

VA **anguard**

U.S. Department of Veterans Affairs

Winter 2009/2010



Wounded Warrior Care

Tragedy in Texas

Recovery Act Spending

Testing Disaster Readiness



Features

Tragedy in Texas	6
VA offers support and mourns its own losses at Fort Hood	
Recovery Act Spending	11
Stimulating more than the economy	
Building a Better Arm	14
Amputee veteran is on a mission to revolutionize prosthetics	
Charting a Course Towards Readjustment	16
Outward Bound partners with VA to offer expeditions for veterans	
Testing Disaster Readiness	18
National exercise evaluates new equipment and technology	
Better Care for Wounded Warriors	20
VA polytrauma team's overseas visit furthers collaboration with DoD	
The Unbreakable Code	23
Navajo warriors are seeking support for a Code Talkers museum	
Veterans Day 2009	25
A photo tour of observances around the Department	

Departments

3	Feedback	31	Medical Advances
4	Outlook	33	Have You Heard
5	News You Can Use	36	Honors
26	Around Headquarters	39	Heroes
30	Introducing	40	Pearl Harbor



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On the cover

Wounded troops from Afghanistan and Iraq arrive at Scott Air Force Base in Illinois, one leg of their long journey to various military and VA medical facilities across the country. Their trip back to the states began at Landstuhl Regional Medical Center in Germany. A VA polytrauma team recently visited Landstuhl to gain valuable insights into wounded warrior transport and care transition from DoD to VA. *photo by Senior Airman Teresa M. Jennings/U.S. Air Force*

To Our Readers: A Change for the Better

You may have noticed that we're calling this the Winter 2009/2010 issue. That's not because we're changing *Vanguard* from a bi monthly to a quarterly. It's to allow us to adjust our production schedule and bring the magazine to you in a more timely manner. Look for the next issue, March/April, in early March.

Where are the OEF/OIF Women Veterans?

I always look forward to reading each issue of *Vanguard* as I find many of the articles informative, educational, or just plain inspiring. When I saw on the cover that the September/October issue included an article on “The Nation’s Newest Veterans,” I eagerly flipped to the article, only to be disappointed.

This was a great opportunity to focus attention on women veterans as a significant portion of our newest veteran population. While the article did make mention of women in a few places, it disappointingly did not include any photos of Operation Enduring Freedom/Operation Iraqi Freedom women veterans.

As women are in combat zones, experiencing combat, though not assigned to infantry or battery combat units, they very much are the face of our newest veteran. It is often not VA staff but other older veterans and the public that don’t see the faces of our newest combat veterans. This article would have been a great format to assure that we all see women as not only veterans but OEF/OIF combat veterans.

Thank you for your continued work and great magazine.

*Kathy Zima-Sauer
Women Veterans Program
Manager
VA Eastern Kansas Health
Care System*

Canteen Service Giving Back to Veterans

I wanted to write and tell you how your Canteen Service is giving back to veterans. I am a retired Navy Reserve master chief. I am 100 percent disabled due to injuries received during my two tours in Op-

eration Iraqi Freedom.

With my family’s help, I wanted to give something back to the VA volunteers and those who work so hard at our VA hospital to help us recover. So I started a T-shirt company that gives its profits to VA volunteers and disabled veterans.

I was honored that James Leahy, VA Canteen Service supervisor, and Craig Fishbein, Oklahoma City VA Medical Center canteen supervisor, took a chance and allowed me (showed me, encouraged me) to become a VA vendor. Craig has ordered from my company twice. I used the profits to buy Wii Fit games, TVs and more for Richard Maxey, VA volunteer supervisor in Oklahoma City.

I hope my company grows to do more to give back to the finest hospital and its staff, who really do care for its veterans. Not only getting us well, but wanting us to be successful. My company Web site is www.sittingprettyusa.com. Thank you for helping our veterans.

*Larry Van Schuyver
Patient
Oklahoma City VAMC*

65th Anniversary of D-Day

You can imagine my surprise when I received and read the July/August issue and found my picture on pages 28 and 30 with the article, “65th Anniversary of D-Day: France Remembers.”

Never in my wildest dreams did I ever expect to be awarded the French Legion of Honor medal by the French President Nicolas Sarkozy and to meet our President Barack Obama, who mentioned me in his address there. Quite above and beyond!

I also wanted you to know that I’ve been a VA volunteer for many years. In

August 2008, the VA volunteer office suggested that I transfer my volunteer services to the Hawaii State Veterans Cemetery, which is now doing veteran burials since the National Memorial Cemetery of the Pacific is full. So I’m

working there, volunteering 80 to 90 hours each month in conjunction with VA. It keeps me mentally alert!

*D. Zane Schlemmer
D-Day Veteran/Volunteer
State Veterans Cemetery
Hawaii*

A New Look for the Web Site

Same name, new face! On Veterans Day, VA rolled out the first phase of a large-scale Web renovation.

This is the first and most visible step in changing VA’s Web domain to better serve veterans and their families by making it easier for them to find the information they need about benefits and programs. Long term, VA’s goals for its Web presence are to make it easier and more inviting for veterans by focusing on topics and tasks rather than office functions, improving the navigational structure, and making it more visually appealing.

The new Web site design will cover more than 500 VA Web sites and about 80,000 pages. Major changes include improvements to the navigational structure that ensure consistency among all sites and consolidate major topics; a slideshow section that showcases current VA events or hot topics; and bottom columns that feature news items, highlights and a “Quick List” with links to important applications such as Veterans On Line Applications (VONAPP) and MyHealthVet. Check out VA’s new Web face at www.va.gov.



working there, volunteering 80 to 90 hours each month in conjunction with VA. It keeps me mentally alert!

We Want to Hear from You

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



National Cemeteries: Transforming for the 21st Century

Steve L. Muro
Acting Under Secretary for Memorial Affairs

As VA Secretary Eric K. Shinseki leads the department in fundamental and comprehensive change to become a 21st-century organization, the National Cemetery Administration is striving to improve the access and quality of services available at VA national cemeteries.

Already a national leader in veteran-client service, NCA earned the highest overall rating in customer satisfaction of any federal agency or private corporation participating in the American Customer Satisfaction Index survey, achieving a score of 95 out of 100 in 2007. Our goal is to further improve the caring and compassionate service that veterans receive at national cemeteries.

According to NCA's internal 2009 Survey of Customer Satisfaction:

- 95 percent of respondents rated the quality of service received from VA cemetery staff as excellent;
- 98 percent rated the appearance of VA national cemeteries as excellent; and
- 98 percent would recommend a national cemetery to veterans' families during their time of need.

These results are a testament to the dedication and hard work of NCA employees as they serve veterans and their families during difficult and emotional times. Our programs for employee development—which are centered at our National Training Center in St. Louis—are crucial to maintaining VA cemeteries as national shrines, and to providing outstanding service at every national cemetery.

Virtually all NCA directors, foremen and other managers have attended supervisory and leadership training, and front-line employees regularly attend courses related to their job functions, such as heavy equipment operations, safety, landscape maintenance, customer service or other topics associated with the operational requirements of NCA.

VA has streamlined the process of burial eligibility determinations and interment scheduling with establishment of the National Scheduling Office, also located in St. Louis. By January 2010, this office

will handle interment requests for all VA national cemeteries, except those located in Puerto Rico and Hawaii. As a one-stop scheduling center, the National Scheduling Office ensures timely, consistent eligibility determinations and is available for families and funeral homes to schedule burials seven days a week. This innovation has freed cemetery staff to devote more time to their primary mission of serving veterans and their families.

VA is expanding the government headstone and marker program to include a new medallion option to acknowledge and honor the service of eligible veterans buried in private cemeteries. This new product will be affixed to existing privately purchased headstones and markers. Family members will be able to

choose either the new medallion, or a traditional government headstone or marker, to memorialize veterans who died on or after Nov. 1, 1990, and are interred in privately-marked graves in private cemeteries. We anticipate that the medallion will be available in early 2010.

NCA's newest responsibility is to process first notices of death for veterans. In fiscal year 2009, NCA captured and entered data into VA information systems that ensured the necessary discontinuance of approximately \$17.4 million in monthly compensation pay-

ing of Washington Crossing National Cemetery in Bucks County, Pa., in early 2010. In late summer 2010, VA plans to conduct first burials at a cemetery expansion to be constructed on land leased from the Department of the Navy at Marine Corps Air Station Miramar, Calif. Administered by Fort Rosecrans National Cemetery, this expansion will resume the option for the interment of casketed remains for thousands of veterans in the San Diego area.

Gravesite expansion projects are now underway to ensure uninterrupted service at

Our goal is to further improve the caring and compassionate service that veterans receive at national cemeteries.

ments for deceased veterans, thereby contributing to the proper stewardship of funds. We are now coordinating procedures to fulfill other VA responsibilities following the death of a veteran, such as the cancellation of medical appointments and shipments of prescription medications.

Five new national cemeteries opened in 2009 to serve the areas of Columbia, S.C.; Sarasota and Jacksonville, Fla.; Birmingham, Ala.; and Bakersfield, Calif. As a result, 668,000 previously unserved veterans now have access to a burial option in a national cemetery within a reasonable distance (75 miles) of their residence.

In the Philadelphia region, more than 580,000 veterans will have access to a burial option with the open-

43 existing national cemeteries across the United States. Seven new state veterans cemeteries—established through the State Cemetery Grants Program—are also under construction. With the opening of these new cemeteries, 90 percent of veterans will have reasonable access to burial space in a national or state veterans cemetery by the end of fiscal year 2011.

Nearly 20 percent of NCA permanent hires in fiscal year 2009 were veterans of Operation Enduring Freedom/Operation Iraqi Freedom. With more than 70 percent of our permanent employees being veterans, all NCA employees understand the meaning of service. They are committed to making VA an organization that is people-centric, results-driven and forward-looking. **VA**

First Lady Visits VACO to Thank Employees for Their Dedication

First Lady Michelle Obama made the 12th stop on her tour of federal agencies and departments when she visited VA Central Office on Oct. 20 to thank employees for their hard work and dedication to serving veterans.

Speaking in the second-floor conference center to a gathering of employees who got randomly distributed tickets to the event, Obama joked about having to be driven the two blocks from the White House to VACO instead of simply walking across Lafayette Park. She also drew laughter from the crowd when she said that she was supposed to come earlier in the year, but got “bumped” by her husband—the President came in March for the celebration of VA’s 20th anniversary as a Cabinet-level department.

Obama was introduced by VA Secretary Eric K. Shinseki, and joined onstage by several long-serving department employees: William R. Bremby; Patricia J. Covington; Dorothy Dillard; James S. McCain; David P. McLaughlin; Loretta R. Rocko; Ralph L.



First Lady Michelle Obama and Secretary Shinseki greet VACO employees gathered in a basement conference room.

Taylor; Marilyn Twombly; and Al Zanella.

“One of the reasons why I do this is because so often federal employees feel underappreciated,” Obama said. “You often get a lot of the blame but sometimes none of the thanks. And my simple job is to say thank you, because the job that you do is a big one.”

Noting that the President

realizes his efforts are only as strong as the people on his team, the First Lady added that “it’s just important for you to know that the President and I are proud of you, just as proud as we are of the men and women who serve this country, the people that you serve. And we just urge you to keep it up.”

After she finished speak-

ing, Obama shook hands and posed for photos with employees; earlier, she greeted a larger group of employees who had gathered in a basement conference room to watch the event, which was broadcast live on VA’s television network. It was also live-streamed, and available to employees around the nation via satellite and closed captioning capabilities.

Under Secretary for Benefits Dunne to Step Down in Early 2010



Patrick W. Dunne

VA Under Secretary for Benefits Patrick W. Dunne announced his resignation on Nov. 20, effective early next year. Dunne, who attained the rank of rear admiral in the Navy, has been with VA since 2006.

As Under Secretary for Benefits since October 2008, Dunne has directed the administration of VA’s disability compensation, pension, education, home loan guaranty, vocational rehabilitation and employment, and life insurance programs through a nationwide network of 57 regional offices, other special processing centers, and Veterans Benefits Administration headquarters.

“I’ve appreciated the wonderful opportunity VA has given me to serve our nation’s veterans and their families,” said Dunne. “We have an obligation to care for our heroes and their dependents, and I will fully support the transition of my successor to meet that moral responsibility.”

“Pat Dunne has guided the Veterans Benefits Administration through a number of challenges during his tenure as Under Secretary. I applaud his service and loyalty to our team and thank him for his unflinching commitment to our nation’s veterans,” said VA Secretary Eric K. Shinseki.

Born in Washington, D.C., and raised in Troy, N.Y., Dunne earned his undergraduate degree in mathematics from the U.S. Naval Academy, and a master’s in mathematics from the Naval Postgraduate School. He is also a graduate of the Navy’s nuclear power training program. [VA](#)



First responders transport a wounded soldier to an ambulance at Fort Hood, Texas, where a gunman's attack on Nov. 5 left 13 dead and dozens injured.

Tragedy in Texas

In the midst of providing mental health services and other support to the Fort Hood community following the tragic shootings, VA mourned its own losses from the violence.

**'I need to do this'
Russell G. Seager, 51**

He didn't have to do what he did. But then again, talk to people who knew him best, and they'll tell you that for Russell G. Seager, there was no other way. And that's what made him such a special person, and made his death that much harder to take. It was also a stark reminder of the dangers troops face on a daily basis in the current wars.

Seager, 51, a nurse practitioner who specialized in mental health treatment at the Clement J. Zablocki VA Medical Center in Milwaukee, was one of 13 people killed Nov. 5 at

Fort Hood, Texas, after Maj. Nidal Hasan allegedly went on a shooting spree.

Seager arrived at the post hours earlier en route to Afghanistan, where he would be on the front lines to help soldiers with mental health issues immediately, instead of waiting until they got back home. He had joined the Army Reserve only four years earlier and pushed hard to get the deployment.

"Russ, why do you need to go?" Jennifer Hauger, his friend and colleague in the primary care clinic, recalled asking him.

"I need to do this," he told her. "I

need to help them."

Seager told his friends he was inspired to join the military after 9/11. While teaching at Bryant and Stratton College, he interviewed for a new position at the VA medical center that would incorporate mental health treatment into the primary care clinic.

Some veterans "are afraid to go to mental health because of the stigma, so we wanted to have a total approach to help them," explained Jim Bode, the primary care program manager who interviewed and hired Seager.

"I think he just loved to take care of vets. It was a passion of his. That's why he joined the Army in his mid-

40s. He wanted to do this. He needed to do this,” Bode said. “We could tell when we interviewed him that he was really compassionate and really cared. He called on his patients, scheduled his patients. He didn’t like just giving that to other people to do. He really built a relationship with them. It’s going to take a long time to find someone like him.”

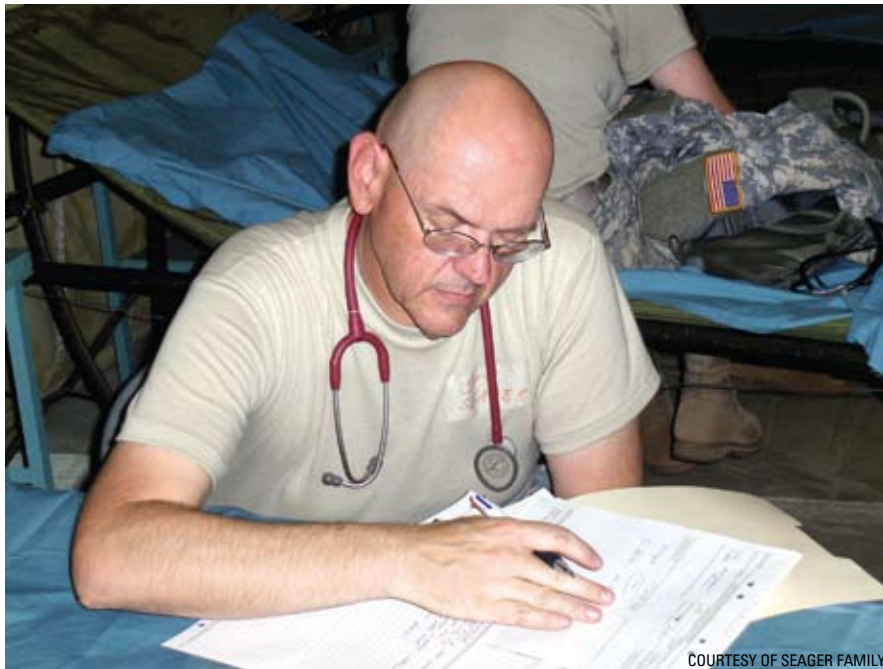
Although he believed he could best serve the soldiers on the front lines, it was tough for him to leave. “He was very worried about his patients here and wanted to make sure they were taken care of, and he wanted to make sure his position would be here when he came back,” Bode said.

