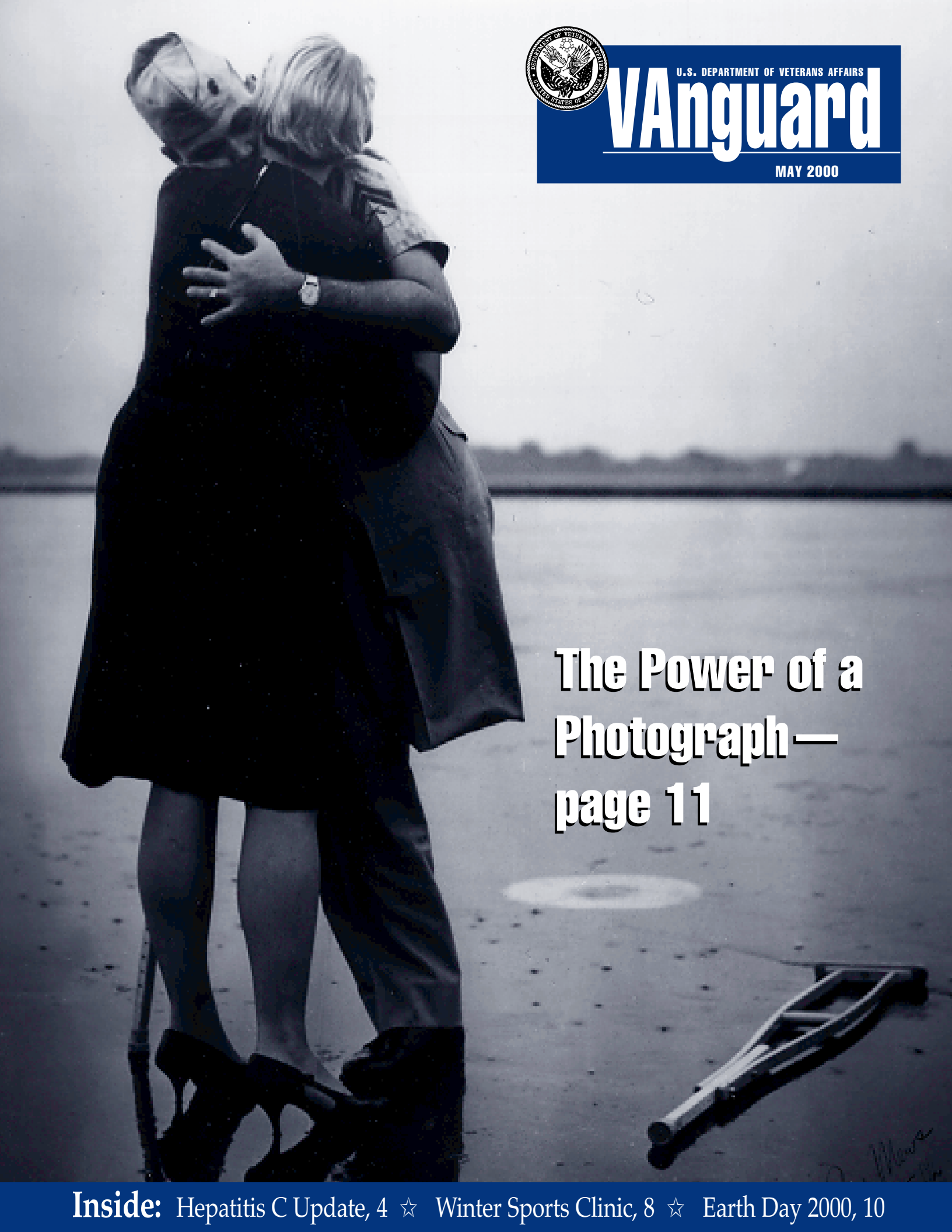




U.S. DEPARTMENT OF VETERANS AFFAIRS

Vanguard

MAY 2000



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In a famous photo from the Vietnam era, veteran Perry Shinneman embraces his wife on the tarmac at the Sioux Falls, S.D., airport. He was returning home almost four months after nearly being ripped in half by a Viet Cong booby trap. Today, he is a regular visitor to the Sioux Falls Vet Center. *Photo by Ray Mews, courtesy of Perry Shinneman*

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INTRODUCING

Therese Sammartino

For five years, Therese Sammartino, a staff assistant with the National Cemetery Administration (NCA) in VA Central Office, painstakingly assembled and submitted to the National Register of Historic Places individual nominations for every Civil War era national cemetery under VA. It was a long and tedious process — each had to be meticulously prepared and repeatedly double-checked.

Fortunately, Sammartino has a keen eye for details, and was able to gather a compelling amount of historical evidence.

With a surgeon's precision, she carefully crafted each nomination. And with the approval of the final two nominations late last year, all 59 VA Civil War era national cemeteries are now officially listed as historic sites.

"It was a great feeling of accomplishment to complete this project," Sammartino said. "Getting these cemeteries listed on the National Register is an important step in preserving our nation's history."

Her status as an unofficial NCA historian actually began in 1992 when she was asked to prepare a multiple property nomination for all VA Civil War era cemeteries and submit it to the National Register. A multiple listing highlights similarities in each of the cemeteries and is used as the basis for evaluating future individual property nominations.

"The paperwork for that multiple listing was extensive and went through many revisions before it was ready for submission," she recalled. But her attention to detail was rewarded — the multiple property

listing was approved. Her next step was to prepare each individual nomination.

She filled each one with pages of descriptive narratives, site maps and photographs — all needed to verify a cemetery's Civil War origins. She researched historical references, examined microfilm records and even traveled to each cemetery to verify its historical significance. "I had to visit each site, meet with local historians and record all the historical features of every cemetery," she

said. Once prepared, she sent each nomination to the appropriate State Historic Preservation Officers for review and concurrence. Then, on to the National Register.

The first individual nomination she submitted was for the Alexandria, Va., National Cemetery. The site initially served as a hospital for wounded Union troops and was turned into a

cemetery during the latter half of 1862. Thousands of Union soldiers were buried there in 1864 following General Ulysses S. Grant's assault on Richmond. By late 1864, the cemetery was nearly full.

Now that she's finished with the National Register project, Sammartino is blending the history of the past with the promise of the future by focusing on opening new cemeteries. She served on the team that planned dedication ceremonies for the Saratoga, N.Y., and Abraham Lincoln (Ill.) National Cemeteries in 1999 and was recently in Texas for the opening of the Dallas/Fort Worth National Cemetery. □

By Matt Bristol



Chet McLeod,
Team Leader, Lincoln
Park, Mich., Vet Center

Vet Centers: 20 Years of Helping Veterans in Need



There have been many changes since May 1980 when VA opened two vet centers in Michigan. We grew from a temporary effort to identify Vietnam Era combat

veterans and get them into treatment at the VA medical center to an entitlement providing readjustment counseling for all combat veterans.

This expanded mission has taken what started as a temporary outreach program and replaced it with a permanent VA service, Readjustment Counseling Service (RCS). RCS coordinates a system of 206 community-based vet centers nationally.

Unlike VA medical centers, we have a limited mission that is directed solely at providing "care for those who have borne the battle, their widows and orphans." What is important to keep in mind is that vet

centers focus only on the lingering effects of war on men and women who have served in an active combat theatre. This makes us unlike the mental health clinics run within VA. Those clinics are tasked with providing a wide range of psychiatric interventions. They are, in fact, the vet centers' primary referral source for psychological counseling.

