"We look at how the environment affects healing," said Michael McCallian, an interior designer who

works at the Louis Stokes VA Medical Center in Cleveland. He described various aspects of his job, such as selecting a noise-absorbing wall covering for patient suites or picking a glare-reducing floor finish for nursing homes. "Studies show design factors contribute to how fast patients heal," he said.

McCallian contrasts today's single or double-person suites with the old medical bays common to VA hospitals built in the 1940s and 1950s. On those wards, patients had no privacy and few family visits. It was loud and they had no control over the lighting. "No one could get any sleep, no one felt comfortable—it was just unhealthy," McCallian said.

Hospital design has come a long way since then. The trend toward private patient rooms was part of an effort to humanize the healing environment, according to Mary Elizabeth Boyd, an interior designer who retired in April after a 35-year career with VA. She said VA has one of the largest cadres of interior designers in the federal government. And that's a good thing, because health care design is more than just picking colors. "It's enabling patients to find peace of mind by creating conditions that enhance their physical, spiritual and mental well-being," she explained.

### Overlooking EMS

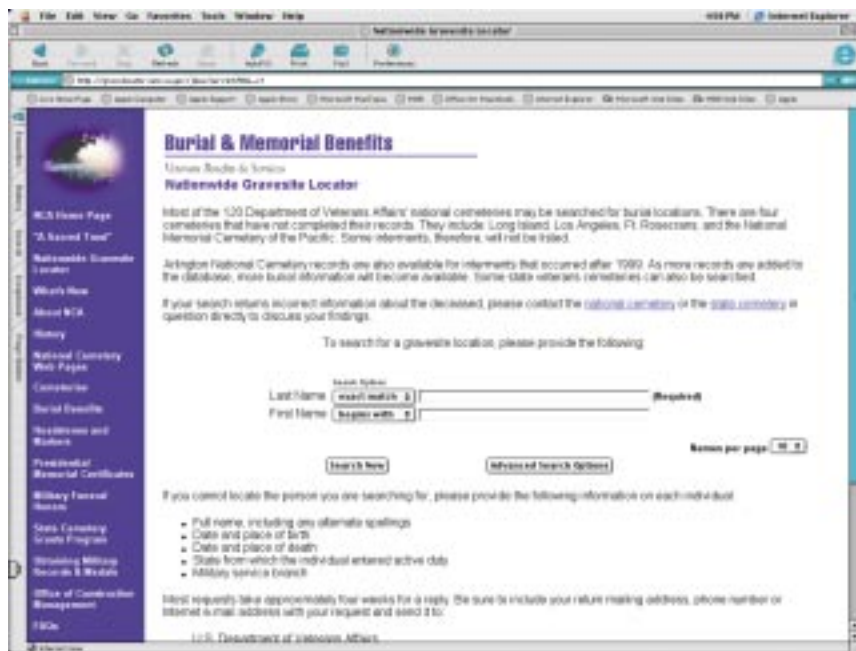
EMS employees do more than keep the hospital shipshape. They run the laundry, distribute linens and uniforms, and secure the personal property of hospitalized veterans. It's easy sometimes to overlook their contributions. But running a hospital would be tough without them. **VA**

By Matt Bristol

*Editor's note: Chris Faldt contributed to this story.*

VA's popular new gravesite navigator makes it quicker and easier for the public to find the final resting places of millions of veterans.

## Burial Records on the Web



On April 12, the National Cemetery Administration brought the Nationwide Gravesite Locator online, making 3.2 million burial records available to the public on the Internet. The site received more than 100,000 visits during its first 48 hours of availability to the public.

These records—dating to the Civil War—include burials at VA's 120 national cemeteries, some state veterans cemeteries, and those in Arlington National Cemetery after 1999.

"Placing our burial records online allows the public to conduct genealogy searches for family mem-

bers or friends buried at any VA national cemetery," said Joe Nosari, NCA's chief information officer.

Jim Woods, Webmaster for the 489th Bomb Group (H), was one of the first beneficiaries of the new online database. He maintains a site dedicated to the history of the group and its planes and had accurate information on all crewmembers of one B-24 bomber, Heaven Can Wait, with one exception: Sgt. Edwin P. Anderson. Anderson was a crewmember aboard the plane when it was shot down during World War II near Groesbeck, Holland, on Sept. 18, 1944. Woods used the locator to find the gravesite of Sgt.

Anderson in Keokuk National Cemetery in Iowa and is updating the aircraft's Web page, <http://mywebpages.comcast.net/halesworth>, to accurately reflect Anderson's information.

The Nationwide Gravesite Locator Web page is located on NCA's Web site at [www.cem.va.gov](http://www.cem.va.gov). A link to the page can be found on the left column of the site. The locator allows users to conduct simple or advanced searches using specific data fields, including last name, first name, middle name, date of birth, date of death and cemetery. For all burials matching the criteria, the search engine returns the full name, dates of birth, death and interment, the veteran's rank, period and branch of service. The name of the cemetery, its address and phone number, and a link to its Web site are also included.

Before the database was put online, NCA interment records were only available to the public at individual national cemeteries or by writing to NCA headquarters. These options are still available to those without Internet access.

The database is updated daily, and maintaining the records is an ongoing process. In fiscal year 2003, NCA conducted close to 90,000 burials and expects to conduct even more in fiscal year 2004. In addition, last year state veterans cemeteries conducted more than 18,000 burials and Arlington National Cemetery conducted 6,245 burials. **VA**

# Iraqi Freedom Veterans Hit the Slopes

## 22 participate in 18th National Disabled Veterans Winter Sports Clinic in Aspen, Colorado.

**C**harles Bartles lost an arm to a roadside bomb in Iraq, but the high school boxing champion hasn't lost his fighting spirit.

The 26-year-old Army reservist from Yankton, S.D., was riding in the lead Humvee returning from a mission when the bomb exploded on a road just north of Baghdad on Oct. 23, 2003. The blast nearly severed his right arm, which was later amputated above the elbow in surgery. Another soldier with his civil affairs unit was killed in the attack, and a third was wounded.

A week later, Bartles arrived at Walter Reed Army Medical Center in Washington, D.C., to begin his rehabilitation. Six months after that, he was skiing the Rocky Mountains, one of 22 Operation Iraqi Freedom veterans participating in the 18th National Disabled Veterans Winter Sports Clinic.

Sponsored by VA and the Disabled American Veterans, and hosted by the Grand Junction, Colo., VA Medical Center and the Rocky Mountain Network (VISN 19), the Winter Sports Clinic drew some 325 disabled veterans to Snowmass Village in Aspen, Colo., April 4-9.

The OIF veterans came from 14 states; the youngest among them was 21, and the oldest was 36. Most learned about the Clinic while at Walter Reed, and their participation was made possible through financial support from the Town of Snowmass

and a core group of its citizens.

It all began with a conversation between Neil Camas, Snowmass Village Resort Association's national sales manager, and Sandy Trombetta, national director of the Clinic. Camas, a longtime Clinic advocate, has been an instructor



*David Vidana, 25, of Sun Valley, Calif.*

with the event for 12 years. The ex-medevac pilot and disabled Vietnam veteran knows firsthand the effects of being newly injured, and he wanted to find a way to bring some Operation Iraqi Freedom veterans to this year's Clinic.

Camas went about it on his

own at first, seeking support from the Elks and other fraternal organizations. Then he teamed up with Susan Hamley, marketing and special events director for the Town of Snowmass. Hamley helped arrange a mass mailing to the community and to homeowners, many of whom live in other parts of the country.

The money soon started pouring in, most of it from Snowmass Village residents, local shops, the Aspen Skiing Co. (SkiCo) and Alpine Bank. The totals quickly surpassed the initial goal of \$7,000-8,000 to bring a few veterans and their spouses or significant others to the Clinic, and eventually topped \$40,000.

"I could never have imagined the breadth of support of the town," said Hamley. "I am so proud to live in a community with such a big heart."

Their generosity allowed OIF veterans like David Vidana, 25, a Marine Corps veteran from Sun Valley, Calif., to experience a unique rehabilitation program that has been described by some participants as "miracles on a mountainside."

Vidana tried snowboarding for the first time in his life at the Winter Sports Clinic. "It was better than I ever expected because of the atmosphere and the attentiveness from the ski instructors," he said. "Just being here makes me believe that people are able to do anything, regardless of their disability." **VA**

# The CARES Decision

## *A Special Report*



■ **Health Care for the 21st Century**  
*- Secretary of Veterans Affairs Anthony J. Principi*

■ **CARES Decision Highlights**

■ **Behind the Scenes**

■ **Blueprint for Tomorrow**

■ **An Open Book**

*“Never before has such a comprehensive and strategic approach been taken to VA capital asset management.”*

*- Secretary Principi*



## A Health Care System for the 21st Century

*Anthony J. Principi  
Secretary of Veterans Affairs*

How we care for those who served, those currently serving, and those yet to wear our nation's uniform defines who we are as a society and how seriously we take President Abraham Lincoln's commitment "to care for him who shall have borne the battle."

