



U.S. DEPARTMENT OF VETERANS AFFAIRS

Vanguard

FEBRUARY 2000

Becoming One VA

Conference participants take the message back home — page 6

Inside: 2001 Budget Request, 4 ☆ Revamped VA Web Site, 4 ☆ FAIR Act, 5

CONTENTS

- ❑ 2001 Budget Request 4
Record increase sought by White House
- ❑ VA Web Site Facelift 4
www.va.gov gets a new look
- ❑ FAIR Act 5
VA reports commercial jobs inventory
- ❑ One VA Conferences 6-9
Participants take message back home
- ❑ HR LINK\$ Update 10
Rollout leads to spike in calls to SSC
- ❑ Rehabilitation Events 11
New management group formed
- ❑ 75 Years of Service 12
Battle Creek, Mich., VAMC celebrates

COLUMNS 13-16

On The Cover:

St. Louis-based actor Jim Deken was a familiar sight at the four One VA regional conferences, where his crusty News Chief character rallied participants to take on the role of cub investigative reporters and develop on-site news stories about One VA initiatives. The live and mostly unscripted work he did on the One VA stage is known as "industrial theater."

Vanguard

VA's Employee Magazine
February 2000
Vol. XLVI, No. 2
Printed on 50% recycled paper

Editor: Lisa Respass
Editorial Assistant: Matt Bristol

Published by the
Office of Public Affairs (80D)
Department of Veterans Affairs
810 Vermont Ave., N.W.
Washington, D.C. 20420
(202) 273-5746

E-mail: vanguard@mail.va.gov
www.va.gov/pubaff/OPAIndex.htm

INTRODUCING

Teresa Connelly

As Internet traffic increases, the VA Web site is becoming a popular target for inquiries, compliments and complaints on a wide range of VA programs and services. Fortunately, Teresa Connelly, a VISN Support Service Center coordinator under VHA's Patient Advocate Program, is also online, answering questions, assuaging fears and providing customer-driven service that reflects VA's commitment to putting veterans first.

Like a rising tide, electronic mail inquiries have flooded Connelly's in-box, more than doubling over the past year. She responded to 631 messages in the first quarter of 1999, but that figure skyrocketed to 1,300 for the fourth quarter — an average of 21.6 e-mails each day. But the heavy workload doesn't bother Connelly. "I always try to respond within two days," she said. "Some of the veterans feel isolated and this is one way the VA can touch them right in their homes."

Although she answers her e-mail messages from the Danville, Ill., VA Medical Center, VA's electronic infrastructure allows her to contact subject-matter experts from around the nation when she needs help answering difficult questions. "Veterans and their families write from all over the world," she said. "One time, a veteran in a remote area of Alaska needed medical attention but had never enrolled with VA. He e-mailed me...so I contacted the patient advocate at the Anchorage VA Outpatient Clinic, who helped the veteran enroll and obtain medical services."

She began her career with VA in 1985 as a ward secretary at the

Danville VAMC. Often listening to patients' concerns and complaints, she soon found herself troubleshooting veterans' problems. "I enjoyed helping because I had direct contact with the veterans," she said. When a position for an assistant patient advocate was created, Connelly decided to apply. It's a move she doesn't regret. "It is such a positive job to have because people are seeking information and I can provide it in a timely, professional manner and with a personal touch that you just don't get from reading it on the Web site."

Typically, Connelly receives online inquiries via the VA 1-Stop Service Inquiry Page, which is directly linked to the VA home page. The site provides e-mail contacts with personnel in VHA, VBA, NCA and a number of specialized VA programs.

Many of the messages initiated at the site are directly routed to Connelly's e-mail address.

During the fourth quarter of 1999, 79 percent of the messages she received were requests for information. Inquiries range from how to obtain prescriptions and hearing aids to how to locate old service buddies. To provide quick answers for these frequently asked questions, Connelly created templates that she molds to fit the veteran's unique situation.

In this manner, she provides timely answers with a personal touch. "Teresa is truly dedicated to this program," said Joni Rubin, director of the VISN Support Service Center. "We get a tremendous amount of feedback from veterans commending the level of response she provides." ❑



By Matt Bristol

Steve S. Kraman, M.D.
Chief of Staff, Lexington,
Ky., VA Medical Center

Building a Patient Safety Program Based on Trust



For years, writers in the medical-legal literature have promulgated the benefits of honesty and full disclosure in the management of medical mistakes. They predicted that

rather than treating patients who had been injured by medical errors as adversaries, dealing truthfully with them would diminish anger and the desire for revenge and permit rapid and fair resolution. This has been supported by several surveys of patient opinion.

Nevertheless, these recommendations have rarely if ever been translated into routine practice. Perhaps this is due to the fear that a volunteered (and therefore “unnecessary”) settlement could expose hospital management to harsh criticism from facility attorneys or insurance companies.

In 1987, we were not familiar with this literature as we began to organize our risk management program. We simply instituted what we considered to be a common sense, ethical way of dealing with the consequences of medical error and negligence. After approximately 10 years of operation, we decided to evaluate our legal liability in relation to a group of similar hospitals.

The results of this study were published in the *Annals of Internal Medicine* in December 1999 and revealed that our liability payments were below average. During the period of research for this article and in discussions with others involved in the field of medical errors, it became apparent that our approach to medical malpractice was unique.

There are two essential components of this policy. The first is the

notification of patients (or next of kin) who have been injured by medical mistakes, regardless of whether the patient or next of kin could have had independent knowledge of the event. The facility remains in the caregiver role and acts as an advocate to assure that the patient receives fair compensation.

We encourage the patient or the patient’s next of kin to have independent counsel so they can be certain that they are being treated fairly. The medical center attorney negotiates openly with the patient’s attorney to reach a fair settlement. We gladly and quickly provide all medical records requested by the patient or attorney. This approach has resulted in local resolution of the vast majority of tort claims, avoiding litigation and the expenses inherent in the defense of a malpractice case in the courts. Full disclosure of errors and medical mistakes also protects the

We are convinced that the components of our program are not only practical but also necessary for a successful patient safety program.

facility from the threat of high judgments that can be imposed by judges as punishment for hiding relevant information from the patient.

The second essential component is the maintenance of a trusting relationship between the members of the risk management committee and the clinical staff. Practitioners will think twice about reporting errors for fear of punishment or loss of privileges. They also tend to be defensive if the facility attorney treats them with inappropriate suspicion.

Medical practitioners are no different from anyone else in wanting to protect their livelihoods and professional reputations. Therefore, we support them when they commit honest, infrequent errors and vigorously defend them against baseless

malpractice claims no matter how small, preferring to go to court rather than settle nuisance claims. It is the nature of medical practice that errors sometimes have terrible consequences. In an atmosphere of trust, these consequences can be moderated by enlightened medical administrators and risk managers.

Medical care in hospitals is provided by and dependent upon human beings properly interpreting data and remembering to do complicated tasks without error. However, processes that are dependent on human activity are naturally prone to error, especially when there is high work volume and high stress.

