

U.S. Department of Veterans Affairs

VANGUARD

November/December 2005



Veterans Day 2005

Federal Medical Shelters

President's Cabinet Meeting

Two New National Cemeteries



Continuously 75 Years of Service



Vanguard

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On the cover

Since Veterans Day was first established in 1954, the national ceremony at Arlington National Cemetery's Memorial Amphitheater has opened and closed with a procession of colors—the flags of the national veterans service organizations that compose the Veterans Day National Committee. This year, 96 flag-bearers representing 37 VSOs, including Edward Schnug, of the Military Order of the Purple Heart, and Tanya Cobb, of the Ladies' Auxiliary of the Military Order of the Purple Heart, participated. *photo by Robert Turtill*

Something to Smile About

I rushed into the cafeteria at the Dayton, Ohio, VA Medical Center one day recently to get a quick lunch. You know how it is—always on the go, need to be three places at once, don't have enough time to get everything done.

As I hastened toward the food line, I heard this gruff, firm, but very old voice shout to me, "Hey you, get me a tray!" As I turned to look at the person who had the audacity to speak to me in such a manner, a broad grin came across my face. There in a wheelchair sat an

old Marine, a little dingy and in need of a shave. I eyed him up and down. I smiled again and immediately snapped to it.

I got a tray and handed it to him; he then wanted a lid for his cappuccino. Marines don't drink cappuccino, I thought to myself with a smile, but I didn't dare say it. As I again started toward the food line, he said he needed ketchup and silverware. I got everything my fellow Marine needed for his lunch. I placed the tray on his lap and asked, "Is that it?"

"Yeah," he said, "that will be all," but as I turned to walk away, I noticed that

he was not able to maneuver toward the cashier with a full tray on his lap. So I lifted the tray and took it to the cashier as he wheeled himself behind me. I smiled again. I was doing a good deed for a fellow Marine and it made me feel good to assist him. We got his lunch paid for and got him on his way. As he wheeled himself through the area, I heard him say, "Thanks, young fella." "No problem," I replied.

He smiled and went on about his business. I smiled and went on about mine. He had put a smile on my face and I had put a smile on his. As I reflected back on the situation, I could not help but be amazed by his esprit de corps. I smiled again, for am I not my brother's keeper? In deed.

*Gerald K. Fields
Human Resources
Specialist
Dayton, Ohio, VAMC*

Online Earnings and Leave Statements

Regarding Samuel E. Durkin's comments in the September/October issue, one of our least used benefits is the Employee Express online E&L statements. The VA would save money, employees would receive their pay information in a more timely manner, and paper would be conserved if more eligible employees accessed their earnings and leave information through Employee Express. This can also be printed on a single sheet of plain paper at home or at work if needed, which would still represent a considerable savings over the current method.

I have enjoyed getting an early view of my statements for over a year, yet

many of my coworkers continue to ask if the statements are in for up to a week following payday. Most of them do not have a current PIN to use Employee Express.

To make more employees aware of this great service, new PIN numbers should be issued to those who have not been using www.employeeexpress.gov. The immediate availability of information should serve as enough of an incentive to get people to turn off hard copy and get into the habit of using Employee Express once they are able to access the system.

*Ann Porter, R.N.
Staff Nurse
VA Pittsburgh Health Care
System*

Correction

The photo on the cover of the September/October issue features Atlanta VA Medical Center employee John Steele, a certified nursing assistant in the nursing home. Steele was misidentified in the caption.

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@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.



ROBERT TURTL

The Best Protection

Secretary Nicholson gets a flu shot in his office from Tammy Askins, R.N., staff nurse with the VA Occupational Health Unit. Getting vaccinated is the best protection against seasonal flu. To learn how VA is preparing for seasonal and pandemic flu, see page 15.



Setting a New Course for the VA Health Care System

*Jonathan B. Perlin, M.D.
Under Secretary for Health*

The Veterans Health Administration has always reflected the finest values of our nation—caring, commitment, and dedication to serving those who have protected our freedom in uniform.

Our emphasis on measuring quality has created an organization whose ability to provide quality health care is second to none. Our patient safety program has made our patients safer, and has shown other health care organizations the way to create safer systems and reduce adverse events. Our electronic health record system is the gold standard against which all others will be judged.

And our research program has produced innovative breakthroughs that have advanced health care not only for veterans, but for all our nation's citizens.

Inspired by all that has come before, we have begun to set a new course for our organization—one that will ensure safe, efficient, effective and compassionate care for every veteran it is our privilege to serve.

We have a new mission statement and a new vision statement, developed by our senior leadership. We have affirmed our core values and our domains of value, which have served us well along our journey of change. And we have eight new planning strategies for improvement, which we'll call "Eight for Excellence," each of which will help us enhance our leadership in health care; provide safe, effective, effi-

cient and compassionate care; and meet the challenges the future holds for us.

Our new mission is simple, and easily remembered: to honor America's veterans by providing exceptional health care that improves their health and well-being. For me, the key word here is "exceptional." It is not enough for us to be recognized for being good at what we do. We must be better than good, better even than great. We must be exceptional.

Being exceptional means

going the extra mile, every single day, to improve the health and well-being of the men and women we are privileged to serve.

Our mission is not only a statement of the work we are called upon to do. It is a challenge for us to continue to do better.

Our vision is to be a patient-centered, integrated health care organization for veterans providing excellence in health care, research and education; an organization where people choose to work; an active community partner; and a valued backup for national emergencies.

Visions, too, are designed to be challenges. Take the words "patient-centered." My goal is to ensure that ev-

ery veteran we care for receives safe, effective, efficient and compassionate care without needing to resort to an advocate to get it.

In the last 10 years, we transformed our system from one designed around inpatient care services to one in which outpatient care was expanded and our continuum of care enhanced. In the next decade, we will be transitioning once again—to a system in which we provide appropriate health care to all our patients in their homes, in their communities, and in

benefit veterans; and ■ enhance the health of veterans and the VA community, and to contribute to the health of the nation.

We have developed eight planning strategies for assuring excellence and are in the process of developing initiatives to enable us to move forward. These "Eight for Excellence" strategies are our priorities, and in the next few months, you will be hearing a great deal about these strategies and supporting initiatives—and you will learn how *you* can contribute

You will be hearing a great deal about these 'Eight for Excellence' strategies, and you will learn how you can contribute to our organization's success.

our facilities.

Our core values—trust, respect, excellence, compassion and commitment—are the signposts that must guide us in everything we do. Like our mission, they are enduring; like our vision, they reflect our highest aspirations for ourselves.

Our domains of value are likewise enduring, and are critical in defining who we are as an organization and which paths we will choose to follow in the future, to:

- put quality first;
- provide easy access to care, expertise and knowledge;
- restore, preserve and improve veterans' function;
- exceed veteran, family and employee expectations;
- optimize resource use to

to our organization's success.

I hope you will take the opportunity to learn more about VHA's new course. If we meet the challenges and opportunities we face together, we will surely be successful together. **VA**

What is Eight for Excellence?

This initiative provides a better understanding of VHA's mission and core values that enable the organization to fulfill its vision through eight strategies that will ensure safe, effective, efficient and compassionate care of America's veterans.



Keeping Faith With Our Nation's Veterans

Steve Buyer
Chairman, House Committee on Veterans' Affairs

My greatest privilege and responsibility as chairman of the House Committee on Veterans' Affairs is to provide our veterans with quality care, timely and accurate claims decisions and the assurance that they have the opportunity to succeed. Every member of the committee shares that calling. The young patriots now returning from war in Iraq and Afghanistan and other deployments worldwide are joining the ranks of veterans to whom America owes an immense debt of gratitude.

Our nation has kept faith with its veterans. We are especially grateful for the dedication of VA's more than 237,000 professionals who tirelessly work to care for our veterans. In September, I visited VA facilities along with Secretary Jim Nicholson in areas hit by Hurricane Katrina. Veterans should know of the magnificent performance by their VA in safely evacuating and caring for patients. We will ensure that VA gets the resources to ensure quality care and benefits for veterans in the Gulf Coast region.

Funding for veterans' health care and benefits has steadily increased more than 75 percent in the last decade. At this writing, the House passed the appropriations bill that would provide VA \$70 billion for fiscal year 2006. That would represent an increase in veterans' medical care spending of 18 percent over the past two years.

VA health care is now

synonymous with world-class quality. An expansion of community-based outpatient clinics is enhancing access to care, especially for rural veterans. Yet, we must never stop looking for ways to improve access, cut excessive waiting times for appointments, further enhance the quality of health care, and reduce the backlog in claims.

During my tenure on the committee, and now as chairman, I have championed the need for veterans to have access to a seamless transition from DoD to VA. Returning servicemembers deserve a "seamless" transition from the military into the VA health care and benefits system. For too long, these two agencies have been worlds apart. Officials from

to a VA polytrauma rehabilitation center in a matter of weeks. Seamless transition remains one of this committee's top priorities.

To facilitate this transition, DoD and VA must develop the means to electronically share medical records and appropriate personal data to speed the delivery of benefits to veterans. Every servicemember's health history ought to be recorded—from induction to separation—and shared with the VA system. Congress wants DoD and VA to do what we mandated more than two decades ago: collaborate on making the transition from servicemember to veteran a truly seamless one.

As the holidays approach, we can look back on

largest COLA increase since 1990. The maximum coverage for SGLI and VGLI has been increased from \$250,000 to \$400,000. Steps have been taken to improve the health care budget process. The accuracy and effectiveness of PTSD diagnoses and care has been examined, and we have made headway in improving cooperation between VA and DoD in seamless transition.

I look forward to a productive second session of the 109th Congress that will include more work on many of these issues and will address additional issues such as veterans' employment and the backlog in benefits claims.

On behalf of the members and staff of the committee, may you and your family

Returning servicemembers deserve a seamless transition from the military into the VA health care and benefits system.

both agencies have acknowledged in hearings that they do not yet have a truly seamless transition system.

The damaging effect of this mismatch is heightened by the speed with which patients now move through the system. It is not unusual for a wounded soldier to go from a combat medic to an aid station, to a combat support hospital, to Walter Reed Army Medical Center in Washington, D.C., or National Naval Medical Center in Bethesda, Md., and then

some real accomplishments this year: veterans' funding has again been increased and Congress passed a 2006 COLA that provides an increase of 4.1 percent, the

enjoy safe and peaceful holidays, may we always be thankful for the service of our veterans and those serving us today, and may God bless America. **VA**

About the Author

Guest Outlook columnist Rep. Steve Buyer (R-Ind.) has been chairman of the House Committee on Veterans' Affairs since January 2005. A Gulf War veteran and colonel in the Army Reserve, Buyer is a distinguished military graduate of The Citadel and a graduate of Valparaiso Law School.

