



U.S. Department of Veterans Affairs

# VAanguard

March/April 2009

*20 Years in the Cabinet*

*Paperless HR*

*Fisher Houses*

*Commemorating Lincoln*



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### On the cover

President Barack Obama speaks to employees gathered in the G.V. "Sonny" Montgomery conference room at VA Central Office on March 16. VA Secretary Eric Shinseki, whom President Obama praised for his distinguished career in the Army and his service to men and women in uniform, listens to the President's remarks, at left. The President's visit marked the agency's 20th anniversary as a Cabinet department. *White House photo*



ROBERT TURTEL

*Left: President Obama's stop at VA headquarters was the highlight of the two-day 20th anniversary celebration; below: After the President departed, Secretary Shinseki joined employees in the VACO canteen for a cake-cutting ceremony, where he encouraged them to be full participants in the process underway to fulfill Obama's pledge to transform VA for the 21st century.*

## A Presidential Visit for VA's 20th Anniversary as a Cabinet Department

President Barack Obama joined Secretary Eric K. Shinseki at VA Central Office on March 16 for the celebration of the department's 20th anniversary as a Cabinet agency.

A limited number of tickets to the program, held in the G.V. "Sonny" Montgomery Veterans Conference Center, were randomly distributed to headquarters employees by the Secretary's office. The program was also broadcast live on the VA Knowledge Network, where employees across the nation could view it.

In his remarks, Obama noted that on March 15, 1989, the day the Veterans Administration was officially elevated to a Cabinet-level agency and renamed the Department of Veterans Affairs, a ceremony was held to swear in VA Administrator Edward J. Derwinski as the first Secretary of Veterans Affairs. At that ceremony, Obama said, "President George H.W. Bush declared the mission of the agency is so vital that there is only one place for the veterans of America—in the Cabinet Room, at the table with the President of the United States of America. I could not agree more," adding that he has pledged to transform the agency for the 21st century.

After his speech, the President shook hands with several employees in the room, and departed. Secretary Shinseki then joined employees in the VACO canteen for a cake-cutting ceremony, with cake service provided by VA senior staff. For more on the 20th anniversary of the Department of Veterans Affairs, turn to page 20.



MICHAEL L. MOORE



## Helping Clinicians and Patients Make the Best Choices

Joel Kupersmith, M.D.  
Chief Research and Development Officer

It was a medical story celebrated for its immense impact on cardiovascular treatment: VA researchers, working with Canadian colleagues, found that patients with stable coronary artery disease—in which plaque buildup restricts the blood supply to the heart muscle—often fare well with medication and lifestyle changes alone. A commonly used treatment called percutaneous coronary intervention (PCI, commonly called angioplasty), which opens narrowed blood vessels using a flexible tube called a catheter with a balloon at its tip, might best be reserved for patients with more severe forms of heart disease.

The VA study, known by the acronym COURAGE—short for Clinical Outcomes Utilizing Revascularization and Aggressive Drug Evaluation—is one among hundreds of “comparative effectiveness” studies that have been undertaken by VA Research. Unlike studies that ask only whether a new drug or other medical approach works better than an inert alternative called a placebo, comparative effectiveness studies are head-to-head trials to see which option works better for a given health condition in a certain group of patients. These trials sometimes compare one drug to another. In other cases, they compare different approaches such as surgery versus an accepted drug therapy, or different ways to deliver care to patients.

VA’s comparative effectiveness studies respond to a dilemma faced by health professionals caring for our nation’s veterans, as well as other

health care decision makers across the country: “I have drug A and B, or treatment strategy A and B. Which is best for my patient?” As health care providers themselves, most VA researchers are familiar with these tough choices.

VA Research is uniquely equipped to answer these types of questions because of its enviable position within the Veterans Health Administration, the country’s largest integrated health care system. Because of the multidisciplinary nature of clinical study, all of VA’s research areas work collaboratively to address the full spec-

trum of veterans’ health care needs, with VA’s Cooperative Studies Program often playing a key role.

CSP, a division of VA Research that specializes in multi-site clinical trials and epidemiological studies (studies looking at the incidence and cause of disease), was cited by the National Institutes of Health as an example of “institutional completeness” for its ability to bring about change in clinical practice. In addition to the lauded COURAGE trial, groundbreaking CSP-led comparative effectiveness trials include:

- Intensive therapy to support kidney function. VA researchers, in collaboration with NIH investigators, showed that delivering more intensive therapy—for example, dialysis six times a week instead of

three—did not benefit patients with acute kidney failure, compared to conventional treatment.

- Prolonged-exposure therapy for post-traumatic stress disorder. VA researchers showed that prolonged-exposure therapy—in which therapists help patients recall their trauma memories under controlled conditions—helped women reduce their PTSD symptoms more than emotional support and counseling focused on current problems.

- Two drugs for normalizing heart rhythm. VA researchers compared two drugs, amioda-

an important step toward personalizing care—that is, tailoring health care to a specific patient’s circumstances. In personalization of care, VA has exceptional research capability, thanks largely to its electronic health record that supports sophisticated analysis by integrating all elements of a patient’s health history. VA Research is also developing a genomic medicine program to learn how a person’s genes can influence the way they react to a drug or other treatment.

Armed with information about each intervention’s effectiveness and a profile of

### VA’s comparative effectiveness research helps health professionals answer the question: ‘Which health care approach will benefit my patient the most?’

ronone and sotalol, to determine which is better at correcting a common heart rhythm abnormality called atrial fibrillation. The drugs worked equally to initially achieve a normal heartbeat, but amiodarone was better at maintaining the regular beat. The two drugs were similarly effective in study participants with ischemic heart disease, a condition in which narrowed arteries restrict the heart’s blood supply.

In addition to conducting clinical trials, VA Research, through its “Evidence-Based Synthesis Program,” prepares and distributes reports based on existing information about important health care topics.

By examining how therapies stack up against each other in defined groups of people, comparative effectiveness research represents

individualized health factors, VA providers can be maximally informed and can best educate patients to contribute their preferences and values to health care decision-making.

Research findings alone cannot improve health care outcomes. VA relies on its “Quality Enhancement Research Initiative,” or QUERI—a program that translates findings into better patient care—to inform doctors and patients of important research conclusions that call for changes in practice.

VA’s comparative effectiveness research helps health professionals answer the question so crucial in this exciting, yet sometimes bewildering, era of burgeoning health care options: “Which health care approach will benefit my patient the most?” **VA**

## Celebrate VA Research Week 2009: ‘Turning Hope Into Reality’

“Turning Hope Into Reality.” This theme of VA Research Week 2009—the annual celebration of department researchers’ accomplishments—underscores the momentous improvements to the lives of veterans and other Americans that result from VA’s research findings.

During the week of May 3-9, with kick-off events April 29-May 1, VA will recognize the advances that continue to make it an acclaimed model for bench-to-bedside research and that lay the foundation for VA’s preeminent patient care. In addition to recognizing the achievements of VA’s visionary researchers, Research Week pays tribute to veterans who participate in studies, without whom the department’s influential research accomplishments would not be possible.

“The future of medicine is determined by the research we do now,” said Joel Kupersmith, M.D., VA’s chief research and development officer. “This week honors the VA researchers and staff and veteran research volunteers who together make pivotal

contributions to the evolution of medicine.”

Research Week opening events April 29-May 1 take place on Capitol Hill and at the Washington, D.C., VA Medical Center.

Hosted by the VA Office of Research and Development in collaboration with veterans service organizations and other partners, features include congressional and press briefings; presentations by veterans, public officials and others; and presentations and exhibits by VA researchers spotlighting research advances in such areas as Parkinson’s disease, prosthetics, regenerative medicine, spinal cord injury, pain management, stroke and cardiovascular disease, hypertension, HIV/AIDS, diabetes, vision and hearing, traumatic brain injury, post-traumatic stress disorder, reducing disparities, collaboration, and women’s health.

Also to be addressed during Research Week are current focal points of research that keep VA at the forefront of 21st-century medical investigation, including:

- **Genomics.** VA research is focusing on analysis of human DNA because understanding a person’s genetic makeup is a key to personalizing disease screening, treatment and monitoring to a patient’s unique needs.
- **Comparative Effectiveness.** VA is leading the way in conducting “comparative effectiveness” research—head-to-head studies to see which therapeutic options work better than others in a certain group of patients.

All VA employees are encouraged to participate in the kick-off and VA Research Week activities in your area.



*Allen Wright, a Navy veteran who suffered a stroke in 2000, exercises his affected arm with the use of a robot called the MIT-Manus, as exercise physiologist Tim DeHaan observes his progress. Wright is among more than 150 veterans taking part in a VA-funded clinical trial comparing robotic therapy with intensive non-robotic therapy for improving motor function in chronic stroke patients.*

Register for kick-off events and get additional information on local Research Week activities at [www.research.va.gov/researchweek](http://www.research.va.gov/researchweek). Come see how VA research is “Turning Hope Into Reality.” **VA**

## Under Secretary for Health Kussman Announces His Retirement



*Kussman*

Under Secretary for Health Dr. Michael J. Kussman has announced his intention to retire from federal service by May 9, ending a 37-year government career. Kussman, who attained the rank of brigadier general in the Army, has been with VA since 2000.

As Under Secretary for Health since 2007, Kussman has directed a health care system with an annual budget of approximately \$40.2 billion, overseeing the delivery of care to more than 5.6 million veterans. VA, the nation’s largest health care system, employs more than 231,000 health care professionals and support staff at more than 1,400 sites of care, including hospitals, community and facility-based clinics, nursing homes, domiciliaries, readjustment counseling centers, and various other facilities.

“I’ve appreciated the tremendous opportunity VA has given me to continue to serve those with whom I served while in uniform,” said Kussman. “VA has a reputation for providing ‘the best care anywhere,’ and I hope I have helped to enhance that reputation.”

In addition to its health care mission, VA is the nation’s largest provider of graduate medical education and a major contributor to medical and scientific research. More than 80,000 volunteers, 100,000 health profession trainees, and 25,000 affiliated medical faculty members are integral parts of VA’s health care community. **VA**



ROBERT TURTEL

## Coming Soon: Paperless HR

With the new eOPF system, personnel files will be just a mouse click away, 24 hours a day, seven days a week.

In the federal government, records and files are important. If they are not available, things don't get done. Fortunately for VA employees, their personnel files will now be available to them anytime.

VA human resources offices across the country have begun rolling out the new electronic Official Personnel Folder (eOPF) system to their employees. When the rollout is complete, all employees will have the electronic folder available to them 24 hours a day, seven days a week from nearly any location.

If an employee needs a copy of a document such as an SF 50, Notification of Personnel Action, all they need to do is log into eOPF, open the document and click print. No more making appointments with HR or waiting in line to see an HR professional for assistance.

"The folder is available anytime and doesn't have to be checked out," said Julie Young, a human resources specialist at VA Central Office who spearheaded the conversion from paper files to electronic files. "That leads to numerous advantages for employees as well as VA."

In addition to convenience, the electronic folders save money, are more secure than paper copies, and lead to more accurate files, according to Young.

"With the conversion to eOPF, there's the obvious savings of paper and associated resources that go along with filing, storing and transporting personnel folders, but we are also going to save time, which is a valuable

resource,” she said. “Employees do not have to go to HR to check their files. HR employees don’t have to go look for a file that may or may not be there. With eOPF, the file is always available.”

The convenience and time savings of electronic folders should also result in more accurate files. Since employees can check their own files anytime they want, they can make sure everything is in order. If something is missing, inaccurate or doesn’t belong, they can pick up the phone and have it corrected. In a paper system, that mistake may go unnoticed for a long period of time.

“We urge every employee to log into the system as soon as it is available to them to check their file,” said Young. “We adopted the use of a verification and validation system when the folders were scanned, but sometimes, things happen. If an employee finds something wrong, they should call their HR office and let them know as soon as possible.”

From the beginning, eOPF was designed to ensure the safety and security of Personally Identifiable Information (PII) in the same manner that VA protects the information of the millions of veterans it serves. The Web-based system has multi-layered security that limits access and reduces risk of loss or damage to the documents. In addition, records are backed up regularly and access is controlled through security permissions, with every instance of access to an individual’s eOPF recorded by user ID and reason code.

“Whenever someone other than the employee logs into the system to view a folder, they must enter a reason why they need to review that folder,” Young explained. “And all entries are tracked electronically. We can tell who looked at the folder and for what

reason.”

With traditional paper files, it was possible for the files to be reviewed without such documentation. With eOPF, that risk is removed. The physical security of the personnel folder is enhanced as well. Since the files are contained in a database and backed up on a regular basis, loss due to theft, fire or another disaster is no longer a concern.

To date, more than 266,000 VA employee records have been scanned into eOPF—replacing the paper files as official records. But some employees may wonder what happened to the hard copies.

“The old folders have been retired to the National Personnel Records Center at a new facility to house

because eOPF is part of the Office of Personnel Management’s Enterprise Human Resources Integration initiative, which is one of five e-Government initiatives designed to support the President’s Management Agenda. Through eOPF, OPM will maintain 1.8 million executive branch employees.

Other benefits will be added to eOPF as the system matures, such as e-mail notification to employees that a new document has been added to their file and is ready for their review.

“eOPF provides employees and their HR personnel with numerous benefits, advantages and unprecedented flexibility,” said Young. “We will continue to improve the system to better serve the employee as well as manage VA human resources.”

After reviewing their eOPF, employees should contact their HR office if they have any questions or concerns. Those who experience technical difficulties accessing eOPF should contact their local eOPF administrator; they may also contact the eOPF Help Desk at [eopf\\_hd@telesishq.com](mailto:eopf_hd@telesishq.com) or call 866-275-8518.

“Questions concerning specific personnel actions or documents

should be made directly to their servicing personnel representative,” said Young. “If they have trouble logging in, they can contact either their local eOPF administrator or the Help Desk. If they contact the Help Desk via e-mail, an electronic ticket will automatically be created and tracked to resolve their problem.”

To learn more about eOPF and the other initiatives, visit the HR Transformation Intranet site at [vaaww.va.gov/HRTRANSFORMATION/index.asp](http://vaaww.va.gov/HRTRANSFORMATION/index.asp). **VA**

By Gary Hicks

The screenshot shows the VA Intranet HR Transformation Home page. At the top, there is a search bar and navigation tabs for 'VA Intranet Home', 'About VA', 'Organizations', 'Locations', and 'Employee Resources'. The main heading is 'HR TRANSFORMATION HOME' with a large graphic that says 'HR TRANSFORMATION' and 'Moving Beyond Transactions to a One VA HR'. Below this, a 'Welcome!' message from the Office of Human Resources and Administration is displayed, along with a brief overview of the strategic transformation of VA's human resources system.

non-records, as they are no longer official,” said Young, adding that the hard copies will remain there for a period of time before ultimately being destroyed.

New personnel actions will be entirely paperless, with documentation entered into eOPF. Employees will no longer receive copies through mail or distribution. If a paper copy is needed, one can be printed from eOPF.

VA employees who transfer to another agency or other employees who transfer to VA will not have to worry about the transfer of their records during in-processing procedures,

Left to right: Family Support Team members Dr. Bettina Schmid and Dr. Kendall Thomas, with Tuscaloosa VAMC psychologist Dr. David MacVicar.



