

U.S. Department of Veterans Affairs

# VANGUARD

November/December 2006

**Veterans Day 2006**

**Telehealth Programs**

**DAV Transportation Network**

**Native American Veteran Outreach**



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**VAnguard**

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**On the cover**

Members of the VFW Honor Guard escort the procession of flags into the Memorial Amphitheater to begin the Veterans Day national observance program at Arlington National Cemetery. VA field facilities hosted or participated in many local observances all over the country. *photo by Nancy Crase/ PVA Publications*

**Honoring Veterans of a Long-Ago War**

I noticed with much interest the account featured in the July/August edition of the Massachusetts soldier whose remains were returned home and buried with full military honors. This occurred 145 years after he died in the War Between the States. The account recounts how his remains were recovered from near Centreville, Va.

This caught my attention

because our family lived for many years near Centreville in Manassas, Va., not far from the Manassas National Battlefield site. I am glad you featured this as it helps to also remind us of our history and helps to preserve it.

To add to this I suggest you now feature a similar Confederate soldier. There have been increasing numbers of VA-furnished Confederate grave markers now being placed around the nation by

families and organizations—several in this area alone.

Thanks for your account along with the nice photograph from a war so long ago involving American soldiers.

*James N. Drane  
U.S. Air Force (ret.)  
Boonville, Mo.*

**Battle Wounds Didn't Silence These Two Distinguished Employees**

How ironic that the September/October *Vanguard* should

pay homage to two of VA's most distinguished employees—two very close friends—on the same page. Both contributed to the well-being of America's veterans for decades after battlefield scars would have silenced lesser men.

I smiled as I read of Jim Mayer's most recent contributions and then the tribute to Rufus Wilson's passing. The two graced the same days many times, often alternating introductions.

You mentioned Jim's severe injuries. During one introduction, Rufus said that Jim had "lost his legs in Vietnam." Jim thanked Rufus for his kind words, then added: "I wish you wouldn't tell people that I lost my legs. It makes me sound forgetful."

Many of us are so better off, having crossed paths with these gentlemen.

*Chuck Lucas  
Retiree  
Springfield, Va.*

**Two New Features Added to My HealthVet**

In honor of Veterans Day, the Veterans Health Administration added two new features to its health information Web portal for veterans, My HealthVet ([www.myhealth.va.gov](http://www.myhealth.va.gov)). The changes are designed to help veterans take an active role in maintaining their health.

"Healthy Living Centers" offers the latest medical information on smoking cessation, healthy eating and physical activity. "Condition Centers" features information on diabetes, heart disease, hypertension and stroke. Both centers provide information on health

topics developed by VHA's Clinical Advisory Board, and link veterans with the information they need to better understand, maintain and manage their health.

VHA made the changes based on veterans' suggestions and feedback. For example, veterans requested tools to manually track their blood pressure, blood sugar, weight and other health readings. Now they can document their readings on a wallet-sized summary worksheet on a daily or weekly basis, and enter the readings online when it is convenient for them.

Another big change is coming soon: the first iteration of My HealthVet's Personal Health Record. Veterans can get to know VA medical center points of contacts, review local implementation plans and ask questions. At the end of December, veterans also will be able to view their medication names through My HealthVet.

The entire My HealthVet portal, which celebrated its third anniversary on Veterans Day, enables veterans, family members and clinicians to collaborate to optimize a veteran's health. **VA**



NANCY GRAY

**Ready for Flu Season**

*Veteran Charles Price gets his flu shot from Mary Bradford, licensed vocational nurse at the Dallas VA Medical Center. The line formed before 7 a.m. as the medical center kicked off its 12th annual drive-thru flu shot program on Oct. 23. It was one of many similar programs at VA facilities around the country aimed at making getting a flu shot as convenient as possible for veterans.*

**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.



## 'Veterans Pride': A New American Tradition Begins

*Jim Nicholson*  
Secretary of Veterans Affairs

Gen. George Washington had it right when he turned over the victorious Continental Army to its new government and said: "This new nation owes these men who procured our freedom a debt of gratitude."

Our job at VA is to fulfill that debt of gratitude every day. But, there is even more we can all do as Americans, and that is to honor and thank our veterans and encourage them to be openly proud of their service, sacrifice and accomplishment.

That is why VA and veterans service organizations launched the "Veterans Pride" initiative on Veterans Day asking our veterans to proudly wear their military medals and ribbons on Veterans Day, and on Memorial Day and the Fourth of July.

Our goal is to inspire the American people to recognize and honor the military service of their fellow citizens, and to engender a greater sense of pride and satisfaction on the part of the veterans for what they did for our country.

Judging from the medals I saw during my Veterans Day schedule and the feedback from veterans across the country, Veterans Pride made its point and is well on its way to becoming an American tradition.

"It's a great thing and about time," a Navy veteran said in one of many news articles I read about the campaign. "If our nation was grateful enough to give those [medals] to us, we should be allowed to wear them."

We are urging all veterans to pin on their military medals and ribbons on patriotic holidays, especially when participating in festivities and parades, but also in just going about their regular activities of that day.

The Veterans Pride initiative shines a bright light on millions of our fellow citizens who answered the highest call of service to our nation, both in peace and in war. Each veteran's medal tells a story about that service. Veterans Pride will also stimulate interest in our veterans' service and sacrifice within families,

VA's "Veterans Pride" initiative Web site, [www.va.gov/veteranspride](http://www.va.gov/veteranspride), offers important information and guidance about how veterans can find out just what medals they received and how they can obtain them. Use it to assist veterans seeking their medals.

Veterans Pride has only just begun. Encourage veterans you know to wear their medals proudly and help them replace those lost medals if need be so they can wear them this Memorial Day.

*Replacing Military Medals*  
Medals awarded while in

*st-louis/military-personnell/index.html* has forms, addresses and other information on requesting medals. For questions, call Military Personnel Records at (314) 801-0800 or e-mail questions to [MPR.center@nara.gov](mailto:MPR.center@nara.gov).

When requesting medals, type or clearly print the veteran's full name, include the veteran's branch of service, service number or Social Security number and provide the exact or approximate dates of military service. The request must contain the signature of the veteran or next of kin if the veteran is deceased. If avail-

### **As veterans bring their medals out of closets and dresser drawers, their untold stories of sacrifice and service will soon follow.**

neighbors, colleagues and fellow citizens. We hope to bring our veterans' stories home to all Americans. As veterans bring their medals out of closets and dresser drawers, their untold stories of sacrifice and service will soon follow, as family and friends realize just who our veterans are and what they did.

I recall the proud wife of a veteran at a Military Order of the Purple Heart event I attended who told me how pleased she was that our Veterans Pride initiative had convinced her husband to wear his medals on Veterans Day. "He was concerned about seeming boastful," she said, "but he found out just how proud everyone was of his service."

active service are issued by the individual military services. Requests for replacement medals should be directed to the branch of the military in which the veteran served. However, the National Personnel Records Center (NPRC) in St. Louis verifies awards for Air Force (including Army Air Corps) and Army veterans and forwards requests and verification to the appropriate services. Requests for replacement medals should be submitted on Standard Form 180, "Request Pertaining to Military Records," which may be obtained at VA offices or on the Internet at [www.va.gov/vaforms](http://www.va.gov/vaforms).

The Military Personnel Records section of NPRC's Web site at [www.archives.gov](http://www.archives.gov)

able, include a copy of the discharge or separation document, WDAGO Form 53-55 or DD Form 214. **VA**



*Charles Wallace, EEO specialist at the Clement J. Zablocki VA Medical Center in Milwaukee, wore his medals proudly on Veterans Day.*



## Providing Secure, High-Quality, Responsive IT Services

*Bob Howard*

*Assistant Secretary for Information and Technology*

During my 33 years in the Army, I had the honor of serving under many exceptional leaders. From them, I learned four principles that I have applied throughout my career and will continue to follow at VA:

- **Communicate** effectively and frequently
- **Listen** to staff and to those we support
- **Correct** things that are wrong without delay
- **Establish clear objectives and action plans** and make sure that every staff member understands his or her role, not just in day-to-day activities, but also in our plans for the future.

In the short term, I share the same goal as the rest of my colleagues in the Office of Information and Technology—to help our customers meet their business needs with a dedicated, high-performing workforce and state-of-the-art technologies.

My first priority is to establish a leadership structure that supports the OI&T staff in delivering high-quality, responsive support to all our VA customers. At the same time, I want OI&T to create an environment of vigilance and awareness that will minimize the risk of unauthorized exposure of sensitive information about veterans and VA employees. This means integrating security awareness into the daily activities of every employee, volunteer and contractor, strengthening data security, and remedying any material weaknesses in our IT security controls.

Other priorities include improving our efficiency and cost-effectiveness by: 1) standardizing IT infrastructure and business processes throughout VA; 2) making our IT systems more interoperable and compatible, within VA and with our federal partners; and 3) using our IT funds effectively to sustain and modernize our infrastructure and to support the development of applications that will meet the growing and evolving requirements of VA business units.

We all know that IT can play a critical role in managing the rising costs of health care and improving the quality of service for recipients of government benefits. As one of the largest providers of health care and other benefits, the

to follow to obtain services and information. And this will allow VA employees to help veterans more quickly and effectively. By modifying—or replacing—stovepiped information systems with integrated systems that use common standards, we can share information securely across VA programs and with external partners such as the Department of Defense.

The primary beneficiaries are our most critical constituencies—veterans and VA employees. For OI&T employees, this will be an exciting time. Centralization will give them greater flexibility to move between jobs and increased opportunities for career growth and development. We are in the process of creating a career path for IT em-

our operational effectiveness improve as we share best practices across operating units, standardize applications and systems to allow secure access to data across units, and eliminate the repetitive administrative procedures that waste their time and energy.

Maintaining the development and use of innovative practices is a primary goal of our centralized model. Our leadership is committed to supporting and adopting best practices throughout our IT organization to ensure that we remain at the forefront of delivering world-class health care services and benefits to veterans.

Finally, to me personally, there is no greater honor than serving our nation's veterans and their families. It is my

### **By integrating our IT services, we can create a streamlined path for veterans and their families to follow to obtain services and information.**

federal government can have a major impact on both cost and quality. To that end, we are implementing centralized IT management to help us better leverage our resources to reduce the overall cost of IT, provide new services faster, and improve our ability to provide quality services.

The Secretary has determined that a centralized IT organization is needed if VA is to become more integrated and veteran-centric. By integrating our IT resources, we can create a streamlined path for veterans and their families

employees, including training programs that will contribute to the development of both IT and management skills. In addition, centralization will support the spirit of innovation that has characterized IT employees across VA. For all VA employees, centralization will help us deliver the right IT resources as they are needed across the department.

Veterans will benefit because our delivery of the right resources at the right time will allow us to continue to raise the bar for the level of service provided. The goal is to have

long-term goal to see that VA attracts and retains the best and brightest IT professionals who will continuously strive to raise the bar in providing secure, high-quality, and responsive IT services to our health care and benefits administrations and supporting staff offices. **VA**

*Editor's note:* As VA's new Assistant Secretary for Information and Technology, Bob Howard serves as the department's chief information officer.



*VA's care coordination home telehealth programs are aimed at the 2 to 3 percent of patients who account for 30 percent of costs, are frequent clinic visitors, and require urgent hospital admissions.*

# Just What the Doctor Ordered

COURTESY OFFICE OF CARE COORDINATION

Telehealth allows patients with chronic medical conditions to be monitored in their homes, reducing hospital admissions and ER visits.

**S**taying at home or close to home may be just what the doctor ordered for many of today's veterans seeking medical care.

VA has been investing in a national care coordination program for its patients for the past three years. The program applies care and case management principles to the delivery of health care services with the intent of providing the right care in the right place at the right time. Care coordination takes place in three ways: in patients' homes using home

telehealth technologies; between hospitals and clinics and other VA sites of care through the use of videoconferencing technologies; and by sharing digital images among VA sites of care through data networks.

"VA is doing more telehealth than any other organization in the country, and perhaps the world," said Dr. Adam W. Darkins, chief consultant for Care Coordination. "VA is a leader in this area."

Patients with chronic diseases such as diabetes, heart failure, post-

traumatic stress disorder and chronic pulmonary disease can now be monitored at home using home telehealth technologies through VA's care coordination home telehealth (CCHT) program. This prevents or delays an elderly veteran needing to leave home and move into long-term institutional care unnecessarily.

CCHT programs are targeted at the 2 to 3 percent of patients who account for 30 percent of costs, are frequent clinic visitors, and require urgent hospital admissions. Once iden-

tified by VA's medical staff for participation in the program, patients receive a site visit in their homes by a care coordinator to determine the telehealth equipment best suited for their particular needs. VA purchases the telehealth equipment and sends the care coordinator to deliver it to the patient's home, set it up, test it, and conduct hands-on training with the patient on how to use the various machines. VA has spent \$20 million to install some 20,000 monitors across the country, and expects to have 50,000 in place by 2009.

"The technology is deliberately kept quite simple," Darkins said. "Prior to using the devices, the most technologically advanced device some patients have had to conquer learning was setting a digital alarm clock."