Rev. Norm Oswald, chief chaplain at the medical center, said his

Sue Lemcke, a nurse who worked in the office next to Seager, said he took each case personally. “I remember he was treating a young man, and I could tell by the tone of his voice when he said ‘goodbye’ that he was really affected. He told me it was because the man was close to his son’s age, and he felt that connection.”

In the primary care clinic, there are still little things to remind his coworkers of his presence. They wear red ribbons with gold stars on their lapels, in honor of his service.

Lemcke, along with fellow nurse Laurie Lange, can’t help but smile as they talk about the last gift Seager gave them before he left—a peace lily plant in a glass that reads: “HOOAH! It’s an Army thing.”



Russell G. Seager

patients also knew they had someone special in Seager. “One of his patients told me that Russ wasn’t afraid to come into the darkness with him, and he stayed there until there was light. To Russ, these were not patients. They were human beings with needs. They were not customers. He rebelled against that word. They were fellow humans and he wanted to help them. It was really a gift that he could connect on their level.”

“He made us promise that we would take care of it while he was gone,” Lange said, blinking back tears.

“Even though it was in pretty bad shape,” Lemcke added. “So we pulled off the dead leaves and we fertilized it, and brought it back. New leaves are budding on it right now. We want to give it to his family because, for us, that symbolizes that Russ is still here.”

By Gary J. Kunich

Everyone’s Best Friend Juanita L. Warman, 55

More than 1,200 miles separate Fort Hood, Texas, from Perry Point, Md., but the tragedy that took place there Nov. 5 sent shock waves through the Perry Point VA Medical Center and the rest of the VA Maryland Health Care System. Counted among the 13 lives lost in the shootings was Juanita L. Warman, a 55-year-old nurse practitioner and Army reservist who worked at the Perry Point VAMC.



Juanita L. Warman

Warman had been an integral and valued member of the Trauma Recovery Program team at the medical center since October 2005. Her colleagues said she took great pride in her work serving veterans as part of the VA Maryland Health Care System’s Returning Veterans Outreach Education and Care Program.

“I always thought of Juanita as ageless. She was everyone’s best friend because she got along with everybody,” said Dr. Christina Watlington, a staff psychologist who worked daily with Warman. “She was a courageous woman who was truly dedicated to helping veterans.”

Warman, a lieutenant colonel in the reserves who was about to embark on her fourth deployment with her Kansas-based unit, the 1908th Medical Detachment Combat Stress

Control, was highly respected by her colleagues for her knowledge of the military and the psychological needs of returning combat veterans. She actively participated in outreach events for returning veterans and assisted the National Guard with the design and implementation of the Beyond the Yellow Ribbon Reintegration Program. Warman considered the military her family, which she demonstrated through her dedication to her work, particularly with returning and women veterans.

"Ms. Warman was a brave American who voluntarily served in the U.S. Army Reserve to protect and defend the freedom and liberties we cherish in this great nation," said Dennis H. Smith, director of the VA Maryland Health Care System. "Her selfless sense of commitment extended to her career here, where she gave generously to support returning service

men and women as they reintegrated into their local communities. She will be greatly missed by her co-workers and patients alike."

Warman earned both bachelor's and master's degrees in nursing from the University of Pittsburgh. Born into a military family, she "loved the Army and her family," said her half-sister, Kristina Rightweiser. Instrumental in creating a Cognitive Processing Group for veterans, Warman always found time to deliver professional presentations to social workers and other health care professionals who work with returning veterans and military families.

"She was especially interested in helping women veterans," said Lt. Col. Michael Gafney, who runs the reintegration program for the Maryland National Guard. "That topic was dear to her heart. She loved meeting with and helping women soldiers through the long and, many times lonely, path they faced after returning from war."

A resident of Havre de Grace, Md., Warman helped establish the post-traumatic stress disorder instruction portion of the Yellow Ribbon Reintegration Program for Maryland, and she assisted Guard members and reservists returning from Afghanistan and Iraq with acclimating to civilian life.

"We mourn the loss of someone who gave so much for others," said Brig. Gen. James Adkins, adjutant general of Maryland.

By Rosalia Scalia

Counseling a Shaken Community

They made their debut earlier this year. They've been on Capitol Hill, on the grounds of VA medical centers, at post-deployment events and at stand downs. On Nov. 5, four of these mobile vet centers were deployed to the Fort Hood area and put into action providing counseling, crisis intervention, and information and re-

ferral services in the aftermath of the tragedy.

The 39-foot vehicles, outfitted with two confidential counseling rooms and state-of-the-art satellite communications, came from Fayetteville, Ark., New Orleans, San Antonio and Midland, Tex. With 50 of these vehicles nationwide, the vet center program had the perfect tool for a quick VA response to this emergency.

Within hours of the shootings, Readjustment Counseling Service developed an integrated plan and began mobilizing the vehicles and bringing staff to the area to provide counseling services to people impacted by the tragic event. While the mobile vet centers were en route, the Killeen Heights Vet Center was in full gear, staying open late and working overtime to ensure that every client had been contacted to see how they were doing.

Arriving with the mobile vet centers were more than 30 vet center staff members from across the country. Located on-base at the PX and off-base at community centers, the four mobile vet centers, equipped with counselors and outreach workers, began seeing people immediately.

"The vet center staff who responded to the Fort Hood tragedy went above and beyond in assisting the local community," said Dr. Alfonso Batres, chief officer of Readjustment Counseling Service.

The Killeen Heights Vet Center and mobile vet centers saw more than 8,200 veterans, soldiers, family members and civilians at Fort Hood and the surrounding area who were in need of counseling and emotional support.

Since this was the first time the mobile vet centers were deployed during a crisis of this magnitude, there were a lot of lessons learned, one of which was location. "We learned quickly that our initial locations were not reaching the amount of people we expected," said Robert Gombeski,

More VA Connections

Dorothy Carskadon, 47, a social worker and team leader at the VA vet center in Madison, Wis., was wounded in the Fort Hood attack. A captain in the Army Reserve, she was preparing to deploy to Afghanistan with the Madison-based 467th Medical Detachment.

Carskadon has been team leader at the Madison Vet Center since 2006. She was released from Darnall Army Medical Center at Fort Hood to continue her recuperation at home.

A former VA employee, Michael G. Cahill, 62, was among the 13 killed at Fort Hood. Working as a civilian contractor at the Army base at the time of the shootings, the physician assistant previously worked at VA facilities in Montana, Oregon and Texas.

On an average day, more than 850 VA employees don uniforms to serve military commitments in reserve and National Guard units across the country and overseas.



JOEL CHAVERRI



JOEL CHAVERRI



JOEL CHAVERRI

Above: Anthony Seamster, mobile vet center counselor, provides information to a family outside Wal-Mart at one of the four mobile vet centers deployed to Killeen, Texas, to offer counseling services in response to the shootings at Fort Hood; top right: Michelle Milonas, team leader at the New Orleans Vet Center, and Kevin Mickens, mobile vet center counselor, greet military members and local residents outside the mobile vet center at Wal-Mart; bottom right: Chuck Edens, veteran outreach specialist at the Killeen Heights Vet Center, talks with a soldier outside the mobile vet center deployed to the Warrior Way PX on Fort Hood.

Killeen Heights Vet Center team leader. “To connect with the community, we had to be creative and go where they were—a place that was sure to have people visiting every day.”

The solution: Wal-Mart. No sooner had the idea been brought up than staff members were talking with local Wal-Mart management to request permission to set up the mobile vet centers in their parking lot. Soon, the vehicles were set up outside two different Wal-Marts, where they were capable of seeing a large number of people each day, many of whom knew someone involved in the shootings.

“We spent a lot of time speaking with both military and civilian workers who were feeling anxiety as a result of the events,” said Michelle Milonas, team leader at the New Orleans Vet Center and on-site mobile vet center counselor. “We’ve been able to answer questions and provide therapy in this time of need.”

“We spent a lot of time speaking with both military and civilian workers who were feeling anxiety as a result of the events.”

The incident hit close to home for many mental health and hospital workers. “The staff at the hospital on base worked very hard to provide care for the victims and their families, but often they are the last to receive any care themselves,” said Jacquelyn Cusick, a counselor with the Killeen Heights Vet Center and on-site mobile vet center counselor.

The mobile vet center, with its ease of access and neutral location, was able to provide that care. Anyone needing assistance could simply walk in and talk to a counselor without having to actually visit a clinic or hospital. This proved to be a vital aspect of the mission, since many soldiers were initially fearful of returning to the base.

“With some veterans, these shootings have re-trig-

'You are not going to die on me'

Ana Maldonado, a registered nurse at the Audie L. Murphy Memorial Veterans Hospital in San Antonio, part of the South Texas Veterans Health Care System, was at Fort Hood on Nov. 5 attending her husband's graduation ceremony. Maldonado, who was inside the auditorium, saw the band and the graduates suddenly rush in through the main doors.

"I thought, this is not right," Maldonado said. Then, she heard gunshots.

A soldier came in through the back entrance asking for volunteers with combat experience, or any nurses, doctors or emergency personnel. She started to respond, but her husband held her hand tightly.

"I looked at him and said, 'I have to do this,'" Maldonado recalled.

From the auditorium, she and some other volunteers ran to the Soldier and Family Readiness Center, where the shootings took place. When she walked in, she saw blood everywhere. The people on her left, she soon realized, were already dead.

"I asked someone to get me some gloves. I took off my boots and rolled up my pants and started looking at the victims," Maldonado said.

"A soldier had his hand up, and he was the first one I went to," she said. "He was still alive. I asked someone to give me their shirt; I rolled it up and used it to help stop the bleeding."

Maldonado looked at the soldier and said, "You are not going to die on me. You are a soldier. The ambulance is out

there and they will take you to the hospital."

Maldonado helped assess the condition of the victims. She also directed some fellow nurses and others who were at the scene.

"I was asking people if they knew how to do CPR, take the pulses of those wounded and put pressure to help stop the bleeding."

When the ambulances arrived, Maldonado informed the paramedics who needed to be taken first and who

needed help. She stayed until all the wounded had been taken to the hospital. Maldonado, who has two decades of experience as a combat nurse, said that being a nurse and a veteran helped her during the incident.

After making a statement to the FBI, Maldonado rejoined her husband. They returned to San Antonio that night. When they got home, she wept. "I was there for a reason," she said.

About a week later, Maldonado went back to Fort

Hood for the memorial service. "The people I worked with that day recognized me," she said. "They came over and said that they were looking for me. They said I must have been an angel because they could not find me."

In addition to her 20 years as an Army nurse, Maldonado has 22 years of civil service—four at Brooke Army Medical Center and 18 at the South Texas Veterans Health Care System. She currently works in Gastroenterology Service. - Genevieve T. Josen



LUPE HERNANDEZ

Registered nurse Ana Maldonado, who was at Fort Hood on Nov. 5 attending her husband's graduation ceremony, raced to the scene of the shootings to help the victims.

gered past events of combat," said Vaughn DeCoster, team leader at the Fayetteville Vet Center and on-site mobile vet center counselor. "Most people think that something like this is not supposed to happen here."

The Fort Hood shootings made a

considerable impact on the soldiers, families and civilians who live on or around the base. Many are grateful for the timely support provided to them by the mobile vet center staff.

"I'm proud of all the RCS staff for their commitment and sustained

service to the Fort Hood community," said Louann Engle, RCS regional manager. "Their hard work reflects a tremendous dedication that has really paid off for those who needed care." **VA**

By Joel Chaverri



VA Central Office ARRA team members (left to right): Ruth Jane Peterson, senior policy advisor (Recovery); Allan Millington, systems accountant-team lead; Jonathan Lambert, deputy director, Financial Business Operations; Edward J. Murray, deputy assistant secretary for finance; Jill N. Cottine, administrative officer; and Jacqueline Hillian-Craig, Recovery support.

Recovery Act Spending: Stimulating More Than the Economy

A talented and creative team was assembled to oversee the spending of VA's share of the funds.

In a previous article, *Vanguard* asked, "How hard is it to spend nearly one and a half billion dollars?"

VA Deputy Assistant Secretary for Finance Ed Murray admitted it was easier said than done, noting, "It's definitely a lot of work and ... we had to ... find the right people that could contribute."

And find the right people they did.

From top-level managers at VA Central Office to field contracting officers, Murray and his team assembled a talented and creative staff committed not only to spending VA's share of the American Recovery and Reinvestment Act funds within the given time frame, but to spend it properly.

Spending it "properly" means meeting VA's contracting performance goals. Projects have to be "properly solicited, competitively bid and the work ... done to satisfaction before the contractor can be paid," Murray said. VA is also holding to its goals for awarding contracts to small, minority, veteran and disabled veteran-owned businesses.



NICOLE FISCUS



ROBERT KUMMER

Clockwise from left: Field-based ARRA team members, including John Lombard, Scott Fiscus and Tami Diaz have used a number of new tools and resources to successfully manage and monitor Recovery Act spending.



RUSSELL LAMBERT

And there's a time limit—they have 24 months to spend the money without adding staff, while providing an unprecedented level of transparency not seen before in the federal government.

They also must meet VA Secretary Eric K. Shinseki's priority targets. "We were looking for projects that fell into one of three categories of patient safety, security of the environment

and energy," Murray said.

One employee cited for helping reach these goals is Kenneth J. Buck, Ph.D., director of acquisition policy, who oversees a complex process involving more than 1,300 individual contract actions totaling more than \$1.2 billion.

As the senior acquisition official, Buck deftly coordinates activities between experts in finance, legal, information technology, and the Office of the Secretary.

In addition to drafting and implementing acquisition policy and procedures, he designed significant enhancements to the electronic contract management system (eCMS) so that all contracts include provisions unique to ARRA acquisitions. He also developed performance indicators to track procurement milestones and put in place a quality assurance process that predicts and corrects problems.

As a result, the White House recognized VA for far exceeding goals in the areas of competition (more than 99 percent), obligations to small businesses (approximately 38 percent), and on-time completion. Further, the changes instituted by Buck and his team have established an infrastructure that can be used to improve the quality, timeliness and performance of all future VA procurements.

The impact of those changes within the Veterans Health Administration has been direct, immediate and noticeable.

"We have incorporated a number of new tools and resources that have greatly enhanced our ability to manage and monitor our performance, and are able to provide an unparalleled amount of data that support our ... desire for a higher level of transparency and accountability in our business practices," said Scott Fiscus, director of VHA's Recovery Act Acquisition Program, Office of Procurement and Logistics.

One new management tool, eCMS, was still in its infancy when the Recovery Act was initiated. The Act, according to Fiscus, has propelled the system forward and forced contracting officers to take advantage of

all its capabilities.

"The system provides the most effective means we have of generating recurring reports, and tracking any individual project remotely," Fiscus said. "More importantly ... the system offers acquisition planning functions that allow staff to adhere to a more organized, structured, and risk-averse acquisition process."

Similar sentiments were expressed at the field level, too.

"Our contracting officers are using eCMS to document every step of the procurement process," reported John Lombard, a contract specialist and eCMS application coordinator for the VA Northwest Health Network (VISN 20). "We are able to create reports ... that offer a true reflection of where each procurement stands. This has created efficiencies in our Construction Branch, and now we can just look at eCMS to answer questions, rather than spend time calling contracting officers to get the status."