APRIL JONES

## A New Approach to Healing the Invisible Wounds of War

*The Tuscaloosa VA Medical Center's Family Support Initiative is marshaling community support to help returning veterans and their loved ones.*

For most Americans, hearing the national anthem performed fills them with a sense of pride and patriotism, and often elicits tears—tears of joy because of their love of country. For one young boy in Alabama, hearing the national anthem elicits tears, but in his case, they are tears of sorrow, of pain, and of loneliness.

As Dr. David MacVicar, staff psychologist at the VA medical center in Tuscaloosa, Ala., listened intently to a returning veteran from Iraq explain how his young son cries every time he hears the national anthem because it reminds him of his father going away to war, it became clear to MacVicar that something needed to be done for the families of these veterans, who also suffer invisible wounds of war.

Soon afterwards, MacVicar talked with leadership at the medical center, and quickly garnered their support to try a new approach to providing needed services for not only the veterans of the current conflicts, but also the family members of these heroes.

Out of the sorrowful experience of that young boy, as well as the heart-wrenching stories of other families affected, the Family Support Initiative at the Tuscaloosa VA Medical Center was born. The Tuscaloosa VAMC launched the initiative in November 2008 to help these veterans and their



families. The initiative has three parts:

- VA chaplains are reaching out to community clergy to provide training in recognizing the symptoms of the invisible wounds of war, such as post-traumatic stress disorder and traumatic brain injury, and are providing guidance on when to refer veterans to VA.
- A Family Support Team, made up of a psychologist, a chaplain, and a social worker, is available to meet families in their home for an assessment. Once the assessment is completed, appropriate referrals to VA and community programs are made.
- The Family Support Team is reaching out to community organizations and professionals in the community to provide education about the issues and challenges faced by veterans returning from Iraq and Afghanistan and let them know that they can refer veterans and family members to the Family Support Program.

The team was quickly assembled from two employees whose past experiences made them a perfect fit for this new team and new initiative; a third position will be filled in the near future. The team members are Dr. Bettina Schmid, a psychologist, and Dr. Kendall Thomas, a chaplain. Currently the social worker responsibilities are being handled by Kristi Hill, a social worker for Tuscaloosa's Transition Center for Returning Combat Veterans.

Schmid is an Air Force veteran with a passion for outreach. Recently she and the team were asked to speak to a group of psychologists, social workers and counselors at the University of Alabama Counseling Center.

"The University of Alabama is seeing more and more students who have served in Iraq and may need counseling services when they return," said B.J. Guenther, staff therapist for the UA Counseling Center. "I asked Dr. Schmid and her team to speak to our staff about how to better counsel these veterans returning from war."

At the Feb. 9 meeting, Schmid explained to the group that deploy-

ment affects the whole family, and in the current wars, members of the military and their family members often must deal with multiple deployments.

"One of our goals is to educate family members about deployment-related issues and provide guidance on the needs of returning military members, especially those returning with physical injuries or psychological disorders, Schmid said. "The Tuscaloosa VA is proud to take the lead in reaching out to veterans and families dealing with deployment."

Schmid added that so far the team has had a positive response from the community and has also combined

***"The responsibility shouldn't be on one group alone. There are a lot of resources in the community. Everyone can take part in the restoration of veterans back to the community."***

efforts with the local VA transition patient advocate on many occasions to share information and resources for outreach efforts. One vital part of the outreach effort is to establish care options for the family members at minimal cost with various medical and mental health providers in the community.

Thomas has begun outreach efforts to local clergy members to provide education and training that will help prepare them to recognize the symptoms of veteran-related problems and how to refer people in need of assistance to the best resources. A former Navy and Marine Corps chaplain, he knows firsthand what local ministers may encounter when their church members return from war.

"In my experience of being forward-deployed as a Navy chaplain, I understand extremely well the difficulties of return and reunion of military families and readjustment," Thomas said.

Thomas brings a wealth of experience and sage wisdom to the team, including specialized training in multiple disciplines, hospice care and fam-

ily therapy among them. He spent all but four tours of duty with the military in an operational/deployment status, with collateral duties assigned, such as Family Readiness Officer and Family Advocacy Officer.

Jessie Williams, a minister from the Live and Praise Worship Center in nearby Northport, Ala., said he is participating in the initiative because he too personally understands the pain of war. The Vietnam veteran served 18 months and remembers the negative stressors war had on his life.

"War links to some of the stresses, the hazardous duties it frames, the trauma it brings to the person's life,

and you can feel that in a person," Williams said. "I believe it's very necessary to our community to take part. The responsibility shouldn't be on one group alone. There are a lot of resources in the community. Everyone can take part in the restoration of veterans back to the community."

As the team works to assist the families in need, they will rely on support from various agencies and sectors of the community to deal with the wounds of war that affect the entire community. As these two wars have demonstrated, veterans and their families are not the only ones affected when they return—everyone in the community is either directly or indirectly affected by the outcomes of these veterans' service to the nation.

Without the basic instinct of our patriot citizens to lend a hand to help someone in need, the efforts of the team would not be successful. This team serves as an example of what caring Americans can accomplish when they stand together to support the newest generation of warriors. VA

By Damon A. Stevenson

## Fisher Houses provide a 'home away from home' for families of severely injured or wounded veterans.

Chris Ott felt like she had been “to hell and back” since the day in March 2007 when her son, John “J.T.” Doody, was shot in the right leg in Iraq. He was making progress at first, but then he suffered a debilitating stroke caused by a blood infection, which ultimately led to the Marine’s paralysis and loss of eyesight and speech.

While her son underwent surgery, treatment and rehabilitation at the Naval Medical Center San Diego and then at the polytrauma center at the James A. Haley Veterans’ Hospital in Tampa, Fla., she wanted to be close by.

“After the injury, you’re in such shock,” Ott recalled. “You walk around in a daze, just trying to get through the day. But the Fisher House is there. It allows us to be close to our loved ones and gives us the opportunity to talk to one another—people who



*“It’s an honor to be in this job,” says Wayne Walker, manager of the Fisher House at the VA medical center in Richmond, Va.*

DON SPRAGG

## ‘A family’s love is good medicine’

are going through the same thing. We each have our meltdowns. But you hold each other up and create a new sense of family there.”

Fisher Houses are large, modern homes—the newer ones have 20 bedroom suites with private baths—that are built and donated by the Fisher House Foundation to the Department of Defense or VA to support families of service members or veterans with

severe wounds or injuries who are in need of lodging while their loved ones receive medical care.

“I don’t know what I would have done if the Fisher House wasn’t there for me,” said Ott. “Well actually, I do know. I would have found a way to be close to my son. I would have slept in a chair by his bed.”

The Fisher Houses are usually located within walking distance of the

VA or military medical center. They have elevators and common areas, including kitchens, laundry facilities, dining rooms, living rooms, family rooms and libraries.

Ott stayed at two Fisher Houses: the Naval Medical Center San Diego Fisher House, from March to May 2007, and the Tampa VA Fisher House, from February to December 2008.

She credits the Fisher House as a major contributor to her son's ongoing recovery. Recently, J.T. started talking—and he hasn't stopped since. "J.T. made so much progress when he stayed there. And I'm convinced that having their families so close is the number one factor in these young guys getting better. It gives them the feeling of being at home. The Fisher House is what allows that to happen."

Ott's son is now an outpatient and lives in Riverview, Fla. She moved him into his own house as a Christmas present.

Fisher Houses came to be built at VA medical facilities because a nurse at the Samuel S. Stratton VA Medical Center in Albany, N.Y., in the early 1990s sensed an opportunity and acted on it.

Jo-Anne Saulsbery saw a televised story in which New York construction magnate Zachary Fisher talked about how his foundation provided homes for the families of severely wounded service members next to military hospitals where their loved ones were being cared for—she thought it was something that could be done at VA medical centers as well.

"I thought, 'Why not jot a letter to [Zachary Fisher] and ask him how I could get started setting up a comfort home here,'" Saulsbery told the Fisher House magazine in 1994.

She had struck the right chord. Two weeks later, she got a call from one of Fisher's associates, who told her the foundation wanted to build a Fisher House at the Albany VA Medical Center.

In 1994, the Fisher House at Albany became the first to house veterans' families at a VA medical facility.

"She really helped get this house built and get things started at VA," said Jerry Jensen, manager of the Albany Fisher House. "She saw the need. She wanted to help, and she found a way to do it."

There are now 13 Fisher Houses at VA medical facilities, and more are on the way. Seven are in pre-

construction phases, and plans call for as many as 11 others to be built at VA facilities over the next few years. The VA Secretary provides the Fisher House Foundation a list of the department's highest priorities. Fisher Houses have been built near all Level One Polytrauma Rehabilitation Centers.

The program began in 1990 with a vision by Zachary Fisher and wife Elizabeth to serve family members in recognition of the special sacrifices of the men and women in uniform and the hardships of military service. Asked once why the Fishers build these homes, Zachary responded, "Elizabeth and I believe it's important to show in tangible ways our feelings of appreciation for our country and the courageous, professional and dedicated men and women who protect and defend it, enabling the rest of us to enjoy the freedoms that we too often take for granted."

From 1990 to 1998, all Fisher Houses were given as gifts to the federal government by the Zachary and Elizabeth Fisher Armed Services Foundation. Zachary Fisher died in 1999 and the Fisher House Founda-

tion assumed the mission of building new Fisher Houses.

Today, there are 43 Fisher Houses located at military hospitals in the U.S. and overseas, and at VA medical centers throughout the country. Nearly 10,000 families stay in Fisher Houses each year, and more than 120,000 families have been Fisher House guests since the program began. The Fisher House program has made available nearly 3 million days of lodging to family members since the program originated in 1990.

Fisher Houses are constructed by the Fisher House Foundation on government land (military bases or VA medical center grounds). When they are completed, VA Fisher Houses are donated to VA.

Carol Sheets, Family Hospitality Program manager at VA headquarters, said families of patients are approved to stay following an initial screening typically conducted by a social worker for the patient. The social worker then makes the referral to the Fisher House manager. The manager lets the referring social worker know if there is a room available and contacts the veteran or family to arrange for the



Audrey Fisher, Fisher House Foundation ambassador, hands the key to the VA Greater Los Angeles Healthcare System Fisher House to director Donna Beiter; house manager Sharon Hudson is at right.

Fisher House stay.

Patients accompanied by their family members may also stay in a Fisher House if they are self-sufficient and receiving extended outpatient medical care, such as an organ transplant, chemotherapy or radiation therapy. Caregivers for veterans also are authorized to stay at the houses.

John Stenger, director of Health Care Engineering at VA Central Office, said Fisher Houses have recently opened in Los Angeles and Dallas, with new houses underway in Boston, St. Louis, Chicago, Washington, D.C., Minneapolis, Augusta, Ga., and

Miami. The engineering and safety programs in headquarters are working closely with each of these VA medical centers to coordinate the projects, Stenger said.

Fisher Houses offer home-like environments where families can prepare meals, do their laundry, relax and visit with other families. Each Fisher House is beautifully decorated and professionally furnished to fit the style of the region. There is no charge to stay in a Fisher House, although donations to the Fisher House General Post Fund are accepted.

Having families nearby also helps the patients in their recovery.

"A family's love is good medicine," said Ken Fisher, echoing the major theme of the Fisher House Foundation. He joined the foundation board after his uncle Zachary died.

"This is a very stressful time for a veteran and the veteran's family," said Dr. Madhu Agarwal, VA's chief officer for Patient Care Services, which oversees VA's Fisher House program. "By taking care of a veteran's family,

we are providing services that help our patients."

Fisher said the houses are a good example of how the public and private sectors can come together for the overall benefit of the American people.

He said the number of Fisher Houses at VA medical centers is expanding to meet the need for additional housing for family members in large part because of the increased number of veterans and service members returning from Iraq and Afghanistan with severe wounds.

"New houses were not built just because we are able to build them," Fisher said. "We had them built where the needs are the greatest."

Fisher added that the houses also serve as a setting in which families provide moral and psychological support for each other.

"It's an important byproduct—the bonding of family support for each other is found in the common areas where they meet and share their experiences."

## VA Fisher Houses

The Fisher House Foundation has constructed and donated 13 houses to VA:

- VA Eastern Colorado Health Care System, Denver
- Samuel S. Stratton VA Medical Center, Albany, N.Y.
- Minneapolis VA Medical Center
- West Palm Beach (Fla.) VA Medical Center
- Cincinnati VA Medical Center
- Bay Pines (Fla.) VA Health Care System
- Michael E. DeBakey VA Medical Center, Houston
- VA Palo Alto (Calif.) Health Care System
- James A. Haley Veterans' Hospital, Tampa, Fla.
- Hunter Holmes McGuire VA Medical Center, Richmond, Va.
- VA Puget Sound Health Care System, Seattle
- VA North Texas Health Care System, Dallas
- VA Greater Los Angeles Healthcare System

\* With the exception of the Denver VA Fisher House, which is located on the grounds of the former Fitzsimmons Army Hospital, all VA Fisher Houses are on the grounds of the VA medical center.

## More Houses Planned for the Future

Currently, seven Fisher Houses are proffered and in pre-construction phases at:

- Washington (D.C.) VA Medical Center
- Miami VA Health Care System
- Charlie Norwood VA Medical Center, Augusta, Ga.
- Hines (Ill.) VA Hospital
- VA Boston Healthcare System
- Minneapolis VA Medical Center (second house)
- St. Louis VA Medical Center

And the next recommended sites for future Fisher Houses are:

- Birmingham (Ala.) VA Medical Center
- VA Long Beach (Calif.) Healthcare System
- VA Connecticut Healthcare System, West Haven
- Lexington (Ky.) VA Medical Center
- VA New York Harbor Healthcare System, Brooklyn
- Louis Stokes Cleveland VA Medical Center
- VA Pittsburgh Healthcare System
- VA Tennessee Valley Healthcare System, Murfreesboro
- South Texas Veterans Health Care System, San Antonio
- VA Salt Lake City Health Care System
- Clement J. Zablocki VA Medical Center, Milwaukee

At the VA Puget Sound Health Care System just outside Seattle, Fisher House residents and staff got used to seeing 4-year-old Jessica Storrs playing with her toys around the house. Her sunny, playful disposition belied the difficult time the girl's mother and aunt were having while the girl's father was undergoing treatment and care at VA Puget Sound.

Jessica's father, Niles, was admitted to VA in November 2008 and underwent a series of operations for cardiac-related complications. He was discharged after a weeklong stay and is back home with his family in Aberdeen, Wash.

"Having the little girl so close by was a big part of what helped the veteran bounce back," said Cecile Bagrow, Fisher House manager at

# Comfort and Companionship

VA Puget Sound. "Seeing and feeling the girl every day most certainly helped the girl's father recover. It's a great example of how having families nearby at the Fisher Houses provides veterans with inspiration to help them get through their sometimes challenging ordeals."

The Fisher Houses help families defray costly housing, food and transportation expenses while providing ways for them to be close to their loved ones.

For more than 15 years, Jim and Ann Rogers made the six-hour drive from their home in Parsons, W.Va., to the Hunter Holmes McGuire VA Medical Center in Richmond, Va., several times a year to transport and be with their son, Ron, whenever he needed treatment related to the spinal cord injuries he suffered in a 1993 automobile accident while serving at Little Rock Air Force Base in Arkansas.