Our "storefront" approach offers many veterans their first experience with VA. In fact, we have for twenty years been a community point of entry to the wide range of medical services offered by VA medical centers. We work hard at the concept of "One VA" and addressing the multiple needs of our veteran population. We wear many hats in the community. We provide counseling, consultations, in-service training on veterans' issues, first-line public relations support, trouble-shooting, and serve as a referral source to the Veterans Health Administration and the Veterans Benefits Administration.

During this 20th year of opera-

tions, we will continue to explore the many problems that are associated with service in war. We will continue to respond to our clients' need to talk and validate their combat experiences. Through our individual, group, and family readjustment counseling sessions, we will "walk point," identifying and resolving those lingering images and emotional connections that hold veterans back from full participation in all of life's experiences.

Reflecting back on my combat time with the United States Marine Corps in Vietnam, and my readjustment and medical treatment at the Allen Park, Mich., VA Medical Center, I am struck by how far we, the "One VA," have come. We are truly the one health system that meets our veterans' needs. Not only with the services we provide, but as ambassadors and representatives of the United States of America, paying honor and tribute to all those who have worn the different uniforms throughout our long history of armed conflicts. □



A Crowning Achievement

Heather Renee French shows her Miss America crown to the children of VA Central Office employees during the annual Take Our Children to Work Day on April 27. She spoke to the group of about 120 children, ages 9-16, who participated in this year's event. The half-day program, sponsored by VACO's Federal Women's Program, also included office tours, breakout sessions and other activities designed to help the young people learn about the work their parents do at VA.

Hepatitis C

Battling the Silent Stalker



Zelma Buskell, a researcher at the Washington, D.C., VA Medical Center, checks volume of serum to determine if there is enough blood to perform sequence analysis. Buskell is the research coordinator for epidemiological studies related to hepatitis C.

A silent killer is stalking veterans. It is the most common chronic blood-borne infection in the United States, responsible for about 10,000 deaths each year — a figure the Centers for Disease Control and Prevention (CDC) expects to triple during the next 10 to 20 years. But perhaps most alarming is the disease's prevalence among veterans. Conservative estimates place it at around 10 percent, far above the 1.8 percent infection rate in the general population.

The disease is hepatitis C and many veterans don't even know they're carrying this elusive virus. That's because the virus can remain dormant for anywhere from 10 to 30 years. When symptoms do appear, they generally take the form of fatigue, loss of appetite or abdominal pains. By that time, the virus may have already caused serious liver damage that could lead to potentially fatal cirrhosis or even cancer of the liver. More than 50 percent of all patients receiving liver transplants in VA medical centers were found to have the hepatitis C virus.

Though doctors have been aware

of the virus since the 1950s, it wasn't until 1989 that hepatitis C was labeled. In 1990, doctors began screening blood and in 1992, blood banks began testing. Before long, doctors identified one segment of the population as high-risk.

"Those at highest risk of having the virus are Vietnam combat veterans," said Ken Moore, hepatitis C coordinator for the Vietnam Veterans of America. He explained that because hepatitis C is transmitted through contact with infected blood, soldiers wounded in Vietnam who received blood transfusions should be tested for the virus.

With veterans at

risk, VA launched an all-out offensive. Dr. Toni Mitchell, chief consultant for Acute Care in VA Central Office, stepped forward to lead the assault. With the approval of Dr. Kenneth Kizer, former VA Under Secretary for Health, she established two Hepatitis C Centers of Excellence at the Miami and San Francisco VA Medical Centers.

The centers coordinate treatment and research efforts, as well as develop educational materials for patients and their families, health-care providers and counselors who advise patients prior to and following testing. "We identified where we thought the greatest expertise and knowledge in the system was and used that as a launching point," she recalled.

The Miami Hepatitis C Center of Excellence has adopted a multifaceted approach to combating the rising hepatitis C epidemic, said Dr. Lennox J. Jeffers, chief of Hepatology at the Miami VA Medical Center and director of the Miami Center of Excellence. "We are telling veterans what hepatitis C is and what precautions they should take if diagnosed." He explained that those infected with the virus should avoid behaviors that can accelerate viral damage to the liver, such as excessive alcohol consumption, and avoid behaviors



A close-up look at Washington, D.C., VAMC researcher Zelma Buskell's hepatitis C testing.



Left to right: Tom Corey, national vice president, Vietnam Veterans of America (VVA); Kenneth Moore, VVA hepatitis C coordinator; Miss America Heather Renee French; Michael Weber, VVA Chapter 121, Miami; Terry Baker, Veterans Aided Toward Awareness; and Dr. Guy Neff, physician, Miami VAMC, at the Miami VAMC's Hepatitis C Screening Day.

that can spread the virus to others, such as intravenous drug use.

Dr. Teresa L. Wright, chief of gastroenterology at the San Francisco VA Medical Center and director of the San Francisco Hepatitis C Center of Excellence, says her center is currently studying new drug treatments for hepatitis C. One is called VX 497, an inhibitor of one of the enzymes essential for synthesis of the hepatitis C ribonucleic acid (RNA). RNA is a group of nucleic acids

throughout VA via a series of national conferences. At the latest conference, held March 23-24, VA nurses, pharmacists, counselors and veterans service organization representatives were on hand to learn about the latest research. "What we hope is that people who come here [to the conferences] will go back to their medical centers and their networks and train others at the local level," said Mitchell.

Additional conferences are

essential for protein synthesis. The center is also one of only two hospitals in the country testing hepatitis C ribozymes, specific RNA sequences targeted against the virus's genome, or complete set of chromosomes.

Advances made at the two centers are being disseminated

planned. The next one is scheduled for August and will emphasize hepatitis C treatment guidelines. Addressing the epidemic, VA Deputy Under Secretary for Health Dr. Thomas L. Garthwaite, who plans to be at the August conference, said, "The good news is that we are finding our patients who have hepatitis C, we are testing them, we are treating them, and we have set forward an aggressive agenda to ... understand the disease better and search for new answers." Another conference for nurses and counselors is planned for September.

One of Mitchell's priorities is reaching at-risk veterans. "Outreach will always be our greatest challenge," she said. She explained that VA only treats about 10 percent of all veterans and it can be very difficult to reach the other 90 percent.

So how will she reach them? To start, she partnered with the American Liver Foundation, Hepatitis Foundation International, veterans service organizations and other federal agencies such as the CDC. "We are also working with the vet centers. Fifty percent of their clientele are not users of the VA medical system, so we have a huge opportunity to reach these veterans."

One way she monitors the epidemic and the effect of VA's response is through a national registry. The registry tracks the number of veterans being tested and the results of those tests. When VA began the registry in 1998, there were 112,996 veterans tested. As of the first quarter of 2000, 326,248 veterans were tested for the virus, a 188 percent increase.

Since taking on the epidemic, Mitchell has established the centers of excellence, the educational conferences, the outreach partnerships, and a national registry — catapulting VA to the forefront of hepatitis C research, treatment and education. "Under Dr. Mitchell, VA has taken a very aggressive stand," noted Jeffers. "This [multifaceted approach] is unheralded in the treatment of hepatitis C."

For additional information on VA's response to hepatitis C, contact Dr. Toni Mitchell at (202) 273-8530 or visit the VA Web site at www.va.gov/hepatitisc. □

By Matt Bristol

Should you be tested?