The CARES Decision I announced on May 7 will serve as VA's road map for bringing our health care system's facilities in line with the needs of 21st century veterans. This decision commits us to providing greater access to quality care closer to where more veterans live. We pledge that our facilities will be modern and more functional.

VA entered the 21st century with a legacy infrastructure, most of which was designed and built to provide medical care as it was practiced in the middle of the 20th century or, in some cases, as it was practiced before World War I. VA facilities' average age exceeds 50 years, while those of successful private sector health care providers average less than 10 years.

Neither medical science nor the veteran population is static and unchanging. VA health care must be dynamic to provide veterans the access and quality necessary to keep faith with them and the American people.

VA must adapt to the medical progress of the last half-century. Today, most patients see their physicians on an outpatient basis. Mentally

ill patients are no longer consigned to remotely located, thousand-bed asylums for the remainder of their lives.

While the practice of VA medicine has sometimes led these innovations, especially in the area of technology, where we are the world leaders in clinical information, electronic health records, digital radiology, and bar code medication administration, to name a few, our physical infrastructure has not kept pace. The VA health care system now stands at a crossroads between the medical care of the past and the great possibilities of the future.

Over the last half-century, millions of veterans, fol-

lowing the population migration patterns of the nation, have moved to the South, the West and the Southwest. Accordingly, we must update our facilities to reflect changes in the practice of medicine and demographics of the veteran population.

to maximize access to and quality of medical care for veterans and minimize any disruption for our patients, employees and communities.

On May 20, I sent to Congress a five-year construction management plan identifying the first of 30 major projects for advanced planning and design we plan to begin designing or building in 2004 and 2005 at a cost of \$1 billion. Projects designed this year and next are scheduled for construction in 2006 and 2007. I anticipate that CARES will call for additional investments of approximately \$1 billion a year for at least the next five or six years.

Overall, the CARES

plan identifies more than 100 major construction projects in 37 states, the District of Columbia, and Puerto Rico, and many minor construction projects throughout our system.

the percentage of enrollees within access guidelines for complex inpatient tertiary care from 94 to 97 percent. Investment in modernization, as well as money saved by vacating obsolete or redundant space, will pay off in resources committed to medical care for our nation's veterans rather than for maintaining vacant or obsolete buildings. Implementation of the CARES plan will reduce vacant space in the Veterans Health Administration from 8.57 million square feet to slightly less than 5 million, a reduction of 42.5 percent. The CARES plan will reduce the cost of maintaining vacant space over the period 2006 to 2022

### **The VA health care system now stands at a crossroads between the medical care of the past and the great possibilities of the future.**

CARES does that. Never before has such a comprehensive and strategic approach been taken to the department's capital asset management.

The CARES Commission report is a well-reasoned road map to the 21st century. My CARES decision uses the flexibility it provides

from an estimated \$3.4 billion to \$750 million and allow VA to redirect those funds to provide more care to more veterans.

My decision to accept the CARES Commission report makes our commitment to veterans clear. CARES is America's investment in our veterans' future. It is the legacy of a grateful nation to forever serve the health care needs of our aging heroes, the brave young men and women of Operations Enduring and Iraqi Freedom and those who follow in their footsteps for generations to come. **VA**

plan identifies more than 100 major construction projects in 37 states, the District of Columbia, and Puerto Rico, and many minor construction projects throughout our system. CARES will dramatically improve access to primary care, especially for veterans living in rural areas, by 73 to 80 percent.

In 2001, VA met inpatient care access guidelines in only 28 of our 77 medical care catchment areas. When the CARES process is complete, we will meet that standard in 73 of our catchment areas. We will also increase

from an estimated \$3.4 billion to \$750 million and allow VA to redirect those funds to provide more care to more veterans.

## Veterans Service Organization Leaders Respond to the CARES Decision

"The CARES program is an unprecedented initiative that moves the VA health care system into the 21st century."

— *VFW National Commander Edward S. Banas Sr.*

"The Capital Asset Realignment for Enhanced Services, or CARES, plan represents a positive first step toward providing for the health care needs of today's and tomorrow's veterans."

— *DAV National Commander Alan W. Bowers*

"Delivery of health care has changed immensely over the past 50 years, and it's been evident the VA system had to undergo some sort of transformation if it was to keep pace with the medical needs of our veterans."

— *AMVETS National Commander S. John Sisler*

"When you take a look at the beginning of all this, when the draft national plan came out last summer, and then as the national CARES Commission met and had field hearings, and then you look at this final decision, you find that stakeholder input led to many great changes." — *American Legion National Commander John Brieden*

# Highlights of the Secretary's CARES Decision

- Construction of new medical centers in Orlando, Fla., and Las Vegas, and a replacement hospital in Denver.
- Replacement and major expansion of the Columbus, Ohio, VA Outpatient Clinic.
- New bed towers in Tampa, Fla., and San Juan, Puerto Rico.
- Open 156 new community-based outpatient clinics by 2012, about 50 in the next two years.
- Expansion of the downtown VA medical center in Cleveland to provide care now delivered at the nearby older Brecksville campus. Similar consolidations of the medical center divisions in Pittsburgh, and between medical centers in Gulfport and Biloxi, Miss.
- Realign VA care provided in Canandaigua and Montrose, N.Y., Livermore, Calif., Knoxville, Iowa, Butler, Pa., Saginaw, Mich., Ft. Wayne, Ind., and Kerrville, Texas. VA care continues, but type of care or mix of specialties subject to change.
- Potential creation of four new—and expansion of five existing—spinal cord injury centers.
- Open two new blind rehabilitation centers.
- Increase sharing of health care sites with the Department of Defense.
- Develop a "Veterans Rural Access Hospital" policy to determine how to best provide care for veterans served by small and rural VA medical centers.
- Conduct studies recommended by the CARES Commission to determine best way to provide acute inpatient care in metropolitan New York City, Boston, Montgomery, Ala., the Muskogee/Tulsa, Okla., area, and Poplar Bluff, Mo., and Big Spring, Texas.
- Gather additional information before determining best way to ensure care for veterans now cared for at Waco, Texas, and Walla Walla, Wash., VA medical centers.
- No current facility patterns of care change until VA can provide care at alternative sites of comparable quality. No veteran loses services or experiences gaps in care during the CARES process.

# CARES provides ...

- greater access to quality care closer to where most veterans live. No veteran loses health care as a result of CARES, nor will there be gaps in health care services.
- a blueprint for the future. It is a 20-year plan that will be phased in over time and integrated into strategic and capital planning.
- expanded outpatient services and more care veterans want and use. Under CARES, VA plans to open more than 150 new community-based outpatient clinics by 2012.
- quality care and access to specialty services with the potential creation of four new—and expansion of five existing—spinal cord injury centers, two new blind rehabilitation centers, and expansions throughout VA's health care system.
- the most comprehensive and strategic approach to capital asset management—how VA spends its money—in VA history.
- expanded services, which include hiring more health care professionals and buying more health care equipment.
- that savings from CARES will stay in the region where the money is saved to further enhance health care services for veterans.
- quality medical care for returning servicemembers, including National Guard members and reservists, with the addition of more clinics and specialized care facilities.
- focus on long overdue seismic and other patient and employee safety issues.
- VA/DoD sharing for the benefit of veterans and active-duty members.
- greater opportunity for VA to seek enhanced-use leases—partnerships between VA and private-sector organizations that enhance services, while reducing costs to VA.
- savings from reduced expense of maintaining old, outmoded and underused facilities.

"VA also wants to applaud the efforts of the CARES Commission, chaired by Everett Alvarez, which has done a tremendous amount of work to meet its mandate, particularly with regards to expanding 'special needs' services for blinded veterans and veterans suffering from spinal cord injuries."

— *Thomas H. Corey, National President of Vietnam Veterans of America*

"PVA is pleased to see that VA's draft national CARES plan provides for a much needed expansion of VA's capacity to meet the growing demand for [spinal cord injury] care. The four new SCI centers proposed by the DNCP will strongly enhance VA's ability to meet this growing medical care demand. Additionally, these four new proposed SCI centers will greatly reduce travel distances and waiting times currently experienced by thousands of veterans who depend on VA for their SCI health care needs."

— *John Bollinger, PVA Deputy Executive Director (Oct. 7, 2003, response to draft national CARES plan)*

"I want to thank so many [veterans service organization] leaders who are here today. ... I want to express my deepest thanks for their support over the years and their advocacy in working with us to ensure that we do meet our debt to the nation's veterans."

— *Secretary of Veterans Affairs Anthony J. Principi at his May 7 announcement of the CARES decision*



MARK HALL

# Behind the Scenes of VA's Makeover

VISN Support Service Center team collected data, helped the networks and assisted the national office.

**O**ur health care system is getting a new look for the 21st century. It's no "Extreme Makeover: Home Edition," ABC's popular home renovation reality show, but it is a major facelift for an organization built on the foundation of 1940s health care.

This makeover is CARES, and its goal is to align VA health care infrastructure with the future needs of veterans.