Having adequate information about medical mistakes gives our risk management committee, in cooperation with the medical staff, the opportunity to identify processes that contribute to the commission of errors. When the risk management

committee identifies a process that has contributed to a medical mistake, its members work with the health-care providers to improve the

process and make it less error-prone.

The success of our patient safety / risk management program has not been dependent on the provision of additional resources. Rather, it relies on the way medical managers and the facility attorney do their jobs. When the clinical staff know they will be treated fairly for occasional human errors, they do not feel threatened when the facility deals openly with medical errors.

After nearly 13 years of living by such a philosophy, we are convinced that the components of our program are not only practical but also necessary for a successful patient safety program. The staff are more willing to report errors, making it possible to gather information on medical mistakes that is an absolute prerequisite for improvements. □

Record VA Budget Increase Proposed for 2001

The Clinton Administration has proposed the largest-ever increase in discretionary spending for veterans — \$1.5 billion for fiscal year 2001. The proposed budget, delivered to Congress this month, would fund VA at \$48 billion with priorities including:

- ◆ improved access and service in health care to reduce waiting times;
- ◆ enhanced patient safety standards;
- ◆ full funding for new emergency and extended care benefits;
- ◆ 586 new claims processors;
- ◆ funding for more federal and state veterans cemeteries; and
- ◆ preservation of national cemeteries as shrines to the nation's veterans.

The 2001 request includes \$20.9 billion for medical care, a 7 percent increase over last year's spending for health care. VA expects to treat 3.9 million patients next year, an increase of 2.6 percent.

The budget proposal includes \$400 million to reduce waiting times by redirecting personnel and contract services, altering infrastructure, and

improving scheduling systems. To continue to enhance VA's leadership in patient safety, the Department is requesting \$137 million for oversight and training on safety issues. A total of \$340 million is being sought to treat Hepatitis C in veterans, and \$548 million to fully implement the provisions of last year's Veterans' Millennium Health Care & Benefits Act, which provided for expanded emergency care, extended care and mental health services.

The Administration's budget seeks \$22.8 billion to provide compensation and pension benefits to veterans and their survivors. Nearly 2.3 million veterans and 301,000 survivors will receive compensation benefits in fiscal year 2001. Pension benefits will be provided to more than 363,000 veterans and 253,000 survivors.

The proposed budget provides \$999 million — \$139 million over the FY 2000 level — to further ensure the timely delivery of compensation, housing, education, pension and vocational rehabilitation services to veterans. To improve the efficiency

of disability claims processing, an additional 586 full-time employees will be added in FY 2001 for a total of more than 1,000 new claims processors added since 1999. If Congress approves the budget request, VA will pay full disability compensation to veterans of Filipino units who served during World War II and are now living in the U.S. Under current federal law, they receive benefits at half the rates of U.S. veterans.

The Administration requests \$110 million for national cemeteries, an increase of \$13 million. The additional funds will help preserve the cemeteries as national shrines. New national cemeteries will be in operation in 2001 in Albany, N.Y.; Chicago; Dallas-Fort Worth; and Cleveland. Master planning will begin on sites in Atlanta, Detroit, Miami and Sacramento.

New budget authority of \$309 million is requested for VA's construction program, including funding for major construction projects, resources for minor construction, and grants for state veterans' nursing homes and cemeteries. □

New and Improved VA Web Site Launched

The newly redesigned VA Web site made its debut on January 31 after undergoing a much-needed facelift to make it easier to navigate and more appealing to the eye for veterans, their families, and other users.

Veterans are using the Internet in ever-increasing numbers to contact VA, and had voiced their growing concerns about the style and organization of the five-year-old Web site. VA officials recognized the need to restructure *www.va.gov*, and approved funding for the Veteran-Focused Internet Redesign Project in September 1998 with the requirement that all three administrations participate and be actively involved in the process to improve the Web site.

The project was managed by staff in VHA's Office of Information (OI),

and a steering committee composed of representatives from the three administrations and headquarters staff offices helped plan and carry out the redesign effort. Many of the

committee members brought a wealth of technical expertise to the project since they are directly involved in the design and maintenance of Web pages in their respective organizations.

The overall goal of the redesign project was to make the Web site a more effective vehicle for veterans and others to contact and find information about the Department, according to Co-Project Managers Nancy Tucker and Rusty Andrus, of the OI's Business Enterprise & Solutions Technologies Service. The committee decided to focus on redesigning the top three Web pages of the site, Tucker said, and then provide instructions and recommendations to the VA

Webmaster community on how to make the lower-level pages conform to the new style and format.

Research conducted by an outside

Department of Veterans Affairs



contractor revealed that an estimated 80 percent or more of the veteran population will soon be using the Internet to conduct VA business, regardless of age, gender or geographic location. Veterans are accessing the Internet in their homes, libraries, senior citizen centers, elder care facilities, nursing homes, vet centers, veterans service organizations and even RV parks.

The contractor's assessment of VA's existing site revealed a number of weaknesses, including: 30 separate links from the home page; more than 18,000 separate Web pages; a lack of page design consistency; inaccessibility to sight-impaired veterans; and pages that were cluttered with too much information.

Focus groups made up of veterans and family members, VSOs, business partners, Congressional staff and others were conducted last summer to get reactions to the existing Web site and opinions on how it could be improved. Group members provided feedback on topics such as what they liked or disliked about the existing Web site,

what changes they would like to see, what services they would like to obtain interactively, and the types of Web page styles they preferred.

They were also asked to look at three "best of breed" government Web site designs and choose the page design and organization they liked best. An online Web page redesign survey was posted on the existing site to gather additional feedback, and paper surveys of several other groups also were conducted.

The feedback provided by all sources was nearly unanimous — they preferred the circular page style of the Library of Congress Web site, they wanted the pages to be consistent, and they wanted the Web site to be easier to navigate and more appealing to the eye. Faster download times, better links, consistent text styles and fonts, and more understandable language were other features the groups agreed would improve the site.

Based on these findings, the steering committee decided to use a Library of Congress-style circular

page design for the top pages and a left-hand stripe on the lower-level pages containing links to other pages. "Mouse rollovers" appear over the VA logo in the center of the top pages to give users more information about what each selection will yield. The committee also decided that each element of VA would use a specific color for the left-hand stripe on the lower-level pages to help users keep up with where they are on the site.

A work group made up of some of the committee members and Webmasters in Central Office and the Silver Spring, Md., VHA OI Field Office carried out the actual page changes, and tested and launched the new site. Tucker said a customer satisfaction survey soon will be placed on the improved site to gather feedback from users about the changes. Positive feedback about the changes has already been received from the blind veteran community, she added. A VA-wide satellite broadcast for all Webmasters is planned for March 2 to explain the changes. □

VA Reports Commercial Jobs Inventory under FAIR

The Department submitted its list of 187,000 jobs considered commercial under the Federal Activities Inventory Reform (FAIR) Act of 1998, and is now considering the challenges made to the list after it was published in the Federal Register and on the Internet.

