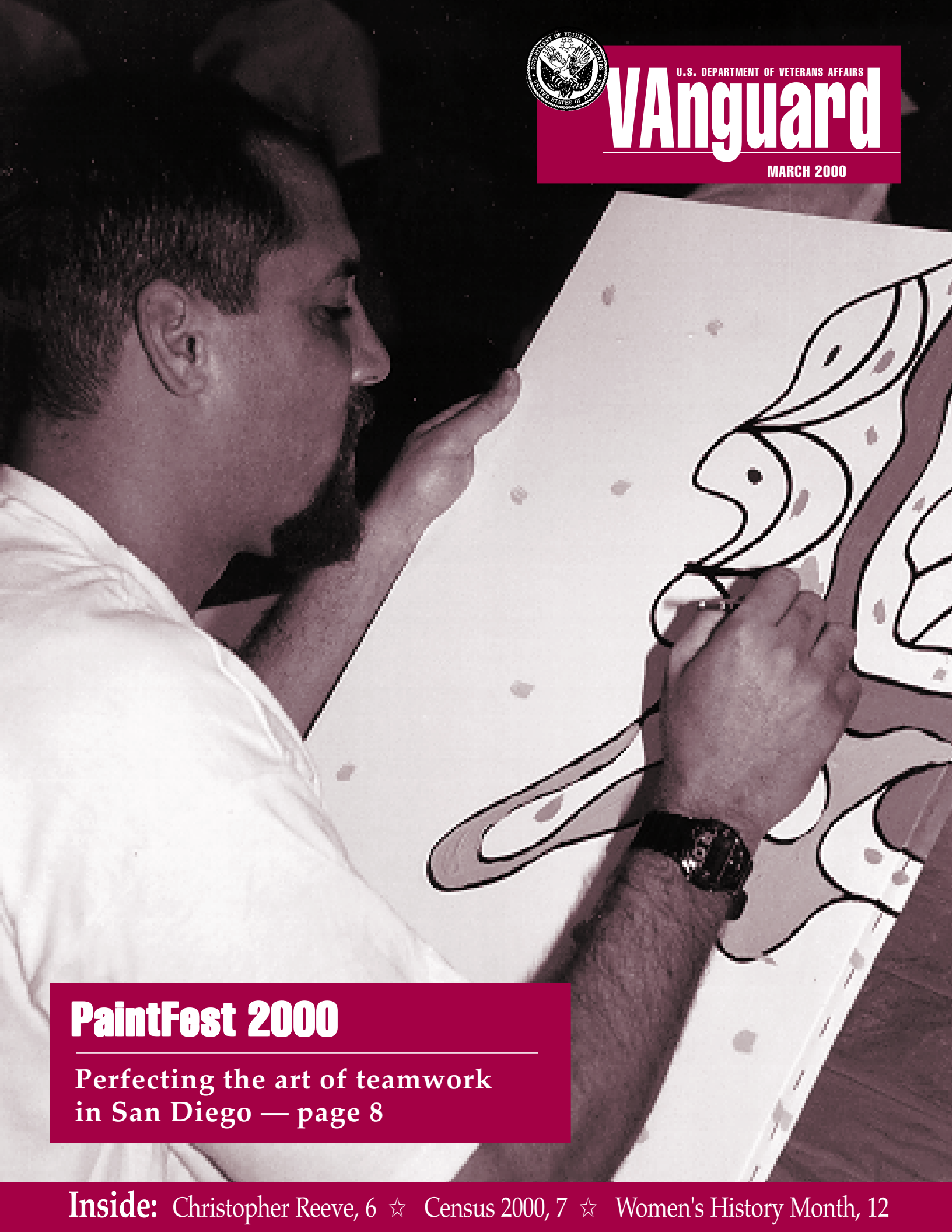




U.S. DEPARTMENT OF VETERANS AFFAIRS

Vanguard

MARCH 2000



PaintFest 2000

Perfecting the art of teamwork
in San Diego — page 8

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San Diego VA Healthcare System outpatient Wayne Hansen puts brush to canvas during PaintFest 2000. Sponsored by the local La Jolla Sunrise Rotary and the Foundation for Hospital Art, the day-long event held last month brought patients, employees and volunteers together to beautify the facility's blank walls and ceiling tiles with colorful murals.

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INTRODUCING

Dr. Pat Caralis

When Dr. Pat Caralis, chief of General Medicine at the Miami VA Medical Center, completed a study on the impact of cultural diversity in end-of-life decision-making, she never imagined it would draw national attention and ultimately lead to a television special.

But that's exactly what happened when Bill Moyers, former press secretary to President Lyndon Johnson, renowned print and television journalist, and co-founder of Public Affairs Television, Inc., heard about the study while preparing a Public Broadcasting System (PBS) special on end-of-life care in America.

"I was surprised at first," recalled Caralis, describing how she felt when Moyers initially contacted her. "But I was very pleased that they thought this was an important topic to address." And she wanted to help. So she agreed to let Moyers and his camera crew follow her through a typical day at the Miami VA Medical Center.

The cameras were rolling as she discussed the ethical issues surrounding end-of-life care with a group of medical residents. The crew filmed as she went over advanced care planning with a cancer patient. And later, they followed her to the University of Miami/Jackson Medical Center, where she chairs the Jackson Memorial Bioethical Committee, to film a discussion on terminating life support.

The PBS series "On Our Own Terms: Moyers on Dying in America" is expected to air September 10-13. The segment featuring Caralis will appear in the first of the four-part series. Each segment captures the daily experiences of patients and their caregivers, including the decisions they face and the

changes they undergo. Along with this deeply personal perspective, medical, legal and public policy experts in the end-of-life field discuss the cultural constructs that have shaped how we die and what can be done to rethink and redefine this approach.

"My hope is that when this airs on television, a lot of people will start thinking about end-of-life issues," said Caralis. "This is an important topic that we wrestle with every day; it's something that we all must face and I'm pleased to have the opportunity to help get the message out."

Her work on improving end-of-life care began in 1998 when she was selected as one of 30 physicians from across the nation to participate in the VA Faculty Leadership Project for Improved Care at

the End of Life. Established through a Robert Wood Johnson Foundation grant, the two-year project focuses on developing and implementing an end-of-life curricula for internal medicine resident physicians at VA facilities.

As a participant, Caralis was awarded 10 percent faculty release time to research and develop an end-of-life training program for resident physicians at the Miami VAMC. "We started training on simple skills like how to break the news of a terminal diagnosis or how to handle a request for euthanasia," she said. And she also received travel funds to attend national conferences on end-of-life care. "The project catalyzed our ability to exchange ideas with people across the nation, and together we could brainstorm methods of teaching younger physicians end-of-life skills." □

By Matt Bristol



Joan Furey
Director, Center
for Women Veterans

New Programs Will Help Homeless Women Veterans



Throughout the year, hundreds of thousands of our fellow Americans have no place they can call home. They live day to day, suffering the conse-

quences of displacement, poverty, substance abuse, mental illness or domestic violence.

These are people who have fallen through, or were never caught by, the safety net of social programs created to help them. According to a survey conducted by the Census Bureau, nearly one-quarter of all homeless adults, and one-third of all homeless adult men, are veterans.

The National Coalition for Homeless Veterans estimates as many as 275,000 may be homeless on any given night.

Since the late 1980s, the Department of Veterans Affairs has overseen a major national initiative to combat homelessness in the veteran population. It is comprised of three components: the Domiciliary Care for Homeless Veterans Program, the Health Care for Homeless Veterans Program and the Homeless Service Providers Grant and Per Diem Program. These programs incorporate elements of outreach, treatment, rehabilitation, housing, education and other supportive services.