Behind the scenes of "Extreme Makeover: Home Edition" is a crew of about 100 carpenters, plumbers

and electricians who work day and night to complete a project. The same goes for CARES. Hundreds, maybe thousands of VA employees from across the country worked behind the scenes developing data-driven market plans. Here, *VAnguard* takes a closer look at a small group of employees who, by some accounts, became the backbone of CARES.

### Data Collectors

Spend a few minutes at the VISN Support Service Center Web

site, <http://vssc.med.va.gov>, and its focus is immediately clear. The center collects reports from VA facilities and compiles them on the Web site, showing national trends and averages. Looking for information on VA patient surveys? How about clinic wait times or workload summaries? It's all there.

The center is actually a virtual organization of 47 employees work-

*Above: Steve Jones maps VA facilities in geographic regions.*



ing at various facilities around the country. They're kind of like a consulting firm for the Veterans Health Administration. One of their key strengths, according to Director Joni Rubin, is data collection and analysis, which made them a natural fit for CARES.

When CARES started to heat up in the summer of 2002, the service center put together a team of consultants—economists, accountants, architects, statisticians, health specialists and IT pros—to work the issue full time. Deputy Director Jill Powers, a former VA medical center chief engineer, got the task of assembling the team. She issued a job announcement across VHA for 12 CARES positions.

Finding the right person for the right job is never easy. But who would want a job that required 10 or 11-hour workdays, tons of travel, no weekends, no vacation, no sick days, a looming deadline and a national spotlight? Interest was greater than one might expect. Powers received more than 35 applications in just a few weeks. Some of the applicants were already part of the service center operation. Others were from VISN offices and medical centers nationwide.

Louis DeNino, who has a Ph.D. in economics and works out of Houston, Texas, was one of the first to make the team. He applied because he saw it as a tremendous opportunity to use his background in planning and economics at the national level. Though he knew it would be demanding, he never imagined just how tough it would get. "I don't think any of us did," said DeNino, who was on the road nearly every week helping coordinate plans for VISNs 17 (Dallas), 18 (Phoenix) and 21 (San Francisco).

**Network Liaisons**

Each team member was responsible for supporting several net-



COURTESY OF JILL POWERS



FAMILY PHOTO



JIM SCHILLER



COURTESY OF JILL POWERS

works. One of their first tasks was to help interpret workload projection data provided by the National CARES Program Office and actuarial firm Millman, USA.

The actuaries collected massive amounts of data from the U.S. Census and used it to project VA health care usage for the next 20 years. How many veterans were expected to enroll? What services would they need? Where would they live? And so on. The final report contained more than half a terabyte of data—

*Clockwise from top: the CARES team gets down to business; Jill Powers, deputy director of the VSSC and leader of the CARES team; Mark Hall, left, and Steve Jones at the airport, where they spent a lot of time as members of the CARES team; the CARES consultants spent a lot of time away from their families. Rusty Lloyd is now back with his: daughters Ashley (left) and Audrey (right), son Ryan and wife Nelda.*

that's about 510 gigabytes.

Sorting through the data was the easy part, according to Powers. Finding a way to turn the workload projections into square footage and cost requirements got a bit tricky. "This was the hardest work I've ever done in my life," she said. "It wasn't so

much the hours, but the mental challenge of making it work.”

Much of that burden was shared by VISN planners such as A.J. “Jean” Allen, from VISN 20, based at the Vancouver Campus of the Portland, Ore., VA Medical Center. “We had to take the data and translate it into what would work for our network,” said Allen, who worked with a team of representatives from eight VA medical facilities in her network. She also had the assistance of service center liaison Karen Weidner, Ph.D., who Allen credits with being there “every step of the way.”

One of their objectives was to identify gaps between projected workload and available capacity. Those that exceeded a specific threshold were dubbed planning initiatives. Those that leapt off the charts warranted greater scrutiny.

Network 20 had their share of planning initiatives. They also had the distinction of having the most facilities scheduled for realignment. “They had some real challenges,” said Weidner, who also supported networks 19 (Denver) and 23 (Minneapolis). “My role was to provide the data they needed to evaluate all their options and make the best decisions.”

Allen, the VISN 20 planner, said the final evaluation became an exercise in democracy, with input from veterans, employees, community groups and congressional delegates. “A lot of people got involved,” she said, “and that was so important for our network.”

### Collaborating with Headquarters

The team also worked closely with the National CARES Program Office in Washington, D.C., where strategic planner Jay Halpern and staff were responsible for developing CARES policy. He said they collaborated extensively with the service center to ensure their policies

could be implemented at the network level.

“We were very heavily dependent on the VSSC,” Halpern said. Working together was important, he explained, because at the end of the day, “they were the ones who had to go out and help the VISNs develop their market plans.”

Fred Malphurs, who served as a CARES special assistant to the Deputy Secretary and now directs the North Florida/South Georgia Veterans Health System, said the team was essential to CARES, particularly in getting the process started. “They hit the ground running, and we could not have done it without them.”

Once the networks submitted their plans, Powers and her team returned to Central Office to help review them. “Each VISN had a unique situation, but we needed to keep the process uniform across the system. We needed to maintain a standardized approach,” said Powers.

Now that the CARES decision is out, the service center is gearing up to help networks implement phases of the plan. “We’re ready to go,” Powers said.

### Looking Back

CARES may not be an extreme makeover. But the behind the scenes effort required extreme measures. Several team members characterize their two-year stint as the hardest work they’ve ever done. “It took a lot of energy,” said Weidner.

Sometimes, it wasn’t the hours or the mental strain, but the disruption to their personal lives. Debbie P. Wheeler, a strategic planner out of Richmond, Va., who worked with networks 1 (Boston) and 5 (Baltimore), said one of the toughest things was being away from her 16-year-old son for weeks at a time.

Then there was the whole issue of the media. Wheeler found herself defending CARES to her family on

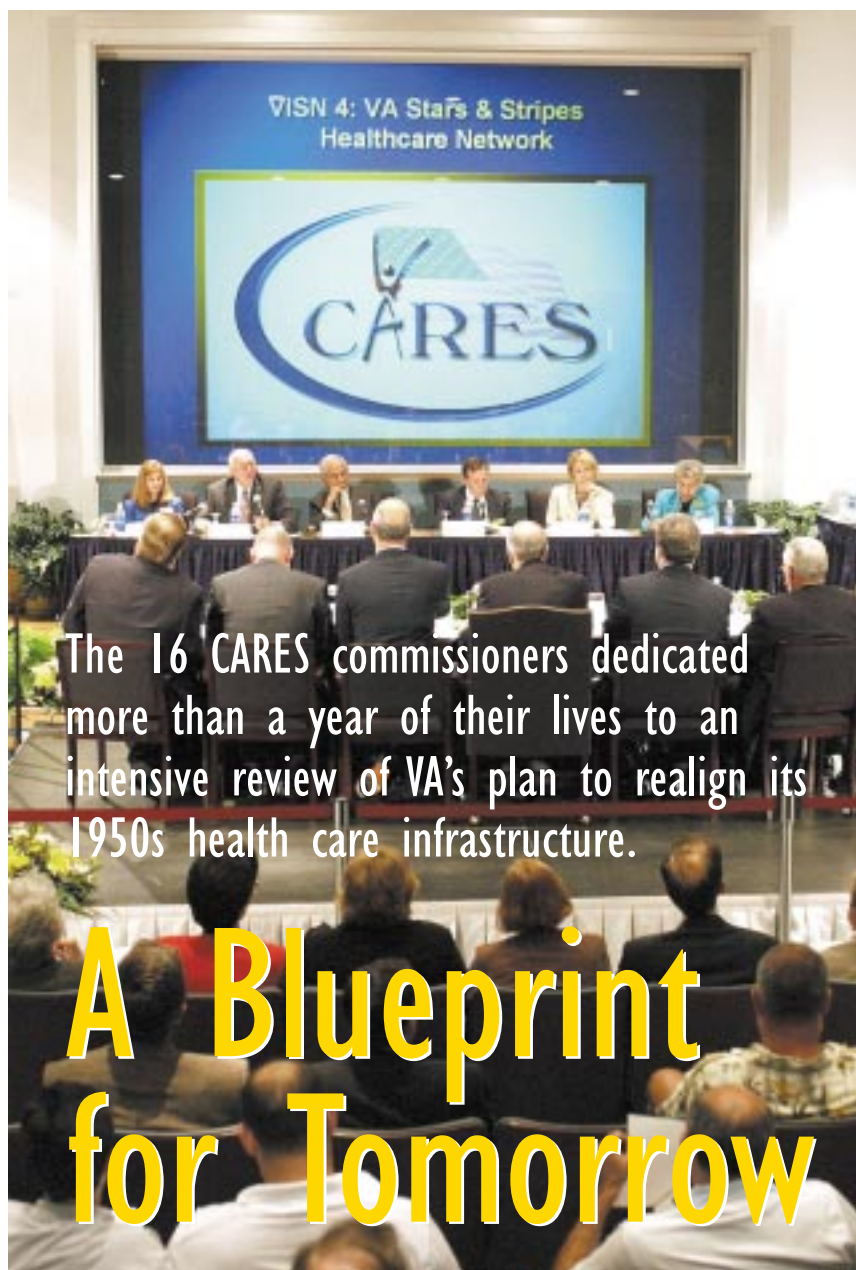
Thanksgiving Day. “The stories in the media made it look like we were trying to cut back on care, and that just isn’t true,” she said. “Most of CARES is growth and improvements. I think every hospital has construction projects coming out of this.”