An important element of ARRA spending is increased transparency of the process.

"All of our plans, projects and weekly financial and program accomplishments are fully transparent to the American people on the ARRA-specific Web site that VA developed within the first week after passage of the Recovery Act," said Murray.

This transparency is not just for the public to better see how their government is conducting its business, but also for federal managers to be able to monitor the process and provide direction as needed to stay on track.

"I have not been involved in anything with as much scrutiny at such a high level," admitted Randy Harvel, the eCMS coordinator with the South Central VA Health Care Network (VISN 16). "Requiring the contracting officers to work with and update milestones regularly helped to identify and rectify problems early on."

Across the board, eCMS coordinators complimented their field con-

tracting officers for their diligence and commitment to meeting established ARRA spending goals.

"Contracting officers working on ARRA projects really stepped up to the plate and did an exceptional job meeting the expectations," said Tami Diaz, eCMS coordinator for the VA Healthcare System of Ohio (VISN 10).

The improvements in contract management, combined with the focus on competitive bidding and the efforts of the contracting officers, have provided an additional benefit. Most contracts have been awarded *under* the planned amounts.

"These cost savings provided additional funding for projects that may not have been awarded this fiscal year without the efforts of the contracting officers," noted Diaz. "These efforts translate into meeting more needs for the veterans."

While maintaining and upgrading 152 VA medical centers easily takes the lion's share of VHA's Recovery Act funds, a sizeable portion, \$399 million, has been designated for a substantial number of energy initiatives—projects incorporating energy efficiency and renewable energy.

In an effort to put Recovery Act money directly into the hands of veterans, the Veterans Benefits Administration began making \$9,000 and \$15,000 payments required by the Act to eligible Filipino veterans in April, and \$250 payments to eligible veterans with disabilities in June. Additionally, VBA hired the first of 2,293 temporary employees to assist in processing compensation and education claims in April.

"These actions required the development of business processes, acquisition of workspace and equipment, training, and multiple changes to VA's automated systems," said Jimmy Norris, VBA's chief financial officer. "A rapid, coordinated response was delivered by multiple VA elements to ensure this timely action."

Keeping its commitment to

maintain the final resting places for millions of veterans as national shrines, the National Cemetery Administration was provided \$50 million in ARRA funds. The funding allows NCA to immediately address a backlog of maintenance needs at VA cemeteries.

"NCA is using these funds to raise and realign headstones and markers, renovate gravesites, and make road repairs and other improvements to cemetery grounds and facilities," said Acting Deputy Under Secretary for Memorial Affairs Ron Walters. "NCA will also purchase new equipment for cemetery operations and conserve and repair 49 historic monuments at national cemeteries and soldiers' lots across the United States."

Additionally, the funding will allow NCA to finance projects that use wind turbines, solar power and other measures to conserve energy and water. So far, NCA has obligated more than \$29 million for projects at 85 national cemeteries.

In just nine months, VA has obligated more than 54 percent of its Recovery Act funds, including more than \$465 million directly to more than 1.8 million veterans through the individual \$250 checks they received in June.

The American Recovery and Reinvestment Act of 2009 was designed to jumpstart America's economy, create or save millions of jobs, and put a down payment on addressing long-neglected challenges so our country can thrive in the 21st century.

"VA is on its glide path to fully obligate all of its Recovery Act funds by September 2010," Murray said.

VA is obligating the funds to improve benefits and services to veterans, while at the same time stimulating the economy in and around the communities that are home to hundreds of VA facilities and millions of the nation's veterans. **VA**

By Jim Benson

Building a Better Arm

Amputee veteran Jonathan Kuniholm is on a mission to bring upper limb prosthetics into the 21st century.

In many ways, Jonathan Kuniholm is like a lot of young veterans across the country. After serving three and a half years in the Marines, he went back to school and began his pursuit of a graduate degree in mechanical engineering at North Carolina State University.

Kuniholm enjoyed his studies, but he missed the camaraderie of his days in the military. So after starting a doctoral program in biomedical engineering at Duke University, he decided to join the Marine Corps Reserve's 4th Combat Engineer Battalion. It was a compromise that would have allowed him to continue to serve his country while studying nanotechnology at one of the country's finest schools.

"Part of the reason I joined a unit was seeing the Marines stepping up and doing what we had all trained to do. I was prepared to deploy, but didn't think I'd get the warning order 48 hours after swearing in," said Kuniholm.

Within a month, the unit was called to active duty, and the captain was training to deploy to Iraq with his new platoon. Seven months later, Kuniholm was on foot patrol not far from the Euphrates River when Iraqi insurgents detonated a bomb with him



Jonathan Kuniholm, left, has worked on a DARPA-funded project to develop a prosthetic arm that looks, feels, performs and is controlled like a natural limb. He tested a modified version of Guitar Hero III developed by project engineers. Stuart Harshbarger, right, formerly led the project.

MIKE MCGREGOR/CONTOUR BY GETTY IMAGES

squarely in the blast zone.

The explosion was so severe that it snapped his rifle like a twig, nearly cut his right arm off and slammed his body hard to the ground. Severely wounded and under fire, he scrambled out of harm's way, where a medic applied a tourniquet, saving his life. It was New Year's Day 2005.

"One of the medical officers told me that if it had been Vietnam, I would have died from the loss of blood," recalled Kuniholm, who awoke in a hospital missing his right

arm below the elbow. "But I was just psyched to be alive."

One of his fellow Marines wasn't as fortunate, dying of internal injuries. Four more would not live to see February. Kuniholm was headed back to the states—facing rehab and life without a right hand—but he was alive and thankful for it.

For the next five months, Kuniholm was in rehab learning how to use an array of prostheses, from the most advanced electric hand to a prosthetic hook that hadn't changed

much in nearly 100 years.

“David Dorrance’s name is on the 1912 patent, and is stamped on the titanium hook that I like to use,” Kuniholm said.

Kuniholm switched his studies at Duke from nanotech to prosthetic arms. He was now on a mission to bring prosthetics into the 21st century. Since then he has worked on numerous projects, including the Defense Advanced Research Projects Agency (DARPA) Revolutionizing Prosthetics program, which has goals that recall the “Six Million Dollar Man,” or Luke Skywalker’s hand replacement in “The Empire Strikes Back.”

“When people think about prosthetic arms, their impressions are often guided by science fiction,” said Kuniholm. “But what is actually available is a lot different.”

Kuniholm’s participation in the project has been focused on using pattern-recognition software that interprets thoughts into motions. Instead of an amputee having to learn how to use an artificial arm, the arm will learn from the wearer.

“When I imagine moving my right hand, muscles produce electrical impulses that can be detected with electrodes,” he explained. “We are teaching the arm’s ‘computer’ to in-

terpret these impulses and turn them into motion. The goal is to have a prosthesis that is controlled the same way as your natural arm.”

Compared to other inventions and devices, prosthetics have been dramatically outpaced. The telephone, the automobile and the split-hook artificial arm were all in production during the early 1900s. By 1955, the car featured power steering, a radio, and could be started with a key instead of turning an engine crank mounted in the grill. The rotary-dial telephone was in countless homes and one could place a call from New York to California without a second thought. The prosthetic arm, meanwhile, remained basically the same.

Fast-forward to 2009. The telephone is now a “cell” that can go anywhere, make calculations, store hundreds of songs, take photos and surf the World Wide Web. Most cars are available with everything but autopilot, and a few models even automatically apply the brakes when needed, and sound an alarm if the driver starts to doze off. The prosthetic arm? Basically the same.

“Despite what’s possible in other industries, and what science fiction makes us think ought to be possible, prosthetic arms have simply been a wasteland for innovation,” Kuniholm

said.

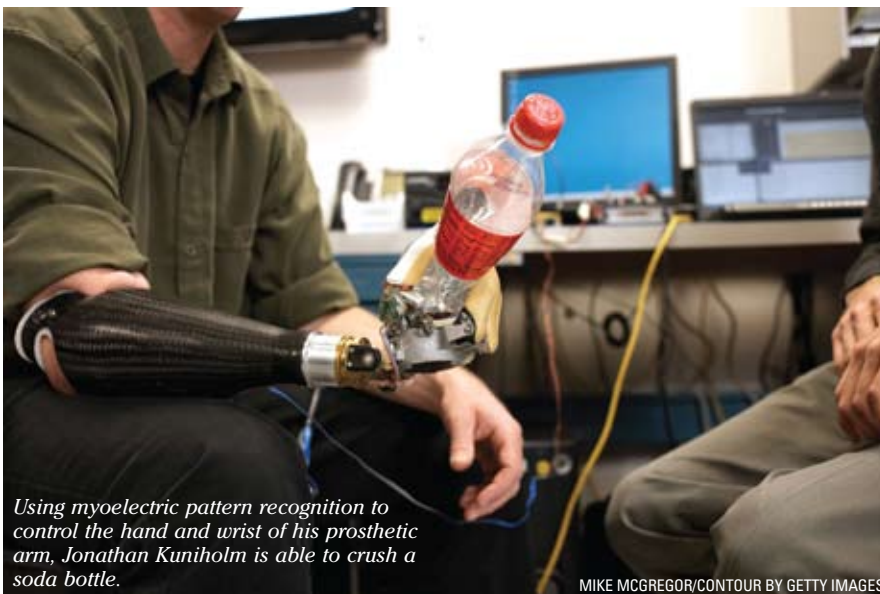
The reason for that, in spite of the need, is the size of the market. While just about every human being on the planet has a use for a car or cell phone, there are only a small percentage of amputees, and most can’t afford much. In the developed world, there are probably fewer than 200,000, with less than half of those living in the United States.

The biggest hurdle for Kuniholm and other amputees is getting the technology into production and affordable for the user. “While the accomplishments of the research teams have been impressive, in many ways the real challenge is figuring out how to get this stuff to the clinic and actually on patients,” he said.

He has some ideas about how to make it happen. His plan involves borrowing existing technology from bigger industries, such as robotics technology employed by the defense industry. Where there’s been no development of a useful technology, like the myoelectric pattern recognition Kuniholm wants to use to control arms, he hopes to find uses in bigger markets, such as electronic games and entertainment. Finally, he plans to design the parts and software in the open to increase innovation.

“I could capture about a thousandth of the video game market and exceed the entire prosthetic arm market,” Kuniholm said. “That’s the kind of buying power I want solving my problem. And who wouldn’t want to be able to pull the trigger by moving their finger instead of pressing a button in Unreal Tournament 3?”

While some have been skeptical of his open strategy, Kuniholm has an answer. “I don’t know if this will work,” he said, “but I know that what we’ve done for the last 100 years hasn’t worked. And you wouldn’t believe the offers of help that I’ve gotten. I feel like Tom Sawyer whitewashing his fence.” **VA**



Using myoelectric pattern recognition to control the hand and wrist of his prosthetic arm, Jonathan Kuniholm is able to crush a soda bottle.

MIKE MCGREGOR/CONTOUR BY GETTY IMAGES

By Gary Hicks

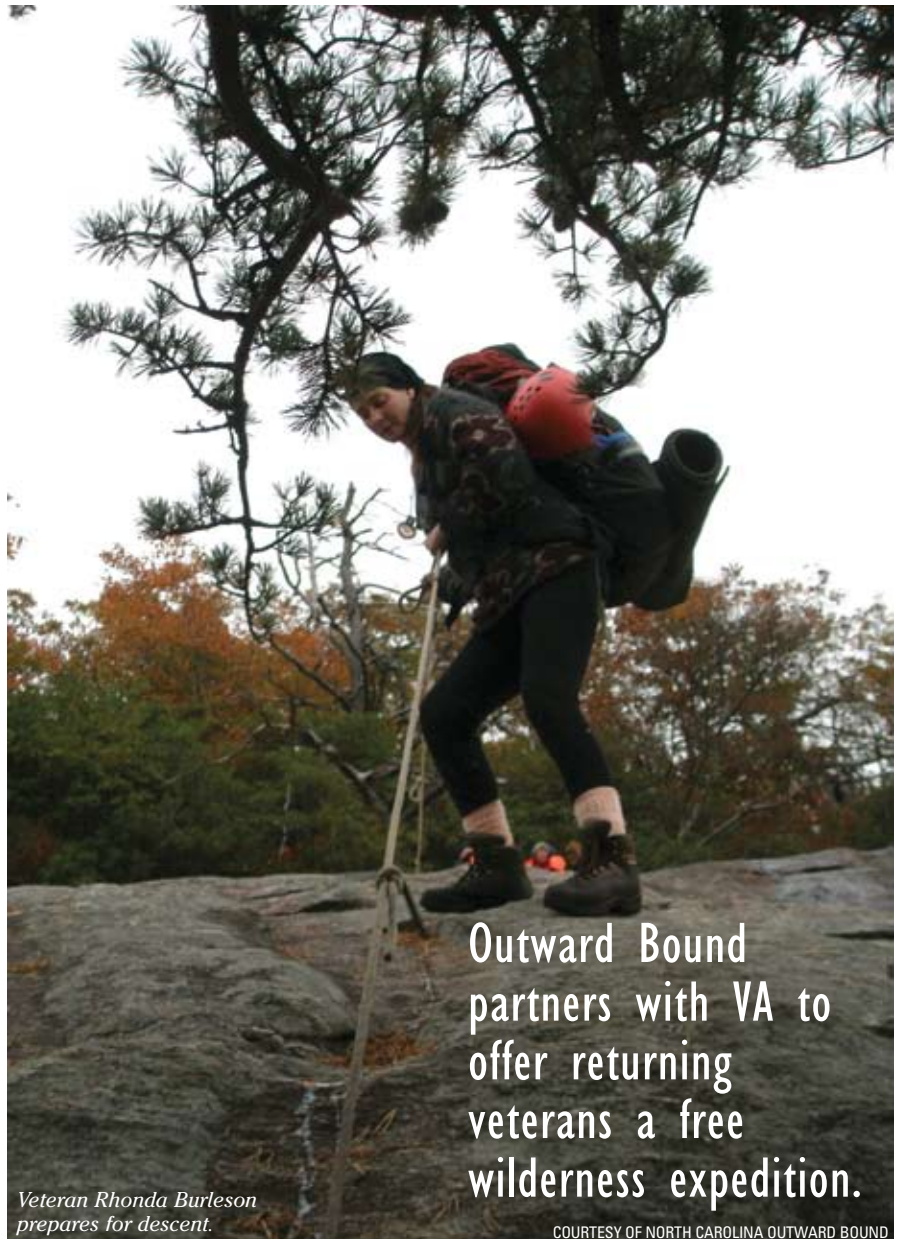
Six months ago, Sgt. Neal Brace was trudging across the scorching desert of Ramadi, Iraq. This past October, Brace found himself hiking in the mountains of Appalachia.

On both occasions, the packs were heavy, but the nature of this mission was much different. Instead of listening for enemy fire or searching for an IED, this small company of veterans was hiking through the fall foliage of western North Carolina. Crows called, and silence welcomed them on top of a peak as they took a moment to reflect on their ascent.

These six Afghanistan and Iraq veterans seized the opportunity to attend an Outward Bound course aimed at helping them reintegrate into civilian life. The goals of the Outward Bound veterans program are to physically, mentally and emotionally challenge veterans, and to build the self-confidence, pride, trust and communication skills they need to successfully return to their families and communities following wartime service.

The program is funded by a grant from the Sierra Club and Disabled Veterans of America. The grant allows Afghanistan and Iraq veterans to sign up for a free Outward Bound course nationwide.

Outward Bound has its roots in wartime. It was created in 1941 during World War II out of a need to instill spiritual tenacity and the will to sur-



Veteran Rhonda Burlison prepares for descent.

Outward Bound partners with VA to offer returning veterans a free wilderness expedition.

COURTESY OF NORTH CAROLINA OUTWARD BOUND

Charting a Course Toward Readjustment

vive in young British seamen.