VA has assisted thousands of homeless veterans in regaining a productive place within society. But over the years, there has been one troubling issue: the number of women accessing these programs has been low. And the women who did come often did not stay long. This has been disconcerting to those of us involved with women veterans' issues. Women make up more than four percent of the veteran population, and in the not-too-distant future

that number will increase to 10 percent. We assume a similar percentage are represented in the homeless veteran population. Yet the number of women veterans accessing VA homeless services hovered around one percent for many years, and although we have seen a consistent increase over the last three years, women still comprise less than three percent of the homeless veterans we serve.

In trying to explain this low utilization, some thought that there just were not that many homeless women veterans or that all the women veterans were either married or living with family or friends, or that the women must be using other programs. Of these three, the last seemed most reasonable, but that begged the question, "Why aren't

We have a great deal to offer veterans, and women veterans earned access to these services just as men did.

they using VA programs?" We have a great deal to offer veterans, and women veterans earned access to these services just as men did. We have been asking that question and here are the answers we have come up with:

1) Women often have custodial responsibility for dependent children. More often than not, children remain with their mothers when relationships break up. Additionally, a significant percentage of men fail to provide financial support for their children after the breakup of a relationship. VA, by law, cannot provide care to children, so women face a choice — leave their children or seek care elsewhere.

2) Women are a small minority of the veteran population. They often find themselves the only woman in veterans' treatment programs. Because the number of men using these programs is far greater than the

number of women, they are usually designed to deal with issues of primary concern to men. Women's issues, if included, are a sidebar. Some women don't fit this treatment model and they leave.

3) Women veterans, like many homeless women, frequently have histories of sexual abuse and trauma. Placed in a male-dominated and focused program, they often feel vulnerable and threatened. Even in the most sensitive of circumstances, the disparate ratio of men to women place women at risk for re-enactment experiences and relapse, which can be disruptive in a therapeutic environment.

4) Women discharged from substance abuse treatment often find there is no transitional housing available to them. Most veteran-focused programs are dormitory-based, without room for women. With a lack of good housing options, some women are discharged to a shelter or the street, where relapse is common.

5) There is an absence of female role models in recovery: women who have been where they are and recovered; women they can look up to, learn from, lean on; someone they can befriend.

In a true example of a "One VA" initiative, Pete Dougherty, director of VA Homeless Programs, Gay Koerber, VHA's Associate Chief Consultant for Homeless Programs, and myself, are working together to determine how VA might address these concerns. As a result, VHA has set aside \$3 million for homeless programs in FY 2000 to fund 10 pilot programs for women veterans. We are optimistic that VA staff, in collaboration with community providers of homeless services to women, will develop innovative programs that address these issues and establish services for homeless women veterans that will not only provide shelter and safety, but the opportunity for a new beginning. □

VA's 2001 Budget Proposal: What Happens Next?



Secretary of Veterans Affairs Togo D. West, Jr., makes a point during the House Committee on Veterans' Affairs hearing on the fiscal year 2001 budget as Deputy Under Secretary for Health Thomas Garthwaite, M.D., looks on.

When Secretary Togo D. West, Jr., said last month, "Mr. Chairman and members of the Committee, I am pleased to present the President's 2001 budget request for the Department of Veterans Affairs," his presentation to the House Committee on Veterans' Affairs (HVAC) was the first of several that VA's top leaders will make to Congress to defend VA's 2001 budget proposal.

These statements — testimony — are only the most visible of many steps that occur before VA receives appropriated funds it can begin spending on October 1, 2000.

For a behind-the-scenes look at the process that creates a final VA budget when congressional bodies reach agreement, *Vanguard* went to VA's Office of Congressional Affairs.

President Clinton released his overall federal budget proposal to Congress on February 7, complying with a law that requires the president to do so by the first Monday in February.

Simultaneously, VA released its portion of the budget in six detailed books to the Senate and House Committees on Veterans' Affairs — the authorizing committees — and the Subcommittees on VA, HUD and Independent Agencies of the Senate

and House Appropriations committees. Those books break out plans for spending on: veterans benefits, health care, construction, general operating and administrative expenses (including all spending for the National Cemetery Administration), and for implementing the Department's performance plan as required by the Government Performance and Review Act. One of the books is a summary.

The HVAC, the Senate Committee on Veterans' Affairs (SVAC), and

For a behind-the-scenes look at the process that creates a final budget, Vanguard went to VA's Office of Congressional Affairs.

the Appropriations subcommittees covering VA in both congressional bodies all may hold one or more hearings on VA's budget plan, taking testimony from interested groups such as veterans organizations, members of the public and individual members of Congress.

This year, VA is scheduled to testify before the House subcommittee in late March and early April and to the Senate subcommittee in early April. Budget laws dictate deadlines for the steps that follow. The HVAC and SVAC, VA's authorizing committees, have no power to appropri-

ate money but do give their views to the House and Senate Budget committees. The Budget committees craft a non-binding resolution that outlines a framework for a VA budget for full congressional consideration. Concurrently, the resolution provides guidelines for the House and Senate Appropriations committees. The Budget committees usually finish this work by the end of April.

Most years, Congress approves the resolution that provides the blueprint for funding allocations used by the Appropriations committees. However, if Congress does not pass a resolution, the Appropriations committees have the authority to begin their deliberations and carve up the administration's proposal.

They will allocate funds for spending to their 13 subcommittees. By this time, agencies usually have already testified about their spending needs before these subcommittees — in VA's case, the Subcommittee on VA, HUD and Independent Agencies. The Appropriations committees can introduce new items for spending, delete items that VA has proposed, and reorder VA's priorities.

At that point, each of the two subcommittees "marks up" the allocation it received from its full Appropriations committee, providing details of how the funds should be spent, and sends it back to that committee. The

Appropriations committees make final mark-ups, then pass along a bill to their respective full bodies — the House or the

Senate — each of which passes a bill. A conference committee appointed from both houses must resolve differences between the two documents — a task it is supposed to complete by the end of the current fiscal year, September 30.

If the conference bill is not passed by October 1, both houses of Congress must pass a joint continuing resolution to extend spending authority for agencies into the new fiscal year for specific time increments. □

By Jo Schuda

Korean War

50th Anniversary Commemoration Planned

Wreath layings and opening ceremonies in both Washington, D.C., and Seoul, Korea, this summer will kick off a four-year commemoration of the 50th anniversary of the Korean War.

The Department of Defense is taking the lead in the effort, which is aimed at thanking and honoring Korean War veterans and their families, especially those who lost loved ones. More than 35 events are being planned in the United States, the Republic of Korea and the Pacific region from 2000 to 2003.

Eight events are scheduled for 2000, beginning with the wreath layings and opening ceremonies on June 25. In addition to these events, local commemorative groups across the nation will recognize veterans and their families by hosting local events and supporting school programs that teach the history of the Korean War.

The commemorative community program was the foundation of the World War II 50th anniversary commemoration, with more than 7,800 groups actively participating. Educational products developed by the anniversary committee — maps,

2000 Commemorative Events

June 25	Commemoration wreath layings and opening ceremonies <i>Seoul, Korea, and Washington, D.C.</i>
June 28	Task Force Smith Commemoration <i>Arlington National Cemetery, Arlington, Va.</i>
July 5	Twilight Tattoo <i>Ellipse, Washington, D.C.</i>
Sept. 13	Breakout of Pusan Perimeter Commemoration <i>Teagu, Republic of Korea</i>
Sept. 15-17	Inchon Landing/Pusan Perimeter Commemoration <i>Norfolk, Va.</i>
Nov. 11	Changjin (Chosin) Reservoir Commemoration <i>Seoul, Korea</i>
Nov. 27	Changjin (Chosin) Reservoir Commemoration <i>Camp Pendleton/San Diego, Calif.</i>
Dec. 12	Hungnam Redeployment and Evacuation Commemoration <i>Navy Memorial, Washington, D.C.</i>

posters, books, fact sheets, flags and stickers — will be available for use in local programs.