The Act (P.L. 105-270) requires federal agencies, annually beginning this year, to identify activities not inherently governmental in nature and the number of employees performing each of them, then to evaluate whether they can be performed more efficiently and effectively by the private sector.

VA complied by providing its inventory to the Office of Management and Budget (OMB) last fall. Following its December 30 publishing, interested parties had until the end of January to send challenges to VA. VA then had the month of February to rule on those challenges and communicate its decisions. Those decisions could be appealed within 10 days.

Ray Wilburn, director of program evaluation in the Office of Planning and Analysis, said the commercial

designation does not mean VA intends to contract its work on any large-scale basis.

VA's commercial inventory includes nearly 181,500 jobs in the Veterans Health Administration, more than 3,000 jobs in the Veterans Benefits Administration, more than 1,100 in the National Cemetery Administration and more than 1,400 other positions. Although that is the vast majority of VA's jobs, the law does not require agencies to privatize jobs they classify as commercial.

Agencies considering privatizing jobs on the FAIR list must follow rules in OMB Circular A-76 requiring them to conduct cost analyses and competitions between federal employees and private companies. Wilburn said VA recognizes that health care is also provided by non-government hospitals, clinics and offices throughout the country and is, therefore, considered commercial in nature.

However, in 1997 VHA established a policy that requires several conditions be met before employee health-care activities may be contracted out. Specifically, the change

would have to be cost-effective and in the best interest of both veterans and the government. It would also have to include aid to displaced employees.

VA announced in January that it plans to let private firms compete with employees to run the property management operation of the Loan Guaranty Program. VA acquires and sells real estate on which mortgages are foreclosed. VBA began last summer to study the possibility of privatizing the work, involving about 275 employees.

In health care, Wilburn said support jobs such as running laundries at VA hospitals have previously faced competition, but added, "In the past, we've overwhelmingly won the competitions. If we began competitions again, we wouldn't be any less cost effective."

Interested parties to challenges of the published inventory could include contractors, labor unions and federal employees. Contractors, for example, could dispute jobs left off of the list and unions might challenge that jobs on the list are inherently governmental. □

One VA — One Mission, One Vision, One Voice

Hearing the Call to Action...



Deputy Secretary Hershel Gober challenged everyone to go back to their facilities and, in partnership with local team members, implement their action plans and report progress.

To accelerate the emergence of a One VA culture — in which employees across the Department commit to working together and with other veterans' advocates — four regional conferences drew 2,000 internal and external stakeholders last year. Participants were selected to be ambassadors to educate others on the compelling need to become more veteran-focused in service and to lead implementation of new One VA initiatives.

With the theme *One VA — One Mission, One Vision, One Voice*, the events were designed to link learning opportunities with the Department's strategic direction and improve interaction at the local, regional and national levels. Participants were senior VA leadership, middle managers, first-line employees, union officials and other veteran and government stakeholders.

They took on the role of news

reporters. Working in teams, they identified VA's progress toward becoming One VA through fact-finding assignments. Before the conferences, they conducted veteran and employee interviews to gain perspective on VA's strengths and weaknesses. At the gatherings, their sources included videos presenting the views of veterans, mock news events with the under secretaries for health, benefits and memorial affairs and exhibits displaying successful One VA stories from local facilities. Participants also heard from outside organizational speakers about coping with problems similar to VA's.

One of the outcomes was the formation of state and local VA partnerships and action plans across organizations for improving service. Participants were asked to write and publish the plans and progress implementing them in facility and local

veterans newsletters.

Another outcome was voting to select national initiatives for VA's top leaders to execute. Executives led by Deputy Secretary Hershel Gober committed to:

- ◆ create an integrated information system architecture that will support front-line employees' access to needed information across VA lines;
- ◆ create a One VA orientation package available to all employees;
- ◆ develop a Learning Map

for veterans to increase their knowledge about entitlement to VA benefits and distribute it widely among stakeholders; and

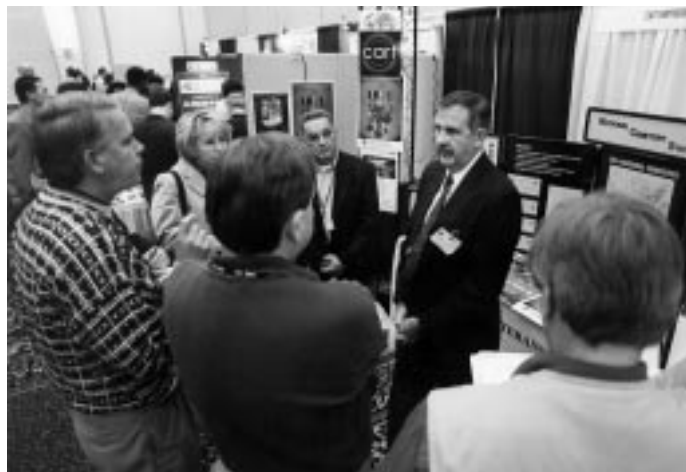
- ◆ produce a guide (available online) that will help employees direct veterans to the right sources for information they seek.

"One VA is more than the four conferences," said Gary Steinberg, Deputy Assistant Secretary for Planning and Evaluation, whose office planned the conferences. "We are working with people throughout the Department to implement a campaign that institutionalizes One VA as part of our operations."

Another conference is being planned for VACO employees in April. It will focus on improving the ways headquarters staff work with the field and stakeholders in supporting One VA activities.

Deputy Secretary Gober chairs a One VA Board of headquarters executives who will work to support best practices found at local and state levels. Annual performance plans of all VA network, area office and facility directors, as well as VACO senior executives, soon will contain a rating element to implement seamless service. □

By Jo Schuda



Robert Detling, Pittsburgh VAMC, discusses VHA's partnership with NCA to provide therapeutic work opportunities with (left to right): Bob Schloenborn, Cleveland VARO; Kathleen Wolner, M.D., Dayton, Ohio, VAMC; and David Parkinson, Paralyzed Veterans of America, Pittsburgh.

...Getting Top-Level Support...



◀ Secretary Togo D. West, Jr., shares a laugh with Fred Judkins, Me., VA Medical & Regional Office Center, after speaking at the Pittsburgh regional conference.

Top executives from VA's three ► administrations responded to proposals and pledged support for cross-agency activities. From left, Kenneth Clark, VHA's Chief Network Officer; Nora Egan, VBA's Deputy Under Secretary for Benefits; and Fred Watson, NCA's director, Field Programs Service.



◀ NCA's Field Operations Director Roger Rapp leads the congregation in a One VA chant.

...And Taking It Back Home

Four One VA regional conferences last year ended with participants charged to report their progress on team actions and publish news about their actions in their geographic service areas. A sampling of their articles showed activities as diverse as cross-agency outreach to former POWs and homeless veterans, itinerant VA information fairs and VA medical centers hiring rating specialists to improve the compensation exam process.