Steve Jones, an engineer from Jackson, Miss., who supported VISNs 8 (Bay Pines, Fla.), 16 (Jackson, Miss.) and 22 (Long Beach, Calif.), made the mistake of taking a few days off during CARES and heading to the Gulf of Mexico with his family. It didn’t take long for his cell phone to start ringing. He ended up spending a day in the condo’s business office while his wife and kids waited on the beach. “We knew there was an end in sight, so we could cope with it,” said Jones.

In spite of the personal sacrifices, every team member interviewed felt it was worth the effort. “Changing demographics, changing needs, aging facilities. I learned so much over these past few years,” said Mark Hall, an architect from Durham, N.C. DeNino, the economist from Houston, said regardless of how hard he was pushed, he never lost sight of the goal. “We’re restructuring the largest health care system in the world to increase access for veterans. That was the most important outcome. That’s what made it all worthwhile.”

Rounding out the CARES team are: Scot Dingman, an accountant from Albany, N.Y.; Chip Harvey, a statistician from Cary, N.C.; Patricia Gadbow, a planner from Atlanta; Tom Salisbury, an IT specialist from Mica, Wash.; Troy Sherrill, IT specialist from Durham, N.C.; Jimmie Tyus Jr., a planner from Tuscaloosa, Ala.; and Rusty Lloyd, who now works as chief financial officer for the VA Nebraska/Western Iowa Health Care System. **VA**

By Matt Bristol



The 16 CARES commissioners dedicated more than a year of their lives to an intensive review of VA's plan to realign its 1950s health care infrastructure.

# A Blueprint for Tomorrow

WARREN PARK

In February 2003, the CARES Commission began the most comprehensive evaluation of VA's health care system ever conducted, an evaluation that would require the independent panel of 16 chartered by the Secretary to recommend critical change within VA. Their mission: to assess the Under Secretary for Health's Draft National CARES Plan. Secretary Principi wanted the group to bring

an outside perspective to what had been, up to that point, a largely internal process.

The Secretary charged the group with providing specific, impartial and equitable recommendations to meet the future demand for veterans' health care services. But he didn't want their recommendations to be based solely on data and analysis. The Secretary wanted the panel to consider the concerns and views

of veterans and others who would be directly affected by CARES.

## Finding the Right People

To lead the group, Secretary Principi looked to Everett Alvarez Jr., who served as VA deputy administrator from 1982 to 1986. A distinguished naval officer and government executive, Alvarez was the first American aviator shot down over North Vietnam. He was held as a POW for eight and a half years.

Alvarez agreed to chair the panel. After reviewing the backgrounds of the nine members already on board, he decided to build a more diverse commission that would not only have strong representation from VA, but from the private sector and major veterans service organizations, as well. With a group of people who were experts in their respective fields, Alvarez believed he could complete the task in the time given by the Secretary. Many members were recommended, more than he could select. He decided to put the emphasis on people with strong backgrounds in health care.

One of those was Dr. Layton McCurdy, dean emeritus and professor of psychiatry at the Medical University of South Carolina. Though McCurdy brought a great deal of academic and mental health knowledge to the commission, he'd had little experience with VA. Serving on the panel has made him one of VA's strongest advocates.

"Prior to joining the commission I had the opportunity to consult with VA as a psychiatrist, and my impression of VA was OK," said McCurdy. "But because of my direct involvement as a commissioner, I can tell you or anyone today that I believe VA is the best health care system in this country."

*Above: CARES Commission members listen to testimony from a panel at the public hearing held in Pittsburgh.*



*The stakeholder panel at the Charleston, S.C., CARES Commission hearing. From left: Dr. Larry Faulkner, dean of the school of medicine at the University of South Carolina in Columbia; Capt. Greg Hall, of the Charleston Naval Hospital; Dr. Raymond Greenberg, president of the Medical University of South Carolina; Carl Hawkins, director of the Columbia VA Regional Office; and Charleston Mayor Joseph P. Riley.*

Recently retired, former VA under secretary for benefits and medical center director John Vogel was selected as commission vice-chair. According to Alvarez, Vogel's greatest strengths were knowledge of VA policy and understanding of the many changes VA had recently undertaken. Not only is Vogel a veteran of the system as an executive, he's an Army veteran who actively uses VA as his health care provider of choice. "The American people have a treasure, and it's called the VA health care system," said Vogel of why he prefers VA.

### Reviewing the Plan

Led by Alvarez and Vogel, the commission began reviewing the draft CARES plan with the ultimate goal of enhancing services, not saving money.

They developed and applied six factors in their review of each individual proposal in the draft plan: impact on veterans' access to health care; impact on health care quality; veteran and stakeholder views; economic impact on the commu-

nity; impact on VA missions and goals; and cost to the government.

The commissioners visited 81 VA and Department of Defense medical facilities and state veterans homes, conducted 38 public hearings across the country, held 10 public meetings, and analyzed more than 212,000 comments from veterans, their family members and stakeholders. At the public hearings, the commission had the opportunity to hear from approximately 770 invited local speakers, including VISN leadership, veterans service organizations, state directors of veterans affairs, local labor organizations, medical and nursing schools, allied health professional affiliates, organizations with collaborative relationships, local elected officials, seven governors and 135 members of Congress.

### Change is Necessary

Through its meetings, visits and hearings with individual veterans and stakeholders, the commission developed an understanding of the complexity of the issues confronting

VA and the significance of the changes proposed in the draft CARES plan. The commission agreed that change was necessary to prepare the system for a new veteran demographic reality and a rapidly evolving approach to health care delivery, including greater reliance on technology and specialty services, as well as long-term care.

Vernice D. Ferguson, former assistant chief medical director for nursing programs in VA and former chief of nursing for the Clinical Center at the National Institutes of Health, said that being a part of the CARES Commission has given her a whole new perspective on VA.

"I believe people have unclear notions about this health care delivery system and I have been very gratified as a result of being on this commission," said Ferguson, who retired from the VA system in 1992 after 12 years of service as a nurse executive. "VA is truly one of the best kept secrets from the whole world and its employees are as dedicated and competent as ever."

The commission conducted its work in progressive stages: education, information gathering, and deliberations. The group made it a priority to understand and appreciate stakeholder interests by visiting medical facilities, interacting with veterans and staff, inviting comments at public hearings, and reviewing large amounts of information.

The commissioners divided into teams to conduct site visits and hearings and held at least one hearing in each of the 20 VISNs included in the draft CARES plan. The overall objectives for these site visits were to gain a firsthand understanding of the physical plants and the management of VA capital assets; to hear informally from local veterans and stakeholders; and to provide information about their role in the CARES process.



Sister Patricia Vandenberg, with CARES Commission Chairman Everett Alvarez Jr., was one of the health care experts who brought an “outside VA” perspective to the panel.



Sen. Charles Schumer (D-N.Y.) presents 60,000 signatures (petitions) demanding the Canandaigua, N.Y., VA Medical Center remain open, to Charles Battaglia, who chaired the hearing held there.

The group’s work will result in greater access to quality health care, closer to where most veterans live, for today’s returning combat veterans as well as those from past conflicts. It puts more health care resources into outpatient facilities, which veterans want and use.

**Road Map for the Next 20 Years**

Through CARES, VA is honoring its commitment to provide world-class health care for the men and women who have served the nation in uniform.

“This commission could not have accomplished its mission with-

out the dedicated men and women of the Department of Veterans Affairs throughout the country and for their hard work we are grateful,” said Alvarez.

“We believe the CARES process advances VA’s efforts to ensure the continued availability of quality health care for the veterans it serves,” he continued. “This is a road map for the next 20 years, a blueprint for tomorrow.”

The CARES commissioners dedicated more than a year of their lives to the betterment of veterans’ health care. Other members were: Charles Battaglia, former staff director of the Senate Committee on Veterans Affairs; Joseph E. Binard, M.D., former VA physician and specialist in spinal cord injury treatment; Raymond Boland, former Wisconsin secretary of veterans affairs and president of the National Association of State Directors of Veterans Affairs; Chad Colley, former national commander of the Disabled American Veterans and a triple amputee from the Vietnam War;

John Kendall, M.D., dean emeritus and professor of medicine emeritus at Oregon Health and Sciences University; Richard McCormick, Ph.D., former director of mental health care, VA Health Care System of Ohio; Richard Pell Jr., former VA chief of staff; Robert A. “Bob” Ray, former American Legion Commander in Ohio; Sister Patricia Vandenberg, former president and chief executive officer of Holy Cross Health System in South Bend, Ind.; Jo Ann K. Webb, R.N., director of federal relations for the American Organization of Nurse Executives; Maj. Gen. Michael K. Wyrick, former deputy surgeon general, U.S. Air Force; and Al Zamberlan, former VA health care regional director. **VA**

By Jose S. Llamas

The unprecedented level of involvement by stakeholders in the CARES process became one of its hallmarks.