Many of their visits required



*Marilyn White, left, and Dorothy Damiano are longtime volunteers at VA's first Fisher House, on the grounds of the VA medical center in Albany, N.Y., where a photo of Fisher House founders Zachary and Elizabeth Fisher hangs above the mantel.*

ROZ BUDKA

hotel stays five or six miles from the medical center for days or weeks at a time. Because they wanted to stay with their son around the clock, the two would travel back and forth from the hotel to the hospital, sometimes at odd hours late at night or early in the morning. Going back and forth was both trying and taxing on them physically, mentally and emotionally. And it was expensive, because they were paying for their own lodging, meals and transportation.

Now, thanks to the recently completed Fisher House right on the grounds of the Richmond medical center, the two are only a few minutes away.

Jim Rogers estimates he and his wife have made about 30 trips to be with Ron during his hospital stays over the years. When the Fisher House in Richmond was completed last September, the Rogerses stayed for about four months. They went home and came back for another

three weeks in January.

"It was magical for us to be able to stay there and be close to Ron during the holidays," said Ann Rogers.

VA provides staff to run its Fisher Houses. Sheets said Fisher House managers and support staff are responsible for the day-to-day operations of the house.

"They keep the Fisher House in tip-top shape, collaborating with many other VA staff and volunteers, Central Office, the Fisher House Foundation and community supporters," Sheets said.

Fisher House managers deal with families in stressful situations; their job is to make sure those families are comfortably accommodated.

"I see my role, and that of the Fisher House staff, as an advocate for the families, keeping their best interests at heart," said Bagrow, the Fisher House manager at Puget Sound. "We offer the gift of hospitality—listening to stories, giving hugs, bringing some

humor to their day.”

“It’s an honor to be in this job,” said Wayne Walker, who became Fisher House manager in Richmond after his Army career, including serving as a battalion command sergeant major in Afghanistan. Walker said his military background helps him in many ways because he was separated from his family at different intervals during his Army career, so he knows and understands what families go through.

“The family members who stay here are here because of the sacrifices made by their loved ones in service to their country,” Walker said. “We do everything we can to make them feel at home while they are here.”

Fisher House managers also share their individual experiences and network through national conference calls, annual conferences and reaching out to each other.

“They have a unique friendship and support each other in service to our nation’s veterans, service members and their families,” Sheets said.

In addition to making sure the

needs of the families are met, Fisher House managers develop policies and standard operating procedures for successful operation of the Fisher House.

Managers serve as liaisons between the clinical providers and veterans and families lodged at Fisher House. They consult with clinical staff to enhance services provided and typically make appropriate referrals for psychosocial support.

**“Many of our volunteers are there because they can personally relate to what the families are going through.”**

They partner with other medical center staff to ensure smooth operation of the house. They engage community groups and veterans service organizations to plan special activities and events both at the Fisher House and in the community.

And Fisher House managers work closely with the hundreds of volunteers who serve at houses throughout VA.

Volunteers serve in a variety of

ways, ranging from organizing events to cooking to acting as a liaison between Fisher House managers and the VA medical center staff.

Their most important role, however, may be the comfort and companionship they provide to families.

Georgianna Smith has been volunteering at the Tampa Fisher House since July 2007, as a form of therapy after her son, Army Capt. Kevin

Joseph Smith, was killed on Dec. 8, 2005, by a roadside bomb while serving in Iraq.

Smith does a range of chores around the Fisher House. She prides herself on working to make the house look like a 5-Star Hotel. More important, she can understand what the families are going through, dealing with the severe wounds of their loved ones as they are being cared for at the medical center’s Polytrauma Rehabilitation Center.

“I know the kind of pain—and change—these families are going through,” Smith said. “I am there for these families to help them with the change they have to learn to deal with. There’s nothing more important.”

She now has her own cleaning business, and donates her time and services to the Fisher House. She also has led a drive to get local businesses to donate cleaning supplies and carpet cleaning equipment.

Volunteers like Smith play a major role not only in providing meals and treats, but also in helping families cope with their situations.

In Albany, Dorothy Damiano and Marilyn White have been baking for Fisher House guests for many years.

Damiano retired in 1983 from the Albany VA Medical Center, where she worked as a trauma nurse. She has volunteered at the Fisher House since



Four-year-old Jessica Storrs was a familiar sight around the VA Puget Sound Health Care System Fisher House when her father was undergoing treatment at the health care system.



*Blue Star Mother Mallie Murray bakes for the families staying at the Fisher House at the VA medical center in Richmond, Va., on Wednesdays.*

DON STRAGG

1994, when it first opened. Damiano is well known to the families who stay at the Albany location even today. Her specialties are whoopee pies, chocolate chip cookies, brownies and chocolate cake.

On Mondays and Thursdays, guests will find White there, baking brownies, apple cakes, scones and raspberry squares. She also orients new guests and assists with managing the house.

Damiano and White often sit down with the guests having coffee or tea and sharing stories. Sometimes they lend a shoulder to cry on.

"Dorothy Damiano was one of the first VA volunteers at a Fisher House," said Laura Balun, director of VA's Voluntary Service in headquarters. "The comfort and love and relationships that take place at the Fisher Houses come about because of the

dedication of volunteers like Dorothy. Many of our volunteers are there because they can personally relate to what the families are going through."

On Wednesdays, Blue Star Mothers Mallie Murray, Rebecca Hickman and Linda Carr usually can be found baking brownies, cupcakes and snacks for Fisher House families at the Richmond VA Medical Center. They prepared the Thanksgiving meal for guests last year. They are planning to begin serving the guests a monthly meal.

Sometimes volunteers run errands and help with transportation and other tasks, particularly helpful because many of the guests are not familiar with the city in which they are staying.

The group also recently spurred a fund-raising campaign that led to the purchase of a golf cart used to help

transport the guests from the Fisher House to the hospital to visit their loved ones.

Murray's son serves in the Marine Corps and has been to Iraq three times.

"You're dealing with people's emotions, with their finances, with the personal tragedy of whatever happened to their loved ones," Murray said. "You have to provide empathy and sympathy and still not lose your perspective."

"All of us say, 'There but for the grace of God go I,'" said Hickman.

"We are here to help and offer them some hope," added Carr. "We let them know that somebody does care." **VA**

By Bill Outlaw

Editor's note: Susan Wentzell contributed to this story.

Milwaukee VA Medical Center employees help reenact the 16th President's second inaugural ball.

President and Mrs. Lincoln (Robert Rodgers and Jessica Michna) enter the ballroom.



KIRSTEN LARSON

## Commemorating Lincoln

President Abraham Lincoln's powerful words carry deep meaning for a nation during times of war and peace. For veterans, the immortal phrase "to care for him who shall have borne the battle" from Lincoln's second inaugural address means the nation will not forget their sacrifice. To commemorate Lincoln's historic reelection in 1864, volunteers with Friends of Reclaiming Our Heritage from the Milwaukee area reenacted the 16th President's second inaugural ball Feb. 28.

The organization, which counts employees and volunteers from the Clement J. Zablocki VA Medical Center in Milwaukee among its members, conducted the first-ever event as a commemoration of the bicentennial of Lincoln's birth. Held at the Marion Center for Nonprofits, located along

Milwaukee's picturesque lakefront, the ball also raised funds to support the organization's multi-era military encampment held each year at the VA facility.

"We are strongly tied to the VA and its history," said Laura Rinaldi, Friends of Reclaiming Our Heritage president and VA employee. "Our facility started as the National Home for Disabled Volunteer Soldiers in May of 1867." The legislation creating the National Home was one of the last bills signed into law by Lincoln before his assassination in 1865.

Rinaldi, who was also a member of the organization's committee for the ball, noted that no detail was overlooked in recreating the look and feel of the second inauguration. "We even patterned the breaks [during the ball] after an 1880s Grand Army of

the Republic Ball that our dance mistress located.

"Everything was scheduled, right down to the music," Rinaldi added. "We had regular music during the breaks and dance music by different groups during the ball itself."

Music for the ball was provided by the Regimental Volunteer Band of Wisconsin, the award-winning fiddle and guitar duo John and Susan Nicholson of Frogwater, and solo vocalist Gary Alexander.

In keeping with the traditional theme of the evening, many of the guests arrived for the evening dressed in highly detailed 18th and 19th century attire.

"You can't just go to a costume shop and purchase a Civil War-era dress," said Patricia Lynch, ball dance

*continued on page 19*



# A Guiding Philosophy: 50th Anniversary of the VA Motto

Only a month before he was assassinated, Abraham Lincoln delivered a surprisingly simple and brief second inaugural address on the steps of the recently completed Capitol building in Washington, D.C.

On March 4, 1865, Lincoln took the executive oath of office for the second time. At that time, the nation was in the last throes of the Civil War. During the course of the war, more than 600,000 lives were lost.

Lincoln knew the war had taken a toll on the country, fracturing it into two halves. In front of thousands of spectators, he stood at the podium and delivered his address to the nation. Speaking out on the tumultuous war and the end of slavery, Lincoln, ever watchful of the times, spoke strong words of brevity, reconciliation and healing. To close, he stated:

“With malice toward none; with charity for all; with firmness in the right, as God gives us to see the right, let us strive on to finish the work we are in; to bind up the nation’s wounds; to care for him who shall have borne the battle, and for his widow, and his orphan—to do all which may achieve and cherish a just, and a lasting peace, among ourselves, and with all nations.”

Lincoln was setting the tone for the nation’s healing and reconstruction. Those powerful words became part of his legacy; they were eventually carved onto the walls of the Lincoln Memorial in Washington, D.C. In May 1959, a portion of that address, “to care for him who shall have borne the battle, and for his widow, and his orphan,” became the motto of the Department of Veterans Affairs, then called the Veterans Administration.

Today, on the front of VA Central Office in Washington, D.C., the motto is engraved on metal plaques adorning both sides of the main entrance. The plaques were installed at the direction of Sumner G. Whittier, the fifth administrator of the Veterans Administration.

As chronicled in the Nov. 10, 1959, issue of *Vanguard*, one

of Whittier’s first tasks when he became administrator was to create a “Chart Room” to serve as the operations center of the Veterans Administration. The room contained several Lincoln quotes, for inspirational and reflective purposes, including Lincoln’s “House Divided” speech. Whittier, a huge admirer of Lincoln, was inspired by Lincoln’s philosophy, and wanted it to guide the Veterans Administration’s dealings with veterans, especially those that are disabled.

A graduate of Boston University, Whittier spent most of his life in public service. A World War II Navy veteran, he was discharged as a lieutenant and went into local politics in Boston. He served in the Massachusetts state legislature, in the Everett city government, and was twice selected as a delegate to GOP national conventions. Prior to joining the Veterans Administration, he served as lieutenant governor of Massachusetts from 1953 to 1957.



*Clockwise from top: Jaye Whittier, daughter of former VA Administrator Sumner G. Whittier, who gave VA its Lincoln motto; Sumner Whittier with President Eisenhower in the '50s, and (inset) running for reelection in Massachusetts; Now 97, Sumner Whittier lives in Maryland.*

the Michigan Medical Service (Blue Shield). He was later involved in three of President Nixon’s initiatives: welfare reform, revenue sharing, and the Phase II economic program. In the 1970s, Whittier became the director of the Adult Assistance Planning Office at Social Security and signed the first Social Security Insurance Treasury voucher for \$285 million on Jan. 1, 1974. In 2004, he published a book of poetry entitled, *To Jessie, Sonnets to a Saint*, and today, at age 97, he lives in Maryland.

- By Amanda Hester



## Meeting President Lincoln: A Veteran's Remarkable Story

When you shake hands with William "Bill" Upham Jr., you can't help but feel the history. At 92 years old, this World War II veteran has lived through some remarkable experiences.

He traveled the world aboard an ocean liner in 1932, a trip that culminated in a personal audience with and blessing by Pope Pius XI in Rome. Two years later, as a recruit in Wisconsin's famed 32nd Red Arrow Division, his company quelled a riot in Kohler, Wis., that killed two and injured 40.

Then, in 1944, as a junior officer, he met Gen. George S. Patton in England. That same year, he was wounded in France and awarded two Bronze Stars for valor. After the war, he returned to Wisconsin, worked for Northwestern Mutual Insurance Company for 49 years, and was married to his wife, Betty Ann, for 71 years. He had three children and ran for governor in 1974.

It is difficult to imagine a personal history more rich and rewarding. Then Upham talks about his father, who met President Abraham Lincoln nearly 150 years ago.

"My father was born in 1841 ..." says Upham, pausing for dramatic effect.

William Upham Sr. had traveled cross country from Westminster, Mass., to Racine, Wis., with his family in 1853. After the Civil War broke out in 1861, the youngest of five brothers and two sisters enlisted in Racine's Belle City Rifles, which later became Company F, 2nd Wisconsin Infantry—part of the famed "Iron Brigade."

"My father was wounded at the First Battle of Bull Run (Manassas) in 1861 and left for dead," Upham Jr. says. "A minie ball had pierced his chest above the heart and left an enormous exit wound." Minie balls were large-caliber, soft lead bullets that caused terrible wounds throughout the Civil War.

The battle took place July 21, 1861, claiming the lives of about 850 Union and Confederate soldiers. Upham Sr. was one of 2,706 men wounded in the fight. Three days later, scavengers on the battlefield came upon a motionless Upham Sr. and took off his shoes. Suddenly, the wounded soldier spoke to them: "I hope to use those shoes some day."

"He must have startled the crap out of those thieves," Upham Jr. says.

After recovering at a Confederate hospital, Upham Sr. was shipped to the infamous Libby Prison in Richmond, Va. A few months later, he was paroled during a prisoner exchange and had a personal audience with President Lincoln, who

asked to see the young man's wound.

"When my father was old, I used to help him get dressed and would place both hands on his back trying to cover the wound. I couldn't cover the whole thing," Upham Jr. recalls.

Lincoln was so impressed with Upham Sr. that he appointed him to the U.S. Military Academy at West Point in 1862. Graduating four years later, Upham Sr. became officer of the guard at Fort Monroe, Va., responsible for guarding Jefferson Davis, former president of the Confederacy. He got to know Davis well, recalls his son, playing chess and talking with Davis until the wee hours of the morning. Davis was familiar with Wisconsin, having spent time there as a young officer.

Upham Sr. resigned his commission in 1869. "My father returned to Wisconsin and became one of the founders of the town of Marshfield," Upham Jr. says. "He owned many businesses, served as mayor and was very much loved by his neighbors." In the great Marshfield fire of 1894, the town burned to the ground, save the Upham home.

"After the fire, Marshall Field—founder of the Chicago department stores—who was a friend, sent my father a check for \$25,000 to rebuild the town. My father took that check to mean one thing—get to work," says Upham Jr. The Upham mansion stills stands today and has been converted into a museum.

In 1895, Upham Sr. was elected governor of Wisconsin, running on the strength of support from the Grand Army of the Republic. During his only term, he commissioned the state historical building on the University of Wisconsin-Madison campus and signed into law the state's first civil rights legislation.

In 1915, after the death of his first wife, 75-year-old Upham Sr. married a much younger woman and had two sons, William Jr., in 1916, and Frederick, in 1921. Upham Sr. died in 1924 at the age of 83.