Shelter from the Storm

In the aftermath of Hurricane Rita, VA opened and operated two federal medical shelters for civilian evacuees—a first for the department.

In the wake of Hurricane Rita—the Category 3 storm that ravaged parts of Louisiana and Texas in late September—VA employees established and operated the department’s first federal medical shelters to care for civilian evacuees.

The effort highlighted VA’s ability to rapidly mobilize resources and may provide a template for future national disasters. “We basically started from scratch and there were a number of lessons learned to make it better next time,” said Bruce Triplett, a network support director with the Veterans Health Administration headquarters in Washington, D.C., who helped organize the effort.

Rita made landfall Sept. 24 near Sabine Pass, Texas. The storm’s 120 mile-per-hour winds and 10-foot storm surge battered southwestern Louisiana and overwhelmed patched-up levees protecting New Orleans. In Texas, the storm devastated the counties of Beaumont, Port Arthur and Orange, leaving hundreds homeless in a state already

Sharon Jurasek, a nursing assistant with the VA Boston Health Care System, is one of hundreds of VA employees from around the country who volunteered to staff the department’s first federal medical shelters.



AL PERRY

inundated with Hurricane Katrina evacuees.

Before the storm hit, Bruce A. Gordon, director of the Central Texas VA Health Care System, identified empty beds at the VA hospital in Waco, located about 200 miles north of Rita's landfall. It soon became apparent, however, that the relief effort would require more than existing capacity could handle. Gordon's solution was simple: transform empty buildings at the Waco and Marlin VA hospitals into federal medical shelters for hurricane evacuees.

When the Federal Emergency Management Agency and U.S. Public Health Service came calling, Gordon was ready. "We knew these campuses could be reactivated for surge capacity, so why not be prepared," he said afterward.

There were plenty of challenges in transforming empty buildings into medical shelters, including sweeping up, restoring power, and assembling cots, cribs and other furnishings. VA employees in Central Texas worked side by side with the U.S. Public Health Service to transform the vacant buildings into functioning medical shelters.

At the same time, VA officials in Washington, D.C., were mobilizing employees from around the country who volunteered to deploy to hurricane-affected areas. Robert McDivitt, deputy director of VISN 23, based in Minneapolis, was among the first to deploy, arriving in Waco on Sept. 29.

"I can't say there was a grand plan when we hit the ground, but our people know how to provide health care to a diverse and challenging population and they performed magnificently," said McDivitt, who directed the Waco shelter during a two-week tour of duty.

By the end of his first day, nearly 50 civilian evacuees, mostly

elderly nursing home patients and their families, had been admitted to the shelter. Within a few days, the number swelled to more than 170.

Meanwhile, 20 miles south of Waco, VA staff were preparing to receive patients in a second shelter on the grounds of the old Marlin VA hospital, which had been converted to an outpatient clinic several years ago.

Vincent Ng, director of the Providence, R.I., VA Medical Center, helped set up the Marlin shelter and served as its director



RON MAHAN



RON MAHAN

Angel Rodriguez-Espada, a captain with the U.S. Public Health Service, receives a plaque of appreciation from Robert McDivitt, VISN 23 deputy director, and Bruce Gordon, Central Texas VAHCS director, at the Waco federal medical shelter; top: VA employees, including Bobby R. Smith, standing in truck, worked side by side with Public Health Service personnel to set up the shelters at Waco and Marlin.

for two weeks. He said the operation ran smoothly because staff members all follow similar guidelines for patient admissions, end-of-shift reporting, use of computerized medical records and other procedures, even though they came from different VA medical facilities. "Everyone integrated very well, which enabled us to respond quickly to things we didn't anticipate," he said.

With both shelters up and running, the U.S. Public Health Service packed up and left, leaving the operation completely under VA control. "In the beginning, we had no idea VA was going to run the shelters," admitted Gordon, the Central Texas VA director. "But it became clear that we were well suited for this. I think the VA really went beyond what anyone expected and we did it extremely well," he said.

By this time the facilities housed about 300 evacuees. Most had spent time in several different shelters and were eager for some stability. Ernest Sam, 72, an Army veteran from Port Arthur, appreciated the efforts of VA staff to make the shelters as comfortable as possible. "It's really impressive how fast they put this all together," he told the *Waco Tribune-Herald*.

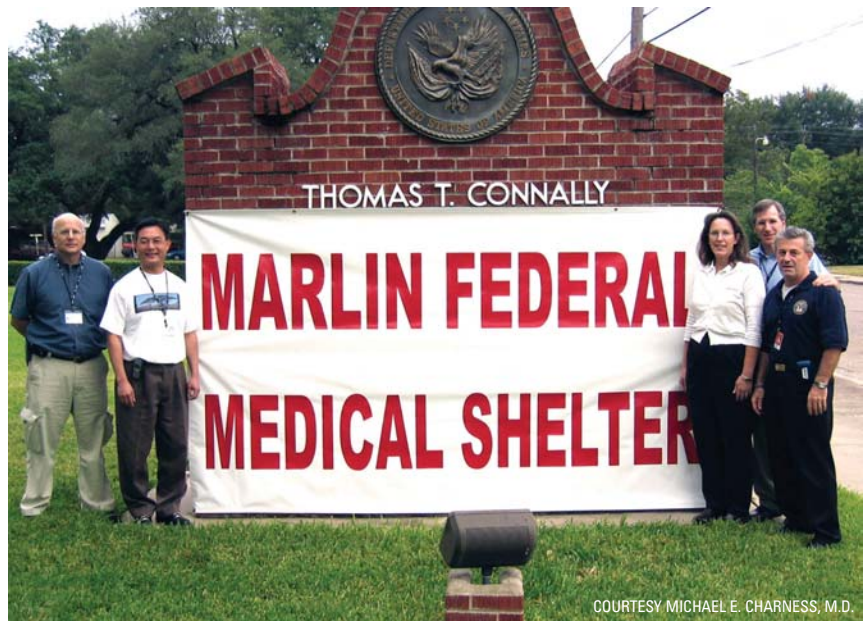
Once the evacuees' medical needs were met, VA staff shifted gears and began focusing on their emotional and social needs. It began with a surprise birthday party for two young boys. Staff took up a collection and bought toys, cakes and balloons. Their initiative brought a sense of normalcy to disrupted lives and sparked an effort to transform the shelters into mini-communities.

Soon the social calendar filled with recreational events like movie nights, dances, anniversary parties and baby showers. The staff scheduled trips to the zoo and library, enrolled children in school, and provided post office addresses for the



MICHAEL E. CHARNNESS, M.D.

Drs. Sammy Wong, right, of the Loma Linda, Calif., VA Medical Center, and Loma Mayo, of the White River Junction, Vt., VA Medical Center, share a laugh with a young evacuee.



COURTESY MICHAEL E. CHARNNESS, M.D.

The executive leadership team at the Marlin VA federal medical shelter. Left to right: John Sisty, Vincent Ng, Rose Paradis, Michael Charness, M.D., and Michael Grove.



Top: Staff helped these boys celebrate their birthdays at the Waco VA federal medical shelter; center: Al Perry, director of the VA Central California Health Care System, poses by a map marked with the homes of VA employees who deployed to Marlin to staff the shelter there; bottom: A group of evacuees is discharged Oct. 16 from the Marlin shelter to return to their homes.

RON MAHAN



WIL RODRIGUEZ, M.D.



AL PERRY

evacuees. “We had people tell us they’d never been treated so well,” said Gordon.

Elizabeth Crossan, public affairs officer for the Central Texas VA, said the shelters evolved beyond anyone’s expectations. “It became more than a shelter—it was a place to live and recuperate while caring for their physical and social needs,” she explained.

By late October, most of the evacuees were able to return to their communities. The shelters were scaled back and eventually closed. Triplett, the VHA official in Washington, D.C., said those who organized the effort are preparing after-action reports, which will be reviewed in the coming months. “We need to learn from this,” he said, “because I suspect we’ll be asked to do it again.”

For McDivitt, the deputy network director from Minneapolis, one of the key lessons was the value of partnering with other federal agencies. “This was a tremendous federal partnership, and VA had the lead, but we couldn’t have done it alone,” he said.

McDivitt gave much of the credit for the operation’s success to the hundreds of VA employees who staffed the shelters. He even sent an e-mail message to *Vanguard* praising their “heroic efforts” and recommending they be featured in the magazine’s Heroes section. “I had to nominate them,” he said in a follow-up call. “They did whatever it took and really made my job easy.” **VA**

By Matt Bristol



EMERSON SANDERS

Attending the President's Cabinet meeting at the Washington, D.C., VA Medical Center were (clockwise from left): D.C. VAMC Director Sanford Garfunkel; Secretary of Homeland Security Michael Chertoff; Secretary of Agriculture Mike Johanns; VA Secretary Jim Nicholson; Secretary of Defense Donald Rumsfeld; Secretary of Housing and Urban Development Alphonso Jackson; Office of National Drug Control Policy Director John Walters; Environmental Protection Agency Administrator Stephen Johnson; Secretary of Commerce Carlos Gutierrez; Secretary of Treasury John Snow; Secretary of Health and Human Services Michael O. Leavitt; Office of Management and Budget Director Joshua B. Bolten; and VA Under Secretary for Health Dr. Jonathan Perlin.

A Historic Meeting

Secretary Nicholson hosts a meeting of the President's Cabinet at the Washington, D.C., VA Medical Center.

A historic event took place at the Washington, D.C., VA Medical Center on Oct. 7, when a meeting of the President's Cabinet was held there. Hosted by VA Secretary Jim Nicholson, the meeting was an unprecedented opportunity for the federal government's top leaders to be introduced to VA's widely praised health care delivery methods and, in particular, to the department's highly regarded computerized patient record system (CPRS).

President Bush initiated these new Cabinet "agency site" meetings to build bridges of understanding among the agencies. Secretary Nicholson decided to host the Cabinet meeting at a medical center to give the nation's Cabinet secretaries a firsthand look at VA medical center operations.

Eleven Cabinet members, including Secretary Nicholson, were present, as were VA Under Secretary for Health Dr. Jonathan Perlin, the co-host of the event, and Wash-

ington, D.C., VAMC Director Sanford M. Garfunkel and Chief of Staff Dr. Ross D. Fletcher.

Cabinet members present included: Treasury Secretary John W. Snow; Defense Secretary Donald H. Rumsfeld; Agriculture Secretary Mike Johanns; Commerce Secretary Carlos M. Gutierrez; Health and Human Services Secretary Michael O. Leavitt; Housing and Urban Development Secretary Alphonso Jackson; Homeland Security Secretary Michael Chertoff; Environmen-

tal Protection Agency Administrator Stephen L. Johnson; Office of Management and Budget Director Joshua B. Bolten; and Office of National Drug Control Policy Director John P. Walters.