# An Open Book

**W**hen most people hear that change is coming, they cringe and run the other way. But when VA launched a massive effort to overhaul its health care system to meet the needs of tomorrow's veterans, employees rose to the occasion and answered the challenge.

Change of this magnitude would require hundreds of men and women across the nation to devote countless hours to complex, diligent work to achieve what many were calling the most comprehensive evaluation of the VA health care system ever conducted.

## Learning from Past Experience

This was not the first time in recent years that VA had taken a look at how it was using its capital assets. In October 2000, the department began what would become the first phase of CARES, an assessment of capital assets in VISN 12 (Chicago) conducted by a contractor. Based on lessons learned from that pilot study, it was clear that in Phase II, VA needed to improve how it communicated with stakeholders.

They needed to be involved in an active advisory capacity in developing procedures and criteria for CARES. Doing this would not only allow VA to receive valuable perspectives, it would also enhance un-

derstanding of, and build support for, the CARES process.

Stakeholders included veterans service organizations, VA employees, academic affiliates, Department of Defense sharing partners, congressional delegations, veterans and their families.

## Coordinated Communications

From the beginning of Phase II, VA made a firm commitment to conduct a coordinated communications effort to provide timely, accurate and consistent information about the purpose and process of CARES.

The National CARES Program Office, the VHA Office of Communications and VA's Office of Congressional and Legislative Affairs worked together to establish an environment of openness and cooperation with established goals of informing, promoting and encouraging maximum participation from stakeholders.

As a result, more than 11 million people were contacted through a variety of outreach efforts, including e-mail, brochures, mass mailings, newsletters and briefings.

The national CARES office monitored these outreach efforts through a Web-based recording system that allowed representatives from each of the 20 VISNs to input

their daily outreach efforts; across the board, each VISN made a concerted effort to inform their stakeholders of the CARES process.

"With this Web-based program, we were able to track, on a daily basis if we wanted to, all outreach efforts going on in the field," said MaryAnne Bruno, a health systems specialist with the national CARES office. "I'm very pleased with the improvement over the original pilot, and because of this program we were able to provide our stakeholders monthly reports throughout the entire CARES process."

The national CARES office held monthly group meetings with veterans service organizations, including the American Legion, Veterans of Foreign Wars, Blinded Veterans Association, Paralyzed Veterans Association, Disabled American Veterans, Catholic War Veterans, Vietnam Veterans of America and numerous others to brief them on the process and progress of CARES.

These meetings involved comprehensive discussions of the primary statistical planning model, as well as other CARES methodologies. The VSOs played a key role in recommending numerous changes that were incorporated into the model and in other enhancements to the process. Their assistance was critical to the successful communi-



WARREN PARK

At all 38 public hearings conducted by the CARES Commission, stakeholders were invited to submit comments on site. Here, Gail Mihlfried, left, and Sue Williams record comments at the hearing held in Pittsburgh. Both work for the VA Pittsburgh Health Care System.

cations effort at the local level.

Thirty-seven senators and 80 members of Congress were briefed on CARES, either directly or through key members of their staff, in their offices.

The national CARES office and the Office of Academic Affiliations kept the American Association of Medical Colleges informed and helped prepare an AAMC presidential memo for distribution to deans.

A memorandum of understanding between VA and AFGE was developed to establish local union representation on all CARES planning committees, and extensive efforts were made at both VA Central Office and in the field to keep employees informed and up-to-date.

VHA and VA's Office of Public Affairs jointly conducted three intensive training conferences on

CARES communications, attended by VISN and facility directors, among others. The national CARES office also sponsored three major conferences and seminars specifically designed to provide information to stakeholders.

The VHA Office of Communications coordinated a weekly national conference call to discuss current issues and various outreach techniques with more than 70 participants.

### Groundbreaking Results

The importance VA placed on communication was instrumental in the overall success of the completed Draft National CARES Plan, which was submitted to the CARES Commission on Aug. 4, 2003. Stakeholder involvement in the CARES process became one of its defining

characteristics. In fact, some have called CARES one of the most open planning processes ever conducted in the federal government.

"My father's a veteran and I truly believe that he and all veterans will benefit from what we've accomplished," said Bruno. "I think overall we did a tremendous job with communicating to everyone involved and I would do it again if asked to do so." **VA**

By Jose S. Llamas

### CARES on the Web

For more information on CARES, or to download related documents, go to [www.va.gov/CARES](http://www.va.gov/CARES).

## Presidential Management Fellows Program Builds Momentum



ROBERT TURTEL

Jessica Byrnes, a PMF at the Pittsburgh VAMC, talks about her job with a prospective hire at the PMF job fair in Washington, D.C.

A program to recruit some of the brightest graduate students from universities across the country is gaining momentum in VA.

Word is out that the Presidential Management Fellows program is a top source of high-quality candidates eager to join the federal workforce. About 20 different VA headquarters and field offices turned out for the program's job fair April 5-7 in Washington, D.C.

"It was a record year for agency interest," said Max Collier, VA's PMF coordinator. He said interest in the program has grown steadily over the past few years, with 27 fellows joining VA last year, up from a handful in 2001.

There is no question that PMFs make high-caliber employees. All are graduate students or doctoral candidates who were nominated for the program by the dean of their university. They are generally at the top of their class academically, and have enough drive and ambition

to kick-start any organization.

The Office of Personnel Management, which runs the PMF program, gave it a facelift last year. They started by replacing the word "Intern" with "Fellow" in the program's name. Then they expanded the pool of finalists from 700 to 1,000 and allowed federal agencies to compete from among the entire pool rather than limiting the hiring to 400 positions. They also added a senior fellows program for mid-career graduate students.

Several VA offices have quietly gone about recruiting and hiring presidential fellows. The Philadelphia VA Regional Office, for example, has a long history with the program. VBA headquarters in Washington, D.C., recently got in on the act, establishing a structured program with training, mentoring, individual development plans and rotation opportunities, according to coordinator Maureen McKenna. They needed

structure, she said, to keep up with interest in the program. VBA currently has seven fellows working in headquarters. McKenna said they could have as many as eight additional hires resulting from the spring job fair.

Representatives from the Pittsburgh and Philadelphia VA medical centers showed up for the job fair. Both brought their current cadre of presidential fellows to give prospective hires the scoop on what working for VA is really like.

Jessica Byrnes, a PMF at the Pittsburgh VA Medical Center since August 2003, described her experience working for the associate director. "I've been given lots of hands-on opportunities from the get-go," said Byrnes, who helped write a \$190 million construction application for CARES.

She used to work on Capitol Hill for Sen. Christopher Dodd (D-Conn.) while attending graduate school at George Washington University. Once accepted into the PMF program, she was drawn to VA because of her interest in health policy. It's a decision she doesn't regret. "I really want to stay with the VA here in Pittsburgh. They've got a wonderful leadership track and have given me so many opportunities," she said.

Management at the Pittsburgh VA is equally pleased to have her on board. "She brings a high level of academic knowledge and eagerness to learn," said the hospital's director, Michael E. Moreland. That eagerness carried over to the job fair, where Byrnes helped recruit

three new PMFs to Pittsburgh and two to the Butler VAMC.

This was the third year in a row at the job fair for the Philadelphia VAMC. Their first hire, Ariana Funaro, completes the two-year program in August and has accepted a career position at the Lyons, N.J., VA Medical Center. She chose VA because she wanted to experience the hands-on aspect of health policy, or as she put it "to be able to see the veterans I'm working for."

The Philadelphia VAMC has hired eight additional fellows at the past two job fairs as part of their succession planning efforts. Their educational backgrounds range from public policy and health care administration to social work and psychology. But they all share several distinguishing traits. "They are inquisitive, energetic, enthusiastic and very results-oriented, with a strong emphasis on customer service," according to the hospital's associate director, Margaret O'Shea Caplan.

One look at the top of VA's health care system shows how high Presidential Management Fellows can climb. Laura Miller joined VA in 1978 as part of the PMF program. Today, she's in the top management circle as deputy under secretary for health operations and management in Washington, D.C.

In all, the job fair may have resulted in as many as 25 new hires for various VA facilities and headquarters staff offices. Visit [www.pmi.opm.gov](http://www.pmi.opm.gov) for more information on the program. **VA**



## Executives Join Elite Group of Presidential Rank Award Winners

Presidential Rank Award winners are an elite group in the federal government. Only 1 percent of the approximately 7,600 career members of the Senior Executive Service receive the Distinguished Executive Rank Award each year, and just 5 percent of the career SES members receive the Meritorious Executive Rank Award.

Winners are honored for exceptional long-term accomplishments, and are chosen through a rigorous selection process. They are nominated by



Farsetta

their agency heads, evaluated by boards of private citizens, and approved by the President. The evaluation criteria focus on leadership and results.

Distinguished rank recipients receive a lump-sum payment of 35 percent of their base pay; Meritorious rank recipients receive 20 percent of base pay. All recipients receive a framed certificate signed by the President.

