

# VA **anguard**

U.S. Department of Veterans Affairs

January/February 2006



*History of the GI Bill*

*Inside the 2006 Budget*

*After the Storm*

*Teaching the Teachers*



*Commemorating 75 Years of Service*



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**Vanguard**

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**On the cover**

A disabled veteran in 1943. The return of millions of veterans from World War II motivated Congress to do something to help them assimilate into civilian life. The result was the Servicemembers' Readjustment Act of 1944—commonly known as the GI Bill of Rights. Signed into law by President Franklin D. Roosevelt on June 22, 1944—after much debate—it is now widely considered one of the most significant pieces of legislation ever produced by the federal government. *Photo courtesy of Franklin D. Roosevelt Library*

**Hurricane Relief**

I read your article on hurricane relief in Texas (November/December issue). I was there, along with hundreds of other volunteers, and we were able to do anything and everything because of the efforts that Robert McDivitt and other top managers made. The only hard and fast rule was to ensure that the survivors of the hurricane were treated with dignity and respect, and we were all charged with doing everything that we could to make them comfortable. When you are in a situation where the director and top management contribute 150 percent, you are willing to put in the same amount.

Mr. McDivitt and top management set the tone for the shelter and made it a worthwhile experience for us all. They could be found holding a child, talking to the residents, sharing a meal with residents, attending a wedding of residents, comforting children, encouraging children to do their homework, waving them off when they went to school. They had no titles there—they treated everyone the same. Because of the people I was deployed with, I came back feeling wonderful and put my name on the list to be re-deployed in the future!

*Michelle Smith*  
Secretary  
VA New Jersey Health Care System

**Bonus March**

As a student of history, I read your article in the November/December issue about the 1932 Bonus March with some interest. The article states that “some of the veterans set fire to their shacks as a final act of resistance.”

This is somewhat at odds with various versions I have read that gave credit for the burning of the makeshift housing, along with bayonet and tear gas attacks, to Gen. MacArthur. Most accounts of this episode in our history will tell you that the general exceeded President Hoover’s orders in quelling the “rebellion.” Perhaps the general’s memoirs are the source of your version.

*Jeffrey L. Teas*  
Supervisory Management and Program Analyst  
Memorial Service Network II  
Decatur, Ga.

*Editor’s note: We, too, found varying accounts of the Bonus March while researching this story. So we decided to limit sources to VA reference material to highlight the department’s role in the event, which is generally overlooked in most accounts. The first source was the 1932 Veterans Administration Annual Report, available in the VA Central Office library. The second was “To Care for Him Who Shall Have Borne the Battle,” a history of the Veterans Administration compiled by Robinson E. Adkins, who worked for VA (and its predecessor agency) from 1919 to 1963. His historical compilation was produced from documented sources and first-person accounts, and was printed in 1967 for use by the House Committee on Veterans’ Affairs. The question of who set fire to the shacks—the soldiers or the marchers—illustrates what most historians already know: much of history depends on who’s telling it.*

**Buyer’s Guest Column**

I wanted to say a special thank you for the article and heartfelt words from Rep.

Steve Buyer (November/December issue). As an OIF vet and VA employee who comes from a long line of veterans, I appreciate that our hard work is supported by Congress. The seamless transition programs that are cropping up all over the VA system make it a wonderful and dy-

namic place to be. I feel these programs really show our new veterans we care and show our Vietnam veterans we have learned from past mistakes. The VA truly is a great place to work.

*Marie L. Sasse, R.N.*  
Nurse manager  
Dayton, Ohio, VAMC

**We Want to Hear from You**

Have a comment on something you’ve seen in *Vanguard*? We invite reader feedback. Send your comments to [vanguard@va.gov](mailto: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.



ANDREW SCHELLER JR.

**Heads or Tails?**

Secretary Nicholson performed the coin toss to start the 106th Army-Navy game in December. As part of the day’s activities in Philadelphia, he also visited with wounded OIF/OEF soldiers.



## VA Seasonal and Pandemic Influenza Programs: Public Health, Performance and Preparedness

Lawrence R. Deyton, M.D.  
Chief Public Health and Environmental Hazards Officer

Influenza is an important public health issue for veterans and VA, whether it is the “regular” seasonal variety or the human version of the avian or “bird flu”—a new influenza virus that could infect humans worldwide and become a pandemic.

Vaccination against seasonal influenza is a high priority for VA. Veterans using VA health care services are older and have more chronic medical conditions than the average American, and are therefore especially vulnerable to seasonal influenza and the complications that can result from it.

Thanks to a coordinated and dedicated effort by VA staff, the rate of influenza vaccination for our patients tops that of any other public or private integrated health care system. Last season, for example, even with a national influenza vaccine shortage, 75 percent of veterans in VA care over 50 years old were vaccinated, and 82 percent of VA patients over 65 were vaccinated.

In the U.S., only 63 percent of the over 65 population got a flu shot, and just 75 percent of Medicare patients in this age range did. Of adults 50-64 in the U.S. on commercial insurance plans, a mere 28 percent were vaccinated last season.

We can all be proud of the commitment VA staff have to make sure their patients get flu shots. But in some ways, VA staff don't take as good care of themselves; we are certain the rate

of influenza vaccination among our employees in the medical system is not what it should be. Thus, this year we have put emphasis on vaccinating health care employees, because their jobs put them at higher risk of exposure to influenza, and particularly because helping them stay healthy keeps our patients healthy and our system working. VA is collecting data about our employee vaccination rates to guide future efforts.

Preparedness against pandemic influenza is also a

### **The rate of influenza vaccination for our patients tops that of any other public or private integrated health care system.**

high priority for VA, as it is for the nation. Because VA health care facilities are located in nearly every community, if pandemic influenza happens anywhere, veterans will be affected. VA can help alert the country to an increase in influenza activity caused by a pandemic strain, and VA facilities will respond to protect veterans, our staff, and our operations, and be part of the national response.

VA's successful seasonal influenza vaccination program, combined with our well-established emergency management programs, provide a strong foundation for our pandemic influenza preparedness. VA is taking several key actions to prepare for pandemic influenza, in-

cluding:

- Promoting a national campaign, “Infection: Don't Pass It On,” to enlist all staff, patients and visitors in taking basic public health measures—especially hand washing and respiratory hygiene—that could reduce or delay the impact of pandemic influenza.

- Establishing a stockpile of the antiviral drug oseltamivir and a policy for distribution in an emergency.

- Initiating a clinical study to determine if using this antiviral with another drug

ment to enable our health, benefits, and memorial affairs sections to be prepared. The VA Pandemic Influenza Plan will cover preparing for and responding during a pandemic in these areas:

- Patient care issues including self-care at home, if necessary.

- Facilities management, acquisitions, supplies and logistics.

- Employee and occupational health and staffing issues.

- Pandemic influenza education for staff and veterans.

(probenicid) could enable the supply of oseltamivir to be extended for use in more people.

- Developing a Respiratory Infectious Disease Emergency Plan for VA Facilities outlining the actions needed to be prepared.

- Expanding the capacity of the electronic medical record system to provide real-time clinical data to the Centers for Disease Control and Prevention for surveillance of influenza-like disease in the U.S.

- Coordinating with White House planning activities and working across federal, regional and local lines.

Of course, there is much more to do. A VA Pandemic Influenza Plan is in develop-

- VA pandemic influenza tabletop exercises planned to occur as a series of events in 2006.

- Communication within and outside VA during both the pre-pandemic phase—where we are as I write this—and during a pandemic.

We will never know everything that will happen in an emergency, but we do know we are committed to do everything we can for the veterans who rely on us for health care and other services and to support our nation's readiness and response to health emergencies such as pandemic influenza. **VA**

[www.pandemicflu.gov](http://www.pandemicflu.gov)



## National Cemeteries: Fulfilling the Final Promise

*William F. Tuerk*  
Under Secretary for Memorial Affairs

The number of deaths among veterans is expected to reach an all-time high in 2006. With the average age of our World War II veterans now 82, and the average age of Korean War veterans now 74, VA projects that we will lose more than 687,000 veterans this year. Although the number of deaths will slowly decrease over time, our nation will continue to lose large numbers of veterans well into the foreseeable future—at least 600,000 a year through 2016.

VA national cemeteries are growing to fulfill the nation's promise of care for veterans in perpetuity. From 2006 through 2010, the National Cemetery Administration will complete the first phase of construction on 11 new cemeteries, establish 18 state veterans cemeteries, and ensure that all national and state cemeteries are operated and maintained at the highest standards, befitting their status as national shrines.

New national cemeteries are being developed in regions where large populations of veterans are not now served. In the past few months, Great Lakes National Cemetery and National Cemetery of the Alleghenies opened to provide burial space for veterans in the Detroit and Pittsburgh areas. Construction is continuing at both of these cemeteries to bring them to full operational status.

Construction is also progressing at Georgia National Cemetery, 40 miles north of

Atlanta, where burial operations are expected to begin this spring. In south Florida, construction of a new cemetery in Palm Beach County is expected to begin this spring. Planning is also underway for a new cemetery near Sacramento, Calif., with first interments planned for fiscal year 2007. NCA's immediate priority is to bring these five cemeteries to full operational status as soon as possible.

As these cemeteries progress, NCA is preparing to establish six additional cemeteries at locations specified in the National Cemetery Expansion Act of 2003. Environmental assessments are being conducted on the sites that are under consideration, and NCA has bud-

geted \$41 million this fiscal year for land acquisition. These six cemeteries will serve veterans in the regions of Philadelphia; Columbia-Greenville, S.C.; Jacksonville, Fla.; Sarasota, Fla.; Birmingham, Ala.; and Bakersfield, Calif.

While these national cemeteries will serve regions with the largest concentrations of veterans, VA's partnership with the states has become a vital component to serve millions of veterans and family members who live in

less densely populated areas. The pace of the State Cemetery Grants Program has increased dramatically in recent years.

Twenty new state veterans cemeteries have been established since 2001, and three more are under construction to serve veterans in the regions of Shreveport, La.; Mission (Rio Grande Valley), Texas; and Saipan, in the Commonwealth of the Northern Mariana Islands. Other state veterans cemeteries are under design for Anderson, S.C.; Glennville, Ga.; Fort Stanton, N.M.; Springvale, Maine; Fort Knox, Ky.; Williamstown, Ky.; Missoula, Mont.; Des Moines, Iowa; and Abilene, Texas. In the next three years, NCA will work to approve

will require a sustained VA commitment and the support of Congress. To that end, NCA has implemented an assessment program that identifies areas where cemetery operations and services can be improved and which measures progress toward meeting maintenance and restoration goals.

NCA also works closely with state cemetery supervisors to train and support their personnel to achieve the same standards of appearance that are expected at national cemeteries. These efforts will ensure that national and state veterans cemeteries serve to inspire appreciation for veterans and the values they defended—for this generation of Americans and for generations to follow.

**We expect that 2006 will be the first year in which VA conducts more than 100,000 interments in our national cemeteries.**

additional state applications and continue to communicate with states that have not participated to show them how VA's State Cemetery Grants Program can effectively serve thousands of veterans and their families.

With more veterans choosing burial in national cemeteries, the number of gravesites and columbarium facilities that VA has responsibility to maintain grows every year, and continues in perpetuity. Maintaining our cemeteries as national shrines

We expect that 2006 will be the first year in which VA conducts more than 100,000 interments in our national cemeteries. However, even at the busiest of cemeteries—those that conduct 20 or more interments a day—NCA employees perform every burial as if it were the only service scheduled for the day. At national cemeteries, each veteran's final benefit will always be provided with the full dignity and solemnity that befits a veteran's service to country. **VA**

# Inside the 2006 Budget

**F**ollowing a series of urgent hearings and actions on Capitol Hill late last fiscal year, VA emerged with a strong 2006 budget posture that will provide medical care and other benefits to more veterans than ever before.

Despite some initial uncertainty as VA recalibrated workload estimates and the White House revised its budget request, Congress and President Bush responded with enactment of a bill providing robust appropriations for veterans programs.

“Veterans of every era can rest easy, knowing that access to what has been described as the finest integrated health care system in the country will remain undiminished—especially for low-income veterans, those with service-connected disabilities, special needs, or who have recently returned from combat,” VA Secretary Jim Nicholson said in a statement on the President’s request for additional funds.

