

VAanguard

U.S. Department of Veterans Affairs

November/December 2004



A Day in the Life of VA

Close Call in Iraq

Salt Lake City's Healing Garden

NCA's New Training Center



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On the Cover

The Soldier's Monument heralds the dawn of a new day at Dayton National Cemetery in Ohio. The photographer, a visual information specialist at the Dayton VA Medical Center, was drawn to the scene by the subtle shadows in the early morning light. "It kind of made the statue look alive," she said. *photo by Tessa Kalman*

Long Fingernails and Hand Hygiene

In the September/October *Vanguard*, pages 6-8 have great information on hand hygiene. Many thanks. However, on page 8, the picture of the person washing her hands shows long fingernails, which is prohibited in situations where there is direct patient care or food handling. This is because long fingernails may compromise the gloves and may harbor infectious organisms.

*Linda Adkins, R.N.
Infection Control Nurse
Oklahoma City VAMC*

Editor's Note: We received a number of similar comments about the long fingernails in the photo. VA's National Center for Patient Safety responds: "The CDC Guideline on Hand Hygiene recommends that health care workers keep natural nail tips less than a quarter-inch long.

This is good practice, but the evidence is not as strong as it is for the other practices described in the story and it is not required by the Joint Commission on Accreditation of Healthcare Organizations as part of the JCAHO National Patient Safety Goal to comply with the CDC Guideline.

VA facilities are free to establish local standards that go beyond those of JCAHO requirements, and this is one area where they may consider doing so. For the most part, however, the campaign has used photos of hands with very short nails and we appreciate readers' comments."

What About Patients and Visitors?

I read your article "Infection: Don't Pass It On," (September/October issue) and though informative, I thought there was a somewhat sensitive issue left out.

What I think needs more attention is patient and visitor hand cleanliness.

There are many, many staff-observed instances of toilets flushing followed by the patient/visitor opening the bathroom door immediately with no time for hand washing. These folks then proceed on down the halls touching handrails, door-knobs, etc. If signs are necessary to empower patients/

visitors to ask the staff if they have handwashed, then it should not be a sensitive issue for staff to approach those who have left the bathroom without washing, and VA should encourage staff to do this. Further, I have not observed enough signs advocating cleanliness in patient/visitor bathrooms and stalls.

*George L. Boccia, M.D.
Physician
Togus, Maine, VAMC*

We Want to Hear from You

Have a comment on something you've seen in *Vanguard*? We invite reader feedback. Send your comments to vanguard@mail.va.gov. You can also write to us at: *Vanguard*, Office of Public Affairs (80D), Department of Veterans Affairs, 810 Vermont Ave., N.W., Washington, D.C., 20420, or fax your letter to (202) 273-6702. Include your name, title and VA facility. We won't be able to publish every letter, but we'll use representative ones. We may need to edit your letter for length or clarity.



JAMES W. BURROWS

World Series Trophy Visit

Nobody forgets veterans on Veterans Day, and nobody can forget the Red Sox's come-from-behind season this year that culminated in the Boston team's first World Series victory since 1918. The two events—Veterans Day and the World Series—came together Nov. 11 at the Providence, R.I., VA Medical Center with a visit by Boston Red Sox senior advisor Jeremy Kapstein, above, third from right, with a "Fenway Ambassador," escorting a very special guest—the 2004 World Series Trophy. It was truly a memorable Veterans Day for patients and staff at the Providence VAMC.

VA News
5 Times Daily
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Or on the Intranet at:
vaww1.va.gov/opa/feature/vanews
Check with your facility satellite coordinator.



Achieving an IT Program that Supports the Mission

Robert N. McFarland

Assistant Secretary for Information and Technology

In this information age, technology supports our troops both here and around the world. And when those troops return home, it is the power of technology that allows VA to touch their lives.

Information technology is a critical factor in our department's progress toward each of its operating goals. It is the bedrock from which we deliver services to veterans safely, quickly and efficiently.

That is a huge responsibility. But VA has done an outstanding job operationally, and I believe that IT enables this agency to provide exceptional service to veterans.

Of course, that cannot happen if our data systems are not protected. VA-wide we are making excellent progress on security. If you need proof, look at the effect the Blaster virus had on us last year. It affected the entire department. But VA is taking security patches seriously now—and getting the job done. The more recent SASSER virus affected 1.32 million PCs in the U.S. Within VA, it only affected 192.

While we're doing well on the operational side, we have not been as successful with systems development and execution. I believe our problems exist primarily because we don't take the time to fully understand and evaluate the current state of the business environment we are about to change. Sometimes we react too quickly to address a mandate or prob-

lem before we understand the true nature and extent of the problem. We can't attack the problem until we've defined it and fully understand our current business environment.

Once we understand the issue, it is imperative to move ahead forcefully to identify the solution and implement accordingly. To accomplish this, we need to take a look at our structure and begin to use our assets more wisely. Our IT operations may have worked well in the 1980s, but in this new century we

availability, and provide more efficient IT utility service to enhance our ability to serve veterans.

One of the most serious challenges veterans face in dealing with VA is the many business lines and locations within the department that do not share veteran identification and registration information. This is a direct result of the limitations in technology capabilities at the time these legacy systems were developed.

We now have an excellent Enterprise Architecture

structure a state-of-the-art One VA wide-area network that is simple to administer and maintain.

We are also committed to establishing a One VA approach to project management. Effective project management is critical to the successful execution of our programs. We have long recognized that standardization of project management guidelines and procedures is crucial to achieving this goal. We are committed to project management certification and professionalism, and

Information technology is the bedrock from which we deliver services to veterans safely, quickly and efficiently.

must look carefully at our costs and make some organizational changes to update the way we do business. We must consider restructuring ourselves organizationally much closer to current best practices in federal government and private industry.

Now let me tell you about some of the areas where I am focused.


To ensure seamless communication within VA on the e-mail system, the VA Exchange Consolidation Workgroup plans to consolidate more than 530 Exchange servers at 270 sites to a much more manageable number of sites and a significantly smaller number of servers. This will lower costs, improve performance and

plan for systems, data and applications, effectively ending the "stovepipe" systems design and incompatible systems of the past. One example is VA's Registration Eligibility and Contact Management initiative, which seeks to establish a single authoritative source for all veteran identification, service history, demographics, family history and location data, to be shared by all VA business lines.

Another IT strategic thrust is implementing a One VA data network. In February 2002, VA initiated a department-wide telecommunications area network modernization and optimization project (TMP). The objective of the TMP is to

have instituted a seven-course curriculum to promote department-wide project management competencies.

My office has made a commitment to do all we can to help VA better serve America's heroes. We continue to look for ways to improve performance, decrease costs, and make better use of our resources so we can return those savings to the department and provide the best possible service to even more veterans. And we will do this without negatively affecting performance.

Working together, we can and will continue to improve and achieve an IT program that enables us to do what we are chartered to do—take care of veterans. 



VA's Patient Safety Program Marks a Milestone

James Bagian, M.D.

Director, National Center for Patient Safety

In November 1999, the Institute of Medicine challenged medical professionals to break “the cycle of inaction” by developing a comprehensive approach to patient safety.

Their landmark report on adverse medical events, *To Err is Human*, called for all patient safety programs to be evaluated after five years to assess whether they were meeting their goals.

I take great pride in what we have accomplished over these last five-plus years. I'm also very proud that VA addressed the patient safety challenge even before the IOM report was published. Because of our success, our efforts became a model for the Joint Commission on Accreditation of Healthcare Organizations' patient safety standards, first published in 2001.

We've consistently focused on developing a culture of safety at VA by taking a systems approach to problem-solving.

Together, we've investigated how patient care systems function, and that's a real break from the past. Too many in medicine once focused on the “who,” rather than on the “how” or “why.” In the ineffectual “name and blame” culture, little attention was paid to improving poorly functioning systems. Regardless of the caregiver involved, a poorly engineered process can repeatedly generate an unfortunate sequence of events and jeopardize patient safety.