Chriss Parker is enrolled in the CCHT program in Lake City, Fla. The 76-year-old Army veteran suffers from diabetes and high blood pressure. Social worker Robert Lodge, from the Lake City VA Medical Center, came out to his house to set up a test kit for diabetes, a blood pressure machine and a messaging device. Each day, Parker faithfully takes readings of his blood sugar level and blood pressure, weighs himself, and then forwards this information to his care coordinator through the messaging device, which plugs into his phone line.

"It's really simple," Parker said. "The machine asks you, 'Did you take your blood pressure today?' You enter 'yes' or 'no.' If you enter 'yes,' the machine asks you to enter the readings. You do the same thing with your weight."

After the patient enters the information, the device automatically transmits the data overnight, over the telephone line, to the care coordinator's central computer at the medical center. The system flags the care coordinator when the patient's readings are out of range, showing up on the computer screen highlighted in red, which alerts the care coordinator to call the patient at home. The care

coordinator can either talk the patient through what's been going on with his health to find out why the readings are out of line and to offer solutions for correcting the problem, or if warranted, can schedule a face to face visit at the medical center with the patient's provider.

"I'm here by myself, yet I feel like I have somebody watching over my condition on a daily basis," Parker said.

Monitoring patients with chronic conditions in their homes on a daily basis through the CCHT program has resulted in fewer hospital admissions and reduced the number of emergency room visits by one-third for these patients, according to Darkins. Another benefit is the time and expense patients save by no longer having to travel to appointments in person.

***"I'm here by myself, yet I feel like I have somebody watching over my condition on a daily basis."***

Rita Kobb is an education program specialist for the Office of Care Coordination. As a nurse practitioner, she likes the fact that the CCHT program allows the care coordinator to intervene before patients become seriously ill.

"You can really make a difference," she said. "Before, the patient would go home and you would not see them for three to four months until their next appointment. They could get into serious trouble before their next appointment and they would end up arriving on the Emergency Room doorstep."

As director of the Sunshine Training Center in Lake City, Kobb trains care coordinators and program support assistants throughout VA on how to implement a CCHT program

at their local facilities. In 2003, there were 1,700 patients enrolled in CCHT programs in five Veterans Integrated Service Networks (VISNs). Patient enrollment has skyrocketed in the span of three years. Today there are 22,180 patients enrolled in CCHT programs in all 21 VISNs. More than 3,000 staff members have received training at the center since it opened in January 2004.

Kobb said telehealth has resulted in positive changes in the way nurses take care of patients in terms of efficiency. A care coordinator can manage between 90 and 150 patients depending upon the complexity and nature of the chronic disease.

"As far as the basics of care, you're still getting objective information, assessing it, and finding out what an intervention would be to fix the problem," Kobb said.

For Dr. John Chardos, telehealth director for the VA San Diego Healthcare System, telehealth has allowed him to "optimize the work of each team member." The feedback from his care coordinators is especially positive.

"The part they really love is that these are nurses who previously had various tasks to perform but no ownership with patient care," he said. "Now they are involved in patient care and helping the docs make decisions. It has empowered them to make decisions."

Chardos explained that in the traditional approach to health care, when patients came into the medical center in person for their appointments, their case management by the nursing staff was episodic. There was generally a different nurse following up on a patient's care for each visit. The CCHT approach assigns a single care coordinator with oversight responsibility for the same group of patients, which allows nurses to be more involved with their patients' care.

Telehealth is working well for the majority of the 200 patients currently enrolled in the CCHT program in

San Diego, according to Chardos.

"Like most things, it depends on the patient," he said. "What our experience has been is that for patients who really get the idea of ownership and management of their own disease, it works well. It helps the patient better deal with and live with a chronic disease on a daily basis."

Reyes Fernandez is enrolled in the CCHT program. The 60-year-old Vietnam veteran suffers from diabetes and PTSD. He lives with his wife in the small community of Holtville, Calif., about 130 miles from the VA facility in San Diego. He said he doesn't mind taking time each morning to monitor himself, noting that it has become a part of his daily routine.

For Fernandez, enrollment in the program means he no longer has to drive more than two hours one way to San Diego for medical appointments. He also likes the fact that telehealth "keeps you in touch with the outside world."

"It's nice to know that somebody cares out there," he said.

Fernandez knows that his glucose level and blood pressure are moni-

tored daily by his care coordinator, along with the responses he sends over the messaging device concerning questions about his overall general health. He explained that one day he "was feeling kind of down" because of his PTSD, and his care coordinator called him right away.

The Army veteran describes telehealth as "a good thing for veterans," and says he is glad it is in place for the veterans returning from Afghanistan and Iraq who might not live near a VA facility.

Telehealth doesn't work as well for patients unwilling to put in the time necessary to monitor and manage their diseases and report in regularly to their care coordinators, Chardos noted.

"Some patients don't like the fact that it takes several minutes each day," he explained. "It takes commitment on their part. If they aren't willing to manage it themselves to some degree, or if they aren't interested in modulating what they're doing, it does not seem to be as helpful for the patient. There is a time commitment that goes with the learning curve."

He has had some patients drop out of the CCHT program because of their unwillingness to make the time commitment. What patients do like, Chardos noted, is the daily connection they have with VA medical staff.

"It's kind of like their lifeline," he said. "They can call and ask questions. They really like the fact that the care coordinator can help quarterback them through what's going on."

Michael O'Rourke, assistant director for Veterans Health Policy with the Veterans of Foreign Wars, describes telehealth as "a giant leap forward" in the delivery of health care to veterans. He said the VFW has been very supportive of the telehealth program since its inception. VA was invited to set up a booth at the 107th VFW annual national convention in August to demonstrate the various telehealth technologies in use today for veterans attending the convention in Reno, Nev.

"What a great program," O'Rourke said. "We think it's a win-win for everyone." **VA**

By Renee McElween



Telehealth is like a lifeline for patients, according to Dr. John Chardos, telehealth director for the VA San Diego Healthcare System. "They really like the fact that the care coordinator can help quarterback them through what's going on," he said.





DEBORAH OUTING

World War II veteran John T. Mooney volunteers every Wednesday to drive veterans to their medical appointments at VA facilities in Bedford, Jamaica Plain and West Roxbury, Mass.

## Looking for a Few Good Drivers

A longtime VA-DAV program that offers transportation to veterans in need is now trying to revitalize its aging driver population.

*Help Wanted: Immediate openings for drivers to transport veterans to medical appointments. Successful candidates must pass a medical exam, have a valid driver's license, a safe driving record, and carry current auto insurance. Full and part-time positions available at VA medical centers nationwide. Schedule: Monday through Friday. Hours: Flexible. Salary: None. Benefits: The satisfaction of helping the nation's veterans in need. Call (202) 554-3501.*

**T**he Disabled American Veterans (DAV) Volunteer Transportation Network is looking for additional volunteer drivers to sustain its program of providing free rides to veterans needing transportation to

their medical appointments at VA medical centers and clinics. Although there are 9,059 volunteer drivers, the program faces an aging driver population and must recruit younger volunteers, according to Edward E. Hartman, DAV's national director of Voluntary Services.

"We're very fortunate to have folks that believe in the program," Hartman said.

The program has been around since 1987, when Congress reduced funding for VA's Beneficiary Travel program. DAV decided to initiate a nationwide volunteer-based transportation network, in concert with VA's Voluntary Service Office, to provide transportation to eligible veterans.

Hartman said his organization took on the mission because DAV is dedicated to a single purpose: "to build better lives for disabled veterans and their families."

Had DAV not taken on the mission, Hartman said, many veterans would probably have had to forego the medical care they are entitled to receive. He explained that the veterans who use the volunteer driver program are typically too ill to drive themselves, do not have family members around to drive them to their appointments, or have no other means of transportation.

"I think it's a godsend for veterans who have served to maintain our freedom," said Laura Balun, director



World War II veteran Alfred Faticoni volunteers five days a week to drive veterans to their medical appointments at the Newington campus of the VA Connecticut Healthcare System. To date, he's logged more than 59,000 hours behind the wheel.

RICHARD THOMPSON



TERESA BELL

Left: Navy veteran Eric Wells typically puts in a 14-hour day driving 420 miles round trip when he volunteers once a week to take veterans to their VA appointments in Helena, Great Falls and Missoula, Mont.

of the Voluntary Service Office in VA Central Office. "They certainly would be lost without it."

VA establishes policy for volunteer participation in the program. Volunteers interested in becoming drivers must pass a physical examination and health screening administered at a VA medical center. Once determined to be physically fit to safely transport passengers, volunteers

must produce proof of a safe driving record, a valid driver's license, current motor vehicle bodily injury liability and property damage, or personal insurance, and be willing to attend training. Balun noted that if a volunteer driver has an accident while on assignment, the driver would be covered under the federal government's insurance.

In addition to establishing policy, Balun said VA also handles program logistics. For example, once the vans are purchased and donated by DAV or other organizations, the VA medical center is responsible for vehicle maintenance and for providing a government credit card to fuel the vehicle.

DAV employs 181 hospital service coordinators based at most of the

VA medical centers and free-standing clinics located around the country. The hospital service coordinator is responsible for setting up a transportation office at the medical center and making sure it is adequately staffed to match volunteer drivers with transportation requests from veterans.

DAV donates between 100 and 150 vans each year to local programs. DAV headquarters pays 60 percent of the cost of the vehicles through the DAV Charitable Service Trust and the DAV Colorado Trust; local departments and chapters cover the remaining 40 percent. The local chapters raise the money for the vans through various fundraising events. A total of 1,795 vans have been purchased at a cost of \$36.5 million by DAV and donated to VA health care facilities since the program's inception.

Hartman noted that DAV has been fortunate to have Ford Motor Company on board as a corporate sponsor. The relationship began when Henry Ford donated 50 Model-T Fords to DAV so that disabled veterans returning from World War I could attend DAV's 1922 annual convention in San Diego. That relationship has continued to grow. Hartman said Ford donated 11 vans to the program in 2006 and has donated a total of 117 vans since 1996.

Corporate goodwill is not the only support DAV and VA rely upon to sustain the program—they also rely upon the selflessness of veteran volunteer drivers like Alfred Faticoni, Eric Wells and John T. Mooney.

Faticoni is a 79-year-old Army veteran who has been volunteering his time to drive veterans to their medical appointments at the VA Connecticut Healthcare System's Newington campus for nearly 50 years. He started driving long before the formal program began as a way to help out his fellow veterans in need through his participation in his local DAV chapter. Today, Faticoni volunteers five days a week, Monday

through Friday, and has logged more than 59,000 hours and 207,000 miles as a volunteer driver. Most of the veterans he transports are from the Korean War and Vietnam War eras.

A resident of Newington, Faticoni said he decided to start volunteering as a way to give something back to the hospital volunteers he encountered as a young private. In 1948, Faticoni was assigned to unload boxcars and load airplanes with food as part of the Berlin Airlift. While washing dishes during KP, he broke a glass, severing some arteries in his left hand. He was shipped from Germany to the Valley Forge Army Hospital in Pennsylvania, where he was treated for two months, and he spent another month at the Newington VA hospital recuperating.

"The volunteers at the VA hospital treated me so good, I wanted to reciprocate," Faticoni said.

He said his volunteer work "makes me feel I'm giving back something that was given to me."

Wells is a 53-year-old Gulf War veteran who has been volunteering one day a week for the past 10 years. He has logged about 3,000 hours and more than 90,000 miles as a driver. Wells estimates that about 30 percent of the veterans he transports served in the Korean War era, 30 to 40 percent in the Vietnam War era, and the

rest are from other eras.

A resident of Stevensville, Mont., Wells decided to start volunteering when his VFW post voted to support the transportation network when it expanded to the southwestern part of Montana. He said he considers the program "a viable, necessary thing" given the number of veterans in his state who can't or don't drive.

"I thought if I expect to use [the transportation network] when I get older, I better put something in now while I can drive," Wells explained.

On the days he volunteers, he drives an average of 420 miles round trip and puts in a 14-hour day. Wells drives the veterans to their VA appointments in Helena, Great Falls and Missoula. He started his own business remodeling and restoring old houses after retiring from the Navy in 1993, which gives him the flexibility to devote time to his volunteer work.

"Even though I'm a sailor, I'm kind of soft-hearted," Wells said. "When somebody needs some help, I don't mind helping them out."

Fellow sailor Mooney was recruited to become a volunteer driver 15 years ago when he retired as a police officer. The 80-year-old World War II veteran volunteers one day a week, on Wednesdays. Most of the veterans he transports served in the Vietnam War era.

A resident of Burlington, Mass., Mooney has logged 7,000 hours and driven about 25,000 miles. He said he enjoys driving the veterans to their appointments throughout the state of Massachusetts—Bedford, Jamaica Plain and West Roxbury.

"I like talking to them," Mooney said. "I run across people that were in the same outfit I was in." Mooney served as a gunners mate 3rd class with the U.S. Navy Armed Guard from Feb. 6, 1943 to Feb. 4, 1947. He served throughout the North Atlantic and South Pacific while in the Navy.


Mooney said he plans to continue driving for the program as long as he remains healthy.

"I can't bring myself to tell them I won't be able to come in no more," he said.

Hartman is hoping to recruit more volunteers like 17-year-old Melissa Shaw. Shaw is a high school senior from St. Francis, Wis. She volunteers with the Clement J. Zablocki VA Medical Center in Milwaukee three days a week during her summer vacations and Christmas breaks. She answers the phone, schedules rides for veterans, and types up the vehicle run sheets.