When the debate was over, the Military Quality of Life and Veterans Affairs Appropriations Act of 2006 provided \$72.3 billion in budget authority to operate VA programs this fiscal year, an increase of more than \$1 billion over 2005. “Gross budget authority” means the spending plan made possible both from direct appropriations and the money certain lower-eligibility and higher-income veterans pay toward care and medications, funds VA medical centers retain locally to

plow back into services for veterans.

Highlights of the fiscal year 2006 budget outcome include:

■ Funding for mental health research doubles, and centers of excel-

lence will be established at three locations—Waco, Texas; San Diego; and Canandaigua, N.Y.—devoted to advancing research and enhancing care for mental health issues. Overall, \$2.2 billion identified for specialty mental health care represents a \$100 million increase over 2005.

■ An increase of more than \$34 million was provided for Veterans Benefits Administration operational expenses, which will assist with



On Jan. 8, VA Secretary Jim Nicholson announced plans to purchase 200 acres near Philadelphia for the construction of a national cemetery. The funds for the purchase are included in the 2006 budget.

timely processing of disability claims.

■ Congress rejected proposals for an annual enrollment fee, a priority system relating to veterans needing nursing home care, and some higher co-payments for veterans at the bottom rungs of the eligibility pyramid, categories which include those with higher incomes not seeking care for a service-connected disability. The final bill provided additional funds to replace the co-pay income assumed in those original proposals.

■ The National Cemetery Administration received funding to buy land for six new national cemeteries in Bakersfield, Calif.; Birmingham, Ala.; Columbia-Greenville, S.C.; Jacksonville, Fla.; Sarasota, Fla.; and southeastern Pennsylvania; and for expansion of the Fort Rosecrans Annex in Miramar, Calif. The budget also includes \$32 million for new state cemetery grants.

■ Gulf War illness research received a boost in resources with new research treatment centers and the creation of a pilot program at University of Texas Southwestern Medical Center in Dallas to help VA answer lingering questions about health problems reported by some

veterans who took part in Operation Desert Shield and Operation Desert Storm.

While increases were provided each of VA's three administrations, much of the public interest in budget decision-making focused on the large medical care budget account. Unlike financial benefits paid by the Veterans Benefits Administration, medical care funds are not mandatory spending and sometimes are popularly perceived as vulnerable to "cuts" as advocates turn up the heat on Congress and the White House each year championing resources for veterans.

Though the headlines generated in this annual process may worry veterans and employees that the VA health care system is being downsized, the reality is that in recent years, the medical care budget has increased annually and more patients are seen (see related sidebar below). That trend also benefited from shifts to less expensive outpatient care, but is challenged both by ever-increasing health care costs in areas such as pharmaceuticals, and growing labor costs.

In fact, VA medical spending is up almost \$10 billion since 2001, or

47 percent.

VA will publish a detailed plan of how it will spend its fiscal year 2006 appropriations as current-year estimates are provided in the 2007 budget proposal transmittal to Congress early this calendar year.

To the public and most employees, the announcements of new budget proposals, often in February, appear to be the beginning of each budget cycle—allowing some eight months for Congress to consider the spending plan before the beginning of the fiscal year in question. But behind the scenes, the process has been going on for months before the announcement, with the department and the White House Office of Management and Budget developing the proposal for the year after next.

While this lead time provides a comfortable window for VA and OMB to reach a consensus and for congressional committees to hear testimony from VA and other interested parties, it presented problems with the fiscal year 2006 budget—as well as the 2005 budget for which VA sought and received supplemental funding late in the year.

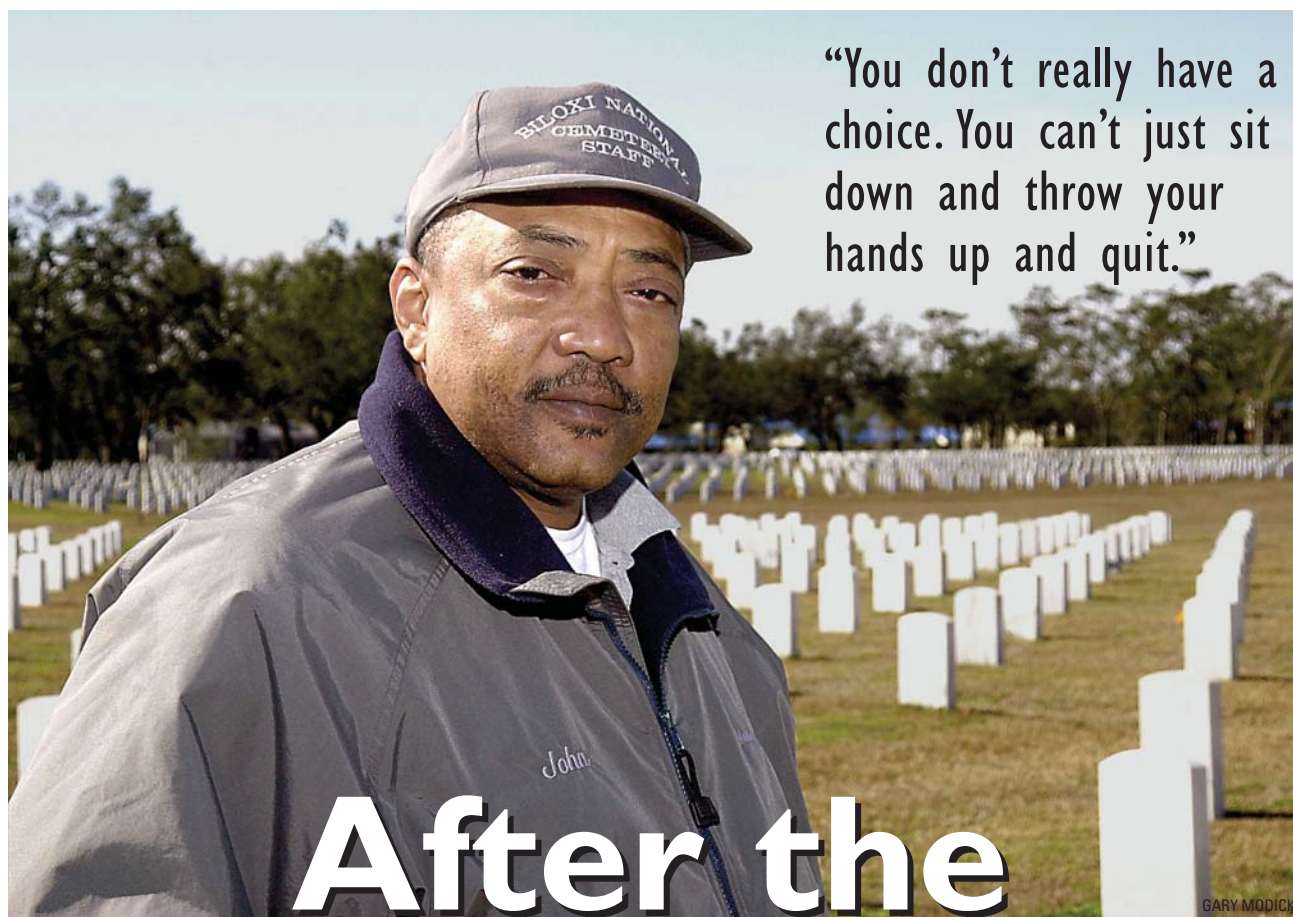
One problem for VA was that the federal budget cycle required budget formulation using data derived two-and-a-half to three-and-a-half years ahead of budget execution. VA's actuarial model forecast 2.3 percent annual growth in health care demand in fiscal year 2005. However, just halfway through last fiscal year, VA discovered that growth would probably exceed this projection, prompting the revisions of its budget plans and requests for additional appropriations.

VA has outlined to Congress future planned improvements to the model and committed to quarterly reviews to address resource needs in light of last year's experience. **VA**

By Terry Jemison

### Medical Budget and Workload

Fiscal Year	Medical Budget (in \$Billions)	Individual Patients Treated
2001	21.0	4,247,204
2002	22.6	4,671,037
2003	25.4	4,961,453
2004	27.7	5,166,833
2005	29.9	5,308,314
2006	31.0	5,441,952 (est.)



“You don’t really have a choice. You can’t just sit down and throw your hands up and quit.”

# After the Storm

GARY MODICK

As the six-month anniversary of Hurricane Katrina’s assault on the Gulf Coast approaches, VA employees displaced by the storm are gradually putting their lives back together and moving on, grateful for the support they’ve received from their colleagues nationwide.

## Help from the VA Family

More than 25 percent of VA employees in the area affected by Hurricane Katrina lost their homes to the storm, and nearly every employee suffered some type of property damage. Touched by their plight, thousands of VA staff around the country gave generously to help their fellow employees get back on their feet. A hurricane relief fundraising campaign conducted at VA headquarters and at field facilities nationwide raised more than \$327,000. The Leadership VA Alumni Association sponsored the campaign in conjunction with the VA Canteen Service and the VA Employee Association. The funds collected are being distributed to employees who demonstrated a need for assistance.



# New Orleans: Sustained by Work and 'Family'

Hurricane Katrina cast hundreds of VA employees from New Orleans on whirlwind journeys, with starts and stops in places like Atlanta or Houston or Dallas or San Antonio.

Take Linda Cosey. She and her family evacuated to Houston, lived in San Antonio for a while, then moved to Jackson, Miss. Recently, Cosey took a new position at the South Texas Veterans Health Care System, and she and her family returned to San Antonio.

"I know we always have VA family," says Cosey, whose home in New Orleans East was lost during Katrina.

That sense of family, says Cosey and other displaced VA employees, has helped them manage, helped them maintain their will to move forward, to overcome after losing so much.

"It was like working with people in shock. They were uncertain what would happen in the future," recalled Ceagus Reed, a human resources specialist at the South Central VA Health Care Network, a health care system that includes the New Orleans VA Medical Center, the VA Gulf Coast Veterans Health Care System and eight other facilities in the region.

Reed and others at the network had the formidable task of helping the displaced employees find new positions. "There was no medical center there at the time," Reed said. "We didn't even know where everyone was. We set up a 1-800 number and got the word out as much as possible."

That commitment to employees touches on the very heart and soul of VA as an organization, says Robert Lynch, M.D., network director.

"This was taking care of our most valuable resource."

VA employees displaced from New Orleans say it was their commitment to continue their mission, to, as President Lincoln said, "... care for him who shall have borne the battle and for his widow and his

orphan," that sustained them during and after the storm.

"It was such a team effort. Everyone was patient-focused. We saw what everyone was made of. There was not one employee at the hospital who didn't have the focus of patient care," said Diane Badeaux.



ED WRIGHT

*Opposite: John Willett, caretaker at the Biloxi National Cemetery, whose home was flooded with 7 feet of water in the storm; above: New Orleans VA Regional Office employees volunteered to box up pending claims folders to be transferred to the regional offices in Muskogee, Okla., St. Louis and Milwaukee; right: Ava Nicholas, assistant support services division chief at the New Orleans VA Regional Office.*



ED WRIGHT

Badeaux spent nearly a week in the medical center after Katrina blew through and was among the last group of employees to evacuate. A social worker by profession, Badeaux has returned to work at the New Orleans VA Medical Center as a customer service coordinator after a post-Katrina journey that carried her from Shreveport, La., to Mandeville, La., then back to the Crescent City.

"I think we all have a greater appreciation for VA. There's a large VA family," said Badeaux.

Mark Muhammad, president of AFGE Local 3553, praised how management worked with employees during and after the disaster.

While the union's contract was temporarily suspended because of the state of emergency, management continued to honor and follow the spirit of the agreement, he said.

Like others, Muhammad talks about the sense of family in VA. In one instance, a female employee with an infant had evacuated on her own and was staying at the Houston Astrodome. VA employees in Houston went to the arena, found the displaced New Orleans employee, and arranged shelter for her and her child. "They said, 'You're our family and we're going to take care of you,'" Muhammad said.

Sam Trapp, a fiduciary legal instrument examiner with the New

Orleans Regional Office, believes focusing on work has helped him and others through the tough times. "It's kind of a reprieve. It helps me get my mind clear," said Trapp. He and his family of five are currently living in a small cabin on a FEMA-operated cruise ship.