This gathering, marking the first time a Cabinet meeting had been held at any VA facility, was a forum for agencies to develop greater understanding and cooperation in areas of mutual interest and concern. For example, both Secretary Rumsfeld and Secretary Leavitt expressed interest in the potential applications of electronic patient records for their agencies.

Cabinet members received an overview of medical center operations from Garfunkel. Perlin gave an orientation to

VistA, and Fletcher presented a functional presentation describing how CPRS and My Health_eVet are used from a clinical perspective.

"It was a real privilege to host the President's Cabinet at our Washington, D.C., VAMC," said Secretary Nicholson. "It also made me proud to show off our hospital, our people and our capabilities. The U.S. Cabinet also saw the future of health care during their visit when Dr. Fletcher demonstrated the electronic medical record which has already come to VA, with all of its advantages for safety, speed and portability."

Ever since President Bush encouraged the country's medical community to implement electronic patient records, VA's VistA system has been touted as the model for the nation.

My Health_eVet, CPRS and Bar Code Medication Administration make up a comprehensive electronic



Harry Teitelbaum, physician assistant at the D.C. VAMC, demonstrates VA's computerized patient record system in the Renal Care Center for Secretary Nicholson, standing third from left, and fellow Cabinet members John Walters, fourth from right, and John Snow, third from right. Looking on are, from left: Dr. Carlos Palant, chief of the Renal Care Center, Dr. Joseph Kariyil, chief of Hemodialysis, Dr. Jonathan Perlin, VA under secretary for health, Dr. Ross Fletcher, chief of staff, and Sanford Garfunkel, director.

record that puts years of patient data at a doctor's fingertips, including images, medication history, physician notes and patients' own home-generated health information (such as weight and blood pressure).

The record can be retrieved remotely from VA medical centers throughout the nation. The benefits of this electronic system were clearly demonstrated following the tragedy of Hurricane Katrina.

When a group of veterans evacuated from Gulfport, Miss., arrived in Washington, D.C., their health records were immediately accessible to clinicians. Prescriptions were refilled within hours of their arrival and there was no disruption in the delivery of appropriate health care.

Health care leaders from Afghanistan to Jordan have sought demonstrations. International government agencies serving veterans from as far away as China have

come to the U.S. to see it in action. The governments of Finland and Mexico have adopted it as their own. Members of Congress have it under close review and medical associations are clamoring for presentation time.

VistA is being lauded by the media, too. News articles in *The Washington Post*, *U.S. News & World Report*, and *Washington Monthly* magazine call VA health care among the best in the nation and attribute much of VA's success to VistA.

Programs on National Public Radio and PBS' "News Hour with Jim Lehrer" heap praise on the system. But never has it come under the scrutiny of a more influential group than on Oct. 7, when the President's Cabinet spent several hours at the Washington, D.C., VA Medical Center. **VA**

By Michelle Spivak

PTSD Treatment: The Eyes May Have It

Psychotherapists at the North Chicago VA Medical Center are finding success with an unusual treatment for severe psychological trauma.

Post-traumatic stress disorder, like any other psychological trauma, is difficult to diagnose, and often, even more difficult to treat. Unlike setting a fractured bone or removing a ruptured appendix, there's just no physical way to cure this ailment. But a team of psychotherapists at the North Chicago VA Medical Center's PTSD Treatment Clinic is finding that a somewhat physical procedure may indeed offer some success.

Eye Movement Desensitization and Reprocessing (EMDR), with its subjective units of disturbance, positive self-statements, and saccades, may sound like an extremely technical process, until you've seen it done.

Physically, EMDR is as simple as a therapist waving a hand in front of a patient's face, but it's what happens at the psychological level that is much more complicated and controversial. Nevertheless, Dr. Howard Lipke, a VA staff psychologist, and his colleagues at the North Chicago Stress Disorder Treatment Unit are singing the praises of the process.

Lipke has been using EMDR since the early '90s, when an article in the *Journal of Traumatic Stress* introduced the procedure to the typically skeptical psychologist. With an abundance of patients with PTSD, and few signs of significant improvement in some of them, Lipke de-

ecided he needed to learn more about the process and its promise of results.

"We weren't getting results for some of our patients with severe PTSD. Frankly, no one was," Lipke said. "It was actually one of the faculty from our affiliated medical school who told me about the article on EMDR. I looked into the studies and made phone calls to the participating psychotherapists at the places where the research had been done, and before long, we had decided to

try it with some of our patients."

The result of those first trials was substantial success in relieving symptoms of PTSD, and Lipke became a believer.

"I had a veteran in individual therapy for three months. He was doing OK, with a job, family and a lot of good things going on in his life, but he just could not get over this rage from a memory of what a fellow soldier had done when they were in combat together," Lipke said. "Anytime he thought about



Dr. Howard Lipke, left, discusses EMDR techniques with Greg Rimoldi, center, a staff social worker at the North Chicago VA Medical Center, and Rod Linder, a psychology intern.

MARY WATERMAN

the incident, it interfered with his life tremendously.

“After 15 minutes of EMDR, he could talk and think about the situation. He still didn’t like the fellow soldier, but he didn’t get enraged. Since then, in all the years I’ve had contact with him, he’s been able to lead a positive life without that memory interfering. When you see something like that in 15 to 20 minutes after you’ve been working with a guy for three months, you have to think there is something to this treatment.”

According to Lipke, EMDR is a method of psychotherapy that integrates awareness principles of modern psychotherapy with the sensory/motor activity of eye movement, in some ways similar to what one might observe during the rapid eye movement a person experiences while dreaming.

“What the eye movement does is help process those painful feelings so they are no longer intrusive,” said Karen Paddock, the program manager for the North Chicago Stress Disorder Treatment Program. “We know from research conducted years ago that REM sleep does help people process events in their lives. We know people with PTSD generally have reduced or irregular REM

process that information so it will feel more like a memory.

“Say that you were once in a fire, and every time you are reminded of that fire, you feel like you are reliving it. That is unprocessed memory,” Lipke explained. “It would be more logical to feel relief because you escaped from the fire, instead of recapturing the fear. EMDR appears to help the brain do a natural transition to that relief, which was blocked before by the pain of the experience.”

Even though the eye movement, or sometimes other sensory/motor activity, is key to the therapy, during actual treatment the eye movement becomes a secondary function and is not to be concentrated upon.

During a session, a therapist would ask the veteran to bring to mind a visual image of the traumatic event. A negative self-thought, such as “It was my fault,” as well as a preferred thought, such as “I did the best I could under the circumstances,” would be identified. Pain-

“We weren’t getting results for some of our patients with severe PTSD. Frankly, no one was.”

sleep so we induce something similar to REM sleep with EMDR.”

According to the theory behind EMDR, the intrusive thoughts or flashbacks associated with severe PTSD are, in the simplest terms, unprocessed information. Instead of having a memory they can reflect on, someone with PTSD relives the stress of that situation as if it happens to them all over again. The eye movement in EMDR is meant to

ful emotions and associated physical sensations such as muscle tension would also be attended to.

The veteran would then be asked to start with the image, negative thoughts and feelings, move their eyes as guided by the therapist, and note what happens. What follows leads to a wide variety of responses and usually, ultimately, to an adaptive reprocessing of the memory, according to Lipke. The



Dr. Howard Lipke, far left, with VA and Department of Defense colleagues at an EMDR training session for DoD therapists held recently in Germany. With him are (left to right): Dr. Susan Rogers, of the Coatesville, Pa., VA Medical Center; Lt. Col. Gary Tryniszewski, of the Wuerzburg MEDDAC; Dr. Jamie Zabukovec, of the Prescott, Ariz., VA Medical Center; Capt. Maria Bates, of the Wuerzburg MEDDAC; and Dr. Steven Silver, of the Coatesville VAMC.

path is often quite complicated, and the therapist needs intensive training to be prepared to help the client take it.

“If you are in combat, it changes your life. It changes the way you think about things. It changes the way you look at things. After EMDR, we find that our patients are less likely to have nightmares, and less likely to have intrusive thoughts. Those are the kinds of problems EMDR helps best with,” Lipke said.

Reason to doubt

However, it is the assertions of replicated REM sleep and brain transference through a wave of the finger that other psychiatrists and psychotherapists, even within VA, are finding so controversial and difficult to process. Dr. Matt Friedman, executive director of VA’s National Center for PTSD, doesn’t doubt that EMDR is working, but says the whys and hows are still being explored. He points to research that refutes EMDR’s finger-waving ways.

“The original theory on which

EMDR was based seems to be completely wrong,” Friedman said. “The theory was that by having a repetitive motor movement like eyes following a finger, that neurologically, trauma memories would somehow be resolved. There have now been a number of meta-analyses that concluded that EMDR is an effective treatment for PTSD but not for any known reason. I happen to believe that it is a variant of cognitive behavioral therapy and I happen to believe there are more powerful forms of CBT out there.”

CBT is the current, first-line treatment prescribed for patients with PTSD at VA's National PTSD Center. Friedman describes CBT as a group of treatments that are all derived from classic psychological learning theory. According to him, they have a very strong theoretical background, and a strong scientific basis backed by animal and human research.

“The techniques in CBT are very elegantly evolved from the scientific foundations and there has been some really outstanding research demonstrating CBT's effectiveness,” Friedman said. “The research into EMDR is not as scientifically rigorous. Long-term research with EMDR says that the therapeutic gains are sustained but the research basis, the empirical basis, supporting EMDR, while certainly adequate, is not as strong.”

Reason to believe

While Lipke is quick to acknowledge that EMDR is not a cure-all for people suffering from PTSD, he is equally quick to point to the positive results EMDR has shown, especially over commonly practiced CBT techniques such as exposure therapy.

“Some long-term CBT advocates have difficulty accepting that many of the studies supporting EMDR are very good science,” Lipke

said. “According to the theory underlying CBT, EMDR shouldn't work as well as it does. There are several studies showing that EMDR-type eye movements have clear effect on memory storage.”

In Lipke's view, exposure, a core CBT method, requires that the patient spend unnecessarily long periods of time re-imagining the traumatic event. Though EMDR starts with some exposure, according to Lipke, it is a free association activity so the trauma isn't forced on the patient the same way it is with exposure. Lipke insists some traumas with guilt-related issues may be made worse with exposure, but EMDR can help.

“I really came to the North Chicago clinic because of EMDR,” said John Schaut, one of Lipke's fellow therapists. “I had a fellowship at the Dallas medical center working with PTSD cases and I was using exposure and getting appalled with what it was like. I heard there was something different here, and I interviewed to be able to try it. It was worth it. EMDR is a more humane and effective treatment. The difference, to me, is like doing medicine before and after penicillin was discovered.”