In the early 1980s, Col. Bob Rheault ran Outward Bound trips for Vietnam veterans out of a VA inpatient post-traumatic stress disorder treatment program in Northampton, Mass. Over the last 20 years, Outward Bound has run wilderness expeditions specifically designed for war veterans and service members at no cost to

participants.

The recent partnership between the Charles George VA Medical Center in Asheville, N.C., and Outward Bound marks the first time in decades that a custom course has served veterans enrolled in a specific VA facility. “It helped so much to know that there are other people locally that have been in Iraq and Afghanistan, and to

hear their stories and tell mine,” said participant Rhonda Burlison.

Outward Bound is working to reinvigorate its connection to VA facilities. The organization is currently in dialogue with facilities across the nation to schedule custom courses for Afghanistan and Iraq veterans.

The recent five-day wilderness expedition in the Asheville area was

led by two seasoned instructors, Dave Genova and Diana Belknap, with the North Carolina Outward Bound School. Outward Bound veterans program course instructors include many who served in the military themselves, and all instructors go through customized veterans training. The Asheville-area expedition included backpacking, rock climbing and a high ropes course.

"Diversity played a role in this being a successful course," explained Genova, a Vietnam-era veteran and 30-year instructor for Outward Bound. "Some veterans were struggling with adjustment, others not so much. The age of participants ranged from 22 to 47, and included two women. Some participants returned home from Iraq as recently as two months ago, while others have been home several years."

Genova said they purposely created a flexible course to empower the group to choose aspects of their trip, unlike the structure of military expeditions. "We told the group, you can decide as a group to hike the trail around to camp or bushwhack up and over the ridge."

Instructors also encouraged participants to practice open communica-

tion, as conflicts arose between participants during challenging activities.

On the course, veterans told each other of their military experience and adjustment to civilian life. "Coming home from war is so very hard and lonely," participant Stacie Tindle said. "It's easy to hide from the rest of the world. On this course I have been able to share my experiences, my pain, with other veterans."

Connecting with fellow veterans in the beauty of the country for which they served can be a meaningful experience for participants. "My transition from military to civilian life has been a huge struggle," said participant Michael Seng. "This course has given me an opportunity to meet up with others on the same path."

This contracted Outward Bound course was not intended to be therapy, but rather an adjunct to other VA services provided. VA social work staff helped veterans enroll in the course, and provided follow-up with veterans post-course to assist with linkages to VA services as needed.

For those already engaged in therapy, the course provided a rich experience to debrief in session. For oth-

ers, this course was their first exposure to the wide array of services offered by VA for Afghanistan and Iraq veterans.


As the participants departed from the Charles George VAMC to begin their course, staff met with the group, providing them benefits information and various program materials, as well as suicide prevention information. Medical center leaders paved the way for this partnership to occur, including Acting Director Dr. Mary Ann Curl, Associate Director Walter Hitch, Chief of Mental Health Service Dr. Carole Rivers, and Chief of Social Work Service Richard Adams.

Trevor Ridge said participating in the course was an important part of his journey toward readjustment to civilian life. "As a veteran returning from an unpopular war, I have found it difficult to adjust to life outside of the military," he explained. "This course offered the best opportunity for us to gain a sense of belonging in this beautiful world."

In the end, it may be on this course that a veteran feels the first sprouting of insight or change. It may be many months later, after a seed is planted, that the impact is evident.

"Over the period of this course, I changed in ways I didn't think possible," said Seng.

"This experience will help me get back to my pre-war self," said Ridge. "One thing I can say about the course: It uplifted me confidence-wise. I conquered many of my fears. More vets need to get into this."

Afghanistan and Iraq veterans interested in an Outward Bound open-enrollment course can contact admissions at (866) 820-9577 and speak to an admissions advisor. For custom contract courses like the one described here, contact Meg Ryan at Outward Bound, (866) 669-2362, extension 2374. For more information on Outward Bound programming for veterans, visit www.outwardbound.org/index.cfm/do/cp.veterans. 



Michael Seng belays a fellow veteran on a rock face while Stacie Tindle provides back up belay; rock site instructors stand by.

COURTESY OF NORTH CAROLINA OUTWARD BOUND

By Hillary Bolter

The threat of hurricanes is a fact of life for coastal towns along the Atlantic Seaboard. All VA hospitals located in high-threat areas are required to conduct evacuation exercises at least annually. While some of those efforts are accomplished in the form of table-top exercises, the Veterans Health Administration recently added an extra measure of reality to challenge its readiness by hosting the National Patient Movement Exercise Sept 16-17.

The purpose of the exercise was to evaluate the operational readiness of personnel and equipment, and the logistics required to support patient movement from one VA medical center to others not affected by the disaster. The foundation for this exer-

Medical Center and the community-based outpatient clinics located in Virginia Beach, Va., Morehead City, N.C., Jacksonville, N.C., and Wilmington, N.C., are all close enough to the water's edge to make the threat of hurricanes a real concern. Likewise for the VA facilities in VISN 8 located along the Florida coast.

"Exercises like this one are vital to the success of our mission," said Daniel F. Hoffmann, VISN 6 director. "Having had to evacuate the Hampton VAMC during Hurricane Isabel, we know the threat is real. This exercise allowed us to review and evaluate our processes, procedures and new technology. Anything we can do to better our readiness and response actions goes a long way toward ensuring

step-by-step framework for planning, developing, executing and evaluating exercises. It also provides after-action reports and improvement plans in a Department of Homeland Security standardized format.

On Sept. 14, the fictional Hurricane Zulu intensified into a Category 4 storm and was expected to impact the coast in the coming days close to the border between North Carolina and Virginia. Simultaneously, another hurricane was headed directly toward South Florida. The leadership in VISNs 6 and 8 made the decision to evacuate the Hampton and West Palm Beach medical centers.

Successful patient evacuation begins with the planning efforts of the emergency management team.

Testing Disaster Readiness

National exercise evaluates new equipment and technology to ensure continuity of care during emergencies.

cise was data derived from the VHA Emergency Management Strategic Health Care Group's analysis of Hurricane Katrina. This exercise looked at equipment needs for coastal evacuation and became a technology test bed for VHA.

Participating in this exercise were the VA Mid-Atlantic Health Care Network (VISN 6) and the VA Sunshine Healthcare Network (VISN 8). For VISN 6, the Hampton (Va.) VA

we can and will provide continuity of care regardless of the challenge."

According to Mike Boucher, emergency management director at the Durham (N.C.) VA Medical Center, planners used the VHA Exercise Builder-Hospital product to plan the exercise. This product is a VHA-sponsored, Department of Energy-developed database application that assists emergency managers and exercise planners by providing a

For this exercise, Boucher was lead planner for VISN 6 participation, and Victor Ramos, VISN 8's area emergency manager, led the Florida team. Both VISN exercise-planning teams were in constant contact with Mick Feeser, lead planner for VHA, during exercise development and planning. Their seven-month effort focused on developing a comprehensive plan that would test every aspect of how to safely prepare, load, transport, track



Exercise participants tested new ambulance buses used to evacuate patients during an emergency.

SHEILA BAILEY

and deliver patients to VA medical centers in Richmond, Va., and Durham. "EMSHG area emergency managers provided valuable support throughout the exercise development and planning," said Boucher. "Without EMSHG, this exercise would not have happened."

According to Boucher, the scope of this exercise reached far beyond the current emergency response capabilities by incorporating new technology that deals with the many shortcomings that surfaced during Hurricane Katrina. Along with the common issue of transportation, the exercise tested a variety of communications gear and a software program designed for evacuation.

Both VISNs 6 and 8 tested and evaluated three new ambulance buses. These prototype vehicles, made by Farber Specialty Vehicles of Columbus, Ohio, are designed to fill a dual-purpose role to ensure maximum cost benefit to VHA. When not being used as emergency evacuation tools, safely transporting patients with the latest technology, the buses can be used for daily transportation, such as shuttling patients from parking areas to the medical centers.

The buses come in three sizes—28, 30 and 34 feet long—and each is designed to quickly and easily be transformed from ordinary bus to state-of-the-art patient mover. The buses carry from nine to 15 litters, and each bus has a hydraulic lift for wheelchairs, along with ramps that allow loading and unloading from the rear. The water-cooled generator under the bus powers the redundant air conditioning units and provides 120- and 240-volt power along the interior walls of the bus, which allows providers to use many of the monitors and cardiac care response tools used by Air Force evacuation squadrons.

More than 35 volunteers from around VISN 6 participated as "patients" and evaluators. Also evaluating the equipment were emergency response coordinators for Duke Trauma

Center and representatives from the Air Force's Air Mobility Command, who were evaluating these ambulance buses against what the Air Force is using to shuttle patients from war zone to medevac locations, and from aircraft to hospitals when they land in the United States.

Successful patient transportation requires more than just getting them from point A to point B. Because the inpatients being evacuated may require critical care, accurate information must flow between the medical center being evacuated and the one receiving the patient before departure as well as en route.

The difficulties of establishing and maintaining communication links were brought to the forefront by Hurricane Katrina. "It's typical that land lines will be lost, and while cell towers may survive, they can quickly become overloaded," said Boucher. "What we need is a system that will work anytime, and in any weather. That's why we are testing a variety of systems during this exercise."

According to Boucher, the Department of Homeland Security has mandated interoperable communications, and is working with agencies around the country to build a nationwide system that will allow interface by local, state and federal responders. One such system used in this exercise is North Carolina's statewide Voice Interoperability Plan for Emergency Responders, commonly referred to as VIPER.

The Durham VAMC was the first VA medical center in North Carolina to get the system. And according to Boucher, it lets him speak with virtually all state and local responders and has a range that allows communication anywhere within the state. During the exercise, he used a hand-held VIPER radio to communicate directly with the Durham VAMC from beyond the Virginia border, more than 70 miles away.

Another communication system being tested is the F4W Portable Sys-


tem Interconnect. This fully portable, lightweight network system sets up in less than 15 minutes and provides phone service and secure Internet access where service has been interrupted, or in remote areas where there is no infrastructure or communications are non-existent. Iridium satellite phones were also tested.

"VHA will use the results of the VISN 6 and VISN 8 evaluations to decide how to outfit the rest of the country," Boucher said.

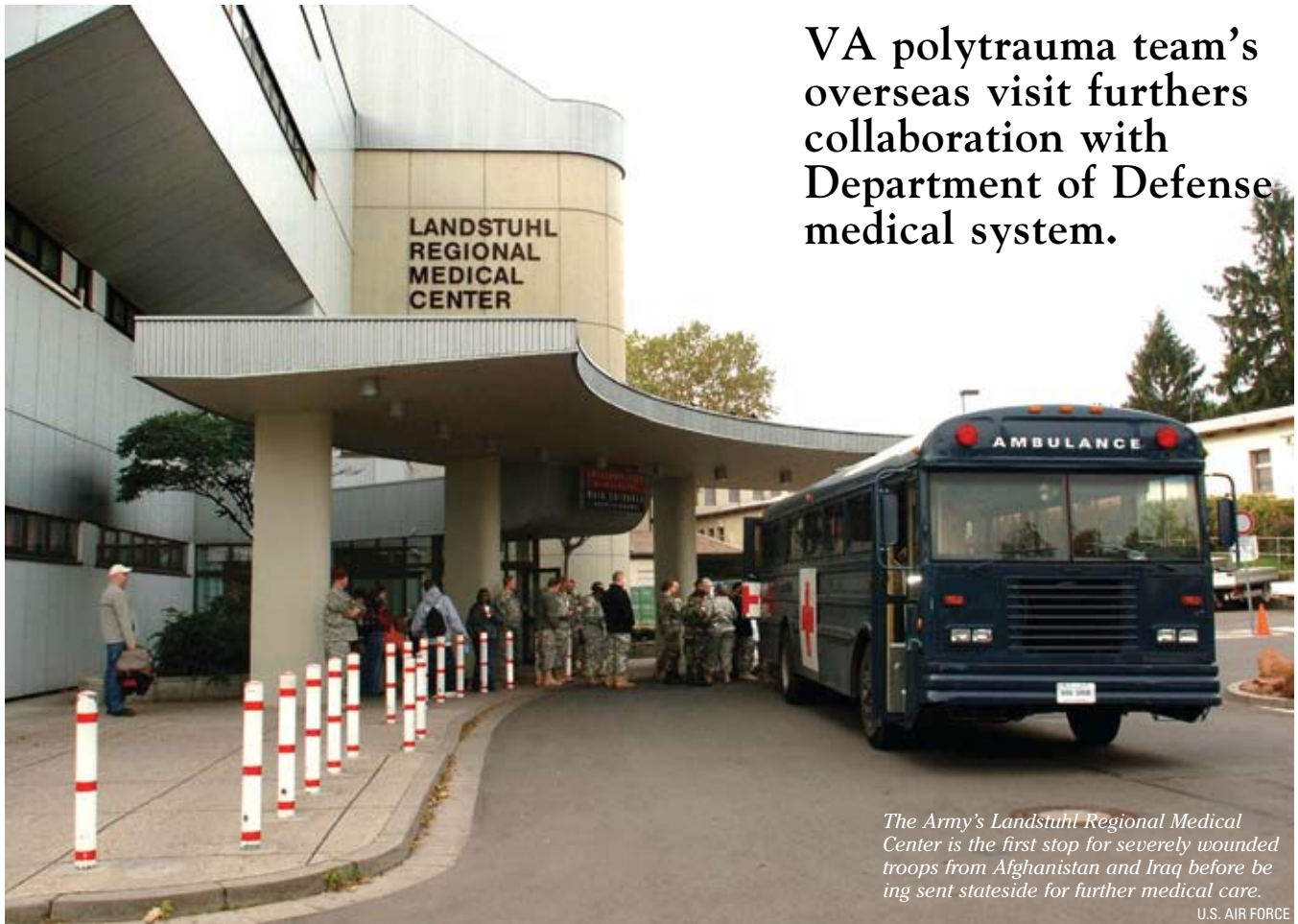
The patient tracking software tested is a program that was developed in VISN 6. This software, known as the VISN 6 Emergency Evacuation Application, provides continuity of care by letting the evacuating hospital enter patient data and allowing the receiving hospital to have the entire record of care. The Hampton VAMC loaded patient data into the system, keeping the Richmond and Durham medical centers apprised of the status of the patients headed their way.

Throughout the week, from the first warning of the impending hurricane exercise until the threat passed, a team of VISN 6 employees stood watch in the command center, assisting and monitoring the progress of the evacuation through situation reports, and managing the availability of beds throughout network medical facilities.

"It's our job to activate the VISN 6 Emergency Operations Plan, make the decision to evacuate a facility, and maintain consistent communications between all of our medical facilities and VA Central Office," said Joseph Jenkins, VISN 6 command center director for this exercise.

"This exercise went extremely well," said Rick Rhodes, VISN 6 area emergency manager. "We had the opportunity to evaluate a good deal of technology, which should help VHA decide how they want to equip medical centers nationwide. We're glad to have had the opportunity to participate." 

By Bruce Sprecher



VA polytrauma team's overseas visit furthers collaboration with Department of Defense medical system.

The Army's Landstuhl Regional Medical Center is the first stop for severely wounded troops from Afghanistan and Iraq before being sent stateside for further medical care.

U.S. AIR FORCE

Better Care for Wounded Warriors

When troops are severely wounded on the battlefield in Afghanistan or Iraq, they are taken to Landstuhl Regional Medical Center in Germany, where the Army's medical treatment teams perform emergency operations for a wide range of acute wounds, including severely damaged or severed limbs, traumatic brain injuries, paralysis, major burns, or combinations of these severe injuries.

The acutely wounded service members are usually at Landstuhl for less than a week before they are transferred to the United States, where they will be sent to another military treatment facility or to one of VA's polytrauma rehabilitation centers.

Once a service member leaves

Landstuhl, the medical team there rarely hears what happens to their former patient. And medical and rehabilitation teams at VA receive little information about wounded warrior transport, the full extent of the acute care process the service member has undergone, or stress the patient has

experienced before arriving at VA.