"This particular job takes the focus off yourself and helps you focus on others," Trapp said. "I hear people talking about their work, trying to help out wherever they can."

Another regional office employee, Ava Nicholas, assistant support services division chief, put it this way: "We still have tough days ahead, but we're going to get through this."

## VA After Katrina: A Snapshot

**New Orleans VA Medical Center:** In December, the 10th floor of the Boggs Care Unit adjacent to the medical center (above the parking garage) was opened as a primary care clinic. In March, the ninth floor of the medical center is slated to open with limited specialty care. Mobile clinics operating in Hammond, LaPlace, and Slidell, La., are being replaced with standing community-based outpatient clinics. The medical center has seen a dramatic workload increase at its Baton Rouge clinic.

**New Orleans VA Regional Office:** In December, VA opened a temporary regional benefits office in Gretna, La. The facility, located at 671-A Whitney Avenue, offers the same services that had been provided at the New Orleans office, which remains closed. VA officials are still studying options for reopening the permanent regional office. Damage caused by Hurricane Katrina forced 28 employees to request permanent transfers to other regional offices, three employees to retire, and nine employees to remain on temporary detail to other VA facilities. Payment of benefits to veterans and other beneficiaries in the disaster areas has continued without interruption in spite of the hurricane damage and staff reductions. VA has provided replacement checks for beneficiaries unable to receive their regular monthly payments due to lack of a permanent address or access to their financial institutions.

**New Orleans Vet Center:** The vet center, which was completely destroyed by flooding, is temporarily operating with full services out of a small complex upstairs from the original location. A satellite vet center was opened in Baton Rouge to serve veterans temporarily relocated there.

**VA Gulf Coast Veterans Health Care System:** Consolidation of the Biloxi and Gulfport Divisions as part of the Capital Asset Realignment for Enhanced Services (CARES) initiative will be expedited. Prior to Hurricane Katrina, estimated completion was 2012. Estimated completion now is 2009. The historic undertaking of this consolidation process is reflected in the name "Project Acorn." Like the oak tree born from the acorn, the many branches of the health care system will benefit and grow from the improvements planned in this project.

**Biloxi National Cemetery:** Within a month and a half after the storm, all debris, including downed trees, broken limbs, shingles, and roofing from other buildings, was removed from the cemetery. The cemetery is fully operational.



*New Orleans VA Regional Office Director Rowland Christian welcomes employees back on Dec. 12, when the VARO reopened in its temporary location in Gretna, La.*

ED WRIGHT

# Biloxi: On the Road to Recovery

The 8-by-30-foot trailer on Comfort Drive in Biloxi overlooks the beach and the gentle ebb and flow of the Mississippi Sound.

"We have a million-dollar view and a FEMA trailer," says Belinda Corley, a travel clerk at the VA Gulf Coast Veterans Health Care System.



GARY MODICK

*Workers prepare land for the installation of two modular buildings to make 20,000 square feet of office space for employees of the VA Gulf Coast's Gulfport Division displaced by the storm.*

Her home, along with the rest of her quiet neighborhood, was swept away as Hurricane Katrina churned and churned, carving a path of destruction spanning hundreds of miles.

For Corley, like many of the hundreds of VA employees affected by Katrina, the trailer is more than a shelter, more than an aluminum box. If only symbolically, it stands as a line of demarcation on what is sure to be a long road to recovery.

Indeed, the region is now awash in mobile homes. It has become a coast of trailers signifying small steps forward by people determined to overcome the worst natural disaster in the nation's history.

About 50 trailer homes occupy a vacant field on the North Campus of the VA Gulf Coast's Gulfport Division, a property that had been

wiped out by the storm.

Often, the images are stark, the stories halting, the sense of loss palpable. And yet, says Chris Jones, associate director, VA employees, like so many people on the coast, are determined to overcome the tragedy.

"I'm grateful for our employees,"

Jones said. "They continue to be heroes in my mind. They remain committed to coming here, to doing their jobs, to taking care of veterans."

More than 25 percent of VA employees lost their homes to Katrina. Nearly every employee suffered some kind of property loss.

"It was devastating. You feel like it's just a

However, Cook adds, the storm has brought everyone closer together as a community. "You've never seen a group of people pull together like this facility has. Everyone is family. It's family first."

Cook, who has worked at VA for 16 years, lost her cozy two-bedroom, two-bath home in the heart of Biloxi to 9 feet of water. She and her family lost nearly everything.

So many VA employees in the area have lost so much, yet they continue to ask what they can do to help their colleagues and neighbors. "Someone is always asking what I need. In turn, you do the same thing," Cook explains.

The VA support—from co-workers to management to employees around the country—has been tremendous, Cook says.

The names, places and details are different from one employee to the next. But story after story after story reveals common themes. There is great loss; there is great determination.

Take John Willett. A cemetery caretaker at the Biloxi National Cemetery since 1983, he saw his house flooded with 7 feet of water. "If it weren't for the five trees on it, it would have floated away," he said.

Still, despite everything he's been through, Willett remains optimistic. "You don't really have a choice. You can't just sit down and throw your hands up and quit. As far as the future, I think it's going to be really, really bright." **VA**



GARY MODICK

*Belinda Corley, VA Gulf Coast travel clerk, lost her home in the storm and is living in a trailer supplied by FEMA.*

dream. I still feel like one day I'm going to wake up and it's not going to be true. You drive down there and you see the devastation. It's war zone-like. Pictures don't do it justice," said Mary Cook, supervisor of the Patient Business Office at the VA Gulf Coast.

*By Mario Rossilli*

# The Silver Lining

**Editor's note:** The November/December issue of VAnguard included a story on VA's first federal medical shelters for civilian evacuees, set up in Waco and Marlin after Hurricane Rita. The following first-person account by Eugene "Tree" Hairston illustrates the profound effect the experience had on one of the more than 400 VA employees from around the country who were deployed to Texas to staff the shelters.

In September 2005, I was in Phoenix to make a presentation at my first national conference. I was proud to have been asked to speak before a group of VA executives, and at the same time, scared half to death. Seven years before, at the age of 47, I'd dragged myself out of three decades of drug and alcohol abuse and a degrading life on the streets. This opportunity was a real benchmark, far beyond anything I'd imagined achieving in my life.

On the morning of the "big day," my boss at the Bay Pines VA Medical Center north of St. Petersburg, Fla., called. "Tree," he said, "you've got to take the first flight to Waco to help out with the hurricane victims."

"Texas?" I said. "But I'm supposed to speak at 1 o'clock."

"Sorry. They need you ASAP."

"But ..."

"Bad timing, I know. But you're an environmental services manager and we've only got 24 hours to convert an abandoned building into a shelter."

The last seat available was on a plane leaving at 11 a.m. I'd

miss giving my speech. Disappointment engulfed me. Someone else could have gone instead. It wasn't fair. As I called my boss back, my irritation twisted into dismay. He said someone would meet me and I'd be staying at the Ramada Inn.

It was 9 p.m. when I stepped into the hot, dry air at the Waco airport. I looked around the terminal, the size of two double-wide trailers. Nobody met me. Where was I supposed to go? My resentment began to boil. No one answered the phone at the VA main building or the security station. I called my boss. No answer.

I took a cab to the VA grounds, but the place seemed deserted. Completely frustrated and not knowing what else to do, I lurked in the shadows behind the building, hoping someone would contact security. I'd given up my speech for this and nobody even knew I was here. Or cared. Within 20 minutes,

three police cars appeared.

My stomach clenched as I heard an echo from my past. "Can I help you, Buddy?"

"I sure hope so," I said. When I explained my situation to the officer, he took me to the right building. I introduced myself to several workers and looked around. There were no beds, cooking facilities or cleaning supplies. A grimy film covered the walls and floors.

When I got to the Ramada Inn, they had no rooms. Finally, I found a place to stay at another hotel. After a management staff meeting at the site the next morning, we visited a Wal-Mart where the 175 hurricane survivors were housed.

The first thing that hit me was the smell. Trash bags filled with survivors' belongings, mounds of garbage, shopping carts and walkers surrounded the sleeping mats. There were no cooking facilities, and the restrooms were grossly inadequate for the crowd.

We returned to the building they'd named "The Silver Lining" and received our assignments. I was to contact medical center department heads who would help with supplies.

The first group of residents arrived by bus while we were still setting things up. I greeted each survivor, saying, "Welcome. We're glad to have you." Not one person answered me. Silent, they slumped in line



Eugene "Tree" Hairston stops to take a call at the Bay Pines, Fla., VA Medical Center's information desk. Looking on are volunteers Claudette Stein and Bill Edwards.

with lost, vacant looks in their downcast eyes, unkempt hair and ill-fitting clothes.

When they got to their assigned rooms, they dropped their black garbage bags to the floor and sat on the cots, waiting for the next meal. Their only apparent survival instinct seemed to be getting in the food line early, in case we ran short.

After eating, most left the Styrofoam containers on the tables, making no effort to clean up after themselves. Their rooms looked no better. They appeared resigned to a hopeless fate. Life had turned on them and they'd lost any sense of pride. Being shuttled from place to place, with no say about where they were going or how they would get there, had taken its toll.

At first, the housekeeping staff complained. "They don't need to be waited on hand and foot. They're lazy, not helpless." If we'd lost everything, I told them, we might act the same way. I encouraged them to keep smiling, do their jobs without being judgmental, and try to keep their comments positive.

We recommended that residents throw away their garbage bags; most had been contaminated in polluted floodwaters and held only mildewed clothing and a few mementos. Understandably, many wanted to keep items they'd carried through flood, rain and rescue. I just couldn't tell them they had to throw out their only reminders of home, so our housekeepers helped them clean and salvage what they could. A church organization picked up soiled clothes and returned them washed and folded.

At last, a real silver lining appeared. When the Red Cross arrived on the fourth day with vouchers for clothing and luggage, the survivors finally started receiving what they'd been promised for weeks—access to washers and dryers, as well as financial, physical, and spiritual help,

which had not been available in other shelters.

In a room near the elevators, a woman named Theresa sat silent every day. Each time I passed her and her children, I said "good morning" or "good afternoon," but she never answered. By the fifth day, I figured she might think I was being pushy, so I walked by without comment. Just as I passed, she called out, "Hello, Tree." I smiled at her and said, "Good morning, Theresa!" She waved back.

Another of the arrivals was Marcus, a handsome man in his twenties, taller than my 6-foot-6, who had the mind of a 10-year-old. He'd stand in the hall asking questions. "What are you doing? Why?" When I assigned him the job of hall monitor, he straightened his shoulders, grinned, and said, "Yes, sir!"

A couple who had canceled their wedding decided to go ahead with it. The staff collected donations and got the bride a beautiful wedding gown. The chaplain organized a chorus and Marcus was right in the middle, singing his heart out, although he didn't know the words.

Two days before I left, the staff collected money and organized a karaoke party. It was held outside, and the crowd really got into the loud, uplifting music. An old New Orleans bluesman sang a song he'd written expressing his gratitude, and Marcus never stopped dancing—with staff members, by himself, and with anyone who came close to him.

I left the party to replace some furniture, and on a break sat at the top of the outside staircase to the second floor. I looked out at the families and staff. Nurses held babies while children played and their parents danced and talked. Young men danced with elderly ladies using their walkers.

Men and women, hopeless just 10 days before, were laughing and helping each other. The energy

changed as people took charge of their lives, making decisions and planning their next moves.


As I looked out at them, tears started coming. I put on my sunglasses and pretended I had something in my eye, while looking around to make sure nobody saw. A moment later, a child ran up the stairs and offered me a tissue. He grinned and pointed to his mother, Theresa, the woman who hadn't spoken to me the first few days. She waved and mouthed the words "thank you."

The next morning, one of the workers found an old trophy in a closet and had it engraved with Marcus' name as "Best Dancer." At a management meeting that afternoon, we called him in. As always, he had questions. "Why do I need to be here? What are you doing?"

The presenter had Marcus come forward, and then read: "To honor the energy and quality of dancing at the Silver Lining karaoke, you, Marcus, were voted best dancer." Smiling from ear to ear, Marcus stuck his chest out so far I thought he'd strain his back. We congratulated him and he said, "Can I go show my mom?"

"Yes," we said, and he took off, shouting, "Look what I got! Look what I got!" We all wiped away tears.