A One VA team in Montana formed a coalition led by the state Veterans Affairs Department and National Guard representatives. Employees of the Ft. Harrison VA Medical & Regional Office invited representatives from veterans organizations, local transportation and housing officials, a community mental health center, a homeless shelter, a private medical facility and the public assistance agency to join them in partnering with the state organizations to increase outreach to homeless veterans. VAM&ROC staff are working with the homeless shelter and a local Native American health clinic to bring more veterans to VA for care. They took the shelter staff on a tour to discuss issues



Terry Berube presents Campaign REACH at a conference wrap-up. She and co-presenters from the White River Junction, Vt., VAM&ROC announced activities to Recognize, Educate, Assist, Coordinate and Honor veterans.

related to accessing VA care.

The Denver VA Regional Office compiled a resources directory for veterans throughout Colorado and Wyoming, distributing it to all VA offices, county veterans service officers and others. It includes

contact points for community care providers and other federal service providers in addition to VA programs.

The New Jersey Health Care System is hiring a rating specialist who will be trained by the Newark VARO to coordinate compensation and pension exams in an effort to improve turnaround time and quality. The success of such joint efforts in Chicago and Loma Linda, Calif., demonstrated at the One VA conferences, influenced New Jersey's decision. The new specialist will work at the two VAMCs in the state and all the VA community clinics. The Health Care System also will install a clinic in the VARO.

The Augusta VAMC and Atlanta VARO in Georgia are among other VA partners in C&P exam improvement since the conferences. The VARO trained a VAMC nurse practitioner in what the rating board needs from examinations.

The Lyons, N.J., VAMC is about to expand its Saturday clinics with further One VA outreach. Once a month, Newark VARO and Beverly National Cemetery staff will be on-site at a One VA Services Fair. Veterans will not only get exams but also benefits and claims assistance



Not "Roger's Rappers," not the "YMCA" song improvisers (but they could have been). The Nebraska team popped the quiz, "Who Wants to Be a Millionaire?" Possible answers to the question, "How will you know what veterans want?" included: a) conduct focus groups; b) watch "20/20"; c) spend three nights with VFW; or d) ask fans at a Huskers game (a was correct).



Wichita, Kansas, VAMC Director Kent Hill leads the Kansas team, which proposed to form a statewide One VA council.



Deciding on actions for the Hawaii state plan are (standing, left to right): Ed Deguzman, Honolulu Veterans Service Center; Walter Ozawa, director, Hawaii Office of Veterans Services; Jim Carilli, VAM&ROC assistant director; Gabriel Perez, acting director; (seated, left to right) Bob Foulds, Service Center manager; Kim Hammill, chief union steward, VAM&ROC; and Dave Burge, former director (retired).

and information on readjustment counseling and burial benefits.

In Connecticut, employees of the Hartford VARO and the West Haven campus of the Healthcare System join once a month with the state labor and veterans affairs departments to take a One VA fair on the road. The itinerary includes 18 cities and towns.

In Idaho, a One VA effort to increase assistance to former POWs began when Boise VARO Adjudication Officer Guy Sakamoto invited VAMC Associate Director Bruce Stewart to a VBA hotline discussion about "best practices" in outreach to these veterans. Stewart initiated a plan with the VARO to identify all former POWs on VAMC and VARO rolls and those known to the motor

vehicles department issuing special license plates. POWs not receiving 100 percent service-connected benefits will be personally invited to schedule exams with a physician who has expertise in conditions affecting former prisoners and will have their claims rated by a specialist also at the VARO. □

By Jo Schuda

Meet the One VA Conference News Chief

He's a veteran of business and educational presentations, as well as the U.S. Navy (Vietnam era). And Jim Deken, One VA conference News Chief, also is no stranger to VA.

Research he did several years ago for live performance at a conference of associate VA medical center directors helped prepare him for his recent run with One VA. That was his first VA job, secured by his agent through a talent agency hired by VHA's Employee Education System.

A few months ago, he acted in a "Decision Diner" video program, set in a diner built on a soundstage.



The purpose was to teach shared medical decision-making to VA's clinicians.

The live work of the One VA conferences, called "industrial theater," has been the largest portion of Deken's work during this past year. Based in St. Louis, he has performed in many industrial training videos as well. He takes his roles from many production companies, often participating in creative development. An interactive video he did for Boeing Corporation about computer-aided design and manufacturing has been shown in the Smithsonian Institution Air and Space Museum. A botanical science series he worked on is used in elementary schools nationwide. Deken has also done local and national radio and TV commercials.

With no formal theater training, but degrees in business administration and 20 years of employment in many positions with Southwestern Bell, Deken began performing in dinner theater 12 years ago. His favorite acting roles are comedic. He enjoys dialect and impressions most, plus live interaction with an audience.

Most of what the actor does on the One VA stage is not scripted, and much is developed on site. "I'm very comfortable working with the audience," says Deken. "I think it means more for them knowing that they're getting something that no one else has heard or seen."

HR LINK\$ Rollout Sparks Workload Increase at SSC

Employees at all VA facilities are now able to make their personal and benefits changes through HR LINK\$ Employee Self Service. Currently, they use the toll-free number and interactive phone system or ask the Shared Service Center (SSC) to make the changes. By the end of this month they will be able to use their desktop computers or facility access points as well.

Between October and December 1999, HR LINK\$ processed more than 93,000 personal information and benefits transactions, the top ones being health benefits and Thrift Savings Plan, during the open seasons and Combined Federal Campaign elections. The Federal Employees Health Benefits (FEHB) program more than tripled the workload at the SSC in Topeka, Kansas, as staff answered more than 40,000 calls during just one month

when employees could elect and change their medical insurance. While the number of calls to the SSC averaged 400 per day in early October, on December 13 alone — two days before the FEHB election season was scheduled to close — the staff fielded more than 3,000 calls.

The SSC stayed open extra evening hours and weekends to handle the calls and extended the open season two days. Even staff members who normally don't handle calls did so. Still, some employees encountered busy signals during that period on the 1-800 number. FEHB open season was the first large-scale test for Employee Self Service and the SSC — the first time employees could use HR LINK\$ to enroll or select plans. More than 30,000 FEHB transactions were made, plus another 10,000 for the Thrift Savings Plan.

HR LINK\$ is the new automated system which requires employees to

use their Social Security Number and personal identification number (PIN) to access their records and get assistance from the SSC. The SSC has found that many employees have lost or forgotten their PIN. In both cases, employees should call the SSC (1-800-414-5272), and hit "0" to be connected to a customer service representative, who will assist in obtaining another PIN.

On another HR LINK\$ front, position classification using the Coho software program continues to roll out on schedule. Managers at 70 percent of field locations have access to Coho and the rest will have it by the end of April. Managers who need help creating a position description or classifying a job using Coho can call a SSC classification specialist. After dialing the 1-800 number, follow the phone menu path named "manager activities" to be connected to the specialist. □

VA's First Enhanced-Use Energy Project Initiated

The Mountain Home, Tenn., VA Medical Center is taking significant and innovative steps to reduce energy consumption, saving millions of dollars that will directly benefit veterans in the Mid-South Healthcare Network (VISN 9).