This year, three VA executives re-



Lastowka

ceived the Distinguished Rank Award. They are: James F. Farsetta, director, VISN 3 (Bronx, N.Y.); Thomas Lastowka, director, Philadelphia VA Regional Office & Insurance Center; and Laura Miller, assistant deputy under secretary for health, VA Central Office.

Twenty VA executives received the Meritorious Rank Award. They are: Richard J. Baltz, director, Jackson, Miss., VA Medical Center; Sheila M. Cullen,



Miller

director, San Francisco VA Medical Center; John Dandridge Jr., director, VISN 9 (Nashville, Tenn.); Jim W. Delgado, director, Voluntary Service Office, VA Central Office; Robert J. Epley, VBA associate deputy under secretary for policy and programs, VA Central Office; William F. Feeley, director, VISN 2 (Albany, N.Y.); Nathan L. Geraths, director, Madison, Wis., VA Medical Center; Brian

Heckert, director, Columbia, S.C., VA Medical Center; Ronald J. Henke, director, compensation & pension service, VA Central Office; Maureen Humphrys, director, Sheridan, Wyo., VA Medical Center;

Barry Jackson, former director, New Orleans VA Regional Office; John W. Klein, assistant general counsel, VA Central Office; Carlos B. Lott Jr., director, Cincinnati VA Medical Center; John Montgomery, director, Winston-Salem, N.C., VA Regional Office; James W. Roseborough, director, Ann Arbor, Mich., VA Medical Center;

Gary J. Rossio, director, San Diego VA Medical Center; Charleen R. Szabo, director, VISN 4 (Pittsburgh, Pa.); Linda F. Watson, director, VISN 7 (Atlanta); James A. Whitson, director, VBA Eastern Area, Ann Arbor, Mich.; and Thomas J. Williams, assistant inspector general for investigations, VA Central Office. **VA**

## Showing Pride in Public Service on the Mall

Public service is something special for VA employees like Jacki Wilson, an Army veteran who works in the media services division of VA Central Office. For her it's more than a job, it's personal. "It's especially important since my father passed away last year at the VA hospital. They took good care of him. It makes me appreciate what we do even more," she said.

Wilson was among a group of VA employees who showed their pride in public service by volunteering to staff the VA exhibit on the National Mall in Washington, D.C., during Public Service Recognition Week, May 3-9. Each had their own reasons for volunteering, but all agreed that public service means giving back to the community.



VA employees staffed an exhibit during Public Service Recognition Week.

## Earth Day Observance Features Award Presentations, Expo

VA Central Office kicked off its Earth Day celebrations on April 14 with a program featuring speakers, musical entertainment, an award ceremony and an Earth-friendly products expo.

"The responsibility to protect and preserve our environment belongs to every one of us," said William Campbell, VA's Assistant Secretary for Management. "We've come a long way through pollution prevention, reduction efforts, recycling, and by purchasing environmentally friendly products. There is much more that we need to do on behalf of our children and grandchildren. And now that I'm a grandfather, it means a lot more to me. You look at the future and say you'd like to leave it better for them than you found it."

Campbell highlighted VA's environmental efforts and successes over the past year and offered suggestions

on conservation efforts at home and in the office. He noted that the recycling of bottles, cans and newspapers in VACO subsidized U.S. Kids Childcare, netting about \$3,800 in the first quarter of 2004.

To illustrate Campbell's point, "The Butterflies," youngsters from the child development center, offered musical entertainment, singing, "It's a Small World."

The VA Environmental Excellence Award was presented to a VHA-Environmental Protection Agency team that initiated two innovative programs in the category of "Outreach and Education." They involved media-based environmental compliance training for senior managers and voluntary environmental management reviews.

Awards were presented to VA's Arnold Bierenbaum, Linda Martin, Jack Staudt and Marilyn Waggoner, and



ROBERT TURTIL

*Dan Manternach, of the Biobased Manufacturers Association, answers questions from VA purchase card holders at the vendor expo.*

to EPA's Diane Lynne and Greg Snyder.

The final speaker was Dan Manternach of the Biobased Manufacturers Association (BMA). Manternach praised VA's commitment to a healthy environment for agreeing to be the first federal agency to participate in the Biobased Benefits Survey. Teams will

survey all product purchases at three VA facilities for one year. BMA will then suggest biobased alternatives, showing the cost and performance benefits of those products and directing VA to sources for product purchases.

The program concluded with a vendor fair promoting the purchase of environmentally friendly products. **VA**

## VA Team Walks to Raise Thousands for Diabetes

Some 250 D.C.-area VA employees participated in the Walk to Cure Diabetes, benefiting the Juvenile Diabetes Research Foundation, on May 16 in downtown Washington. Fifteen team captains from throughout VA Central Office, the Washington, D.C., VA Medical Center and VA Regional Office recruited walkers for VA's team. According to organizers, the VA team, Veterans for a Cure, had the largest turnout at the walk and raised thousands of dollars for diabetes research.

Secretary Principi served as honorary chairperson for the event. He gave opening remarks (right) and led the crowd in warm-ups, kicking off the 3.1-mile walk around the city. The D.C. VA Medical Center also staffed a diabetes information table at the event.

About 4,000 walkers participated in the D.C. event. The walkathon is held in more than 200 locations throughout the year. Nationally, more than 400,000 people participate.



PRISCILLA KATES

## Nurse Awards: Paying Tribute to Some Heroes of Healing



MICHAEL L. MOORE

Recipients of the 2004 Excellence in Nursing Awards with Deputy Secretary Gordon Mansfield, center, and Chief Nurse Cathy Rick, R.N., far right. They are, left to right: Sandra K. Janzen, R.N., Kathleen Waters (representing Mary Withers, R.N.), Debra Warren, George H. Gray Jr., Helen Noel, Ph.D., and Philip Cotroneo.

All the good programs in the world don't mean a thing without good people. The saying applies to most organizations, but is particularly fitting for one dedicated to healing the wounds of war.

Deputy Secretary Gordon Mansfield paid tribute to some very good people during the Secretary's 2004 Excellence in Nursing Awards held May 10 in VA Central Office. "You serve as towering examples. You send a powerful message to veterans and their loved ones—that you care. Thank you for all you have done," he said.

As a child, award recipient Helen Noel, Ph.D., dreamed of becoming a nurse. Today she is an advanced practice nurse at the West Haven Campus of the VA Connecticut Health Care System and faculty member at Sacred Heart and Yale Universities.

Noel was honored for her role in implementing a home telehealth program to

improve access and quality of care for high-risk patients and those who can't get to the hospital. "Everything I've done has come from the heart," she said. "It's just overwhelming to be recognized like this."

From his signature greeting, "How can I help you, my friend?" to his can-do attitude, Philip Cotroneo has made a positive impression on veterans and staff at the Lebanon, Pa., VA Medical Center. A retired Air Force sergeant, he joined the VA as a licensed practical nurse in April 2001.

His boss knew he was special from the start. In their first encounter, she watched as he moved a morbidly obese paraplegic patient using an assistive device that others said wouldn't work. "Mr. Cotroneo spoke to the patient in such a respectful manner that it brought tears to my eyes," wrote nurse manager Susan M. Brown, R.N., who nominated

Cotroneo for the award. Cotroneo was "a little embarrassed" at being singled out for a national honor. "There are a lot of good people at the Lebanon VA. We are such a cohesive team," he said.

Good people stand out in a crowd. Nursing assistant Debra Warren is no exception. Many of her patients in the hospice unit at the Dayton, Ohio, VA Medical Center have special needs, so Warren tailors her care to meet them. "It's the little things you do that make a difference," she said.

She crochets bed blankets for patients and says she

will continue until each has one. During the holidays, she sang Christmas carols at their bedsides. One patient who can no longer speak or open his eyes was moved to tears by her soothing voice. "It calms them and lifts their spirits," said Warren, who has worked at the Dayton VA since 2000.

Missing from the ceremony was award recipient Mary Withers, R.N., from the Central Texas Veterans Health Care System in Waco, who gave birth to a baby girl on May 16. Nurse executive Kathleen Waters represented Withers at the ceremony.

**continued on page 28**

## IG Honored by Alma Mater

VA Inspector General Richard Griffin (left) received an honorary degree from northern Virginia's Marymount University during May commencement ceremonies in Washington, D.C., along with noted political commentator Mark Shields (second from right).



Dr. James Bundschuh, Marymount president (second from left), cited Griffin, a 1984 Marymount MBA graduate, for a distinguished career in public service with the Secret Service and VA. Griffin asked the commencement audience to remember the words of Winston Churchill, "We make a living by what we get; we make a life by what we give." At right is Barry Fitzgerald, chairman of Marymount's Board of Trustees.

## John Loosen

On Dec. 29, 1967, John Loosen lost his left leg to a mortar round while serving with the 101st Airborne Division in Vietnam. Nine months after his injury, Loosen was at St. John's University in New York City, earning a degree in management. He graduated in 1971 and went to work with the Disabled American Veterans as a national service officer.

Loosen joined VA as a veterans benefits officer at the New York Outpatient Clinic in 1975. He believed the transition from DAV to VBA made him ideally suited to serve veterans. While with DAV, he learned what disabled veterans were eligible for; at VBA, he was able to deliver those benefits.