"I grew up idolizing him," Upham Jr. says of his father, the man who met Abraham Lincoln. "I remember sitting on his lap listening to stories of the war. I think about my father every day. I still miss him and love him."

Upham Jr. has spent his entire adult life sharing his father's legacy with schools and a myriad of veterans service organizations. His passion for Civil War history led him to serve three years as the national commander-in-chief of the Military Order of the Loyal Legion of the United States, descendants of Union officers, and as former president of the Wisconsin Civil War Roundtable. - By James Theres



*World War II veteran William Upham Jr. with a portrait of his father, who was appointed to West Point by President Lincoln.*

JAMES THERES

**Lincoln ball (cont.)**

mistress and VA volunteer. “All of the Civil War fashions are closely fitted to each individual and some participants made their own dresses.”

Some of the hand-sewn dresses were made with the finest materials available at the time, such as silk, and are adorned with lace. Men’s clothing at the ball also consisted of period wear, such as Civil War-era military uniforms.

“It is quite an investment,” said Lynch. “It is our hobby and we want to make it the best presentation possible.”

Following the tradition of a period ball of the time, there were four parts. The entrance of the President and his wife, which included the first dance of the evening, the Grand March, was the first part; the three other parts included dancing and musical interludes. Planned intermissions between the parts of the ball allowed guests to enjoy food such as sandwiches, cake and ice cream.

“During the Grand March, everyone pays their respects and honor to the President and his wife,” said



*Top: An overhead view of ball guests in action, as President and Mrs. Lincoln look on; middle: Dance Mistress Patricia Lynch provides instruction to ball guests. The complex choreography of some of the dances showcased the talents of the guests; bottom: Ball guests present themselves to the guests of honor. Many of the ball-goers were dressed in Civil War-era fashions.*

**Living History Event**

The 8th Annual Reclaiming Our Heritage event will be held May 30-31 on the grounds of the Clement J. Zablocki VA Medical Center in Milwaukee. The living history event includes military encampments. For more information, visit [www.rohmilwaukee.org](http://www.rohmilwaukee.org).

Rinaldi. “What this also does is give all the women the chance to show off their gowns.” Portraying the President at the ball was Lincoln reenactor Robert Rotgers. A 15-year vet-

eran of portraying Lincoln, Rotgers is a member of the Association of Lincoln Presenters.

The evening magically lingered with circle waltzes, the rustic reel, and other

dances of the era. The complex choreography of some of the dances showcased the talents of the guests.

“My specialty is mid-19th century period dance,” said Lynch, who has performed with several Milwaukee-area folk dance groups, including the Caledonian Highland Dancers. “Our committee’s part in the ball was preparing people to dance and creating a program that would be entertaining but not too overwhelming.”

One of the books used during their research includes instructions for more than 500 dances. “We tried to choose dances that could be picked up pretty easily by the general public,” said Lynch. “In the end, we wanted to make it fun.”

Next for Friends of Reclaiming Our Heritage is the 8th Annual Reclaiming Our Heritage event on the grounds of the Zablocki VA Medical Center May 30-31. This free-admission, family-friendly event is held the weekend after Memorial Day. The living history event includes encampments representing all the major military eras in U.S. history, from the pre-Revolutionary War colonial militia up to recent military operations.

VA staff will be on hand to provide veterans and their families up-to-date information on VA benefits and services “to care for him who shall have borne the battle.” For more information, visit [www.rohmilwaukee.org](http://www.rohmilwaukee.org). **VA**

By Craig Larson

# A Seat at the Table

*VA celebrates 20 years as a Cabinet department.*

**M**arch 15 marked the 20th anniversary of the Department of Veterans Affairs. The department we know today was founded as the Veterans Administration (VA) in 1930. For the next 58 years, the VA strove to keep Lincoln's promise—"to care for him who shall have borne the battle, and for his widow and his orphan"—providing the nation's veterans the health care,

benefits, education, homes and jobs they had earned through selfless service and sacrifice.

Yet veterans still lacked a seat at the table in the President's Cabinet Room. Congress and President Reagan rectified that shortcoming in 1988, and on March 15, 1989, the VA of our fathers and grandfathers became the Department of Veterans Affairs.

Since 1989, the department has grown from 240,000 to 286,000 employees, serving more than 23 million veterans and their families. VA operates 153 medical centers, 755 outpatient clinics, 230 vet centers, 128 national cemeteries, and 54 regional



*Former VA Secretaries James B. Peake, M.D., far left, and Togo D. West Jr., second from right, joined Secretary Shinseki at a wreath-laying at the Tomb of the Unknowns at Arlington National Cemetery on March 15 to commemorate VA's 20th anniversary as a department.*

offices. It is the second-largest of the 15 Cabinet departments, the sixth-largest insurance company, and the largest health-care system whose patients all have electronic health records. VA's online health record system recently received a top award for innovation in Web-based medical records, and its national cemeteries have recently earned the highest score ever in customer satisfaction.

VA has a long and illustrious history under the leadership of such administrators as Frank Hines, Omar Bradley, Max Cleland and Harry Walters. Here's a look back at some of the major milestones and achievements of the last two decades as a Cabinet department.

## 1989

- President Bush nominates Edward J. Derwinski as first Secretary of Veterans Affairs.
- On March 15, White House ceremonies mark beginning of the Department of Veterans Affairs, a new Cabinet department.
- Legislation creates the U.S. Court of Veterans Appeals to review VA decisions denying veterans' claims.
- Specialized treatment programs for homeless veterans begin at 13 VA domiciliaries and 13 urban VA medical centers.

## 1990

- VA launches advertising campaign to recruit medical personnel.
- Satellite Television Network sends the first VA-produced education program to more than 125 VA medical facilities.
- VA facilities mobilize to support casualties of the Gulf War and assist Gulf War veterans with benefits claims.

## 1991

- Congress passes the Persian Gulf Conflict Supplemental Authorization and Personnel Benefits Act, which declares the conflict a war for determining eligibility for veterans' benefits.
- Agent Orange Act of 1991 establishes mechanism for VA to presumptively recognize disabilities for service-connection in Vietnam veterans based on exposure to herbicides used in Vietnam.
- Smoke-free policy initiated at VA medical facilities.
- Martinez, Calif., VA Medical Center closed due to earthquake damage. New outpatient clinic designed, built and opened in 10 months.

## 1992

- 1992 medical care appropriation included a \$90 million addition attributable to 1991 cost recoveries, primarily from private health insurers.
- Last Spanish-American War era veteran Nathan E. Cook dies on Sept. 10 in a VA nursing home at age 106.
- VA presents its first nationwide quality-achievement award, the Robert W. Carey Quality Award, to the Philadelphia VA Regional Office and Insurance, Benefits Delivery and Systems Development Centers.
- Women Veterans Health Programs Act authorizes new services for women veterans.
- VA introduces new national toll-free phone service that routes caller to nearest VA regional office.

## 1993

- VA participates with a number of national task forces and working groups in determining the role of VA health care under President Clinton's National Health Care Re-

form proposals.

- VA establishes Gulf War Health Registry to provide information and health examinations to Gulf War veterans.
- As a result of National Academy of Sciences findings, VA announces that Vietnam veterans suffering several specific maladies are entitled to disability payments based on their service in Vietnam and presumed exposure to Agent Orange.
- Full-time women veterans coordinator positions funded at 18 medical centers and 34 vet centers.

## 1994

- VA leads celebration of the 50th anniversary of the signing of the GI Bill, highlighted by President Clinton's speech at VA Central Office.
- New York VA Regional Office re-engineers its organizational structure and work processes, providing faster, better, less costly service to veterans. Receives first National Performance Review Hammer Award from Vice President Gore.
- VA establishes the Women Veterans Program Office (Center for Women Veterans) to improve services to women veterans.

## 1995

- "Vision for Change," setting structure for new Veterans Health Administration, is published. VHA initiates reorganization of veterans health care system, replacing four medical regions with 22 Veterans Integrated Service Networks (VISNs) emphasizing patient-focused care and needs-based resource allocation.
- VA provides disability payments for Gulf War veterans who have certain chronic disabilities resulting from undiagnosed illnesses that may stem from Gulf War service.
- VA regional offices sell record 24,686 foreclosed properties during the year, generating \$1.6 billion. VA property inventory at lowest point in 14 years.

## 1996

- "Prescription for Change" is published. Sets forth VHA mission, goals and strategic principles to guide re-engineering of VA health care system.
- VA readjustment counseling eligibility extended to veterans of any era who served in a combat theater.
- VA Voluntary Service celebrates its 50th anniversary.

## 1997

- VA implements the Veterans Health Care Eligibility Reform Act of 1996 by introducing the veterans health care enrollment program, requiring most veterans to enroll in the VA health care system to receive a uniform benefits package.
- "Journey of Change" published. Sets strategic targets and initiatives for implementation of re-engineering of VA

health care system.

- VHA begins establishing community-based outpatient clinics across the country to increase points of access to veterans' health care system.

- VA begins providing benefits and services to Vietnam veterans' children with the birth defect spina bifida.

## 1998

- VA reorganizes Equal Employment Opportunity complaint process to create the new Office of Resolution Management, removing operational managers from the employee complaint handling process.

- State Cemetery Grants Program established to fund construction of state-run veterans cemeteries.

- The National Cemetery System becomes the National Cemetery Administration, headed by the Under Secretary for Memorial Affairs.

## 1999

- VA launches Bar Code Medication Administration, making medication administration safer and quality of VA care better.

- VA launches "One VA" program to enable employees to provide veterans seamless, customer-driven service.

- Fifty-nine VA Civil War-era national cemeteries are listed on National Register of Historic Places.

## 2000

- VA passes through Y2K transition with no computer problems. New law takes effect insuring military honors at the funeral of any honorably discharged veteran upon request.

- Veterans can now apply for compensation, pension, rehabilitation benefits and health care online as part of a VA Web page improvement project.

- As part of a national program recognized by the White House Millennium Council, VA holds 200 stand downs for homeless veterans during the year.

- The Veterans Rehabilitation and Counseling (VR&C) Service becomes the Veterans Rehabilitation and Employment (VR&E) Service to emphasize its focus on finding jobs for rehabilitated veterans.

## 2001

- Veterans Benefits Administration hires more than 1,000 full-time employees to help reduce a backlog in benefits claims, the largest increase since the Vietnam War.

- VA establishes six new Parkinson's Disease Research, Education and Clinical Care Centers.

- The Grand Junction, Colo., VA Medical Center receives the 2001 Presidential Award for Quality.

- VA National Center for Patient Safety named one of five winners of the "Innovations in American Government" awards.

- VA joins federal response to Sept. 11 terrorist attacks and establishes a new Office of Operations and Preparedness.

## 2002

- Congress establishes 12-member Research Advisory Committee on Gulf War Veterans' Illnesses to advise the VA Secretary on proposed research studies.

- First meeting of the DoD-VA Executive and Health Benefits Councils. VA and DoD examine ways to build a more collaborative relationship between the two largest Cabinet agencies.

## 2003

- VA patient visits reach 50 million (inpatients and outpatients) for the year—a record.

- VA suspends enrollment of priority 8 veterans—those with annual incomes over the specified low-income level—into the VA health care system.

- VA, HUD and HHS launch a \$35 million program through the federal Interagency Council on Homelessness to provide permanent housing, health care and other supportive services to veterans and others experiencing chronic or long-term homelessness.

- The CARES (Capital Asset Realignment for Enhanced Services) Commission begins a series of public meetings designed to address the future health care needs of veterans, and how and where VA can best provide those services.

- VA announces that it will contract out for management of foreclosed loan guaranty properties.

- VA launches My HealthVet, a Web portal for veterans enrolled in VA health care providing information, medical services and a direct link to their VA caregivers.

## 2004

- VA cares for more than 5 million individual patients in a single year—a record.

- NCA scores highest on American Customer Satisfaction Survey, above private and public sector organizations.

- Authorization to establish six new national cemeteries by 2008 under the National Cemetery Act of 2003.

- VA Secretary announces plans to invest nearly \$1 billion over three years to modernize and expand veterans health care system infrastructure based on recommendations of the CARES Commission.

- RAND study concludes that VA patients receive significantly better care than private-sector patients.

## 2005

- VA kicks off its Diamond Jubilee (75th anniversary) at DAR Constitution Hall in Washington, D.C. Event attended by Vice President Cheney.

- Hurricane Katrina makes landfall near Gulfport, Miss.;

the Gulfport, Biloxi, and New Orleans VA medical centers evacuated. Gulfport VAMC damaged beyond repair.

■ 40th anniversary of Servicemembers' Group Life Insurance (SGLI).

## 2006

■ VA health care outscores private sector for the 6th consecutive year, according to the American Customer Satisfaction Index, produced by the National Quality Research Center.

■ 18th million home loan guaranty to Rob Laurent in Kyle, Texas.

■ Theft of a VA employee's laptop containing sensitive information on 26.5 million veterans occurred and captured the attention of the media, Congress and the public.

■ VA receives the "Innovations in American Government" Award from Harvard's Kennedy School of Government for its advanced electronic health records and performance measurement system.

## 2007

■ 20th anniversary of the stand down program for homeless veterans.

■ *The Washington Post* reveals substandard conditions for care of returning veterans at Walter Reed Army Medical

Center. President Bush establishes a special commission to investigate.

■ First meeting of the Presidential Commission on Care of America's Returning Wounded Warriors, commonly referred to as the Dole-Shalala Commission, takes place on April 13.

■ VA's national Suicide Prevention Hotline becomes operational.

■ James B. Peake, M.D., is sworn in as the sixth VA Secretary, the first medical doctor to hold this office.

## 2008

■ VA's voting policy clarified to allow voter registration at its facilities for veteran inpatients, domiciliary residents, and those with limited access to voting registration venues.

■ First of 50 new mobile counseling centers is delivered to VA on Oct. 22.

■ Groundbreaking for Orlando, Fla., VA Medical Center held on Oct. 24.

## 2009

■ VA marks the 20th anniversary of Cabinet status with a wreath-laying at Arlington National Cemetery followed by a celebration at VA Central Office featuring President Obama. **VA**

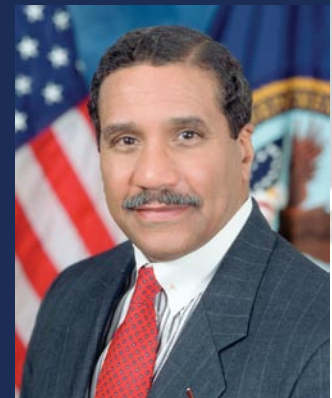
## Secretaries of Veterans Affairs 1989-2009



Edward J. Derwinski 1989-1992



Jesse Brown 1993-1997



Togo D. West Jr. 1998-2000



Anthony J. Principi 2001-2005



R. James Nicholson 2005-2007



James B. Peake, M.D. 2007-2009



Eric K. Shinseki 2009-present

# Preserving the Nation's Oldest Civil War Memorial

## NCA begins a project to save the Bloedner Monument at Cave Hill National Cemetery.

**O**n Dec. 17, 1861, a battle ensued at Rowlett's Station in western Kentucky in which the 32nd Indiana Infantry Regiment, composed entirely of German immigrants, deflected a Confederate attack. Union casualties were less than 40.