For more information about the

50th anniversary of the Korean War Commemoration, call (703) 604-0820 or visit the Web site at <http://korea50.army.mil/>. □

VBA Launches Study to Evaluate Employee Job Needs

The continuing push to improve service, combined with the graying of its work force, have prompted VBA to hire an outside consultant to evaluate the job needs and employee development skills of 100 Education Service employees at the regional processing center in Buffalo, N.Y. The pilot program, which began last month, could eventually be expanded to all VBA offices.

The six-month project, conducted by Saba Federal of Vienna, Va., will track and manage employees' critical skills and competencies and identify gaps in training, according to George Wolohojian, VBA's director of Employee Development and Training.

The knowledge employees currently have will be measured against what they need to know to do their jobs most efficiently, and

training will be provided to fill any skills gaps that emerge, he said.

In addition to being an element of VBA's overall restructuring, the project also puts a renewed emphasis on employee training, which is becoming increasingly important as VBA braces for the potential loss of a large number of experienced employees to retirement in the coming years. Nearly 40 percent of VBA's work force will be eligible to retire in the next three years, Wolohojian said, and typically, 25 percent of employees retire at the first available opportunity. As VBA continues to change the way it does business during what is expected to be an era of significant employee turnover, effective management of employee training will be critical, he added.

Saba Federal will create an employee profile that will allow each worker to track his or her career

path, and will help managers guide their staffs as they advance in their careers. Currently, there is no centralized system in VBA to assess employees' skills, identify gaps in training, track training, and evaluate the training employees receive.

If the pilot program in Buffalo is successful, the project will be expanded to the three other regional processing centers that handle veterans' education claims, in St. Louis, Muskogee, Okla., and Atlanta. A total of about 550 employees work in the four offices.

Phase 2 of the project will assess the training of VBA's approximately 800 information technology employees. Wolohojian said the project is likely to eventually be expanded to all 57 regional offices, ultimately resulting in an individual training assessment of each of VBA's 12,000 employees. □

Christopher Reeve Speaks at VA Research Meeting



NICK LANCASTER

VA researchers greeted actor and director Reeve with a standing ovation.

When he was first injured, he could only move his jaw. Then gradually, he could move his head. Today, nearly five years after being paralyzed in a riding accident, actor and director Christopher Reeve has made so much progress that he hopes to be able to breathe without a ventilator by late next year.

As the featured speaker at the recent national VA Rehabilitation Research and Development Confer-

ence, Reeve urged the more than 250 VA researchers at the meeting to continue their record of achievement in improving quality of life for the disabled. "The whole VA system today is a model of what research can and must be," Reeve said. "And when I look down the list of accomplishments of various centers and how proactive it is, I just rejoice."

When he began his own rehabilitation at a New Jersey facility, he was surprised to find no mention of patients with his type of injury in a spinal cord injury manual he was given. The reason, he learned, is that when the manual was written in 1990, people with his level of injury were not expected to live long or if they did, it was assumed that little could be done for them.

Reeve's anger about the manual inspired him to become an outspoken advocate for spinal cord-injured patients and to challenge the spinal cord injury research community to advance the field further into the future. "Anger can fuel progress and change if you don't let it get the better of you," he said.

He said he understands there will be no "magic bullet" that will cure him and others with spinal cord injuries, but he believes a cure will be found in the future. In the meantime,

he said, rehabilitation therapy is the key to helping spinal cord-injured patients live longer, healthier and more productive lives.

"Rehabilitative therapy right now is about preparing for a new age, a new future, and anything is possible," Reeve said. "And if it doesn't happen, what's the worst? You have a much healthier patient. So there's a win-win situation there."

Dr. Mindy Aisen, director of VA Rehabilitation Research and Development Service, presented an award to Reeve honoring his personal commitment to research on behalf of people with disabilities. Reeve leads the New Jersey-based Christopher Reeve Paralysis Foundation.

"I just am very glad to come down here today to congratulate a group that is dedicated to the principle that there's no reason to hold us back," he said. "Yes, the problems are difficult, but with real dedication and with enough funding from the public and private sectors, we'll beat these problems."

VA's disability research program has led to the development and widespread use of lightweight prostheses for patients and athletes, functional electrical systems to stimulate paralyzed muscles, and mobility systems for the blind. □

First One-Stop Veterans Services Center to Open in Dallas

The Department's first one-stop shopping center for veterans is expected to open this fall at the Dallas VA Medical Center. At one convenient location, veterans will be able to get medical services and benefits information, as well as access to shopping, dining and physical fitness/recreational programs.

The opening of Dallas VAMC's new clinical addition last summer freed up space in the old building where the shopping mall-style center will be constructed. The mall anchor will be a 7,300-square-foot Canteen Service Retail Store — VA's largest to date. The store will offer men's and ladies' clothing, shoes, gifts, greeting cards and an optical shop.

Vendors offering products such as books, jewelry, crafts and toys will set up shop in a small concession

arcade in the main mall area. Dining options will include coffee and ice cream at one shop, and salads, soups and sandwiches at another.

Nearby elevators will take visitors directly to the dining room of the facility's existing food court. The project's plan to move the retail shop to the mall from its existing location next to the food court will create space to expand the dining room and food court. The expanded dining area will have a seating capacity of 350-400 with individual rooms available for meetings and catered luncheons.

Located off the mall area are representatives from veterans services organizations and the Texas State Veterans Commission. The benefits office may also relocate from downtown Dallas to the new mall. An existing fitness/recreation

facility for patients will remain in the new center.

According to James Donahoe, Veterans Canteen Service national director, other VA medical centers are being considered as potential sites for a Veterans Services Center. Some VAMCs already have the essential elements: medical services, benefits offices and a large retail store, he said.

Others have VBA regional offices on-site and more are planning to co-locate over the next few years. Even at locations where the VBA regional office is not co-located with the VAMC, Intranet video or teleconferencing could provide personalized service, Donahoe added. He said the Veterans Services Center concept is part of the One VA effort to make all VA services more convenient for veterans. □

VA Encouraging Veterans to Participate in Census

April 1 is Census Day, and though it falls on April Fool's Day, Census 2000 is no joke. VA is urging all veterans to complete the Census 2000 questionnaire and return it to the U.S. Census Bureau.

VA uses the census information to administer a number of programs for veterans, including the Disabled Veterans Outreach Program, the Equal Employment Opportunity Data on Veterans, and veterans benefits programs. To encourage participation, VA facilities are displaying Census 2000 posters and promotional materials in regional offices, medical and rehabilitation centers, and all other locations where veterans go to obtain information or VA services.

Used to determine political representation among states, census information also helps determine a community's need for financial assistance. The federal government distributes at least \$185 billion each year based on information obtained in the census to help communities build better roads, job training centers, recreation areas, and schools. "If people don't participate in the census, their communities can lose needed funds," noted Census Bureau Director Kenneth Prewitt.

Obtaining an accurate count of ethnic groups has been difficult in the past. According to the U.S. Census Web page, an estimated 2.3

percent of Asian Americans, 4.4 percent of African Americans, 5 percent of Hispanics and 12.2 percent of American Indians failed to return their 1990 census questionnaires. Hoping to reduce these figures for the 2000 census, John Babers, Minority Veterans Program coordinator with the Waco, Texas, VA Regional Office, is working hard to develop strategies for encouraging minority veterans to respond to the census questionnaire.

One of his tactics is to inform minority veterans about temporary employment opportunities as census takers. "I talked with local community leaders about this and we determined that the best way to encourage minority groups to participate in the census was to get them involved in collecting the census information," said Babers. "If I tell them that the census is important it's one thing, but if someone from their community, one of their peers tells them, it has a much stronger effect." At its peak, the Census Bureau will hire more than 860,000 temporary employees to help collect census information.