Shaw hopes to start driving veterans once she turns 18. She has been volunteering since June 2003, and has logged about 1,000 hours. The daughter of a Navy veteran, Shaw said she enjoyed volunteering at her father's fish fry events at his VFW post since age 7 so much that she decided she wanted another outlet for her volunteer work with veterans.

"I wanted more connection with them," she explained. She hopes to tighten that connection soon behind the wheel of a transportation network van.

Interested in becoming a volunteer driver? Contact the Voluntary Service chief at your nearest VA medical center or call DAV Voluntary Services at (202) 554-3501. 

By Renee McElween



*DAV has enjoyed a relationship with Ford Motor Company as a corporate sponsor for many years. Model-T Fords donated by the company are shown parked on the street in front of a sign welcoming DAV members to the 1940 annual convention in Green Bay, Wis.*

COURTESY DAV

# The Art of Telling War Stories

When ‘Doonesbury’ cartoonist Garry Trudeau catapulted one of the strip’s longtime characters into the world of the disabled combat veteran, it sent both of them on a journey of discovery.

While most Americans follow the daily events, tolls and tallies of war through the 24/7 barrage of TV, press and Internet reporting, millions have gained a deeper understanding of war’s impact on the men and women who fight through a daily comic strip and its not-so-sympathetic character B.D.

Cartoonist (sometimes described as “political cartoonist”) Garry Trudeau introduced his comic strip “Doonesbury” 36 years ago during an age of disaffection and skepticism. Though generally left of center in outlook, one of the strip’s main characters right from the start was B.D., the macho, conservative college quarterback who over the years morphed into a National Guardsman, football coach and, today—a disabled veteran.

As a Guard member, B.D. served

in Vietnam, the first Gulf War and, just recently, Iraq. That’s where Trudeau made a decision that not only changed B.D.’s imaginary life, but the real lives of many readers, including veterans on active military duty and in civilian life.

On April 19, 2004, “Doonesbury” readers looked down at their newspaper comics page and saw one completely darkened panel with “Hey” overprinted in white. In the following panels, B.D.’s combat buddy Ray Hightower appeared out of a smoky background calling for a medic. The final panel was dark again, except for his buddy’s shouts: “B.D.? Hey! Hey!” The next day, readers learned that B.D. had lost a leg to enemy fire in Iraq.

That’s when B.D.’s journey back home began. It’s a journey that has captured the imagination of millions,

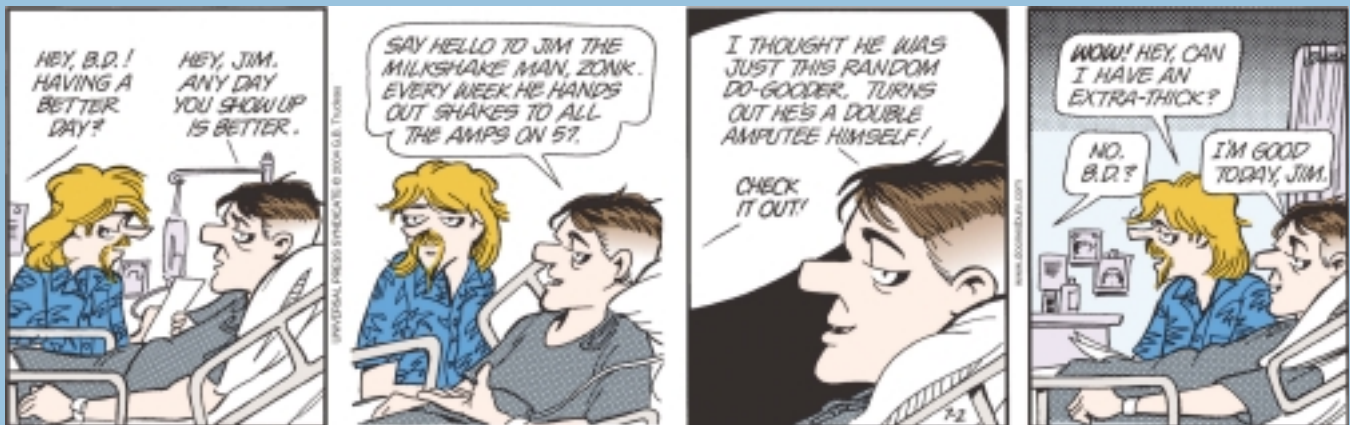
including Department of Defense and VA officials who opened their doors to Trudeau so he could tell one veteran’s story realistically with humor, compassion, and most of all hope.

Defense Department officials contacted Trudeau soon after the B.D. storyline was revealed.

“I was delighted to hear from DoD the first week after B.D.’s injury,” Trudeau said during a recent visit to VA Central Office, where he signed copies of book collections of B.D. strips—*The Long Road Home: One Step at a Time* and *The War Within*.

“I think they saw the storyline and said, ‘If he’s going to do this he’ll either get it right or wrong; let’s make sure he gets it right.’”

Army officials invited Trudeau to Walter Reed Army Medical Center in



A strip featuring the “Milkshake Man”—VA’s own Jim Mayer.

Washington, D.C., to meet recovering soldiers, talk to clinical staff and find out for himself what goes on in a wounded soldier's body, mind and family.

While spending time at Walter Reed, Trudeau heard of the legendary "Milkshake Man"—VA Central Office employee and Vietnam combat amputee Jim Mayer, who volunteers regularly with new amps bringing them milkshakes and cheer. Mayer was instrumental in starting Friday night dinners at a local steakhouse for Walter Reed and Bethesda Naval Hospital OIF/OEF patients, and it was at such a dinner that Trudeau mentioned he was considering what direction B.D.'s road to recovery would take after he left Walter Reed.

Later, over coffee and a discussion of PTSD, readjustment issues and vet centers, it was clear Trudeau's next visit had to be to VA. A meeting at VA Central Office with Veterans Health Administration experts and program managers was set for Aug. 10, 2005, the same day VA Readjustment Counseling Program Director Al Batres was meeting with several new OIF/OEF vet center counselors—the timing couldn't have been better.

From that meeting came Trudeau visits to vet centers, where he talked to counselors and veterans and sat in on counseling sessions. Through those visits, said Batres, "He saw a program that honors the experiences of the soldiers and a program that is dedicated to that at its heart."

Then he moved on to the Palo Alto, Calif., VA Medical Center, where he visited one of VA's four polytrauma rehabilitation centers.

***"I was a bit skeptical during my first visit to VA when they told me, 'This isn't your father's VA.' I guess I had a bit of a 'show me' attitude."***

These centers were set up to handle the complex care of veterans who have sustained multiple severe injuries—often as a result of explosions and blasts—that have become so characteristic of the wars in Iraq and Afghanistan.

At Palo Alto, Trudeau made the rounds, talking to injured OIF/OEF veterans undergoing treatment, family members, and staff psychologists and counselors. He even based a strip on the story of a 40-year-old former

Army truck driver he met at the facility's Menlo Park Division.

"Most importantly," said Kerri Childress, the Palo Alto public affairs officer who accompanied Trudeau on his visit, "he left believing that VA employees care and that they are doing a terrific job—a job done with heart."

Trudeau's VA visits sent B.D.—a troubled, disabled veteran—reluctantly to the "Walden Vet Center"

and to Elias, a savvy and patient counselor with his own story of combat, injury and readjustment from another war at another time, in Vietnam. (Trudeau gave VA official approval to use Elias's likeness on the Readjustment Counseling Program Web site, [www.vetcenter.va.gov](http://www.vetcenter.va.gov), and linked his Doonesbury Web site to the Readjustment Counseling Program's.)

In the course of his visits with VA employees and patients, Trudeau said he not only gained an understanding of and empathy for the challenges—mental and physical—returning veterans face, but also a deep appreciation of VA's commitment to their successful readjustment.

"I was a bit skeptical during my first visit to VA when they told me, 'This isn't your father's VA,'" he said. "I guess I had a bit of a 'show me' attitude, but I have to say that in the hospitals I've visited and the people I've talked to, I have just been so impressed.

"The proof is that the rest of the world is taking note; your hospitals and systems are being studied by medical professionals around the world. You guys must be doing something right. You've got a lot of work ahead of you, but I for one have confidence that you're up to it." **VA**



Garry Trudeau, far right, meets with then-VA Under Secretary for Health Dr. Jonathan Perlin, far left, at VA headquarters on Aug. 10, 2005. With them are VA Readjustment Counseling Program Director Al Batres, second from left, and VHA Chief Communications Officer Ev Chasen.



# 140 Years of Service to Veterans

Three of VA's oldest facilities trace their history to one of the last acts signed into law by President Lincoln.

Three of VA's oldest facilities—Togus, Milwaukee and Dayton—will celebrate a proud heritage this year: 140 years of providing service to veterans. They began after the Civil War as the nation's first soldiers' homes, each opening between October 1866 and December 1867. Some of the nation's richest history lies within the walls of these iconic spaces and they are all currently under consideration for National Historic Landmark status.

Originally called the National Asylum for Disabled Volunteer Soldiers, the establishing law was written during the last winter of the Civil War, when no clear winner of the war was yet evident. Signed on March 3, 1865, it was among the last acts signed into law by President Abraham Lincoln before his untimely death. The word "asylum" was changed to "home" by law on Jan. 23, 1873.

The National Asylum was established for officers and men of the volunteer forces of the United States (not Confederates) who had been totally disabled by wounds received or sickness contracted while in the line of duty during the war. Many came out of the war addicted to opium and pain-killing drugs, including alcohol, due to their wounds—both physical and psychological.

The soldiers' home was a civilian extension of the services offered to soldiers during the war by the Army, U.S. Sanitary Commission, and U.S. Christian Commission. Chairmen of both commissions were on a list of 100 prominent citizens, including military leaders like Gen. William T. Sherman and Gen. Ulysses S. Grant, aboli-

tionists, clergymen and politicians, called by Congress to form the corporate body of the home. That number soon proved unwieldy, so on March 21, 1866, Congress passed an amendment establishing a 12-member board of managers to administer the home.

In their early days, the soldiers' homes operated in a military manner and adhered to Army rules of conduct. Home residents were called "inmates" or "beneficiaries" until 1883; thereafter they were referred to as "members." Their uniforms and medical supplies came from the Army's quartermaster and medical departments and "inmates" were assigned to "companies" within the home. Punishment was rendered to those who went AWOL.

Despite its military administrative structure, the homes offered holistic care for disabled veterans who were residents. This was a new concept in the 19th century. The homes were not mere shelter, but were microcosms with amenities that rivaled urban communities.

Besides military components such as offices, barracks, mess halls and commissaries, most homes had a chapel that offered both Catholic and Protestant services, a theater or amusement hall, pool hall, library, bandstand, pond or lake, a depot with rail service on site or nearby, hospital, post office, cemetery, and even a jail. Some had zoos, conservatories, ornate landscaping and greenhouses. Care of veterans went beyond providing the basics of food and shelter: occupational training, rehabilitation, religious services, on-site medical care, cultural and social activities treated the whole man.

### Togus

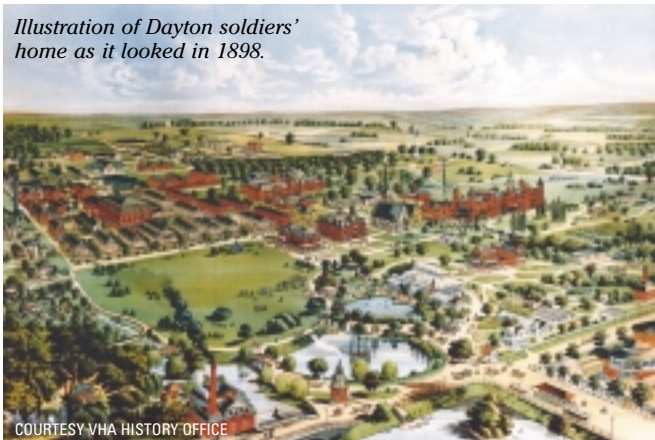
The first national soldiers' home for Civil War veterans was almost established at Point Lookout, Md., but the site was rejected, resulting in Augusta, Maine, being the first home to open in the fall of 1866. Known as the Eastern Branch, the home occupied a former resort hotel known as Togus Springs. The first "inmates" arrived in October 1866, but official dedication didn't occur until November.

During the 19th century, a shoe manufactory operated at this site and produced shoes for all of the homes. In official records, the site was first referred to as "Togus," instead of Augusta, during the summer of 1879. Gen. Benjamin F. Butler, president of the board of managers, known as "Beast Butler" from his occupation of New Orleans during the Civil War, was heavily involved in the development of this site.

### Milwaukee

After inducements by the Lady Managers of the Wisconsin Soldiers' Home and the city of Milwaukee, the second home—known as the Northwestern Branch—opened in Milwaukee in May 1867. In October 1868, the board of managers established a ward for insane men at the home.

*Illustration of Dayton soldiers' home as it looked in 1898.*



*Barracks and quad at Togus soldiers' home.*



In 1869, Mr. L.B. Schwabe of Boston offered approximately 2,000 books to establish a library on site, and the board accepted his offer.