On the 147th anniversary of this battle, in December 2008, the National Cemetery Administration began a comprehensive effort to preserve the unique memorial carved for these fallen soldiers in the weeks following the battle. Pvt. August Bloedner, a member of the unit, used a natural outcrop of limestone to fashion the monument, and it was placed on the graves at Munfordville, Ky., by the end of January 1862 before the 32nd Indiana Infantry marched on. The Bloedner Monument is the nation's oldest Civil War monument, and as such possesses exceptional historic significance.

In 1867, the remains of these fallen soldiers and their monument were moved to Cave Hill National Cemetery in Louisville. This national cemetery is located in a corner of historic Cave Hill Cemetery, a premier Rural-style burial ground established in 1848. Initial interments of soldiers who died at camps and hospitals in the Louisville area occurred in November 1861.

The fragile Bloedner Monument, also known as the "First German" Monument, was transported to a curatorial facility at the University of Louisville, where it may reside for up to three years. Unfortunately,

only about 50 percent of the original inscription—a relief sculpture of an eagle and about 300 words in German carved in a rustic Fraktur-like script—survive.

Professional conservators will treat the monument while it is at the university to retard further loss of material; in the meantime, NCA will be seeking an appropriate facility where it can be displayed to the public. Concurrent to this work, NCA is pursuing the creation of a replica of the monument based on a 1955 photograph when it was in better condition, and historic transcriptions of the inscription to install at Cave Hill National Cemetery.

Failure of the monument is due in part to the fact that it was fabricated from a poor-quality St. Genevieve limestone; in contrast, the small base made of Bedford limestone installed at the national cemetery in 1867 is in very good condition. Pollution and other environmental foes have hastened deterioration of the limestone. The monument measures approximately 5 feet long, 1 foot deep and 3-and-a-half feet high, and weighs about 3,500 pounds.

Moving the monument required cutting through the mortar anchor-

ing its limestone base from its footer. A steel "lifting frame" box was built around and below the monument on site. After padding the monument, it was lifted with a hydraulic crane onto a truck bed, where it was affixed to a substantial wood pallet and strapped into position for the 10-mile trip across town.

NCA's contractor for the overall project is Heritage Preservation of Washington, D.C., which has extensive experience in outdoor sculpture preservation and care. Conservation Solutions Inc. of Santa Fe, N.M., is the conservator. All plans for the monument are being made in collaboration with the VA Historic Preservation Office and the Kentucky Heritage Council, the state's historic preservation office. While the monument is at the university, NCA and the Kentucky Heritage Council will work with Civil War-interest groups and others to identify a facility where it can be displayed and protected over the long term.

The Bloedner Monument replica and interpretive signage about it are slated to be placed in Cave Hill National Cemetery by September 2009.

August Bloedner was born in 1827 in the Duchy of Saxe-Altenburg





COURTESY NCA HISTORY PROGRAM OFFICE



COURTESY NCA HISTORY PROGRAM OFFICE

*Top: To move the monument, workers first had to cut through the mortar anchoring its limestone base from its footer. Then a steel “lifting frame” box was built around and below it; above: Once it was free, it was padded and lifted onto a truck bed for its 10-mile trip.*

(now Thuringia), Germany, and he arrived in the United States about 1849. After the outbreak of the Civil War, Bloedner enlisted for three years; he was sent to Indianapolis to serve in the 32nd Indiana Infantry because it was made up of German immigrants,

many of whom were not fluent in English. The Battle of Rowlett’s Station did not result in a victory for either side, but the Union forces did protect a local railroad, ensuring that troops and supplies would continue to move through the area. **VA**

## Documenting the ‘First German’ Monument

Interment of the fallen 32nd Indiana Infantry on the Munfordville battlefield, and later installation of the monument, is documented in letters from the soldiers who witnessed it. “On the morning after the battle, 10 of the fallen were buried on top of a knoll with all military honors,” wrote one. In the afternoon, a military procession “moved to the burial place under the sounds of a mournful dirge ... Then the dead were lowered into the graves under inspiring sounds of the ‘Marsallaise.’ The companies to which the dead men belonged stepped forward, pulled sprigs of evergreen from their hats and dropped them on their former brothers in arms as a last greeting.”

In early February 1862, the regiment passed by these soldiers’ graves again, and one soldier found that the burial site “is surrounded by rails, their burial mound is adorned with fir trees and ivy ... A stone lays among these trees that contains the names, ages and birthplaces of these heroes handsomely and tastefully carved by an artist in the regiment.”

There are 12 names on the monument as well as an inscription that displays fierce Germanic pride for serving the Union despite some unfamiliarity with the language of the United States: “Here rest the first men of the 32nd First German Regiment of Indiana who gave their lives for the free institutions of the Republic of the United States of North America. They fell on 17 December 1861 in the encounter at Rowlett’s Station, Ky., in which 1 regiment of Texas-Rangers, 2 regiments of infantry and 6 cannons of the Rebels, more than 3,000 strong, were beaten into flight from the battlefield by 500 German soldiers.”

## IPv6: The Next Generation Internet Will Offer New Capability

In August 2005, the Office of Management and Budget issued Memorandum 05-22, establishing the goal of transitioning the federal government from Internet Protocol version 4 (IPv4) to version 6 (IPv6).

Why? The world was quickly running out of IP addresses, which are necessary for any electronic device to connect to the Internet.

Under IPv4, networked devices are assigned a 32-bit address, limiting the number of addresses to 4.3 billion. Once an unthinkable large number, when only one in several thousand homes had a computer, it is not nearly enough in an age where multi-computer homes are common and cell phones and other devices can connect to the Internet.

The new backbone of Internet infrastructure, IPv6 operates on a 128-bit address that can provide more than 340 *undecillion* possible addresses. Yes, that's a real math term that equates to 340 followed by 36 zeroes.

Most recently, the 2008 Beijing Olympics was the first major event to be broadcast entirely using IPv6. The shortage of IPv4 addresses has hit the rest of the world the hardest, forcing many countries to adopt the use of IPv6 much earlier than in the U.S. As a result, many countries have surpassed the U.S. in their ability to reap the benefits of the newer network protocol.

Many will long remember watching U.S. swimmer Michael Phelps shatter one record after another during the 2008 Summer Olympics, bringing home eight gold medals. The implementation and use of IPv6 during the 2008 Beijing Olympics allowed for simulta-

neous broadcasting of events in real time, without a single dropped frame of video coverage.

"IPv6 is the future of the Internet and is becoming the foundation for all future communication infrastructures," said Steven Pirzchalski, director of telecommunications engineering and design with the Office of Information and Technology in VA Central Office. "As the Department moves toward a converged network architecture, we will be able to take advantage of new capabilities like voice-over IP, IP-based video and other collaboration-based applications that will allow us to offer more services cost-effectively."

Since OMB's 2005 mandate, VA has consecutively been rated as one of the best federal agencies in meeting the new compliance. OMB rated VA's IPv6 compliance during the first year of the transition at 4/5, with a 5/5 for 2007 and 2008. In June 2008, VA met OMB's 2008 IPv6 mandate, and has been selected as one of three Level One federal agencies out of 165 tasked under the mandate.

"We have taken the overall lead in developing an IPv6 training curriculum that other agencies are leveraging to support their transition activities and we have taken the lead in assembling a multi-agency IPv6 test initiative that includes VA, NIST, GSA, SSA and the IRS," said Pirzchalski. "While we believe we were instrumental in helping many agencies achieve success during the first phase of the federal IPv6 transition process, we know that it is just the beginning and we will continue to be a thought leader in IPv6 during the ongoing transition

process."

While VA has been successful in complying with OMB, the new IPv6 infrastructure has the potential to advance service to veterans—including health care. For instance, a doctor might be able to check a patient's vital signs or control an IV drip from a remote location in real time.

"The significantly greater number of addresses IPv6 provides is critical, but that is only a small part of the value IPv6 will provide the department," said Pirzchalski. "We will be able to leverage new capabilities from IPv6 that will help us simplify our network, make it easier to manage, scale it to handle orders of magnitude more devices, provide greater security and make it more flexible to meet our changing requirements."

Pirzchalski said IPv6 will give VA better ability to:

- deploy converged services (video, voice, etc.) to add new capabilities and reduce costs;
- provide enhanced in-home services to veterans and their families;
- implement greater security across the entire enterprise; and
- implement identity management systems across the department and with business partners.



Steven Pirzchalski says the new backbone of Internet infrastructure will allow VA to offer better service to veterans.

In addition to bolstering patient care, IPv6 can also assist VA in its mission to respond to national emergencies and natural disasters such as its response to Hurricanes Gustav and Ike in Louisiana and Texas in August.

New VA initiatives such as the expansion of community-based outpatient clinics may be the first to reap the benefits of IPv6. Auto-configured networks will bring CBOCs online faster, providing them with a wealth of patient medical history to better serve them.

Phase II of OMB's IPv6 migration requires federal agencies to have IT staff, systems and software on IPv6, a native IPv6 operational network, and IPv6 network services and applications online and in use by 2011, with a total transition away from IPv4 to IPv6 by 2014. **VA**

## Funding Plan for 2010 Improves Access, Modernizes Technology

President Obama's first proposed budget for VA expands eligibility for health care to an additional 500,000 veterans over the next five years, meets the need for continued growth in programs for the combat veterans of Iraq and Afghanistan, and provides the resources to deliver quality health care for the nation's 5.5 million veteran patients.

If accepted by Congress, the 2010 budget request would increase VA's budget from \$97.7 billion this fiscal year to \$112.8 billion for the fiscal year beginning Oct. 1, 2009. This is in addition to the \$1.4 billion provided for VA projects in the American Recovery and Reinvestment Act of 2009.

The 2010 budget repre-

sents the first step toward increasing discretionary funding for VA efforts by \$25 billion over the next five years. The gradual expansion in health care enrollment that this would support will open hospital and clinic doors to more than 500,000 veterans by 2013 who have been excluded from VA medical care benefits since 2003. The 2010 budget request provides the resources to achieve this level of service while maintaining high quality and timely care for lower-income and service-disabled veterans who currently rely on VA medical care.

The new budget provides greater benefits for veterans who are medically retired from active duty, allowing for the first time all military retirees to keep their full VA disability compensation along with their retired pay. The President's budget request also provides the resources for effective implementation of the post-9/11 GI Bill—providing unprecedented levels of educational support to the men and women who have served the nation through active military duty.

The new budget will support additional specialty care

in such areas as prosthetics, vision and spinal cord injury, aging, and women's health. New VA Centers of Excellence will focus on improving these critical services.

The proposed budget also addresses homelessness among veterans. It expands VA's current services through a collaborative pilot program with nonprofit organizations that is aimed at maintaining stable housing for vulnerable veterans at risk of homelessness, while providing them with supportive services to help them get back on their feet through job training, preventive care, and other services.

Finally, the President's budget request provides the necessary investments to carry VA services to rural communities that are too often unable to access VA care. The President's budget expands VA mental health screening and treatment with a focus on reaching veterans in rural areas in part through an increase in the number of vet centers and mobile health clinics. New outreach funding will help rural veterans and their families stay informed of these resources and encourage them to pursue needed care. **VA**

## VA to Receive \$1.4 Billion from President's Stimulus Package

Employees, veterans and the public can see how VA plans to spend the more than \$1.4 billion it is receiving as part of President Obama's stimulus package on the VA Recovery Web site at [www.va.gov/recovery](http://www.va.gov/recovery). The stimulus package, officially known as the American Recovery and Reinvestment Act, is a key part of efforts to stimulate the economy through government programs.

VA will use the funds to improve medical facilities and national cemeteries, provide grants to assist states in acquiring or constructing state nursing homes and domiciliaries, and to modify or alter existing facilities to care for veterans.

For those programs requiring construction, VA expects to award competitive, fixed-price contracts that comply with the Buy American and reporting requirements of the Recovery Act.

Stimulus funds will also be used to hire and train temporary claims processors, pursue needed information technology initiatives, and to oversee and audit programs, grants and projects funded under the Recovery Act.

According to the VA

Recovery Web site, the department's appropriation breaks down this way: medical facilities—\$1 billion; grants for state extended care—\$150 million; general operating expenses—claims processors—\$150 million; Veterans Benefits Administration IT support—\$50 million; National Cemetery Administration—\$50 million; general operating expenses—support of veteran stimulus payments—\$7.1 million; Office of Inspector General—\$1 million; and IT support of veteran stimulus payments—\$100,000.

In addition, VA is making a one-time payment of \$250 to eligible veterans and survivors to mitigate the effects of the current economy. VA estimates \$700 million in payments will be made, with payments beginning in June.

To be eligible for the payment, VA beneficiaries must have received compensation, pension, dependency and indemnity compensation (DIC), or spina bifida benefits at any time between November 2008 and January 2009. Also, beneficiaries must reside within the United States or Puerto Rico, Guam, Northern Mariana Islands, American Samoa, or the U.S. Virgin Islands. **VA**

### Women in Military Poster Art Donated to VA

Artist Nancy E. Rhodes donated her original art for the popular "Women in the Military" poster to VA on March 26 at the VACO Women's History Month program. Copies were made available for purchase at the VA Employee Store in headquarters for \$20, with 15 percent of the purchase price donated to the store. View the poster on Rhodes' Web site at [www.NancyERhodes.com](http://www.NancyERhodes.com), where you can order it online.



## Fourteen Graduate from Cemetery Director Intern Program

Fourteen members of the class of 2008 national cemetery director intern program graduated Feb. 6. The graduation ceremony was held at VA headquarters.

The interns spent the previous 12 months at VA's National Cemetery Administration National Training Center in St. Louis. In the weeks following graduation, they began work as directors or assistants to directors at national cemeteries around the country.

The National Training Center focuses on preparing employees to manage and operate cemeteries as national shrines for America's deceased veterans and military personnel. No other federal training facility provides training in cemetery management.

VA Secretary Eric K. Shinseki was the keynote speaker at the graduation—his first official ceremony after being sworn in as Secretary on Jan. 21.

“With today's graduation, you affirm your readiness to assume stewardship for the national shrines that are the final resting places of the men and women who have protected and preserved this country since before the birth of the republic.

“More than 3.4 million Americans—veterans from the Revolutionary War to today's Global War on Terrorism—lie in final repose in our cemeteries. The quiet dignity, serenity, and pristine appearance of those cemeteries signify to all that these are special places for special people.”

Acting Under Secretary for Memorial Affairs Steve Muro, former Under Secretary for Memorial Affairs William Tuerk, NCA Office of Field Programs Director Pat Hallinan, NCA employees, and family and friends of the graduates were on hand for the ceremony. **VA**



*The graduates began work as directors or assistants to directors at national cemeteries.*

ROBERT TURTIL

## My HealthVet Adds New Feature to Help Veterans Manage Care

My HealthVet, VA's personal health record for veterans, now has a new feature available to help veterans manage their health care online, putting the power of e-health care with patients. Personalized Wellness Reminders is joining the award-winning assortment of online tools available on My HealthVet. This new feature and current tools such as VA Prescription Refill, Research Health and others, enhance patient-provider relationships and continue to integrate into VA's much-lauded electronic health records system.

More than access to online health information and a gateway to online benefits and services, My HealthVet enhances a veteran's communication with their primary

health care team and allows veterans to become active partners in their health care. With more than 740,000 users now registered on My HealthVet, it is clear that the integration of features, access to health information, and one-stop shopping for VA benefits and services improves patient satisfaction and enhances quality health care for veterans nationwide.