Another segment of the population that can be difficult to account for are the homeless. To get the best possible count, Census Bureau enumeration teams visit emergency and transitional shelters, soup kitchens and even outdoor locations such as under bridges or tunnels

where the homeless may seek shelter. VA employees involved in homeless programs can play a key role in disseminating census information and helping census personnel locate homeless veterans.

When Census Bureau personnel contacted Larry Melka, a social worker with the Cheyenne, Wyo., VA Medical Center, and asked if he could help them locate homeless veterans, he was happy to lend a hand. "They gave me a full kit with sample questionnaires and privacy information...I used it with the vets in encouraging them to cooperate," said Melka.

Just as the census information is used to direct federal funds to needy communities, the count also directly affects the level of services available for homeless veterans. "Once the census is available online, we use the information to justify and support grant applications, because it shows what and where the needs are — it creates a bottom-up synergy," added Melka.

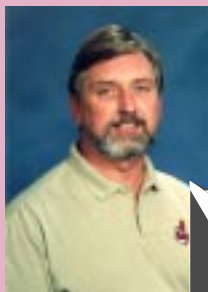
The 1990 census reported a national mail response rate of only 65 percent. Census 2000 may help determine your future, so don't throw it away.

If you need help filling out the questionnaire, call the toll-free number on the bottom right of the form, or visit a Questionnaire Assistance Center in your community. □

National Partnership Council Announces Logo Contest Winner

In the August 1999 issue of *Vanguard*, the VA National Partnership Council (VANPC) announced that it was sponsoring a logo contest open to all VA employees and their families.

Prospective entrants were invited to design a symbol for the VANPC that would reflect its "diversity, creativity and commitment to positive change." A special VANPC panel reviewed the more than 100 entries, and selected the design of John Markowski, visual information specialist at the Cleveland VA Medical Center.



Markowski

years. "I find my employment with VA very rewarding," he said, "and feel proud to be a

Markowski, a Vietnam veteran, has been employed at the Cleveland VAMC for 15



part of this organization helping veterans." His design features five stars representing the VANPC's five years of existence; the stars also represent the five major employee unions. He chose the colors (red, white and blue) to reflect the U.S. flag. The design symbolizes a highway to the future, and the wording "Labor & Management for Veterans" captures the mission of the VANPC. Markowski received a \$500 award from the Council and an invitation to attend the VANPC's next quarterly meeting. □

San Diego's PaintFest 2000

A Brush with Inspiration and Teamwork



Artist and founder of the Foundation for Hospital Art, John Feight, outlines butterflies on ceiling tiles.

San Diego VA Healthcare System Director Gary Rossio looked and sounded every bit the polished hospital executive explaining the PaintFest 2000 event on camera to a local television reporter. "We're proud to be the first VAMC on the West Coast to have this event," Rossio said into the microphone.

But the telltale remains of blue paint on his right hand revealed another part of the story — that just hours before, at 5:30 a.m. to be exact, Rossio was working shoulder-to-shoulder with staff, patients, volunteers and sponsors painting one of the large wall murals near the hospital chapel. "For me," he added, "this is one way of expressing my appreciation for veterans who served and the staff who serve here every day."

PaintFest 2000 — an event where blank walls and ceiling tiles throughout the hospital are painted with colorful murals — cost the VA

facility nothing but is having priceless benefits already as patients and staff walking down the halls can't help but smile. Sponsored by the local La Jolla Sunrise Rotary and the Foundation for Hospital Art, the VA site was selected out of all the hospitals in the area. The Rotary Club, living up to its motto "Service Above Self," single-handedly raised the \$15,000 needed to sponsor the event.

The Foundation for Hospital Art is the creation of international artist John Feight. Without Feight, the walls and ceiling tiles throughout the San Diego medical center, as well as more than 700 hospitals and community institutions in 88 countries, would still be blank. Feight, a former advertising and marketing professional, sees painting hospitals as a way to touch the lives of patients and bring a positive light to their pain.

His philosophy is that art can relieve stress and give comfort to those who are ill.

Painting for himself is now secondary to the self-taught artist — his primary goal is bringing art to hospitals and patients. The fact that these paintings are for veterans means that they are close to his heart — Feight is the son of a WWII veteran, the father of a West Point graduate, and Feight himself spent more than five years in the Army reserves.

While the artist has painted in a few other VA facilities, the event is still relatively unknown throughout the system. "What we do seems to be a mystery — a beautiful mystery — to many facilities," Feight said. "Hopefully other VA medical centers will find out

about us. We'd love to be allowed into other sites and paint with their patients and volunteers," he added. "As a group, we can help set the standard to change the way hospitals look and think around the world."

Often seen drawing on a wall or at a huge table filled with piles of ceiling tiles, Feight works by outlining all the designs in black marker first. Then patients, volunteers and staff paint them — no previous art experience necessary.

In San Diego, a pile of ceiling tiles in various stages of completion, all pictures of butterflies in a rainbow of colors, lined the floor, tables and walls of the multipurpose room. When completed, the tiles were placed into the ceilings of the spinal cord injury unit, the MRI area, patient bedrooms and other places where patients and visitors gather. Asked why he chose butterflies for ceiling tiles, Feight simply replied, "Butterflies represent hope."

Clearly, patients at the VA San Diego Healthcare System enjoyed themselves amid walls of murals,



San Diego VA Healthcare System Director Gary Rossio paints a ceiling tile as Recreation Therapist Ellen Berman looks on.



Outpatient Nolan Folcher paints a parrot in the medical center's multipurpose room, where most of the painting took place.



World War II veterans Ray Crawford, left, and Max Braswell work together painting a tile. Both men are outpatients and volunteers.

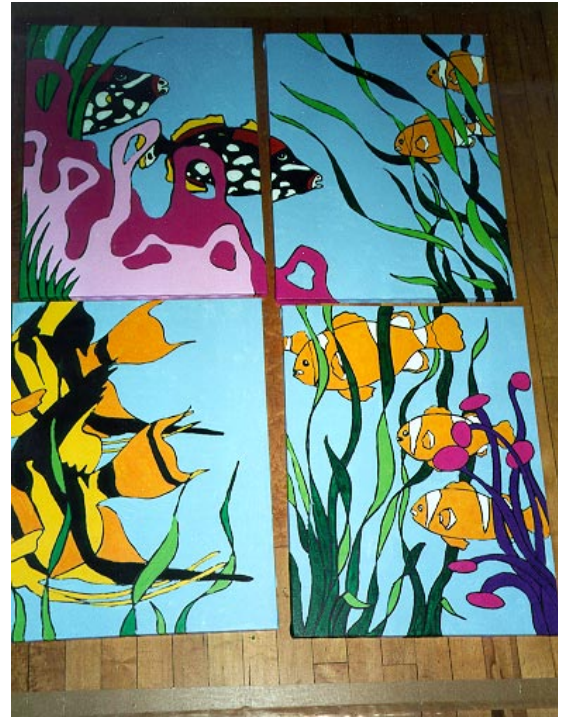
tables of canvases and ceiling tiles. Outpatient Richard Hutchinson, a Vietnam veteran and incomplete quadriplegic, was able to grip a brush loaded with purple paint in his hand and paint a canvas of flowers that would become part of a larger piece. "Besides socializing, I feel this plays a part in the healing process. We all learn from each other," he said.

Sitting nearby at the same table,

76-year-old Ray Crawford and 84-year-old Max Braswell, both WWII Army veterans who participated in D-Day, were concentrating on an underwater scene with bright pink, blue and green designs. "I've been around VA hospitals most of my life," said Crawford, "and this is the most novel idea I've seen!"