### Dayton

The third home—known as the Central Branch—was almost established at White Sulphur Springs, Ohio, but railroad accommodations for veterans could not be assured, so a donation by the citizens of Dayton and transfer of the Ohio Soldiers' Home resulted in Dayton being selected. Buildings and lumber from nearby Camp Chase, which served as a prisoner of war camp during the war, were used as temporary structures for the Dayton home as early as September 1867. The home officially opened in late 1867.

Lewis B. Gunckel, an attorney and politician who served as secretary of the board of managers, was heavily involved in the selection and development of this home as well as the Milwaukee home. Rev. William Earnshaw, who earlier worked with the Army and laid out the Memphis and Stone's River national cemeteries, was elected as chaplain at the Dayton home in September 1867 and spent the remainder of his career there. Dayton was the busiest home and housed more veterans than any other from 1865 to 1930.

In all, 11 national soldiers' homes were opened and integrated into the newly established Veterans Administration in 1930. These old homes reflect how the forefathers chose to care for and honor the soldiers who fought to keep the country united as one nation. Their creation changed the nation's attitude toward the care of soldiers after the battle—a legacy that continues at VA today. **VA**

*By Darlene Richardson*

*Illustration of Main Building at Milwaukee soldiers' home.*



# Taking on the World



*Pieces of Eight members attempt an aerial hookup over Perris, Calif.*

These skydivers may have lost limbs, but they haven't lost courage.

TOM SANDERS/AERIAL FOCUS

**O**n a cloudless day, eight veterans and four other skydivers hooked up over Perris, Calif., where they had gathered to attempt a world record.

They have lost arms or legs, in some cases both. But one thing the Pieces of Eight jumpers haven't lost is courage.

"If I can do this, I can do anything," said Al Krueger, a founding member of the group, before the Sept. 10 jump.

Along with the routine challenges faced by skydivers—wind, landings, fear, equipment malfunctions—these jumpers face an additional one. Because of their prosthetic limbs, they must compensate with body positioning to maintain balance when they skydive.

In the standard hookup for a star formation, for example, a skydiver with a prosthetic arm may have to latch on to the hook of another jumper with a prosthetic arm.

The idea for Pieces of Eight came in the late 1970s after Larry Yohn, who had lost his left leg, was told he could not skydive in France. He enlisted the help of three other amputees to prove that disability was not inability. Joining him were Krueger, an Army veteran from Foothill Ranch, Calif., who had lost his left arm; Chuck Anderson, who had lost his right arm; and Paul Henley, whose right leg had been amputated.

Both Anderson and Krueger jumped in Perris. Krueger, who convalesced at the VA medical centers in Loma Linda and Long Beach, Calif., after his injury, just received a new carbon-fiber prosthesis at the Long Beach facility.

In 1980, the originals joined four other amputees and formed an eight-person airborne star. The group's name stemmed from that jump. Thirteen years later, the group set a record.

"I started jumping with the Pieces

of Eight in 1993, when we set the first record for an eight-way [aerial formation] held for more than five seconds, which is the time [required] for records," said Bob Clark, of Tulsa, Okla., who lost his right leg above the knee in Vietnam two days before his 21st birthday. The Marine had been in country a year when he was hit with "a rifle grenade or hand grenade or something else that went boom."

During that 1993 jump, the group held the formation for eight seconds, for good measure.

Now, every few years, Pieces of Eight holds a group event for old members like Clark, Anderson and Krueger, but also for new members. This year's jump was at the Perris Valley Skydiving Center.

Keith Ragusa, the dive organizer, put together a three-day training plan that divided the group into teams for tunnel time, and for practice formations.



"I was the guy giving the count in the base, so I was a part of the formation on each jump," said Ragusa, of Seattle.

Ragusa lost a leg while an Army infantry officer on a U.N. peacekeeping mission in 1988. His truck hit an antitank mine.

Three years before, Ragusa had taken up skydiving, a dream since he was 5, watching soldiers jump en masse from three C-130 planes over Fort Campbell, Ky.

"I remember standing there, looking up and thinking, 'Whoa.' Thirteen years later, I went to airborne school," said Ragusa, a Pieces of Eight member since the group's 1996 unbroken record jump of a 14-amputee formation. He receives care for his prosthetic at the Seattle VA Medical Center.

This year's jump was the first for Dan Glanz, who lost his right arm below the elbow in 2005 to a suicide bomber in Afghanistan.

"I think Pieces of Eight is a really great idea," said Glanz, of Orange, Va., a retired Army captain who is registered at the Hunter Holmes McGuire VA Medical Center in Richmond, Va., but has yet to receive treatment there. "As a relatively new amputee, I was really happy to meet other people who have faced some of the same challenges and succeeded. They are a great bunch of guys, even if they are missing a few parts."

Before this jump, Glanz said he'd made 1,403 jumps "the easy way—two-handed" and about 65 "the hard way—as an amputee." He said the Sept. 10 jump was memorable, even if he didn't help set a world record as the group had hoped to do.

"I was disappointed that we were not able to attempt to break the existing record, but since this was my first meet, I was still happy to be able to jump with my new friends."

Some who had committed to the jump backed out after some sponsorship fell through.

"It is hard for most of the mem-

bers to travel to a meet, as we are scattered all over the country and some in other countries," said Carl Miller, of Lumber Bridge, N.C., who wasn't able to make the jump. "Given the chance, and hopefully with more sponsors, we can make it once a year and make or break our record again."

Miller, who receives care at the VA medical center in Fayetteville, N.C., is a former member of the Army parachute team in Europe. He lost his left leg after hitting the ground at 60 miles an hour during a jump when his main and reserve chutes malfunctioned. He's been skydiving since 1961.

A year after his first jump, Miller said he was amazed by two parachutists on a demo jump in Stone Mountain, Ga. One was a double amputee, the other blind. He joined Pieces of Eight 10 years ago, after seeing a photo of Krueger and Yohn in a trade magazine.

By the time the California jump came around, Miller had already made three other recent jumps. On the last one, he landed hard, so hard he had to sit out the record attempt.

Skydiving has been a part of Clifford "Skip" Newman's life since 1967, but in 1972, Newman stepped on a booby trap in Vietnam and lost a foot. He gets his prosthetic care at VA's West Los Angeles clinic.

"I was jumping with a HALO (high-altitude/low-open) detachment in the Army and took up skydiving on the weekends," he said. "I stopped after losing my foot and started again about 1985."

Newman, an Army veteran from Long Beach, Calif., where he receives VA health care, said his biggest challenge has been accepting that his amputation is not really a handicap. The Pieces of Eight jumps help.

"If possible, I'll make every PO8 gathering while I'm still able," Newman said.

The night before the group's first session in the wind tunnel, Army Reserve Master Sgt. Bud McLeroy said

he tossed and turned all night.

"I was the new kid on the block," said McLeroy, who lost a leg in a 1993 race car accident but still deployed to Iraq in 2003 and receives care at his hometown San Diego VAMC. "I had only 50 skydives when we started. It seemed like the rest had over a thousand jumps, and some had many thousand. I started jumping right before I left to go to Iraq. I had only about 10 jumps. But because of injuries to my stomach and back, I couldn't jump when I returned. Then when I could jump, I kept going on different military missions. But I did make it to 50 before that day."

The first jump of the day after practicing went well, McLeroy said. "Then, the second jump of the day, we did it. Wow, we did it! I was so happy. Everyone on the ground was so excited. We did it. I got everyone in the formation to sign my log book for that jump."

In the end, 12 amputee skydivers hooked up over Perris, three shy of a record. Those 12 were: Aleksey Alekhin, of Russia, who lost an arm; Anderson; Dana Bowman, an Army retiree from Willow Park, Texas, who lost both legs and receives treatment at the Dallas VAMC; Lyle Cameron, of La Habra, Calif., who lost a leg; Clark; Michael Dimenichi of Lake Forest, Calif., whose right foot was amputated by an airplane propeller while skydiving; Glanz; Krueger; McLeroy; Newman; Ragusa; and Kelsey Rice, of Airdrie, Alberta, Canada, who lost a leg.

Setting a record was the ultimate goal but not the only aspect of the Perris Valley event, said Clark, whose primary care physician is at the Tulsa VA Medical Center but who receives prosthetic care in Oklahoma City.

"Records are always nice," he said. "However, the excitement, fun, and socializing with this group of men and women has always tremendously outweighed any records." **VA**

By Gwendolyn Coley

# Veterans Day 2006

*It was a day for veterans to reconnect with old comrades and reminisce about the ones left behind. It was a day for family members and friends to shed some tears while placing flowers on graves at Arlington National Cemetery. And it was a day to celebrate the service of America's 25 million veterans with marches, songs, flags and speeches. It was Veterans Day in the nation's capital.*

Wearing a black baseball cap with yellow lettering proclaiming "World War II Veteran, I Served With Pride," John D. Morrow sat in the brilliant early morning sunlight filtering through the white marble columns encircling the Arlington National Cemetery amphitheater. The 86-year-old had traveled from Morilton, Ark., with his daughter to attend the Veterans Day ceremony and visit the World War II Memorial. Morrow served with the 32nd "Red Arrow" Infantry Division in New Guinea and the Philippines during the war.

On the opposite side of the amphitheater, Pfc. Ryan Kaiser from Green Castle, Pa., was quietly leafing through the program. Dressed in his black beret and Army combat uniform, the 18-year-old Pennsylvania Army National Guard soldier said he has been attending Veterans Day ceremonies at Arlington with his parents since he was 7 years old. He said honoring veterans on Veterans Day is a family tradition. His late father served in the Army and both of his grandfathers served in Korea.

Like Kaiser, Dorothy Troy has attended many Veterans Day ceremonies at Arlington. She used to attend the ceremony every year with her husband, Chief Warrant Officer William G. Troy, before he died in 1997. A member of the Gold Star Wives of America, she continues to attend the annual ceremony to honor the memory of her husband of 40 years.

Troy served in the Army from 1936 until his retirement in 1962. During World War II, he was captured by the Japanese in May 1942 and held as a prisoner of war in five different internment camps in Japan and the Philippines until his release in September 1945. Troy is buried in sacred ground—Section 60 of Arlington National Cemetery.

About an hour before the ceremony began at 11 a.m.—the

historic eleventh hour of the eleventh day of the eleventh month when the armistice ending World War I was signed—a large group of servicemembers, veterans, widows and volunteers assembled. Carrying American flags and flags representing their service organizations, the group formed a procession that marched into the amphitheater to begin the program.

Korean War veteran Chosei Kuge was selected to carry the American flag for the Japanese American Veterans Association. The 76-year-old resident of Silver Spring, Md., said he had "mixed emotions" about being at Arlington National Cemetery on Veterans Day—pride mixed with "a little sorrow."

Kuge's three older brothers all served in World War II. One brother did not come home from the war. He was killed in Italy on April 22, 1945. Thomas Kuge is buried in Section 34 of Arlington National Cemetery.

"I'm proud to be an American," he said. "I'm proud of my older brothers."

Vietnam veterans George Brewer and James Taylor have carried the flags for the Military Order of the World Wars for the past 15 years at both Veterans Day and Memorial Day ceremonies at Arlington. Brewer, 65, retired from the Marine Corps and now lives in Woodbridge, Va. He considers participating in the ceremony an "opportunity to show respect to our fellow survivors." Taylor, 69, retired from the Army and now lives in Springfield, Va. For him, the ceremony is an "important memorial to the people who died."

Following the ceremony, five Royal Army veterans patiently posed for photographs with a number of ceremony attendees while waiting their turn to place a wreath of red poppies at the Tomb of the Unknowns. Wearing their distinctive long, bright-red coats with black collars and gold buttons, the group was bombarded with questions about who they were and what their uniform represents. The group traveled from their home at the Royal Hospital Chelsea in London, England, to attend their first Veterans Day ceremony in America. The Royal Hospital Chelsea is a retirement home for Royal Army veterans.

Eric M. Bernstein, 79, who served in the Royal Army for 30 years, said he made the trip overseas because he wanted to "honor those who didn't come back."

*By Amanda Hester and Renee McElveen*



ROBERT TURTIL



RENEE MCELVEEN



RENEE MCELVEEN



RENEE MCELVEEN



AMANDA HESTER



ROBERT TURTIL

*Left to right: John D. Morrow; Pfc. Ryan Kaiser; Dorothy Troy; Chosei Kuge.*

Top to bottom: Guest speaker Col. Kenneth O. McCreedy, installation commander at Fort George G. Meade, Md., talks with 105-year-old World War I veteran Frank Buckles at the annual memorial service at the grave of General of the Armies John J. "Black Jack" Pershing at Arlington National Cemetery on Veterans Day. Buckles, the youngest of about a dozen American veterans of World War I known to still be alive, got to meet Gen. Pershing during the war. He lied about his age to get into the Army at age 16;

Elizabeth Lopez, a Global War on Terrorism outreach specialist at the VA vet center in El Paso, Texas, joins representatives of the Vietnam Women's Memorial Foundation to lay a wreath during the Veterans Day ceremony at the Vietnam Veterans Memorial. She served two tours in Iraq, one with the Army and the other as a Navy reservist;

Debra Smouse, of Dallas, spends some quiet time in front of the grave of her friend, Navy veteran Charles "Chic" Burlingame III, at Arlington National Cemetery on Veterans Day. Burlingame was piloting American Airlines Flight 77 when the plane was hijacked by terrorists and crashed into the Pentagon on Sept. 11.