I had come into this job full of resentments, feeling I'd been cheated out of a great opportunity. Instead, I got a new respect for life, for people, and for the VA health care community.

I learned first hand that patience and understanding, along with baths and clean clothes, can begin to build trust and restore dignity. In that small town, a group of dedicated people, who forgot their ranks and worked as equals, made the world a better place—an experience far more gratifying than giving a speech could ever have been. 

# Succession Planning for 'A Special Mission'

## Prosthetic Service looks to recent amputees to fill positions.

**S**oldiers who lost limbs in Iraq and Afghanistan are finding new career opportunities with VA's Prosthetic and Sensory Aids Service.

Army Staff Sgt. Francisco Pinedo, 27, was nearing the end of his yearlong tour in Iraq when shrapnel from a roadside bomb severed his right hand on Sept. 4, 2004. He had been partially exposed in the forward hatch of a 19-ton Stryker vehicle when insurgents detonated the bomb, which was hidden in a lamp post.

The blast rocked Pinedo back inside the hatch and stunned him momentarily. He didn't realize he was hit until he saw his hand. "I knew I was going to lose it because it was just hanging there," he recalled.

In the days and weeks following the attack, Pinedo's physical pain gave way to nagging anxiety about his uncertain future. How was a one-handed man supposed to care for his wife and young son, he wondered? "Those were the darkest days. To be honest, I just cried for weeks," he said.

The dark cloud of uncertainty lifted, however, following an unexpected visit from Frederick Downs Jr., VA's chief prosthetic and clinical logistics officer, while recovering at Walter Reed Army Medical Center

in Washington, D.C. Downs, who lost his left arm to a land mine in Vietnam, has been an amputee peer visitor at Walter Reed since the Gulf War.

"The first thing you notice when he walks in the room is his [prosthetic] hook. In my mind, it started clicking right away ... there is life after amputation, there is a future," said Pinedo.

the San Diego VA Medical Center in March 2005.

He works under the guidance of the hospital's prosthetic manager, Richard Rodriguez, who is also a lower-arm amputee. "As soon as I heard about Francisco, I knew he was going to be a good fit here," said Rodriguez. "We have so much in common ... he reminds me of myself when I was his age."



*Halfway through a two-year prosthetic representative training program at the San Diego VA Medical Center, Francisco Pinedo oversees several major programs within the facility's prosthetic service, including adaptive equipment.*

During rehabilitation at Walter Reed, Pinedo developed an interest in prosthetic devices. He later asked Downs if there were any career opportunities in prosthetics with VA. "The rest is history," said Pinedo, who began a two-year prosthetic representative training program at

Pinedo immersed himself in the prosthetic handbook during his first few weeks on the job. He read up on VA guidelines for prosthetic service, which cover everything from issuing prosthetic limbs and orthopedic footwear to home oxygen and aids for the blind. "He was very moti-

vated—you could see it in his eyes,” said Rodriguez.

Today Pinedo is overseeing several major programs within the San Diego VA hospital’s \$14 million prosthetic service, including adaptive equipment, clothing allowance, and home improvement and structural alterations. He likes the work and called it therapeutic in a way. “I get to talk with these veterans and they see I’m an amputee, so we can really connect. It’s hard to describe, actually,” he said.

He admitted that he had no idea what he was getting into when he started the training program. “I really knew nothing about VA,” he said, “but I’ve been really impressed so far. The treatment I’ve seen here is definitely equal, if not better, than at any other public or private hospital.”

In addition to Pinedo, two other recent amputees—one who served in Iraq and the other in Afghanistan—are participating in prosthetic training programs at their local VA medical centers.

Those local programs are modeled on the Veterans Health Administration’s Technical Career Field Intern Program, which started in 2003 as part of the department’s succession planning efforts. (For information on the program, visit the Intranet site [vaaww.va.gov/succession/tcfprog.cfm](http://vaaww.va.gov/succession/tcfprog.cfm).)

The two-year program is an active recruitment process to train employees for technical positions projected to open in the next few years, according to Lisa Red, who manages the national program for VHA. “Ours is a special mission, and we need specially trained staff to replace those that retire,” she said.

There are currently 10 VA career fields participating in the national intern program: contracting, engineering, finance, health administration, health information management, human resources, informa-



SGT. JEREMIAH JOHNSON

*Above: Francisco Pinedo in Iraq, where he lost his right hand in a roadside bomb attack; right: Pinedo works under the guidance of the San Diego VAMC’s prosthetic manager, Richard Rodriguez, right. Rodriguez, himself a lower-arm amputee, has been impressed with Pinedo’s motivation.*



WILLIAM H. BUCHANAN

tion technology, inventory management, voluntary service and prosthetics.

The first class in 2003 had 119 interns, according to Red. She said the 2006 class, which starts in July, has been approved for 219 interns, including 12 in prosthetics.

Several Iraqi Freedom veterans who lost limbs in combat are expected to apply for prosthetic representative intern positions with the 2006 class, according to Kathleen M. Pessagno, a program analyst in Prosthetic and Sensory Aids Service. She said they would be among

the first to qualify and participate in the national intern program. And if they complete the training, they’ll have the necessary qualifications and experience to one day run the prosthetic service at a VA hospital.

Pinedo, who is nearing the halfway mark in his training program, believes the opportunity is one that other amputees wouldn’t want to miss. “Have you heard that expression things happen for a reason?” he asked. “Well, look at me—I’m living proof.” **VA**

By Matt Bristol

# Here Comes Jolly Old St. Nick made appearances



*Top left: At the Wm. Jennings Bryan Dorn VA Medical Center in Columbia, S.C., Santa (volunteer John Leon Boughnight) gives a bag of goodies to extended care patient Robert Burke.*

*Left: Santa delighted the children and grandchildren of employees at the Fayetteville, N.C., VA Medical Center at a children's Christmas party sponsored by the VA Employee Association.*

*Above: Santa (volunteer Patrick Snyder) handed out gifts to patients at the Fayetteville, N.C., VA Medical Center, including Edwin Ward. With them is volunteer Ruth Conder.*

*Right: Sheridan, Wyo., VA Medical Center's Santa is Andy Sickler, a nursing assistant on the Nursing Home Care Unit. He hands out gifts to patients every year.*



# Santa Claus

at VA facilities all over the country.



BRAD GARNER



DARRELL MANKIN

*Santa (volunteer Tim Smith) and his helper (Community Affairs staffer Joe Brown) head down the halls of the Marion, Ill., VA Medical Center with goodies for patients. Every year they stuff gift bags with comfort items, lap robes, T-shirts, sweat shirts, socks and other goodies.*



JACKLYN VANMARK



PAUL GREENWOOD

*Sgt. Santa has been a part of the tree-lighting program at the Hunter Holmes McGuire VA Medical Center in Richmond, Va., for 18 years. He's Ricky Duling, a retired police officer.*

# Life Never Tasted So Good

Surgery performed at the Atlanta VA Medical Center saves a veteran's life and his ability to eat normally.

Seventy-two-year-old Edwin Donaldson of Uvalda, Ga., still savors the taste of his first meal after returning home from surgery: roast beef with gravy, mashed potatoes, tossed salad, applesauce and coffee.

"I ate all the meat and almost licked the salad bowl," said Donaldson. "Since then, I love tossed salad."

Months earlier, the elderly veteran went to the Dublin VA Medical Center complaining of progressive difficulty with swallowing, which he thought was just a bad case of acid reflux. However, Donaldson would soon discover that a large tumor had been growing in his esophagus. As a result, his Dublin providers quickly referred him to the Atlanta VA Medical Center for surgery.

"The most common symptom of esophageal cancer is difficulty swallowing, followed by weight loss," said Kamal Mansour, M.D., of the Atlanta VA Medical Center, who was the lead surgeon on Donaldson's case.

The solution? Donaldson was to have a total gastrectomy (removal of the entire stomach) and distal esophagectomy (removal of the



*Veteran Edwin Donaldson talks with Dr. Kamal Mansour, the surgeon who performed the operation to treat his esophageal cancer.*

lower third of the esophagus).

The typical procedure for patients with esophageal cancer is to remove part of the stomach and the cancerous esophagus. The stomach is then moved up into the chest and attached to the remaining esophagus.

In Donaldson's case, the cancer

originated primarily in the stomach and grew into the lower esophagus, causing obstruction of the esophagus. This meant that his entire stomach and part of his esophagus had to be removed.

For Donaldson to still be able to swallow and not be fed intravenously or through a feeding tube, he

would need an esophageal replacement.

“I talked to my preacher and turned it over to the Lord,” said Donaldson, who had previously survived two other types of cancer.

Donaldson said that initially, his daughter was insistent that he go to a private hospital for surgery. But that was before she did extensive research and learned of Mansour and his unmatched credentials.

“Dr. Mansour is very well known,” the Donaldsons recall their daughter telling them.

Using his signature technique, Mansour moved Donaldson’s jejunum (part of the small bowel) into the chest and hooked it to his esophagus, thereby making Donaldson the Atlanta VA’s first patient to have a complete stomach removal and bowel reconstruction. The procedure left Donaldson with the ability to eat small portions of food as long as he chews well.

“Mr. Donaldson can eat whatever he wants,” said Mansour. “After surgery, he even asked if he could eat a goat. I told him, ‘Sure you can, as long as you do it one small bite at

## Healing Hands

Kamal Mansour, M.D., right, has been with the Atlanta VA Medical Center for more than 30 years. As a VA attending thoracic surgeon and professor of cardiothoracic surgery at Emory University School of Medicine, Mansour is lauded as one of the world’s leading thoracic surgeons.

“Dr. Mansour brings unbelievable skill and experience to all thoracic surgical problems—from the most minor to the most complicated,” said Dr. Aaron Fink, chief of Surgical Service at the Atlanta VA Medical Center.

Mansour is a sought-after lecturer, textbook author, Sunday school teacher and philanthropist.

In addition, the Egyptian native has returned to his homeland several times a year for the past 15 years, performing free surgeries for the underprivileged.

“Having such expertise is a rare gift,” Fink said. “We are honored and thrilled to have Dr. Mansour on staff at the Atlanta VA.”



ANN HAMILTON

a time.”

Today, Donaldson only eats about half the amount he did before

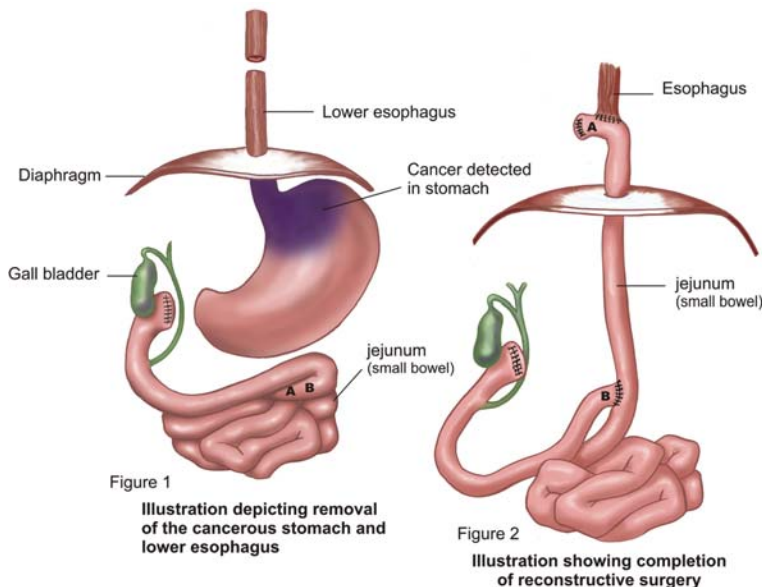
surgery, but said that he feels fine.

“What amazes me is that I haven’t been sick one day since my surgery,” he said, despite undergoing a series of chemotherapy and radiation treatments. Donaldson was prescribed the treatments as a precautionary measure to ensure that no cancer is left in the lining of the esophagus.

“Prayers got me this far,” Donaldson said of his faith, adding that he couldn’t have asked for a better medical team. “The VA is great—every doctor and every nurse that I saw was just terrific.”