Surveying the multipurpose room where much of the painting was taking place, Gary Rossio liked what he saw. "This is an opportunity to involve patients, staff and the community in a collaborative effort to improve the patient care culture here," he said. "Patients have expressed their love of this medical center and this is their way of giving back with their own creativity."

Retired Marine Corps veteran and patient Grady Carey would agree. "I want to put my stamp on something here," he said, barely looking up so he could continue to work on his painting. Jane Wolgemuth, La Jolla Sunrise Rotary chairwoman for the event, took a week's vacation from her job as a banker in order to participate in the event. "This isn't just a volunteer



Completed canvases dry on the floor of the multipurpose room. Once dry, they were put together and installed on a wall to form an underwater mural.

project with VA anymore...it's an extended family. You never really know the lasting effect this kind of thing has on people." In total, 16 different wall areas were painted with murals of underwater scenes, flowers, hot air balloons, birds, fish, rainbows and stained glass; 256 canvases with various designs were created; and approximately 500 ceiling tiles were not just beautified, but "butterflied."

For some patients, this was their first painting experience and a chance to work side-by-side with their caregivers. They learned about mixing colors and teamwork. What did Rossio learn from this event? "I discovered that Mardi Gras colors are my favorites," he said without hesitation. The PaintFest 2000 event is now over, but rumor has it there's a butterfly hovering over Rossio's desk up on the fourth floor.

The next stop for PaintFest is the Montrose, N.Y., VAMC. Rossio encourages other VA directors who are curious about the event to contact him as a reference point. Those interested may also contact Feight directly at johnfeight@aol.com or (770) 645-1717. □

By Susan Fishbein
Los Angeles OPA Regional Office

'US Kids' Help Kick Off Valentines for Vets Program

Deputy Secretary Hershel Gober kicked off VA's 12th annual Valentines for Vets program with 25 rambunctious preschoolers from the US Kids Center in downtown Washington, D.C.

"As a father of six and a grandfather of 12, I feel quite qualified to represent the VA with this auspicious group," Gober told the director of the preschool. Before accepting a basket of homemade valentines from the children to deliver to patients at the Washington, D.C., VA Medical Center, Gober sat with them and explained what a veteran is.

"These are the men and women who fought for our country and served as soldiers, sailors, airmen and Marines," he told them.

"Why?" asked one of the preschoolers.

"They fought so that when you grow up you can be whatever you want to be," Gober explained.

"What do you want to be when you grow up?" The answers varied from a police lady to a truck driver. One little boy simply said, "I want to be a daddy."

Teaching children what "veteran" means is just one aspect of

the Valentines for Vets program. Last year, VA medical centers across the country received more than three-quarters of a million valentines and more than 30,000 people visited nearly 67,000 hospitalized veterans in every state in the union during the National Salute to Hospitalized Veterans, held annually during the week of Valentine's Day. These gestures of caring went far to remind veterans that they were not forgotten.

"I know of nothing you can do that costs so little and brings so much pleasure to the men and women who were willing to lay down their lives for us. They deserve to be remembered," said newspaper advice columnist Ann Landers, who has supported the Valentines for Vets program since its inception. "We can never repay these valiant vets for the sacrifices they have made, but we can do something to cheer them up and let them know that they have not been forgotten."

This seemed to be a concept even a four-year-old could understand. When the teacher asked the



Deputy Secretary Gober reads one of the valentines made by preschoolers from the US Kids Center.

preschoolers what they would like Deputy Secretary Gober to tell the veterans in the hospital, a three-year-old girl offered a suggestion. "I love you," she said. □

By Kerri Childress

Annual Conference Examines Mysterious Death of Mozart

The 35-year-old patient's symptoms appeared suddenly — high fever, headache, a rash and pain and swelling in his arms and legs. As his illness progressed, the patient remained alert and lucid, but he became increasingly agitated.

By the second week, he suffered bouts of vomiting and diarrhea. His body was so swollen that his clothes no longer fit, and he needed help to sit up in bed.

In the hours before his death, he became delirious and slipped into a coma. Fifteen days after he became ill, the young patient, a brilliant composer, died.

Throughout the two centuries since his death, a variety of theories have been put forth to explain the mysterious demise of Wolfgang Amadeus Mozart. Kidney failure,

liver disease and typhoid fever have been among the potential causes raised. A more sinister theory — that Mozart was poisoned by a jealous rival, fellow composer Antonio Salieri — became the subject of the popular play and movie "Amadeus." But during the recent sixth annual historical clinical pathologic conference (CPC) sponsored by the VA Maryland Health Care System and the University of Maryland Medical Center in Baltimore, the true cause of the untimely death of the prolific composer may finally have been revealed.

The medical detective work of Faith T. Fitzgerald, M.D., internist and professor of medicine at the University of California, Davis, revealed that Mozart most likely died of rheumatic fever, a disease of the immune system that was sweep-

ing through Europe at the time. Although rheumatic fever had long been considered a leading cause, Fitzgerald said that as many as 118 diseases have been suggested and hotly debated about over the years. Fitzgerald outlined the case history and explained her diagnosis during the conference. She arrived at her conclusion through careful analysis of the case history, which is based on descriptions written by Mozart's family and physicians.

She ruled out kidney failure and liver disease because the composer's mental faculties remained intact and there was no sign of jaundice. She determined that typhoid fever was unlikely because Mozart's gastrointestinal problems were not severe enough. And there was no historical evidence that he was

(continued)

High-tech Connections Keep Remote Vets in Touch



Florida veteran Norman Adams prepares to check in with a Tampa, Fla., VAMC nurse via the TeleHomeCare computer monitor installed in his home.

Tele-medicine has arrived at the Tampa, Fla., VA Medical Center, and members of the Home Based Primary Care (HBPC) team are finding the new technology a valuable tool for monitoring patients with chronic medical conditions who live in outlying areas.

"This has tremendous potential for giving patients that live a distance from the medical center better access to our care," said Ofelia Granadillo, a board-certified social worker and program director of the HBPC team. "The increased access to care providers improves communication and increases the patient's feelings of security."

The new system relies on a TeleHomeCare computer monitor installed in each patient's home. With the monitor in place, one of the tele-nurses will make weekly telephone calls from the HBPC office to the patient's home. When the phone rings, the patient answers by pushing a green button on the monitor. Voice communications are established through a speakerphone, and after about 30 seconds, a video display allows both the tele-nurse and the patient to see each other. That's when the examination begins.

Pushing the orange button on the monitor activates a diagnostic-quality electronic stethoscope, allowing the tele-nurse to listen to the patient's heart, lung and bowel sounds. And pushing the blue button activates a blood pressure cuff,

allowing the patient to check his or her blood pressure and pulse, and report the findings to the tele-nurse. A system is currently being tested that would allow tele-nurses to upload a patient's vital signs directly into VHA's computerized patient record system.

The TeleHomeCare Program is reinforced through a comprehensive patient education program that

strongly emphasizes self-management of chronic illnesses. Patients learn about topics such as medication management, understanding the disease process, home safety, nutrition, and health promotion. In addition, a tele-social worker addresses such topics as end-of-life planning and emotional health. Patients are also asked to keep a daily diary of their symptoms, weight and vital signs. The diary includes standard yes-or-no questions specific to the patient's illness.

According to Dr. June Leland, medical director of the HBPC team, the program has yielded some surprising results — patients are spending less time in the hospital. Consider the case of 73-year-old veteran Norman Adams. Diagnosed with several medical conditions, including Congestive Heart Failure (CHF), he was hospitalized seven times for a total of 29 hospital days during the year prior to joining the TeleHomeCare Program.

Since enrolling in July 1999, he has yet to be admitted to the hospital. "This is one of the most wonderful things that has happened to me," said Adams from his Florida home, smiling as he looked through the video monitor during a live demonstration of the tele-medicine technology in VA Central Office.