With the Wellness Reminders feature, veterans can be more involved in their own health care by following reminders of upcoming tests as well as having the information to avoid duplicate tests and procedures. Wellness Reminders lets the patient know, according to current guidelines and recommendations for

good care, that it is time to have a test or examination done.

For instance, a veteran can be reminded that it is time for a colorectal cancer screening or flu shot, according to Theresa Hancock, My HealthVet program director. Veterans with diabetes can be reminded of tests such as hemoglobin A1c, and women veterans can be reminded of breast or cervical cancer screenings. This feature also allows veterans to share their Wellness Reminders with non-VA health care providers; they can easily log them into their e-health journal and print out the summary prior to any clinic visit.

Wellness Reminders is available to any veteran who

registers on My HealthVet and completes the In-Person Authentication process at their local VA medical center or clinic. In-Person Authentication requires VA patients to provide valid, government-issued photo identification (veteran identification card, driver's license or other government-issued photo identification) to an authorized VA staff member and sign a release of information form. VA patients also are required to watch a brief video that can be viewed right on the My HealthVet Web site. In-Person Authentication may be done at any VA medical center and many community-based outpatient clinics across the country. For more information, go to [www.myhealth.va.gov](http://www.myhealth.va.gov). **VA**

## Ten Local Students Participate in Third Annual IT Job Shadow Day

Ten students from Marshall Academy in Falls Church, Va., visited VA Central Office in Washington, D.C., on Feb. 5 as part of the third annual Information Technology Job Shadow Day. Sponsored by the Office of Information and Technology, this year's theme, "Moving IT Forward: The Next Generation," emphasized the fast-paced and ever-expanding IT field.

After a welcome by Acting Assistant Secretary for Information and Technology Stephen W. Warren, the students, all seniors at Marshall Academy, were given a brief overview of VA and its mission. Throughout the daylong tour, the students visited different areas of the building, including the Section 508 Compliance Lab, to learn more about VA's data storage, software applications and networking capabilities. At noon, a panel discussion was held with former OI&T interns, many of whom became VA employees themselves.

Later in the day, the students shadowed assigned mentors—senior-level IT specialists—to get some hands-on experience with IT systems and

applications. VA mentors for this year's students included Ruth J. Peterson, director, administrative support business operations; David Cheplick, director, wide area network; Shelby Bell, supervisory program management officer; Kevin Causley, director, region 5, OI&T; and John Livornese, director, record management services. The mentors focused on telecommunications, server-based networks, and IT communications, and also gave the students advice on the best degree paths to follow and certifications that can help them acquire an IT position.

At Marshall Academy, the students enroll in advanced IT classes, and most have already passed the exam to receive their professional-level Microsoft certifications. Through their classes, they learn how to run an entire network, from cabling to servers to security.

"We hope the students will realize that all their training and their hard work will lead to a nice job, that it all comes to fruition," said Allan Jones, network administration teacher at Marshall Academy. "The main goal for the students is to learn what they



During their visit, the high school students got a tour of the Section 508 Compliance Lab with test engineer Alan Schlank.

need to do to get into these types of positions."

Carlos Robinson, workplace coordinator of the IT Job Shadow Program in OI&T, said the shadowing program is important in planning for the future of VA. "This program gives the students step-by-step guidelines on how to become an employee with the federal government. VA's objective is to get them familiar with the student intern programs available to them."

At the end of the day, the students were excited about

the hands-on experience and guidance they received from the VA staff. "They were intrigued with the correlation of what they are learning in high school to the IT applications their mentors displayed to them today," said Robinson.

Marshall Academy, considered a "school within a school," currently has more than 750 students from 14 different high schools. Students typically come to the school for one or two specific classes and then return to their base schools for their standard courses. **VA**

## Developmental Opportunity Now Offered to Senior Leadership

"Leadership development" may not sound like such a new concept for most organizations. Many government agencies can boast of educational opportunities for high-potential, high-performing employees, as well as document their record of training for Senior Executive Service candidates. The question then becomes, once these well-trained employees become SES members, what further developmental opportunities are available to

them? VA has recognized and embraced the notion that leadership is not a destination, but a continuous journey.

The VA Executive Fellows Program, launched in 2006, is designed to reward and recognize senior executives who demonstrate outstanding leadership. This unique extended learning program underscores VA's understanding that not only do incumbent senior officials bring a wealth of talent, experience and

knowledge to their leadership profile, but a valuable opportunity exists to facilitate the ongoing learning and development of these senior career executives.

VA Learning University, the department's corporate university, along with a group of VA's senior learning leaders, have designed the EFP to enhance the networking of a diverse group of leaders, facilitate the sharing of best practices, and provide access to new

learning tools and resources customized for executives.

This one-year program provides participants with a number of options for development activities, including:

- executive coaching with private sector coaches;
- VA senior mentors;
- executive leadership training;
- detail assignments/mini-sabbaticals;
- opportunities to serve as

**continued on page 30**

## Shep Crumrine

Music therapist J. Sheppard “Shep” Crumrine is the latest recipient of the Shirley Jefferies Memorial Award. Presented to him on Oct. 26, 2008, at the National Veterans Creative Arts Festival in Riverside, Calif., the award is named after the former chief of Recreation Therapy Service at the VA medical center in Knoxville, Iowa. Jefferies served as advisor to the Creative Arts Festival until she died of cancer in August 1994. Her award is presented to an individual who demonstrates true dedication to the Festival, its goals and philosophy.

Crumrine said he is honored and humbled to have won the award. “It’s a warm and contented sort of feeling to know that I am thought so well of by so many. It’s humbling when I look at the list of others who have been honored and think that I am among them. It is particularly powerful when a veteran, who has sacrificed so much, is congratulatory towards me.”

Crumrine, who has worked at the Clement J. Zablocki VA Medical Center in Milwaukee since 1993, is well respected among his peers for using his love of music as medicine. “Shep is very personable and so easygoing,” said Bert Berger, Ph.D., Zablocki VAMC psychologist and Crumrine’s supervisor. “He is able to handle all kinds of clinical situations, and the veterans really like him. He is dedicated to his job and does

what it takes to provide an environment of recovery for our veterans.”

Since 1998, Crumrine has been a member of the National Veterans Creative Arts Festival national committee and assistant stage manager for sound.

“His commitment to veterans is evidenced by his caring attitude toward them, and by the way he spends time getting to know them,” said Elizabeth Mackey, Creative Arts Festival director. “I’ve worked with him since he became involved with bringing veterans to the festival. He strives to make their lives better through his own musical talents and music therapy and by assisting them in any way possible.”

Some might ask: What is music therapy? By definition, it is the planned and intentional use of music as it affects brain functioning in four ways: attention and distraction; emotion and memory; physical energy and coordination; and stress and anxiety. Music therapists consider these processes as they plan their use of music, customizing it to each patient depending on what the treatment objective is and the length of the treatment.

“My day is never the same,” said Crumrine.

A typical day begins in the inpatient acute mental health detox unit. After his morning meetings, where he details treatment plans and alerts the attending physicians on each patient’s progress, he

begins his music therapy sessions. Part of his focus is to re-program negative energy and thoughts, improve self-esteem, and pull emotions out of music.

Since the hospital is affiliated with the Medical College of Wisconsin, the VAMC trains a lot of residents. Crumrine often works with nursing students and psychology graduate students, teaching them how to run therapy groups themselves and consulting with them afterwards. He conducts informal research in the areas of mental illness and music therapy. He often collects pre- and post-group meeting results to determine different scenario outcomes, such as changes in blood pressure, heart rate, mood and pain management.

Crumrine, a native of Illinois, received his bachelor’s degree in chemistry and pre-med at Knox College in Galesburg, Ill. But he found something was missing in his medical studies: his love of music. After playing music all his life, he decided to incorporate the two.

“I became a music therapist because it was the perfect

combo of my interests in medicine and music,” said Crumrine.

After graduating from Illinois State University with a master’s degree in music education and music therapy, he began working in the private sector but soon wanted a change from the money-driven insurance aspect of health care.

“In the private sector, my work was respected but not ‘reimbursable’—it was more about the money. I was intrigued by VA’s mission: to not just care for the medical needs, but to know the veteran’s quality of life is important as well. At VA, I feel supported and committed. I’m privileged to be a part of their personal and emotional quality of life.” **VA** - *By Amanda Hester*



*Shep Crumrine is a music therapist at the Milwaukee VAMC.*

BOB PEDERSEN

### Leadership cont.

faculty/facilitator/coach/mentor for national VA leadership development programs; and executive communications training.

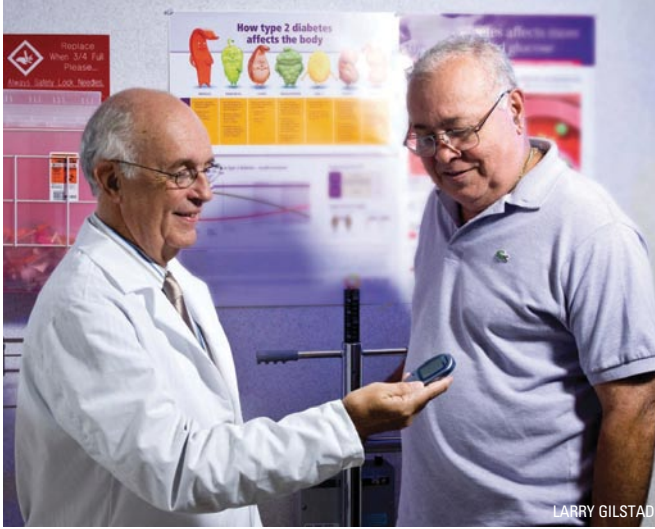
“This program has ex-

posed me to the best practices and innovation employed by senior leaders in the private sector, providing me with a perspective I may not have considered inside the federal

government,” says Andree Boudreaux, VA regional counsel in Houston. “It has challenged me to constantly seek ways to improve, not only when the need for change is

obvious, but also when things are going well.”

To learn more about this program, contact Joy Hunter, dean of the VA Learning University, at [joy.hunter@va.gov](mailto:joy.hunter@va.gov). **VA**



Carlos Abaira, M.D., co-chair of the VA Diabetes Trial, discusses the use of a glucometer—a device that measures blood sugar—with patient Fulgencio Rodriguez at the Miami VA Medical Center.

### Study Finds Less Glycemic Control Can Be Beneficial to Some Patients With Diabetes

The largest long-term U.S. clinical trial of its kind suggests that many physicians should rethink how they treat some patients with diabetes.

Results of the VA Diabetes Trial, published in the Jan. 8 issue of the *New England Journal of Medicine*, indicate that different levels of blood glucose control are appropriate for different patients, rather than a more widely accepted standard.

Trying to achieve the cur-

rent standard recommended by the American Diabetes Association for tightly controlling glucose may not be beneficial to many patients, and may actually result in a potentially life-threatening situation in which blood sugars are too low.

“In older patients with long-standing diabetes, intensive glucose control should not be the major focus of care,” said Dr. William Duckworth, an endocrinologist specializing

in diabetes management at the Phoenix VA Health Care System, who co-led the study with Carlos Abaira, M.D., of the Miami VA Medical Center. “Risk factors such as blood pressure, blood lipids, diet and exercise should be of primary interest.”

Left unchecked, the high blood glucose levels that characterize diabetes damage blood vessels and nerves, resulting in serious complications and even death. Those complications include cardiovascular disease, blindness, and end-stage kidney disease.

However, for patients who are older and have had diabetes for some time, less intensive control of blood glucose can be just as beneficial, according to the researchers. The VA health care system’s guidelines already stratify recommendations for glucose control in diabetic patients, depending on their microvascular disease, or complications of small blood vessels and other diseases that are present.

“The current approach to care of diabetes in the VA is substantiated by this study,” said Duckworth. “Diet, exercise, blood pressure and lipid control are all essential factors in management of diabetes.

Non-VA providers should consider altering the single goal used by the ADA or the American Association of Clinical Endocrinologists to the clinically more appropriate standards of the VA.”

One of the aims of the VA Diabetes Trial was to study the association between intense control of blood glucose in people with type 2 diabetes and cardiovascular disease. Researchers compared good control with intense control in an older veteran population. They found that aggressive therapy to control blood glucose was not significantly better than less intensive conventional therapy in preventing events such as heart attacks and strokes, with no benefit to lowering levels below 8 percent.

There also was no significant difference in mortality, microvascular complications, or minor cardiovascular events, such as angina and transitory ischemic attacks (mini-strokes).

The VA Diabetes Trial involved nearly 1,800 veterans at 20 VA medical centers across the country, who were followed for a minimum of five years and a maximum of seven-and-a-half years.

### Flu Study Demonstrates the Many Beneficial Effects of Getting an Annual Influenza Vaccine

College students who get their flu shots are much less likely to miss school or work each influenza season and live a healthier life, according to a study published in the *Archives of Pediatric and Adolescent Medicine* in December.

The study by researchers at the Minneapolis VA Medical Center and the University of Minnesota surveyed 20,000 college students on two campuses. Roughly 30 percent of those students were vaccinated, and about 24 percent suffered flu-related illnesses

between 2002 and 2006.

In short, the vaccine prevents an illness that can knock students off their feet for up to a week at a time. Multiplied over four years and 18 million college students nationally, that’s a lot of lost time.

“We’re excited to show bad disease, good vaccine, yet again,” said Dr. Kristin Nichol, an infectious disease expert at the Minneapolis VAMC and a professor at the University of Minnesota.

The close proximity of students in dorms and class-

rooms increases the likelihood of campus outbreaks. Other studies have found anywhere from 9 to 20 percent of students develop flu-related illnesses each season.

“Influenza-like illness is responsible for a substantial disease burden among college students, and vaccination is associated with substantial benefits,” said Nichol.

Researchers have long known that the vaccine can prevent flu, but the study quantifies in multiple ways its beneficial effects.

Overall, one-fourth of the students who were not vaccinated said they had an influenza-like illness, defined as an upper respiratory infection that included coughing and fever. That compares to one-fifth of students who were vaccinated.

For the unvaccinated, those infections resulted in more missed classes (11 vs. 8 percent); bad tests (6 vs. 4 percent); uncompleted homework (9 vs. 6 percent); and badly executed assignments (11 vs. 8 percent.).

**Study Shows Headaches Caused By Traumatic Brain Injury Could Be a Sign of Cognitive Impairments**

The frequency and severity of headaches caused by traumatic brain injury might signal cognitive deficits, suggests a new study of Iraq war veterans conducted by researchers at the Louis Stokes Cleveland VA Medical Center.

“The most important finding was that the soldiers who continued to have problems with headaches and PTSD were much more likely to have signs of residual cognition impairment or abnormalities,” said study author Dr. Robert L. Ruff, neurology service chief at the Cleveland VAMC and professor of neurology at Case Western Reserve University. “By themselves, the deficits were not severe, but they compromised the veterans’ ability to return to where they were.”

The researchers studied 126 veterans who had lost

consciousness—for less than 30 minutes—from blasts and explosions an average of three times while in Iraq. Neurological and neuropsychological testing revealed impairments in 80 of these veterans that the researchers attributed to TBI. Those veterans had been exposed to more explosions than the others, the study found.