EMDR is currently endorsed under the VA/DoD Clinical Practice Guidelines for the Management of Post-Traumatic Stress Disorder, accessible on the Web site www.guideline.gov, as a treatment of “significant benefit,” but that hardly resolves the issue of whether any individual VA therapist gives the treatment credit.


“There is usually a lot of skepticism when we start a training session and the questions abound,” Lipke said. “However, once we explain the process and show how it works, the questions quickly narrow to ‘How do we learn to do this better?’”

Despite how different psycho-

therapists and psychiatrists may line up on the use of EMDR, if the popular vote has any say, EMDR is a clear winner. In fact, according to Paddock, veterans from across the nation have traveled to North Chicago to try the treatment.

“North Chicago is number one on most veterans' lists of stress disorder treatment units because of the staff,” said Chuck Kalb, a veteran from Columbus, Ohio, whose experience with EMDR inspired him to help raise funds for other veterans to travel to North Chicago for it. “EMDR brought up most of the things that were bothering me that I kept buried because I didn't want to face them for one reason or another, and that was the breakthrough in my individual life's journey with PTSD.”

The treatment center in North Chicago has been using EMDR since 1990 and to date has treated more than 4,000 patients using the method. Therapists at the Coatesville, Pa., VA Medical Center also use EMDR and Lipke recently joined Dr. Steven Silver of the Coatesville clinic in Germany to train Department of Defense therapists in using EMDR at the Wuerzburg MEDDAC facility for returning Iraqi Freedom troops.

In VA alone, Lipke has conducted seven training sessions so far, and has done several DoD training seminars, including a regular clinic for physicians at the neighboring Great Lakes Naval Training Station, the Navy's premiere training ground for all enlisted troops. Lipke invites VA therapists who want to learn more about the process to contact him, saying he would be happy to facilitate training. “If you have clients that aren't being helped much with their intrusive symptoms from PTSD, there is that much reason to give EMDR a chance,” he said. 

By Ryan Steinbach

Seasonal and Pandemic Flu

What VA is Doing, What You Can Do

VA takes seriously the threat that influenza—seasonal, avian (bird), and the possibility of pandemic flu—poses to veterans, employees, vital systems that support veterans' health, benefits, and memorial affairs, and the nation. First, some definitions.

Seasonal flu regularly circulates in humans, usually in winter, and can cause many miserable days of fever, cough, aches and fatigue at home or in the hospital, or worse. Get vaccinated against the flu every year; it is the best protection, even if you don't get it until winter.

Pandemic flu occurs when a flu strain new to humans quickly emerges and causes widespread illness. This new strain can originate from the resorting of human and animal, such as avian, strains that lead to sustained human-to-human transmission. (Resorting has not happened, as of this writing, with the current H5N1 avian flu, but the potential is there.) These new strains are dangerous because humans have little pre-existing immunity to them, vaccines may not be immediately available, and antiviral medicines may be less effective than for seasonal flu. Past influenza pandemics have led to high levels of illness, death, social disruption and economic loss.

What VA is doing. VA has had an active program to vaccinate patients and staff against seasonal flu for many years and has been active against pandemic flu, as well. Pandemic flu has not currently appeared in the world or the U.S., but it is important to be prepared. In early November, President Bush announced his "National Strategy for Pandemic Influenza," which involves all levels of government, along with each individual citizen,

in planning for and preventing pandemic flu should it occur. VA has been at the table alongside other federal agencies working on the President's strategy for more than a year and is now participating in developing the White House operational plan for pandemic flu and creating a VA-wide plan. At the same time, VA has taken several key steps, with more underway.

- Creating an emergency stockpile of the antiviral drug oseltamivir to be used if pandemic flu occurs in the VA health care system (see VHA Information Letter 10-2005-0016).

- Developing a Respiratory Infectious Disease Emergency Plan for Facilities that supplements the VHA Emergency Management Guidebook.

- Actively promoting basic public health measures—hand and respiratory hygiene (the ongoing "Infection: Don't Pass It On" campaign).

- Creating educational materials related to infection emergencies, such as the use of personal protective equipment and the use of droplet precautions.

- Promoting vaccination against other infectious health issues, such as seasonal flu and pneumococcal pneumonia.

- Building on seasonal flu efforts as a foundation for leadership, policies, procedures, systems, education, and communication, using multi-disciplinary teams at the national and local levels.

What you can do. Clearly, pandemic flu will be a challenge for individuals, the community, the VA health care system, and the nation, and there are no good, simple answers. However, here are some things you can do now. For more suggestions, go to the federal Web site at www.pandemicflu.gov/health/

whatyoucando.html.

- Develop preparedness plans as you would for other emergencies (such as planning for shelter or evacuation, basic provisions like food and water, and communications with your loved ones).


- Practice good health habits, including eating a balanced diet, exercising daily, and getting sufficient rest, as well as taking basic steps to stop the spread of germs: wash hands frequently, cover coughs and sneezes with tissues, and stay away from others as much as possible if you are sick.

- Stay informed about possible pandemic influenza through federal Web sites, as well as national, state and local public health departments and the health and science media.



Sandy Hall gets his flu shot from Sara Evelyn Parisotto, R.N., associate director for nursing services at the New Mexico VA Health Care System, at a drive-through flu clinic at the Albuquerque medical center. About 1,000 veterans were vaccinated during the two-day clinic.

For more information, go to:

- the main federal Web site at www.pandemicflu.gov;
- the VA Web site at www.publichealth.va.gov/Flu/pandemicflu.htm. 

By Connie Raab

Veterans Day 2005 ...



Clockwise from left: Columbus, Ohio, Mayor Michael B. Coleman, far left, stands with officers of Lima Company, 3rd Battalion, 25th Marine Regiment, based in Columbus, as they recognize the heroic acts of bravery and sacrifices of their fellow Marines supporting Operation Iraqi Freedom during an official Marine Corps award ceremony that was part of the City of Columbus Veterans Day celebration Nov. 10 at City Hall. Forty-one members of the 25th Regiment were killed in Iraq over the summer;

Vesta Oliver, a 23-year Army veteran, retired VA employee and volunteer at the Atlanta VA Medical Center, enjoys a ride on the VA float during the Veterans Day parade in downtown Atlanta;

Students from Norton Elementary School in Atlanta sang to nursing home residents and then sat back to enjoy the One VA 75th Anniversary and Veterans Day Celebration held at the Atlanta VAMC;

The Old Guard Fife and Drum Corps from Fort Myer, Va., part of the 3rd Infantry, participated in the Veterans Day ceremony at Fort Sam Houston National Cemetery in San Antonio. They're shown here leading veterans service organizations during the wreath-laying ceremony.

In the Field ...



BRAD GARNER

Clockwise from above: Color guard from the 37th Engineering Battalion at Ft. Bragg honor patients from the Fayetteville, N.C., VA Medical Center during the Veterans Day program held on Nov. 10;

William Foster, a World War II veteran and resident of the Atlanta VA Medical Center's nursing home, enjoys a special Veterans Day meal provided by the Buckhead Life Restaurant Group. The group catered a gourmet meal for residents and their families, complete with white linens and professional wait staff. The restaurant group even pledged to make the gourmet meals a tradition every Memorial Day and Veterans Day. Home Depot provided floral centerpieces for the occasion, and AirTran Airways donated several airline vouchers, allowing residents' family members to visit them in Atlanta;

The U.S. Army Parachute Team the Golden Knights visited with patients, including World War II pilot and former POW James Hensley, in the Nursing Home Care Unit at the Fayetteville, N.C., VA Medical Center Nov. 10 as part of Veterans Day activities;

Employees and volunteers from the Robert J. Dole VA Medical & Regional Office Center participated in the 5th annual Veterans Day parade in downtown Wichita on Nov. 5.



ANN HAMILTON



NORMA HARDESTY



BRAD GARNER

... In the Nation's Capital



NATIONAL PARK SERVICE PHOTO

On Nov. 4, Britain's Prince Charles and his wife Camilla, the Duchess of Cornwall, paid solemn tribute to America's World War II dead during a wreath-laying ceremony at the National World War II Memorial in Washington, D.C. The royal couple were on their first foreign visit together. On the final leg of their eight-day tour of the U.S., in San Francisco, the prince and duchess met with Sheila Cullen, director of the San Francisco VA Medical Center, and staff of the facility's comprehensive homeless veterans program while visiting a program jointly managed by the VAMC and the mayor's homelessness office to help homeless people get off the streets and into safe housing.

The afternoon Veterans Day ceremony at the Vietnam Veterans Memorial always draws a big crowd. Thousands attended this year's ceremony, which featured a keynote address by Gen. Peter Pace, chairman of the Joint Chiefs of Staff, followed by wreath-layings by groups from around the country.



ROBERT TURTIL



EMERSON SANDERS

Representing President Bush, Vice President Dick Cheney laid the traditional wreath at the Tomb of the Unknowns during the Veterans Day ceremony at Arlington National Cemetery. In his remarks following the wreath-laying, Cheney told veterans, "Whenever and wherever your service took place, you earned this nation's respect on the day you first put on the uniform, and you still have our respect today."

The Golden Age of National Cemetery Development

VA opens new cemeteries near Pittsburgh and Detroit

VA recently celebrated the opening of two new national cemeteries—the 121st and 122nd—in the Pittsburgh and Detroit areas.

Secretary Jim Nicholson was the keynote speaker at the dedication ceremony for the National Cemetery of the Alleghenies in Bridgeville, Pa., on Oct. 9. “These cemeteries—these shrines—should not only provide peaceful repose for our veterans, they should be visible reminders of the sacrifices that have been made by our fellow citizens to preserve our freedom,” the Secretary told the crowd.

Cemetery director Gerry Vitela drew Nicholson’s praise “for all of the hard work that went into opening the cemetery and preparing for this dedication. You’ve done a terrific job.”

Rep. Tim Murphy (R-Pa.) was among the other speakers at the ceremony dedicating the cemetery, located in rolling countryside just south of Pittsburgh.

A flag-raising ceremony for Great Lakes National Cemetery in Holly, Mich., on Oct. 15 featured then-Acting Under Secretary for Memorial Affairs Richard A. Wannemacher Jr., as keynote speaker. “As we open Great Lakes

the uniform in the past and to those who are serving today, to guard and defend our great nation,”

Wannemacher said in his remarks. Other speakers included Sen. Carl Levin (D-Mich.).