Through enhanced-use leasing authority, the medical center will lease property to Energy Systems Group (ESG), of Evansville, Ind., to develop, operate and maintain a state-of-the-art energy plant. ESG is an energy services company that provides products, services and skills to help organizations upgrade their facilities without capital expenditures. The company was selected after a national competition among top energy providers.

In addition to building the new co-generation facility, ESG will conduct energy-efficient building upgrades throughout the Mountain Home medical complex and at the six other VA medical centers in VISN 9. The proposed initiatives, such as lighting retrofits, replacement of wasteful plumbing fixtures and control upgrades, will significantly reduce the VISN's energy consumption costs. These improvements will make significant strides in meeting

President Clinton's June 1999 directive requiring all federal facilities to reduce energy consumption by 30 percent by the year 2005 (as compared to 1985 consumption levels). The directive is designed to improve the federal government's energy management system, save taxpayer dollars and reduce emissions that contribute to air pollution and global climate change.

The entire project is expected to save VA up to \$15 million and precludes federal funding of more than \$35 million for equipment and facility replacement costs over the term of the lease. "Reduced energy-related costs equate to lower costs to taxpayers and improved services to veterans," said Robert Eidson, Capital Assets manager at the medical center. According to Eidson, savings will be used to support a newly opened community-based outpatient clinic in southwest Virginia.

"We are continually challenged with developing new and innovative ways of improving care for our veterans and, at the same time, reducing costs. The savings to our budget resulting from this enhanced-use energy project will meet both of

these requirements," said Dr. Carl J. Gerber, the medical center's director.

This will be the first privately financed and operated energy plant on VA property and the first in the federal government under this type of private/public development authority and financing structure. The project is being financed through a \$32 million bond issue from the Johnson City, Tenn., Industrial Development Board.

Enhanced-use leasing authority, enacted by Congress in 1991, authorizes VA facilities to lease property to public or private sector organizations for use in providing services to non-VA users in return for financial benefits that contribute to or "enhance" VA's mission. The Mountain Home VAMC bond pricing and issuance and the lease signing took place in November and December 1999, respectively. The new energy plant and the VISN 9 upgrades should be operational by mid-2001.

The Asset and Enterprise Development Office in Facilities Management (VACO) manages the enhanced-use leasing program. For more information, call (202) 565-4307 or visit the Web site www.va.gov/facmgt/HOME189A.HTM. □

One VA Approach Unifies Four National Veterans Rehabilitation Therapy Special Events

The recently formed National Rehabilitation Special Events Management Group is adopting a One VA approach to secure the future and facilitate the continued success of the national veterans rehabilitation special events. With representatives from VBA, NCA and VHA, the management group is a clear example of VA's move to unify elements of the Department charged with caring for the nation's veterans.

According to the group's chairman, VA Deputy Secretary Hershel Gober, the group was formed to elevate the management of the special events to the departmental level. "This should have started a long time ago," he said during the group's latest meeting in VA Central Office. "These events provide good rehabilitative medicine and we need to see to it that the entire Department gets involved."

The four VA special events — the National Disabled Veterans Winter Sports Clinic, the National Veterans Wheelchair Games, the National Veterans Golden Age Games and the National Veterans Creative Arts Festival — utilize sports competition and arts therapy to help rehabilitate seriously injured veterans receiving treatment in VA medical centers throughout the nation. In addition, the events provide an opportunity for VA to showcase its rehabilitative therapy programs.

"A lot of the veterans coming to these events are the only disabled person in their community," said

John Hanson, VA Assistant Secretary for Public and Intergovernmental Affairs and the group's vice chairman. "Going to these events, they gain so much...the camaraderie they share and the value they place on this experience is worth more than anything."

According to Hanson, one of the group's objectives is to collect empirical data that would effectively quantify the value veterans receive from participating in these events. To achieve this objective, a research team is conducting a study aimed at evaluating the coping skills, life satisfaction, perceived health status and self-efficacy of participants in the upcoming National Disabled Veterans Winter Sports Clinic.

Other objectives of the group include conducting an awareness and outreach program within VA to encourage increased participation by veterans and all VA facilities, establishing guidelines to streamline operational expenses and maximize resources, and identifying alternative funding sources. Taking on the VA special events as a philanthropic initiative, the Leadership VA Alumni Association is applying for Combined Federal Campaign (CFC) affiliation status and will give 100 percent of all

contributions received through the CFC to support VA's four rehabilitation special events.

The VA mission is clear — to care for the nation's veterans. And the National Rehabilitation Special Events Management Group is working to develop a long-term strategic plan that will ensure the uninterrupted growth and development of events that provide the rehabilitative care injured veterans need. "These events reflect VA's commitment to providing restorative care for injured veterans and through these events we are improving the physical, social and psychological well-being of these men and women," said Hanson.

For additional information on hosting an event or volunteering at the local level, contact Roxanne Fischetti, special events coordinator in VA's Office of Public Affairs, at (202) 273-5736. □

By Matt Bristol

This Year's Events

- National Disabled Veterans Winter Sports Clinic*
March 26-31, Crested Butte, Colo.
- National Veterans Wheelchair Games*
July 4-8, San Antonio, Texas
- National Veterans Golden Age Games*
September 3-7, Topeka, Kansas
- National Veterans Creative Arts Festival*
October 15-21, Washington, D.C.

Federal Employees Eligible for Census 2000 Part-time Jobs

A tight labor market and widespread interest in obtaining the most accurate count possible during Census 2000 are reflected in the Census Bureau's growing efforts to recruit the more than 860,000 part-time workers it needs to conduct the decennial census this year.

VA and other federal agencies have pledged their cooperation with Census 2000 and for the first time, most federal employees will be allowed to work on the census outside of their normal work hours.

Pay rates range from \$8.25 to \$18.50 per hour. People hired will work primarily out of the 520 local census offices across the country.

Generally, each of the local census offices will require about 1,000 workers, most of them during a period of four to six weeks. The largest number will be needed beginning in mid-April when census workers visit households that do not return their Census 2000 forms by mail. Described as "the largest peacetime mobilization in our

nation's history," the success of Census 2000 will begin with hiring and retaining well-qualified workers. The census has a major impact on many matters of local importance.

Census Bureau Director Kenneth Prewitt has urged anyone interested in a census job to call the agency's toll-free number, 1-888-325-7733. Additional information about Census 2000 jobs, including the addresses of local census offices, may be found on the Internet at www.census.gov/jobs2000. □

Battle Creek VAMC Celebrates 75th Anniversary

The Battle Creek, Mich., VA Medical Center kicked off a year-long celebration of its 75th anniversary on October 15 with a ceremony and reception. On that date in 1924, nearly 2,000 area residents streamed through the doors of what was then known as United States Veterans Hospital Number 100 to get a look at the state-of-the-art facility. Guests back then included Dr. John Harvey Kellogg and Michigan Governor Alex Grosbeck.