- ◆ Have you ever used a needle to inject drugs like heroin or cocaine, even if it was many years ago?
- ◆ Did you have a blood transfusion or organ transplant before 1992?
- ◆ Did you receive blood products for clotting problems before 1987?
- ◆ If you are or were a health care worker, have you had contact with blood on the job?
- ◆ Were you on long-term kidney dialysis?
- ◆ Have you shared someone else's razor, toothbrush or other personal items that might have had blood on them?
- ◆ Did your mother have hepatitis C when she gave birth to you?
- ◆ Have you had sex with someone who has hepatitis C or have you had many sex partners?

If you answered yes to any of these questions, then you should get tested. "Veterans must be aware that even if they're not concerned about their own health, do it for their loved ones. Hepatitis C can be easily transmitted to family members," said Ken Moore, hepatitis C coordinator for the Vietnam Veterans of America.

One Mission, One Vision, One Voice

With the theme *One Mission, One Vision, One Voice*, the fifth and final One VA conference, held April 25-27 in Tysons Corner, Va., brought VA senior leadership together with front-line and Central Office employees to pinpoint strategies aimed at meeting key national priorities identified at the four previous One VA conferences.

"We have one mission in VA, [and] that is to care for veterans," said VA Deputy Secretary Hershel Gober. "Whether we're providing health care, benefits or burials, I am convinced that if we focus on that singular mission rather than the individual stovepipes, we *will* give better service to veterans," he added.

Conference participants played the role of investigative reporters, conducting both overt and covert assignments to determine which concepts among those identified at the four regional conferences should become national priorities. The



Members of the Project Management Group perform their song, the "One VA Doo-wop" (to the tune of "Tears on My Pillow") as a prelude to presenting their action plan to conference participants.



Conference participant John Wasyluk, a budget analyst in VA Central Office, responds to a question from One VA News Chief Jim Deykin.



Under Secretary for Benefits Joe Thompson speaks to participants during a panel discussion on how VA's three administrations are functioning in a One VA environment. Looking on are (left to right) Deputy Under Secretary for Health Dr. Thomas Garthwaite, Acting Under Secretary for Memorial Affairs Robert M. (Mike) Walker and Assistant Secretary for Planning and Analysis Dennis Duffy.



Participant Richard Hong, a consultant in VBA's Compensation and Pension Service in VACO, presents a portion of the Data Management Group's action plan for implementing a national database on veterans.

"reporters" then broke into functional working groups to figure out the best way to implement these One VA priorities.

One priority supported by many groups was the need for a national database on veterans accessible to all employees. Another was a veterans smart card. "A veteran should be able to walk into any VA medical center or regional office and swipe that card and it will tell us everything we need to know," said Gober. Also noted was the need for a single toll-free telephone number where veterans could obtain accurate information on all VA benefits, programs and facilities. Look for updates on these developments as well as other One VA initiatives in the next issue of VAnguard. □

VA Submits First-Ever Annual Performance Report

Anual reports are all about the bottom line, and for many private companies, they can be the most important documents of the year. The reports are used not only to demonstrate sound business practices, but also to assure shareholders of the quality of their investment.

And now, under the 1993 Government Performance and Results Act, federal agencies must also account for their bottom line — by submitting annual performance reports to the President, Congress and ultimately, the public.

“By presenting the Department’s goals and accomplishments in a single report, both our public stakeholders and our employees have a better understanding of what has been done at the Department of Veterans Affairs (VA) over the last reporting period,” said Edward A. Powell, VA Assistant Secretary for Financial Management.

VA’s report, submitted on March 31, shows that in fiscal year 1999, the Department met 58 percent of its performance goals and for an additional 26 percent, the difference between the goal and the actual performance was so small that there was no significant impact on program performance.

The Senate Appropriations Committee is planning to release a

review of the report later this year, but initially, it was scrutinized along with reports from other federal agencies by scholars and policy experts from George Mason University’s Mercatus Center. The Center’s scorecard, released May 1, ranks VA third among the 24 agencies required to submit performance reports and second among cabinet agencies — VA scored 48 out of 60 total points. The highest score was 52 and the average 31.

What are VA’s performance goals? According to the report, available at vawww.performance.va.gov/report1999/index.htm, the Department’s five strategic goals are:

- ◆ to restore the capability of disabled veterans to the greatest extent possible and improve their quality of life and that of their families;
- ◆ ensure a smooth transition for veterans from active military service to civilian life;
- ◆ honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the nation;
- ◆ contribute to the public health, socio-economic well-being and history of the nation; and
- ◆ provide One VA world-class customer service to veterans and their families through effective management of people, technology,

processes and financial resources.

Highlights of the report show that VA provided health care to more patients, 3.6 million, than at any time in the Department’s 70-year history and consistently outperformed the private sector in customer satisfaction and quality of care measures. The Department also reduced system-wide costs per patient by 6 percent when compared to 1998 levels and increased access to care by establishing 157 new community-based outpatient clinics.

In addition, about 310,000 veterans made the adjustment to civilian life with the help of the Montgomery GI Bill and more than 10,000 disabled veterans found jobs through VA’s vocational rehabilitation program.

“The performance report represents a significant improvement in the communication of the management initiatives,” added Powell. “By publicly stating our performance, we enhance the visibility of our goals and increase the likelihood of success in achieving them.”

The submission of the annual performance report completes the Department’s first cycle of the VA Strategic Management Process, which integrates strategic planning, performance planning, budget formulation and execution, and performance and financial reporting. □

Two VA Researchers Receive Presidential Early Career Awards

Two VA researchers received the 1999 Presidential Early Career Award for Scientists and Engineers, the highest honor bestowed by the U.S. government on outstanding scientists and engineers who are in the early stages of establishing their independent careers. Dr. Mary Nakamura, of the San Francisco VA Medical Center, and Dr. Peter Ubel, of the Philadelphia VA Medical Center, were among the 60 researchers to receive the honor during a White House ceremony on April 12.

Dr. John Feussner, VA research chief, who introduced the awardees to VA Central Office staff in Washington, said the Presidential Award stands out above all other like awards. “For this award, it is not enough just to be excellent, outstand-

ing, dedicated and productive,” he said. “You simply have to be the best. It takes tremendous motivation and dedication to achieve at this level. It really must come from the heart.”

Nakamura was recognized for her research on natural killer (NK) cells, unique immune cells that participate in regulating the immune system. These cells recognize and destroy certain tumor cells and cells infected by viruses.

Ubel was recognized for his contributions to medical ethics and to improving health care decision-making techniques. He has identified shortcomings in traditional cost-effectiveness analysis techniques, and has suggested improvements that systematically incorporate social

and ethical values into those techniques.

The Presidential Early Career Award for Scientists and Engineers was created in 1996 to recognize scientists and engineers who, early in their careers, demonstrate excellence and promise of future success in scientific or engineering research, and show exceptional potential for leadership at the frontiers of scientific knowledge during the 21st century.

Presidential Award recipients will receive \$550,000 each over a five-year period to further their research. Nakamura and Ubel also will receive grants of \$25,000 per year for five years from the VA Research and Development Office to supplement their current research awards. □

Winter Sports Clinic

Making Miracles Happen On and Off the Mountain



Miss America Heather French presents the Clinic's Spirit Award to Frank Harmon, an Air Force veteran who suffers from Lou Gehrig's disease.

Most people usually think of the National Disabled Veterans Winter Sports Clinic as a 'Ski Clinic.'

What they may not realize is that skiing is only one part of this diversified annual event sponsored by VA and the Disabled American Veterans (DAV), and hosted by the Grand Junction, Colo., VA Medical Center. This year again proved the point, as the largest group of disabled veteran participants to date — 330 — converged on the mountain town of Crested Butte, Colo., March 26-31.