Together, we've implemented a series of initiatives that have positively affected our patients' lives:

■ **Patient safety training and courses.** We've held training seminars for more than 1,000 VA health-care professionals at locations around the country and welcomed participants from around the world.

■ **Tool kits and cognitive aids for front-line professionals.** We've developed a number of human factors-oriented cognitive aids and toolkits that promote patient safety while enhancing the user's awareness of the importance of developing a culture of safety, such as our new Falls Toolkit.

who have volunteered to assist with the pilot testing and refinement of this initiative. Our target population is residents, medical students, nurses, pharmacists, and other allied health care workers.

■ **Healthcare Failure Mode and Effects Analysis (HFMEA).** We developed HFMEA to proactively identify and mitigate high-risk medical processes. It has served as a model—both nationally and internationally—for developing proactive risk assessments and taking action.

■ **Alerts, advisories and other publications.** We publish safety alerts or advisories on a range of specific issues

invasive procedures outside the operating room.

■ **Patient Safety Improvement Corps.** The Department of Health and Human Services' Agency for Healthcare Research and Quality selected NCPS to develop and implement a multifaceted patient safety training program for state health officials and selected hospital partners to improve patient safety nationwide.

As we mark the fifth anniversary of *To Err Is Human*, on behalf of myself and each member of the NCPS staff, I'd like to thank all of you who have done so much to support our efforts. We couldn't have accomplished what we have without the

In the ineffectual ‘name and blame’ culture, little attention was paid to improving poorly functioning systems.

■ **Medical team training.** Studies continue to show that a majority of adverse medical events involve teamwork and communication-related issues. We've developed a team training program to improve communication among caregivers, particularly in high-risk environments such as operating rooms and intensive care units.


■ **Patient safety curriculum.** The place to begin learning about patient safety is during early training. We're working with professionals from VA and affiliated universities

that might cause harm to our patients; we also publish a bi-monthly newsletter, *TIPS*, that discusses a wide range of patient safety issues.

■ **Tailored Root Cause Analysis (RCA) feedback for facilities.** RCAs submitted to us by facilities are reviewed. Critiques from a sampling of RCAs are sent back to help VA facilities conduct even stronger RCAs.

■ **Ensuring correct surgery directive.** This pioneering work has served as a model for national and international guidelines. We've recently expanded our efforts to include

across-the-board support of VHA employees at all levels and VA leadership.

Patient safety starts at the bedside. It starts with caregivers like you who are committed to improving patient care; caregivers who know that if we are to “first do no harm,” we must remain committed to self-examination that challenges the way we do things. Your involvement in patient safety has translated into outstanding care for our veterans. Thank you so much for the great work you continue to do. 

A Close Call

VA doctor survives suicide car bombing in Baghdad.

A third VA employee has been wounded in combat in Iraq. Dr. Kenneth Lee, 38, chief of spinal cord injury service at the Clement J. Zablocki VA Medical Center in Milwaukee, suffered severe shrapnel injuries in a Sept. 12 suicide car bombing near the Green Zone in Baghdad.

Lee, a lieutenant colonel in the Wisconsin National Guard, was called to active duty in November 2003. His unit, Bravo Company of the 118th Medical Battalion, shipped out to Fort Drum, N.Y., in early December for training in navigation, convoy procedures and other skills tailored for duty in Iraq.

They departed for Kuwait in February 2004 and crossed over into Iraq later that month. As commander of the 70-soldier Bravo Company, Lee's mission was to establish and oversee medical services at seven sites located in and around Baghdad. These included five battalion aid stations and two troop medical clinics capable of providing more comprehensive services such as X-ray, laboratory, dental and inpatient care.

Lee soon found himself spending a lot of time on the road as he traveled back and forth between medical missions. "I quickly realized that this was going to be pretty hazardous," he said in an Oct. 21 interview from the Malogne House at Walter Reed Army Medical Center, where he is recovering.

In the spring of 2004, attacks against military convoys were occurring with increasing frequency and



ROBERT TURTLIL

Dr. Lee in the lobby of Malogne House at Walter Reed, with a get-well card sent by colleagues and friends at the Milwaukee VA Medical Center.

sophistication. Convoy duty had become one of the deadliest missions in Iraq. To reduce the likelihood of being targeted in an attack, Lee assembled a nine-person convoy security team. They traveled in three hardtop “turtle-back” Humvees equipped with upper armor plates and turret-mounted squad automatic weapons. The lightweight machine guns are capable of firing 1,000 rounds of 5.56 ammunition per minute.

The doctors and nurses of Bravo Company were now on the front lines of a mounting guerrilla war. Lee said his team was extremely vigilant. “Every mission, no matter how routine, our weapons were locked and loaded,” he said.

As time passed, Lee said enemy forces grew bolder. “There were a lot of close calls, a lot of quick decisions ... should we engage or not. As a convoy commander that drives you nuts. When you make a run and come back you are completely drained, both physically and mentally.”

On the morning of Sept. 12, Lee and his convoy team were taking blood samples and X-rays to the main military hospital in the Green Zone when they encountered a roadblock set up by U.S. forces inspecting a suspicious vehicle. Rather

Suddenly a large sedan popped out of traffic and barreled straight for them. It was about 50 feet away and closing fast. Both men raised their M-16 rifles. Cook got off two shots before the vehicle detonated about 25 feet from their position.

Lee remembers seeing a bright orange flash and feeling a wave of heat pressing against his skin. The next thing he knows, he’s lying on the ground about three Humvees’ distance from where he had been standing, roughly 45 feet. His helmet was gone, his pants were shredded. “I tried to move, but everything hurt so bad. There was so much blood,” he said.

He looked for Sgt. Cook and wondered if he was alive. “I thought he didn’t make it, because he was standing right next to me and I surely should have been dead. We were completely exposed when the thing went off.” The blast wounded eight members of the nine-person team. Lee and two others were medevaced to Walter Reed.

It’s easy to spot Lee at the Malogne House. He’s the only one wearing shorts in the cool autumn temperatures.

It hurts when he wears pants, he explains, pointing to the 25 to 30 shrapnel wounds on each of his legs. Some are dime or quarter-sized open

“I really want to go back, but the doctors won’t clear me. It’s really frustrating.”

than return to base, they decided to wait. They pulled their Humvees into defensive positions near the roadblock, which had created a traffic jam as civilian vehicles merged into a single lane.

Lee hopped out of his Humvee and directed his troops to provide 360-degree coverage of their perimeter. He took up a position alongside Sgt. Chris Cook near the rear guard.

sores. Others have scabbed over. Jagged scars have formed where doctors removed the larger pieces. The smaller pieces are starting to protrude from beneath his skin. They will eventually work their way out, he explained.

Lee has spent the past few weeks doing self-therapy: stretching, exercising and cleaning his wounds. He is expected to make a full recov-



ROBERT TURTIIL

Lee’s daily routine includes a stretching and exercise regimen designed to speed his recovery. The chief of spinal cord injury at the Milwaukee VA Medical Center is expected to recover fully from his injuries.

ery. But his hopes of rejoining his troops in Iraq have been dashed.

“I really want to go back, but the doctors won’t clear me. It’s really frustrating,” he said. Instead, Lee is heading home for 30 days of convalescent leave before returning to Walter Reed to complete his active-duty tour as a staff physician working with wounded soldiers.

The two other VA employees wounded in combat in Iraq are Dr. Robert Frame, chief of VHA Dental Service, who was wounded in April 2003 in a Baghdad ambush, and Susan Sonnheim, a nurse, also from the Milwaukee VAMC, who was injured in September 2003 by an improvised explosive device. **VA**

By Matt Bristol

A Place for Healing and Connection

VA health care facilities are increasingly offering alternatives to conventional Western medicine. The Salt Lake City VA Medical Center's healing garden incorporates traditional Native American therapies.