Until now.

A four-day visit to Landstuhl in October by a team of two doctors and two nurses from VA's polytrauma system of care has led to a regular exchange of information between medical teams in the military and

VA. These exchanges provide a better understanding of what service members experience from the time they are wounded on the battlefield to being sent through a series of patient hand-offs from medical teams in the field to Landstuhl and then to VA.

Following the team's visit, videoconferences began taking place between Landstuhl and VA polytrauma staff, including Joint Theatre Trauma Surgeon colleagues, and Webinars have been held on "Spinal Cord Injuries in Combat Casualties" and "Severe Traumatic Brain Injuries in Combat Casualties." These videoconferences and Webinars will now occur on a more frequent basis.

In addition, the Landstuhl Clinical Informatics Department is exploring use of a tool developed by DoD and VA nurses for Walter Reed Army Medical Center, National Naval Medical Center and VA polytrauma rehabilitation centers. This tool will standardize the nursing handoff of patients along the continuum of care. If implemented at Landstuhl, it will provide clinical data for DoD-VA performance improvement initiatives.

"The teams communicated and collaborated on the continuum of care from the point of stabilizing severely wounded service members through the acute rehabilitation provided by VA's polytrauma system of care," said Dr. Lucille Beck, chief consultant for the Department's Office of Rehabilitation Services, which oversees the polytrauma system of care. "The visit was important in enabling VA and Landstuhl medical staff to exchange information regarding wounded warrior transport and care transition, and to develop a better understanding of the acute care process."

Each member of the VA team represented a different role in the continuum of care and came from different medical facilities in the VA polytrauma system of care. They landed Oct. 12 at Ramstein Air Base, where they observed military medical teams as they worked on the transfer

of severely wounded service members onto a bus for the 15-minute trip to Landstuhl.

"I was really impressed with the quality of care being provided in a very hectic, chaotic environment," said Nina Pagel, R.N., polytrauma nurse manager at the Minneapolis VA Medical Center. "Every branch of the military meets their patients curbside (at Ramstein), triaging them right there."

While at Landstuhl, each VA team member met and shared information with a broad segment of military medical staff, including the base commander, trauma surgeons, pulmonary physicians, neurologists, trauma nursing directors, psychologists, therapists, intensive care unit attendants, medical professionals and professionals in charge of data collection. The VA team visited the program that houses

"Now, I can pick up the phone and exchange critical information about the patient with the providers at Landstuhl."

ambulatory patients, and shared information about the trauma process, clinical data and rehabilitation intervention.

"This enables us to develop ways to track patients from the beginning and identify complications, with the idea of performance improvement," said Dr. Steven Scott, who serves as chief of Physical Medicine and Rehabilitation/Polytrauma at the James A. Haley Veterans' Hospital in Tampa. "This will establish a continuum of care that is not solely DoD or VA, and will help us develop one system of care that benefits our patients."

The team delivered a grand rounds presentation on the VA polytrauma system of care for Landstuhl staff. They visited the facility's Medical Transient Detachment and traumatic brain injury programs, holding discussions with staff about patient data collection and the documentation process, with a focus on efficient

communication and research between the military and VA. Finally, VA staff visited the aerovac staging area at Ramstein, where service members are prepared for their flight back to the United States.

"I was particularly impressed with the bravery and resilience of the service members, as well as the professionalism and dedication of the doctors, nurses and therapists who are caring for the severely wounded," said Brenda Stidham, R.N., who serves as VA's polytrauma nurse liaison at Walter Reed Army Medical Center.

At the conclusion of their trip, the VA team went back to Ramstein for transport to the United States, where they observed the transfer of patients and then flew with the patients and their families on the same return flight.

"It helps to observe in person the

clinical and patient exchange taking place and to understand the physical environment the patient has been in before he reaches us," said Dr. Ted Scott, staff physiatrist for the polytrauma rehabilitation center at the Palo Alto VA Medical Center. "It is good for us to be able to observe the intensive care unit to see what specialists they have, and be able to exchange ideas with them."

On the flight back to Andrews Air Force Base in Washington, D.C., members of the VA team interacted with some patients and family members, gaining valuable insights into what they have been through before they are sent to a polytrauma rehabilitation center.

"Patients often arrive exhausted, and after experiencing delays in travel," said Dr. Ted Scott. "It is very helpful for us to be able to understand what they have been through before they reach us."



Left: Wounded troops arrive at Ramstein Air Base and are transferred onto a bus for the 15-minute trip to Landstuhl; below: Members of the VA team who made the trip to Landstuhl were (left to right): Dr. Steven Scott; Dr. Ted Scott; Nina Pagel, R.N.; and Brenda Stidham, R.N.

U.S. AIR FORCE

“We’re still learning what the stressors are for the families,” added Dr. Steven Scott.

The genesis for the VA team’s trip to Landstuhl was an earlier visit in April by Dr. Shane McNamee, director of the polytrauma rehabilitation center at the Hunter Holmes McGuire VA Medical Center in Richmond, Va. As the VA-DoD integration team examined transition issues for service members from the military to VA, they recognized that exchanging information about transport and care transition for severely wounded service members would help VA develop a better understanding of the acute care process. The approach was supported by then Under Secretary for Health Dr. Michael Kussman, and retired Gen. Ron Winter, former member of the VA-DoD integration team, who helped get DoD support.

Citing the significant potential for errors, McNamee noted that he was impressed with the efficient transfer of severely wounded patients from one area to another. A severely wounded service member will be transferred from a field medical team to the acute surgical team in the field, to the critical care air transport team, to the Landstuhl medical team, to the



COURTESY OF DR. TED SCOTT

critical care team for transport, to the surgical team at the medical facilities where they are sent.

“There is a remarkable level of coordination and communication taking place along the trauma continuum of care,” McNamee said.

Across both VA staff visits to Landstuhl, all team members agreed that the most important aspect of the trips was the personal connections that were made between DoD and VA specialists to enable them to

better communicate with each other whenever they need to.

“The key is the relationships with the providers,” McNamee said. “Now, I can pick up the phone and exchange critical information about the patient with the providers at Landstuhl. It will help us provide better care for the recovery of the patient—and that’s the most important thing about the exchange of information.” **VA**

By Bill Outlaw

The Unbreakable Code



Keith Little is president of the Navajo Code Talkers Association.

Navajo warriors are seeking support for a museum that would preserve their legacy and recognize their unique contribution to the nation.

Communicating. Sending and receiving messages. It's something we do every day. It's part of being human. It's also at the heart of military operations and essential to success in combat. Protecting these messages is equally important.

Enter the use of codes. Encrypting, or using codes to hide or protect messages, has been around since the Egyptian pharaohs in 1900 B.C. One of the most effective codes ever used and the only military code never broken was developed by young Navajo warriors using their ancient tribal language.

Considered "hidden" because it had no alphabet or written form, the Navajo language was well-suited to meet the security requirements of military communications. At least, that was the belief of Philip Johnston, the son of a missionary to the Navajo.

Johnston suggested the use of the Navajo language for military voice and wire communications to Marine Corps Maj. Gen. Clayton B. Vogel, commanding general of the Amphibious Corps for the Pacific fleet.

With the help of four Navajos living in nearby Los Angeles and another on active duty in San Diego, Johnston set up a test that demonstrated the speed and accuracy of using the Navajo language for coded messages. In later tests under combat conditions, Navajo Code Talkers proved their ability to translate a classified message into Navajo, transmit, receive and decode the message back into English faster than the conventional cryptographic facilities and techniques.

Navajo Code Talker Bill Toledo, who saw action at Iwo Jima and Bougainville, recalled being asked to retrieve a classified message that had frustrated the radioman for two hours. Toledo called a fellow Code Talker at the source and “translated the message in five minutes.”

The Marine Corps’ Navajo Code Talker program began in September 1942 with the recruitment of 200 Navajos to be trained and assigned as Code Talkers to Marine units throughout the Pacific theater.

Like other Marines, Navajo recruits completed basic boot camp training at Marine Corps Recruit Depot San Diego before receiving their specialized training at Camp Elliott, Calif. They were also taught basic communications procedures and equipment at Camp Pendleton, Calif.

The first 29 Navajo Code Talkers had the added responsibility of assigning words from their language to stand for certain military terms and equipment for which there was no Navajo equivalent. Some examples: “besh-lo” (iron fish) meant “submarine”; “dah-he-tih-hi” (hummingbird) meant “fighter plane”; and “chay-da-gahi” (tortoise) meant “tank.”

Many terms and names simply had to be spelled out, and for that they devised a system whereby a Code Talker would translate a Navajo word into its English equivalent, and then use only the first letter of the English word to spell out the message. To add another layer of security and confound the enemy, several Navajo alternatives were used for each of the most commonly used letters in English. Thus, the Navajo words for “ant,” “apple” and “axe” all represented the letter “a.”

To compound the difficulty for the Japanese, who had a well-earned reputation for their code-breaking skills, the Code Talkers had to memorize the entire code with all its variables, as no printed documents about the code were sent into combat.

“We had no pads or pencils. We

were learning the code with the computer we were born with,” explained Code Talker Frank Willetto.

Initial skepticism about their value by field commanders quickly evaporated as time and again the Navajo Code Talkers assigned to their units proved instrumental in successfully executing their missions.

Navajo Code Talkers, who numbered more than 400 by war’s end, took part in every marine assault from 1942 to 1945, including Guadalcanal, Tarawa, Peleliu and Iwo Jima.

At Iwo Jima, Maj. Howard Conner, signal officer for the 5th Marine Division, gave his unequivocal endorsement, reporting, “Were it not for the Navajos, the Marines would never have taken Iwo Jima.” Six Navajo Code Talkers worked around the clock for the first two days of the battle, sending and receiving more than 800 messages—all without error.

Although their primary mission was to “talk,” transmitting vital operational information from command elements to the field and back, the men in their units found the Navajos were also good Marines and could do their share of fighting and other Marine duties.

Concern that the darker-skinned Navajos might be mistaken for Japanese soldiers was borne out in more than a few instances; several Code Talkers were taken “prisoner” by their own forces, only to be released upon validated identification from their commander. Thereafter, some commanders assigned bodyguards to accompany the Navajos during the remainder of their assignment.

The continued value placed upon the effectiveness of the Navajo-based code by the military kept acknowledgement of and recognition for the Code Talkers as hidden as their language.

Finally, in a Pentagon ceremony held on Sept. 17, 1992, the Navajo Code Talkers were honored for their contributions during World War II. Thirty-five of the remaining Code

Talkers were on hand for the unveiling and dedication of a special exhibit of photographs, equipment and the original code, which were put on permanent display. The exhibit is a regular stop on the Pentagon tour.

Now that their story can be told, a new effort to share their military history and cultural values of service with future generations is underway.

With an understandable sense of urgency, four of approximately 40 remaining Navajo Code Talkers came to Washington, D.C., in October to meet with administration and congressional representatives to obtain support for a Navajo Code Talkers Museum and Veterans Resource Center being planned near their reservation outside Gallup, N.M.

They also visited the National Museum of the Marine Corps in Quantico, Va., not only as Marine Corps veterans, but to get ideas on how best to tell their own story in a museum setting. The Marine Corps museum has its own Code Talker exhibit.

Keith Little, president of the Navajo Code Talkers Association, explained his motivation to serve: “I wanted to protect my people, my land and my country.”

Once punished for speaking their native language, the Navajos have witnessed an evolution of perceptions and attitudes toward their unique culture, preserved by that same language. Their experience provides clear evidence of the individual, community and national enrichment possible when diversity is embraced from a sense of awareness, acceptance and appreciation.

It’s all about communicating. **VA**

By Jim Benson

Want to Know More?

To learn more about the Navajo Code Talkers and their quest for a museum, visit their Web site at www.navajocodetalkers.org.

Veterans Day 2009



CHARLES BROSHOUS



BRYAN HOPKINS



ANGELA TAYLOR



MICHELLE COVERT



KENYA GRIFFIN



BERNT E. JOHNSON

Clockwise from bottom left: Joe Lacey said he'd never forget his visit with Miss America 2009 Katie Stam at the Baltimore VA Medical Center; Indianapolis Colts players (left to right) Taj Smith, Eric Foster and Hank Baskett visited patients, including Nathan Florey, at the Richard L. Roudebush VA Medical Center; Rifle salute at the Fort Logan (Colo.) National Cemetery Veterans Day ceremony;

California Gov. Arnold Schwarzenegger joined American Legion Commander John Johansen, of Palisades Post 283, to lay a wreath at Los Angeles National Cemetery; The Chalmers P. Wylie VA Ambulatory Care Center joined city, county and state offices to bring the annual Veterans Day Parade to the city of Columbus, Ohio; The Booker T. Washington High School Marching Band participated in the 60th annual Veterans Day parade on the Tuskegee campus of the Central Alabama Veterans Health Care System.

Bay Pines, Louisville Facilities Take Trophy in 2009 Carey Awards

The Bay Pines (Fla.) VA Healthcare System and the Louisville (Ky.) VA Medical Center were awarded the prestigious 2009 Robert W. Carey Performance Excellence Awards Trophy during a ceremony in Washington, D.C., on Oct. 30.

The Carey awards are presented annually to recognize VA organizations that have demonstrated noteworthy levels of performance excellence in seven areas: leadership; strategic planning; customer and market focus; measurement, analysis and knowledge management; workforce resource focus; process management; and results. The Trophy is the highest award given.

“We know that the Carey program is not about winning a trophy. It’s about striving to continuously improve service to veterans by giving yourselves an honest assessment, understanding your strengths and pursuing opportunities for improvement,” said VA Deputy Secretary W. Scott Gould during the awards ceremony. “It’s about being the best at providing veterans with the highest-quality products and services that meet their needs and expectations.”

Bay Pines is a unique health care system with a 76-year history of serving veterans. The historic 330-acre campus includes a top-level acute care hospital offering a full range of medical, surgical and acute psychiatric inpatient and outpatient care, community living center, domiciliary, and residential rehabilitation treatment programs such as military sexual trauma and stress treatment, with a total of 414 operating beds. In addition, the campus includes the St. Petersburg VA Regional Office, Bay Pines Na-

tional Cemetery, VA Sunshine Healthcare Network Office (VISN 8), and other VA and non-VA tenant organizations.

The health care system also includes a large outpatient clinic in Fort Myers and seven community-based outpatient clinics. Bay Pines provides a full continuum of veteran-centered care, and has sustained the highest performance levels among complex VA medical centers while caring for more than 93,000 patients with more than 1.1 million outpatient visits annually.

Bay Pines received the Carey Performance Excellence Award in 2008.

The Louisville VA Medical Center provides care to 41,000 veterans in a 35-county area in north central Kentucky and southern Indiana. Louisville VAMC is a tertiary care facility classified as Clinical Referral Level 2, and operates six CBOCs in Kentucky and two in Indiana.

Through its 54 affiliations with colleges and universities, including the University of Louisville School of Medicine, the Louisville VAMC trains more than 750 university residents and students annually. Training opportunities include nursing, dentistry, pharmacy, social work, psychology, radiology, audiology, pastoral care and health care administration.

The medical center also provides support to the Soldier Readiness clinic located at Fort Knox. This clinic is responsible for the mobilization and demobilization of active duty troops for Operation Enduring Freedom/Operation Iraqi Freedom and serves as the primary care site for all medical hold soldiers at Fort Knox. To ensure seamless transition in 2009, a military liaison

position was created to work closely with returning soldiers through the Warrior Transition Unit at Fort Knox. The Louisville VAMC has progressively moved up the Carey awards ladder, earning the Performance Achievement Award in 2007 and the Performance Excellence Award in 2008.

The Carey program follows the Malcolm Baldrige National Quality Award criteria. It provides a model against which organizations can assess their quality transformation efforts, organizational effectiveness and performance in delivering service and satisfying customers.