Fourteen years ago, the Clinic began as an event where spinal cord-injured, amputees and other disabled veterans could learn to ski. Who would have guessed that in the year 2000, paraplegics, quadriplegics, visually impaired and other seriously disabled veterans could also go to the mountain and learn how to scuba dive and kayak? Even well-seasoned staff marvel at the scope of today's

Clinic. Sandy Trombetta, the Grand Junction VAMC recreation therapist who originated the program, had a simple vision — to give disabled veterans the experience of skiing as a way of challenging themselves and giving them a totally different perception of life with a disability.

Through skiing, they could build self-confidence that could then be applied to everyday life. While the idea of the Clinic in the early days was focused, Trombetta and his crew always had the attitude that their reach should exceed their grasp. And it's that attitude that continues to allow the Clinic to grow into something truly miraculous.

This year, activities at the Winter Sports Clinic included fly-fishing, dog sledding, wheelchair basketball, rock climbing, scuba, kayaking, downhill and cross-country

skiing. In addition to sports, veterans, staff and volunteers also had the opportunity to participate in daily educational workshops such as clay sculpture; self defense for the disabled; public speaking; journaling; self-promotion; management; hand-cycling for the disabled; self actualization through adaptive sports; and even a workshop on the "Veteran Entrepreneur Bill" (HR 1568).

Men and women veterans representing all corners of the country, from Hawaii to Maine, and all branches of the military, gave their best on the mountain and off. Their rewards often came without words — some with tears of joy and most with smiles impossible to wipe off. What they took home with them will last forever, and those who witnessed their victories couldn't help but be changed by their courage and spirit.

"The Clinic challenged me and my will to face life like I should... with the determination of a winner," said Frank Harmon, an Air Force

veteran from Prescott, Ariz., who attended the Clinic and skied for the first time this year.

Eighty-year-old Francis Wildner of Palm Beach Gardens, Fla., had not skied since he was in Newfoundland during World War II. But neither his age nor the fact that he is now 98 percent blind stopped him from meeting the challenge of the mountain. As for first-timer Cindy McIntosh of Brandon, Miss., her nervousness about skiing gave way to her personal victory. In conquering the mountain, this Navy veteran also conquered her fear.

After first learning to scuba dive at the Clinic five years ago, San Antonio veteran Hope Cooper is now working her way toward becoming a certified diver. "You're not handicapped under the water," the 43-year-old paraplegic explained. Also working toward his certification after being introduced to scuba at the Clinic last year is Kevin Stone, a paraplegic from Tecumseh, Mich. Like many disabled divers, it's the feeling of freedom that keeps him coming back.

One of the activities growing in popularity at the Clinic is the rock-



Nearly 300 participants attempted to conquer the rock-climbing wall at this year's Clinic.

Ingenuity, Initiative Fuel Wilkes-Barre VAMC Team



Mechanic/welder Bill Metzger with the crane he designed and built.

The collection of old pipe-valves, broken compressors and scrap metal stored in the Facility Management Support Services section at the Wilkes-Barre, Pa., VA Medical Center may seem like just a bunch of junk to the casual observer. But to Bill Metzger, a mechanic/welder, and Bob Cummings, a carpenter, both members of the support services team, the room full of old parts is a giant supply shop bursting with hidden treasures.

Running on one part initiative and two parts ingenuity, the two rummage through the scattered

assortment of old devices, searching for parts needed to repair aging equipment at the 50-year-old facility. The process is a familiar one for Metzger. For the past 17 years, the former Army paratrooper and Vietnam veteran has used his hands to fabricate parts that the medical center is typically unable to purchase because the manufacturers are no

longer in business. "A lot of us have a gift of being able to get the job done with whatever parts we have on hand," he said of his team's ability to fabricate parts.

During a recent project, they were using a crane with a 3,000-pound lifting capacity to hoist large concrete blocks that cover underground pipes that needed servicing. On one lift, the crane's boom suddenly gave way, snapping the steel lifting cable and sending a giant concrete block crashing to the ground. The crane's collapse temporarily shut down the project, but Metzger wasn't quite ready to give up.

He searched through the work-

shop and found an old 12-ton hydraulic jack. Then he gathered some scrap metal and spare parts and got to work. Within a few days, the project was up and running again, using a new crane designed and built by Metzger, and all for less than \$50. It would have taken about \$2,500 to replace the broken crane, and, with a lifting capacity of 26,000 pounds, Metzger's crane is more effective, safer, and easier to use and store, say team members.

Cummings' carpentry skills have often come in handy during the five years he's been with the medical center. When the rehabilitation staff needed a training aid to teach amputees, those recovering from strokes and others how to safely get in and out of the bathtub, they asked if he could put something together. "When they asked, I was happy to help," recalled Cummings, also an Army veteran. "I'm a teacher by profession, and I believe in the value of training aids."

He went to the nursing home and took some measurements of the tub. Then he went back to the carpentry shop and made a replica out of wood and plastic. But instead of making a full replica, he left one end of his tub completely open. "This way if there were any problems, the staff could easily pull up a wheelchair and help the patient out of the tub," he explained.

The two have built security cages, cabinets, nursing stations and almost anything else the facility needs. "You can throw anything at us, and we will get the job done," said Cummings. But his colleague is quick to point out that they are not the only ones working in Support Service. "We are a team down here in the shop and we get a lot of help and support from the other members," noted Metzger.

That's exactly the way Maintenance Foreman John Hmelovsky describes it — a team effort. "We're short-staffed here, and these guys are always busy," he said. "But over the years, they really have saved the government quite a bit of money by fabricating things that you can no longer buy." □

Winter Sports Clinic (cont.)

climbing wall, which nearly 300 veterans attempted to climb this year. Specifically designed for disabled climbers, the state-of-the-art piece of equipment was donated by DAV last year. Mark Wellman, the world-famous paraplegic rock climber and lead instructor at the Clinic's rock-climbing event for the past eight years, recommends climbing to get a different perspective. "Regardless of [a person's] disabilities, there's adaptive equipment that can work for everybody," he said.

But make no mistake — the Clinic is not just an event for veterans. It is an event that touches everyone who's lucky enough to experience it. Miss America Heather Renee French, visiting the Clinic this year, echoed that sentiment in her

speech to the veterans during closing ceremonies. The Clinic so moved her that she vowed to come back next year and bring her father, a disabled Vietnam veteran.

"In the beginning, I didn't know if it [the Clinic] would work," recalled Trombetta, "but I always knew that our veterans were starving to challenge themselves. All they needed was a chance to show the world. They have stood the test and we are all better because of what they have taught us." If the National Disabled Veterans Winter Sports Clinic has developed a life of its own, its message is clear... for both the able-bodied and disabled, this is truly a lesson in living. □

By Susan Fishbein
Los Angeles OPA Regional Office

By Matt Bristol

Earth Day 2000: Celebrating the Greening of VA



Secretary of Veterans Affairs Togo D. West, Jr., joins children from the US Kids day care center to plant a tree outside VA Central Office. The day care center is funded in part by VA recycling funds.

The first Earth Day of the new century also marked the 30th anniversary of the event, and VA facilities across the country used the occasion to highlight the Department's environmental accomplishments and to participate in local clean-up efforts and other observances. Tree-plantings, environmental awareness campaigns, aluminum can collections and community beautification projects were among the activities VA facilities organized or participated in to observe Earth Day 2000 last month.