Adams is not alone. The 17 patients currently participating in the program required a combined 288 hospital days during the 12-month period prior to joining the program. Based on current trends, the HBPC

team projects a 57 percent decrease in cumulative hospital days for the 12-month period following their admission into the program, from 288 to 164 hospital days.

"TeleHomeCare is complementing our entire HBPC program," said Leland. "Through reduced hospital patient days, this program is saving valuable federal funds, while increasing patient satisfaction."

To participate in the program, patients must have a diagnosis of CHF and/or Chronic Obstructive Pulmonary Disease (COPD), live more than 30 miles from the medical center and have had at least two admissions to the hospital for CHF and/or COPD, or two or more visits to the emergency room in the past year. For information on VA's tele-medicine program, call John Peters in VA Central Office's Tele-medicine Strategic Healthcare Group at (202) 273-8508. □

By Matt Bristol

Mozart (cont.)

poisoned, either by Salieri or others who have been implicated in a variety of conspiracy theories over the years. Those theories were perpetuated by the sudden and untimely nature of his death.

Fitzgerald believes rheumatic fever weakened Mozart's heart, causing the fluid retention and swelling. She speculates that his heart was already weakened from two earlier bouts of rheumatic fever. Thanks to antibiotics, the disease is now rare in the United States, but it remains a threat in underdeveloped countries.

The annual historical CPC uses the deaths of historical figures to teach medical students and residents how to diagnose difficult or challenging cases, according to conference organizer Philip A. Mackowiak, M.D., director of medical care at the VA Maryland Health Care System and professor and vice chair of medicine at the University of Maryland School of Medicine. Mackowiak said Mozart was selected this year because of his unusual case history and the ongoing debate over what caused his death. □

VA Celebrates Achievements of American Women



Angela Prudhomme, chair of the VACO Federal Women's Program, left, with quilt expert Le Rowell in front of two of the quilts Rowell displayed during her Women's History Month presentation.

If you haven't heard by now — and you probably have — March is Women's History Month, a month established by Congress in 1987 to annually remind the nation and the world of the important roles and achievements of women in the history of the United States and, indeed, the world.

Women's History Month has sparked new interest in uncovering women's forgotten heritage, and in the process, enhancing women's self-image and confidence, promoting support for women's equality issues and identifying challenges women still face in employment, education, politics and other facets of society.

This year's Women's History Month theme, "An Extraordinary Century for Women — Now, Imagine the Future" — challenges women and men to build on the progress of the century past by raising expectations for the future. Nowhere is this theme expressed more fully than in VA, where Federal Women's Program (FWP) coordinators and committees are conducting month-long celebrations and observances of women's history.

For many, it's a continuation of education, community service and cultural programs that extend year-round. No surprise in an agency which is the federal government's second largest employer and where women comprise 56.6 percent of a workforce topping out at nearly 220,000.

Three special noontime programs

during March are introducing VA Central Office employees to women's history in varied forms.

Quilt expert curator Le Rowell uses antique quilts to portray women and their culture.

Dr. Aprille Ericsson-Jones, NASA aerospace engineer, tells how she realized her dream to become a rocket scientist and is

now determined to fly into space. A panel of distinguished women elders, most veterans, share their insights into the history-making events of a lifetime.

Des Moines, Iowa, VA Regional Office FWP coordinator Jane Long is bringing the Cameo Life Stories Program to VA facilities throughout the state. The program encourages all women to write their life histories and submit them to the National Museum of Women's History in Washington, D.C. The program handbook, available on the Internet at www.thestoriescenter.org, provides a list of questions as a writing guide.

The entries will create a database of women's histories for historians and help build bridges between women of differing backgrounds through the sharing of stories through writing groups called Cameo Circles. "It helps women to realize that all of us have stories that are interesting and worth writing," said Long.

The **Beckley, W.Va., VA Medical Center** is sponsoring an annual Federal Woman of the Year Award to pay tribute to women who exemplify a high degree of character, job interest and performance and have made a substantial contribution through their roles in federal government. The winner, named at the end of the month, has her name engraved on a permanent plaque displayed at the medical center.

At the **Albuquerque VA Medical Center**, the FWP Advisory Council

of the New Mexico Veterans Affairs Health Care System is introducing women to the cutting edge of new technology with "Women Surfing the Net" seminars that show women how to access Web sites specific to career, health, education and other women's issues. VA observance of the month ends March 30 with the historical dramatization of Marion Sloan Russell's experiences on the Santa Fe Trail as an Army wife, mother, trading post manager, rancher, and widow. The production is co-sponsored by the New Mexico Endowment for the Humanities.

At the **Richmond, Va., VA Medical Center**, the Virginia Historical Society presents a program on "Firsts for Virginia Women." Last month the FWP there held a sleeping bag quilting bee to demonstrate the stress-reduction inherent in hobbies. Those quilts are being donated to the homeless veteran program this month.

Federal Women Program committee members at the **Hines, Ill., VA Medical Center** highlight the month by announcing the hospital's Women of the Year Award winners and a poster display. The committee is also holding fundraising events for an annual employee child scholarship program it conducts.

The play "Missed Liberties" highlights Women's History Month observances at the Walla Walla, Wash., VA Medical Center. The two-character drama traces the 50-year political and personal collaboration of woman suffrage pioneers Susan B. Anthony and Elizabeth Cady Stanton, from pre-Civil War to the turn of the 20th century.

The **Fayetteville, N.C., VA Medical Center** presents its first Annual Profile of Women. This reflection of women at the medical center consists of photos and written profiles of randomly selected women employees featured on the main lobby bulletin each week in March.

The **Bay Pines, Fla., VA Medical Center** FWP presents its Women of Recognition Awards in five categories this month and hosts a talk about women in journalism by a local women radio reporter. □

By Chris Scheer



VA Researchers Battle Drug-Resistant HIV Strains

VA researchers at the San Diego and Pittsburgh VA Medical Centers have developed two new drugs that inhibit the growth of several HIV strains resistant to common drug "cocktail" therapies. Their findings were reported on February 1 during the seventh annual Conference on Retroviruses and Opportunistic Infections.

VA researchers first reported the rise of drug-resistant HIV strains in a September 1999 edition of the *Journal of the American Medical Association*. They began working on designing new HIV treatments by building compounds based on foscarnet (PFA), a weak anti-viral drug. Researchers found that by altering PFA to increase its ability to penetrate cells, they dramatically boosted the drug's effectiveness in combating HIV. They note that the new medications may be ideal for patients infected with drug-resistant HIV strains and suggest that after further testing, the drugs could be considered as a first choice for treating HIV infections.

Study Shows Sleep Deprivation Alters Brain Activity

College students may stay awake all night studying for final exams, but does this nocturnal quest for knowledge actually help their test performance? Studying how the brain reacts to lack of sleep, researchers from the San Diego VA Medical Center and the University of California, San Diego (UCSD) School of Medicine, are one step closer to uncovering the answer. Their findings, published in the February 10 issue of *Nature*, show a direct correlation between degree of sleepiness and brain activity.

"Only in recent years have we begun to realize the prevalence and severity of sleep deprivation in our population," said J. Christian Gillin, M.D., a psychiatrist at the San Diego VAMC, professor of psychiatry at UCSD and one of the study's authors. "Yet we don't know very much about how sleep deprivation impairs performance, and how precisely the brain reacts to lack of sleep."

To find out, they used functional magnetic resonance imaging (fMRI) to monitor the brain activity of 13 normal, healthy subjects who performed separate cognitive tasks while kept awake for about 35 hours. To their surprise, the researchers found that in some cases, the brain attempts to compensate for the adverse effects caused by lack of sleep by either increasing or decreasing activity in certain regions. They found activity in the brain's prefrontal cortex (PFC) directly correlated to the subject's degree of sleepiness — as the subject got sleepier, activity in the PFC increased. But there was more.