What was once a patch of asphalt is now a place of solace filled with native plants, rock benches, sculpture and trees dedicated to a deeper level of healing for veterans at the VA Salt Lake City Health Care System. Purtkwahgahm (Burk-Wah-ga-me), dedicated last summer, is an outdoor garden named after the native Ute word that translates to "Healing Ground."

The medical center provides care to veterans in the largest geographic area in the VA system. "We have quite a challenge in meeting the diverse needs of our patients," said James R. Floyd, medical center director. "They come from urban areas and very remote rural areas, they come from tribes, they come from all races, and when they come to Salt Lake City, their needs need to be met in a manner that fits them."

For veterans who suffer from chronic pain, drug addiction and mental illness, there is a need for connection, inclusion and understanding. The healing ground is a tranquil, therapeutic space to meditate, reflect and enjoy a connection with nature.

In addition, the medical center has developed an Integrative Health Clinic offering a holistic mind, body and spirit approach to healing and well-being. The clinic offers research-based complementary and alternative medicine therapies and self-empowerment classes to help veterans with chronic pain and illness. Currently, 14 different holistic therapies and self-empowerment classes from acupuncture to yoga are available.

The idea to create a Native American healing ground originated through the medical center's resi-

dential treatment program called "Eagle's Nest." The program is designed to aid veterans living in remote areas and provide treatment to those suffering from substance abuse and trauma. The healing ground was seen as an opportunity to reach out to Native veterans who might feel disconnected from the VA system due to lack of awareness or resources.

However, Purtkwahgahm is not just for Native Americans. "This is a place that honors all veterans and their families. It is inclusive of spiritual symbols, cultures and ethnic groups," said Dr. Stephen K. Harmon, director of patient education, during the dedication ceremony.

Native American culture is very inclusive, allowing those who participate to develop a deeper understanding while retaining their own



TOD PETERSON

James J. Lackey, an Army veteran of Desert Storm, enjoys the healing garden on the grounds of the Salt Lake City VA Medical Center. The garden, which offers veterans a place for quiet reflection and meditation, is part of a broader effort by the medical center to meet the diverse needs of its patients.

beliefs, according to social worker Kym Couture.

Veterans can explore their spiritual self through a Sweat Lodge Purification Ceremony; express emotions fully through song and music during drumming ceremonies; and use smudging ceremonies to symbolically cleanse, purify and protect the physical and spiritual body. They may also become more connected by pledging a sincere mind and heart as they bring awareness to their intention with the sacred burning of tobacco.

Sandra Smeeding and Susan Osguthorpe founded the Integrative Health Program as a holistic approach to healing. "We feel an integrative approach will become increasingly more common in tradi-

tional medical settings," said Smeeding, "with conventional Western medicine addressing the needs of individuals for medication and surgery, and a holistic, self-empowerment, non-pharmacological approach addressing core attitudes and beliefs to assist those coping with chronic conditions."

Veterans participating in the program have come to discover ways to manage and even excel despite their difficulties. They may still live with a measure of chronic pain and illness, but they are no longer focused on or controlled by their condition. They often experience a positive change in self-perception, relief from physical and emotional stress and pain, an increased ability to cope with their chronic condi-

tion, and new self-empowerment skills.

"Being in this space offers an immediate and everlasting resource for inward reflection and the experience of connection we all desire in the deepest parts of ourselves. The experience of connection holds within it the nature of spiritual healing," Smeeding said.

The hope is that those who use the resources at Purtkwahgahm will experience a transformation similar to that which occurred on the grounds where the garden lies. Once a vacant and abandoned asphalt lot, it has now turned into a park-like garden of beauty and growth, with an optimistic future. **VA**

By Jacob Floyd and Susan Huff

Training for a Unique Mission

No existing federal training center could offer National Cemetery Administration employees the specific training they needed to run a national cemetery, so NCA created its own.



Cemetery director interns get some hands-on experience during a headstone alignment class at Jefferson Barracks National Cemetery.

The National Cemetery Administration cut the ribbon on its own training center in August. Now fully up and running, the center is located in St. Louis, close to Jefferson Barracks National Cemetery and the St. Louis VA Medical Center.

“Because of NCA’s unique mission, no federal training center provides the specific training our employees need to run a national cemetery,” said Steve Muro, NCA’s director of field operations. “The training received at the center will better prepare our personnel to operate national cemeteries.”

A state-of-the-art facility, the center encompasses 3,000 square

feet of office and classroom space for students and staff. The classrooms have new computers with Internet access for each student and the latest audio-visual equipment for instructors.

Students at the center learn in an environment that includes both classroom and field training at Jefferson Barracks National Cemetery. The course requires students’ active involvement and includes team projects with opportunities to apply theory in the field. Students gain hands-on experience in real day-to-day cemetery operations and issues.

On one day students may attend a class on gravesite layout and head-

stone alignment in the training center; on the next they may be at Jefferson Barracks National Cemetery practicing what they learned in the classroom.

“The training center allows NCA to centralize instruction, ensuring uniform instruction for all employees attending the same class,” said training center director Patricia Rikli.

The first class of 14 cemetery director interns began their training in Employee Education System classrooms at the St. Louis VA Medical Center in June. They moved into the new training center shortly after it opened. When they graduate in March 2005, they’ll be assigned throughout the country as assistant cemetery directors. There they will gain more skills before eventually becoming cemetery directors themselves.

The center, which has a full-time staff of two, supplements classes with guest instructors. These instructors are VA subject matter experts from the three administrations and headquarters, as well as independent contractors.

Currently the center only has one yearlong course, the director intern program, in its curriculum. In the near future, NCA plans to expand courses to instruct cemetery forepersons, cemetery representatives, equipment operators, groundskeepers and other employees. **VA**

By Mike Nacincik

Veterans Day 2004



ROBERT TURTEL



ROBERT TURTEL



ROBERT TURTEL



MICHAEL L. MOORE

Above: Veterans Day activities in the nation's capital kicked off on Nov. 10 with the dedication of the final element of the Vietnam Veterans Memorial, the In Memory Plaque. It honors Vietnam veterans whose postwar deaths have resulted from their service in that war, but whose names are not eligible to be added to The Wall; top right: Secretary Principi talks with California businessman and philanthropist Kenneth E. Behring at the Nov. 10 dedication of a new permanent exhibit funded by Behring on U.S. military history at the Smithsonian's National Museum of American History. The exhibit, "The Price of Freedom: Americans at War," examines 250 years of American military conflicts; center right: A special Veterans History Project bus was unveiled on Nov. 12. It will travel to communities across the country to record oral histories of veterans for preservation by the Library of Congress; bottom right: Pleasant weather drew a big crowd at the traditional Veterans Day ceremony at Arlington National Cemetery.

Honoring All Who Served ...

A Day in the Life of VA

The concept for a Day in the Life of VA photo feature had been bouncing around *Vanguard* for several years. Everyone thought it was a great idea. But no one had any idea whether readers would be interested. If they weren't, the whole thing would be a flop.

As it turned out, employees submitted nearly 500 photographs. Some showed the everyday tasks of people on the job: pulling records from a file cabinet at a VA regional office or dishing up chow at a medical facility. Others showed unusual excursions such as an airboat ride in the Everglades or a sing-along with a mariachi band.

The quantity of photos posed a challenge for *Vanguard* photo editor Robert Turtill, who was responsible for selecting the best shots for publication. "There were so many images. We wanted those that stood out from the others. But we also looked for those that showed the broad scope of the VA mission and the employees who fulfill it," he said.

What Makes a Good Photo?

Trying to select the best photographs from 500 submissions is somewhat of a subjective exercise. It raised the question of what makes a good photo?