Built at a cost of just under \$3 million, the facility's 22 buildings were constructed on 675 acres of land known as Camp Custer, which had previously been used to train men for trench warfare. Not long after the grand opening, veterans began arriving by train from state and private hospitals across the country to occupy the facility's 500 beds.

The hospital was built at a time when the flood of disabled soldiers returning from the European Front at the end of World War I had overwhelmed the existing veterans'



Battle Creek VAMC Director Michael K. Wheeler, right, cuts the medical center's anniversary cake with Dr. James Baker, who served as director from 1967-1973.

hospitals. Congress, recognizing the growing need for facilities to treat the physical and mental needs of these men, appropriated funds to construct five new hospitals, including the one in Battle Creek.

In the early years, little was known about treating mental illness, but agriculture was thought to be an effective form of therapy for psychiatric patients. So Battle Creek patients and staff were put to work clearing and planting what would become 500 acres of fruit trees, vegetable gardens and a vineyard.

The facility's Dietetic Department used the produce to feed the patients.

The years brought many changes to the facility, as several generations of veterans returned from the battlefield seeking treatment there. Today, the Battle Creek VA Medical Center provides comprehensive tertiary psychiatric, primary and secondary medical care, specialty care, extended and long-term care, and related social support services for veterans in 20 counties of Southwest Michigan.

With 1,200 employees, the VAMC operates 252 inpatient and residential beds and 124 nursing home beds.

To meet the facility's increasing need for outpatient care — more than 132,000 outpatient visits are logged annually — a two-story, 18,000-square-foot addition is currently under construction. Other 75th anniversary events planned for this year include a futurist health care speaker this month and an open house for the new outpatient care building in May. □

Bosnian Delegation Visits VA

VA hosted a delegation of top-level health and veterans officials from the Federation of Bosnia and Herzegovina last month. Delegation members toured spinal cord injury, rehabilitation and prosthetics units at the Bronx and Washington, D.C., VA medical centers, and were briefed at VA Central Office by administration heads and specialists from several VA programs.

The Federation's newly-appointed minister for veterans and disabled soldiers affairs, Fuad Purisevic (far left) and Dr. Senad Mehmedbasic, head of Sarajevo's largest hospital (second from left) were among the delegation members who were briefed on prosthetic devices by Ben L. Rogers (right foreground), chief of Prosthetics and Sensory Aids Service at the Washington, D.C., VAMC. The Bosnians are interested in setting up similar programs for veterans in their country.





Minneapolis VAMC's Brain Sciences Center Awarded Major Grant

Research at the Minneapolis VA Medical Center's Brain Sciences Center is advancing at a rapid pace. In the April 1999 issue of *Vanguard*, the center's discovery of a new area of the brain involved in the thinking process — the motor cortex — was reported. The research efforts of the Brain Sciences Center and the Center for Magnetic Resonance Research at the University of Minnesota have recently led to the awarding of a large grant from the U.S. government.

The grant includes a \$2.5 million magnetoencephalography (MEG) instrument, putting the center's scientists on the cutting-edge of brain research. MEG has a great advantage over the current functional Magnetic Resonance Imaging (fMRI) because it can instantaneously view and record electrical activity within the brain. When used in conjunction with the fMRI, the MEG will significantly enhance the ability of scientists to monitor brain activity.

"There aren't too many technical ways to look at the human brain," said Dr. Apostolos Georgopoulos, head of the Brain Sciences Center and professor of neuroscience at the University of Minnesota. "What the grant is all about is combining these two technologies (MEG and fMRI). Once the MEG is installed, it will allow brain scientists to put a subject through both tests." The MEG is expected to be installed and operational later this year.

'Chaos Theory' Sheds Light on Pre-Seizure Transition Period

Researchers from the Gainesville, Fla., VA Medical Center and the University of Florida Brain Institute are applying "chaos theory," the mathematical approach used to identify a particular order in seemingly random events, to predict the onset of some types of epileptic seizures. Their work, in progress for more than a decade and the basis of a U.S. patent application, paves the way for the development of implantable devices that will detect an approaching seizure and deliver either medication or electrical or magnetic stimulation to try and ward off the episode.

"We had determined some years ago that there was a theoretical potential for predicting seizures," said Dr. J. Chris Sackellares, a neurologist at the Gainesville VAMC and partner in the study. "But it has only been in the past year that we have really been able to demonstrate that we can do so reliably, and it has only been recently that we realized that the state of transition to a seizure could last for many hours."

Sackellares and his partner Leonidas D. Iasemidis, a research engineer who directs the Gainesville VAMC's Brain Dynamics Laboratory, are the first to identify the pre-seizure transition period and recently presented their findings during a

national meeting of the American Epilepsy Society. "The principle of having a seizure-warning system that's both accurate and reliable would be tremendous," said Dr. Steven Schlachter, chairman of the professional advisory board of the Epilepsy Foundation. According to the Epilepsy Foundation of America, epilepsy afflicts more than 2.3 million Americans.

Sackellares and Iasemidis gathered their data from patients in the Epilepsy Monitoring Unit at the University of Florida Medical Center. All research participants had temporal lobe epilepsy that could not be controlled by medication. Their research is based on using sophisticated mathematical formulas to sort through the brain's complex electrical signals, which are recorded by electroencephalograms, or EEGs. They found they could predict seizures by looking for signs of communication between the site in the brain where the seizure begins and other areas of the brain. Data suggest a seizure can be expected when an increasing number of electrode pairs begin oscillating together during an EEG.

Iasemidis noted that their goal is to be able to identify a window of opportunity for preventing seizures. "Predicting exactly when a seizure will occur is not the main question," he said. "We're interested to see if we can knock the system out of its route to the seizure. We'd like to see if we can intervene with either electricity or medication to try to get the system to reset itself right at the beginning of the buildup of the pre-seizure transition."

Guided Imagery Tape Offers Some Veterans Relief from PTSD Symptoms

Vietnam veterans suffering from post-traumatic stress disorder (PTSD) are finding some relief from their symptoms through the use of an innovative "guided imagery" audio tape. The "Healing Trauma" audio tape combines the soothing voice of a narrator with New Age background music to help the listener confront problems related to his or her traumatic experience.

Beverly Donovan, a psychologist at the Cleveland VA Medical Center, commissioned Health Journeys, an Akron, Ohio-based company, to create the tape as part of the PTSD treatment program offered at the medical center. The tape is used in conjunction with conventional treatments such as drugs and psychotherapy, and has shown such promise that nearly 400 copies have been ordered for nationwide distribution to VA facilities. The tape has been offered to 30 or 40 veterans since it was introduced 10 months ago.

Guided imagery became popular in the mid-1980s, and has become an accepted form of therapy, according to the American Psychological Association. Belleruth Naparstek, a former social worker who made the trauma tape for Health Journeys, sat in with veterans on 13 weeks of group therapy to learn the language of their trauma so that she could reflect it in her script.