DEPARTMENT OF DEFENSE



ROBERT TURTEL



ROBERT TURTEL



DEPARTMENT OF DEFENSE



LAURIE ZEVESKI



RENEE MCILVEEN

Top to bottom: Tom Poulter, national commander, Military Order of the Purple Heart, President Bush and VA Secretary Jim Nicholson (left to right) participate in the Pledge of Allegiance during the Veterans Day ceremony at Arlington National Cemetery;

Rose Hurd, foreground, of Clark Summit, Pa., carries the Vietnam Coalition flag for her organization at Arlington National Cemetery. She said she wanted to participate in the Veterans Day ceremony to support all Vietnam veterans—those who made it back home and those who did not;

After completing their volunteer duties at the Veterans Day ceremony at Arlington National Cemetery, Laurie Zeveski, VA assistant regional counsel in St. Louis, and her 11-year-old son, Alex, found themselves sitting next to the World War II veterans whose military exploits were the basis for the best-selling book "Band of Brothers" by historian Stephen E. Ambrose. With Alex are (from left): Don Malarkey, "Wild Bill" Guarnere, Edward "Babe" Heffron and Earl McClung.

Top to bottom: Marine Corps Color Guard members (left to right) Cpl. Christian Benítez, Staff Sgt. Michael Ho, Sgt. Jaylocs Vaca and Sgt. Lydia Suarez participated in a re-dedication ceremony for the Avenue of Flags at the VA Central California Health Care System in Fresno. California AMVETS Foundation donated more than \$30,000 for new flagpoles, flags and permanent lighting to allow the flags to be displayed at night;

Father and son barbers Tony and Anthony Bravo, both veterans themselves, volunteer their services for veterans at the West Los Angeles VA Medical Center. They have a trailer parked on the grounds where veterans can come to get haircuts, and they even go to the wards for inpatients;

At the Marion, Ill., VA Medical Center, more than 100 veterans, staff and community members braved freezing temperatures to participate in the facility's 3rd annual candlelight vigil. At 5 p.m. on Veterans Day, everyone walked down the campus's historic Commander Drive led by a color guard and bagpiper to the front of the medical center to begin the program.



MICHAEL E. DUKES



ANTHONY S. NTOYA



MARTY TALLEY



PAULA BERGER



NANCY GRAY



DARRELL MANKIN

Top to bottom: A member of the USO Liberty Belles serenades Marine Corps Vietnam veteran Willie Taylor, a patient at the Baltimore VA Medical Center, on Veterans Day. The Liberty Belles are a nostalgic 1940s troupe reminiscent of the Andrews Sisters. The three ladies croon classics such as "I'll Be Seeing You";

Taps rang out during Veterans Day ceremonies at national cemeteries around the country, including Ft. Sill National Cemetery in Oklahoma, as members of the organization Bugles Across America conducted a dress rehearsal for the Echo Taps Worldwide event they are planning for Armed Forces Day 2007. Thousands of buglers are expected to be involved in next year's event, playing a cascading version of taps at cemeteries all over the world;

Allen Clark, guest speaker at the Bonham, Texas, VA Medical Center's Veterans Day ceremony, salutes before the crowd gathered at a local high school football stadium. A retired VA employee and Army veteran, he lost his legs in Vietnam.

Top to bottom: Baltimore Ravens players (left to right) Jason Brown, Musa Smith and Justin Green visit Army veteran Frederick Houston at the Baltimore VA Medical Center. The visit, part of weeklong Veterans Day activities, had personal significance for two of the NFL players: Brown's brother was killed while serving in Iraq in 2003, and Smith's brother was injured while serving in Iraq;

Denver area VA staff from the regional office, medical center, Fort Logan National Cemetery and Office of Public Affairs staffed phones at KUSA-TV (NBC Denver) during two news broadcasts answering calls on veterans' issues for the "Vets Line 9" help line. The teams took several hundred calls during each of the broadcasts, answering a variety of questions on VA benefits. Hosted around Memorial Day and Veterans Day each year, "Vets Line 9" has proven popular with viewers;

Kids wave American flags in the wind during the Veterans Day program hosted by the Bonham, Texas, VA Medical Center at a local high school football stadium.



MICHAEL E. DUKES



ELAINE BUEHLER



NANCY GRAY



JOHN K. SOKOLOWSKI



WALT CODY



SCOTT SNELL

Top to bottom: Southern Arizona VA Health Care System float participants wave as they pass the reviewing stand during the Tucson Veterans Day Parade;

Leonard "Rosie" Ross, a 100-year-old retired VA employee and active volunteer, performs taps before a record crowd of more than 3,000 people at the Prescott, Ariz., VA Medical Center's Veterans Day parade. Believed to be the oldest active bugler in the country, Ross performs at VA special events and veterans' funerals;

Taking shelter from a driving rain, four members of the Military Order of the Purple Heart Chapter 27 salute a new monument unveiled as part of Veterans Day activities at the Lyons campus of the VA New Jersey Health Care System. Donated by the organization, the monument is "dedicated to all men and women in all our wars."

Native Americans have the highest rates of military service per capita compared to other ethnic groups, yet they are the least likely to seek out VA services. A unique program is helping the department build bridges between cultures to reach them.

## Crossing the Cultural Divide

SCOTT WALLACE

**D**riving 70 miles down a deserted dirt road. Bucking a wind chill of 25 below and blowing snow along a mountain ridge. Sitting outside a teepee on a 117-degree afternoon.

It's all part of the job for tribal veteran representatives (TVRs) reaching out to Native American veterans in 23 tribes served by the VA Rocky Mountain Network (VISN 19) in Utah, Montana, Colorado, Nevada and Wyoming.

From isolated mountain village to sweat lodge, these unique messengers are building bridges between cultures and delivering VA services to veterans steeped in a strong warrior culture.

James R. Floyd, director of the VA Salt Lake City Health Care Sys-

tem, and W.J. "Buck" Richardson, VISN 19 minority veterans program coordinator, have spent countless hours bridging the geographic and cultural barriers that often complicate reaching the nation's more than 220,000 Native American veterans.

"[Effective outreach] is about understanding the culture—it is respect and it is access," said Richardson.

VISN 19's path to crossing the cultural barrier that defines the Native American civilization, its beliefs and customs, began in 2001 with the development of the TVR program. According to Richardson, the program was created in response to criticism from Native American veterans that VA wasn't doing enough to bring benefits to the veterans who had earned them. "We decided to start a

program to outreach to the veterans at the local level and encouraged area veterans to help with the effort," he said.

Floyd, a Native American with experience in Indian health issues, and Richardson traveled to far-flung reservations and met with tribal councils to ask for their support and help identifying representatives for the program.

The TVR is a liaison between tribal leaders, VA, veterans service organizations, Indian Health Service, veterans and their families. Typically an American Indian veteran or recognized leader, the TVR is appointed by the tribe or tribal leaders to help

*Above: Time-worn sandstone rock formations of the Medicine Rocks, sacred to the Northern Cheyenne Indians of Montana.*

veterans within their communities.

Though VA provides training, the TVR is not a VA employee and is recognized solely as a representative of the tribe. The TVR helps eligible veterans obtain benefits they have earned by assisting them with the application process, advocating for them, and helping organize outreach events.

"The program isn't just about reaching out to veterans and filling

points out that the program is not just for Native American veterans. About 1,220 of the 6,500 tribal members who live on the Flathead Reservation are veterans, but there are some 3,500 veterans in the reservation's estimated total population of 40,000, he said.

"The reservation is our base," said Jackson, "but a veteran is a veteran. I've always been interested in the veteran and realized that a lot of them weren't getting contacted. Trust is im-

portant. I've been here all my life and people here know me. Because I am a trusted member of the community and an elder, they will come to me."

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## **"The Native American veteran is the most underserved. A lot of these guys don't realize they are entitled to benefits."**

out the paperwork. It doesn't end when you turn the paperwork in for that veteran," said Richardson. The TVR is visible in the community and must develop a sense of trust to reach veterans whose culture is ingrained with pride and self-reliance.

Darwin Niedo, a Comanche and combat veteran of Vietnam, is a TVR on the Wind River Reservation, home to the Shoshone and Arapaho nations of central Wyoming. He has been with the program since its inception.

He admits his reasons for getting involved were somewhat selfish at first. "I was going through the process of applying for my benefits," he said. "I didn't have anywhere to turn."

But as the program began to take shape, Niedo recognized its potential to help other Native American veterans get the benefits they are entitled to. "The Native American veteran is the most underserved," he said. "A lot of these guys don't realize they are entitled to benefits. There are a lot of hoops you have to jump through to get these veterans. They are reluctant because of the traditional distrust of the government. TVRs can help."

Lloyd Jackson, a member of the Confederated Salish & Kootenai Tribes, was appointed a TVR by the Flathead Nation of Montana. He

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When these veterans get home, said Richardson, they tend not to seek counseling or other help for problems stemming from their military service for fear of appearing weak in the warrior culture of the tribes.

"Holding their feelings in, along with the remoteness of most reservation settings, leads to severe problems with mental health," he said. "In turn, the probability of substance abuse is increased, which will then lead to other associated medical problems."

Within this population, post-



JAMES R. FLOYD

*A Northern Arapaho sweat lodge located at the VA community-based outpatient clinic in Riverton, Wyo. Healing methods used by Native Americans for centuries, such as sweat lodge purification ceremonies, are often incorporated into VA treatment of Native American veterans suffering from substance abuse disorders.*



SCOTT WALLACE

W.J. "Buck" Richardson, left, minority veterans program coordinator with the VA Rocky Mountain Network, and James R. Floyd, director of the VA Salt Lake City Health Care System, visit the Veterans Memorial on the Crow Reservation in Montana.

traumatic stress disorder rates are high. Data indicate that one-third of Native American veterans seen had a mental health diagnosis and of those, 26 percent had a primary diagnosis of PTSD.

The use of telehealth technology is making service accessible to Native American veterans in hard to reach communities. VISN 19 currently maintains telemental health clinics at the Wind River Reservation in Wyoming, and at the Northern Cheyenne and Crow reservations in Montana. Three additional clinics are planned for the near future.

"For veterans who struggle with chronic pain, drug addiction and mental illness, there is a need for connection," said Floyd. "The VA Salt Lake City Health Care System has in-

corporated healing methods used by Native Americans for centuries in its 'mind-body-spirit' approach to healing."

Veterans in treatment for substance abuse disorders may have the opportunity to participate in meditation, fire ceremonies, drumming sessions and sweat lodge purification ceremonies conducted within a healing garden on the Salt Lake City VA Medical Center campus. "TVRs can help contact tribal outreach workers and traditional healers to help all veterans obtain these additional services," said Floyd.

TVRs receive formal training once a year and participate in smaller training sessions throughout the year. They also receive individual support as needed from VA and from other

agencies that are beginning to recognize them and the work they are doing, according to Richardson. They work closely with veterans service organizations, Indian Health Service, tribal health systems and community organizations providing services to veterans and their families.

The effectiveness of the outreach program is apparent by the number of benefits claims the TVRs are generating from areas that have traditionally been underserved and by the number of veterans they are enrolling in the VA health care system, said Richardson. "With outreach going on 52 weeks out of the year, the number of veterans we reach just keeps increasing." **VA**

By Susan Huff



# Taking a Creative Approach to Reaching Out

## Going beyond traditional methods of outreach to veterans has led to success for the Spokane Vet Center.

The Spokane Vet Center took a creative approach to outreach when they decided to set up a booth at an art event called Chataqua in Chewelah, Wash. Chataqua, typically held in July, is one of the largest arts and crafts fairs in the country and the fourth largest annual event in Washington state.

An unlikely match, you might think, but the risk paid off. The vet center staff, led by Team Leader Linda Parkes, provided counseling or direct contact with almost 60 eligible combat veterans. Equally important, they made contact, provided handouts and educated thousands of veterans and non-veterans about VA—some veterans learning about their VA benefits for the first time.

Mike Ogle, the vet center's new Global War on Terrorism (GWOT) outreach counselor and Iraq veteran himself, orchestrated their involvement with the art fair. Even though Chewelah is located 45 miles north of Spokane and only has a population of 2,500, Ogle found out the event attracted some 60,000 visitors from all over the Northwest and Canada.

"The area there has mountains and is isolated and there are a lot of veterans—especially Vietnam vets—living up there," Ogle said. "We wanted to reach them. You'd be amazed at how many are up there."

Chataqua never had a veterans' group participate before, but Ogle talked the organizers into taking a chance with the vet center. He was so persuasive, the Chamber of Commerce offered to donate the \$150 entry fee and the local American Legion and VFW assisted in building the booth.

While the Spokane Vet Center has always done outreach, it never

had a position solely dedicated to it until Ogle began working there in early January. He credits much of his success to having a boss (Parkes) who trusts his instincts and gives him the freedom he needs to do his job.

Parkes explains, "Since Mike came on board here, we have been able to participate in many more outreach events, and many unique community events. He's formed a strong network in our veteran community as well as the community at large and can relate to them—especially OEF/OIF veterans since he's been there himself."