Vanguard posed the question to several amateur and professional photographers throughout the department. Their responses included technical as-

pects such as proper exposure and composition, along with contemplative musings on the ability to capture a precise moment in time.

"Life moves so fast ... through photographs we're given the opportunity to stop and study the human condition, often causing us to reflect upon an aspect of our own lives," explained Laurel Lee Schreiner, a photo enthusiast and human resources manager at the Seattle VA Regional Office.

A good photograph is a work of art, according to Jim Moore, a former *Time* magazine photojournalist who now writes speeches for Secretary Principi. It's one that combines the elements of timing, composition and lighting, capturing what he called "the decisive moment," a phrase coined by French photographer Henri Cartier-Bresson.

One could argue that Tessa Kalman captured a decisive moment when she snapped this image of an employee walking toward the patient tower at the Dayton, Ohio, VA Medical Center one autumn morning.

The sun reflecting off the windows appears as though it's emanating from within, creating a lighthouse effect, while the lone walker drifts through the low-hanging fog. If she had waited, the walker disappears, the sun rises, and the moment is lost.

Selecting the Photos

Several of the photos in this collection capture



TESSA KALMAN

Sunbeams reflect off the windows of the patient tower at the Dayton, Ohio, VA Medical Center on a foggy morning.

the decisive moment. But showing good photography wasn't the primary objective of this exercise. The idea was to tell the story of a typical day in VA through pictures.

Vanguard staff considered four key elements when selecting photos to include in this series: connection, composition, context and quality. Connection refers to whether viewers can connect with the subject; composition is how the photograph is arranged; context is the scene or location in which the shot was taken; and quality is whether the image was properly exposed, in focus, and with print-quality resolution.

Most submissions will be added to the VA photo library, which can be accessed through

MediaNet, vaww.mam.lrn.va.gov/MediaNet04. This online database has more than 13,000 photos, illustrations, graphics, animation and other assets available to VA employees. VHA's Employee Education System established MediaNet last year. More than 2,000 VA employees have since registered with the site. They include public affairs officers, media producers, educators, computer technicians and others who use graphics.

The photos on the following pages represent a typical day at VA facilities. They depict the work of a versatile workforce united in their service to veterans. Thanks to all who participated in this project. Send comments about the project or any of the photos selected to vanguard@mail.va.gov.



Patricia Thomas (front) and Antoinette E. Walker prepare patient trays at the Wade Park division of the Louis Stokes Cleveland VA Medical Center.

REBECCA JEWEL



Orthopedic surgeon Gerald Dreher scrubs up before going to work at the Temple, Texas, VA Medical Center.

BOBBY POFF



Employees from the Denver VA Regional Office show their spirit during the city's Veterans Day parade.

STEVE JUDISH



JACK WIDMAIER



GARNET G. MORRIS

Left: Drs. Santiago Figuerero (left) and Suresh Magee at work at the Philadelphia VA Medical Center; above: The delicate work of operating room surgeons at the Tucson, Ariz., VA Medical Center.

Tom Edmundson, military services coordinator at the Waco VA Regional Office, discusses VA benefits with a soldier at Fort Hood, Texas.



DEBORAH K. MEYER



MARGARET WHEELDEN



Above: Volunteer Al Morris at the Fargo, N.D., VA Medical Center. Morris drives patients from the parking lot to the hospital's main entrance in this electric car; left: A combat veteran support group from the Fort Myers, Fla., Vet Center on an airboat ride through Big Cypress Seminole Reservation.

WAYNE PLUMMER

The VA Advisory Committee on Cemeteries and Memorials meets in VA Central Office. The group meets twice a year, once in headquarters and once in the field.



ROBERT TURTEL



MICHAEL KLEIMAN

Above: Bill Ames, laundry machine operator, folds pajamas at the New Mexico VA Health Care System in Albuquerque; right: Training a rat to run on the treadmill in the research department of the Detroit VA Medical Center.



COURTESY OF NOEL O'BRIEN

Noel O'Brien, a counselor at the Oakland, Calif., Vet Center (back row wearing the green shirt), takes a group of combat veterans to the California Vietnam Veterans Memorial in Sacramento.



WILLIAM BROWNING



JOHN RIZZO

Respirator-dependent patients enjoy a day of fishing at the Perry Point, Md., VA Medical Center.



DAN SHOWALTER

Program support clerk Darrell White pulls a claim folder at the Lincoln, Neb., VA Regional Office.



RICHARD THOMPSON

Employees show their support for members of the 118th Medical Battalion, Connecticut National Guard, as they deploy to Iraq in September. The unit is based at the Newington campus of the VA Connecticut Healthcare System.



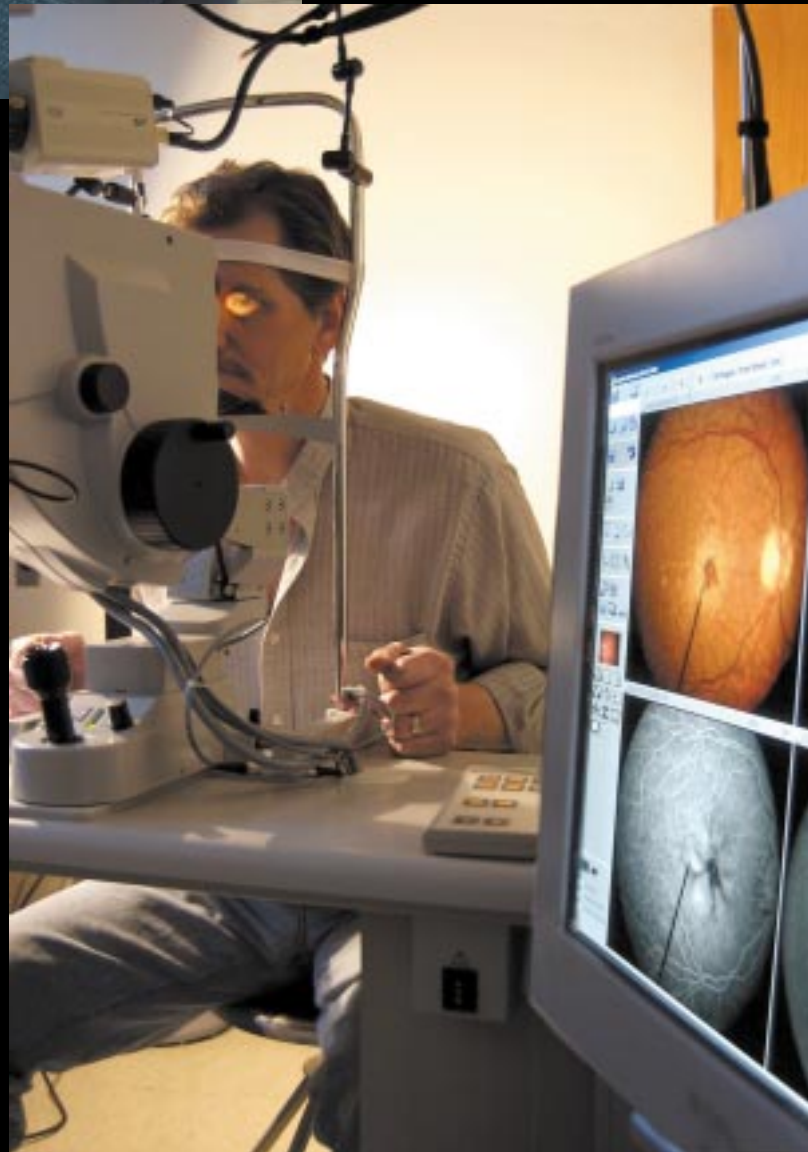
Environmental Management Service employees from the Atlanta VA Medical Center pose after receiving the September 2004 Clean Atlanta Award.