Loosen often worked with staff at the New York prosthetics clinic, helping veterans access services and having his own artificial leg adjusted. Clinic personnel suggested he put his personal experience with prosthetics to good use by coming to work at the clinic. In 1978, he did just that.

He started out as a staff prosthetics representative, doing administrative work, providing equipment to patients, assisting or coordinating amputee, wheelchair and orthotic clinics, and manag-

ing automobile adaptive equipment programs.

Loosen became the chief of prosthetics service at the Brooklyn and St. Albans facilities in 1982. He continued seeing patients, but now he managed the clinic, supervising a staff of seven.

In 1988 he accepted the chief's position at the Manhattan VA Medical Center. Loosen managed the Prosthetic Treatment Center, which incorporated prosthetics service, the prosthetic and orthotic laboratory, the restoration lab and the National Footwear Center, which provided orthotic footwear for the entire VA.

It was a huge leap in responsibility, from a typical two-person lab doing minor adjustment work to a staff of 35 involved with complete fabrications, distribution, and research and development. With this expertise, he was often called upon to troubleshoot problems at nearby VA prosthetic facilities.

"We decided that instead of going up to these other facilities all the time, why don't we make those prosthetic services part of New York," Loosen recalled. This was the first step in what he envisioned as an "integrated prosthetics service."

With the support of Manhattan VA Medical Center's then-director Sanford M. Garfunkel, creation of the VISN 3 Prosthetics Network began in 1996 and was completed two years later. It involved months of negotiation between management and unions at each facility. Loosen has since served as VISN 3 prosthetics chief. His 60 employees at nine facilities in lower New York state and New Jersey now serve approximately 150,000 veterans a year.

The impact of this new organization was profound—it increased the uniformity of benefits and continuity in the quality of service provided to veterans, with less political infighting and competition between facilities. Integration of VISN 3 prosthetics became a model for the rest of VA's prosthetics services, and reorganization efforts throughout VA soon began. Final integration of prosthetics clinics within VISNs was completed in 2002.

Loosen has been traveling throughout the country, meeting with soldiers who have sustained major injuries in Afghanistan and Iraq, and guiding them as they re-enter civilian life. But now he has



Loosen

the added mission of recruiting others who can move beyond their injuries to help a new generation of disabled veterans rebuild their lives.

He and others in prosthetics service have been involved in a nationwide search to bring 12 new faces into VA's prosthetics representative ranks through its Prosthetics Intern Program, a rigorous two-year internship administered by the Employee Education System and Technical Career Field Training Program.

John Loosen's career was born of his own tragic experience in Vietnam. Thirty-seven years later, after helping thousands of veterans overcome their disabilities, he is helping fill the needs of the newest generation of veterans who have lost limbs in service to their country. **VA**  
*By Robert Turtill*

### Nurses continued from p. 27

"She's not only compassionate and caring, but has a wonderful mind for problem-solving and research," she said of Withers.

The award program also

recognizes health care executives who advance nursing programs. This year's recipients are George H. Gray Jr., director of the Central Arkansas Veterans Healthcare

System in Little Rock, and Sandra K. Janzen, R.N., associate chief of staff for nursing service at the James A. Haley Veterans Hospital in Tampa. For Gray and Janzen, nurses

are more than good people. They're the backbone of VA. "I need their input when making decisions," said Gray, "because they are on the front lines of health care." **VA**

## The Skinny on Low-Carb Diets

Several VA studies have weighed in on the low-carb diet craze. The findings are generally consistent with what most carb-counters will tell you: they lost weight and they lost it fast. Which raises the question, is it the calories or the carbs that make us fat?

Last year researchers at the Philadelphia VA Medical Center found obese patients who followed diets low in carbohydrates lost slightly more weight than those on a low-fat, calorie-restricted regime. Their findings were published in the May 2003 issue of the *New England Journal of Medicine*.

More recently, *People* magazine ran a Q&A with the study's lead author, Linda Stern, M.D., in the May 31 issue. In it, Stern touts some unexpected findings from the study. Not only did the low-carb dieters lose weight faster

than the low-calorie bunch, they also had lower levels of triglycerides, the bad fats, and higher levels of HDL, good fats.

Stern also used the opportunity to inject a little perspective into the low-carb frenzy. "There's probably no perfect diet that's going to fit everyone. ... A problem with our American diet is we eat too much of everything. ... The bottom line is, to lose weight we need to eat less food," Stern told *People*.

Counting calories is more important than watching carbs, argued Lisa Dovey, a registered dietitian with the Indianapolis VA Medical Center, in the hospital's employee newsletter *This & That*. If the answer to losing weight were a low-carbohydrate diet, weight management would have been achieved in the 1970s when these diets were first introduced, she wrote.

Dovey warned there is no legal definition for claims of low-carbohydrate food manufacturers. What is a net carb, anyway? She pointed out that food science experts still rely on the total carbohydrate gram as a unit of measurement, not the net carb, which manufacturers have begun listing. "Weight management is still a balance of calories eaten versus the calories burned. To lose weight this balance has to be tipped toward the calories burned side. ... Moderation is the key to healthy living," concluded Dovey.

## Laparoscopic Hernia Surgery Carries Risk for Recurrence

Life is full of tough choices. Some of the toughest are those that affect your health and well-being. For patients

seeking groin hernia surgery, a major decision just got tougher.

Researchers comparing recurrence rates for groin hernia surgery patients found those who opted for the less painful laparoscopic procedure had double the risk for recurrence of those who went with the tried and true open incision. The laparoscopic procedure requires several tiny incisions instead of one long one, meaning less pain and shorter recovery time.

The study findings were published in the April 29 issue of the *New England Journal of Medicine*. They prompted lead researcher Leigh Neumayer, M.D., of the Salt Lake City VA Medical Center and University of Utah, to recommend that first-timers go with the open repair. "Men with a hernia that has never been repaired before should undergo an open repair," she said.

One exception to the findings was if the surgeon had extensive experience performing laparoscopic hernia repairs—more than 250 procedures. They had about the same recurrence rate as the open incision group.

The study involved tracking the success rates for 1,696 male hernia patients at 14 VA medical centers. About 700,000 Americans get hernia repairs each year. VA surgeons perform about 10,000 hernia repairs annually.

## When to Stop Mammograms and Pap Smears?

Pap smears and mammograms are on the rise among elderly women. But are they really necessary? Not if you're over age 70 and in poor health, according to a

study conducted by researchers at the San Francisco VA Medical Center.

The problem is that there are no clear guidelines for when to stop these screenings. But common sense dictates that elderly women with life expectancies of less than five years don't need Pap smears and mammograms. The money spent on these procedures could be used to screen high-risk younger and middle-aged women who could actually benefit from early detection.

San Francisco VAMC researchers analyzed data from 4,792 women age 70 or older who took part in the 2001 California Health Interview Survey. The women rated their overall health and functioning using a standard scale. The researchers found women with the worst health indicators continued to get screened as much or more than those considered the healthiest.

The socioeconomic impact of over-screening is significant. A separate Duke University study released in 2003 estimated the cost of Pap smears and mammograms for women over age 70 at more than \$500 million annually.

"The good news is that the rates of screening mammography and Pap smears have really increased in healthy older women," said lead researcher Louise Walter, M.D., of the San Francisco VAMC. "The problem is that there is still a population of very healthy older women who are not being screened who should be. And there's a population of very sick elderly women who are getting screened when they shouldn't." **VA**



ROBERT TURTIL

Is it the calories or the carbs that make us fat? VA experts weigh in on the debate.

## Help for nurses in Iraq



TODD M. GREENMAN

Nurses (from left) Rebecca Garcia, Phillip Camera, Rae Jones-Peters and Wendy Hamlin prepare to pack books and journals collected to assist the nursing effort in Iraq.

Nurses from the Battle Creek, Mich., VA Medical Center sent journals and textbooks to the public health team of the 352nd Civil Affairs command as part of an effort to improve training for nurses in Iraq. Together with Kalamazoo Valley Community College and Western Michigan University's Bronson School of Nursing, they shipped about 700 pounds of materials to Iraq.

The Washington, D.C., VA Medical Center held its first Veterans Memorial Golf Classic on May 14 at Andrews Air Force Base just outside Washington, D.C. The maiden tournament included 25 teams and more than 20 sponsors who made both monetary and in-kind donations. In all, they raised about \$7,000 to support veterans through medical center general post funds.

More than 200 former prisoners of war attended the annual recognition luncheon April 7 at the Dallas VA Medical Center. Retired Air Force Col. Kenneth Cordier, who was held captive for more than six years in North Vietnam, served as master of

ceremonies. H. Ross Perot delivered the keynote address. Perot first lobbied for the release of American POWs in Vietnam in 1969.

A survey released April 20 by the Industry Advisory Council E-government Shared Interest Group ranked VA as one of eight gold standards in the federal government for protecting the privacy of medical patients and benefits recipients. VA best practices include an inter-disciplinary privacy council, outreach to employees, and ongoing training initiatives. More than 200,000 VA employees have completed Web-based privacy training, according to Barbara Symonds, director of

privacy service in the Office of Information and Technology in VA Central Office.