At **VA Central Office**, a week-long celebration began with a display of Earth-friendly products provided by members of the Javits-Wagner-O'Day (JWOD) program, which creates thousands of jobs for Americans who are blind or have other severe disabilities. Other activities during the week included a display of VA's innovative recycling, waste prevention and energy efficiency programs, and an Earth Day celebration capped by a tree-planting

ceremony with children from VACO's day care center, US Kids.

VA has long been an active participant in efforts to reduce waste and save energy. Two current pilot programs are aimed at reducing the large amounts of solid waste produced by VA medical centers. Since health-care facilities must take every precaution to prevent the spread of infection, they need to use products that can be thrown away after only one use. And while the use of disposable products does keep infection and cross-contamination under control, it also produces a lot of waste.

One pilot program to address this problem uses a technology that molds recycled paper into bedpans, wash basins, soap trays and other utensils. After they are used, these biodegradable products are dis-

solved in a special machine and end up at a waste treatment facility instead of a landfill. Another project uses a technology that weaves an alcohol-based polymer into fabric for surgeon's gowns, surgical drapes and other fabric products. Although stable at room temperature, the fabric dissolves when placed in very hot water. The dissolved material can be flushed down the toilet, where it becomes a nutrient for municipal waste treatment facilities. More than 50 VA medical centers are using these recyclable products.

A number of VA facilities have innovative recycling programs that are achieving national recognition. Recycling programs at the Denver and Danville, Ill., VA medical centers have been honored with White House Closing-the-Circle Awards, which are presented annually to federal

civilian agencies whose recycling efforts make a significant impact on the environment.

The **Denver VAMC's** recycling program began in 1991 with white office paper, and has since been expanded to include all types of office paper, corrugated cardboard, fluorescent lamps, cooking oil, printer ribbons, telephone directories and other products. A major feature of the **Danville VAMC's** program is the donation of surplus federal computer equipment to area schools, veterans service organizations, state prisons and the local YMCA Women's Shelter and Rescue Mission. A hungry species of migratory bird also helped the **National Memorial Cemetery of the Pacific** in Honolulu win an honorable mention for reducing insecticide use. The staff discovered that by reducing their use of insecticides, the birds eliminated

(continued on page 12)



An Earth Day celebration hosted by the Wilmington, Del., VA Medical and Regional Office Center highlighted art projects created by nursing home residents participating in a VA/Very Special Arts program. Some of the residents' works were created using recycled materials. Jane Quartarone-Platz, artist-in-residence for the program, speaks in front of a flag hand-woven by program participants.

Vietnam-Era Photo Still Has the Power to Inspire

Inspiration. It often takes the shape of words, both written and spoken. Historians have credited the words of Thomas Paine, in his revolutionary pamphlet *The Crisis*, with inspiring colonial Americans to revolt against an oppressive British Empire. Nearly two centuries later, Dr. Martin Luther King, Jr., used the power of words to expose social injustices and galvanize support for the Civil Rights Movement.

In some cases, however, words cannot match the sheer power of another inspirational tool — the photograph. Unlike the spoken word, the photograph motivates with a silent presence. Open to interpretation, the photograph can mean different things to different people, yet all share its powerful message.

The image of Sioux Falls, S.D., veteran Perry Shinneman from the Vietnam War era has provided that type of inspiration for nearly 34 years. The photo has appeared in hundreds of magazines, received an array of honors and was selected by the Associated Press as one of the top national photographs of the century. It was submitted for the prestigious Pulitzer Prize competition, but was thrown out of the “News” category because the judges suspected it might have been posed. When the photographer, Ray Mews, protested, the Pulitzer Committee recanted and created a second category, “Feature Photography.”

In the photo, Shinneman is crossing the tarmac at the Sioux Falls airport. He has just left Bethesda Naval Hospital in Maryland. As he approaches his wife, he suddenly drops his crutch and reaches for her embrace. Titled “Home from Vietnam,” the photo was taken on August 12, 1966 — almost four months after Shinneman was nearly ripped in half by a Viet Cong booby trap in Da Nang, Vietnam.

Throughout the years since the photo was taken, complete strangers, eager to share the powerful effects the image has had on their lives, have contacted Shinneman. Last September, he received a letter from a woman who had seen the photo of Shinneman and his wife in 1976

while attending physical therapy school. She was so inspired, she cut out the photo and has kept it all these years. She wrote, “I always wondered where you were, what you were doing and how you were getting along. I also wanted to let you know that you two had a big impact on a naïve 21-year-old girl who was developing her life goals.” She continued, “I needed to write you and let you know that wherever you are in life, you continue to influence people then, now and even my children to whom I have shown the photograph.” Shinneman was so moved, he wrote back that same weekend.

One day, a man knocked on his door in eastern Sioux Falls. Shinneman recalled the experience. “This total stranger pulls out the [newspaper] clipping and hands it to me ... told me he kept it in a metal can during the time he was in Vietnam. He was from Sioux City [Iowa] and he figured if a guy from Sioux Falls could make it home, so could he.”

Today, Shinneman is a familiar face at the Sioux Falls Vet Center. He volunteers there several times per week and also stops by every now and then to share news with Office Manager Terry Towns, Team Leader Phil Ringstrom, Counselor Jerry Muhs and other volunteers. He once kept a copy of the photo hanging in his home, but donated it to the vet center so others could appreciate it. “The photo really has a powerful effect on other people,” noted Ringstrom.

One of only two vet centers in

South Dakota, the Sioux Falls Vet Center began serving veterans in 1979. Ringstrom says that in addition to counseling and readjustment activities, the team keeps busy with rural outreach and community education programs. “We cover 12 counties in Minnesota and all of the Eastern River in South Dakota,” he said.

To reach veterans in outlying areas, the team travels throughout the region, conducting group counseling sessions and meeting with veterans service organizations. “We see between 30 and 50 new vets each month, and up to 200 visit the vet center on average each month.”

The team recently attended VA’s Readjustment Counseling Service (RCS) 20th anniversary celebration and National Conference on Post-traumatic Stress Disorder this past February in Reno, Nev. At the conference, vet center staff from around the country gathered to reflect on 20 years of accomplishments. A historical subcommittee set up displays and other memorabilia chronicling RCS’ outreach efforts.

And while Ringstrom and his team were away, they didn’t have to worry about things back home. Shinneman worked with counselors from a nearby medical center to make sure the vet center stayed open. “He volunteered the whole week, eight hours a day, while everybody was at the conference,” said Towns. “It’s just like so much else from Perry’s life — you ask him and he’s there.” □

By Matt Bristol

Vietnam Veterans

Last month, the nation reflected on the 25th anniversary of the fall of Saigon to North Vietnamese forces, an event that signaled the end of the Vietnam War. Here are some statistics on the veterans of that conflict:

- 9.2 million served on active duty (Aug. 5, 1964 to May 7, 1975)
- 2,590,000 served in the combat zone
- 109,000 died in service
- 58,184 died in the combat zone or from combat wounds
- 8,113,000 are still alive

Health Benefits Call Center Provides One VA Service

To streamline health benefits delivery, VA has initiated a communications and education outreach program designed to make it easier for veterans to get the benefits and health-care enrollment information they need. And it's as easy as dialing 1-877-222-VETS.

The toll-free number routes callers to VA's national Health Benefits Service Call Center, where veterans can find answers to all their questions on VA health care and veterans' benefits. But it wasn't always that way. The call center started out in 1998 answering primarily health care questions — eligibility requirements, the enrollment process and facility locations, according to Kent Simonis, VHA director of Health Administration Services.