Veterans respond particularly well to the tape, according to Donovan and Naparstek, because they can listen to it alone. Some of them find group therapy, where they are encouraged to talk openly about their experiences, uncomfortable and a violation of their privacy. Donovan said the tape has helped veterans treated at the Cleveland VAMC overcome their guilt and shame, boost their self-esteem and reduce nightmares. She believes using the tape at other VAMCs should yield solid evidence on the effectiveness of this treatment technique. □

HAVE you heard

The first adaptive pedestrian signal in the city of Augusta, Ga., has been installed at the front entrance to the Uptown Division of the **Augusta VA Medical Center**. The new signal is designed to accommodate people with visual, hearing and/or mobility impairments. While training veterans at the Blind Rehabilitation Center (BRC), **Laurie Mann**, a Blind Rehabilitation Specialist, timed the walk signal at the busy intersection. The signal allowed pedestrians only six seconds to cross the street. She brought this information to the attention of **Penny Schuckers**, chief of the BRC, and then contacted officials at the county's Public Works Department. Today, there is a new, longer signal at the intersection that offers a verbal and vibrating message indicating the walk phase of the cycle, along with other adaptive features.

Nashaat N. Boutros, M.D., a **VA Connecticut Healthcare System** psychiatrist, provided assistance to families of the EgyptAir Flight 990 crash when they were taken to view the wreckage off the Atlantic coast last fall. Answering an American Red Cross request for assistance, Boutros was the only Arabic-speaking mental health professional assigned to the Red Cross Mental Health Team. He said his fluency in the language "seemed to help the Red Cross personnel feel more assured that there were no communications problems."

The **Loma Linda, Calif., VA Medical Center** recently

became the first VA facility to offer prescription refills via the Internet to its patients. The medical center's patients can go to the Web site, enter their Social Security number and up to 10 prescription numbers. They then move to a second Web page that tells them which prescription requests were accepted. The Web site checks whether the prescription is still active, not expired, and has refills remaining. If the refill request is accepted, the refills are automatically processed in the Loma Linda VAMC Vista system and sent off to the Consolidated Mail Outpatient Pharmacy for mailing to the veteran.

A recent report by the Office of Management and Budget (OMB) on the quality and completeness of agencies' acquisition information praised **VA** for making the most progress implementing both the principles and practices of performance-based acquisition management. Of the 15 major agencies reviewed by OMB for the report, VA was the first to develop an agencywide capital planning process that allows for investment trade-offs among categories of assets, such as medical and non-medical equipment, infrastructure and information technology.

A new facility at **Camp Lejeune** in North Carolina will make it easier for servicemen and women to make the transition from active duty to civilian life. VA and DoD are providing the facility, where departing military personnel

can apply for veterans' benefits before they actually leave the service. In the past, departing service members had to have a physical exam done by an active-duty doctor before leaving the service, and another exam when they applied for veterans' benefits and services. They also had

to apply for benefits in the state where they planned to live, a process that could take up to seven months. At the new Camp Lejeune facility, the process has been shortened to 25 days, and everything can be done at that one site. The program is also more cost-effective. □

VA's First A&W Root Beer Stand Opens at Nashville VAMC



The first A&W Root Beer stand of the new millennium opened in the **Nashville VA Medical Center's** Canteen Food Court on January 6. And the grand opening marked a couple of other "firsts" for VA and the restaurant chain — it is the first A&W franchise at any of the nation's 172 VA medical centers, and the first to open in the city of Nashville.

Veterans Canteen Service national director James Donahoe said Nashville VAMC's new outlet is the pilot site for other A&W franchises. "Like any franchise, A&W requires an area that is not saturated by their own name," he explained. "Nashville fits that description perfectly."

He cited the high volume of business in the medical center's food court as another factor that helped seal Canteen Service's decision to open the first franchise there. Donahoe noted that employees, patients, volunteers and visitors now have access to the root beer floats and sodas the company is famous for, as well as hamburgers, hot dogs and fries.

"I haven't seen that since I was a kid!" was heard frequently throughout opening day as customers lined up for the frosty drink they remembered from their childhoods. Above, Ted Cumuze, assistant canteen chief, Nashville VAMC; Steve Cushing, canteen chief, Nashville VAMC; James Donahoe, director, Veterans Canteen Service, VACO; and Robert Ratliff, associate director, Nashville VAMC (left to right) celebrate the opening of the new A&W franchise.

HONORS

and awards



Arkansas Governor Mike Huckabee has appointed **Jack Bates**, data warehouse administrator for **VISN 16**, to the state's Medal of Honor Commission. The goal of the commission is to construct a memorial on the state capitol mall in recognition of Arkansas' Medal of Honor recipients.

Chaplain **Gerry McNulty** of the **Las Vegas VA Medical Center** was named Pastoral Care Giver of the Year for Southern Nevada during the 1999 National Pastoral Care Week. McNulty is especially noted for his ability to work with people from diverse backgrounds, both spiritually and culturally, according to selection committee member Chaplain Charlotte Leas.

The **Florida National Cemetery** received a Hammer Award along with several local organizations that teamed up to solve a problem that would have had a negative impact on the community. Located in Bushnell, the 11-year-old cemetery faced the need to sink an additional well to sufficiently irrigate the grounds. But drawing a well would have adversely affected the already sensitive fresh water supply in the area. Nearby, a prison was searching for a way to dispose of excess reclaimed water from its water treatment plant. The Reclaimed Water Project, launched by the cemetery, the Southwest Florida Water Management District, the Withlacoochee River Basin Board and King Engineering Associates, resulted in the

cemetery getting the nutrient-rich water it needed, the prison finding a use for its reclaimed water, and the community preserving its natural water source. The cemetery also received a Scissors award for this effort.

Dr. George Stocking, counseling psychologist at the **Miami VA Medical Center**, was selected to receive the 1999 Wolcott Award for Excellence in Clinical Care Delivery, and **Dr. Bruce Dunn**, chief pathologist of the **VISN 12** Pathology and Laboratory Medicine product line, received the Wolcott Award for Excellence in Clinical Care Leadership. Stocking has provided vocational counseling to veterans for the past 30 years, particularly those with psychiatric and substance abuse disorders. Under Dunn's direction, the eight individual hospital laboratories and pathology units in VISN 12 were consolidated into a single virtual laboratory without walls, creating a savings of more than \$10 million over three years without sacrificing quality or turn-around time. The Wolcott Awards honor the late Dr. Mark Wolcott, who devoted 40 years of his life to providing and improving health care for veterans.

Richmond, Va., VA Medical Center's Environmental Management Service received a Scissors Award for their efforts to reorganize and restructure the medical center's environmental sanitation inspection program, which resulted in a paperless,

seamless, state-of-the-art electronic method of tracking the quality of service provided to customers. The team designed a new program that tracks trends related to environmental inspections through a computerized bar-coding system, eliminating the manual tracking of the environmental inspection program. The new program has increased overall productivity, accountability and program service monitoring.