Among veterans diagnosed with TBI, 93 percent reported having headaches that were more severe and persistent than those without TBI. Non-TBI veterans described headaches as tension-like and occurring about four times a month on average. Sixty percent of those with TBI said they experienced migraine-level headaches three times more often than their non-TBI counterparts.

Many of the veterans participating in the study said

they had other symptoms associated with PTSD, such as sleep disorders and problems with their sense of smell. Researchers say the force of a blast can damage delicate nerves that regulate the way the brain cares for these functions.

“The olfactory nerves are very small, so when there’s movement, they get sheared off,” said Dr. Keith Young, research coordinator for the VA Center of Excellence for Research on Returning War Veterans at the Central Texas Veterans Health Care System and associate professor and vice chairman for research at Texas A&M Health Science Center College of Medicine. “People who have multiple exposures to blasts that cause loss of consciousness need to be carefully monitored for potential problems in the future.”

Young said the study could help health care professionals develop better techniques to identify veterans who need a greater level of care.

“The study points to the possibility of using olfactory testing to look for people who might benefit from additional medical testing,” Young said. “The good news about these olfactory tests is that they don’t require computers, so in a field hospital, you could use scratch and sniff tests to identify people who need additional testing.”

According to Ruff, the study also suggests that TBI and PTSD must be treated as one problem and not two separate ones.

The study can be found on the VA Office of Research & Development’s Web site: [www.research.va.gov](http://www.research.va.gov).

**Long-Term Study of PTSD in Twins Shows Both Genetic and Environmental Factors Increase the Risk**

A decade-long study conducted by VA and the National Institute of Mental Health on PTSD among combat veterans and their identical twins has yielded critical information about the root causes of the condition. Researchers found that both genetic and environmental factors increase the risk of developing PTSD.

“In addition to building our understanding of how PTSD comes to exist, we may have useful signs for PTSD prevention and treatment,” said study author Dr. Roger Pitman, a professor of psychiatry at Harvard Medical School.

“For example, persons with recognized PTSD risk factors may be best advised to avoid occupations that would have them serve in highly stressful situations, such as serving in military forces. Things acquired as a result of stress are more likely to be re-

versed by treatment and could be taken as targets of PTSD treatment.”

Pitman’s group studied more than 100 combat veterans of the Vietnam War, each of whom had an identical twin who did not serve in combat.

“We made the assumption that, because twins have the same genes and the same family upbringing, the twin who did not serve in combat represents what the combat-exposed twin would be like except for the combat exposure,” he said.

Prior to this research, experts had noted a smaller hippocampal volume in people with PTSD. The hippocampus is a part of the brain used in memory. The twins study showed a smaller hippocampal volume existed in both twins, indicating that the lower volume may be a preexisting risk factor for PTSD.

“This suggests the ‘fragile egg’ hypothesis—that some people are probably genetically a little bit less resilient [to PTSD] than other people,” said Dr. Julie Fudge, an associate professor of psychiatry and neurobiology and anatomy at the University of Rochester Medical Center in New York.

However, the ventromedial prefrontal cortex area of the brain used for decision-making is smaller in the combat-exposed veteran compared to their unexposed twin.

“We discovered a number of abnormalities in PTSD combat veterans not shared with their twins, and we infer that the abnormality was caused by combat,” Pitman said. “One of these is increased heart rate response when the combat veteran is startled. Another example is loss of gray matter in the rostral anterior cingulate cortex, which plays

a role in inhibiting the fear response.”

The assumption for the last 10 years, based on animal tests, has been that the hippocampus shrunk due to stress, but the study shows that this is probably not the case for the hippocampus, according to Dr. Keith Young, research coordinator for the VA Center of Excellence for Research on Returning War Veterans at the Central Texas Veterans Health Care System, and associate professor and vice chairman for research at Texas A&M Health Science Center College of Medicine. “In other areas of the brain they may very well be being damaged by the excess stress,” he said.

A thus-far unpublished finding, Pitman added, is that combat-exposed veterans had a broad array of psychiatric symptoms not seen in their brothers. **VA**





PAULÁ BERGER

Los Angeles National Cemetery caretaker Doug Hopkins adjusts the microphone for Mickey Rooney.

**Hollywood Legend Delivers Gettysburg Address at Los Angeles National Cemetery**

More than 600 people attended the 17th Annual Abraham Lincoln Remembrance at Los Angeles National Cemetery

on Feb. 12. Actress Gigi Perreau (“The Man in the Gray Flannel Suit”) served as master of ceremonies for the event,

and actor Mickey Rooney (“National Velvet”) read the Gettysburg Address. The ceremony featured the music of the Vintage Brass Band from Long Beach, Calif. The UCLA Color Guard provided military honors, and Charles Lane, of the Los Angeles Opera, sang the national anthem.

“This year’s ceremony is extra special because it marks the bicentennial of Lincoln’s birth,” said Cynthia Nunez, cemetery director. “His eloquent words have endured from his century to ours, and even now serve as the motto for the Department of Veterans Affairs.” Students from Santa Barbara High School, Washington High School and Hollywood High School (Rooney’s alma mater) attended the ceremony.

**Cemetery Caretaker Helps Dying Veteran**

Jonathan Bussey, a cemetery caretaker at the National Memorial Cemetery of the Pacific in Honolulu, Hawaii, was featured in the November/December 2008 issue of the Air Force magazine *Airman*. Bussey, also a technical sergeant in the Air Force Reserve, was highlighted for his dedication to fulfilling the burial wishes of a fellow reservist.

The six-page article details how Bussey assisted Senior Master Sgt. Jvanne Hoelscher in planning for her final resting place at the national cemetery. Hoelscher, 51, knew she was dying of breast cancer but wanted to make sure her final requests would be honored. Bussey explained the steps that needed to be taken prior to her death so her family would be able to make final arrangements. On April 4, 2004, her cremated remains were laid to rest in the Hawaii cemetery’s columbarium with full military honors, exactly as she requested.



JAMES MESSNER

Jonathan Bussey wipes down the niche marker on the final resting place of Master Sgt. Jvanne Hoelscher.

**Houston VA Regional Loan Center Closes Its First Native American Direct Loan**

The Houston VA Regional Loan Center closed its first loan under the Native American Direct Loan Program on Jan. 7, providing a loan to Vietnam-era veteran Daniel Simmer, a member of the Muscogee (Creek) Nation.

Simmer heard about the Native American Direct Loan Program and contacted Ken Davis, Creek Nation tribal veteran representative, who helped initiate a Memorandum of Understanding between the Muscogee tribe and VA. To complete this type of loan, an MOU must exist between VA and a federally recognized tribe. Simmer, who is 100 percent service-connected, also qualified for a Specially Adapted Housing grant, which was used in conjunction with the home loan.

SAH agents Donnie Guinn and Patrick Boyd of the Houston RLC coordinated with Indian Health Service, builders and contractors during the construction phase to ensure grant approval measures were met. Simmer’s newly completed 1,600 square-foot ranch-style home stands on his inherited allotted land in Cromwell, Okla. His loan is the first made in the mainland United States that combines the Native American Direct Loan and an SAH grant.



*Kevin Ivory, right, a Navy veteran of Operation Iraqi Freedom, meets NBA legend Scottie Pippen at the Phoenix VA Health Care System.*

**Unique Partnership Unites Veterans, Troops and NBA Legends During All-Star Game Weekend**

Former NBA players Scottie Pippen, Sam Jones and Wali Jones caused quite a stir when they met with military troops and veterans during the NBA All-Star Game activities held Feb. 13-15 in Phoenix. Sponsored by Champions 4 Champions, a

nonprofit cadre of retired sports legends and celebrity athletes, the basketball legends were escorted around the inpatient wards and the community living center by Phoenix VA Health Care System staff. Additionally, through a live satellite hook-up, troops stationed in Iraq and Afghanistan were encouraged to take advantage of VA benefits.

“We are trying to help VA get these returning warriors enrolled in VA services,” said Coach Charles Hatcher, host of radio’s “Sports Inside and Out” and a Navy veteran. “Nearly 50 percent of the troops don’t enroll, and VA has great care and benefits, so our troops need this to help themselves and their families.”

**Unclaimed Remains Finally Laid to Rest at Black Hills National Cemetery**

In February, Lt. Col. Leonard Sloan was laid to rest at Black Hills National Cemetery in Sturgis, S.D.—32 years after his death. Working with the staff at the cemetery to determine eligibility and final rank of the veterans, the National Guard of South Dakota found out Sloan was one of their own.

Recently, a task force created by South Dakota Gov. Michael Rounds discovered the cremated remains of two veterans, including Sloan, had been left unclaimed at local funeral homes throughout the state. After enlisting in the National Guard, Sloan transferred to the Army in 1940 and remained in the

service throughout the Korean War. Further research uncovered his service in the 147th Field Artillery during World War II. Sloan, who was married with children, died in 1977. Following his death, his urn remained at the funeral home until this year, when a full interment with military honors was held at the cemetery.

**Volunteer Caregivers at VA Southern Oregon Take On Many Shapes**

A new volunteer program is taking shape at the VA Southern Oregon Rehabilitation Center and Clinics in White City. Called the Caregiver Support Network, the program is designed to enhance the lives of older, housebound veterans. matched up with veterans seeking a friendly visit. So far, several have volunteered as caregivers in a variety of creative and innovative ways, including a certified driver who transports non-ambulatory veterans, a cookie baker extraordinaire, a clever dominoes player, and a party organizer. By sharing their time, talent and compassion with

older veterans, volunteers are a precious resource.

As VA Southern Oregon begins expanding outreach services to the growing veteran population within the community, programs like Home Based Primary Care, Homemaker Home Health Aid, and Adult Day Health Care will continue to benefit from volunteer involvement.



SCOTT KING

*Gil Mendez is a practical nurse at the Spokane VAMC.*

**Spokane Nurse Receives Thanks for Helping Injured News Correspondent in Iraq**

In January 2006, Gilbert Mendez, then an Air Force Reserve medic, was working the ER at Balad Air Base, Iraq, when field medics arrived with Bob Woodruff, ABC News national correspondent. Injured by an IED blast, “his head was swollen to double the size and there was a lot of blood and dirt,” Mendez said. “We just tried to keep him breathing and stop the bleeding until we rolled him into the operating room.”

Woodruff, who underwent months of recovery, thanked Mendez in a recent e-mail. “Those doctors, nurses and medics saved my life,” he wrote. “If this happened to me five years earlier, I would not have lived.” According to Mendez, now a practical nurse at the VA medical center in Spokane, Wash., he was just doing his job. “A ‘thank you’ from a wounded warrior, even a national reporter, is better than any medal the military can give,” he said.

### Partnership Between VA and Missouri High School Beneficial for All Involved

Here's a quick trivia question: How many VA employees are leading their high school boys' basketball teams in scoring while also serving as team captain? The answer: only one. Brandon Gleason, a senior at Frederick Douglass High School in Columbia, Mo., is completing his second year in a unique "partnership in education" program between the school and the Columbia VA Medical Center. A straight "A" student, Gleason works as a medical supply aide in the VAMC's sterile processing department.

The partnership, which began in August 1998, allows up to 10 students to spend half the day in a classroom and the rest in a paid, part-time job. In exchange, the VA Employee Association assists with scholarships, and students volunteer time at community events, such as Veterans Day activities. To date, more than 100 students have participated in the partnership, including a few who later became permanent VA employees.



*Brandon Gleason is the leading scorer on his high school basketball team and holds down a part-time job at the Columbia VAMC.*

JIM BROADUS

### Care Packages to Iraq Courtesy of Texas VA Employees' Generosity

When Cesar Fausto, contract specialist with VA's Corporate Data Center Operations in Texas, spread the word that a friend's military son in Iraq was in need of convenience items, his co-workers responded generously. Fausto, who works at the Austin Information Technology Center, col-

lected small items, such as toiletries and snack foods, for the troops. Two weeks later, 12 cartons full of donated items were mailed to members of the 21st Military Police Company (Airborne), 2nd Platoon.

In January, Fausto received an appreciative e-mail via a soldier's mother: "Mom,

somebody in the VA got my name [and] sent a whole bunch of boxes. Everybody was standing around while I opened them. Basically one person would say, 'Hey! I really need that,' then they would take it. They had a lot of fun just opening them [like] big kids."

### Holiday Outreach Effort Targets Young Veterans

During the 2008 holiday season, staffers from the VA medical center in Manchester, N.H., were on kiosk duty at the popular Mall of New Hampshire. Though you wouldn't typically expect to find a VA outreach team at a shopping mall, it is where you can find many young veterans.

"One of our top priorities right now is to reach out to our returning OEF/OIF veterans, and this project has proven that locations such as this are an effective means of interacting with this group of younger veterans," said Marc F. Levenson, M.D., medical center director. The kiosk, conveniently positioned near a major department store entrance, was the suggestion of James F. Thompson, public affairs officer at the medical center. In total, more than 140 veterans offered their contact information for follow-up calls and e-mails, and hundreds of veterans, families and friends stopped to ask about VA programs and benefits.



*The Manchester, N.H., VA Medical Center set up an outreach booth at a local shopping mall during the holidays.*

JIM THOMPSON

### San Diego VAMC Creates Veterans Healing Garden

Where can you find a beautiful, tranquil garden with water fountains, wind chimes, flowers and a gazebo? At the VA San Diego Healthcare System, of course!

Opened Nov. 3, 2008, the Veterans Healing Garden is part of the facility's Planetree Philosophy, which is a patient-centered approach to caring for veterans. The staff thought that the medical center needed a relaxing environment for patients, especially mental health patients, to positively influence their health and encourage healing.

With that in mind, a team of five employees—Nonnie Artero, Ellen Berman, Robert Earnest, Jeffrey Nickerson, and Robert West—decided to create the garden. A Garden Club was established to handle routine maintenance, periodic plantings, and horticultural education. "Our patients and staff are delighted—it's a temporary escape from the hospital environment," said West. "The garden has been an overwhelming success." [VA](#)

### One-Stop Source

*USA.gov*, the U.S. government's official Web portal, is your one-stop source for online government information and services. The site brings millions of federal, state, local, tribal and territorial government Web pages together in one easy-to-navigate place. You can renew your driver's license, shop government auctions, apply for federal benefits, and much more, all from the comfort of your home.

### VA Project Receives Carter Leadership in Caregiving Award

The REACH VA Project was presented with the Rosalynn Carter Institute's Leadership in Caregiving Award at VA's National Leadership Board meeting on Feb. 18 in Washington, D.C.

The pilot program, run out of the VA medical center in Memphis, Tenn., with close coordination through Geriatrics & Extended Care Services and Care Management and Social Work Service in VA Central Office, is designed to raise the standard of care provided to caregivers and patients with dementia through use of evidence-based interventions proven by rigorous scientific research.

It represents the first national clinical application of a proven dementia intervention that focuses on information, safety, caregiver health and behavior management for the



VA Under Secretary for Health Dr. Michael Kussman presents the award to Dr. Linda Nichols, third from right, and Dr. Jennifer Martindale-Adams, second from right, principal investigators for the REACH VA Project, at the National Leadership Board meeting on Feb. 18. Looking on are (left to right): Heather Mahoney-Gleason, of Care Management and Social Work Service in VA Central Office; Thomas Edes, of Geriatrics & Extended Care Services in VACO; and Laura Bauer Granberry, of the Rosalynn Carter Institute.

veteran who is receiving the care.