As word of the call center spread, the variety of calls began to change. "Now we get all kinds of different calls, from questions about health care or home loans to burial honors and Presidential Memorial Certificates," said Simonis. This has led to talk of a One VA call center, he added. "Right now we are partnering with VBA and NCA to develop a strategy."

Here's how it works. When a veteran calls the center, a staff member answers, usually within two rings. The staff member listens to the question or problem and then types certain keywords into a computer.

After a quick search of the database, the computer pulls up a scripted answer which the staff member reads to the veteran. "We've now got about 350 scripted answers, and these provide consistency in the responses we're giving veterans," said Simonis. The center also receives crisis calls — primarily suicide threats — and for these, there are no scripts. Staff members immediately transfer these calls to the nearest vet center, where trained counselors can assist.

In the past year alone, the call center's volume of inquiries has more than tripled, going from about 150,000 in April 1999 to more than 500,000 in April 2000. That's an average of 1,500 inquiries each day. And by using the scripted answers, the number of staff members needed to run the call center has been whittled from about 150 employees to just 40. "We're getting much better at what we're doing and we're taking advantage of all the latest technology

to make this run more efficiently," explained Tony Guagliardo, program assistant with VHA Health Administration Services.

New technology has allowed the call center to share its database with other VA facilities. "We are in the process of distributing CD-ROMs with our scripted answers to each field facility," noted Guagliardo. He also said VA employees with questions about health care or other benefits can find answers by accessing the database at www.VHACOM.net. □

National Moment of Remembrance

Where will you be at 3:00 p.m. on Memorial Day? All Americans are being encouraged to pause at that time, wherever they happen to be, and observe one minute of silence in honor of those who have died in the nation's defense.

According to the No Greater Love organization, which started this national campaign in 1997, the National Moment of Remembrance is designed to put the "memorial" back in Memorial Day. Organizers were concerned that the holiday had drifted too far from its original meaning, and had come to be associated more with opening day at neighborhood pools, barbecues and big sales at the mall.

"It is my hope that this moment of remembrance will bring all Americans together in a spirit of respect, patriotism and gratitude," said Senator Chuck Hagel (R-Ne.), who, along with fellow Senator and Vietnam veteran Bob Kerrey (D-Ne.), introduced a resolution expressing Congressional support of the observance. "Our intention is to help restore the recognition our veterans deserve for the sacrifices they have made on behalf of our great Nation." VA has joined other federal departments and agencies in endorsing this observance. □

Earth Day (cont.)

much of the cemetery's pest problem, saving \$5,000 over a two-year period.

The Tomah, Wis., and Bedford, Mass., VAMCs also operate recycling programs that are considered national models in VA. The **Tomah VAMC's** program center follows market trends to determine optimum paybacks for their recycled material. The facility receives an average of \$1,300 in recycling revenue each year, and saves about \$60,000 per year in waste hauling fees.

With the help of a local commercial recycler, the **Bedford VAMC** recycles nearly everything. In one year, the medical center recycled more than 860,000 pounds of material — enough waste to fill 30 tractor-trailers and 23 roll-off containers. In addition to traditional recyclable materials such as paper, cardboard, plastic and glass, this facility also recycles desks, chairs, obsolete computers, typewriters, mattresses

and many other items.

VA has been involved in energy conservation since 1975, and in recent years, many VA facilities have been saving money by entering into Energy Savings Performance Contracts (ESPCs). Under these agreements, independent contractors pay for the initial investment of replacing energy-inefficient devices with new technology in exchange for a share of the money saved through their investment.

One example is the multimillion-dollar energy efficiency project under construction at the **Bronx, N.Y., VA Medical Center**. This joint venture with the Department of Energy and Consolidated Edison is the largest single-building federal/utility partnership project in the nation. When the project is completed, the medical center expects to save more than \$1 million in annual utility costs. □



VA Investigates Link Between Gulf War Duty and Lou Gehrig's Disease

VA and the Department of Defense (DoD) are the lead federal agencies involved in launching a nationwide study to examine the rate of amyotrophic lateral sclerosis (ALS), better known as Lou Gehrig's disease, among veterans who were on active duty during the Gulf War. The Epidemiologic Research and Information Center at the Durham, N.C., VA Medical Center is directing the one-year study to determine if ALS occurs at a higher-than-expected rate among Gulf War veterans. Some Gulf War veterans have raised concerns about a possible association between ALS and service in the conflict. "If we do find an elevated risk for development of ALS, the finding will have broad implications for veterans," said Dr. John R. Feussner, chief research and development officer in VA Central Office.

ALS is a fatal neurodegenerative disease that destroys the brain and spinal cord nerve cells responsible for muscle movement, leaving those with the disease severely paralyzed. The ALS Association estimates the disease's prevalence in the United States at between six and eight cases per 100,000 people. So far, VA and DoD have identified 28 Gulf War veterans with possible ALS among the 697,000 military personnel deployed to the region following the Iraqi invasion of Kuwait. And they're searching for more. Veterans diagnosed with ALS or other motor neuron diseases that were on active duty between August 2, 1990 and July 31, 1991 can call 1-877-342-5257 to learn more about the study.

VA Researchers Find Some Diabetics May Not Need Annual Eye Exams

Results from a study conducted by the VA Ann Arbor Health Care System and published in the February 16 issue of the *Journal of the American Medical Association* show that patients with Type 2 (adult-onset) diabetes may not need the annual eye exams medical professionals generally recommend.

"Our findings suggest that the quality standards currently employed in health care are not appropriate," said the study's lead author Sandeep Vijan, M.D., a staff physician at the Ann Arbor VA Medical Center. "Individualized screening could lead to substantial savings, both in terms of health care resources and patient time and energy."

Researchers began by examining data collected during a national sample of diabetics 40 years and older and grouping them according to initial levels of eye disease. Then they used information gained in epidemiological studies to screen their sample population and determine the costs and benefits of eye exams ranging from once a year to once every five years. "The way we predicted the cost and benefit of annual screening is similar to the way scientists predict global warming," explained Vijan. "Individualized studies of the various components

are synthesized to determine the overall effect, and results from random regions are extrapolated to the population as a whole."

The exams are used to detect early-stage, reversible blindness such as diabetic retinopathy, an eye disease affecting blood vessels in the retina, and macular edema, an accumulation of liquid in the part of the eye involved in focusing. Vijan and his colleagues plan further research, but say their initial study indicates that a Type 2 diabetic with reasonably good glucose control and whose doctor characterizes as low-risk for developing eye problems only needs an eye exam every two or three years. "In contrast, those people having a harder time controlling glucose levels should know that it is very important to get the eye exams every year," noted Vijan. An estimated 10 million Americans have been diagnosed with diabetes, the leading cause of blindness in the United States. Type 2 is the most common form, usually appearing after the age of 40.

Albuquerque VAMC Conducts New Mexico's First PET Scan

Although they're not as well known as their CAT scan cousins, PET scans have actually been around for about 30 years and can produce images that significantly enhance a physician's ability to treat certain types of cancer. Earlier this year, the Albuquerque, N.M., VA Medical Center became the first medical facility in the state to offer the positron emission tomography (PET) imaging system.

"We can scan the entire body and look at everything," said Dr. Michael Hartshorne, chief of Joint Imaging Service at the New Mexico VA Health Care System and vice-chairman of radiology at the University of New Mexico School of Medicine. He explained that he knew PET scan would work in gauging how bad cancer is and could also be used as a guide when determining what is and isn't treatable. "We knew we could do it, if only we could afford the equipment."