In the temporal lobe, an area of the brain involved in language processing, activity was recorded in well-rested subjects but not in those deprived of sleep. And just the opposite occurred in the parietal lobes, a region of the brain

typically associated with memory. This area was inactive in well-rested subjects, but became active as subjects got sleepy.

"It is possible that when the prefrontal and temporal regions were affected by sleepiness, the brain shifted the verbal processing to another system in the parietal lobes that could compensate for the loss of function. This suggests that parietal lobes might play a special role in the brain's compensation for sleepiness," said Gregory G. Brown, Ph.D., associate professor of psychiatry at UCSD and a member of the research team.

The researchers speculate that certain patterns of electrical and chemical activity occurring only during sleep are disrupted by sleep deprivation, causing adverse effects in brain functioning. "It is important to remember that sleep deprivation does have detrimental effects, which we sometimes forget as we push workers, students and others to perform even when they are functioning with a lack of sleep," said Gillin. Seems staying up all night to study may not be the best way to prepare for a test.

Minneapolis VA Researchers Hope to Relieve Chronic Pain

Researchers from the Minneapolis VA Medical Center have discovered what may be a permanent way to relieve the chronic pain that afflicts nearly 100 million Americans, according to the Society for Neuroscience. To relieve this pain, they are using a neurotoxin to kill the nerve cells responsible for transmitting chronic pain signals to the brain.

In their study, appearing in the journal *Science*, they identify a small group of cells involved in generating and maintaining pain signals. These nerve cells communicate by using a chemical messenger called substance "P". They discovered that substance "P" is absorbed by the nerve cells, so they attached the neurotoxin saporin to the substance to see if it would kill the neurons that cause chronic pain. It worked.

"The beautiful thing about this technique is that we can pick out the neurons that specifically deal with chronic pain and leave the other neurons intact," said the study's lead author, Patrick W. Mantyh, Ph.D., a research scientist at the Minneapolis VAMC and professor of neuroscience, preventive science and psychiatry at the University of Minnesota.

Those afflicted with severe, chronic pain rely on drugs like Morphine to alleviate their pain, drugs that can lose effectiveness over time. This new discovery offers a permanent solution to the type of pain that typically develops through cancer, peripheral tissue injuries such as arthritis, or nerve injuries that can cause hypersensitivity of the spinal cord neurons.

Researchers bound substance "P" with the neurotoxin and injected it into laboratory rats, then tested their pain responses. "What you do is inject an inflammatory agent, such as carrageenan, and see how quickly the rats withdraw their paws," said Mantyh. But they also had to determine whether they had damaged neurons vital to transmitting normal alarm sensations such as those that notify the brain of serious danger, such as when to pull your hand away from a hot stove. Mantyh explained that to test these neurons, they put the rats on a warm plate and after about 12 seconds, the rats withdrew their foot.

They found a selective method of neutralizing neurons responsible for chronic pain but not those needed for life-saving situations. Though the initial tests were conducted on laboratory rats, the results encourage researchers to evaluate the possibility of replicating their findings in larger animals. □

HAVE you heard

The claim that military service builds character, self-esteem and honest citizens got a boost from a recently released study by the Bureau of Justice Statistics, a division of the Department of Justice. According to the study, men who have served in the armed forces have less than half the rate of incarceration than do those males who have never served. An average of 937 male veterans are imprisoned per 100,000 veterans, compared to an average of 1,971 non-veterans who are

incarcerated per 100,000 non-veterans. Although veterans who saw combat had less serious criminal histories than other veterans did, they made up almost half of the number of incarcerated veterans — 35 percent served during the Vietnam era and 12 percent during the Gulf War era.

After a two-year application process and rigorous evaluation, **VISN 16** (Jackson, Miss.) has been certified by the Accreditation Council for Continuing Medical Education



Jim Fischl, right, former assistant director of the **Washington, D.C., VA Regional Office**, and wife **Carole** are greeted at the White House by the nation's newest Medal of Honor recipient, **Alfred Rascon**. Rascon, now the inspector general of the Selective Service System, was a medic with the Army's 173rd Airborne Brigade in Vietnam. On March 16, 1966, near the Mekong Delta, his unit came under heavy enemy attack. During the firefight, he repeatedly ran into the line of fire to treat wounded soldiers.

Platoon members credited him with saving their lives and nominated him for the Medal of Honor, but the paperwork got lost in the system. They persisted, and finally the nomination was approved. Rascon was wounded during the fighting and spent six months recovering. He met Fischl during the 1970s while working on his compensation claim.



A large bronze sign honoring past, present and future veterans was recently erected in front of the main entrance to the Sepulveda Campus of the **Southern California System of Clinics**. A blue star adorns the sign as a remembrance of the days when servicemembers' families placed a blue star in the windows of their homes.

In 1946, Blue Star Memorial markers were placed along highways to honor veterans of World War II. Now, there are only four large blue star markers in the state of California, two of those at VA facilities. This sign was donated by the Southern California Garden Club.

(ACCME) as a sponsor of continuing medical education for physicians. The VISN becomes the first of the 22 VA health care networks to be certified by the ACCME. Accreditation ensures that physician education meets the highest standards. The Council evaluates education programs according to standards adopted by its members: the American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of Hospital Medical Education, Association of American Medical Colleges, the Council of Medical Specialty Societies and the Federation of State Medical Boards. VISN 16 provides health care for nearly 400,000 patients in eight states.

During the past six years, **VA's Office of Acquisition and Materiel Management**

(OA&MM) and the **Lyons, N.J., VA Medical Center's compensated work therapy program** have distributed more than \$58 million worth of excess clothing, footwear, blankets and sleeping bags to homeless veterans. Under the program, OA&MM staff members receive requests for items from VA facilities nationwide. They search a database of excess federal material for the requested items, most of which come from the Department of Defense. The items they locate and acquire are shipped to the VA supply depot in Somerville, N.J., where homeless veterans receive, store and distribute the materials through the compensated work therapy program. VA homeless coordinators with requests should contact Carl Noyes (202) 273-6108 or Linnie Baker (202) 273-6109 of OA&MM. □

HONORS



and awards

David Gregory, M.D., associate chief of staff for ambulatory care at the **Nashville, Tenn., VA Medical Center** and associate professor of medicine at Vanderbilt University, was named Volunteer of the Week by Nashville's Tennessean newspaper for his dedicated service to the Siloam Family Health Center. Gregory founded the nonprofit health center, has served as chairman of its board of directors for the past 10 years, and has often been the only physician on duty at the Monday evening clinic. The center provides affordable, high-quality health care to the uninsured and those who slip through the cracks of the healthcare system due to lack of time, money or language barriers.

The **Center for Alzheimer's and Neurodegenerative Disorders (CANDO)** at the **Oklahoma City, Okla., VA Medical Center**, an outpatient longitudinal care unit for veterans diagnosed with Alzheimer's disease and other forms of dementia, has received a Hammer Award for increasing levels of satisfaction among Alzheimer's caregivers and reducing the incidence of injury among long-term Alzheimer's patients. CANDO staff initiated an intensive caregiver-training program at nursing homes and veteran centers throughout Oklahoma. The result is that veterans with Alzheimer's or other forms of dementia are spending more time at home and less time in long-term

care facilities — after three years, only 43 of the 592 patients involved in the program have been placed in long-term care.

Robert P. Bubniak, Associate Deputy Assistant Secretary for Telecommunications in **VA Central Office**, was re-elected on February 14 as chairman of the Federal Technology Service Inter-agency Management Council (IMC). He is the first person to be elected to the position twice. The IMC is made up of the senior telecommunications executives and managers from Cabinet agencies. The council advises the General Services Administration (GSA) on government-wide telecommunications issues. The chair of the IMC is also the spokesperson for federal customer agencies to GSA and to the vendor community.