Today, Donaldson still cuts grass on a riding lawnmower, rakes leaves, and plants vegetables in his garden. He’s also an active supporter of the American Cancer Society’s “Relay for Life,” having raised more than \$6,000 in donations last year. **VA**

By Candace N. Hull



DONN JOHNSON

*This illustration depicts a roux en y esophago-jejunostomy, the technical term for an esophageal replacement and bowel reconstruction surgery. The patient’s stomach has been completely removed. Part of the small bowel has been pulled through the diaphragm and attached to the esophagus, allowing the patient to retain normal eating habits.*

# Teaching the Teachers

Through the VA Teacher Ambassador Program, educators in three states are learning lessons about veterans and patriotism.

When Jennifer Reblin, a teacher at Clay-Chalkville Middle School near Birmingham, Ala., contacted the local VA medical center about how to start a Veterans Day program at her school, she had no idea she would be invited to a professional development opportunity. "She was in search of information and when I told her about the upcoming workshop, she asked me to hold the phone and ran to her principal's office to get permission to come," said Bertram Perry, staff assistant to the director at the Birmingham VA Medical Center.

Reblin is one of about 100 teachers who attended workshops held last October at the Birmingham VAMC and the other medical centers in VISN 7 (Atlanta) as part of the VA Teacher Ambassador Program, which offers lessons and resources on veterans and patriotism to K-12 educators. The workshops are designed to forge partnerships with local schools by providing a glimpse into the lives of American servicemen and women, their contributions to our nation's history and patriotism, and the role VA plays in the lives of the nation's veterans.

The VA Teacher Ambassador Program originated last year at the Birmingham VAMC after the director, Y C Parris, asked Perry to come up with a way to introduce the VA

Kids Web site ([www.va.gov/kids](http://www.va.gov/kids)) to the local education community.

"Having formerly been a high school teacher, I knew that if we developed a workshop and helpful resources for educators, the schools would be excited to attend," said Perry.

The first year's program proved so successful, it caught the attention of the network director, who asked the VISN 7 Communications and Customer Service Sub-Council to expand the program network-wide. Program facilitator Perry held a train-the-trainer session for representatives from medical centers throughout Alabama, Georgia and South Carolina, who walked away with the tools to implement their own programs.

The "Heroes and Heroines: the Faces of Freedom" workshop provided many interactive activities, including age sensitivity training, lesson planning and lesson sharing. Each teacher in attendance received a binder with lesson ideas and resources, a CD containing

video and Web site resources, photographs of veterans memorials and artifacts, and newsreel footage from World War I, World War II and the Korean War, and a two-disc DVD set highlighting the importance of Veterans Day, and focusing on the Korean War, POWs, Special Forces in Vietnam, nurses, and what it means to be a veteran.

Each facility took advantage of



Birmingham, Ala., junior high teacher Barbara Estes talks with Bertram Perry, VA Teacher Ambassador Program facilitator, during a workshop at the Birmingham VA Medical Center.

stakeholder relationships by asking local representatives of the Veterans of Foreign Wars and American Former Prisoners of War to participate as guest speakers. World War II and Vietnam-era veterans shared

their unique perspectives on veterans and war and the importance of educators using veterans as a primary resource when teaching children about war. “The teachers reported how pleased they were to hear personal stories from our speakers,” said Damon Stevenson, public affairs officer for the Central Alabama Veterans Healthcare System and workshop facilitator.

Facilitators were not the only ones who participated in this effort. At the Columbia, S.C., VAMC, all services decided to pitch in by creating baskets of school supplies for the teachers. “All of our services took a very active role creating baskets for this program,” said Xavier Teasley, one of the facilitators there. “The teachers were grateful for the supplies and the time and effort that went into them.”

In addition to the school resources, all participating teachers were educated on the unique mission and vision of the VA health care system. Each group was taken on an extensive tour of the facilities.

“We welcomed the teachers at the main entrance,” said Alfred Williams, Voluntary Service program manager and workshop facilitator for the Dublin, Ga., VAMC. “At the end of the training, we took them on a tour of the facility, and all of the teachers commented that moving around kept their attention and they were excited about taking the learning tools we had given them back to the students.”

Seeing the VA mission in ac-

tion had a clear impact on the attendees. One teacher participant was so affected by what she saw, she later wrote asking if she could volunteer during her summer vacation.

Results from the workshops have been dramatic. Many schools are becoming involved with the Li-

ting them know that Veterans Day is every day,” Perry said.

One of the activities the teachers participated in was writing a brief reflective statement about what being a veteran meant to them. Kathy Kilpatrick, a fourth-grade teacher at Thompson Intermediate School near Birmingham, answered the question this way: “Today I know what a veteran is. He (or she) is a person who “put on hold” or gave up a huge portion of his life to serve, put his life on the line, fed hungry children, worked in 115-degree weather, lived in a hole he dug in the desert and missed his family. He is a man who returns not the same as when he left. He knows first hand the riches and value of educating our children. He has seen things in the world he can never share. The rest of his life will be different because of his service.”

The Birmingham VAMC received first-place honors for this initiative in the Communications/Special

Events category in the 2005 Veterans Health Administration Excellence in Public Affairs Program. This effort will continue to impact local schools, with teachers sharing best practices. All of the medical centers in the VA Southeast Network will continue to offer this program to all educators in the region. For more information on the VA Teacher Ambassador Program, contact Perry at [Bertram.Perry@med.va.gov](mailto:Bertram.Perry@med.va.gov) or (205) 933-4385. **VA**

By Jeffrey Hester



Top: Dr. Lesa Woodby, of the Birmingham VAMC's Geriatric Research Education and Clinical Center (GRECC), leads a group of teachers through an age sensitivity training exercise; Above: Wayne Watts, a prisoner of war during World War II, speaks to teachers at the Birmingham VAMC.

brary of Congress' Veterans History Project after being introduced to the program at the workshops. One school has started a Valentines for Veterans initiative, in which students make valentines for patients and deliver them during the National Salute to Hospitalized Veterans the week of Valentine's Day.

Cards and letters have poured in for Veterans Day and Christmas, and students and teachers are becoming more involved with activities for the patients. “The VA is lending a hand to schools and let-

# Taking Her Bow and Moving On

After nearly 30 years tackling some of VA's most explosive issues, Dr. Susan Mather says goodbye.

It's hard to imagine Dr. Susan Mather spending peaceful days at the beach painting ocean scenes. That's where she's heading now that she's retired from VA, but for three decades she was at the epicenter of some of VA's and American medicine's most explosive issues.

VA Under Secretary for Health Dr. Jonathan Perlin referred to them as VA's "hot button" issues in his nomination of Mather for the Secretary's Exceptional and Distinguished Career Award presented during a headquarters send-off Jan. 3, her last day with VA.

In fact, Mather was often VA's lightning rod for those issues. That role began soon after she came to VA in 1979 with Agent Orange on the minds of Vietnam War veterans.

"I don't think the VA took a good attitude toward Agent Orange immediately," Mather said a few days before her retirement. "VA was trying to prove that most [Vietnam veterans] weren't exposed to Agent Orange. That has changed and there is now a presumption in law that if you were in Vietnam you were exposed to Agent Orange."

In the '90s, it was the Gulf War veterans who made her the target of their disappointment getting help with undiagnosed illnesses. They even created a bumper sticker that played off her name: "Gulf War Veterans Don't Mather to VA."

"It was not a happy memory, but I kept one just in case I got too cocky," Mather said.

"I think I've always been pro-veteran," she said. "I've been pro-public health, and I've been pro-holistic approach, and I don't think that you can take care of any patient without considering both their mind and their body, and that's certainly the case with returning veterans."

After Agent Orange, it was one "hot button" issue after another for Mather. Most often, she and her staff were juggling several at a time.



VA Under Secretary for Health Dr. Jonathan Perlin presents an award to VA's retiring Chief Public Health and Environmental Hazards Officer Susan Mather, M.D.

She was the focal point for the department's positions on issues like mustard gas, tobacco use, AIDS, immunization policies, women's health issues, Gulf War illnesses, cold injuries, former POW care, traumatic brain injury, and terrorism response.

Mather is most proud of her advocacy for women veterans. "Until the '70s, VA really didn't view them as equal members of the veteran community, and that has changed, and I think any VA medical center that a woman walks into today is ready to take care of her and recog-

nizes that she served, [and] served honorably. In fact, today we would not be able to mount a good armed force without women," Mather said.

Mather's duties also included oversight of the Emergency Management Strategic Healthcare Group. She said education and communication were key in VA emergency preparedness after 9/11.

"It's hard to terrorize a person who is really prepared to handle any emergency," she said, "so if we can reduce the feeling of terror that our employees and patients have in any emergency, then I think that's part of the job."

According to her staff, Mather subscribed to the theory that there's no limit to what you can accomplish if you don't care who gets the credit. For her, it was about "team," and she and her team in the Office of Public Health and Environmental Hazards have nothing but praise for each other.

"Like a good orchestra conductor, Dr. Mather was always there to keep us in focus, in tune and on the beat," said Lawrence Deyton, M.D., her successor and former staffer. "I have learned much about leadership watching her and I promised her that I will continue to follow the beat she set here."

"I can't imagine having a better career than I've had in VA, and I would certainly recommend VA for young people starting out. It's a great way to give back," Mather said. **VA**

By Ken McKinnon

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

## Born of Controversy: The GI Bill of Rights

It has been heralded as one of the most significant pieces of legislation ever produced by the federal government—one that impacted the United States socially, economically and politically. But it almost never came to pass.

The Servicemembers' Readjustment Act of 1944—commonly known as the GI Bill of Rights—nearly stalled in Congress as members of the House and Senate debated provisions of the controversial bill.

Some shunned the idea of paying unemployed veterans \$20 a week because they thought it diminished their incentive to look for work. Others questioned the concept of sending battle-hardened veterans to colleges and universities, a privilege then reserved for the rich.

Despite their differences, all agreed something must be done to help veterans assimilate into civilian life.

Much of the urgency stemmed from a desire to avoid the missteps following World War I, when discharged veterans got little more than a \$60 allowance and a train ticket home.

During the Great Depression, many veterans found it difficult to make a living. Congress tried to intervene by passing the World War Adjusted Act of 1924, commonly known as the Bonus Act. The law provided a bonus based on the number of days served. But there was a catch: most veterans wouldn't see a dime for 20 years.

A group of veterans marched on Washington, D.C., in the summer of 1932 to demand full payment of their bonuses. When they didn't get it, most went home. But some decided to stick around until they got paid. They were later kicked out of town following a bitter standoff with U.S. troops. The incident marked one of the greatest periods of unrest our nation's capital had known.

The return of millions of veterans from World War II gave Congress a chance for redemption. But the GI Bill had far greater implications. It was seen as a genuine attempt to thwart a looming social and economic crisis. Some saw inaction as an invitation to another depression.

Harry W. Colmery, a former national commander of the American Legion and former Republican National Chairman, is credited with drawing up the first draft of the GI Bill. It was introduced in the House on Jan. 10, 1944, and in the Senate the following day. Both chambers approved their own versions of the bill.

But the struggle was just heating up. The bill almost died when Senate and House members came together to

debate their versions. Both groups agreed on the education and home loan benefits, but were deadlocked on the unemployment provision.

Ultimately, Rep. John Gibson of Georgia was rushed in to cast the tie-breaking vote. The Senate approved the final form of the bill on June 12, and the House followed on June 13. President Franklin D. Roosevelt signed it into law on June 22, 1944.

The Veterans Administration (VA) was responsible for carrying out the law's key provisions: education and training, loan guaranty for homes, farms or businesses, and unemployment pay.

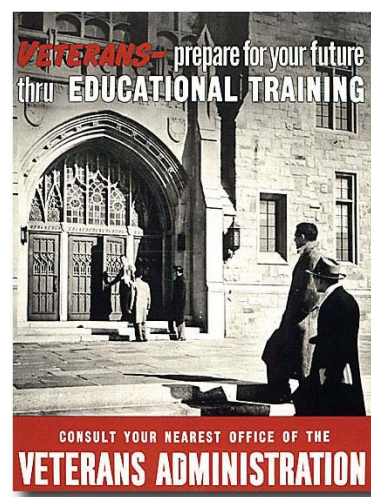
Before the war, college and homeownership were, for the most part, unreachable dreams for the average American. Thanks to the GI Bill, millions who would have flooded the job market instead opted for education. In the peak year of 1947, veterans accounted for 49 percent of college admissions. By the time the original GI Bill ended on July 25, 1956, 7.8 million of 16 million World War II veterans had participated in an education or training program.