Prescott, Ariz., VA Medical Center's cable access show "Veterans Views and News" received the Best Talk/Interview Show Award at the recent local cable awards ceremony held in Prescott. Competing with several other regional entries, the medical center's winning show featured General Wilma L. Vaught as the guest. The show will soon be expanded throughout VISN 18.

Two **Houston VA Medical Center** registered nurses, **Shirley Laday Smith** and **Beverly Green-Rashad**, were included in the District 9 Texas Nurses' Association's annual selection of "Twenty Outstanding Nurses." Laday Smith is coordinator of the Women Veterans Health Program, and associate faculty for the University of Texas School of Nursing. Green-Rashad is Houston VAMC's Acting Assistant Chief of Nursing Service for Surgery. She is responsible for management of perioperative care delivery for inpatient and outpatient surgical patients. She is also the coordinator of the medical center's Pre-Operative Screening Clinic Team.

The **Claims and Risk Management Team** of the **VA Office of Facilities Management** received a Scissors Award for developing and

implementing an innovative new scheduling methodology for major construction projects. For more than 25 years, VA had used a headquarters-based proprietary software system to manage major construction project schedules. But because of the system's requirements for significant staff time and costly information technology, it had become unresponsive to the needs of the organization. By working closely with users, the team replaced a highly centralized, paper-intensive system with a new field-centered methodology that is saving time, money and personnel.

San Francisco VA Medical Center volunteer **Rita D'Amico**, known as "the Coffee Lady," got a surprise visit recently while serving free coffee to veterans waiting for clinic appointments. Leland Yee, a member of the San Francisco Board of Supervisors, stopped by to present her a Certificate of Honor in recognition of her "countless hours of commitment, dedication and service to the veteran community of the city and county of San Francisco." D'Amico, who has logged 4,000 hours as a volunteer at the VAMC, is a favorite of the patients and is known for her dedication and devotion to their well-being.

Cassie Abbott, supervisor of Vocational Rehabilitation and Employment at the **San Antonio VA Benefits Office**, received the President's Award from the San Antonio Area Rehabilitation Association. The award was presented in recognition of the many years of dedicated and professional service she has provided to veterans in the vocational rehabilitation arena. □

HEROES



During a tense situation, **Aida Saldivia, M.D.**, a physician at the **Atlanta VA Medical Center**, exhibited bravery and quick thinking that literally saved a veteran's life. The veteran, intoxicated and very angry, walked into the mental health clinic's lobby, pulled out a knife and slashed his wrist. A pool of blood began to form by his feet, but the man was not finished. The veteran grasped his knife and threatened to plunge the blade deep into his chest. Showing disregard for her own personal safety, Saldivia calmly approached the man and asked how she could help. After several very tense minutes, she convinced the man to put down his knife. Waving away security personnel, Saldivia applied a pressure dressing to the veteran's wound and coordinated efforts of several staff members who provided additional medical care. The veteran was immediately taken to the emergency room, where his condition was stabilized.



When Police Officer Ryan Nelson responded to a one-vehicle accident, he was surprised to see **Diane Bently**, a registered nurse at the **Fargo, N.D., VA Medical & Regional Office Center**, already on the scene. The victim was badly injured in the rollover accident and an automated external defibrillator was needed. Bently assisted in setting up and operating the defibrillator and administered first aid to the victim. Although the victim

would later die as a result of injuries sustained in the accident, Bently's efforts did not go unnoticed. "In today's world, too many people tend to just drive by these types of situations and not get involved," said Officer Nelson. "Diane showed that her job does not end at the VA Medical Center."



When a seriously ill veteran expressed his desire to be buried with his World War II medals, employees at the **Lubbock, Texas, VA Outpatient Clinic** worked together to ensure it would happen. The veteran told **Jana Evans**, a respiratory therapist, that his military service was the most important period of his life. But regrettably, he had lost all of his medals. Evans notified social worker **Kim Pearson**, who contacted the National Personnel Records Center in St. Louis to obtain replacement medals. The veteran's medals — a Purple Heart, Bronze Star, WW II Victory Medal, Asiatic Pacific Campaign Medal and a Good Conduct Medal — arrived at the outpatient clinic within one week. **Dr. Rob Smyer**, assistant chief of medical service and an officer in the U.S. Army Reserve, presented the veteran with his replacement medals during a ceremony at the veteran's foster care home.



Terry Simmons, chief fiscal officer at the **Murfreesboro, Tenn., VA**

Medical Center, was surprised when her colleague, **Linda Graham**, ran into her office and began "waving wildly" while gesturing to her throat. Known for maintaining her calm demeanor during stressful situations, Simmons quickly realized that her colleague was choking and couldn't breathe. Using the Heimlich maneuver, Simmons was able to avert a dangerous situation by dislodging a piece of bread that was blocking Graham's airway.



When veteran Robert Lee Powers learned his cancer was inoperable and that he might pass away within two weeks, he told staff members of the **Detroit VA Medical Center's Surgical Intensive Care Unit (SICU)** that his last wish was to marry his longtime love and companion. Ready to accommodate the veteran's wish, SICU staff members **Suzette Larrivee**, **Adrienne Laycock** and **Jennifer Johnson** organized the event. They invited family members, arranged for a wedding cake and a photographer and attended the wedding ceremony. Chief Chaplain **Michael Carr** performed the service.



Who says there's never a doctor around when you need one? During a flight from Frankfurt, Germany, to Tehran, Iran, flight attendants took to the intercom to request medical assistance for an unconscious young girl. Passenger **Dr. Abdolkarim Nasrabadi**, a surgeon with the **VA Central California Health Care System**, immediately offered to help. Speaking with the girl's father, Nasrabadi learned she had not eaten in the last 12 hours. His assessment of the

situation led him to believe the girl was suffering a hypoglycemic seizure, so he began administering orange juice and sweet candy. Within an hour the girl was awake and alert, sitting with her father and joking about the situation. Nasrabadi was commended for his heroic actions by Lufthansa Airlines.



When the **Marion, Ill., VA Medical Center** received a phone call from the patient advocate at the Poplar Bluff, Mo., VAMC asking if one of the clinical personnel could contact a veteran who had filed a complaint against the facility, Registered Nurse **Karen Vogel** agreed to make the call. During the conversation, the veteran stated he had a loaded gun and was going to "take care" of his cancer. Vogel kept him on the phone for more than an hour until authorities could disarm the man. Vogel's actions helped avert a potentially deadly situation and she was honored with a Special Touch Award for her heroic actions.



While mountain biking up the North Mountain, **Phoenix, Ariz., VA Medical Center** Police Officer **Sebastian Gilder** came upon an elderly woman who was having difficulty breathing. Gilder, an Emergency Medical Technician, recognized the symptoms as heat-related and immediately removed her from the sun, monitored her vital signs and called 911. Phoenix Fire and Police responded and air-evacuated the hiker to the nearest hospital. Had it not been for Officer Gilder's immediate attention, the hiker could have suffered life-threatening injuries. □