The award included a \$10,000 check, which will help fund the continuation of the project. It is based on

the Resources for Enhancing Alzheimer's Caregivers Health (REACH) II study funded by the National Institute on Aging and the National Institute of Nursing Research.

### Jackson VA Medical Center Director Receives Trailblazer Award from FEA

Linda F. Watson, director of the G.V. "Sonny" Montgomery VA Medical Center in Jackson, Miss., was honored with a Trailblazer Award from the Jackson Federal Executive Association.

"Throughout my career, I have had the great fortune of working with many employees throughout VA who truly

had a vision of a united organization dedicated to quality service for veterans," Watson said. "I am truly honored to receive this recognition."

Watson, the first African American appointed as director of a Mississippi VA medical center, was recognized at the FEA African American History Month Celebration on

Feb 27.

Watson has a wide range of health care leadership experience and has previously received the Presidential Meritorious Rank Award for exceptional long-term accomplishments and the Secretary of Veterans Affairs Award for the Advancement of Nursing Programs.

### Local NAACP Chapter Honors North Chicago VA Medical Center's Diversity

The North Chicago VA Medical Center was honored by the NAACP Lake County branch in February during its annual Centennial Founders Day Luncheon. Local NAACP President Kingston G. Neal, along with Secretary Karen Carstens (also a North Chicago VAMC employee), presented an award to Director Patrick Sullivan for his facility's proactive approach to

workforce diversity. Minorities make up 58 percent of the North Chicago VA Medical Center's workforce and women represent 59 percent, numbers that far exceed those of the Chicago civilian labor workforce.

Dr. Preston Cannady, a North Chicago VAMC physician, served as a guest speaker for the celebration, providing reflections on the civil rights

era. Also representing North Chicago VAMC were: Dr. Tariq Hassan, chief of staff; Marianne Semrad, associate director; Richard Holt, deputy associate director of patient services; Dr. Sarah Fouse and Barbara Thomas, chairs of the EEO committee; Jacqueline Amos, chairperson of the Black History Month Committee; and Nancy Gember, EEO program manager.

### My HealthVet Awarded Top Health IT Honors

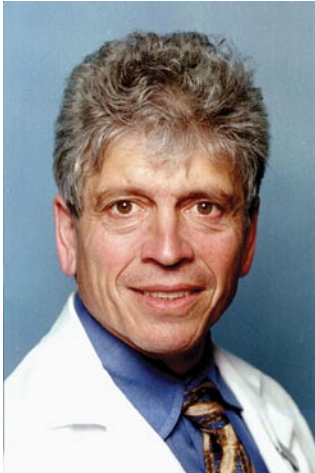
VA's My HealthVet received top honors for outstanding health information technology, personal health record and electronic medical record innovations and solutions at the 25th Annual TEPR (Towards the Electronic Health Record) Conference in Palm Springs, Calif., on Feb. 2. The award was based on such criteria as data, data integrity, security and consumer control by the Medical Records Institute at the TEPR Conference.

"This award is further evidence VA is a proven leader in using the latest technology to ensure America's veterans receive world-class health care," said VA Secretary Eric K. Shinseki. "America's veterans deserve the best this country has to offer, and VA is achieving that high standard with My HealthVet." Shinseki noted the number of registrants for My HealthVet has now topped 700,000.

### Minneapolis VA Scientist Receives French Award

Dr. Apostolos P. Georgopoulos, head of the Brain Sciences Center at the Minneapolis VA Medical Center, was awarded the prestigious 2009 Neuronal Plasticity prize of La Fondation Ipsen for his outstanding contribution to findings in the "Brain-Machine interaction" domain. Georgopoulos will share the prize with Alim Louis Benabid, of the University of Grenoble, and Miguel Nicolelis, of Duke University.

The prize will be officially awarded at the Society of Neurosciences meeting in Bordeaux, France, May 27. Each year, La Fondation Ipsen bestows its award on science pioneers in recognition of their high achievement in neurosciences, neuropsychology, longevity and endocrinology.



**Houston VA Doctor  
Receives Distinguished  
Scientist Award**

Dr. Blase Carabello, acting director of the Michael E. DeBakey VA Medical Center in Houston, recently received the American College of Cardiology’s Distinguished Scientist Award—the college’s highest research honor. Carabello was listed as one of the nation’s best doctors in the field of cardiovascular disease in 2008.

He is a former chairperson of the program committee for the Council on Clinical Cardiology and a member of the Committee on Scientific Sessions of the American Heart Association. Carabello also serves as the Moncrief Professor of Medicine and vice chairman in the Department of Medicine at Houston’s Baylor College of Medicine.

Since 2001, Carabello has served as a member of the Cardio/Renal Advisory Committee for the Food and Drug Administration in Washington, D.C. He is on the editorial board and serves as an editorial consultant for numerous medical journals, including the *Journal of Heart Valve Disease* and the *Journal of Cardiac Failure*.

**VA North Texas Pharmacist Among Recipients  
of National Pharmacy Education Award**

For the second consecutive year, VA North Texas Health Care System Pharmacist Cynthia Foslien-Nash was selected as a recipient of the 2008 Crystal APPLE—Academic-Practice Partnerships for Learning Excellence—Award by the American Association of Colleges of Pharmacy.

Foslien-Nash and Texas Tech partners Dr. Angela Treadway and Dr. Craig Cox were recognized for their contributions to the academic-practice partnership of VA North Texas and Texas Tech University Health Sciences Center in creating a quality advanced pharmacy practice experience in an exemplary patient care teaching environment.

VA North Texas and Texas Tech University Health Sciences Center are the only organizations to

receive the Crystal APPLE Award in back-to-back years. The AACCP is the national organization representing the interests of pharmacy education and educators.

VA North Texas and Texas Tech University Health Sciences Center have partnered for the past six years. Approximately 200 pharmacy students and 11 post-doctoral pharmacy residents receive training in the program each year.

The Crystal APPLE aims to recognize the contributions of individuals within pharmacy academia and practice who partner to develop exemplary experiential education learning and patient care environments for pharmacy student professional education. Foslien-Nash was presented the APPLE Award in Washington, D.C., on Feb. 23.

**Outpatient Clinic  
Volunteer Receives  
National Award**

Vietnam veteran Bob Axelson shows up for work at around 6:30 a.m. every day at VA’s Bettendorf, Iowa, outpatient clinic, where he usually has to wait for someone to unlock the door to let him in. He works about 30 hours a week, lending a hand to veterans or helping staff members. Whatever needs to be done, he does it, and he isn’t paid a dime.



Axelson

Axelson’s volunteer efforts were recognized in March by the National Veterans Affairs and Rehabilitation Commission, a branch of the American Legion. The organization presented him with a Citation for Meritorious Service as the national outstanding volunteer hospital worker of the year during its annual conference in Washington, D.C. Axelson started serving fellow veterans at the clinic nine years ago after being seen there as a patient himself.

**Chaplain Wins Nelson Health Care Ethics Award**

The 2008 William A. Nelson Award for Excellence in Health Care Ethics was presented to Chaplain Lowell S. Kronick, associate director for education at the VA National Chaplain Center in Hampton, Va., in February by Under Secretary for Health Dr. Michael J. Kussman.

Kronick is responsible for continuing education for approximately 1,000 VA chaplains nationwide. In consultation with the VA National Center for Ethics in Health Care, he developed a weeklong course in health care ethics offered annually at the National

Chaplain Training Center in Hampton. VA chaplains from all over the United States are now actively engaged in serving veterans through their local health care ethics committees using Kronick’s information.

As an expert in spiritual and pastoral care, Kronick brings a unique and valued perspective to ethical issues of concern to the diverse religious communities of VA patients. As recipient of the William A. Nelson Award, Kronick received a plaque and a cash award. The annual award is named for a retired VA chaplain and educator.

### VA Boston Healthcare System Earns Secretary's Labor Relations Award

The VA Boston Healthcare System is the fiscal year 2007 recipient of the Secretary of Veterans Affairs Labor-Management Relations Award for its efforts in dramatically improving employee morale and labor relations. The award was established in 2001 to recognize outstanding and innovative labor-management relationships throughout VA as assessed through such areas as cost savings, increased productivity, improved service to veterans and their families, and improved working conditions for employees.

Members of the VA Boston partnership include facility management and four union locals—AFGE Locals 221 and 2143 and NAGE Locals R1-25 and R1-187. VA's National Partnership Council also recommended honorable mention recognition for the local partnerships at four other nominated Veterans Health Administration sites: Loma Linda, Calif.; Northport, N.Y.; Walla Walla, Wash.; and Durham, N.C. These four facilities will receive certificates acknowledging their efforts.



*Former VA Secretary James B. Peake presents the Labor-Management Relations Award to VA Boston Healthcare System nurses and union representatives (from left) Frank Collins and Ellen Pitts, of NAGE, and Bethany McIvor, Lynn Candella and Linda Rubino, of AFGE.*


### Freedom Team Salute Commendation Goes to Jackson VARO Employee

David Brower, chief information officer at the VA regional office in Jackson, Miss., received the Freedom Team Salute Commendation from the Army during a special ceremony on Feb. 10. Honoring Brower's outstanding service and sacrifices in defense of America's liberty, Secretary of the Army Pete Geren, and Gen. George W. Casey Jr., Army chief of staff, signed the Freedom Team Salute Letter of Thanks and Certificate of Appreciation.

In presenting the Freedom Team Salute Commendation, volunteer ambassador Daniel P. Hatcher, a retired Army major, cited Brower's outstanding, selfless service during the Vietnam War, supporting special operations out of Thailand. Hatcher noted that Brower proudly served from 1970 to 1973, when military service was not a popular thing to do. The Freedom Team Salute Commendation celebrates veterans who have served and who remain as living connections to generations of duty, honor and patriotism.

### Jackson VA Doctor Appointed to Key Academic Task Force

Dr. Stephen Geraci, chief of medical service at the G.V. "Sonny" Montgomery VA Medical Center in Jackson, Miss., and professor and vice-chairman of internal medicine at the University of Mississippi School of Medicine, has been appointed to the Alliance for Academic Internal Medicine Task Force on Curriculum Redesign. "The health care world is changing rapidly every day, and our graduate educational programs in internal medicine must adapt, make the major changes, and do so expeditiously if we are to continue to produce the best physicians in the world through the American education system," he said.

Geraci joins a group of 15 of the top educators in internal medicine in the country represented through the American College of Physicians, the Association of Professors of Medicine, the Clerkship Directors in Internal Medicine, the American Board of Internal Medicine, and the Association of Program Directors in Internal Medicine, the leading organizations in internal medicine graduate medical education in the United States. 

### VA Employees Win Hubert H. Humphrey Service Award

Daniel Schoeps and Patrick Brady, of Geriatrics & Extended Care Services in VA Central Office, received the Hubert H. Humphrey Award for Service to America from the Department of Health and Human Services.

Shoeps and Brady were recognized for their work on the Veterans Directed Home & Community Based Services Program. The honor was shared with the U.S. Administration on Aging staff and was presented "for developing innovative partnerships to improve the health and well-being of veterans of all ages by expanding access to home and community based care."

The Veterans Directed Home & Community Based Services Program is a special component of the Administration on Aging Nursing Home Diversion Modernization Program. It is designed to serve veterans of any age who are at risk of nursing home placement and their family caregivers, using a consumer-directed model of care. Under the program, the veteran has more input into decisions about their care, with the assistance of a case manager and fiscal intermediary.

### Dallas Employees Stop to Help an Accident Victim

During her drive to work on an icy January morning, Dallas VA Medical Center nursing education clerk Jana Harrison encountered a car's bumper in her lane. Searching ahead, she witnessed a Dallas County constable's vehicle bounce off the retaining wall.

Harrison pulled off the road and rushed to the car, finding the driver unresponsive. All the vehicle doors were smashed or locked shut. Soon other passersby, including VA registered nurse Becky Baird, came upon the scene offering help. A sheriff arrived and was able to pry open a door, allowing Harrison to crawl inside. The victim struggled to communicate that his neck, back and legs were in severe pain. Harrison supported his neck while Baird monitored his pulse and alertness. Firefighters soon arrived and the victim was removed from the car and hospitalized. He has since been released and has recovered.

*Becky Baird, left, and Jana Harrison rushed to the aid of an injured motorist on an icy morning.*



### Clinic Nurse Aids Victim in Semi-Trailer Truck Collision With Compact Car

Sandra Manton-Garza, a registered nurse at the VA outpatient clinic in Fort Worth, Texas, was headed to the airport when she witnessed a semi-trailer truck hit a compact car at a busy intersection. Rushing to the scene of the accident, she found the driver

of the car bleeding profusely from two gashes on his face and one on his arm.

Manton-Garza worked quickly to stop the bleeding and try to keep the victim from going into shock. All the while she spoke to the man to make sure he was coherent

and to assure him that help was on the way. She stayed with him until emergency vehicles arrived. The gentleman later announced that he was a physician and complimented Manton-Garza on the quick aid she provided him after the harrowing accident.



*Rebecka Silva urges everyone to learn the Heimlich maneuver.*

### Rescue on the Slopes

While on a ski vacation, Rebecka Silva, chief of Dental Service at the San Francisco VA Medical Center, witnessed a young girl collapse onto the snow as family members screamed her name. Silva ran up the hill and found the unconscious girl not breathing.

She immediately dropped to her knees and directed the family to pull the victim into a sitting position. Two attempts at the Heimlich maneuver failed as bulky ski clothes of rescuer and victim impeded effective contact. One more powerful thrust from a better

position produced a cry from the girl's family—"There it is!"—as a large wad of bubblegum flew out. The girl took a deep breath and started crying. Silva is thankful she knew the Heimlich maneuver and believes everyone, including kids over 12, should be trained in this lifesaving technique.

### Nurse 'Detectives' Help Find Missing Veteran

While browsing a local newspaper, Sandra Farmer, nurse manager at the community-based outpatient clinic in Longview, Texas, thought she recognized a photo of a missing elderly man in the paper as a clinic patient. The man's son had purchased a ticket for his return to Dallas, 175 miles away, but he hadn't shown up.

Farmer mentioned the article to registered nurse Gail Clanton, and the two decided to check records; they found the man was indeed a patient at the clinic. They continued to investigate, learning that the man had been treated the day before, across the country at the VA Boston Healthcare System. The patient had told Boston staff that he had traveled for three days to visit his brother, but upon arrival, found his home had been torn down. The patient was left with no place to go and came to the VA Boston emergency room, where he was evaluated, treated and placed as an inpatient at the West Roxbury campus. He was then seen by a social worker and placed in a homeless shelter for veterans.

Longview "detectives" Farmer and Clanton communicated all the information they had gathered to administrative officer Tim McNamara, who contacted VA police officer Bryan Spear, who in turn contacted Carthage, Texas, and Boston police. The mystery of the missing veteran was solved. The next day's newspaper included a story stating that the man had been located and that his family was bringing him home from Boston. The family stated that the man's memory had been slipping recently and they were grateful to the staff at the Longview VA clinic for locating him. [VA](#)



**Department of Veterans Affairs 20th Anniversary**

Festive balloons decorated the reception held following a wreath-laying ceremony on March 15 at Arlington National Cemetery to commemorate the anniversary. Two former VA Secretaries joined Secretary Shinseki at the ceremony.