Robert Wertz, Ph.D., a supervisory research speech pathologist at the **Nashville, Tenn., VA Medical Center** and professor in the Bill Wilkerson Center for Otolaryngology and Communication Sciences at Vanderbilt University Medical Center, has been selected to receive a VA Senior Research Career Scientist Award. The award includes payment of the recipient's salary for seven years, securing Wertz's future with VA and allowing him to pursue grants that prohibit researchers from including their salary within the grant proposal. His unique contribution has been his work on the functional health status of veterans with aphasia and

dysphasia and his dedication to mentoring the next generation of promising scientists. He has mentored 26 master's-level students, five post-doctoral fellows and directed 12 doctoral dissertations. Wertz also has developed VA research mentoring workshops.

Dr. Joseph H. Maino, chief, VICTORS and staff optometrist at the **Kansas City, Mo., VA Medical Center** received the American Academy of Optometry's William Feinbloom Award for his significant contribution to the clinical advancement of visual and optometric service. In addition to his position at the Kansas City VAMC, Maino is a clinical professor in the Department of Ophthalmology at the University of Kansas Medical Center and a low vision consultant for the Kansas State School for the Blind. He serves on the national VA Optometry Field Advisory Group and as Optometry Consultant for VISN 15.

The **Bronx, N.Y., VA Medical Center's Patient Focused Training Program**, an intensive skills re-training course designed to provide clerical workers with the qualifications and experience necessary to make the move to skilled positions, has received the VA 1999 National Diversity Award. The training program combines traditional nurse's aide functions, including administrative and clerical responsibilities, with those of a health care technician, such as EKG and phlebotomy. Approximately 125 employees have completed the training program and become eligible to compete for newly opened and potentially higher-paying positions. The VA National Diversity Award recognizes VA facilities that promote

diversity within the workplace — more than 95 percent of the program's graduates are women and minority-group members.

Basil White, of the **VACO Information Resources Management Program Coordination Office**, received a Vision Award from the treasurer of the U.S. Postal Service for his contribution to the Postal Service's new "Bank, Card & Guard" program. The program is designed to teach window clerks throughout the service how to process electronic transactions for postage and keep transactions secure. White used his experience in usability and customer assessment to demonstrate various situations that might cause difficulty for Postal Service clerks in performing electronic transactions. His contribution was implemented as part of a nationally-distributed training program for all Postal Service window clerks.

A long-time VA physician, researcher and internationally known pioneer in the study and diagnosis of multiple sclerosis, **John F. Kurtzke, M.D.**, received the 1999 Charcot Award from the International Federation of Multiple Sclerosis Societies. The award recognizes an eminent researcher who is considered to have made the most significant contribution to the understanding or treatment of multiple sclerosis. Among his achievements are developing the Kurtzke Functional Scale, the benchmark standard for rating patients in all clinical studies of multiple sclerosis, and his landmark studies exploring the prevalence of multiple sclerosis related to geographic distribution and the age of potential exposure to the disease. □

HEROES



Vikki Robertson, a surgical nurse at the **Muskogee, Okla., VA Medical Center**, was driving home after completing her shift when she came upon a van that had crashed into a cement wall on the highway. The van was on fire and several people were trapped inside. Slamming on brakes, Robertson pulled her vehicle over to the side of the road and jumped out to assist. With the help of others, she broke out one of the van's windows and started pulling out the four children and three adults who were stuck inside the vehicle. One of the adults had a broken femur and was in severe respiratory distress. Robertson helped her stay warm and calm, while ensuring her airway stayed open until paramedics arrived. Though the victim would later die as a result of her injuries, Robertson's quick thinking and heroic actions may have saved the lives of the van's other passengers.



While **Dr. Rex Janes** of the **Murfreesboro, Tenn., VA Medical Center** was getting his hair cut, he noticed that something was not quite right with his barber. He seemed to be having trouble breathing, so Janes quickly conducted a chair-side triage and determined that the barber was suffering from severe pulmonary edema, congestive cardiac failure and other medical emergencies. Helping the man to his car, Janes drove him to a nearby hospital. He explained his findings to the emergency

room physician and stayed with the barber until his condition stabilized and his family arrived at the hospital.



While waiting to pick up her father, **Luvenia Gavin**, a program support clerk at the **Augusta, Ga., VA Medical Center**, noticed plumes of thick smoke rising off the roof of the assisted living home where her father resides. She immediately rushed inside to notify the caregiver. After discovering the source of the fire, Gavin pulled the fire alarm, evacuated nine patients and called 911. Her heroic efforts did not go unnoticed. In a letter to Gavin, the administrator of the home wrote, "We are keenly aware that this event could have been devastating without your assistance."



Tina M. Lee, R.N., a nurse case manager for the Intensive Psychiatric Community Care Program at the **Dayton, Ohio, VA Medical Center**, was driving a veteran home after a late appointment when she came upon a car fire and truck accident on a busy, snow-covered stretch of Interstate 675. She quickly called 911 on her cellular phone and pulled over to see how she could help. She noticed what appeared to be the owner of the burning car, a woman with a very frightened three-year-old, standing in the cold. So she invited them to sit inside her car until emergency assistance arrived. While waiting, she

used her many years of experience as a psychiatric nurse to keep everyone calm.



Imagine stepping off the subway train and finding a man lying face down on the tracks. What would you do? **Shante Thompson**, an Escort Service employee at the **VA North Texas Health Care System**, found out one morning when she got off the Dallas DART rail system in front of the **Dallas VA Medical Center**. The man appeared disoriented, his pant leg was caught in the track and a train was rapidly approaching. Without hesitating, Thompson jumped down, helped the man free his leg and then pulled him off the tracks. She ran to a nearby pay phone, called 911 and then waited with the man until the ambulance arrived.



When **Ron Adams**, van driver for the **Topeka, Kan., VA Medical Center**, arrived to pick up a veteran for his regular appointment, he was surprised when no one answered the door. So he waited and then knocked again. When the veteran finally came to the door, he was out of breath and on the verge of passing out. Adams quickly called for an ambulance and stayed with the veteran until paramedics arrived.



Edward Tracey, a firefighter at the **Coatesville, Pa., VA Medical Center**, was driving home when he noticed flames blazing from the underside of a vehicle parked on the side of the road. "Its lights were on and it was on fire, but I didn't think there was anybody in it," recalled

Tracey. Rain on the van's windows and a hazy smoke inside the vehicle prevented him from seeing that someone was slumped over, unconscious in the driver's seat. Luckily, he opened the van's door to look inside. That's when he noticed the unconscious man. "I yelled at him and tapped on his chest, but there was no response." So without hesitating, he grabbed the man by the shoulders and pulled him about 20 feet from the burning vehicle. Within minutes, the entire van was engulfed in flames. Tracey then stayed with the victim until paramedics arrived.



Shortly after midnight, a man walked through the main entrance of the **Bronx, N.Y., VA Medical Center** and pulled out a four-and-a-half-inch steak knife. He immediately threatened to kill himself and then made several attempts by slashing wildly. VA Police Officers **Richard Toro**, **William Tarrell** and **Carolyn Maiola** responded with swift and measured action, disarming the man and ensuring that he didn't hurt himself or others. Their calm, professional actions helped diffuse a potentially deadly situation. □

Correction

In our caption under the photo in the top right corner of page 9 of the February 2000 issue, we identified Dave Burge as the retired director of the Honolulu VA Medical and Regional Office Center. Burge has not retired and is still the director of the facility. Gabriel Perez, identified in the caption as the acting director, is the facility's associate director.