Both new cemeteries are being



WARREN PARK

Acting Under Secretary for Memorial Affairs Richard A. Wannemacher Jr., second from left, and Secretary of Veterans Affairs Jim Nicholson unveil a bronze plaque marking the dedication of the National Cemetery of the Alleghenies. Looking on are, from left: Cemetery Director Gerald T. Vitela, Rep. Timothy F. Murphy (R-Pa.), and Brig. Gen. William Boardley, representing the Pennsylvania National Guard.

National Cemetery, we express our gratitude to those who have worn

constructed on former farmland. Construction at both sites is still in

the first phase, with limited or temporary structures and roadwork.

A combination of good weather and pre-event stories in the local media encouraging veterans and other interested citizens to attend contributed to high turnout at both ceremonies. At the National Cemetery of the Alleghenies, hundreds of chairs were set up and tents erected to shield attendees from possible wet weather. The flag-raising at Great Lakes National Cemetery was a stand-up affair, intended to serve as a brief precursor to the actual commencement of interments just two days later.



VA Secretary Jim Nicholson and Rep. Timothy F. Murphy (R-Pa.) take in the rolling hills and first gravesites of the National Cemetery of the Alleghenies.



Veterans and other guests participate in the flag-raising at Great Lakes National Cemetery.

Neither cemetery “opened” with these ceremonies. A national cemetery officially opens with its first interment. First burials at the National Cemetery of the Alleghenies took place on Aug. 15. At Great Lakes National Cemetery, burials began on Oct. 17. On that day, cemetery director Rick Anderson and his staff began an aggressive

schedule of six-day weeks to resolve a backlog of burial requests caused by construction delays.

National cemeteries, begun at the behest of President Abraham Lincoln, are as small as Hampton VAMC National Cemetery in Virginia, occupying less than a third of an acre, and as large as Calverton National Cemetery in New York, at

1,045 acres. The new National Cemetery of the Alleghenies is just under 300 acres, while Great Lakes National Cemetery takes up more than 500 acres. Both new cemeteries are projected to have space available for the interment of veterans and eligible family members for the next 50 years.

The new cemeteries added in 2005 demonstrate that the historic expansion of the nation’s cemetery system for veterans, an estimated 85 percent increase in capacity between 2005 and 2008, is in full swing. Georgia National Cemetery near Atlanta should be next, while as yet unnamed national cemeteries are in some stage of acquisition or construction near the cities of Bakersfield, Calif.; Birmingham, Ala.; Greenville, S.C.; Jacksonville, Fla.; Philadelphia; Sacramento, Calif.; Sarasota, Fla.; and West Palm Beach, Fla. As many as three of these new cemeteries may open next year. **VA**

By Raymond P. Kempisty

Commemorating 75 Years of Service: *Pivotal Moments in VA History*

The Bonus March

In 1932, as the Great Depression raged, World War I veterans marched on Washington to demand the bonus payments they had been promised; in the process, they illuminated serious shortcomings in how the nation cared for its defenders.

The Great Depression was merciless. The loss of jobs, life savings and confidence left many unable to make a living. Trapped in its wake, World War I veterans suffered tremendous pressure during the economic slump. After returning from the Great War, many faced destitution and did all they could to survive.

On May 19, 1924, Congress intervened by passing the World War Adjustment Compensation Act. The act provided a bonus to World War I veterans based on the length and location of their service: one dollar per day served in the United States and one dollar and a quarter per day served overseas. The payments were intended to bring about economic balance between the veterans—who generally received low wages in the service—and those who stayed home and benefited from wartime industry.

But there was a catch. Veterans who were authorized bonuses of more than \$50 were issued adjusted service certificates from the Veterans' Bureau. These certificates were a form of an endowment policy payable 20 years from the date of issue and generally had a face value of \$1,500.

As the Depression worsened, veterans began calling for immediate payment of their "bonuses," as the certificates came to be called. In March 1932, a small group of veterans from Oregon began marching to Washington, D.C., to demand payment. Word of the march spread like wildfire and soon small bands of unemployed veterans from across the country began descending on the nation's capital.

There is no way of knowing how many veterans joined the "Bonus Expeditionary Forces," as the marchers were called. By the summer, some estimates put the force at between 15,000 and 40,000. They camped wherever they could. Some

slept in abandoned buildings or erected tents. But many lived in makeshift shacks along the mudflats of the Anacostia River.

With no sanitation facilities,



Though there's no way of knowing how many veterans joined the march, some estimates put the number at between 15,000 and 40,000.

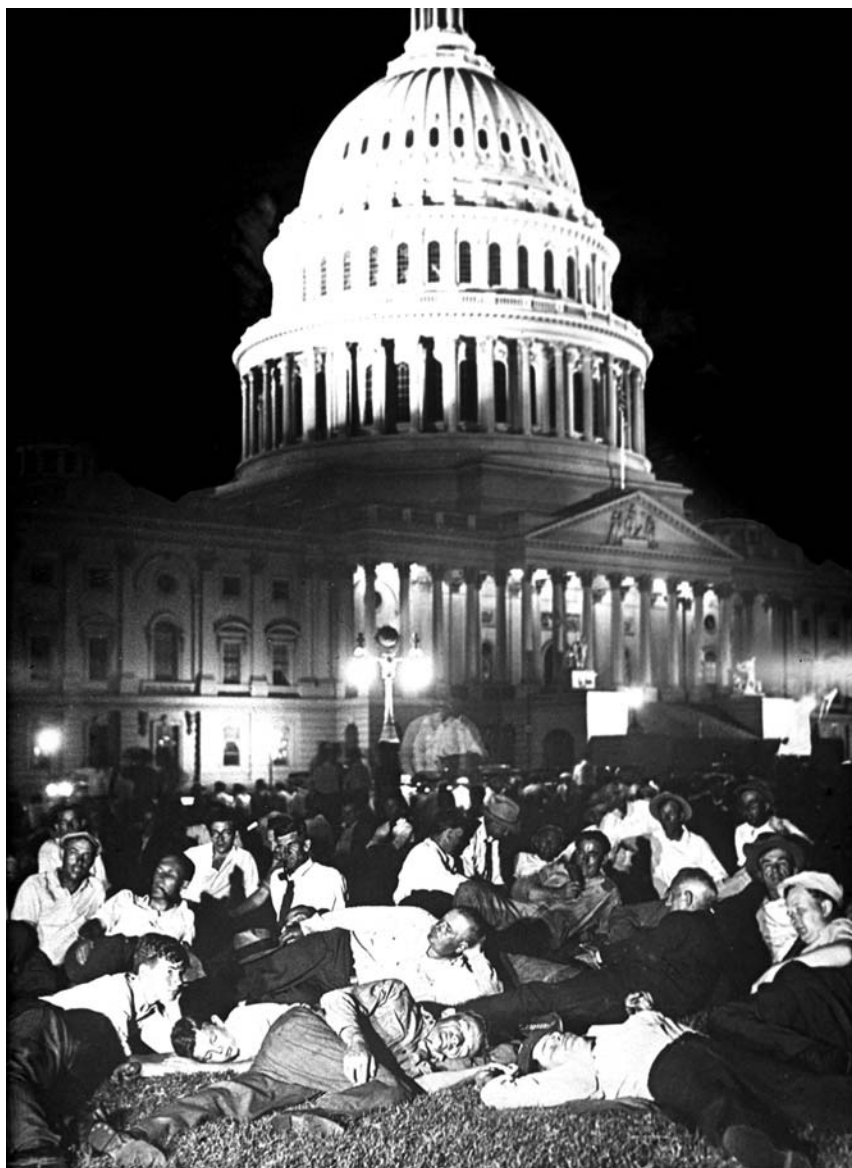
living conditions quickly deteriorated in the “shanty town.” Health officials grew concerned about the threat of disease. In response, the newly created Veterans Administration established an emergency hospital on a War Department reservation at Fort Hunt, Va., on June 11, 1932. The hospital treated 282 veterans that summer, many for diarrhea, dysentery and influenza.

On June 17, a large group of marchers laid an orderly siege to the U.S. Capitol, where the Senate was considering a bill proposing immediate payment of the bonuses. Despite the veterans’ attempts to drum up support for the bill, it was overwhelmingly defeated. Frustrations mounted as the summer wore on.

On July 28, a riot erupted when city police officers and agents from the U.S. Treasury Department tried to evict some of the marchers. As the situation spiraled out of control, the District of Columbia asked President Herbert Hoover to send federal troops to help restore order. The request noted that it was “impossible for the Police Department to maintain law and order except by the use of firearms, which will make the situation a dangerous one.”

President Hoover knew he had to curb the escalating violence. He gave the order for Army Chief of Staff Gen. Douglas MacArthur to dispatch troops to surround about 3,500 veterans, many with their wives and children, who refused to leave. The situation heated up as some of the veterans set fire to their shacks in a final act of resistance. But in the end, the presence of federal troops effectively ended the bonus march.

Congress authorized VA to pay transportation expenses for marchers to return to their homes plus a daily subsistence allowance of 75 cents. According to a 1932 annual report, VA paid transportation costs for 5,160 veterans totaling \$76,712.02.



A large group of marchers laid an orderly siege to the U.S. Capitol on June 17.

Though the marchers failed to get immediate results, in 1936 Congress authorized early payment of the bonuses. By June 30, 1937, VA had certified as payable nearly 3.5 million applications from World War I veterans for settlement of their certificates.

At first glance, the bonus march seems like the public relations debacle of the decade. It revealed serious shortcomings in how America cared for her defenders as they transitioned from military to civilian life. But without the march, these

shortcomings may never have been known. And the key is not whether shortcomings existed, but how they were addressed.

Congress addressed the problem by passing what some have called one of the most significant pieces of legislation ever produced by the federal government—the GI Bill of Rights, a comprehensive benefits package to aid the transition of 16 million veterans returning from World War II. **VA**

By Matt Bristol

Right: Willie Harris, of the 2005 World Series championship Chicago White Sox, with his dad, VA employee Willie C. Harris; below left: In honor of the White Sox victory, the Hines VA Hospital declared Oct. 28 White Sox Day. Facility employees including (from left) Ramona Nykodem, Bonnie Gunter, Donna Pelham and Gabrielle Rose-Golden showed their team spirit, and shared it with patients by giving each a pair of white socks; below right: Fans at the Jesse Brown VA Medical Center in Chicago celebrated the World Series victory, the team's first since 1917.



MAUREEN DYMAN



COURTESY WILLIE C. HARRIS

RAYMOND C. LEBER

Fan Appreciation

Excitement ran high in the Windy City near the end of October when the Chicago White Sox won their first World Series championship since 1917. Employees at VA field facilities in the area, including the Jesse Brown VA Medical Center and the Hines VA Hospital, celebrated the big win.