For the fifth year in a row, VA's annual performance report was rated one of the top three in the federal government by the Mercatus Center, an independent research arm of George Mason University in Virginia. VA's performance report was praised for linking performance measures to goals, addressing major management challenges, and being easy to read. Check out the report on the Internet at [www.va.gov/budget/report](http://www.va.gov/budget/report).

About 70 Central Arkansas Veterans Healthcare System employees and their family members participated in the United Way "Day of Caring" April 17. They spent the morning sprucing up

Jefferson Elementary School in Little Rock by building and replanting flower gardens, trimming shrubs, and sodding and fencing an area to add an outdoor "KinderGarden" for teachers. According to United Way, they were the largest group to participate in this year's event.

A new Fisher House is coming to the Houston VA Medical Center. Groundbreaking for the new 21-suite facility began in January. This will be the seventh Fisher House donated to VA by the Fisher House Foundation. The homes are used by families of veterans being treated at VA medical facilities for unexpected or long-term illnesses. They are built with private funds and then turned over to VA to manage and maintain. VA

## Reaching out to OIF veterans



MARGARET WHEELDEN

Outreach to Iraqi Freedom veterans was the goal of the Military Appreciation and Resource Fair held April 17 at the Armed Forces Reserve Center in Fargo, N.D. David Garland, business office manager at the Fargo VA Medical Center, was among those who participated in the event. Here, he explains medical benefits to Brett Gentile, a member of the 142nd Engineer Combat Battalion, which returned from a one-year tour in Iraq in early March.

**Margaret C. Hammond, M.D.**, chief of spinal cord injury service at the **VA Puget Sound Health Care System** and professor of rehabilitation medicine at the University of Washington, received the 2004 A. Estlin Comarr Memorial award for Distinguished Clinical Service from the American Paraplegia Society.

**Paul Brown, R.N.**, and **Nancy Thomas, Ph.D.**, of the **Central Arkansas Veterans Healthcare System**, received the 2004 Golden Pen Award from the American Association of Occupational Health Nursing for their article "Exploring Variables Among Medical Center Employees with Injuries." Published in the association's journal in November 2003, the article highlights their research into the causes and prevention of workplace injuries.

**Donna Richardson**, a dietetic technician at the **Michael E. DeBakey VA Medical Center** in Houston, was named Registered Dietetic Technician of the Year for 2004 for the state of Texas. She received the award during the Texas Dietetic Association's annual conference in Dallas on April 2. Richardson has been at the medical center for four years and works with spinal cord and mental health patients.

**Dr. Margaret M. Baumann**, associate chief of staff for geriatrics and extended care at the **Hines VA Hospital** near Chicago, was one of five national recipients of AMVETS' "Silver Helmet" award. She was recognized for her efforts in developing new treatment and rehabilitation programs that help veterans return to productive lives. The award, a

unique silver replica of the World War II GI helmet, is one of the most prestigious awards given by veterans organizations and is known as the "Veterans Oscar."

The Massachusetts State Council Knights of Columbus presented their 2004 Lantern Award to **Philip Salois**, chief chaplain for the **VA Boston Healthcare System**. A decorated Vietnam veteran, Salois is founder and president of the National Conference of Viet Nam Veteran Ministers and serves as national chaplain to the Vietnam Veterans of America.

**Gary Bryson**, a psychologist at the **West Haven Campus** of the **VA Connecticut Health Care System**, and **David E. Cummings, M.D.**, a researcher at the **VA Puget Sound Health Care System**, received Presidential Early Career Awards for Scientists and Engineers during a White House ceremony May 4. It is the highest honor bestowed by the U.S. government to professionals at the outset of their research careers.

**Stephen A. Fausti, Ph.D.**, received the Magnuson Award, VA's highest award for rehabilitation investigators, in March at the national meeting of the American Academy of Audiology in Salt Lake City. Fausti directs VA's National Center for Rehabilitative Auditory Research at the **Portland VA Medical Center** and is a professor at Oregon Health and Science University.

The Electronic Payments Association presented the 2004 Kevin O'Brien Automated Clearing House Quality Award to the **VHA Chief Business Office** for its

e-Payments Project (Third-Party EDI Lockbox). The award "recognizes VA's pioneering role in electronic payment transactions," according to Acting Chief Business Officer **Kenneth Ruyle**. Released in October 2003 and deployed throughout VHA, e-Payments system uses an automated clearinghouse to receive payments and route them to recipients. For information, visit [vaaww1.va.gov/cbo](http://vaaww1.va.gov/cbo) and click on Events, Highlights & Other News.

**Dr. Frances Selsnick**, a surgeon at the **VA Sierra Nevada Health Care System** in Reno, was elected to mem-

bership of The Order of Distinction for The International Biographical Centre of Cambridge, England. This honor is limited to 400 persons worldwide and only one in 60 men and women considered actually receive the coveted invitation.

**Keith B. Pierce**, patient advocate at the **Washington, D.C., VA Medical Center**, was elected to serve on the 2004 board of directors for the Society for Healthcare Consumer Advocacy, one of 12 personal membership groups of the American Hospital Association. Pierce has been a member of the society for 10 years. **VA**

## Alabama's health care heroes



Central Alabama Veterans Health Care System employees **Stacey Searcy, R.N.**, and **Mark McGuire**, an optometrist, were selected as two of 10 "Health Care Heroes" across Alabama in a competition sponsored by the Alabama Hospital Association. The two were honored at a luncheon held at the Alabama Activity Center in Montgomery May 12.

"I am extremely proud of these two employees for helping show everyone how great our employees are," said acting director **Lea Wiggins**. "Although we have bright and talented folks working here, you would be hard-pressed to find two people more deserving of recognition than Stacey and Mark."

## Robber stopped in his tracks



GARY MODICK

*Santos and Branscum*

Fabian Santos, canteen service chief with the VA Gulf Coast Veterans Health Care System, interrupted a crime in progress at the retail store's Gulfport, Miss., division in early March. Hearing the screams of co-worker Sherry Branscum, Santos pursued the suspect to his getaway vehicle. Santos then called VA police, who immediately contacted city and county law enforcement. Authorities apprehended the suspect, attributing the successful arrest to the quick response of the VA employees.

Investigators in two counties compared notes of similar crimes and the suspect was subsequently charged with robberies in five Gulf Coast cities over a two-month period. "We are just thankful he was not armed," said Branscum. "Things could have gone a lot worse."

**Heidi Deeter**, a veterans service representative at the **Cleveland, Ohio, VA Regional Office**, was screening cases when she heard a cough and gagging noises. She looked across the cubicle to see program support clerk **Bonnie Zinner** in respiratory distress. Deeter called out for help to **Jim Swartz**, a rating specialist with a nursing background. He performed the Heimlich maneuver, and with one attempt, dislodged the obstruction so Zinner could breathe normally.

While driving to work on April 14, **Debra Watkins**, nurse manager for the ICU at the **Dayton, Ohio, VA Medical Center**, came upon an accident involving a woman who was trapped in a burning pickup truck. Watkins, along with another passerby, quickly pulled the victim from the vehicle. Local firefighters later said that Watkins's actions probably saved the accident victim's life. "People at the scene were giving me updates on what part of the truck was blowing

up as I worked on the injured woman," Watkins said later. A true hero and a dedicated VA employee, Watkins went back home to change clothes and then came to work.

**Debbie Mason**, clerk at the **Ukiah, Calif., Community-Based Outpatient Clinic**, was driving with her mother in hazardous, rainy conditions. They watched in horror as a motorcyclist who had just passed them missed a curve in the road ahead. The rider fell to the edge of the road as his bike sped

straight over the cliff. Mason pulled over to help, using her 10 years of experience as a medic to perform a physical assessment of the injured man. While trying to keep him calm, Mason discovered that he was a veteran who had been on the road for a dangerously long period of time without rest. Soon, an official with the California Department of Forestry came along and called 911 for an ambulance and police. Mason later stopped by the hospital to check in on the injured veteran. **VA**

## 'Coffee lady' rescues child

Denise Brown is a Disabled American Veterans volunteer who makes the rounds serving coffee at the Dorn VA Medical Center in Columbia, S.C. On April 1, she was collecting donations at the Fort Jackson Post Exchange when she heard screams of "He's choking!" Although she suffers from severe arthritis, Brown hurried toward the commotion and saw a woman trying to perform the Heimlich maneuver on her 27-month-old grandson.

Brown, a veteran and former first-aid trainer, realized that the maneuver was not being done properly for such a small child, who was now unconscious and not breathing. Although it had been many years, her medical training kicked in.

She began mouth-to-mouth resuscitation. "It didn't work the first time," she told the base newspaper, "but by the second time I tried, he started to cry." Brown thought she was lucky that she was able to move so well during the crisis, despite her debilitating arthritis. Bystanders thought the boy, a relative of a graduating soldier-in-training, was the lucky one.



FORT JACKSON PHOTO

*Brown*