ANN HAMILTON



SCOTT SARVER

Above: Seeing eye to eye during pet therapy in the day treatment program at the Southern Oregon Rehabilitation Center and Clinics in White City, Ore.; right: Veteran Harry Pulschen gets an eye exam in the Ophthalmology Clinic at the Bronx, N.Y., VA Medical Center.



LYNNE KANTOR



CHANI J. DEVERS

Above: Student art therapist Kristen Lambert with nursing home resident Robert Henry at the Detroit VA Medical Center; right: Decontamination procedures during a bio-weapons drill at the West Palm Beach, Fla., VA Medical Center.



BOBBI D. GRUNER

Peter Lin, M.D., chief of vascular surgery, and Ruth Bush, M.D., a vascular physician, examine veteran Clyde Wilson after his cryoplasty procedure at the Michael E. DeBakey VA Medical Center in Houston.



GARY DALE



Operating room technician *Tiffany Goodwin-Liskey* during a procedure at the Salt Lake City VA Medical Center.

TOD PETERSON



ROGER SANDS



ROBERT MANNING

Left: Speech pathologist Kathleen Bashista uses a computerized communication device with a paraplegic veteran while his father looks on at the Lebanon, Pa., VA Medical Center; *above: Quincy Whitehead* (right), director of Wood National Cemetery in Milwaukee, Wis., called this photo "A Little Heavier Than I Thought" as she, along with Ell Nealey (left) and Gary Verkuilen (center) complete headstone realignment training.



Dr. Mary Neal conducts a routine checkup with WWII veteran Phillip DaCosta at the Southern Oregon Rehabilitation Center and Clinics in White City, Ore.

DALTON MAURIN



LYNNE KANTOR



LYNNE KANTOR

Left: Marie Bertram, hemodialysis technician at the Bronx VA Medical Center, with Pedro E. Segarra Sr.; above: Chief radiologist Dr. Ismael Dennenburg (in white coat) reviews X-rays at the Bronx VA Medical Center with radiologic technicians Ruby Chacko and Sayam Youngsuwan. Working in the background are Jun Kwang Kwon and Carla Dixon.



PETER GRATAN



TARA VUONO

Left: A veteran gets his prosthetic leg adjusted at the Atlanta VA Medical Center; above: Christopher Danseglio, a cook at the VA Extended Care Center, St. Albans, N.Y., VA Medical Center, whips up 80 gallons of corn chowder for the VISN 3 Commissary.

Adrienne Macias, a licensed vocational nurse at the Michael E. DeBakey VA Medical Center in Houston, uses a hand-held scanner to read the wristband of veteran Elton Nodier to ensure he receives the correct medication in the correct dose at the correct time.



BOBBI D. GRUNER

Conference Highlights Emerging Technologies for Disabled

The future of assistive technologies for people with disabilities includes implantable microchips that interface with the central nervous system, electrical stimulation of paralyzed muscles, and using brain signals to check e-mail and channel surf.

These were just a few of the emerging fields highlighted during a joint VA/White House conference held Oct. 13-14 in Washington, D.C. Nearly 100 leading scientists and disability rights advocates from public and private organizations attended the event, including representatives from the Christopher Reeve Paralysis Foundation, the National Science and Technology Council and VA's Office of Research and Development.

Presenters included Dr. Joseph F. Rizzo III, director of the Center for Innovative Visual Rehabilitation at the Boston VA Medical Center and Harvard Medical School. Rizzo discussed his work on developing a retinal implant to restore vision to patients with age-related macular degeneration, the leading cause of blindness in America.

His approach involves wearing a miniature camera mounted to a pair of glasses to capture a visual scene. The scene is then transmitted via laser signal to the retinal surface, where it stimulates the ganglion cells connected to the brain. It is currently being tested on six patients. Check out the Retinal Implant Project Web page, at www.bostonretinalimplant.org for more information.

Also presenting was P. Hunter Peckham, Ph.D., director of the Functional Elec-

trical Stimulation Center at the Cleveland VA Medical Center. Peckham discussed his work on electrical stimulation of the peripheral nervous system, which uses implantable electrodes to stimulate muscles. This approach can be applied in a variety of therapies, including as an aid in stepping or walking, improving circulation, bowel and bladder control, and managing skin ulcers. Actor Christopher Reeve received a functional electrical stimulation implant in March 2003, allowing him to breathe without a ventilator. For more information, visit feswww.fes.cwrn.edu.

Some of the presenters described concepts that seemed the stuff of science fiction. John P. Donoghue, Ph.D., professor of neuroscience at Brown University, discussed his lab's work on neuroprosthetics, which involves connecting a person's brain to a type of supercomputer. It is currently being tested on one quadriplegic patient. The patient has a sensor implanted in an area of his brain's primary cortex responsible for hand movement. The sensor sends brain signals to a portal on the top of his head, where they are transferred to a cable that runs to the computer. So when he thinks about moving the computer's mouse, the cursor actually moves on the computer monitor. He can use the computer to read and write e-mail and change the channels on his television. Check out www.cyberkineticsinc.com/index.htm for more information.

A key theme repeated throughout the conference



CLEVELAND FES CENTER PHOTO



ROBERT TURTIL

Top: Ron Lew, M.D., a radiologist at the Cleveland VA Medical Center, volunteers for functional electrical stimulation testing at the Cleveland FES Center of Excellence. He is assisted by Rudi Kobetic, a biomedical engineer; above: Drs. Joseph Rizzo, Mindy Aisen and Hunter Peckham (left to right) at the joint VA/White House conference on emerging technologies in Washington, D.C.

was the importance of building partnerships between government agencies, private organizations and manufacturers. "No single one of us can do it alone. We must work together," said speaker Margaret Giannini, M.D.,

former VA deputy assistant chief medical director for rehabilitation and prosthetics (1981 to 1992), who now serves as director of the office of disability at the Department of Health and Human Services. **VA**

The Power of the Internet Empowers Veterans' Health



ROBERT TURTIL

Significant improvements have been made to VA's Web-based system for providing health care information to patients since it was launched on Veterans Day 2003.

The power of the Internet is enabling veterans to get healthier and stay healthier longer. Veterans Day 2004 marks the one-year anniversary of My HealthVet, the VA eHealth portal designed for veterans.

The first version links veterans with the information they need to better understand, maintain and manage their health. It features "one-stop shopping" for VA benefits and forms, health facility locations and special programs, and news about VA and benefits legislation. My HealthVet also provides a health education library with current information about medications and conditions, health measurement tools, a prescription checker and health news updates.

This Veterans Day, VA is introducing the Personal

Health Record to My HealthVet. It allows veterans to keep a personal health journal where they can record such information as emergency contacts, health care providers and insurance, health history, prescriptions, over-the-counter drugs and supplements, tests and allergies.

Using the eHealth por-

tal, veterans can enter and track health readings for blood sugar, blood pressure, cholesterol, heart rate, body temperature, pain and body weight. My HealthVet also generates an emergency contact card for the veteran's wallet, automatically filled with personal information previously entered in the health journal. These features

are private and secure, and provided by VA as a service to all veterans.

My HealthVet is another way to bring VA health care to veterans' homes, educate veterans about their health, and help make them active partners in their health care. In spring 2005, My HealthVet will provide veterans receiving VA health care with online services such as prescription refill and the ability to see their up-to-date VA health care co-payment balance and clinic appointments.

By the end of 2005, veterans receiving VA health care will be able to request and download key portions of their VA health records and share this information with VA and non-VA health care providers and other delegates, as they choose.

My HealthVet can be accessed from any computer with Internet access. To begin keeping their Personal Health Record, all current users will need to re-register through the site's new secure registration procedure.

Veterans can access My HealthVet and register for its free services by logging on to www.myhealth.va.gov. VA

2004 Performance Improvements

VA's FY 2004 Annual Performance and Accountability Report, submitted to the President and Congress on Nov. 15, documents the department's performance improvements in delivering high-quality health care, benefits and memorial services to the nation's veterans. The department achieved an unqualified "clean" audit opinion on its financial statements for the sixth consecutive year. This is the best result an agency can receive from an independent auditor. VA's FY 2004 Annual Performance and Accountability Report is available on the Internet at www.va.gov/budget/report.