Well, thanks to a few major developments, the facility can now afford it. One reason, Hartshorne said, is the equipment has gotten much cheaper over the years. He indicated that the medical center needed to upgrade its imaging equipment, and that would have cost around \$800,000. By comparison, a new PET scan system would cost about \$900,000. Also, Medicare has approved payments for PET scans in cases of melanoma, lymphoma, recurrent colon cancer and two levels of lung cancer. So patients from other hospitals can be referred to the VA facility for a PET scan, and they don't even have to be veterans.

One of the advantages of a PET scan is that it shows exactly where sugars are being taken up in a person's body. This is important to physicians, because malignant tumors take up sugar like a sponge. Other imaging systems may show the lump, but can't show whether the lump is malignant, noted Hartshorne. In addition, the PET scan can produce a more detailed image of the tumor and can also show the tumor's spread throughout the body. Armed with this information, physicians can better determine which treatment options are worth trying. As an example, Hartshorne said, suppose a patient has lymphoma, a cancer of the lymphatic system, and a PET scan shows that after receiving radiation and chemotherapy, some lumps are still there. A PET scan can determine whether these lumps are dead and the cancer is gone, or if the lumps are still active and more treatment is needed. □

HONORS and awards



Patricia Dubbert, Ph.D., of the **Jackson, Miss., VA Medical Center**, was selected as this year's winner of the Montgomery Award for Excellence in Research. She began her VA career as a night nurse on a psychiatric research ward, where she developed a deep commitment to her work and a dedication to improving care for patients. Her current research projects include assessing whether nurse counseling by telephone helps elderly VA primary care patients to establish and maintain exercise programs; examining the effectiveness of telephone interventions for weight management; and assessing the quality of life in prostate cancer patients. The Montgomery Award is named for former Congressman and chairman of the House Veterans Affairs Committee G.V. "Sonny" Montgomery, who represented Mississippi for 30 years.

Edward R. Block, M.D., chief of Research for the **North Florida/South Georgia Veterans Health System**, has been named the 1999 William S. Middleton Award winner for his research achievement in pulmonary and critical care medicine. Block has made many groundbreaking discoveries in pulmonary research during his 22-year VA career. The Middleton Award, named for an accomplished educator, physician and scientist who served as VA's Chief Medical Director from 1955 to 1963, is one of the highest scientific honors given by VA. Established in 1960, the award is

presented annually to a VA investigator who has demonstrated outstanding achievement in medical research.

Reba Keene, R.N., nurse manager of the Dementia Unit at the **Salem, Va., VA Medical Center**, received the annual Mental Health Professional Award of the Mental Health Association of Roanoke Valley. Keene was recognized for establishing, improving and maintaining an exceptional quality of service for the 28 veterans in the Dementia Unit.

Larry Young, chief file room and release of information officer at the **Nashville VA Medical Center**, was recognized by the State of Tennessee Department of Human Services for his contribution to the Welfare to Work program. Young was commended for employing five individuals from the Welfare to Work program in the medical center's file room and supervising their progress from initial training to temporary employment.

Dr. Patrick Sweeney, assistant director of the **Montgomery, Ala., VA Regional Office**, was elected President of the Montgomery Association of Federal Administrators for the year 2000. Another regional office employee, **E. Louise Sumler**, a management analyst, was elected to serve as Secretary/Treasurer.

Nelda P. Wray, M.D., of the **Houston VA Medical Center**, received the Under Secretary's Award for

Outstanding Achievement in Health Services Research. She accepted the award on March 23, during the annual meeting of the VA Health Services Research and Development Service in Washington, D.C. Wray is renowned for fostering interdisciplinary research and developing the careers of many of VA's most productive health services researchers. She is a leading researcher in the use of large health care databases for quality assessment, risk adjustment and understanding patients' preferences for treatment and outcomes.

Joseph L. (Pepe') Mendoza, directives/forms management officer at the **Albuquerque, N.M., VA Medical Center**, was honored with the New Mexico Distinguished Public Service Award for the year 2000. Mendoza has made many contributions to public service. For the past 33 years, he has volunteered with the Muscular Dystrophy Association. He was recorder/secretary for the Albuquerque Community/Veterans Affairs Hand-Up III and IV for the homeless program and during the past nine years, he has cheered up many patients in the Geriatrics/Extended Care Unit with special balloon deliveries. He currently volunteers by reading a book titled, *My Abelito's White Madonna*, a love story about his grandparents, to residents of several Albuquerque retirement homes.

Fourteen nurses from the **VA North Texas Health Care System** (VANTHCS) were chosen for the year 2000 "Great One Hundred Nurses" list, a recognition program sponsored by the Dallas-Fort Worth Hospital Council. "Every day our nurses perform an outstanding job, ensuring health care for our

veterans is second-to-none," said **Alan G. Harper**, director of the VANTHCS. "This award displays the exceptional job they are doing," he added. Competition for the award is tough. In September 1999, there were 25,806 nurses in Dallas and Tarrant Counties. Recognized for their accomplishments in nursing were **Carol Albertson, Peggy Atkinson, Jacqueline Dixon, Iner Finley, Bobbie Hargrove, Marian Holden, Dorothy Mitchell, Lincy Pandithurai, Chrystyna Reymann, Jack Rogers, Annamma Varughese, Mary Ellen Viancourt, Gloria Ward** and **Patricia Wolford**.

Vallen D. Fox, a **Houston VA Regional Office** veterans service representative outbased to San Antonio, received the Exemplar Award from the Texas Chapter of St. John Fellowship, an organization that reaches out to the less fortunate, the needy and the sick. The award was presented to Fox for "inspired and inspiring aid to countless needy veterans." The Exemplar Award is presented by the St. John Fellowship for outstanding service to veterans in the community.

Joanne M. Krumberger, a clinical nurse specialist in acute and critical care at the **Milwaukee VA Medical Center**, has been named the 2000 Marquette University College of Nursing Distinguished Alumna. She is an internationally recognized expert in critical care nursing who has consulted in foreign countries and speaks nationally on health care topics. Krumberger served as president of the American Association of Critical Care Nurses and is a facilitator of the advisory board for the Best-practice Network, a Web-based resource for health care practitioners. □



The **Office of Acquisition and Materiel Management (OA&MM)** is kicking off the 2nd annual "VA Achievement in Contracting Excellence (ACE)" Award Program. The program is designed to recognize contributions by VA acquisition teams, to include program officials, who create more efficient and effective contracting practices, providing the public with improved mission accomplishment and lower prices. The OA&MM Web site at www.va.gov/oa&mm/best/ace/htm provides more detail about the purpose, qualification and application procedures for this award. The last day to apply is June 30.

The **Vocational Rehabilitation and Employment (VR&E) Division** in the **New York VA Regional Office** has entered into a new partnership with the U.S. Postal Service (USPS) to streamline job application procedures for disabled veterans. After discussions with VR&E staff, the USPS agreed to make some changes in the hiring process. They agreed not only to pre-fill positions for veterans leaving the service, but also to base their approval on the DD-214 discharge papers and the tests and skills assigned by the service. The partnership is producing some encouraging results. Since its inception on October 28, 1999, the VR&E Division has referred 42 disabled veterans to the USPS for employment. Of these, 21 had disabilities rated above 30 percent. So far, 12 disabled veterans have been placed and another 13 have appointments pending.