Millions also took advantage of the GI Bill's home loan guaranty. From 1944 to 1952, VA backed nearly 2.4 million home loans for World War II veterans.

While veterans embraced the education and home loan benefits, few collected on one of the bill's most controversial provisions—the unemployment pay. Less than 20 percent of the funds set aside for this were used.

Over the years, the GI Bill has been updated to meet veterans' changing needs. Today, the legacy of the original GI Bill lives on as VA home loan guaranty and education programs continue to work for our newest generation of combat veterans. **VA**

By Matt Bristol



*A GI Bill poster from the 1940s.*

## Nicholson Invites Cabinet Secretaries to Visit Wounded Soldiers



Left to right: Col. Virgil and Ida Deal, Jim and Suzanne Nicholson, Pat and Maj. Gen. Kenneth Farmer, Marcia and Alphonso Jackson, Robert and Margaret Spellings, and Alberto and Rebecca Turner Gonzalez at Walter Reed Army Medical Center.

VA Secretary Jim Nicholson wants all Americans to appreciate the courage of U.S. troops fighting overseas and know about the top-notch care the wounded receive when they return home.

With this in mind, Secretary Nicholson invited several of his fellow Cabinet secretaries to accompany him and his wife, Suzanne, on a visit to Walter Reed Army Medical Center in Washington, D.C., on Jan. 24.

Attorney General Alberto Gonzales, Secretary of Education Margaret Spellings, and Secretary of Housing and Urban Development Alphonso Jackson, along with their spouses, joined the Nicholsons for a three-hour visit, which included a luncheon meeting with Maj. Gen. Kenneth L. Farmer, commanding general of the North Atlantic Regional

Medical Command and Walter Reed Army Medical Center, and Col. Virgil T. Deal, commander of Walter Reed Health Care System.

During the luncheon, Gen. Farmer gave an overview of the hospital's history and briefly described its role in caring for servicemembers wounded in the wars in Iraq and Afghanistan. About 5,000 wounded soldiers, including 350 amputees, have gone through Walter Reed since the start of the war in Iraq. "Our aim is to restore them to the highest level of functioning to which they aspire," Gen. Farmer told the group.

Later Gen. Farmer and his wife led a tour of the hospital, which included stops in the occupational and physical therapy rooms, where young amputees were doing special exercises to strengthen their

core muscles. Strengthening the core—the abdomen and lower back—is the first step to successful use of prostheses, explained Lt. Col. Barbara A. Springer, chief of physical therapy at Walter Reed, as she motioned around the room to amputees who were doing crunches and balancing exercises.

The visitors moved around the room, introducing themselves to the soldiers and inquiring about their injuries. They eventually gathered near a triple amputee who was balancing on prosthetic legs between two parallel bars. The room fell silent as he described his injury and long road to recovery. As he spoke of future plans to start a family and learn to drive a car, many of the visitors seemed taken aback. How could someone

who has suffered such traumatic injuries still possess such a positive outlook?

Col. Deal, noticing the puzzled looks, offered an explanation: many visitors say they're here to lift the spirits of the troops, he explained, but often it ends up being the other way around.

Nicholson smiled at the insight; it was a lesson he had already learned.

"These brave young men and women willingly placed themselves in harm's way to protect our nation and the ideals upon which it was founded," said Nicholson. "Their service and sacrifice is an inspiration to me, and I want to share that with all Americans." **VA**

### Limit on Home Loans Raised

Beginning Jan. 1, veterans can get no-down payment home loans up to \$417,000. The previous ceiling was \$359,650.

The Veterans Benefits Improvement Act of 2004 tied increases in the VA home loan guaranty to increases in the Federal Home Loan Mortgage Corporation's conforming loan limit. When this limit increases, VA guaranty limits also go up, allowing VA to keep pace with rising home values.

VA-guaranteed home loans are made by banks and mortgage companies to veterans, servicemembers and reservists. With VA guaranteeing a portion of the loan, veterans can receive a competitive interest rate without making a down payment, making it easier to buy a home. **VA**



## VA Would Get Nearly \$81 Billion in Fiscal Year 2007 Budget Plan

President Bush will seek a record \$80.6 billion budget for VA in fiscal year 2007, with the overwhelming majority of these resources targeted for health care and disability compensation. The fiscal year 2007 proposal represents an increase of \$8.8 billion, or 12.2 percent, above the budget for 2006.

“Veterans are a priority. That’s why the President is proposing this historic budget with a landmark increase to continue the best health care and vital benefits to those veterans who count on VA the most,” VA Secretary Jim Nicholson said. “With the support of Congress, we can take care of the needs of our newest generation of combat veterans, while honoring our commitment to veterans of earlier eras.”

The fiscal year 2007 budget proposal calls for \$38.5 billion in discretionary funding—mostly for health care. This budget contains the largest increase in discretionary funding for VA ever requested by a President.

For health care alone, the President’s request is an increase of \$3.5 billion (or more than 11 percent) over the fiscal year 2006 level. The budget proposal also would provide \$42.1 billion in mandatory funding, mostly for compensation, pension and other benefit programs.

Highlights include requests for:

- Funding to allow VA to care for an estimated 5.3 million patients, including more than 100,000 veterans of Operation Iraqi Freedom and Operation Enduring Freedom.

- \$457 million for the Capital Asset Realignment for Enhanced Services (CARES) program, bringing the department’s total investment to nearly \$3 billion since fiscal year 2004. The fiscal year 2007 proposal includes funding for the continuation of medical facility projects in Long Beach, Calif., and Denver, and funds new projects in American Lake, Wash.; Milwaukee; Columbia, Mo.; and St. Louis.

- A total investment of almost \$3.2 billion in mental health services, which is \$339 million above this

year’s level. This budget proposal ensures a full continuum of care for veterans with mental health issues, to include comprehensive treatment for veterans with post-traumatic stress disorder (PTSD).

- \$1.4 billion for prosthetics and sensory aids, a \$160 million increase over fiscal year 2006.

- A nearly 10 percent increase in funding for non-institutional long-term care over fiscal year 2006, with a total investment of \$535 million in the President’s proposed budget.

- More than \$78 million for national cemetery construction projects, including funds for cemetery expansion and improvement at Great Lakes, Mich.; Dallas-Ft. Worth; and Saratoga, N.Y. Resources are also included for the development of master plans for six new national cemeteries in Bakersfield, Calif.; Birmingham, Ala.; Columbia-Greenville, S.C.; Jacksonville, Fla.; Sarasota, Fla.; and southeastern Pennsylvania. The budget also includes \$32 million in grants for the construction of state veterans’ cemeteries. **VA**

## Richard Petty Leads 2006 National Salute

Legendary race car driver Richard Petty is chairman of the 2006 National Salute to Hospitalized Veterans.

He will lead VA’s annual patient recognition program inviting the public to visit and honor hospitalized veterans during National Salute Week, Feb. 12-18, and serve as national spokesperson for the more than 140,000 volunteers serving veterans at VA facilities across the nation.

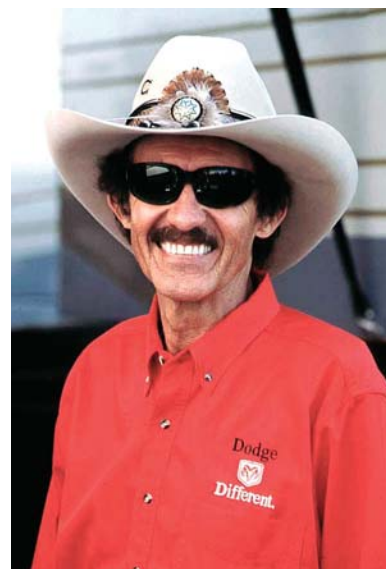
Known to stock car racing fans simply as “The King,” Petty is the most decorated driver in the history of NASCAR racing. His illustrious career accounts for a record 200 victories and seven NASCAR Nextel Cup championships.

Today, he is busy as ever overseeing the operation of the car he made famous. Bobby Labonte is now at the wheel of Petty’s #43 Dodge.

Racing is about winning, and Petty has proven he knows how to do that, but it is giving back to the community and his fans that makes Petty “The King” of auto racing. Wearing his signature cowboy hat and sunglasses, he is often sighted signing autographs or helping worthy causes.

There is no other person in NASCAR history who has had more impact on the sport, on and off the track. Petty is a member of the National Motorsports Press Association Hall of Fame, International Motorsports Hall of Fame, North Carolina Auto Racing Hall of Fame, and the North Carolina Athletic Hall of Fame. He also serves as chairman of the North Carolina Motorsports Association.

King Richard has seen his sport grow from the beaches of Daytona to the high-banked super speedways of Talladega. As Petty Enterprises develops under his watchful eye, it won’t be long before “The King” will once again be standing alongside #43 in victory lane. **VA**



Petty

## VA Health Care Outscores Private Sector for Sixth Straight Year

Veterans continue to be more satisfied with their health care than the average American, according to an annual report on customer satisfaction that compares the VA health care system with private-sector health care.

The ratings came in the annual American Customer Satisfaction Index, which ranks “customer satisfaction” with various federal programs and private-sector industries.

“Although VA has received many wonderful endorsements recently, the support of our veterans—the people who know us best—is the highest praise,” said VA Secretary Jim Nicholson.

The ACSI, an independent survey of customer satisfaction within both the federal and private sectors, gave VA’s inpatient care a rat-

ing of 83 on a 100-point scale. That’s 10 percentage points higher than the 73 rating achieved for inpatient care by the private-sector health care industry.

VA’s rating of 80 for outpatient care was five percentage points higher than the 75 rating for private-sector outpatient care and nine points higher than the average satisfaction rating for all federal services.

The latest findings mark the sixth consecutive year VA’s health care system has outranked the private sector in customer satisfaction.

Since 1994, the ACSI survey has been a national measurement of customer satisfaction with the quality of goods and services in the United States. ACSI produces indices of satisfaction

for seven economic sectors, 41 industries, 200 private-sector companies and two types of local government services.

VA’s strong showing came after interviews with veterans who had recently

used the department’s services. The report is the product of the National Quality Research Center at the University of Michigan Business School, the CFI group, and the Federal Consulting Group. **VA**



### West Portrait Unveiling

Former VA Secretary Togo D. West Jr. returned to VA Central Office Feb. 2 for the unveiling of his official portrait with Secretary Nicholson. West led VA from 1998 to 2000. The portrait will hang alongside those of his predecessors outside the Omar Bradley conference room in the Secretary’s office suite.

## Online Grave Locator Available

The burial locations of more than 5 million veterans for whom VA has provided grave markers are now available on the Internet, as well as the information inscribed on the markers.

Online since April 2004, the nationwide gravesite locator ([gravelocator.cem.va.gov](http://gravelocator.cem.va.gov)) helps veterans’ families, former comrades-in-arms and others, including genealogy researchers, find the graves of veterans.

VA recently added 1.9 million records for veterans buried primarily in private cemeteries to its database. The gravesite locator previously carried records on 3 million veterans buried in VA national cemeteries since the Civil War, and in state veter-

ans cemeteries and Arlington National Cemetery since 1999.

The new records date from January 1997, the earliest time for which electronic records exist. The information comes from applications made for these veterans’ headstones or markers. Beyond the 5 million records now available, VA continues to add approximately 1,000 new records to the database each day.

Internet users only need to provide the last name of the deceased veteran or dependent. Typically, the information available includes name, birth and death dates, rank, branch of service and the address and phone number of the cemetery. **VA**



### My HealtheVet at Conference on Aging

Anne Klein, left, introduces Secretary Nicholson to My HealtheVet, VA’s health care Web portal, at the 2005 White House Conference on Aging Dec. 11 in Washington, D.C. My HealtheVet enables veterans to participate directly in their health care over the Internet, communicating with clinicians, filling prescriptions, maintaining vital sign logs and, soon, accessing their VA medical records.