And at least two Philadelphia VA Medical Center employees were cheering, too. White Sox second baseman Willie Harris, who scored the only run in the fourth game of the World Series, is the son of Philadelphia VAMC Environmental Management Service employee Willie C. Harris and stepson of local AFGE President Stephanie Starks Harris.

Harris led off the eighth inning pinch-hitting for starting pitcher Freddy Garcia. He hit a single, advanced to second on a sacrifice and made it to third on a groundout. Harris scored on Jermaine Dye's ground ball up the middle. The Houston Astros were kept scoreless in the bottom of the eighth and ninth innings, giving Harris the distinction of scoring the run that won the game that clinched the 2005 World Series for the White Sox. **VA**

VA, Olympic Partnership Benefits Disabled Veteran Athletes



Deputy Secretary Gordon Mansfield talks with Air Force veteran Lisa Bard, who competes in the National Veterans Wheelchair Games and hopes to make the 2008 Paralympic Team.

Thanks to a partnership with the U.S. Olympic Committee, disabled veterans who participate in VA's National Veterans Wheelchair Games and the National Disabled Veterans Winter Sports Clinic will now be able to qualify for positions on the U.S. Paralympic team.

The partnership was formalized Nov. 17 when Deputy Secretary Gordon H.

Mansfield and U.S. Olympic Committee CEO Jim Scherr signed an agreement during a ceremony in VA Central Office. "This partnership provides more options and more opportunities and surely it's part of our job to make sure we give our veterans every option and every opportunity possible," said Mansfield.

Among the special

guests in attendance was Lisa Bard, of Germantown, Md., who suffered a spinal injury in 1988 while serving on active duty in the Air Force. She has been participating in VA's Wheelchair Games since 2002 and is training to make the 2008 Paralympic Team. Bard told the audience she was excited about the partnership, which she said would enable veterans to as-

pire to a higher level of competition. Also in attendance was Rep. Steve Buyer (R-Ind.), chairman of the House Committee on Veterans' Affairs. He praised VA and the Olympic Committee for working out an agreement which "unleashes the competitive spirit of our veterans and gives them a pipeline to excel and achieve Olympic ideals."

U.S. Paralympics is a division of the U.S. Olympic Committee and was formed in May 2001 to provide competitive opportunities for athletes with physical disabilities. For information, visit www.usolympicteam.com/paralympics.

The Winter Sports Clinic, co-sponsored by VA and the Disabled American Veterans, is open to all U.S. military veterans with spinal cord injuries or diseases, visual impairments, certain neurological conditions, orthopedic amputations or other disabilities, who receive care at any VA health care facility. The Wheelchair Games are presented by VA and Paralyzed Veterans of America, and are open to all U.S. military veterans who use wheelchairs for sports competition. **VA**

VA Commits New Funding for Increased Gulf War Veterans' Illnesses Research

VA has approved funding for 12 new research projects to better understand illnesses affecting some Gulf War veterans.

The total cost of the research projects, all of which went through a rigorous medical peer review, is estimated to be \$5.2 million over three years, with \$1.7

million approved for fiscal year 2006. Funding for the projects is expected to begin in January.

Some veterans who participated in Operation Desert Shield and Operation Desert Storm have reported a variety of ailments including fatigue, weakness, sleep disturbances, persistent headaches, skin

rashes, respiratory problems and other illnesses at rates that significantly exceed those reported by other veteran groups.

These research projects focus on understanding and treating the illnesses affecting these veterans, as well as understanding the potential long-term health effects of

Gulf War-related exposures.

The newest Gulf War veterans' illnesses research programs will be organized and administered through the VA medical centers in Bedford, Mass.; Baltimore; Washington, D.C.; Durham, N.C.; Miami; Tampa; Minneapolis; Omaha; Salt Lake City and San Francisco. **VA**

Augusta's Active Duty Rehabilitation Unit Wins Teague Award



Olin E. Teague Award winners with Secretary Nicholson and Under Secretary for Health Dr. Jonathan Perlin at the Capitol Hill ceremony honoring them. Left to right: Dr. Carter Mecher, Dr. Rose Trincher, John Goldman, Cheryl Readett, Dr. Luke Stapleton, James Trusley III, Douglas Mitchell, Nicholson, Dr. Thomas Kiernan, Dr. Celso Bolet, Dr. Dennis Hollins and Perlin.

A team of employees who linked up with Army counterparts to develop a grassroots program that helps soldiers injured in Iraq and Afghanistan received the 25th annual Olin E. Teague

Award—the highest VA honor recognizing employee dedication and excellence in the rehabilitation of combat-injured veterans.

Secretary Jim Nicholson presented the award to the

VA Southeast Network (VISN 7) Active Duty Rehabilitation Unit, based at the Augusta, Ga., VA Medical Center, at an Oct. 12 ceremony on Capitol Hill. This innovative, first-of-its-kind

program developed locally by VA and Eisenhower Army Medical Center staff brought VA and Army resources to bear on assisting the medical rehabilitation of hundreds of Army personnel on military hold while recuperating from combat injuries.

The specialized rehabilitation unit for returning OIF/OEF servicemembers opened within four months of initial discussions, after the Augusta VA Medical Center quickly restructured programs and renovated units to house it. Available rehabilitation expertise was catalogued and a program was designed specifically to meet the needs of seriously injured young soldiers.

Since February 2004, the unit has treated more than 163 servicemembers. It maintains 30 inpatient beds and 30 outpatient supported residential beds with specialized outpatient rehabilitation programs. In addition to physical rehabilitation, the unit focuses on quality of life with support from chaplains, social workers, PTSD counselors and veterans service organizations.

Those specifically cited in the Teague Award nomination were: Dr. Carter Mecher, VISN 7 chief medical officer; Dr. Luke Stapleton, VISN 7 clinical program director; John Goldman, Tuscaloosa, Ala., VA Medical Center acting director; James Trusley III, Augusta VAMC director; Dr. Thomas Kiernan, Augusta VAMC chief of staff; Dr. Rose Trincher, Augusta VA Spinal Cord Injury Service chief executive; Dr. Dennis

continued on page 26

Bronx SCI Researcher Gets Magnuson Award

William A. Bauman, M.D., director of VA's Bronx-based Center of Excellence on the Medical Consequences of Spinal Cord Injury, received the Magnuson Award—VA's highest honor for rehabilitation investigators—on Sept. 8 at the national meeting of the American Paraplegia Society in Las Vegas.

Bauman's center focuses on the use of anabolic steroids and other drugs to treat the medical problems

that arise from SCI and paralysis, such as bone loss, weight gain, diabetes, cardiovascular disease, breathing impairments, gastrointestinal disorders and pressure sores.

His team was among the first to document that people with SCI are low in certain hormones that typically decline with age, such as human growth hormone, testosterone and insulin-like growth factor. Current studies focus on the benefits of

giving these hormones therapeutically.

The Magnuson Award was established in 1998 in honor of Paul B. Magnuson, M.D., a bone and joint surgeon and chief medical director for VA in the years after World War II. He initiated VA's university affiliation model and was known for his dedication to finding innovative and individualized solutions for patients with disabilities. **VA**

VA and Goodwill Sign New Training and Employment Pact



Judith A. Caden, director of VA's Vocational Rehabilitation and Employment Program, talks with George W. Kessinger, president and CEO of Goodwill Industries International. The two signed an agreement that will increase employment training and assistance for disabled veterans.

In association with President Bush's Faith-Based and Community Initiatives program, officials from VA and Good-

will Industries International Inc. recently signed an agreement that will increase opportunities for vocational

training and employment-related assistance for service-connected disabled veterans.

The agreement builds

on the achievements of VA's Vocational Rehabilitation and Employment Program, which assists veterans with service-connected disabilities prepare for, find and keep suitable employment.

With locations in the United States, Canada and 22 other countries around the world, Goodwill Industries International Inc. offers a network of more than 200 community-based organizations that serve people with workplace disadvantages and disabilities by providing job training and employment services, as well as job placement and post-employment support.

For more information about the agreement and this program, go to www.vetsuccess.gov or www.goodwill.org. Information on VA's Faith-Based and Community Initiatives program is available at www.va.gov/opa/fbci. **VA**

Teague award, cont.

Hollins, the Active Duty Rehabilitation Unit's medical director; Dr. Celso Bolet, combat trauma recovery program; Douglas Mitchell, rehabilitation therapy manager; Lorraine Clarke, nurse manager; and Cheryl Readett, business manager.

The Teague award is named after the late Texas congressman who represented the state's 6th District for 32 years. A highly decorated World War II veteran, he served for 18 years as chairman of the House Veterans' Affairs Committee. He retired in 1978 and died in 1981. **VA**

Acquisition and Materiel Management Office Wins GSA Award

A little more than a decade ago, it was just an idea some folks in VA Acquisition and Materiel Management came up with when they heard about the surplus of supplies and equipment the Department of Defense was left with after the Gulf War. Excess clothing, blankets, personal items—they knew homeless veterans could use all of that and more. In 1994, that idea became reality as VA led a DoD and GSA partnership that created the Homeless Veterans Support Program. The program has distributed more than \$132 million in excess DoD supplies at thousands of homeless veteran stand downs throughout the U.S. Stand down organizers credit the distribution of the clothing, blankets and other supplies with attracting more than 20,000 veterans a year to outreach services.

On Oct. 27, at GSA headquarters in Washington, D.C., the VA Office of Acquisition and Materiel Management accepted third-place honors in the Miles Romney Achievement Awards competition for innovative personal property management practices. In addition to distributing DoD excess supplies directly to the homeless, the Homeless Veterans Support Program makes use of a warehouse in New Jersey closed when VA discontinued its centralized distribution system, staffing it with VA work therapy veterans who receive, sort and distribute surplus supplies while preparing for real-world employment. The warehouse and work therapy programs are managed by the Northern New Jersey Healthcare System based at Lyons. **VA**

Online Prescription Service Proving Popular With Veterans

Tens of thousands of veterans are now getting their prescription drug refills from VA with greater convenience, speed and security, thanks to a new service available to them over the Internet.

More than 70,000 prescriptions have been refilled using the latest service added to My HealthVet, the personal online health record system designed for veterans who are enrolled in the VA health care system. The prescription refill service began on Aug. 31.

The secure online prescription refill service has quickly emerged as one of the more popular features in the My HealthVet system, which connects with VA's widely respected electronic records system.

When a veteran orders a prescription refill, the request is routed to VA's computer

system to be filled by one of the department's outpatient mail pharmacies. The refill is then sent directly to the veteran, eliminating the need for a trip to the pharmacy and a wait in line.

On Veterans Day, My HealthVet marked its second anniversary by adding three new health records that veterans can keep in a secure electronic environment and make available to VA health professionals nationwide: blood oxygen levels taken from a pulse oximeter, daily food intake in the Food Journal, and physical activity and exercise in the Activity Journal.