Auditorium Named in Honor of G.V. 'Sonny' Montgomery



ROBERT TURTIIL

A two-level conference center in VA headquarters now bears the name of the former Mississippi congressman, above at the dedication ceremony, a legend in veterans' circles.

A newly renovated veterans conference center in VA Central Office was named in honor of former Mississippi Congressman G.V. "Sonny" Montgomery during an Oct. 27 dedication ceremony.

"Chairman Montgomery is a great American, whose distinguished record of public service, both in the

hot winds of battle and in the congressional arena, is the quintessential hallmark of service to country and service to others," said Secretary Principi.

Montgomery served in World War II and the Korean War before being elected to Congress in 1966. He went on to serve 28 years on

the House Veterans' Affairs Committee and as its chairman from 1981 to 1994. While in Congress, he authored legislation to revamp the original GI Bill, extending education and enlistment benefits. Some credit the success of America's all-volunteer military force to his "Montgomery" GI Bill.

He is also credited with helping elevate VA to cabinet-level status. "I'm very proud to have had a hand in elevating this department to cabinet status," he said during the ceremony. "It allows us to go to the front door of the White House instead of the back door."

Montgomery retired from Congress in 1996. The two-level veterans conference center in VA headquarters bearing his name will be used for presentations and special events. One highlight of the room is a glass display showcasing items from Montgomery's collection of personal memorabilia. Included are the gavel he used as chairman of the House Veterans' Affairs Committee, his military decorations, and the original Montgomery GI Bill signed by President Ronald Reagan.

It's not the first time Montgomery's name has been associated with a VA building. The VA medical center in Jackson, Miss., about 90 miles from his hometown of Meridian, also bears the former congressman's name. **VA**

VA Expands Former POW Benefits for Stroke, Heart Disease

Under new rules that took effect in October, former prisoners of war who suffer strokes or develop most forms of heart disease will be automatically eligible for disability compensation for these common ailments, and their spouses and dependents will be eligible for service-connected survivors' benefits if these diseases contribute to

the death of a former POW.

"This is an issue that has been studied and debated too long," said Secretary Principi, who announced the expanded benefits in a speech at the national convention of the American Ex-Prisoners of War on Oct. 2. "We have scientific studies supporting the association of these illnesses to the military service of our

former POWs."

In September 2003, Principi launched a nationwide outreach effort to identify and provide benefits to the estimated 11,000 former POWs who were not receiving VA disability compensation or other services. There are about 35,000 living former POWs.

The Secretary also has

urged Congress to change federal law that requires former POWs to be detained for at least 30 days to qualify for the full range of POW benefits.

This new decision will add to the list of 16 medical problems that VA presumes to be linked to the military service of former prisoners of war. **VA**

VA Employees Open Hearts, Wallets for Hurricane Victims



ROBERT TURTEL

Michael Rabdau, of VA Canteen Service, accepts Secretary Principi's contribution toward hurricane relief for VA employees. Looking on are members of the Disbursement Committee (from left): John Oswald, president of the Leadership VA Alumni Association; Peter Flynn, president of the VACO Employee Association, and Ann Patterson, of VHA Central Office. The committee decided how the money collected would be distributed.

September's hurricane season inflicted unprecedented damage and destruction on the southeastern United States. Many VA employees remained at their posts through five ferocious

storms to ensure the safety and continuity of service to veterans, even as their homes and properties were being damaged.

To recognize their dedication, and to help them recover from their losses, Secretary Principi asked that the week of Oct. 11-15 be set aside as a "week of giving," during which VA employees throughout the nation had the opportunity to help their fellow VA family members who suffered losses during the recent storm season. VA employee organizations and VA Canteen Service joined forces to make that possible.

VA employees nationwide reached into their hearts and wallets and contributed more than \$45,000 to help others. Fifty-six employees were identified as having had sufficiently catastrophic damage to merit a share of the funds. Shares were divided equally among this group as a heartfelt demonstration of support and thanks from the VA family, and proving, once again, that VA takes care of its own. **VA**



EMERSON SANDERS

Improving Chronic Illness Care



The Congress for Improving Chronic Care presented Dr. Jonathan B. Perlin, left, acting under secretary for health, the 2004 Vision Award for pioneering work in providing care to the chronically ill. Perlin accepted the award on behalf of VA during the group's annual conference Sept. 22 in Seattle. VA's health care system set industry standards in

2004 by meeting 18 of 18 clinical quality indicators in disease prevention and treatment.

2004 Olin E. Teague Award

Secretary Principi presented the 2004 Olin E. Teague Award to the Chronic Pain and Rehabilitation Program at the James A. Haley Veterans Hospital in Tampa on Oct. 6. It is the department's highest honor for programs assisting combat-injured veterans. The Secretary specifically cited the work of clinical director Dr. Michael E. Clark, program coordinator Susan J. Hagan, and psychologist Dr. Ronald J. Gironda. The award is named after the late Texas Rep. Olin Teague, a highly decorated World War II veteran who served 32 years in Congress, including 18 years as chairman of the House Veterans' Affairs Committee. Teague's daughter Jill Cochran joined the Secretary, above, in presenting the award to Gironda, Hagan and Clark (left to right).

Gene Finney

Some say Gene Finney is the right guy for the right job. As a casualty assistance officer at the Seattle VA Regional Office, his job is to discuss VA benefits with the next of kin of servicemembers killed in the line of duty.

He's "probably the best person" for the job, argued Ralph Osman, triage coach, who nominated Finney for the position when it opened last year. He cited Finney's military background, his extensive knowledge of VA benefits, and his caring nature as qualities that make him ideal for the position.

Osman was on to something, as Finney has flourished since taking on his new role. This year he received the Veterans Benefits Administration's Outstanding Customer Service Award. But it isn't his military experience or familiarity with VA benefits that make him so effective. It's his compassion, drawn from personal experience in the loss of a loved one.

His father died suddenly while serving in the Air Force. Finney was a young Army sergeant stationed at Fort Benning, Ga., at the time.

He remembers visiting a county veterans office near Fort Benning shortly after his father's death. "It was an awful experience," he recalled. "There was this cranky old guy who made me feel like I was wasting his time. When he found out my dad had a heart attack, he said, 'Oh, he just kicked off, huh?' You don't talk about a family member that way."

Today Finney makes every effort to ensure others

don't experience the same cold indifference he did. "These are young people who suffered terrible loss. It's very difficult for them and very emotional. I listen and show them I care," he said. Having a personal connection to the mission makes work seem less work-like. Finney calls his job "a privilege."

Finney joined the Army in 1958 after graduating from high school. He did four years of active duty followed by a stint in the reserves, where he used the GI Bill to get a degree in political science from the University of Washington. By 1975, he returned to active duty and came to work as a Defense Department liaison at the Seattle VA Regional Office. He spent the next 17 years on active duty, retiring in 1992 as a sergeant major.

He returned to Seattle with plans to take it easy and enjoy retirement. One thing led to another and he wound up taking a job at the VA regional office as a public contact representative. "It was just like what I'd done on active duty," said Finney, who worked as a recruiter for much of his military career.

Since becoming a casualty assistance officer, he has assumed duties of military outreach specialist and Operation Enduring Freedom/Iraqi Freedom outreach coordinator. As such, he spends a lot of time at nearby Fort Lewis briefing soldiers returning from Afghanistan and Iraq or visiting the wounded at Madigan Army Hospital.

Ken Whitehall, a management analyst who wrote



LAUREL LEE SCHREINER

Gene Finney briefs returning reservists and National Guard members demobilizing at Fort Lewis, Wash. Veterans he's worked with and his colleagues at the Seattle VA Regional Office say he brings a personal touch to his work.