## Office of Seamless Transition Celebrates First Anniversary



*Staff of the VA Office of Seamless Transition: (left to right) John Brown, Air Force Lt. Col. Janet Kamer, Karen Malebranche, Army Col. Terry Washam, Marianne Mathewson-Chapman, Barry Warken, Marine Col. Timothy Frank, and Becky Ramos. Kamer and Washam are military reservists who work for VA in their civilian jobs. Kamer is a psychologist from the Jesse Brown VA Medical Center in Chicago and Washam is a social worker from the Louis Stokes VA Medical Center in Cleveland.*

As it marks its first anniversary, the Office of Seamless Transition in VA Central Office looks back on a year of progress in ensuring that servicemembers move smoothly from the military to VA and civilian life. Highlights of the past year include:

- Raising to eight the number of military treatment facilities with VA employees. Social workers and benefits counselors are helping servicemembers transfer to VA medical centers and ensuring that they receive needed information about VA benefits and services.

- Expanding the scope of care at the four regional VA Traumatic Brain Injury Centers to create Polytrauma Rehabilitation Centers focused on treating multi-trauma combat-injured patients.

- Assigning full-time active duty Army Liaison Officers to each of the four polytrauma centers to help servicemembers and their families with issues such as pay, lodging, travel, moving household goods and non-medical issues.

- Leading a joint VA-Department of Defense Seamless Transition Summit to improve coordination between the two agencies.

The Office of Seamless Transition will lead VA in pursuing the following goals this year:

- Continuing coordinated transfers of seriously ill or injured servicemembers from military care to VA medical centers and Polytrauma Rehabilitation Centers.

- Expanding seamless transition to servicemembers entering the Physical Evaluation Board process.

- Supporting DoD in providing Post-Deployment Health Reassessments within 90-180 days after deployment.

- Developing national statistical reports on OIF/OEF veterans.

- Measuring the performance and quality of the seamless transition process.

- Developing a seamless transition communication plan for marketing and outreach.

- Automating collection of information on injured servicemembers.

- Conducting a training conference for 54 state benefits advisors hired by the National Guard to serve as veteran advocates in each state. **VA**

## Progress on Implementation of CARES Decision Continues

As 2006 begins, progress continues to be made on implementing the Secretary's Capital Asset Realignment for Enhanced Services (CARES) decision, announced in 2004. CARES is a comprehensive, system-wide approach to provide a roadmap for investing in and locating VA capital facilities.

The CARES decision called for additional studies of 18 sites to refine the analyses developed in the original CARES planning and decision-making process. Health care studies are now being conducted in New

York City; Boston; Waco, Texas; Big Spring, Texas; Louisville, Ky.; Montgomery, Ala.; Muskogee, Okla.; and Walla Walla, Wash. Capital and reuse plans are being conducted in Canandaigua, N.Y.; Montrose-Castle Point, N.Y.; St. Albans, N.Y.; Lexington, Ky.; Perry Point, Md.; Gulfport, Miss.; Poplar Bluff, Mo.; Livermore, Calif.; West Los Angeles; and White City, Ore.

The contracting firm PricewaterhouseCoopers will provide business plan options at each site that describe the location of services, the capi-

tal infrastructure required, and any reuse potential of VA property. The recommended option will address the optimal approach to provide current and projected veterans with health care that is equal to or better than what is currently being provided in terms of access, quality and cost-effectiveness, while maximizing any potential reuse of all or portions of the current real property inventory.

The wide array of options initially under consideration is now being narrowed by the Secretary to three to

six options per site. The contractor will then conduct an in-depth analysis of these remaining options during Stage 2 of the study.

Each site has a Local Advisory Panel, created under the Federal Advisory Committees Act and supported by the contractor. To date, two LAP meetings have been held and a third is being planned for early this year. The LAP meetings are forums for the public comments that have been an essential part of this process.

**continued on page 28**

## Charles Sumerset

Charles Sumerset is an inventory manager in Environmental & Materiel Management Service at the New Mexico VA Health Care System in Albuquerque. But every once in a while, Sumerset steps back in time, donning a U.S. Cavalry uniform to become a Buffalo Soldier.

It was in this vintage uniform that Sumerset waded to thousands of onlookers from the New Mexico “Land of Enchantment” float at the 2006 Tournament of Roses Parade on Jan. 2 in Pasadena, Calif.

Roses made up a large portion of the tens of thousands of flowers used on the float. Other flowers and organic touches, such as bark, seeds and leaves, were also used. No paint or dyes were allowed on any surface of the float—every material used had to be organic. Oatmeal was used as “stucco” to cover the Spanish mission constructed for the float.

The New Mexico Tourism Department sponsored the float, which also carried Gov. Bill Richardson and his wife, Barbara, Miss Northern Navajo Nation, Miss Mescalero Nation, and a gifted trio of flamenco

dancers.

“One of the goals of the Tourism Department is to portray the rich and diverse ethnic cultures of our state,” said Sumerset, a retired Navy chief who has been a New Mexico VA Health Care System employee for more than 10 years.

Sumerset is also a member of the Buffalo Soldier Society of New Mexico (BSSNM), a nonprofit organization that travels throughout the state to bring the history of the black cavalry to life, from Medal of Honor recipients to the common trooper.

“One of the BSSNM’s missions is to mentor at-risk youth,” said Sumerset. “I have always enjoyed working with children and the BSSNM gave me this opportunity. From Indian battles to skirmishes with lawbreakers, we educate the public on how a small number of black troopers made a difference in the lives of law-abiding citizens in our state.”

Congress authorized the U.S. Army to form two units of black cavalry and four units of black infantry, composed mostly of freed slaves and Civil War veterans, in

1866. The cavalry units were the 9th and 10th cavalries. The four original infantry regiments were consolidated into two units, the 24th and 25th infantries. The black troopers got their nickname from the Plains Indians.

Buffalo Soldiers served throughout the Southwest until the early 1900s. In New Mexico, they were stationed at Fort Union (Las Vegas), Fort Bayard (Silver City), Fort Stanton (Lincoln), and Fort Wingate (near Gallup). Buffalo Soldiers also patrolled the Mexican border, and participated in the Spanish-American War and in the U.S. expedition to the Philippines.

Sumerset’s ride in the Rose Parade lasted about three-and-a-half hours and covered five-and-a-half miles. Waving to thousands of people for that length of time required a great deal of stamina and a certain technique.

“Everyone I spoke to before the parade gave me

pointers on how to properly wave,” said Sumerset. “I opted to alternate my arms, resting them as much as possible. I must admit they were a little sore.” VA

By Bill Armstrong



Charles Sumerset donned his Buffalo Soldier uniform to ride in the Rose Parade.

### CARES continued from page 27

Relevant information about the meetings is announced through public notices with adequate time for stakeholders to prepare for the meetings.

A Web site ([www.va.gov/CARES](http://www.va.gov/CARES)) dedicated to veterans, elected officials and other interested parties offers an opportunity to provide electronic feedback and com-

ments. The most current information on each individual site is also available there.

The additional studies are expected to be completed by June.

The Draft National CARES Plan was submitted to the CARES Commission, an independent body established to review the plan, gather public and stakeholder

concerns, and provide recommendations to the Secretary, in 2003. The Secretary received the recommendations of the CARES Commission in February 2004 and announced his decision on CARES the following May.

The merger of the CARES process into VHA’s strategic planning process is a

key component of CARES today. Once CARES is completed, VA will have a national plan for directing resources to where they are needed most. The initiatives and plans identified will be validated and reassessed continually throughout the strategic planning process to ensure they reflect current VA policies and priorities. VA

### Risk of Mystery Illness Double for GulfVets

Veterans who served in the Gulf War are nearly twice as likely as non-deployed veterans of the same era to suffer from chronic multi-symptom illness, or CMI, according to a recent study by researchers at the St. Louis VA Medical Center and Washington University School of Medicine in St. Louis.

CMI is similar to what is commonly called Gulf War Syndrome. Veterans with the illness are diagnosed as having at least two of three broad groups of symptoms, including fatigue, mood or cognitive disorders, and muscle or joint pain, for at least six months. Researchers found veterans with CMI also had a higher incidence of metabolic syndrome, which increases the risk of coronary heart disease, diabetes and cirrhosis of the liver.

“Physicians need to be aware of the potential manifestations of CMI and the need to treat them, and metabolic syndrome is a key example,” lead researcher Dr. Melvin Blanchard, associate chief of medicine at the St. Louis VA Medical Center and assistant professor of medicine at Washington University School of Medicine in St. Louis, told *Forbes* magazine. “There’s quite a bit of literature on this condition, and there are steps physicians can encourage their patients to take, such as increased exercise, stress management and dieting to reduce abdominal fat, that can lessen its effects.”

The study is an analysis of data collected in VA’s National Health Survey of Gulf War Era Veterans and Their Families conducted from 1999 to 2001. Results were

published in the January edition of the *American Journal of Epidemiology*.

### Does Prostate Cancer Screening Improve Survival Rate?

Popular prostate cancer screening methods may not be effective at detecting cancer and saving the lives of healthy men, according to a study conducted by Dr. John Concato and colleagues at the VA Connecticut Healthcare System and Yale University.

In the study of 1,000 New England veterans diagnosed with prostate cancer, Concato and colleagues found those who took a PSA test or had a digital rectal exam prior to any suspicion of cancer had the same survival rate as those who didn’t. They concluded that PSA tests and digital exams did not reduce mortality. The findings were published in the Jan. 9 issue of *Archives of Internal Medicine*.

“Based on available evidence, including the present study, recommendations regarding screening for prostate cancer should not endorse routine testing of asymptomatic men to reduce mortality,” Concato told the *Chicago Tribune*. “Rather, the uncertainty of screening should be explained to patients in a process of verbal informed consent, promoting informed decision-making.”

The medical community is divided over the benefits of prostate screening methods including PSA tests—which measure the amount of prostate specific antigen in the blood—and digital rectal exams. Some physicians credit aggressive screenings with reducing prostate cancer deaths in recent years. Others argue

there is no evidence these tests reduce mortality. They also point to the downside of testing, including false alarms, unnecessary biopsies and stress over the test results.

More than 230,000 men in the United States are diagnosed with prostate cancer each year, and more than 30,000 die of it.

### Fish Oil Doesn’t Fight Cancer

Fish oil is widely touted for its health benefits and has been shown to improve heart and blood vessel function and lower bad fats called triglycerides. But a new study found the omega-3 fatty acids in fish and fish oil supplements probably don’t live up to another popular claim: that they help prevent cancer.

The study was a review of data collected from 38 previous studies involving more than 700,000 patients. Some of these studies had suggested a connection between fish oil and reduced risk for cancers of the breast, lung and prostate. These new findings, however, may prove otherwise.

“It doesn’t mean that omega-3 fatty acids don’t have other health benefits, it’s just that reducing cancer risk isn’t one of them,” lead author Dr. Catherine MacLean, of the Greater Los Angeles VA Healthcare System and



A study by Dr. John Concato and colleagues found that PSA tests and digital rectal exams did not reduce mortality in prostate cancer patients.

Rand Corp., told the *Associated Press*.

Though the findings question the role of fish oil in fighting cancer, there is no doubt the fatty oils help in preventing heart disease, the nation’s leading killer. The American Heart Association currently recommends two servings of fish a week, particularly those high in omega-3 fatty acids such as salmon, albacore tuna, herring and mackerel.

The study was funded by the Agency for Healthcare Research and Quality, part of the Department of Health and Human Services, and the National Institutes of Health’s Office of Dietary Supplements. Findings were published in the Jan. 25 issue of the *Journal of the American Medical Association*. **VA**

## Helping veterans find work



MARGARET MACKLIN

*Veteran Jeffrey S. Vainwright gets help with his resume from Paula A. Sincell, a vocational rehabilitation counselor at the Career Resource Center.*

VA facilities continue to work with local organizations to ensure seamless transition for veterans wounded in Iraq and Afghanistan. The St. Petersburg, Fla., VA Regional Office partnered with the Disabled American Veterans and a local WorkNet office to establish a Career Resource Center to help veterans with vocational rehabilitation and employment. The one-stop office helps disabled veterans develop resumes, look for jobs and overcome barriers to employment. The center houses a computer room, career library and training kiosks and is staffed by employment specialists who can provide individual or small group assistance.