There are four categories of awards: Performance Achievement awards are given to applicants that score 340-429 points; Performance Excellence awards are given to applicants that score more than 430 points; Trophy awards are selected by the Secretary from applicants meeting Performance Excellence requirements; Circle of Excellence awards are given to recent Trophy winners that are not yet eligible to compete due to a five-year waiting period after winning the Trophy. Thresholds for Circle of Excellence are higher than Trophy. For 2009, the minimum requirements were 450 overall score with all item scores at 30 percent or higher.

The awards program is dedicated to the memory of the late director of the Philadelphia VA Regional Office and Insurance Center, who was known as a quality leader and champion for excellence in the federal government.

Circle of Excellence Winners

■ Cooperative Studies Program, Clinical Research Pharmacy Coordinating Center,

Albuquerque, N.M.;

■ Minneapolis VA Medical Center; and

■ White River Junction (Vt.) VA Medical Center.

Performance Excellence Winners

■ Central Arkansas Veterans Healthcare System, Little Rock;

■ James A. Haley Veterans’ Hospital and Clinics, Tampa; and

■ South Texas Veterans Health Care System, San Antonio.



The Bay Pines VA Healthcare System received top honors in the Carey awards, along with the Louisville (Ky.) VA Medical Center.

Performance Achievement Winners

■ Camp Nelson National Cemetery, Nicholasville, Ky.;

■ Central Texas Veterans Health Care System, Temple;

■ VA Maryland Health Care System, Baltimore;

■ Veterans Health Care System of the Ozarks, Fayetteville, Ark.; and

■ Washington (D.C.) VA Medical Center.

Government-wide Veterans Employment Initiative Launched

On Nov. 9, President Obama signed an executive order launching the government-wide Veterans Employment Initiative, designed to increase the number of veterans in the federal workforce. The initiative stresses the importance of recruiting and training veterans and helping them adjust to government service as a civilian.

“Honoring our sacred trust with America’s veterans means doing all we can to help them find work when they come home so they never feel as if the American Dream they fought to defend is out of reach for them and their families,” said Obama.

“But this initiative is about more than repaying our debt for their courageous service and selfless sacrifice. It’s also about continuing to fill the ranks of federal employees with men and women who possess the skills, dedication and sense of duty that Americans deserve from their public servants. And few embody those qualities like our nation’s veterans.”

It’s no secret that VA is dedicated to hiring veterans—no other federal agency outside of the Department of Defense employs more veterans than VA. As a matter of fact, VA has a long history of committing to hire veterans and in 2008 created the Veterans Employment Coordination Service with the goal of increasing its veteran employee population from 30 to 33 percent.

In June, VECS was contacted by the Office of Person-

nel Management to share lessons learned and best practices to help set the tone for the new initiative and help other federal agencies hire more veterans.

“It’s great to be at the front of this initiative, and we’ve understood the importance for a long time,” said VECS Director Dennis May. “President Obama’s initiative highlights the importance and significance of what we’ve been doing and serves to reinforce our commitment to our nation’s veterans.”

and OPM on establishing a coordinated government-wide effort to increase the number of veterans employed by the federal government; serving as a national forum for promoting veterans employment opportunities in the executive branch; and establishing performance measures to assess the effectiveness of the Veterans Employment Initiative and submit an annual report to the President.

“The federal government has collected veteran hiring data for a very long time,” said

up their own programs.

“The Veterans Employment Initiative in a sense requires other federal agencies to follow the VECS model,” said May. “They are now required to have a Veterans Employment Program office with people dedicated to hiring veterans and helping them navigate the application process, just like we have been doing.”

In addition to May, VECS employs nine regional veterans employment coordinators strategically located across the country who work collaboratively with warrior transition units, transition centers, veterans service organizations, VA’s Vocational Rehabilitation and Employment Service, and other veteran stakeholders to promote VA career opportunities in the veteran community.

Human resource offices VA-wide were also asked to designate an HR specialist as their local veterans employment coordinator to help guide local efforts to attract and recruit veteran applicants for employment

in VA’s workforce.

“VA believes that all veterans deserve an opportunity to successfully enter the workforce and lead productive lives after service to our nation,” said May. “Through the VECS initiative and by helping to ensure that managers and supervisors throughout VA are better aware of special hiring authorities that help bring veterans into our workforce, VA will continue to open the doors of opportunity for veterans.”



VA Deputy Secretary W. Scott Gould discusses the Department’s initiative to hire more veterans, now serving as a model for other federal agencies.

VA Secretary Eric K. Shinseki recently released a memo highlighting VA’s obligation to set the standard for all federal agencies when it comes to hiring veterans. The Veterans Employment Initiative establishes an inter-agency Council on Veterans Employment that is co-chaired by the secretaries of Labor and Veterans Affairs. The OPM director serves as vice chair of the council.

The council is charged with: advising the President

May. “The difference now is that data will be submitted to the President and agencies will be scored on their performance. That kind of visibility and attention will have a dramatic impact on hiring veterans.”

Since the signing of the Veterans Employment Initiative, VECS has received a great deal of attention while serving as the benchmark for the program. According to May, four other federal agencies have asked for VA’s help in setting

Defense Finance and Accounting Service Now VA's Payroll Provider



Linda Peña oversaw the payroll migration project.

For most of the nearly 300,000 people employed by VA, Sept. 15 was just another day, but for VA's Financial Business Operations, it marked the completion of a major project that affected every single person that earns a paycheck from the Department.

On that third Tuesday in September, the last of VA's employees were transferred from the 40-year-old legacy system PAID to the Defense Finance and Accounting Service (DFAS) payroll system.

"This is one of the first major IT initiatives to be successfully completed in a long time, and to have these conversions from one payroll system to another occur with very few problems is really incredible," said Linda Peña, VA's associate deputy assistant

secretary for Financial Business Operations, who oversaw the migration. "In our Site 5 migration, which involved 70,000 records, we only had 17 rejected transactions. That is amazing."

As the federal government's second-largest agency behind the Department of Defense, VA's massive migration of records from one system to another makes for a noteworthy accomplishment. The fact that very few employees even saw a hiccup in their pay is attributable to the superb project management practices VA followed in this effort.

"The successful completion of an initiative of this magnitude does not just happen," said Peña. "It required a tremendous amount of planning, defining accurate systems requirements, and flawless systems modifications to make it happen."

"The real key to the success of this project was Roy Coles, who pulled the whole project together and kept us all on track," she continued. "Roy is the 'Great Collaborator.' He kept everyone informed and totally involved in the project. If we had questions, we could go to anyone on the staff and get an answer. He kept everyone focused on the goals."

Coles, who assumed duties as director of HR/Systems and ePayroll for the office in November 2007, came on-

board as the execution and implementation phase of the \$37 million project was rapidly approaching. "He was able to get everyone working together with a clear focus and realistic goals in a short period of time," said Peña.

Coles immediately focused on the technical work to transfer the nearly 300,000 pay records from VA to DFAS and between two different systems that couldn't even communicate.

To bring it all together, VA first had to clean up the data in PAID to make sure all of the records were correct, and then define specific pay requirements to DFAS. Unlike most federal agencies, VA employs a large number of Title 38 workers, such as doctors and nurses. Title 38 employees do not have linear pay scales like those of general schedule employees, and have some of the most complex time and attendance rules and regulations in the federal government.

"The staff's ability to develop and define crystal-clear requirements, and especially those of Title 38 employees, was critical and paved the way for DFAS to accurately modify its system to ensure employees received their proper pay," said Peña.

Once the requirements were laid out, both VA and DFAS had to modify their respective IT systems so the

two could communicate and transfer the records. The transfers were made in five separate groups. The first was made up of three VISNs and 32,700 people. After that first successful migration, the following four increased in number with each migration, ending with Site 5's 70,000 payroll records.

In the end, it took the coordination and cooperation of VA Central Office, the three administrations, IT developers, the Financial Services Center, Quality Assurance, DFAS, payroll staff in the field, Human Resources offices and contractors to implement and complete one of VA's major IT initiatives.

"The whole project ended up being as seamless as possible," said Peña. "And amazingly enough, nothing made it to the senior level no matter how complex the problem. That is a direct reflection of how well Roy and the staff performed—tackling issues before they became problems and never losing sight of the goals."

In 2003, VA was directed by the Office of Management and Budget to move payroll processing to DFAS, which uses the Defense Civilian Pay System to process and execute pay transactions. The system has received numerous awards and certifications, and remains a state-of-the-art example of pay technology.

Senior Executives Meet to Lay the Groundwork for Transformation

More than 100 of VA's senior executives met in Washington, D.C., Nov. 4-6 for the first of four training sessions designed to not only bring newly appointed senior executives up to speed and promote leadership,

but also to lay the groundwork for Secretary Eric K. Shinseki's plan to transform VA into a 21st-century organization.

The four-part program, organized through the Corpo-

rate Senior Executive Management Office, covers traditional leadership topics such as personnel management, strategic planning, public relations, ethical leadership and other skills necessary to develop well-

rounded senior executives.

Secretary Shinseki opened the forum with an hour-long "Dialogue on Leadership," in which he shared a number of personal lessons learned during his 38 years of military

service, as well as his views on the leadership qualities needed in an organization. He emphasized qualities that make up a “competent organization”:

- People operate outside their narrow lanes for the benefit of the entire organization and the mission;
- There is trust and confidence;
- Teamwork is valued; and
- People are provided the proper training to ensure success.

While Secretary Shinseki focused on leadership, Deputy Secretary W. Scott Gould laid out much of VA’s strategic plan and some of the challenges of transforming VA.

“Our mission is to serve veterans, but today, we face new challenges, and to meet them we must be ready and willing to collaborate with one another in new and different ways,” said Gould. “People at VA speak one of three languages: the language of medicine; the language of business; and the language of government. As leaders here at VA, most of you speak one of those languages very well. President Obama and Secretary Shinseki have charged us with transforming the Department to capture opportunities and to meet the emerging challenges of the 21st century.

“This transformation will require learning the other VA languages you don’t speak and adapting to new realities, leveraging new technologies, and proactively serving a diverse range of veteran needs. We must do so in a manner that is consistent with our guiding principles of being people-centric, results-driven and forward-looking.”

While Gould’s presenta-

tion on the transformation of VA was just a small portion of the SES training, the topics he covered formed an outline explaining the Secretary’s vision and priorities for VA:

- Improve the quality and accessibility of health care, benefits and memorial services while optimizing value;
- Increase veteran client satisfaction with health, education, training, counseling, financial and burial benefits and services;
- Raise readiness to provide services and protect people and assets continuously and in



VA Deputy Secretary W. Scott Gould talks with Wanda Mims, director of the VA Caribbean Healthcare System, at the SES Orientation and Leadership Forum.

times of crisis; and

- Improve internal customer satisfaction with management systems and support services to achieve mission performance and make VA an employer of choice by investing in human capital.

“Our plan for achieving these goals calls for a Department-wide effort, harnessing all of our talent to focus on the needs, expectations and experiences of veterans and their families, while maximizing efficiency and value,” Gould said. “To do this, we have committed to three integrated


objectives for the Department that are the collective responsibility of the Department as a whole.”

The three integrated objectives are what VA will do to accomplish the goals: make it easier for veterans and their families to receive the right benefits and meet their expectations for quality, timeliness and responsiveness; educate and empower veterans and their families through proactive outreach and effective advocacy; and build VA’s internal capacity to serve veterans, their families, employees and

and retaining great people.”

Gould also outlined 13 major initiatives that represent the areas of utmost importance to VA: eliminating veteran homelessness; eliminating claims backlogs; automating GI Bill claims benefits; implementing a Virtual Lifetime Electronic Record; improving mental health services; developing seamless communication with veterans; designing a veteran-centric health care model; expanding health care access to women and rural veterans; ensuring readiness in cases of national emergency; measuring performance to ensure consistent improvement and efficiency; establishing strong management infrastructure; developing and improving employees with mission-essential skills; and conducting research and development to enhance the long-term health and well-being of veterans.

“These initiatives represent the priorities of the entire organization in creating better outcomes for veterans immediately and into the future,” said Gould. “Although they may in some cases be led by a specific organization, they all will require the collaboration and support of the entire Department to achieve success.”

Three more SES training sessions are planned for the coming year. They will include traditional leadership training as well as further guidance on transforming VA into a more veteran-centric, results-oriented and forward-looking organization better equipped to adapt and serve the veterans of today and those of tomorrow. For more information about the SES Orientation and Leadership Forums, contact Valman.Cummins@va.gov. 

other stakeholders efficiently and effectively.

Promoting an increased understanding of VA’s strategic goals, objectives, strategies and guiding principles to senior executives helps prepare the organization by ensuring everyone is on the same sheet of music.

“We must commit ourselves to investing in the renewal of our internal capabilities and building a foundation for future innovation,” Gould said. “Together, we will build a first-rate Department, committed to attracting, deploying

Sharon Batala

To the Hopi Indians, the Grand Canyon is a sacred spot believed to be the source of their origins. For VA Readjustment Counseling Service's Sharon Batala, a Hopi herself, the Canyon is not only sacred—it's also a unique place where she delivers assistance to the area's veterans.

Every other month, Batala, who works on the Hopi Nation reservation, is flown in by helicopter to reach the elderly and disabled veterans who live deep in the Canyon. Unable to walk up the steep trail, with horses, mules or helicopters as their only other means of transportation, the Supai veterans living in this remote location had been isolated until Batala arrived in 2001. Although only a handful of military veterans live there, Batala helps resolve their pending claims issues, providing much-needed support in an area mostly forgotten by the rest of the world.

On remote Native American reservations such as the

“As Hopi, we want to talk to you in person, to see your eyes. Phone conversations don't work.”

Hopi Nation in northern Arizona, there is no public transportation. With most people living on the lower end of the income scale, many veterans encounter difficulties reaching their nearest VA facilities. Almost all of the veterans live more than an hour from town. And at four hours away, the Prescott VA Medical Center is the closest VA medical campus.

For the past 17 years, this is where Batala has stepped in to help. Servicing anywhere from 300 to 500 Hopi and

Navajo veterans, Batala often finds “they know they have benefits, but they don't know how to start the process. I help them with their paperwork, the follow-up, and so forth. I'm different from other counselors. Since I speak the language, I can act as the go-between for them and the VA.”

One of the difficulties Batala faces in such a rural area is distance. She spends much of her time on the road, frequently logging more than 100 miles a day. Often, she has to plan her trips around the weather, which creates road hazards, wintry conditions, and no cell reception in most areas. Her schedule also revolves around the cultural calendar of the native tribes. “I know when things are busy, quiet, or they're in preparation for a ceremony,” said Batala.

Her long commutes may seem extreme, but Batala stresses the importance of the face-to-face conversations she has with veterans. “As Hopi,

we want to talk to you in person, to see your eyes,” she said. “Phone conversations don't work. For us, it's not the amount of time you spend—it's the quality. It may take me half a day to get there, but it's worth it.”

By tradition, Batala, whose name means “reflection off any body of water,” always introduces herself and her family background to the veterans she is helping. In Hopi tribes, family lineage defines people and can give the veteran an indication of the person's char-



Although natural beauty abounds, reaching the remote reservations she serves are a challenge for Sharon Batala; she often logs more than 100 miles a day.

acter. According to Batala, her large extended family connections help the veterans relate to her since they may be part of the same clan or were raised in the same area.

Part of Batala's job is coordinating benefits between VA, Indian Health Service, the state benefits counselor, and the Hopi Tribe veterans office, where she began her career. An Air Force veteran herself, she spent eight years in the military.

“I've been through basic training,” Batala said. “I can relate to them on that level. My experience was not that different from theirs. I know how the military system works. I know what it's like to be away from your family.”

The Hopi culture itself can often be instrumental in healing war trauma, especially post-traumatic stress disorder. “PTSD makes you so isolated,” said Batala. “As Hopis, it's built into our culture that you rarely do things alone. You always do things together and socialize.”

Because of things the tribe does routinely, Hopi veterans actually have fewer symptoms.