The result is obvious. Veteran contacts at the vet center have in-



*Spokane Vet Center GWOT outreach counselor Mike Ogle has found success trying non-traditional methods of reaching out to veterans, including setting up a booth at a popular annual arts and crafts fair.*

creased substantially since Ogle started working there.

"The GWOT positions have been a great addition to the vet centers and a greater value to our veterans and their families," added Parkes.

"Having them helps us reach veterans early in their adjustment."

Currently in the plans are a vet center presence at upcoming air shows, car shows and gun shows. A booth at the largest gun show in the Northwest has already been secured.

One of the largest events recently took place with outstanding results. Goodguys Rod and Custom Association, publisher of *Hot Rod* magazine and sponsor of car shows and hot rod events, offered to pay for a vet center booth at an upcoming car show after Ogle contacted them. The response was overwhelming. In just one day, Ogle and his team saw hundreds of veterans, with 130 of them referred to the vet center and others to VA medical facilities or benefits offices.

In the end, Goodguys was so impressed with the vet center's efforts that they agreed to pay for any vet center's booth at any of their car shows across the country.

Ogle didn't stop there. During the recent Veterans Day holiday, he had no less than 11 separate outreach events throughout the week, including parades, organizing a first annual veterans tribal symposium for Native American veterans, and tie-ins with organizations like the Rotary Club, Kiwanis, local schools and universities, city organizations, churches and many more.

By not limiting himself to typical and traditional outlets, Ogle is connecting with more and more veterans. Armed with a creative outlook and a positive spirit, he is aiming for a vet center presence at one major public event per month and a different event every weekend—and he's just getting warmed up. **VA**

*By Susan Fishbein*

## Augusta VA Medical Center Takes Top Honor in Carey Awards



The Secretary (front row, center) presents the 2006 Carey Trophy to Augusta, Ga., VA Medical Center Director James F. Trusley III. Next to the Secretary, Acting Under Secretary for Health Dr. Michael Kussman and Augusta VAMC Chief of Staff Dr. Tom Kiernan hold a congratulatory letter from President Bush.

VA Secretary Jim Nicholson presented the top honor in the 2006 Robert W. Carey Performance Excellence Awards program to the Augusta, Ga., VA Medical Center during a Nov. 16 ceremony in Springfield, Va.

Ellen Harbeson, quality manager for the Augusta VAMC, attributes her team's success to the energy of its employees.

"We have a team that's willing to take risks, be creative, and throw out old things that don't work," Harbeson said.

The Augusta VAMC was one of 16 organizations competing in this year's awards program. In 2004, the facility opened the first and only medical rehabilitation unit in the VA system for active duty military personnel. The Augusta VAMC and nearby Eisenhower Army Medical Center have a long history of exploring new frontiers in collaborative efforts. The two

centers support two neurosurgeons who provide services at the Augusta VAMC for both VA patients and Department of Defense beneficiaries. In addition, cardiothoracic surgery is performed at the Army medical center for VA and DoD patients by Army surgeons. These initiatives provide cost-effective sharing of resources.

The Circle of Excellence award was presented to both the Clinical Research Pharmacy Coordinating Center (CRPCC), located in Albuquerque, N.M., and the White River Junction, Vt., VAMC.

The CRPCC's role is to provide pharmaceutical support, including project management, drug testing and manufacturing, packaging, labeling and shipping, and monitoring of safety and regulatory information. It has collaborated in the planning of more than 200 multi-center clinical trials, and has partici-

pated in the conduct of more than 130 trials.

White River Junction VAMC developed the Inter-Professional Fellowship Program in Patient Safety to provide health professionals with in-depth education in patient safety practices. Another simple yet powerful change adopted at the facility is the handling of morgue stretchers.

Danielle Ocker, nurse manager in the ICU-ER Department at White River Junction, explained that in the

past, when veterans died at the facility their bodies were draped with a hard plastic cover. The ICU nurses got together with a social worker and decided that the bodies should instead be draped with a full-size American flag as a sign of respect for their military service.

"We really wanted to celebrate their whole life," she said. "Once a veteran, always a veteran."

There were five recipients of the Excellence Award: Memorial Service Network I, located in Philadelphia; the Miami VA Healthcare System; the Minneapolis VAMC; the North Florida/South Georgia Veterans Health System; and the VA Rocky Mountain Network (VISN 19).

This year's Achievement Award winners were the Central Arkansas Veterans Healthcare System; the VA Southeast Network (VISN 7); and the Southern Oregon Rehabilitation Center and Clinics.

The Carey Performance Excellence Awards program is open to all VA field facilities and headquarters staff offices. For more information, contact Eric J. Malloy at (202) 273-5585 or e-mail him at [Eric.Malloy@va.gov](mailto:Eric.Malloy@va.gov). **VA**

## Mansfield Inducted Into Spinal Cord Injury Hall of Fame

VA Deputy Secretary Gordon H. Mansfield's decades of dedicated service to veterans with spinal cord injuries were recognized recently when he was inducted into the Spinal Cord Injury (SCI) Hall of Fame during ceremonies in Washington, D.C. Mansfield joined 10 other SCI advocates at the second annual induction of the SCI Hall of Fame, sponsored by the National Spinal Cord Injury Association. The association selects inductees for making "significant contributions to the quality of life and advancements toward a better future for all individuals with spinal cord injury." **VA**

## Secretary Pins Purple Heart on Four Combat Veterans

Citing the long, proud tradition of sacrifice and valor of Americans in combat extending from Valley Forge to Baghdad, VA Secretary Jim Nicholson awarded the Purple Heart to four servicemen wounded in Iraq and Afghanistan on Nov. 1.

“Our freedoms, democratic traditions and American way of life rest on the shoulders of heroes who were willing to face extraordinary challenges and make astonishing acts of self-sacrifice,” Nicholson said.

During a ceremony at the National Press Club in Washington, D.C., Nicholson presented the medal to Army Sgt. Tyrone Carelock, from Washington, D.C.; Marine Sgt. Jeffrey Combs, from White Plains, N.Y.; Army Pvt. Kevin Araujo, from Houston; and Army Spc. Nicholas Helfferich, from Latrobe, Pa.

Joining the Secretary at the National Press Club was Tom Poulter, national commander of the Military Order of the Purple Heart (MOPH). With 36,000 members, all recipients of the military’s unique award for combat injuries, MOPH opened the National Purple Heart Hall of Honor at New Windsor, N.Y., on Nov. 10. The Hall of Honor is dedicated to the 1.7 million Americans wounded or killed in action while serving in the military since the Revolutionary War.



ROBERT TURTEL

*In a pre-Veterans Day ceremony, VA Secretary Jim Nicholson presented the Purple Heart to four servicemen wounded in Iraq and Afghanistan: (left to right) Sgt. Tyrone Carelock, Sgt. Jeffrey Combs, Spc. Nicholas Helfferich and Pvt. Kevin Araujo.*

## Bowlers to Veterans Link Presents ‘Big Check’ to VA Secretary



MICHAEL L. MOORE

VA Secretary Jim Nicholson accepts a contribution from Bowlers to Veterans Link officials: (left to right) board member Gary Anderson (Greenville, S.C.); Washington, D.C., area local representative Tom Dale; board chair Elaine Hagin (Castro Valley, Calif.); board member Walter Hall (Pasadena, Md.); and Washington, D.C., area local representative Andrea Dale.

Bowlers to Veterans Link (BVL) officials presented a

symbolic check to Secretary Nicholson on Veterans Day.

The nearly \$746,000 check represents the amount of money local league bowlers raised throughout the year and donated to VA to serve the recreation and welfare needs of veterans in VA care.

BVL is a national non-profit charitable organization that raises about \$1 million annually to fund a variety of recreational equipment and therapeutic supplies for America’s veterans. It is both supported and guided by the bowling industry and the nation’s league bowlers. More than 1,200 local bowling associations nationwide participate in the BVL fundraising effort and coordinate local efforts.

The organization pro-

vides cash grants to VA hospitals, vet centers and state homes as well as coordinates several national programs. These programs include tours of the nationally acclaimed song and dance troupe Re-Creation at VA facilities across the country, traveling bowling clinics with a focus on special adaptive bowling techniques for disabled veterans, and a national VA Bowling Tournament held annually. Additionally, BVL has been a longtime sponsor of the four National Rehabilitation Special Events—the Winter Sports Clinic, the Golden Age Games, the Wheelchair Games and the Creative Arts Festival. [VA](#)

## Secretary Calls on Veterans to Wear Their Medals With Pride



Flanked by veterans service organization representatives, Secretary Nicholson announces the launch of the Veterans Pride Initiative at a news conference in VA Central Office on Oct. 18. The initiative is intended to encourage veterans to wear their military medals on patriotic holidays.

At a news conference in VA Central Office on Oct. 18, VA Secretary Jim Nicholson and leaders of major veterans organizations called on America's veterans to help kindle a new

spark of patriotism on Veterans Day by wearing the medals they earned during military service.

"We are announcing a Veterans Pride Initiative to re-

mind Americans of the pride and honor in the hearts of those who have served," Nicholson said. "We expect Americans will see our decorated heroes united in spirit at

ceremonies, in parades and elsewhere as a compelling symbol of courage and sacrifice on Veterans Day, the day we set aside to thank those who served and safeguarded our national security."

The campaign is modeled after a tradition in Australia and New Zealand, where the bravery and sacrifice of members of the Australian and New Zealand Army Corps (ANZAC) is honored on April 25. On ANZAC Day, veterans wear their military decorations wherever they are and whatever they are doing on that day. Nicholson said he hopes a U.S. tradition will ensue to emulate this pride in being a veteran and in honoring the nation's veterans.

Information about the campaign is available on the VA Web site at [www.va.gov/veteranspride](http://www.va.gov/veteranspride), where veterans also can obtain information about how to replace mislaid medals and learn how to confirm the decorations to which they are entitled. **VA**

## Search for a New Under Secretary for Health Gets Underway

VA Secretary Jim Nicholson has named a 10-member commission to screen candidates and recommend finalists for the post of VA Under Secretary for Health. The commission, chaired by VA Deputy Secretary Gordon H. Mansfield, will recommend a replacement for Dr. Jonathan B. Perlin, who resigned Aug. 11 after seven years with VA.

Under federal law, the appointment of a VA Under Secretary is made without regard to political affiliation. Candidates must demonstrate ability in both fiscal management and in the administration of organizations similar in size and scope to the Veterans Health Administration.

In addition to Deputy Secretary Mansfield, members of the commission include Dr. Jordan J. Cohen, president emeritus, Association of American Medical Colleges; Dr. Carolyn M. Clancy, director, Agency of Healthcare Research and Quality; Jeffrey Oak, vice president, Bon Secours Health Sys-

tem Inc.; John F. Sommer Jr., executive director, American Legion; and James B. King, national executive director, AMVETS.

The other members are Dr. William Winkenwerder Jr., assistant secretary of defense for health affairs; Cynthia P. Heckscher, managing director, Diversified Search; Dr. George E. Thibault, chairman, VA's Special Medical Advisory Group; and Perlin, currently chief medical officer and senior vice president, HCA.

Willie L. Hensley, VA's deputy assistant secretary for human resources management and labor relations, will serve as the commission's executive secretary.

The committee is expected to complete its deliberations in time for Nicholson to make his recommendation for a new Under Secretary for Health to the White House in January 2007.

## D.C. United Hosts Veterans Appreciation Day at RFK Stadium



ROBERT TURTIL

It was a living history lesson that most will never see. They lined up on the grass field at Washington, D.C.'s RFK Stadium on Oct. 15—U.S. veterans of nearly a century of America's wars, from World War I to Iraq and Afghanistan.

It was D.C. United's last regular season game before entering as a top seed in Major League Soccer playoffs, but it was "first night" for veterans during the team's pre-game Veterans Appreciation Day program.

World War I veteran Frank Buckles, 105, held up his end of the veterans' timeline and Iraq war veteran Capt. Ken Dwyer anchored the other with World War II, Korean War and Vietnam War veterans in between. All received an extended standing ovation.

VA Secretary Jim Nicholson represented veterans and the department as he set up the soccer ball for a crowd-pleasing opening kick by Dwyer, who is recuperating from battle injuries including the loss of his left eye and arm, sustained while serving with the Army in Iraq.

"Watching the game and being on the field brings back my soccer-playing days and lets me see that life is good as long as you live for tomorrow," he said after he nailed his kick.

*Left: Army Capt. Ken Dwyer, who lost his left eye and arm in Iraq, joined Secretary Nicholson on the field for the opening kick as D.C. United took on the Chicago Fire.*

## Nineteen VA Executives Receive 2006 Presidential Rank Awards

Nineteen VA executives are among the recipients of the 2006 Presidential Rank Awards. The prestigious awards are presented annually to career Senior Executive Service members for "exceptional long-term accomplishments" in two categories: Distinguished Executives and Meritorious Executives.

Winners are chosen through a rigorous selection process. They are nominated

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



Cullen

**Sheila M. Cullen**, director, San Francisco VA Medical Center, and **James B. Donahoe**, retired

director, Veterans Canteen Service, St. Louis, are among 58 members of the SES who received the Distinguished Executive Award.