By the end of October, more than 100,000 veterans had signed up to use My HealthVet, which is located on VA's Web site at www.myhealth.va.gov.

Among the services

available to veterans, their families and VA care providers through the online personal record are the ability to track health conditions—entering readings such as blood pressure and cholesterol levels—and to record medications, allergies, military health history, medical events and tests.

Veterans can also include personal information, such as emergency contacts, names of medical providers, and health insurance infor-

mation. They can access health information on the Internet from VA, MedlinePlus from the National Library of Medicine, and Healthwise, a commercial health education library.

Future expansion of My HealthVet will allow VA patients to view appointments and co-payment balances, access portions of their medical records, and give access to their records to doctors, family members and others of their choosing. **VA**

VA, GSA Sign Agreement to Expand Help for Veteran Businesses

VA and the General Services Administration recently signed a formal agreement expanding GSA's efforts for businesses that are owned by veterans, especially service-disabled veterans. The agreement commits GSA to place additional emphasis on programs for veteran-owned businesses and businesses owned by service-disabled veterans.

In 1999, Congress passed legislation urging all federal agencies to strive toward awarding 3 percent of their contracts—by value—to service-disabled, veteran-owned small businesses.

Among other features, the agreement commits VA and GSA to co-sponsor eight regional conferences for veteran businesses in the coming year, with participation by the Small Business Administration and other federal agencies. The first was held Nov. 7-8 in Kansas City, Mo.

VA's efforts on behalf of veteran-owned businesses are overseen by the department's Center for Veterans Enterprise. More information about VA's programs for veteran-owned businesses is available on CVE's Web site at www.vetbiz.gov. For more on GSA's activities on behalf of service-disabled, veteran-owned small businesses, go to www.gsa.gov. **VA**



New VA Home Page 'Look and Feel'

The last time VA revised its Internet "look and feel" was in 1999. A brand new design debuted on Oct. 17. If you haven't seen it yet, take a look at the new www.va.gov.

A work group made up of representatives from the three administrations and staff offices throughout the department, led by the Office of Public and Intergovernmental Affairs, developed the new look, which the Strategic Management Council approved earlier this year. VA's Web Hosting Consolidation Governance Board concurred on the final design and the Office of Information Technology's Operations Support Service turned it into functioning Web pages.

To ease its rapid adoption throughout the department, OSS will install the design on VA's Enterprise Content Management System, WebPilot sites, and will provide templates for webmasters in the very near future. More information is available on the OSS Intranet site at www.va.gov/ITO-OSS.

Rafiq Raza

In his six months on the job as a VA outreach technician, Rafiq Raza, 25, of Orlando, Fla., has learned a thing or two about interacting with returning combat veterans. “You can’t be too clinical,” he said. “Just be real, be yourself.”

Being real isn’t difficult for Raza, who served two tours of duty in Afghanistan with the Army’s 10th Mountain Division. He knows exactly what returning servicemembers are going through and can relate to their experiences. His insight helps when it comes to dealing with sensitive subjects.

“It’s tough for young guys to talk about alcohol abuse or PTSD ... they like to joke about it and it’s hard to tell if they’re serious. I tell them this is a normal reaction to an abnormal situation, here are the symptoms and here’s how we can help,” he explained.

Raza is one of about 100 veterans of the global war on terror recently hired by VA’s Readjustment Counseling Service to reach out to men and women returning from Iraq and Afghanistan. This year, outreach specialists like Raza helped steer up to 14,000 returning veterans to vet centers for a variety of services, including benefit re-

errals, job assistance and counseling.

Raza grew up in the Astoria neighborhood of Queens, N.Y., and joined the Army in 2000 as an intelligence analyst. He did a tour in South Korea with the 501st Military Intelligence Brigade before being assigned to Fort Drum, N.Y., in August 2001.

A few weeks later, while sitting in the reception area at Fort Drum, he watched in horror as terrorists attacked his hometown on Sept 11. “It was just incredible. I can’t describe it,” he said. “As a New Yorker, I took it personal and I was ready to do my part in the war on terror.”

By the end of November, he deployed to Bagram Air Base in Afghanistan as part of the 10th Mountain Division’s lead tactical element. As an intelligence analyst, his job was to compile real-time information on enemy forces and relay it to commanders on the ground, a critical function during combat operations.

In one of the war’s early engagements, Operation Anaconda, Raza and his colleagues directed unmanned Predator drones high above the rugged mountains where U.S. troops battled up to



Rafiq Raza, second from left, at a meeting in Washington, D.C., with, from left, Dr. Alfonso Batres, head of VA’s Readjustment Counseling Service, Dr. Bob Frame, chief of VA Dental Service, and Francisco Ivarra, of the Hispanic War Veterans of America.

400 Taliban forces. “That first day was rough,” he recalled. “We lost seven guys ... it’s something I’ll never forget.”

After eight months in Afghanistan, he rotated back to Fort Drum. But his time in the rear wouldn’t last long. In May 2003, he was sent back to Bagram for a second tour of duty. The base had undergone considerable changes in his absence. “Everything was different that second time. It was a lot more structured,” he said, explaining that they now had showers, a chow hall and decent port-a-pots. The changes made it a little more comfortable, but as Raza discovered, the war was still being waged. “We still got our fair share of rocket attacks,” he said.

After completing his second tour, Raza left the Army and returned to his old neighborhood in Queens. He found a decent job in sales at a telephone company and was eager to get on with his life. Within a few months, however, he left New York to

join his fiancé in Orlando, where she had moved with her parents.

The job market in Orlando wasn’t what he expected. After a string of service jobs, he started thinking about signing up for contract duty in Iraq, or as he put it, “something I could be proud of.” He began visiting the local library to explore job leads on the Internet.

One day as he left the library he noticed a vet center sign nearby and decided to check it out. Bill Sautner, team leader at the Orlando Vet Center, recalled Raza’s visit. “He seemed very soft-spoken, yet self-assured. Very military-like,” he said. When he learned Raza was looking for work, Sautner asked if he’d be interested in joining the staff as an outreach technician.

Sautner said Raza is a natural at the job. “He got off to a quick start and has been running with the ball ever since he got here. We’ve gotten a lot of referrals as a result of his outreach.” VA
By Matt Bristol

Vet Centers Offer Bereavement Counseling

For 25 years, vet centers have provided counseling and other services to help combat veterans readjust to civilian life. Now those services are expanding to include the families of servicemembers killed on active duty. Since August 2003, vet center staff have provided bereavement counseling to 600 family members who lost loved ones during active military service.

Study Examines Disparities in Health Care Spending

Health care spending varies considerably across the United States—averaging less than \$5,000 a year for each Medicare beneficiary in Portland, Ore., and more than \$10,000 in Miami. Despite the disparity, studies have found little relationship between health care spending and health outcomes.

With this in mind, researchers with the VA Outcomes Group at the White River Junction, Vt., VA Medical Center and Dartmouth Medical School set out to identify the source of the health care spending gap.

“What hasn’t been clear is whether spending is so different across various areas be-

Dr. Brenda Sirovich, a staff physician at the White River Junction VA and assistant professor of medicine at Dartmouth. “We did this study to find out whether it is in fact differences in doctors, and the decisions they make, that contribute to the large differences in spending that we see.”

The researchers found physicians in high-spending regions like Miami are more likely to order tests, referrals and treatments for their patients than those in low-spending regions. They also acknowledged that physician behavior is probably not the only source of higher spending—patient expectations likely play a role, as well.

“The strength of this study,” said Sirovich, “is that we were able to isolate the role of physicians in explaining the huge differences that we see in practice and spending across regions.” Their findings were published in the Oct. 24 issue of *Archives of Internal Medicine*.

Implantable Defibrillators Worth Hefty Price Tag

Researchers with VA, Stanford and Duke universities reported in the Oct. 6 *New England Journal of Medicine* that the implantable cardioverter defibrillator (ICD), one of the most expensive medical devices available, is a relatively cost-effective way to help prevent sudden cardiac deaths for some high-risk patients.

Senior author Douglas K. Owens, M.D., a health services investigator at the VA Palo Alto Health Care System, and colleagues examined eight studies on the effectiveness of ICDs in various populations with cardiac

disease. Six of the studies found a survival advantage for patients who received an ICD, compared to those who received only standard therapy.

According to the analysis, the incremental cost of the ICD in those six populations ranged from \$34,000 to \$70,200 per quality-adjusted life year, a statistical measure that takes into account quality of life as well as length of survival. By comparison, figures for other common therapies include: \$10,000 per year for beta blockers; \$24,000 for stent therapy; and \$50,000 to \$100,000 for kidney dialysis.

ICDs are implanted in patients whose lower heart chambers beat too fast or quiver ineffectively and who are at risk of cardiac arrest. The device sends an electrical shock if it detects dangerous rhythms in the heart, helping avoid sudden cardiac death. Private and government health-care payers have increasingly wanted to ensure that the devices are worth their hefty price tag.

Summarizing the findings, Owens said that for certain high-risk populations, ICDs are no more costly than other interventions often accepted as cost-effective. “In the appropriate patients, these devices provide value, despite their expense,” he said.

Cholesterol Drugs Cut Prostate Cancer Risk in Half

Men who take even small amounts of common cholesterol-lowering drugs such as Lovastatin and Simvastatin reduce their risk of prostate cancer by 65 percent, according to a new study by researchers with the Portland

VA Medical Center and Oregon Health & Science University Cancer Institute.

“This study suggests that use of cholesterol-lowering drugs can dramatically reduce a man’s risk of prostate cancer, particularly the more aggressive forms. This is significant because prostate cancer is the second leading cause of cancer deaths among U.S. men, and there are few options for prevention,” said lead author Jackilen Shannon, Ph.D., a research scientist at the Portland VAMC and member of the OHSU Cancer Institute.

Shannon and colleagues evaluated the association between statin use and prostate cancer risk in 100 male veterans who had been referred for prostate biopsies at the Portland VAMC. Statin use among the men was recorded and compared to the use of statins among a control group of 202 VA patients whose PSA had been level for a year.

When statin use was grouped by duration and intensity of use, those who had used them the longest (more than 2.8 years) and at higher doses (average daily dose of more than 40mg/day) reduced their risk the most. These results remained consistent when individual types of statins were analyzed separately.