“During the summer months, because we are an agricultural tribe, the veterans here suffer from PTSD less due to the outside physical activities they are doing,” Batala said. “When they see things grow, it makes them happy. It can be therapeutic to take care of other things.”

For Batala, by helping veterans, she is also helping their families. “I've learned so much from the veterans,” she said. “Sometimes, I'm the only person, the only witness, they are willing to share their story with. Most don't even tell their families. I inform them they're not crazy. There is a diagnosis for what they are feeling. I work with the families, explain why grandpa is angry all the time and wants to be alone. I get them talking about it on a regular basis.”

“Sometimes, I look at those who were angry, whose mood has changed, and I think ‘wow, I helped do that.’ Their quality of life changes. Now they can pay their bills, buy a car, help put food on the table. It changes their whole life.” **VA**

By Amanda Hester

Older Heart Bypass Method is Best, Study Shows

The topic has been hotly debated among surgeons and cardiologists: Is it safer and more effective to do bypass surgery with or without a heart-lung pump that allows doctors to stop the heart while they operate?

A clinical trial at 18 VA medical centers has found that while both methods are generally safe and effective, the more traditional on-pump method yields better outcomes after one year. The findings appear in the Nov. 5 *New England Journal of Medicine*.

“There was good survival in both groups at one year, but the conventional method proved safer and somewhat more effective than the newer off-pump method,” said study co-leader Frederick Grover, M.D., a heart surgeon with VA and the University of Colorado.

After a year, patients in the on-pump group fared better on a composite measure that included death, repeat cardiac procedures, or nonfatal heart attacks. Their vein grafts were also more likely to remain open. The study included follow-up angiograms performed by cardiologists who were “blinded” as to which type of bypass the patients had undergone.

In particular, Grover pointed to the fact that both groups scored equally well a year after surgery on neuropsychology tests. Some experts have believed the on-pump method is riskier for cognitive health.

According to first author A. Laurie Shroyer, Ph.D., the findings of the large, multisite VA study contradict findings from earlier studies that showed “some advantages of [heart bypass] surgery using



AMANDA DOMASZEK URREA

A clinical trial at 18 VA medical centers looked at whether it was safer and more effective to perform heart bypass surgery with or without a heart-lung pump that allows surgeons to stop the heart while they operate.

the off-pump procedure, including quicker recovery and less impact on cognitive function. This study indicated a consistent trend toward better outcomes in patients who had undergone the conventional on-pump technique.”

The 2,203 veterans in the study all had clogged or narrowed coronary arteries, resulting in less blood flow to the heart. This can cause chest pain and increase the risk of heart attack. In bypass surgery, also known as coronary artery bypass grafting (CABG), doctors take a healthy piece of vein from elsewhere in the body and sew it in place as a “detour” between the heart and a point in the problem artery below the blockage. As long as the graft remains open—“patent,” in medical terms—and doesn’t close down over time, the heart enjoys a renewed flow of blood and oxygen.

For more than 30 years, most bypass procedures have been done with the use of

a cardiopulmonary bypass pump, or heart-lung machine. During an “on-pump” procedure, the heart is stopped with medication and the machine takes over blood circulation. This allows doctors to work on a still heart.

An alternative, “off-pump” method that has gained some popularity in the past decade is also known as “beating heart” surgery. As the name implies, the heart keeps beating during the procedure and no heart-lung machine is used. Doctors use special devices to stabilize only the small section of heart where they are stitching in the graft.

Controversy has existed as to which method is safer and more effective. Some studies suggested that using the pump could weaken heart function after surgery, harm the lungs and kidneys, result in more blood use during surgery and longer hospital stays, and bring on problems with memory and thinking. Many experts came to see the off-pump

method as enabling a quick recovery, with lower health care costs and less risk of cognitive decline.

Recent studies, though, have raised concerns about the newer procedure as well: Is it too technically difficult? Are surgeons sometimes unable to complete multiple grafts on a patient? Are the grafts more likely to fail? And as a result, are patients more prone to heart attacks or repeat procedures?

No studies to date have been conclusive, but the new VA trial results should greatly inform the debate. Grover said he thinks the results may influence cardiology referrals and cardiac surgery practice, but he stresses that individual patient differences still need to be taken into account. Patients with certain risk profiles and patterns of coronary damage, he said, may still be strong candidates for the off-pump method, notwithstanding the general results seen in the trial. *-VA Research Currents*

Comprehensive Study of Vietnam-Era Women Veterans Gets Underway

Understanding the experiences of women who served in Vietnam and the long-term health effects of their service is the goal of a new VA study. As many as 10,000 women, most now in their 60s, are expected to take part. The sample will include women who served in Vietnam and, for comparison, those who served stateside or elsewhere in Asia, such as in Japan, Korea, Guam or the Philippines.

“We’re going to be looking at current and lifetime prevalence of a range of physical and mental health outcomes,” said study co-chair Dr. Kathy Magruder, an epidemiologist at the Charleston (S.C.) VA Medical Center. She noted that the study is the largest and most comprehensive effort to date to look at this population.

Among the key questions the researchers hope to answer: How many of the women developed post-traumatic stress disorder or depression after their service, and how many still cope with these conditions today? Are these conditions more prevalent among those who served in Vietnam, and to what extent have they led to physical health problems?

Magruder said it’s difficult to predict whether the prevalence of PTSD will be similar to what was found when smaller groups of Viet-

nam-deployed women were studied in the 1980s. Then, it was about 8.5 percent.

“There are cases of remission, as well as new onset and delayed onset. There could be new traumas totally unrelated to military service,” noted Magruder. “Also, we’re using different instruments now—there’s a whole new diagnostic system. So we don’t know what we’re going to find.”

Chairing the study with Magruder are Dr. Amy Kilbourne, a mental health researcher with the Ann Arbor (Mich.) VA Medical Center, and Dr. Han Kang, who directs VA’s Environmental Epidemiology Service and the War-Related Illness and Injury Study Center in Washington, D.C.

About 8,000 of the women VA expects to enroll in the new study were part of earlier research by Kang on birth outcomes. That study, published in 2000, found higher rates of birth defects in the children of women who had served in Vietnam compared with those who had served elsewhere. The causes for the increased risk remain unknown, but researchers believe they may include exposure to herbicides such as Agent Orange.

The new study will include mail surveys, phone interviews and reviews of medical records. Teasing out the complex links between Vietnam deployment and various health factors—especially over

Women in Vietnam

■ About 8,000 women served in Vietnam during the war, some 85 percent as nurses. In total, some 250,000 women served in the U.S. military during the Vietnam era.

■ The new VA study will include mail surveys, phone interviews and medical chart reviews for 10,000 women who served in or near Vietnam or in the U.S. during the Vietnam War.



A U.S. Air Force flight nurse tends to American wounded aboard a C-141 prior to an aeromedical evacuation from Vietnam back to the United States in 1967.

the course of 40 years—will be a challenge for the researchers. Most of the prospective respondents are nurses and have experience reporting health conditions.

In terms of mental conditions, the researchers will ask mainly about PTSD, depression, anxiety and substance abuse. The physical conditions they’ll focus on include cardiovascular disease, diabetes, multiple sclerosis, Parkinson’s disease, brain cancer, breast cancer and gynecological cancers. Some of the conditions have been linked in past research to exposure to trauma or environmental toxins; others don’t have a particular military tie-in but are common among aging women.

Along with probing the prevalence of various conditions, the researchers will ask about demographics and life and military factors such as years of nursing experience,

pre-existing health conditions, childhood traumas, wartime exposures or injuries, homecoming, social support, and health behaviors, such as cigarette smoking or alcohol use.

Most of the women expected to take part in the study have not been regular users of VA health care. Nonetheless, VA—which has ramped up programs for women in recent years—will use the results to improve care and services for this Vietnam-era population.

“These women, for the most part, are in their early 60s,” noted Magruder. “They may have a lot more years. It’s important for us to know what they’re dealing with.”

The findings may also shed light on what the newest generation of women—those returning from Afghanistan and Iraq—may face in the years ahead. **VA**

- VA Research Currents

First Lady Visits Bronx VA Medical Center

First Lady Michelle Obama visited patients and staff at the James J. Peters VA Medical Center in the Bronx before attending Game 1 of the World Series between the New York Yankees and the Philadelphia Phillies on Oct. 28. Accompanied by Jill Biden, wife of Vice President Joe Biden, the First Lady was at the medical center to take part in Major League Baseball's Welcome Back Veterans initiative, which helps connect returning Afghanistan and Iraq veterans with mental health services and job opportunities.



First Lady Michelle Obama greets veterans at the James J. Peters VA Medical Center on Oct. 28.

Major League Baseball dedicated Game 1 of the World Series to veterans and their families. "I'm happy with every minute that I spend with our men and women in uniform and our veterans," Obama said. "Each and every day, they selflessly and courageously serve this nation." She called on all Americans to "take the time to be more aware of these heroes in our midst, and honor them by doing more service not just for them, but for all our communities." After speaking to a crowd of patients and staff gathered in a hospital conference room, Obama visited patients in the spinal cord injury unit, handing out Yankee paraphernalia, including teddy bears and caps.

'Heroes at Heinz Field'

On Sept. 28, a unique partnership between VA Healthcare-VISN 4 and the Pittsburgh Steelers gave 76 veterans a once-in-a-lifetime opportunity. The "Heroes at Heinz Field" event—now in its second year—teamed local Operation Enduring Freedom and Operation Iraqi Freedom veterans with Steelers players.



Pittsburgh Steelers linebacker Lawrence Timmons signs an autograph for veteran Daniel Maguire and family.

To start the evening, veterans and their guests caught passes, kicked field goals and tossed footballs as 10 Steelers players stood by, offering encouragement and expert tips. When the skills session ended one hour later, the pros posed for photos and broke out their Sharpies to autograph souvenir "Super Bowl Champions" caps for the former soldiers. The veterans and their guests then moved to the stadium's North Club Lounge to enjoy a complimentary dinner overlooking the field. The event "lets veterans know that we will go anywhere to make sure that they get an opportunity to be recognized and to connect with us," said VA's VISN 4 Director Michael Moreland.

San Francisco VA Medical Center Celebrates 75 Years of Service

On Sept. 14, the San Francisco VA Medical Center celebrated its 75th anniversary of providing care to veterans.

A ceremony was held for patients and staff with Marvin Sleisenger, M.D., distinguished physician and former chief of medicine at the center, and Lloyd "Holly" Smith, professor emeritus, University of California, San Francisco, providing remarks. Both are responsible for the establishment of the affiliation between the VAMC and UCSF, one of the most successful affiliations in the country.

The original plans called for 21 buildings and a 500-bed hospital, but today the medical center serves more than 50,000 veterans and had more than 400,000 outpatient visits in fiscal year 2008. More than 700 UCSF trainees from 34 programs rotate through the medical center each year. It also has the number one VA research program in the nation, with more than \$77 million in expenditures in 2008.

HAVE YOU HEARD

Little Rock's Welcome Home Event Draws 4,500

The Central Arkansas Veterans Healthcare System hosted a Welcome Home event to honor Operation Enduring Freedom/Operation Iraqi Freedom veterans and their families in September. The event, which featured food, local live entertainment, games and activities for adults and children alike, included a rock wall, dunking booth and cake-walk. In addition, a four-hour golf tournament, which attracted 74 golfers, was held at the local War Memorial golf course, and a job fair featuring more than 80 vendors took place on the west side of the stadium.

The event attracted 4,500 veterans and family members and about 400 volunteers. It was more than fun and games. The Emergency Medical Response Team administered 161 flu shots to those in attendance that wanted the vaccination. Central Arkansas partnered with area businesses, the Veterans of Foreign Wars, the American Legion, the American Legion Auxiliary, Disabled American Veterans, the Salvation Army, AMVETS, Arkansas Army National Guard, Little Rock Air Force Base, the City of Little Rock, Clear Channel Communications, and Channel 4 News.



The Central Arkansas Veterans Healthcare System Welcome Home event's job fair drew more than 80 vendors.

'Scrubs' Group Performs at Dallas VA Medical Center

What a treat when The Blanks stopped by the Dallas VA Medical Center to perform for patients. *Vanguard* readers may recognize them from guest appearances on the TV series "Scrubs."

The Blanks were a delight to hear and watch and made a special effort to visit with patients on the units and sing for those who couldn't come to the show. Veteran Kent Bell was among those who received a private concert in their room.

The Dallas VAMC was the first VA performance for The Blanks. But as they visited with the veterans and learned about their life and experiences in the military, it surely won't be their last.



Veteran Kent Bell enjoys a bedside performance by The Blanks (left to right): George Miserlis, Paul Perry, Sam Lloyd and Philip McNiven.

Houston VA Medical Center Opens New Post-Deployment Clinic for Returning Veterans

Houston's Michael E. DeBakey VA Medical Center recently opened a new Post-Deployment Clinic to serve as a "Welcome Center" for veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom. The Post-Deployment Clinic is a "one-stop" center performing multi-disciplinary evaluations tailored to the individual's physical, mental and social needs. Assistance and information regarding non-medical VA benefits and community resources are also available. If the veteran cannot stay for the 90-minute comprehensive screening, the staff schedules more convenient appointments.

In response to the unique physical and mental health needs of returning combat veterans, the medical center assembled a team of specialists to ensure smooth transition to VA medical care. The OEF/OIF Support Team meets with local reserve and National Guard units before and after deployments to brief about available VA benefits.

Veteran Volunteer Leaves His Entire Estate to VA

VA Illiana Health Care System recently had a remembrance program in honor of Army veteran John P. Wright. Wright served as a VA volunteer for nearly 40 years, amassing a total of nearly 50,000 hours of service. Assigned to Recreation Therapy, Wright did most of his volunteering in the Recreation Hall. He did not have family, but his extended family was the Recreation/Voluntary Service staff.

Michael E. Hamilton, director, and Jan Filicsky, acting chief of Voluntary Service, unveiled a large check in the amount of \$1,559,227.66 that Wright's estate left to VA Illiana to be used in Recreation Therapy.

What a wonderful gift for Wright to give back to his fellow veteran with this donation. Out of Wright's generosity, for many years to come veterans will be receiving this gift, said Hamilton.

Staff at VA Illiana, veterans and retired staff attended the program for Wright.

Group Burial Conducted at Dallas-Fort Worth National Cemetery

More than 500 people turned out in the pouring rain on Sept. 13 for a group burial ceremony at Dallas-Fort Worth National Cemetery honoring seven military helicopter crash victims who perished in Iraq on Sept. 17, 2008. The deceased were National Guardsmen, members of Bravo Company, 2nd Battalion, 149th Aviation Regiment. They were aboard a CH-47 Chinook helicopter en route from Kuwait to Balad, Iraq, when the crash occurred.

Most of the remains of the men had been identified and interred elsewhere months ago, but after long analysis of the crash scene, further remains were found which could not be separated or identified. Those remains were interred in a single casket and marked with a monument located in Section 76 of the cemetery. Four of the men were buried earlier in individual graves at national cemeteries, including two at Dallas-Fort Worth, one at Fort Sam Houston National Cemetery in San Antonio, and one at Fort Sill National Cemetery in Elgin, Okla. It is highly unusual in VA cemeteries to inter and mark a veteran's remains in more than one location.



RON ENNIS/FORT WORTH STAR-TELEGRAM

A National Guard member places a hand on the casket of his fallen comrades.



MARY WATERMAN

North Chicago VA Medical Center Honors Former POWs

Former POWs from U.S. conflicts gathered at the North Chicago VA Medical Center in September to honor and remember fallen comrades during their annual POW/MIA ceremony, which included their first-hand accounts as prisoners. "This event was different from previous POW/MIA ceremonies," said John Stoffle, former POW and event speaker. "Most depict the difficulties and suffering of these wars, but the events I described depicted the differences between Pacific-area and European POWs." Stoffle was captured southwest of Berlin. "I think of death marches and poor camp conditions when I think of the war in the Pacific," he said. "My experience was much different, in that my captors were more concerned with the war's end and possible retribution."