Another 17 VA executives were among the 218 SES members who received the Meritorious Executive Award. They are: **Lawrence A. Biro**, director, VA Rocky Mountain Network (VISN 19); **Susan P. Bowers**, director, Richard L. Roudebush VA Medical Center, Indianapolis; **Judith A. Caden**, director, Vocational Rehabilitation & Employment Service, VA Central Office; **Sanford**



Donahoe

**M. Garfunkel**, director, Washington, D.C., VA Medical Center; **Arthur S. Hamerschlag**, chief of staff, Under Secretary for Health, VA Central Office; **Carl W. Hawkins Jr.**, director, Columbia, S.C., VA Regional Office; **Jack G. Hetrick**, former director, Edward Hines Jr. VA Hospital, Hines, Ill., now director, VA Healthcare System of Ohio

**continued on page 30**

## Capt. Richard Johnston

When Surgeon Captain Richard Johnston boarded an elevator in VA Central Office wearing his crisp, white British Royal Navy uniform, a man on the elevator asked him, "Has anyone thanked you today?" A perplexed Johnston wasn't sure how to respond.

He was, after all, new to America and not yet familiar with the culture, particularly that of VA headquarters, where he was reporting for his new job.

After a pause, Johnston replied: "No, not really. What did I do?"

"Has anyone thanked you for your military service?" the man answered.

Such an incident wouldn't happen in the United Kingdom, said Johnston. "The British people support their armed forces, but are less demonstrative than Americans. Americans value their military."

Johnston has learned that and much more over the past year serving as British Liaison Officer for Gulf and Deployment Health in VA's Office of Public Health and Environmental Hazards. He is the fourth British officer assigned to that post since the Gulf War.

His job is to assist the British government and British veterans by keeping them up-to-date on emerging health

issues and research involving depleted uranium, tungsten, and other environmental hazards related to service in the Gulf War theater of operations. He works with VA Gulf deployment health experts to monitor research and meets with veterans service organization representatives to keep abreast of their concerns.

"Much of my job is sifting through information and pulling out what's important to communicate to the U.K.," said Johnston. "I learn what information is available, who has it and try to get it to those who can use it."

The United Kingdom does not have a Department of Veterans Affairs, explained Johnston, but there is a Veterans' Agency within the Ministry of Defense. Similar to VA, that agency provides information, advice and assistance on issues of concern to veterans and their families. British veterans receive advice regarding benefits, pensions, compensation, service records and military awards on the agency's Web site at [www.veteransagency.mod.uk](http://www.veteransagency.mod.uk).

Johnston also responds to requests for information and analysis from the British Parliament and U.S. Congress. He identifies lessons learned by his U.S. colleagues that are used to shape British veterans' compensation programs, par-



British Royal Navy Surgeon Captain Richard Johnston outside his VA headquarters office.

ticularly in determining presumptively recognized service-related conditions.


"The U.S. and U.K. benchmark off each other," he said. "We shared the same combat theater so it makes sense to collaborate on environmental studies and share information."

Johnston said one of his new job's biggest challenges is to determine whether or not he's actually succeeding. "Measuring success is a problem," he admitted. "This job is completely different from what I've done as a practicing physician."

Johnston lives in Washington, D.C., with his wife Elaine, son Charles, and daughter Amy. Both children attend public school.

In his remaining three years with VA, Johnston said he hopes to broaden the scope of his job from Gulf War post-deployment health to a more general post-deployment study incorporating veterans returning from Iraq and Afghanistan. "Many of the issues of the Gulf War are still around," he said.

"It's not only a unique job," Johnston said of his liaison role, "it's intriguing because I'm constantly meeting new people in a new environment—and that's never boring."


For more information on VA's post-Gulf War deployment health program, visit [www.va.gov/EnvironAgents](http://www.va.gov/EnvironAgents) or [www.va.gov/GulfWar](http://www.va.gov/GulfWar).   
By Isidro Reyna

### Rank Awards cont.

(VISN 10); **Stanley Q. Johnson**, director, Tomah, Wis., VA Medical Center; **Lois M. Mittelstaedt**, chief of staff, Under Secretary for Benefits, VA Central Office; **William D. Montague**, director, Louis Stokes Cleveland VA Medical Center; **MaryAnn P.**

**Musumeci**, director, James J. Peters VA Medical Center, Bronx, N.Y.; **Alan S. Perry**, director, VA Central California Health Care System; **Diana M. Rubens**, director, Western Area, Veterans Benefits Administration; **Timothy P. Shea**, director, South Texas

Veterans Health Care System; **James F. Trusley III**, director, Augusta, Ga., VA Medical Center; **Joseph M. Underkofler**, director, VA Montana Health Care System; and **Barbara C. Watkins**, director, Alexandria, La., VA Medical Center.

Distinguished rank winners receive a cash award of 35 percent of their basic pay; Meritorious rank honorees receive a cash award of 20 percent of basic pay. Each recipient also receives a framed certificate signed by the President. 

## Unique Swim Fins Allow Disabled Veteran to Enjoy His Hobby Again

After he lost his legs, Navy veteran Jim Dyess thought he'd never be able to swim or dive again. But unique prosthetic stubby swim legs made by the Prosthetics Section of the Michael E. DeBakey VA Medical Center in Houston have allowed him to enjoy his hobby again.

Though swim stubbies have rarely been made, a pair was fabricated by the Houston medical center to fit Dyess' specific needs and abilities. "Stubby" refers to a prosthetic socket that does not have a knee attached.

An adjustable ankle is attached to a socket that is connected to a prosthetic foot. In this case, a swimming fin was then placed on each foot. The ankle can be used to adjust the angle of the fin and for ease of transport.

When Dyess found out the facility has a pool, he told his kinesiologist, Laura Lawhon, about his desire to swim again. "I have been a swimmer and diver since I was a kid," Dyess said. "I knew it was great exercise for my legs and thought it would help me with my weight management."

Lawhon said she has seen many positive changes in Dyess since he started his pool therapy. His hip range of motion has improved and he can swim for longer periods of time. The best change is that Dyess feels more independent. He is also highly motivated to get in

shape so he can participate in the National Disabled Veterans Winter Sports Clinic.

## Study Shows Angioplasty Works as Well as Bypass and Costs Less

Angioplasty works about as well as open-heart bypass surgery and costs less, researchers have found. In a study of heart attack victims led by Kevin T. Stroupe, a health economist at the Edward Hines Jr. VA Hospital in Hines, Ill., survival rates were equivalent for the two types of surgery.

The study looked at 445 high-risk male heart patients, average age 67. Of those, 218 had angioplasty and 227 had coronary artery bypass grafting surgery. The procedures were performed between 1995 and 2000.

The cost of angioplasty—clearing blocked arteries using a catheter inside the blood vessels—and treating a patient for five years was 19 percent lower than for open-heart procedures, researchers found.

The majority of angioplasty and bypass patients in the study survived at least five years, and the treatments were roughly equivalent in preventing death.

The average cost for treatment and five years of subsequent medical care was \$81,790 for angioplasty, compared with \$100,522 for bypass patients. "Our study ... showed that angioplasty maintains a significant cost advantage with no adverse impact on survival rates, even after five years," Stroupe said. The study was published in the Sept. 14 issue of the journal *Circulation*.

## Unraveling the Mysteries of Alzheimer's

When Leon Thal, a staff physician at the San Diego VA Medical Center, first became interested in the puzzles of Alzheimer's disease 30 years ago, he didn't realize how tough they would be to solve. After testing more than 100 drugs in thousands of patients, Thal and other researchers

haven't found a way to stop the devastating loss of memory and function that afflicts 4.5 million Americans.

Only about four drugs seem to provide limited benefit, and they merely delay symptoms, not the disease process, by a few months to a year. "This has turned out to be a much more difficult disease than anybody imagined," said Thal, who is also a University of California, San Diego (UCSD) neuroscientist.

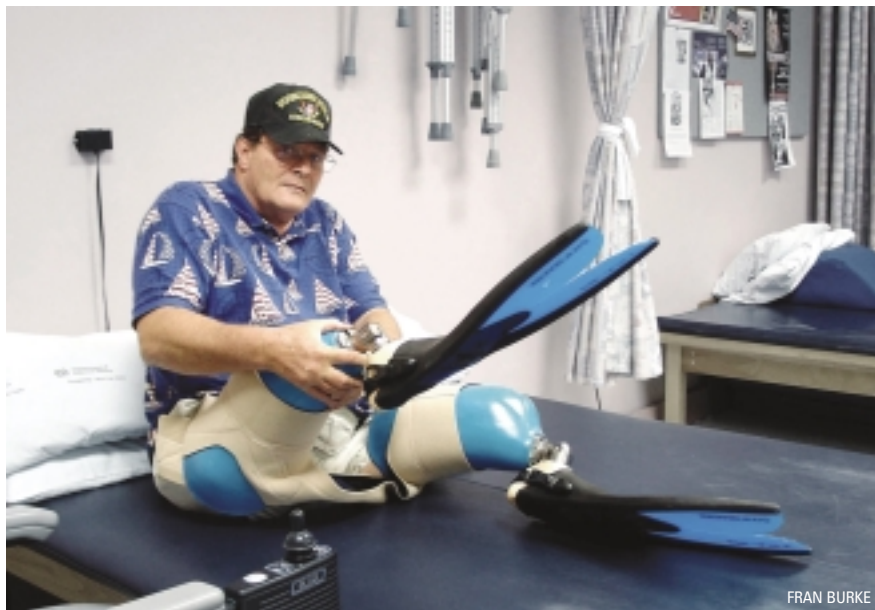
His \$150 million, 15-year project to study Alzheimer's received an additional \$52 million on Oct. 18 from the National Institute on Aging. The money will be distributed through the UCSD's Alzheimer's Disease Cooperative Study. It will fund a six-year research effort involving four studies with 70 test centers in the U.S. and Canada.

The battle against Alzheimer's is also a battle against time. As tens of millions of baby boomers age and life expectancy continues to grow, many more Americans

will become Alzheimer's patients. More than half the population older than 85 has Alzheimer's, according to the institute.

However, researchers are excited about a few developments, Thal noted. He is most energized by a new imaging technique that can see plaque buildup in brains of living patients through the use of a special isotope "tag." Thal plans to use the imaging technique in some San Diego patients.

— San Diego Union-Tribune **VA**



Navy veteran Jim Dyess tries on his swim stubbies in the Kinesiotherapy Clinic at the Michael E. DeBakey VA Medical Center in Houston. The unique prosthetics were fashioned for him by the facility so that he could continue swimming, despite the loss of his legs.

## 'Betty's Kitchen': serving up some down-home cooking in Tampa



Betty Harvey, left, and fellow volunteer Doris Robinson prepare their special treats for patients once a month.

When patients in the Nursing Home Care Unit at the James A. Haley Veterans' Hospital in Tampa, Fla., get a hankering for some down-home cooking, they turn to volunteers Betty Harvey and Doris Robinson. "Betty's Kitchen" is open for business the first Wednesday of every month to prepare special foods requested by the patients. Harvey, 67, and Robinson, 80, work with facility dietitians to prepare items the kitchen doesn't normally have on the menu for patients. Regional specialties such as corn bread, black-eyed peas and collard greens are favorites, in addition to homemade

chicken noodle soup and chili. The most requested item on the menu is a hearty chicken vegetable soup, but Harvey notes that the patients love "anything that we cook."

Every month, Harvey and Robinson get together to plan what they're going to cook for some 150 patients on the three wards, then go shopping together to buy the ingredients for the patients' special meal. They use a grocery store card purchased courtesy of various local school, community, and veterans service organizations.

While most of their dishes are their "own concoctions," said Harvey, one patient provided his wife's recipe for lentil soup since Harvey had never made it before. Her voice breaking, Harvey recalled that the patient was "in his last days" and hadn't been eating when he asked her to make the soup. She said one of the highlights of her volunteer work with "Betty's Kitchen" was when the patient ate two bowls of her lentil soup and proclaimed it "almost up there" with his wife's version.

Harvey and Robinson have been concocting their home-cooked specialties for nursing home patients for the past five years. Harvey's brother was a former patient at the Tampa medical center, and she said she started volunteering after retiring from VA as a way "to give something back" to other veterans. Robinson moved to Florida from New York after retiring from Rikers Island Prison as a cook, and said she started volunteering as a way to fill her days. Filling their days is no longer a problem. "We're two real busy old ladies," Harvey laughed.

### New Sacramento Valley National Cemetery

The Sacramento Valley National Cemetery became VA's 124th national cemetery on Oct. 16. The 561-acre site was acquired from Alvin Hayman, a World War II Marine Corps veteran. Hayman died in 2004, shortly after VA purchased his land in Dixon, Calif. According to his family, it was his wish to be buried in the new cemetery. That wish was fulfilled when his cremated remains, and those of his wife, Irene, were the first burials in the cemetery.

The new cemetery, previously a working farm, is located in Solano County, about 27 miles southwest of Sacramento. Nearly 346,000 veterans and their families live within 75 miles of the national cemetery and, if eligible, could request to be buried there. A public dedication ceremony, with full military honors, is being planned for the cemetery in the spring, according to Cemetery Director Dean Moline.