Finney's nomination for VBA's customer service award, estimated that Finney has touched "thousands upon thousands" of returning soldiers. "From the veterans I spoke with [when writing Finney's nomination], he seems to have touched them on a deeper level. You could hear it in their voices—they were personally moved by what he'd done for them," said Whitehall.

Whitehall cited the case of a National Guard soldier who suffered devastating injuries when her vehicle hit a land mine in Iraq. Finney found out about her through a story in the local newspaper. Though she had recently moved to a remote part of the county, he tracked her down and drove out to her house on the weekend.

When he arrived, he discovered her wounds were so severe she was unable to sit up in bed. He spent the next few hours visiting with her and her mother and discussing the range of benefits to which she was entitled.

Months later, with her wounds partially healed, the soldier came to the regional office to thank Finney for being there in her time of need.

Finney doesn't consider his job a 9-to-5 operation. Weekends, evenings, even the middle of the night, he's available for families who lost loved ones and soldiers recovering from combat wounds. "I have yet to meet anyone who puts in as many hours as Gene," said Whitehall.

Finney's award nomination best summarizes his approach to serving veterans. "He provides the personal touch that injured soldiers need, and lets them know that their country has kept its commitment to them," wrote Whitehall. "Gene shows them that the VA is more than just a bureaucracy; he shows them that the VA is made up of people who genuinely care about them. Gene personally affirms they are the reason for our being, our common purpose." VA

By Matt Bristol

Study Pinpoints Schizophrenia Brain Glitch

Scientists for the first time have identified a fault in the brain waves of schizophrenics that may explain their hallucinations and disturbed thinking. The study, by a team at the Boston VA Healthcare System and Harvard Medical School, appears in the Nov. 8 *Proceedings of the National Academy of Sciences*.

The researchers studied the brain waves of normal and schizophrenic patients as they responded to images. Those with the disorder showed no electrical activity in a certain frequency—the “gamma” range, from 30 to 100 brain waves per second—that healthy brain cells use to exchange information about the environment and form mental impressions.

“The schizophrenics did not show this gamma-band response at all. There was a pretty dramatic difference,” said senior author Robert W. McCarley, M.D., deputy chief of staff for mental

health services at the Boston VA Healthcare System and head of the Harvard psychiatry department.

“What some of them did show was a response at a lower frequency, outside the gamma band, which may indicate less efficient communication among neurons,” said McCarley. He added that the strongest non-gamma activity was shown by patients with the worst schizophrenia symptoms.

Schizophrenia affects about 2.2 million Americans. It is the most common psychotic illness, and accounts for some 40 percent of VA’s mental health costs.

Bringing Mental Health Services to Primary Care

Scientists in VISN 2 (Albany, N.Y.) will begin exploring ways to integrate mental health services into the primary care setting with the award of a \$9 million research grant. The grant, \$1.8 million per year for five years, will fund the new Center for Integrated Healthcare

based at the Syracuse VA Medical Center.

The concept of integrating behavioral health into a primary care setting just makes sense, according to Larry Lantinga, Ph.D., a psychologist who is helping to get the new center up and running. “People with mental health issues often don’t recognize that they need help and they certainly don’t want to see a shrink,” he said. “But when they are approached in a primary care setting, they’re much more amenable to talking about their problems and receiving treatment.”

Lantinga’s observations may well be true, but there are few scientific studies outlining the best approach to integrating these services, something the new center hopes to change. One of their first studies will explore mechanisms for providing primary care therapeutic services for veterans who are abusing alcohol. The center also will initially focus on treatment of dementia and post-traumatic stress disorder. Future studies will include weight management, smoking cessation, and the management of hepatitis C and diabetes.

“Our center will test strategies and once they are scientifically validated for their efficacy, we will share the results with the rest of the VA and throughout the medical community,” Lantinga said.

Does Where You Live Affect Your Health?

Veterans living in rural areas are in poorer health than those who live in the city, according to a study by VA researchers who reviewed the health of 767,109 veterans. The findings were published

in the October issue of the *American Journal of Public Health*.

Study leader William B. Weeks, M.D., a physician at the White River Junction, Vt., VA Medical Center and Dartmouth Medical School, said the findings validate VA efforts to expand health care for rural veterans. “We need to think about veterans who live in rural settings as a special population, and we need to carefully consider their needs when designing health care delivery systems,” he said.

For the study, researchers distributed a questionnaire to veterans who used VA health care between 1996 and 1999. It included questions on physical and mental health.

When comparing the answers, they found rural veterans reported an average physical health score of 33 while their urban counterparts averaged 37. The discrepancy remained even after researchers adjusted the scores for socioeconomic factors such as race, education and employment status.

The findings support VA efforts to expand the department’s network of community-based outpatient clinics. VA began establishing these clinics in the 1990s to bring health care closer to veterans’ homes, a move that benefits veterans living in rural areas. There are now nearly 700 VA outpatient clinics nationwide, and more may be on the way. The recent review of VA’s national health system infrastructure called the Capital Asset Re-alignment for Enhanced Services, or CARES, recommended establishing an additional 150 community-based outpatient clinics. **VA**



ROBERT TURTIL

A study found that veterans who live in urban areas are healthier than those in rural areas.

VA has designed a new identity card for veterans to safeguard confidential information. The card, formally known as the **Veterans Identification Card (VIC)**, will have veterans' photos on the front and identify them as enrollees in the VA health care system. Encrypted on a magnetic tape on the back of the card will be the veteran's Social Security number, date of birth and a control number. Veterans should request the new VIC at their local medical center. Processing will take five to seven days once eligibility is verified.

For the fifth year in a row, the independent American Customer Satisfaction Index found veterans are happier than most Americans with the health care they receive. On a 100-point scale, veterans gave VA health care a rating of 91. VA inpatient hospital services received a rating of 84 and outpatient services a rating of 83, compared to private-sector patients giving their health care providers ratings of 79 and 81, respectively. VA also rated highly—92—in veteran loyalty, meaning that nearly all veterans under VA care intend to continue using VA and speak positively to others about their experiences.

The hospice unit at the Lake City division of the **North Florida/South Georgia Veterans Health System** is being refurbished to offer all the comforts of home, thanks to a \$10,000 donation from the Disabled American Veterans Chapter 38 in Orange Park, Fla. It is the largest one-time monetary donation in recent memory, according to **Ron Joyner**, who has spent 16 years with the Lake City VA voluntary service depart-

ment. The donation is a "tremendous boost" in helping to create a home-like environment for veterans living out their last remaining days on the hospice unit, said **Sharon Timmons, R.N.**, the unit's head nurse.

Thirty-six years after earning a Bronze Star for his service in Vietnam, Army veteran Donald Lee Newland finally received the medal during a Nov. 2 ceremony at the **Michael E. DeBakey VA Medical Center** in Houston. The ceremony came about after **Kuno P. Zimmermann, Ph.D.**, a physician with the Rehabilitation Care Line, learned Newman had been awarded the Bronze Star in 1968, but never received the actual medal. He brought it up with **Henry J. Ostermann, Ph.D.**, from the Diagnostic & Therapeutic Care Line, who is a brigadier general in the U.S. Army Reserve. Armed with a copy of the veteran's citation, Ostermann was able to obtain the Bronze Star medal set while on reserve duty.

Frank Montijo, a volunteer at the **Denver VA Medical Center**, received a "7 Everyday Hero Award" from the local ABC affiliate, KMGH-TV. Montijo, a retired optician, has been volunteering at the VAMC since 1999. He uses his professional contacts to get donated frames, pads, screws and other supplies and then provides free eyeglass repair services to veterans there.