Left: Former POWs (left to right) Don McCormick, John Stoffle, Chester Pestrak and Al Fehrman salute the flag during the POW/MIA ceremony at the North Chicago VAMC.

VA Palo Alto Hosts Exhibit Honoring Hispanic Military Service to the Nation

The VA Palo Alto Health Care System hosted the Hispanic Medal of Honor Society's Legacy of Valor exhibit Oct. 8 and 9 in celebration of Hispanic Heritage Month. The exhibit honors Hispanic military service to the nation. It includes displays honoring Hispanic Medal of Honor recipients, Latino heroes such as Presidential Medal of Freedom award winner Dr. Hector P. Garcia and former POW Everett Alvarez Jr., and the Aztec Eagles, an elite unit of pilots that flew combat missions during World War II, among others.

Rick Leal, president of the Hispanic Medal of Honor Society, was on hand to give a presentation on the exhibit for staff and veterans in the facility's auditorium. The exhibit's two-day visit to VA Palo Alto was arranged by Thomas M. Turréy III, the facility's Hispanic Heritage Program manager, who saw it on display at the National Council of La Raza's annual conference last summer and contacted Leal about bringing it to VA Palo Alto. After leaving VA Palo Alto, the exhibit was displayed at San Francisco City Hall. [VA](#)



CURT CAMPBELL

Right: The Legacy of Valor exhibit was displayed at VA Palo Alto Oct. 8 and 9 in celebration of Hispanic Heritage Month.

HONORS

Like Father, Like Son

The proverbial apple didn't fall too far from the tree in the case of Det. Mike Grieco, of the VA New York Harbor Healthcare System, and his son, Mike Grieco Jr. The senior Grieco is a career civil servant who spent 20 years with New York City Corrections before coming to VA. His son has served with the city's fire department for four and a half years.

Besides civil service, father and son also share a passion for weightlifting, and recently won gold medals at the World Police and Fire Games in Vancouver, Canada. Dad took the gold in the age 50-55 class, and Junior garnered a gold medal in the 198-pound weight class.

The World Police and Fire Games Federation established the games in 1985 and they are now an international sporting event, offering police officers, firefighters, customs officials and corrections officers an opportunity to showcase their athletic ability in more than 60 sporting events.



VA New York Harbor police detective Mike Grieco and his son, Mike Grieco Jr., won gold medals at the World Police and Fire Games.

RAYMOND AALBUE

VA's O'Leary to Serve as Journal Editor

Timothy J. O'Leary, M.D., Ph.D., acting VA deputy chief research and development officer, has been named editor-in-chief of the *Journal of Molecular Diagnostics*. His term begins in January 2010.

Along with his leadership role in VA research, O'Leary is well known for his work in molecular diagnostics. The field involves the study of genes and proteins within cells. Advances in recent years have boosted health professionals' ability to diagnose and monitor cancer and other diseases. He has published more than 130 scientific papers and numerous book chapters.

The *Journal of Molecular Diagnostics* is the official publication of the Association for Molecular Pathology, a not-for-profit scientific society dedicated to advancing clinical molecular laboratory medicine and translational research based on genomics and proteomics. Co-published by the American Society for Investigative Pathology, it is the top-ranked journal in its field.

2009 Environmental Services Department of the Year Winner Selected

VA's Tennessee Valley Healthcare System was recently selected for the 2009 Environmental Services Department of the Year Award by *Health Facilities Management* magazine and the American Society for Healthcare Environmental Services (ASHES). The Environmental Services Department of the Year is designed to recognize the outstanding achievements of a leading-edge hospital environmental services/housekeeping team in maintaining the highest levels of performance in critical areas such as infection control and prevention, patient safety initiatives, customer service, waste reduction and recycling initiatives, staff education/training and patient satisfaction.

A panel of four judges selected the Tennessee Valley Healthcare System based on its innovative programs and commitment to helping reduce hospital-associated infections. In their comments, the judges recognized the health care system for its teamwork, continual training programs, initiatives to reduce hospital-associated infections, efforts to reduce medical waste, improve recycling and more. *Health Facilities Management* and ASHES are part of the American Hospital Association.

Bronx VA Medical Center Director Wins AMSUS Federal Healthcare Executive Award

Maryann Musumeci, director of the James J. Peters VA Medical Center in the Bronx, N.Y., was selected by the Association of Military Surgeons of the United States as winner of the 2009 Outstanding Federal Healthcare Executive Award. The competitive award is presented to an individual senior health care executive officer in the U.S. Public Health Service, Department of Defense or VA who has made outstanding contributions to federal health care and has demonstrated superior leadership or executive management ability.

AMSUS, originally founded in 1891 as a society for surgeons and physicians, is currently comprised of more than 9,000 professionals serving in the full spectrum of health care disciplines, including the U.S. Public Health Service, VA, and DoD's active, National Guard and reserve branches. Their official monthly journal, *Military Medicine*, features peer-reviewed scientific papers, case reports and editorials, including international submissions. Each fall, AMSUS sponsors a major educational conference for members, international delegates and others interested in the medical and health-related activities of the military and federal health agencies. Past award recipients from VA include Dr. Jonathan Perlin (2005) and Dr. Michael Kussman (2006), both former Under Secretaries for Health.

VA Maryland Health Care System Named One of Baltimore's Best Places to Work

The *Baltimore Business Journal* has named the VA Maryland Health Care System one of Baltimore's Best Places to Work in 2009, the third such honor for VA Maryland. Competing with other businesses, hospitals, universities and financial institutions across the state, VA Maryland ranked second in this year's competition for an organization with 500 or more employees, and earned the unique distinction of being the only federal agency on the list.

"As a federal agency, we don't have the resources available in the private sector to enhance employee morale, but our overall mission, competitive salaries, generous benefits, employee recognition, strong leadership and cutting-edge technology have enabled us to attract and retain some of the most talented staff in the health care industry," said Dennis H. Smith, VA Maryland director.

In an anonymous online survey conducted by the *Journal*, employees were asked questions about job satisfaction, management style and trustworthiness, and their own job performance. VA Maryland serves more than 52,000 veterans and employs approximately 3,000 clinical, technical, administrative and support personnel, providing a broad spectrum of care from two medical centers, a rehabilitation and extended care center and five outpatient clinics.



VA Maryland Health Care System Director Dennis H. Smith accepts the Baltimore's Best Places to Work award.

VA Pharmacies Get High Customer Satisfaction Scores in J.D. Power Survey

J.D. Power and Associates, a firm specializing in consumer surveys, has given VA pharmacies some of the highest customer satisfaction scores in a national sampling of pharmacy customers. J.D. Power surveyed about 12,000 pharmacy customers who use pharmacy retailers, including independent and mail-out pharmacies, chain drug stores, mass merchandisers and supermarkets. VA received an "Among the Best" ranking for the mail order category, the same overall ranking as Kaiser Permanente Pharmacy and Prescriptions Solutions.

Among the factors examined in the 2009 National Pharmacy Study were pharmacy environment, price and value of prescription drugs, experience with online ordering and mail delivery, and experience with pharmacist and non-pharmacist staff. Every veteran enrolled in the VA health care system is eligible to receive prescription medications, over-the-counter medications, and medical and surgical supplies. VA operates seven mail-out pharmacies, known officially as consolidated mail outpatient pharmacies, in Charleston, S.C., Dallas, Hines, Ill., Leavenworth, Kan., Murfreesboro, Tenn., Chelmsford, Mass., and Tucson, Ariz. These facilities support VA's health care mission through advanced automated production technologies to dispense and mail prescriptions to eligible veterans. In 2008, VA provided approximately 126 million outpatient prescriptions to more than 4.4 million patients.

Four VA Facilities Make American Hospital Association's List of 100 Most Wired Hospitals and Health Systems

Four VA facilities made this year's 100 Most Wired Hospitals and Health Systems listing in *Hospitals & Health Networks* magazine, published by the American Hospital Association. VA's Northeast Region 4 in Brooklyn, N.Y., with 8,000 staffed beds in 36 hospitals, has made the list for the last eight years, the most appearances of any VA facility. With two years on the list, Fresno's VA Central California Health Care System, with 114 beds, is a relative newcomer to the prestigious ranking. Both the 154-bed Richard L. Roudebush VA Medical Center in Indianapolis, and the 321-bed Washington, D.C., VA Medical Center have made the list for the past five years. The White River Junction VA Medical Center in Vermont was one of 25 hospitals chosen for the Most Wired—Small and Rural list.

In the annual *Hospitals & Health Networks*' Most Wired Survey and Benchmarking Study, facilities are graded on their use of information technology to achieve goals related to patient safety and quality, customer service, business process improvement, workforce management and disaster readiness. This year, 556 hospitals and health systems nationwide completed the study, representing 1,314 hospitals.

Omaha VA Medical Center Nurse Honored for Exceptional Patient Care

Dean Degner, an intensive care unit nurse at the VA Nebraska-Western Iowa Health Care System's Omaha medical center, is the first VA recipient of The DAISY Award for Extraordinary Nurses. The award, presented in collaboration with the American Organization of Nurse Executives, is part of the DAISY Foundation's program to recognize the superhuman efforts nurses perform every day.

"We are proud to be among the hospitals participating in The DAISY Award program. Nurses like Dean are heroes every day," said Eileen Kingston, Omaha VA nurse executive. "It's important that our nurses know their work is highly valued. The DAISY Foundation provides a way for us to do that."

A retired Air Force major with 17 years of military service, Degner has been a VA nurse since 1999. The nonprofit DAISY Foundation was established in 2000 in memory of J. Patrick Barnes, who died at the age of 33 from complications of an autoimmune disease. As of July, more than 4,500 nurses have received The DAISY Award nationwide. For more information, visit www.daisyfoundation.org.



Dean Degner receives The DAISY Award from Bonnie Barnes, co-founder of the foundation that sponsors it.

D.C. VAMC Wins Organizational Achievement Award

The Washington, D.C., VA Medical Center is the 2009 winner of the Medallion of Excellence, the highest honor presented for organizational achievement by the U.S. Senate Productivity and Quality Awards of Virginia.

The SPQA uses the national Malcolm Baldrige Award criteria to rate organizations in all segments of enterprise reflecting "visionary leadership, customer-driven operations, value of employees and partners to the organization, focus on results, and innovation." Not since 2006 has the group's judging committee recognized an organization with its highest achievement award.

The VAMC consistently scores high in patient satisfaction surveys, with nearly 85 percent of patients describing access to hospital services as excellent. Its Patient Service Center ensures all incoming calls are answered within 30 seconds.

The "paperless" hospital uses technology to improve patient care. Its success is reflected in its award-winning discharge summary program, designation as a "Most Wired" hospital, and its telehealth initiatives.

The D.C. VAMC was the first in the nation to put EKGs on Blackberries, ensuring patients suffering chest pain get immediate, life-saving treatment.

Dental Director Receives N.C. Governor's Volunteer Service Award

Dr. Richard Chupkowski was named Cumberland County's Outstanding Senior Citizen Volunteer of the Year at the North Carolina Governor's Volunteer Service Awards Banquet recently. He also received a second-place award for the North Carolina Outstanding Volunteer Medallion for Cumberland County.



Dr. Richard Chupkowski

Chupkowski began volunteering his professional services to perform free dental extractions for The CARE Clinic patients in 1995. He soon became the volunteer dental director and took over responsibility for all dental aspects of patient care at the nonprofit facility.

Chupkowski is also an instructor for the University of North Carolina School of Dentistry and supervises dental residents at the Fayetteville VA Medical Center. As a way to provide additional dental services to the clinic, Chupkowski began bringing his dental residents with him twice a month. The extra volunteers allow the facility to provide services to an additional 288 people a year in the community.

VA Mental Health Services Official Receives Top Award from American Psychological Association

Dr. Antonette Zeiss, deputy chief consultant for mental health services with the Office of Patient Care Services in VA headquarters, has been named the recipient of the Retirement Research Fund Distinguished Contribution Award in Applied Gerontology from the American Psychological Association. Zeiss received the award at the APA annual conference, held last summer in Toronto, Canada.

APA is a scientific and professional organization that represents psychology in the United States. With more than 150,000 members, APA is the largest association of psychologists worldwide. Its mission is to advance the application of psychological knowledge to benefit society and improve people's lives. The award Zeiss received is presented in honor of M. Powell Lawton to recognize those whose contributions include developing or implementing a program, practice, policy or treatment that has had or will have great potential to improve the lives of older people. **VA**

St. Louis VA Regional Office Helps Domestic Violence Victim

The widow of a World War II veteran walked into the St. Louis VA Regional Office with her new husband and was greeted by Public Interview Representative Laura Thomas-Jones.

Thomas-Jones noticed that the elderly woman had bruises on her face and head. That, coupled with the woman's demeanor, led her to believe that the woman may have been the victim of domestic violence.

Going on instinct, Thomas-Jones separated the woman from her husband and called Women Veterans Coordinator Angela Clemoens for assistance. The two learned that the woman's husband was physically abusing her and he brought her to the VARO to change the address where her Dependency and Indemnity Compensation checks were mailed. He forced her to deposit her DIC check into his checking account, leaving her without any money. Thomas-Jones and Clemoens escorted the woman to the office of Public Contact Coach Dawn Dixon, where they knew she would be safe and her privacy would be protected.

Thomas-Jones called local police to report the incident and Clemoens began calling local women's shelters to find a safe place for the woman to stay. Dixon left messages at the homes of the woman's sons. Assistant Public Contact Coach George Seper distracted the husband by asking him to complete some paperwork. The husband was kept occupied long enough for the woman to be safely secured and the proper authorities contacted.

The woman didn't need to visit the VARO, which is three hours from her home, to change the address where her checks are mailed. She came to the VARO because it was the safest place she could think of to get help.



Left to right: Laura Thomas-Jones, Dawn Dixon, Angela Clemoens and George Seper.

VA Officers Break from Competition to Provide First Aid

Recently, several members of the Salem (Va.) VA Medical Center police force were participating in an annual "Mud Run" competition when they observed a female participant in medical distress. The team stopped their run to aid the woman until medical personnel could arrive at the scene.

For disregarding the competition to help a fellow citizen, Detective Stanley Malek, Officer Russell Brockenbrough, Dispatcher Toney Clayton, Officer Brockenbrough's son, and Officer Benjamin Moody (Carl) Brockenbrough, Officer Benjamin Moody and Dispatcher Paul (Toney) Clayton received certificates of commendation. **VA**



Left to right: Detective Stanley Malek, Officer Russell Brockenbrough, Dispatcher Toney Clayton, Officer Brockenbrough's son, and Officer Benjamin Moody.

Nurses Assist With In-Flight Emergency

David McGarry, a registered nurse at the West Palm Beach (Fla.) VA Medical Center, and his wife Mari, also a registered nurse, were on a flight returning home from a nursing conference when a call came from the crew asking any medical personnel on board to come forward. McGarry and his wife immediately responded to the call for help.

Arriving at the front of the plane, they met up with a doctor and flight personnel who took them to a man suffering from syncope, a brief loss of consciousness and posture caused by a temporary decrease in blood flow to the brain. "He was unconscious, so we got him into a wheelchair and into the galley of the airplane, where we administered oxygen and started an IV. He had been vomiting and had low pulse and blood pressure," Mari McGarry said.

In addition to their traditional nursing training, the McGarrys also have in-air medical training. "In 2002, we attended a conference for in-flight emergencies," David McGarry explained. The training paid off, and eventually the man regained consciousness. "I'm so thankful that my training prepared me for this kind of situation," said Mari McGarry.



68th Anniversary of Pearl Harbor

Marines stationed at the Marine Barracks in Washington, D.C., salute during the national anthem at a ceremony at the National World War II Memorial on the National Mall marking the 68th anniversary of the Japanese attack on Pearl Harbor. The ceremony began at 7:53 a.m., the time in Hawaii when the first bombs fell on Dec. 7, 1941.