### Partnering with religious leaders to help veterans

The Columbia Urban League and the Dorn VA Medical Center partnered to reach out to pastors and church leaders to help veterans with the difficult period of transition and adjustment

after serving in Iraq and Afghanistan. The Veterans Ministry Workshop was held Sept. 11 at the Dorn VA Medical Center in Columbia, S.C. "The church is frequently the first place returning soldiers look to for support," said Urban League President James T. McLawhorn Jr. "It can be an important centerpiece for recovery, rehabilitation and transition back from combat to the general population."

VA mental health staff from both the Augusta, Ga., and Dorn VAMCs outlined the symptoms, causes and treatment for post-traumatic stress disorder with 72 pastors, deacons and ministers attending the workshop. They also explained the impact PTSD has on veterans, their spouses and children. The goal of the workshop was to help religious leaders recognize the signs of PTSD in veterans returning from combat and to be able to recommend appropriate resources for treatment.

### A Miami Heat 'thank you' to veterans

After working together with the Wounded Warrior/Soldier Ride Organization last February, local Miami police officer Dennis Ward contacted Susan Ward, public affairs officer at the Miami VA Healthcare System recently to ask for her assistance in coord-



dinating an event for the Miami Heat organization. Miami Heat Coach Pat Riley wanted to show his appreciation to the soldiers who have served the nation in Iraq and Afghanistan. Ward brought two veterans to the Miami Heat season opener on Oct. 31. Prior to the opening tipoff, the Miami Heat organization introduced the two veterans at center court and thanked them for their service to our country; the entire arena responded by giving them a standing ovation.

Coach Riley's mission this year is to honor local soldiers who have served in Iraq and Afghanistan. He has reserved four tickets for each home game courtside, personally greets the soldiers before the game, and treats them to dinner in the VIP Flagship Lounge.

### Challenging employees to get MOVING

Dennis M. Lewis, director of the VA Northwest Health Network (VISN 20), recently issued marching orders to his approximately 8,200 employees at VA medical centers and clinics to "Get MOVING!" MOVE!—or Managing Overweight and/or Obesity for Veterans Everywhere—is a national weight management program originally designed for veterans. However, Lewis—a marathon runner and outdoor enthusiast—recognized the benefits of employees incorporating MOVE! principles into their everyday lives since research has shown clear links between numerous diseases and excess weight and lack of exercise.

The health care costs resulting from excess weight and physical inactivity annually top \$100 billion. Individual pedometers were distributed to every employee, and Lewis challenged participants to walk, run, skip, stride, hop, jog, march or dance

to better health by taking 10,000 steps per day for 50 days. The competition has been extremely successful, inspiring employees and fostering some friendly, spirited rivalry among facilities within the network.

### Testing Baltimore's emergency response capabilities

A morning-long drill conducted on Oct. 3 tested the city of Baltimore's emergency responder system in a situation that causes mass casualties. The University of Maryland Medical Center partnered with the School of Nursing, the Baltimore city fire and police departments, the **Baltimore VA Medical Center**, the Maryland Institute for Emergency Medical Services Systems, and about a dozen city and state agencies.

The aim of the drill was to see how the present system would withstand a surge of 100 to 200 victims, and to determine what needs to be modified in the event of a real tragedy. Two simulated bomb blasts at the School of Nursing started the drill. "Victims" were triaged using a series of color-coded ribbons tied around the victims' arms.

New decontamination units at the Baltimore VA Medical Center were used during the drill to shower victims that might have been exposed to chemical, biological or radiological agents as a result of the simulated bomb blast. "With the increased potential of an attack involving a weapon of mass destruction, it is imperative for VA and Baltimore city to be prepared to quickly and appropriately respond to protect the victims, the first responders and the local community," said **Sharon Kellogg**, emergency management coordinator for the VA Maryland Health Care System. [VA](#)

## Linking returning Illinois veterans with VA benefits and services

More than 100 Illinois National Guard and Reserve soldiers who recently returned from Iraq visited the Edward Hines Jr. VA Hospital on Sept. 9. The soldiers learned about VA services and in many cases signed up for VA health care on the spot during the OEF/OIF Outreach and Benefits Fair sponsored by the hospital. Information about the hospital's women veteran programs, combat stress services, eligibility guidelines, dental services, recreation therapy activities, physical therapy programs, and the seamless transition program was available at the fair.

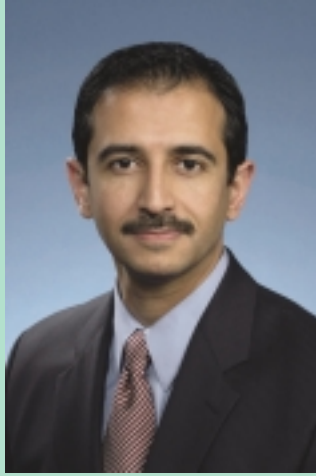
Representatives from the Chicago VA Regional Office, the local Oak Park Vet Center, and the Department of Labor were also on hand at the fair to discuss benefits and services with the soldiers. "Working at this fair was extremely rewarding," said Dr. Monica Steiner, chairperson of the Hines OEF/OIF Outreach Committee. "It was a pleasure to see the gratitude, and in some cases the relief, on their young faces as we helped link them up with our staff and our services."



*Soldiers lined up enthusiastically for the complimentary massages offered to fair participants by student volunteers from the Illinois School of Massage.*

## Journal tenure for physician

Dr. Hashem El-Serag, a staff physician at the Michael E. DeBakey VA Medical Center in Houston and an associate professor of medicine at Baylor College of Medicine, has started a five-year tenure as an associate editor for *Gastroenterology*, the leading national and international scientific journal for digestive and liver disease. El-Serag's research focuses on the clinical epidemiology and outcomes of several digestive and liver disorders, most notably hepatocellular carcinoma and hepatitis C, as well as luminal gastrointestinal disorders including gastroesophageal reflux disease and Barrett's esophagus. He has had more than 110 original papers published or in press over the past eight years. Several of his studies were published in journals such as the *New England Journal of Medicine*.



*El-Serag*

Each year the Air Force Association gives an award to a VA employee in recognition of significant contributions to the department's mission. **Alan Sumitomo**, support services supervisor at the **National Memorial Cemetery of the Pacific in Hawaii** was named this year's VA Employee of the Year in September. Sumitomo was recognized for his efforts as the cemetery's project manager for the Veterans Industries' Compensated Work Therapy Program. This program was created to help veterans with disabilities become full-fledged contributors to society and build better lives. Sumitomo, a veteran of the Hawaii Air National Guard, has successfully trained 32 veterans over a five-year period; five have become per-

manent full-time employees at the cemetery.

The **VA San Diego Healthcare System** was recently selected as one of the 2006 San Diego's Best Places to Work by the Employers Group and *San Diego Magazine*. Employers were selected for this prestigious award after rigorous review of human resources practices, benefits, employee turnover, pay and community participation. In addition, 160 randomly selected employees were surveyed on their opinions about the VA San Diego workplace. "Our employees make the workplace and the culture," said **Gary Rossio**, medical center director. "This award recognizes the exceptional employees we have here at VA San Diego and their commitment

to serve veterans."

The **Central Arkansas Veterans Healthcare System** received the Governor's Award for Performance Excellence. The Arkansas Institute for Performance Excellence presented the award during its 12th annual awards celebration in Hot Springs on Sept. 25. The Governor's Award is the highest honor given for performance excellence. The health care system has two hospitals offering a broad spectrum of inpatient and outpatient health care services, ranging from disease prevention to primary care, complex surgical procedures, and extended rehabilitative care. In addition, the health care system reaches out to veterans through its community-based outpatient clinics in Mountain Home, El Dorado, Hot Springs and Mena; its Home Health Care Service Center in Hot Springs; and a VA Drop-

In Day Treatment Center for homeless veterans in downtown Little Rock.

**Richard Jordan, M.D.**, and **David Reagan, M.D.**, physicians at the **Mountain Home, Tenn., VA Medical Center**, were recently recognized as Health Care Heroes for the Tri-Cities area. Jordan, chief of medicine and on-site director of residency training, was recognized as the person most responsible for shaping and overseeing the development of residency training innovations. Residents in his program have a 96 percent pass rate on their Internal Medicine Board exams. Reagan, the chief of staff, was recognized for his key role in CareSpark, a regional health information organization project. This is a statewide effort for the private sector to develop a process for the exchange of patient health information electronically. **VA**

## State honors for psychologist

Dr. Sonja Batten, a clinician with the VA Maryland Health Care System, received the 2006 Outstanding Contributions by an Early Career Psychologist to Psychology in Service to the Public award from the Maryland Psychological Association on Oct. 27. As a coordinator and clinical



*Batten*

psychologist for the health care system's trauma recovery programs, Batten has contributed to the well-being of veterans throughout the state who live with post-traumatic stress disorder. In addition to working with veterans from World War II, Vietnam, and other conflicts, Batten's work has recently focused on outreach to veterans returning from Iraq

and Afghanistan to ensure they receive appropriate trauma recovery services.

On June 19, VA police officers **Bartosz Wichowski** and **Marek Makoski** responded to a distress call in the emergency room parking lot of the VA Connecticut Healthcare System's West Haven campus. Upon arrival, the officers found a woman holding a baby and frantically pleading for help. The child was having difficulty breathing and was in obvious distress from an unknown allergic reaction. The woman was on her cell phone trying to get instructions from members of the West Haven Fire Rescue

Department. Wichowski took the phone from the mother, and while receiving instructions from Fire Rescue, administered an Epipen injection, which stabilized the infant. Wichowski then turned the mother and child over to rescue units as they arrived. For his efforts, Wichowski was presented a VA Police Service Life Saving Award.

On Sept. 15, **Altoona, Pa., VA Medical Center** licensed practical nurse **Joan Parks** was traveling to work when she became the first person to arrive at the scene of an

## Mid-flight lifesaving efforts

On a recent flight, VA Deputy Secretary Gordon H. Mansfield saw VA medical expertise up close. Two hours into the flight, an 84-year-old man complained of feeling ill. Physical therapist Brian P. Murphy, who manages Rehabilitation Medicine Service for the VA Salt Lake City Health Care System, overheard the elderly passenger. Murphy asked the flight attendant to reseal him next to the ill passenger

and took a quick medical history, learning that the man had recently been hospitalized. The flight attendants brought Murphy a first aid kit, and he took the man's pulse and blood pressure. Murphy started an IV and advised the flight crew to land as soon as possible to get the



Murphy

stricken passenger to a hospital. "He probably would not have survived without medical attention," Murphy said.

The man faded into unconsciousness, and passengers helped Murphy move him out of his seat and onto the aisle floor. Once the plane touched down in Omaha, an EMS crew came on board and took over as Murphy provided a medical history. Murphy stopped by the Delta counter the next day to ask about the man he had treated and learned that he was still alive and hospitalized in Omaha. "I was extremely proud to be a part of VA after witnessing the lifesaving efforts of Brian Murphy," Mansfield said. "He remained calm under pressure and used his leadership skills to direct fellow passengers and the Delta flight crew to help him manage the crisis. Brian Murphy represents the very best of VA."

## New job for baby-delivering dad?

Dametrius Wesley Sr., a file clerk at the VA Records Management Center in St. Louis, delivered his own baby on Oct. 8. His wife Tanya awoke that morning to contractions spaced 10 minutes apart. As she prepared to leave for the hospital she let out a scream. The baby was coming and wouldn't wait for the delivery room to make her debut. Wesley knew the basics of childbirth, having witnessed the arrival of his first two children.

He directed his kids, ages 9 and 6, to retrieve towels

while he coached Tanya through the delivery. When Wesley saw the umbilical cord around the baby's neck, he told Tanya to stop pushing while he turned the baby counterclockwise, freeing the cord.



Dametrius Wesley Sr., with new baby Damesha, son Dametrius Jr., wife Tanya and daughter Dametria.

He then directed Tanya to continue pushing. Seven-pound, 21-inch Damesha Tatyana Lashay Wesley was born at 8:56 a.m. Both mother and child are doing well. Wesley said he was extremely proud of his children, who were not scared during the delivery and served as his "little delivery assistants." Wesley's co-workers are now urging him to consider changing careers and become a midwife.

accident and stopped to help. As she assisted the injured driver, he inquired about his passenger, whom Parks had not seen. Parks then noticed a woman's shoe on the ground and began to search for a possible second victim. Parks and two others searched in the rain

and mud for 20 minutes before finding the female passenger, who had been thrown from the vehicle. Thanks to Parks' quick responses, both accident victims' lives were saved. She was even able to make it to work in time for her shift. VA

A photograph of James Sterrett-Bryant performing on stage. He is wearing a dark tuxedo jacket over a white tuxedo shirt with a white bow tie. He is standing on a wooden stage, using a blue and black four-wheeled walker. His right arm is extended outwards, and his mouth is open as if singing. In the background, there is a black curtain and a decorative lamp post with three glowing lights. The lighting is focused on the performer.

## 2006 National Veterans Creative Arts Festival

James Sterrett-Bryant, 64, an Air Force veteran from Palmdale, Calif., performs a vocal duet from *Phantom of the Opera*, "All I Ask of You," during the stage show performance at this year's Festival, held Oct. 16-22 in Rapid City, S.D. Sterrett-Bryant's performance with singing partner Christine Pointer, an Army veteran from Ft. Lauderdale, Fla., was a highlight of this year's stage show. The show was televised on many PBS stations nationwide the week of Veterans Day.