Staff at the **Michael E. DeBakey VA Medical Center** and **Houston VA Regional Office** came together to help a veteran who showed up for a compensation and pension examination so distraught he had difficulty responding to ques-

tions. Staff psychiatrist **Jocelyn Ulanday, M.D.**, discovered that he and his wife had fallen on hard times and their home was scheduled for foreclosure the next day. His compensation and Social Security checks had been stopped because he didn't arrange for a change of address and he had gone more than a week without his medication. Ulanday contacted **Milton Austin** and **P.C. Matthews** at the Houston VARO to verify

the veteran's service-connected status and that he had several months of undelivered checks. Medical center social worker **Ellen Flood** delayed the foreclosure by contacting the veteran's mortgage company to let them know the veteran had funds owed to him. While all this took place, Ulanday helped get his medication refilled. Thanks to this team effort, the veteran is back on track and secure in his home. **VA**

A new addition in Knoxville



Left to right: Knoxville Mayor Craig Kelley with VA Central Iowa Health Care System Maintenance Foreman Tom Johnson, Voluntary Service Specialist Angie Sage, and Associate Director Paul Bockelman.

MARGARET E. MARSHALL

When a storm knocked down a large tree on the grounds of the Knoxville campus of the VA Central Iowa Health Care System, Maintenance Foreman Tom Johnson had an idea about what to do with the stump. Why not turn it into a work of art? Angie Sage, a voluntary service specialist, identified donated funds to hire a woodcarver and Knoxville Mayor Craig Kelley came up with the idea of carving a soldier and a young boy standing before an American flag. The carving is "a wonderful addition" to the Knoxville campus, said Donald C. Cooper, director of the Central Iowa VA system.

Bridging the generations



WILL TULLIS

The American Society of Directors of Volunteer Services, part of the American Hospital Association, recognized the Augusta, Ga., VA Medical Center's Musical Bridges program during their annual leadership conference in September. The program, above, uses music-based activities like singing and dancing to create bridges between preschoolers and veterans with Alzheimer's or dementia. It was recognized as a creative way for volunteers to enhance the health care environment and reduce patient anxiety.

The Fayetteville, N.C., VA Medical Center was named Government Customer of the Year by ServiceSource Employment Services, parent company of Employment Source for the National Institute for Severely Handicapped. The medical center was recognized for hiring 12 people with disabilities who provide administrative support services such as operating the telephone switchboard, preparing patient identification badges, and copying medical files. ServiceSource Network's contract with the Fayetteville VAMC to hire people with disabilities was a first for the organization in North Carolina.

Virginia Governor Mark Warner appointed Daniel E. Karnes, team leader at the Roanoke, Va., Vet Center, to a four-year term on the Virginia Board of Mental Health, Mental Retardation and Substance Abuse. The board sets policy for the state's mental health and retardation facilities. A Vietnam veteran, Karnes has a master's degree in social work. He has been with VA for 25 years.

The Association of Military Surgeons of the United States recognized seven VA executives for their contributions to federal medicine during the group's annual meeting Nov. 17 in Denver. They are: Michael J.

Kussman, M.D., acting deputy under secretary for health; James Bagian, M.D., director of the National Center for Patient Safety; Robert M. Kolodner, M.D., associate chief information officer; Ralph Charlip, director of the Health Administration Center; Ann Busch, R.N., clinical coordinator for the Portland VA Liver Transplant program; Robert L. Jesse, M.D., Ph.D., national program director for cardiology; and D. Robert Dufour, M.D., chief of laboratory service at the Washington, D.C., VA Medical Center.

Steven M. Asch, M.D., a health services investigator with the VA Greater Los Angeles Healthcare System,

and Albert Lo, M.D., Ph.D., a rehabilitation researcher with the VA Connecticut Healthcare System, received the Presidential Early Career Award for Scientists and Engineers during a White House ceremony Sept. 9. It is the highest honor presented by the U.S. government to scientists and engineers beginning their careers. Asch studies quality of care. He is currently developing methods to access two areas of HIV care: treatment with antiretroviral drugs and screening and prevention of opportunistic infection. Lo, a neurobiologist, conducts animal studies on the processes involved in nerve injury and pain. VA

Ohio Veterans Hall of Fame

Jack Ross, director of the Cleveland VA Regional Office, was one of 19 veterans inducted into the Ohio Veterans Hall of Fame Nov. 3 for the class of 2004. "These exemplary Ohioans embody service to country while in uniform and in their daily lives as civilians," said Ohio Governor Bob Taft in announcing the 2004 inductees. Pictured with Ross, center, are fellow Ohio Veterans Hall of Fame members Vane S. Scott Jr., left, and Joseph Andry.



ALVIN BURZYNSKI

Nurses teaming up to help



CURTIS TASSET

Left to right: Nurses Nancy Heeren, Rita Lewis and Trina Young came to the aid of a young bicyclist injured in a collision with a car.

Three nurses from the Robert J. Dole VA Medical Center in Wichita, Kan., witnessed a collision between a car and a bicycle and immediately went to assist. Nancy Heeren, a licensed practical nurse, applied pressure to a gash above the young bicyclist's eyebrow. Rita Lewis, a registered nurse, notified the boy's family, while Trina Young, also a registered nurse, shielded the victim and paramedics from a rainstorm.

New Orleans VA Medical Center employees were among some 75 people attending an anniversary party at a local restaurant when **Barbara Mayfield**, nurse manager at the medical center, began choking. Co-worker **Veronica Williams-Riggs, R.N.**, performed the Heimlich maneuver, dislodging a carrot. Guests and restaurant staff applauded Williams-Riggs for her efforts in the emergency.

Marilyn Butler, a Baltimore VA Medical Center emergency room nurse, received a call from a patient threatening to commit suicide. When the veteran broke off the call, Butler quickly reported the incident to VA police. **Officer Antonio Johnson Sr.** immediately called the veteran but was able only to leave a message requesting a return call. Within 10 minutes, the veteran returned the officer's

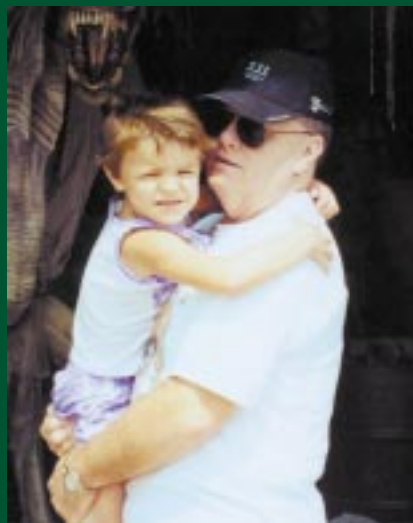
call, telling Johnson that he was going to put a gun in his mouth and pull the trigger. Johnson remained calm and encouraged the veteran to talk. After a careful line of questioning, Johnson located the patient's records, and shift commander **Sgt. Mark Marmash** relayed all pertinent information to local police. Johnson remained on the line with the patient as county police sped to the

patient's home. As they arrived, Johnson calmly instructed the patient to place the phone on the table. The veteran complied and Johnson listened as the county police officers entered the home and peacefully defused the situation. The veteran's father later wrote a letter to Thomas Blake, Baltimore VAMC chief of police, commending Johnson for his actions. **VA**

CPR training saves lives

Richard Burke, a captain with the police department at the Philadelphia VA Medical Center, saved his 4-year-old granddaughter's life when she began choking on a mint candy. Burke was leaving a Riversharks baseball game in Camden, N.J., with his wife and their grandchildren when his wife realized their granddaughter wasn't breathing. After assessing the situation, Burke performed the Heimlich maneuver and dislodged the mint.

Burke is certified in CPR and teaches basic cardiac life support at the medical center. He credits his training with helping him respond to this emergency. "I know the training is important and I encourage everyone to take it," he said.



Philadelphia VAMC Police Officer Richard Burke credited his CPR training with helping him save granddaughter Carol's life.