The Dec. 11 episode of ABC's "Extreme Makeover: Home Edition" featured a home renovation for **Bobby Isaacs**, a patient at the **Durham, N.C., VA Medical Center** who lost both legs in Iraq while serving with the 101st Airborne Division. Fellow Iraq war veteran **Luis Rodriguez**, who also lost a leg while serving with the 101st Airborne Division and was featured on a previous episode, nominated Isaacs for the show. The two visited the Durham VAMC together during taping and the footage made it into the program. Isaacs is the nephew of

**Penni Robinson**, a program support assistant in the medical center's operating room.

Groundbreaking for the new **VA regional office in Reno, Nev.**, took place Dec. 13. The facility will house approximately 60 VA employees, as well as employees of the Nevada Office of Veteran Services and veterans service organizations including the Veterans of Foreign Wars, Disabled American Veterans, AMVETS and American Ex-POWs. The Reno VA Regional Office serves 238,000 veterans in

the state of Nevada and 7,000 veterans in four northeastern California counties. It is one of 57 regional offices nationwide that provide financial and other forms of assistance to veterans, their dependents and survivors.

Approximately 60 surviving members of the 100th Infantry Battalion Veterans, their families and friends gathered at the **National Memorial Cemetery of the Pacific** on Nov. 29 to dedicate a memorial plaque

commemorating their war service from 1942 to 1945, when they earned the nickname "The Purple Heart Battalion." In his opening remarks, cemetery Director **Gene E. Castagnetti** praised the veterans for their service and courage in defeating the Nazis on the battlefields of Europe and facing discrimination upon their return home because of their Japanese heritage. **VA**

## Notable passings

The photo that appeared on the cover of the May 2000 issue of *VAnguard*, below, and accompanying story received more positive comments from readers than any in recent memory. Titled "Home from Vietnam," the photo shows veteran **Perry Shinneman** embracing his wife as he returns from the war.

Photographer Ray Mews captured the touching scene on Aug. 12, 1966, just four months after Shinneman was nearly ripped in half by a Viet Cong booby trap. The photo has appeared in print hundreds of times, received numerous awards, and was selected by the Associated Press as one of the top national photographs of the 20th century.

Over the years, Shinneman, who lived a quiet life in Sioux Falls, S.D., where he volunteered at the local vet center, was often contacted by complete strangers who wanted to share the powerful effect the photo had on them. Sadly, Shinneman died on Christmas Day.

Two VA colleagues who earned the admiration of their co-workers for their long and dedicated service to the department, first as employees and then as volunteers, also died over the holidays.

**Edward "Andy" Andrzejewski**, known as "Mr. VA" to employees and patients at the Detroit VA Medical Center, worked at VA from 1937 to 1988, but returned immediately after his retirement as a volunteer. Featured in the November/December issue of *VAnguard*, Andrzejewski said he'd probably stick around for another 10 years. He died unexpectedly the day after Christmas while visiting a daughter in Kansas. He was 91.

Until his retirement in 2004 at the age of 92, **Reuben Wein**, who worked at the Los Angeles VA Regional Office, had the distinction of being the longest-serving VA employee in the country. After his retirement, Wein, who began working at VA in 1938, volunteered at the West Los Angeles VA Medical Center until his recent death.



## Vandalism cleanup honored



CAROLE E. KICK

Tommy Monk, director of the Fayetteville, Ark., National Cemetery, presented plaques and the National Cemetery Administration's Gold Shovel pins to volunteers Jim Delap, second from left, and Walt Laster, second from right, in December for their hard work in helping cemetery staff clean red spray paint from 65 headstones defaced by vandals. "The reason the paint came off is because these guys took it personally," Monk said. When he first inspected the damage, Monk thought he would have to replace at least 40 of the headstones. Each day, as Delap and Laster worked tirelessly, that number came down. Both men are Navy veterans committed to keeping the cemetery a shrine to all veterans.

**Eugene Oddone, M.D.**, director of the VA Center of Excellence for Health Services Research in Primary Care in Durham, N.C., received the Under Secretary's Award for Outstanding Achievement in Health Services Research Feb. 16 in Arlington, Va. Oddone was recognized for his research on the effectiveness of strategies to improve the quality of care, reduce racial disparities, and foster self-management among patients with chronic diseases.

The New York State Nurses Association and *Nursing Spectrum* magazine recognized **Bridget Maybury, R.N.**, a patient safety special-

ist at the **James J. Peters VA Medical Center** in Bronx, N.Y., for her contributions to nursing. She received the Advancing the Profession award from *Nursing Spectrum* at an awards luncheon Oct. 24 in Chicago. She was also recognized at the New York State Nurses Association annual awards presentation in Atlantic City for her innovations in nursing practices and patient care, her work in research and forensic nursing, and other accomplishments.

The American Academy of Medical Administrators (AAMA) announced that **Y C Parris**, director of the **Birmingham, Ala., VA Medical Center**, has been

elected as chair-elect on the 2006 Board of Directors. With 2,500 members in the United States and abroad, AAMA brings together diverse specialties of the medical administration community to improve health care delivery.

**Lance L. Goetz, M.D.**, staff physician in the Spinal Cord Injury Center at the **Dallas VA Medical Center**, was appointed by Gov. Rick Perry to serve as a member of the state's Assistive and Rehabilitative Services Council. The council was created to assist the executive commissioner of Health and Human Services in developing policies for the Texas Department of Assistive and Rehabilitative Services.

The Hope for Veterans Transitional Housing Program, a partnership between the **VA New Jersey Health Care System** and Community Hope Inc., received an Excellence in Housing Award during the 2005 Governor's Conference on Housing and Community Development. Hope for Veterans received the award for turning a vacant, three-story building on the grounds of the **Lyons VA Medical Center** into transitional housing for up to 75 honorably discharged homeless veterans.

**Thomas Rando, M.D., Ph.D.**, a physician at the **VA Palo Alto Health Care System**, is among a select group of 13 researchers nationwide being recognized for their innovative work by the National Institutes of Health (NIH). He received the NIH Director's 2005 Pioneer Award, which is one of the organization's most prestigious awards and includes up to \$500,000 annually for five years to fund further re-

search. Rando was recognized for his research on ways to repair damaged tissue in the elderly by enhancing the function of stem cells in those tissues.

**Eleanor Sullivan-Friday**, with the **Office of Information and Technology** in **VA Central Office**, received the 2005 Heroines in Technology Award in the individual category from the March of Dimes and Women in Technology. The award recognizes those who balance demanding roles in the information technology sector with significant philanthropic commitments in the greater Washington, D.C., area. **VA**

## Research honors

**Chester Ho, M.D.**, below, a researcher at the **Cleveland Functional Electrical Stimulation Center**, received the **James J. Peters Scholar Award** in Washington, D.C., Jan. 19. The award, sponsored by the **United Spinal Association**, is presented each year by VA's



**Rehabilitation Research and Development Service** to recognize outstanding achievements on behalf of veterans with spinal cord injuries. Ho was cited for his research on skin and bladder problems related to spinal cord injury.

## Honored for Valor

Dedication, selflessness and heroism took center stage in Washington, D.C., Jan. 31 as VA Secretary Jim Nicholson recognized the efforts of 73 VA employees during the Gulf Coast hurricanes.

“Our employees are true heroes,” Nicholson said, as he presented them with the department’s Valor Award. “Their professionalism and bravery during an unprecedented catastrophe allowed us to focus on the well-being of our veterans. Even as they endured personal tragedy, they showed a commitment to their patients that never wavered.”

The Secretary’s Valor Award recognizes employees and citizens for heroic efforts displayed during a major catastrophe. The Valor Award is the highest level of recognition and is given to VA employees who exhibit courage and who put their lives in jeopardy to save others.

These employees were nominated because they exhibited great courage by voluntarily risking their personal safety to prevent the loss of human life or government property. As a result of their efforts, VA maintained continuity of care for several hundred acutely ill veterans under difficult conditions.

Nearly 10,000 VA employees around the country will be recognized for their actions during the hurricanes. In addition to the 73 Valor Awards, 3,000 received official commendations and more than 6,800 were given certificates of appreciation for

showing great initiative and ingenuity by addressing and solving all manner of problems arising from flooding, wind damage, lack of power, water, medical supplies and transport during the Gulf Coast hurricanes. VA’s Valor Award honorees are:



The honorees in front of the White House.

**William Adkins**, Chicago VAMC; **Tony Allen**, Little Rock, Ark., VAMC; **Grover Anderson**, Hines, Ill., VA Hospital; **Ronald Angel**, Little Rock, Ark., VAMC;

**Linda M. Banks**, Augusta, Ga., VAMC; **Alvin J. Blocton**, Central Alabama VHCS; **Phil Boogaerts**, New Orleans VAMC; **Eddie J. Borja**, Hines, Ill., VA Hospital; **Alphonse Bourgeois**, New Orleans VAMC; **Lugene Brooks**, Shreveport, La., VAMC; **Orville Brown**, Durham, N.C., VAMC; **Wayne B. Brown**, Biloxi, Miss., VAMC; **Christopher Cahill**, New Orleans VAMC; **Alfred Cain Jr.**, New Orleans VAMC; **Calvin Cameron**, Atlanta VAMC; **Leonard Daniel**, South Texas VHCS; **Charles Deprey**, Muskogee, Okla., VAMC; **Jason DeRicco**, Reno, Nev., VAMC; **Peter Domoracki**, Miami VAMC; **Charlie J. Donelson**, Jackson, Miss., VAMC; **William Donovan**, New Orleans VAMC; **Russell Eilrich**, Little Rock, Ark.; **Steven Elliott**, Salisbury, N.C., VAMC; **Reginald R. Finch**, Jackson, Miss., VAMC; **Don Cornelius Foster**, Atlanta VAMC; **Lisa Foster**, VA Central Office; **Keith Frost**, VA Central Office; **Gregory J. Griffith**, Central Alabama VHCS; **Charles Guilford**, Sheridan, Wyo., VAMC; **Annias Handy**, Shreveport, La., VAMC; **Ronald Hartley**, Tennessee Valley VAHCS; **Rodney Hawkins**, Atlanta VAMC; **Mari Hughes**, Little Rock, Ark., VAMC; **McGraff Hurst**, Memphis, Tenn., VAMC; **Elbert C. James**, Atlanta VAMC; **Lonnie Jeffrey**, North Chicago VAMC; **Timothy Kildea**, Northampton, Mass., VAMC; **Rickey Lee**, Muskogee, Okla., VAMC; **Corey Michael**, Dublin, Ga., VAMC; **Richard A. Murphy**, Atlanta VAMC; **Samuel Myers Jr.**, Biloxi, Miss., VAMC; **Bradley Niell**, Little Rock, Ark., VAMC; **J. Rex Oxner**, New Orleans VAMC; **Randy L. Perfecto**, South Texas VHCS; **Donald Pickney**, Alexandria, La., VAMC; **Rodney Pigford**, Columbia, S.C., VAMC; **William Poirier**, North Chicago VAMC; **Alfred Pratt**, New Orleans VAMC; **Calvin Rascoe**, Columbia, S.C., VAMC; **Ceagus Reed**, VISN 16 (Jackson, Miss.); **Guy O. Reger**, Palo Alto, Calif., VAMC; **Robert Richardson**, Augusta, Ga., VAMC; **Stephanie Roberts**, Fayetteville, N.C., VAMC; **Scott Roy**, Shreveport, La., VAMC; **R. Lynn Ryan**, VISN 16 (Jackson, Miss.); **Paul Shumaker**, VA Pittsburgh HCS; **Michael Schausten**, Beckley, W.Va., VAMC; **Harvey M. Scott Jr.**, Atlanta VAMC; **Thomas Seidenkranz**, Tucson, Ariz., VAMC; **Jerome Simon**, New Orleans VAMC; **Stephen Solomon**, Columbia, S.C., VAMC; **John Stevens**, Columbia, S.C., VAMC; **Gregory Swars**, Dublin, Ga., VAMC; **Holly Taylor**, New Orleans VAMC; **Cedric D. Thomas**, Central Alabama VHCS; **Tony Turner**, Shreveport, La., VAMC; **Michael C. Unthank**, Hines, Ill., VA Hospital; **Timothy M. Valenzuela**, Reno, Nev., VAMC; **Roger Vines**, North Chicago VAMC; **James Ware Jr.**, Biloxi, Miss., VAMC; **Michael Wayne**, Northampton, Mass., VAMC; **Jackie L. Wilds**, Hines, Ill., VA Hospital; **Victor L. Workinger**, Atlanta VAMC. VA

Editor’s note: The regular Heroes column will return in the next issue.