Shannon noted that the results are from a small study and must be viewed cautiously. Should these findings be replicated in larger studies, they may provide the necessary evidence to consider statin use for prostate cancer prevention. The study findings were published in the Aug. 15 edition of the *American Journal of Epidemiology*. **VA**



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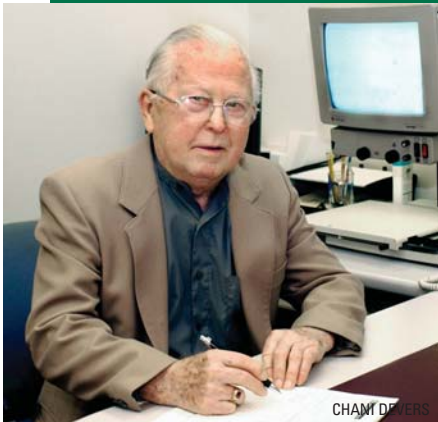
Dr. Brenda Sirovich

cause the patients are different—in other words, more or less sick—or because the doctors are different,” said the study’s primary author,

Going strong after 68 years

Visitors to the volunteer office at the Detroit VA Medical Center might not realize that sitting before them is “Mr. VA.” Looking at Andy, below, or Edward Andrzejewski, as it says on his birth certificate, visitors would have no idea he was employed by the

Veterans Administration in 1937. He officially retired in 1988, but returned the following week as a volunteer and has been coming back ever since. At 91 years young, he has no plans to give up his volunteer work and says he’ll probably stick



A young 91, Andy Andrzejewski has no plans to give up his volunteer work at the Detroit VA Medical Center.

around for another 10 years or so.

However, if the current chief of Voluntary Service decides to retire, Andy may leave with him. He says he can’t imagine having to break in another boss. He celebrated his 68th anniversary with VA in November.

Under a landmark agreement signed Oct. 17, the **North Chicago VA Medical Center** and Naval Hospital Great Lakes will become a single federal health care system serving veterans and active duty military personnel by 2010. This is the first federal joint health care agreement between VA and the Navy and means that both agencies will work together at North Chicago to provide quality care for veterans and for active duty personnel and their families.

Corridors at the **Atlanta VA Medical Center** are being

dedicated in honor of military conflicts from World War I to Operation Iraqi Freedom. During a dedication ceremony last summer, Iraqi Freedom veteran Sgt. 1st Class **Malcolm Hurst**, a member of the Army Reserve 314th Chemical Company, based in Carrollton, Ga., received the Purple Heart for injuries sustained in Iraq. Hurst is a patient and volunteer at the Atlanta hospital.

Veterans with HIV, their health care providers, and the general public

now have a “one-stop” Web site with information and educational resources on HIV and AIDS. VA providers can find VA-specific information on treatment and management of HIV, including policies and directives, and can take advantage of a Q&A forum to get answers to specific questions about VA policies. The site is the product of a collaboration between the **VA Public Health Strategic Health Care Group** and the Center for HIV Information at the University of California, San Francisco. Visit www.hiv.va.gov for more information.

Millie Corey, 89, has been

volunteering at the **Battle Creek, Mich., VA Medical Center** for the past 10 years, making flower arrangements and working in the garden. She recently took on a new role—official flag mender. When word got out that Corey was a talented seamstress, **Anthony T. Prince**, captain of the Battle Creek VA police, asked if she would be willing to repair some torn flags. She agreed and he brought her a handful of flags, some as large as 8 feet by 10 feet. She took them home and has been stitching them up in her spare time. **VA**

Honoring minority veterans

A Wall of Honor inscribed with the names of 245 minority World War II veterans from Onondaga County, N.Y., was unveiled in downtown Syracuse Aug. 27. The memorial wall is the culmination of



World War II veteran Freeman Finch and wife Lillian are greeted on the red carpet by Syracuse VA Medical Center Minority Affairs Manager Francisco (Paco) Valle as they arrive for the Wall of Honor unveiling ceremony.

four years of work that began in 2001 when Odie Freeman, then the minority affairs program manager at the Syracuse VA Medical Center, and Gordon Sclar, the hospital’s public affairs officer, organized a community-wide day of honor for minority WWII veterans in central New York.

After the event, Freeman met with county legislator Lovie Winslow with the idea of creating a permanent memorial. They set up a committee to explore the idea and after four years of raising funds and working with architecture students at Syracuse University the dream of a monument was realized. Cecil Cooper was one of 28 World War II minority veterans who attended the unveiling. “When we came home, our contribution to the war’s end was forgotten. This wall is extremely important to us,” said Cooper.

Sprucing up the place



Community volunteers from Indianapolis Power & Light Company plant a garden on the grounds of the Indianapolis VA Medical Center. The medical center won a national award for its landscape beautification project.

The Richard L. Roudebush VA Medical Center in Indianapolis received a Distinguished Service Citation National Award at the Keep America Beautiful 52nd national conference in Orlando, Fla., Dec. 9. The award recognizes the facility for its landscape beautification project that resulted in the planting of nine major garden beds, including a butterfly garden and an interactive healing garden.

The project was designed to spruce up the environment and give employees and patients a place to unwind, according to Lori Gunn, who helped organize the effort. "People tell me all the time how much they enjoy being out there, and that's the best part," she said.

Diana J. Nelson, R.N., ambulatory care manager at the **Jonathan M. Wainwright Memorial VA Medical Center** in Walla Walla, Wash., received the Veterans Health Administration's Advanced Clinic Access Individual Champion Award. She was recognized for pioneering advanced clinic access practices that have now been adopted at VA hospitals throughout the nation.

Gabriel Pérez, acting director of the **VA Ann Arbor Healthcare System**, was inducted as a charter founding board member of the Na-

tional Federation of Latino Healthcare Executives. The federation is composed of Hispanic health care CEOs from across the country.

The **Leadership VA Alumni Association** selected two VA employees to receive 2005 Exemplary Leader Awards. Both were recognized for their leadership potential and unique contributions to improve efficiency in their workplaces. In the GS 1-8 category, the award goes to **Andrew Staff**, a veterans service representative at the **Milwaukee VA Regional Office**. In the GS 9-12 cat-

egory, the award goes to **Faith Belcher**, chief of Administrative Nutrition & Food Service at the **James A. Haley Veterans Hospital** in Tampa. The awardees were selected by a panel of LVA alumni.

The Circle of Excellence Award, administered by the Henry M. Jackson Foundation for the Advancement of Military Medicine, was presented to the **VA Southern Oregon Rehabilitation Center and Clinics** in White City for their Diabetic Intensive Group Appointments. **Theresa Brooks** accepted the award during the 2005 Association of Military Surgeons of the United States meeting in November.

Alan Sumitomo, a supervisor at the **National Memorial Cemetery of the Pacific** in Honolulu, Hawaii, received the National Commander's Outstanding

VA Employee Award from the Disabled American Veterans during their national convention Aug. 15.

Sumitomo was recognized for creating a Compensated Work Therapy program at the cemetery to help disabled veterans make the adjustment back to the community workforce. From 2000 to 2005, he helped 32 veterans find permanent employment through the program.

The American Bar Association appointed **Jennifer Moye, Ph.D.**, director of the geriatric mental health clinic at the **VA Boston Health Care System**, to their Commission on Law and Aging. The commission consists of a 15-member interdisciplinary body of experts in aging and law, and is dedicated to strengthening and securing the legal rights, dignity, autonomy and quality of life of the elderly. VA

State honors for facility director

The Missouri Hospital Association presented one of two 2005 Visionary Leadership Awards to Nancy C.

Arnold, right, director of the **John J. Pershing VA Medical Center** in Poplar Bluff, Mo., during a Nov. 3 ceremony. She was recognized for extending VA primary care services to rural communities in southeast Missouri by establishing four community-based outpatient clinics. "Nancy's vision of providing rural veterans access to health services now enables them to receive quality medical care within a reasonable commute from their homes, saving them travel time and money," said Marc D. Smith, the association's president.



MISSOURI HOSPITAL ASSOCIATION PHOTO

First on the scene with help



ANTHONY SANTOYA

Patricia Richardson, nurse executive with the VA Central California Healthcare System, above with OR supervisor Michael Enquist, R.N., helped an injured driver at the scene of a serious car accident.

Patricia Richardson, nurse executive with the VA Central California Healthcare System, witnessed and responded to a serious car accident in which one driver, blinded by the morning sun, broadsided a vehicle turning in front of him. The impact crushed the passenger's side door of the turning vehicle, tipping it onto its side and blocking all access to the inside of the car. As the dazed driver regained awareness, Richardson knelt next to the car, evaluating him for possible injury. She continued working with the driver until he could be safely evacuated from the vehicle.

Returning home from a business trip, **Dr. Wilfredo Rodriguez**, chief of staff at the **Big Spring, Texas, VA Medical Center**, and **Debra Wallace, R.N.**, quality manager, heard a call for help in the airport. An elderly man had collapsed near the baggage claim area. After quickly checking for pulse and respirations, Rodriguez began CPR. Airport personnel brought an automated external defibrillator (AED) and Wallace assisted with the shock procedure. The man regained a pulse and began breathing after the second shock. An ambulance soon arrived, and Wallace helped

dress a gash on the victim's head, and directed EMS personnel to use proper neck and back brace equipment. She then assisted the man's wife by retrieving their luggage and driving her to the hospital. The man's wife stays in touch with Wallace, reporting on her husband's progress, and always thanking her "guardian angels."

Julia Fugate, operator with the **VA Nationwide Teleconferencing System (VANTS)** located at the **Martinsburg, W.Va., VA Medical Center**, was on her lunch break when she noticed a man lying beside a car in the medical center parking

lot. She immediately alerted the fire department and stayed with the ill man until help arrived. He was taken to the facility emergency room where he was later identified as a VAMC patient. The veteran has since recovered and regularly thanks Fugate for her help.

While on routine patrol, **Augusta, Ga., VA Medical Center** police found a stolen vehicle parked in the outpatient parking lot of its downtown division. The proper authorities were contacted and the vehicle was placed under surveillance. VA police officer **Myles Arnold** was

maintaining surveillance when two males driving an SUV stopped at the stolen vehicle and began removing items from it. Arnold called for backup, and when officer **Thomas Mitchell** arrived, they approached the men and asked for identification. Neither had a valid driver's license and the officers soon discovered that both men had out-of-state arrest warrants. Plus, the SUV they were driving had been stolen the day before. Both men were taken into custody, and two stolen vehicles and a stolen license plate were recovered. **VA**

Good training, clear thinking



MARIAN MCCONNELL

On Oct. 18, an electrical short in the light fixture above a sink started a fire in a patient's room at the **Salem, Va., VA Medical Center**. Seeing and smelling smoke in the hallway, nursing assistants **Nartarsha Langston**, left, and **Teresa Quarles** immediately notified staff in the area, evacuated the bedridden patient, cut off the power to the light fixture, and put out the fire with a wet sheet and towels. Good training and clear thinking avoided injury and further damage.