Staff members at the **Bay Pines, Fla., VA Medical Center** used telemedicine technology to allow a dying Korean War veteran in the medical center's hospice unit see and speak with his family one last time, even though they live hundreds of miles apart. Chaplain **Dan Hummer** said the hospice team generally encourages families to have these conversations, and up to now, they've all been done via telephone. But telemedicine is changing that. The veteran's daughter and her children were unable to travel because of medical reasons and instead chose to visit the **St. Louis VA Medical Center**, where they could use the new technology to share memories and say their final goodbyes. Hospice team members **Sheila Lozier**, a nurse, and **Andrea Show**, a social work intern, gave the veteran moral support throughout the video call.

While leafing through the pages of *Seventeen* magazine, **Suzanne Hanson**, a senior at Fargo North High School and volunteer at the **Fargo, N.D., VA Medical and Regional Office Center**, noticed an entry form for a *Seventeen* magazine and Cover Girl Volunteerism Player's Sweepstakes. Just for fun, she decided to enter the contest. Hanson volunteers Tuesday evenings from 4:00 p.m. to 8:00 p.m. on the medical center's 3-Main Medical Unit, where her duties include answering phones, assisting with evening meal trays, and visiting with patients. To her surprise, she won the contest and a \$500

donation to the Fargo VAMROC from *Seventeen* and Cover Girl.

With a unanimous vote of 397-0, the **U.S. House of Representatives** passed Resolution 282, declaring the American GI as the "person of the century." Introduced by Robin Hayes (R-N.C.), the resolution honors American soldiers, sailors, airmen and Marines for having led the struggle for freedom and

democracy from World War I to the NATO efforts in Kosovo. "There's not a region of the world whose people have not benefited from the presence of the American GIs in the 20th century," said Rep. Mike Thompson (D-Calif.), a Vietnam veteran and sponsor of a second resolution honoring those who served in the Vietnam War, as the nation marks the 25th anniversary of the end of that conflict. □

Georgians Visit Georgia



Georgian Lakob Lomia experiences virtual reality exposure therapy during a visit to the Atlanta VAMC.

The **Atlanta VA Medical Center** and the **Atlanta VA Regional Office** recently hosted two disabled war veterans from the former Soviet Union as a part of the State Department's International Visitors Program.

Lakob Lomia, executive secretary, The Georgian War Invalids and Veterans Union, and Nikolai Tsereteli, general director, Man and Law Ltd., both from Tbilisi, Republic of Georgia, visited the medical center in March to learn more about VA's medical programs and benefits. The delegation, accompanied by interpreters, received an overview of VHA, including the Homeless Veterans Program, Gulf War assistance and other medical programs for veterans.

The briefing included a tour of the medical center, with visits to specialized areas such as the Blind Rehabilitation and Prosthetics Units. Of particular interest to the Georgians was virtual reality exposure (VRE) therapy — a combination of computer technology and traditional methods of therapy used to treat veterans suffering from post-traumatic stress disorder. Lomia and Tsereteli then visited the newly built VARO, where they met with local veterans service organizations and received briefings on education, compensation and pension programs.



Melody McGhee, a Red Cross volunteer at the **Knoxville, Tenn., VA Outpatient Clinic**, went a step beyond her normal activities one afternoon when someone told her there was a fire outside the clinic. She immediately went to investigate and saw thick smoke rising above some bushes near the front entrance. Using the fire response procedures outlined in R.A.C.E. (Rescue, Alarm, Confine and Extinguish), she rushed to the receptionist's desk to activate the fire alarm. Grabbing a fire extinguisher, she ran back outside to battle the blaze. Though the extinguisher was unable to completely put out the fire, McGhee did manage to contain it until the Knoxville City Fire Department arrived.

☆☆☆☆☆

The Outpatient Substance Abuse Treatment (OSAT) office at the **Boise, Idaho, VA Medical Center** gets a wide variety of calls each day, but office clerk **Bob Yates** never expected a call like the one he answered one day in April. The caller was speaking incoherently, and Yates could not identify him. Overhearing Yates' difficulty, **Patrick Costello**, director of OSAT, took over the call. He tried to get the caller to repeat his name and the last four digits of his social security number while Yates tried various possibilities in the computer. They finally identified the caller as an employee who is a diabetic and was apparently having a hypoglycemic reaction at home. Costello

tried to keep the employee on the line while Yates called 911. Costello became alarmed when he lost contact with the employee, so he and a co-worker quickly drove to the employee's home. An EMT who finally answered Yates' repeated attempts to get the employee back on the line told him that the emergency crew had broken a window to get into the home after the employee had been unable to come to the door. Test results showed the employee's blood sugar had dropped to a life-threatening level, but the EMTs were able to revive him.

☆☆☆☆☆

Aileen Blanchard and **Yteria Linney**, social sciences technicians for the Intensive Psychiatric Community Care (IPCC) Program at the **Augusta, Ga., VA Medical Center**, regularly involve veterans from the IPCC program in local community events. Soon after their arrival at one particular outing, the two found themselves confronted with a life-threatening situation when they realized that one of the veterans they were traveling with was slumped over in his seat and unresponsive. The two rushed to assess the situation. Blanchard was unable to detect either a radial or carotid pulse and only a weak, erratic temporal pulse, so Linney ran to call 911. When paramedics arrived, they immediately began administering oxygen to the veteran. Together with paramedics and local fire department personnel,

Blanchard and Linney stabilized the veteran and rushed him to the Augusta VAMC where he recovered and has resumed participation in the IPCC program.

☆☆☆☆☆

While speaking with a veteran in her office at the **Redwood Outpatient Clinic**, part of the **VA Northern California Health Care System**, **Debra Martin**, a medical instrument technician, glanced outside and noticed thick plumes of smoke rushing past her window. She took to the intercom, announcing "Code Red," and saw **Robert Epley**, another medical instrument technician, immediately grab a fire extinguisher and run outside. The fire had started in a pile of dry grass and was spreading to a nearby tree when Epley arrived. He yelled for more extinguishers and began fighting the fire. Just as his extinguisher was running out, he received several more and managed to keep the flames under control until the fire department arrived and put out the blaze. The fire was just a few feet from the new clinic, so Epley's quick reaction may have saved the facility from damage.

☆☆☆☆☆

Sheila Ashburn-Gayle, a respiratory therapist at the **Hampton, Va., VA Medical Center**, was attending a service at her church when all of a sudden a sharp scream pierced the air. She noticed a man in distress and immediately rushed forward to help. Assessing the situation, she determined the man wasn't breathing and began performing CPR, continuing until the arrival of paramedics. Helping others is nothing new to Ashburn-Gayle. Last year, she administered the Heimlich

maneuver on a child who was choking on a piece of hard candy. She went into action when the father seemed unable to assist. The child's life was saved by her swift action.

☆☆☆☆☆

Flying to Orlando, Fla., for her vacation, **Sally Novak**, a veterans service representative in the **St. Paul, Minn., VA Regional Office's Veterans Service Center**, introduced herself to an elderly woman sitting next to her. During the course of their conversation, Novak learned that her fellow passenger was the surviving spouse of a World War II veteran and former Prisoner of War. She learned that the veteran had never filed a compensation claim with VA and began to suspect that his death may have been connected to his military service. Upon their arrival in Orlando, Novak called the St. Paul VARO and began an informal Dependency and Indemnity Compensation (DIC) claim. Thanks to her VA customer service ethic, which never takes a vacation, the veteran's widow was granted a DIC award.

☆☆☆☆☆

While shopping at a local commissary, **Faye Brown**, an echocardiography technician at the **Columbia, S.C., VA Medical Center**, answered a page asking anyone with medical experience to come to the ID desk. When she arrived, she found a 52-year-old man lying on the floor. He was not breathing and had no pulse. She quickly began performing CPR, and was joined by another shopper. By the time the ambulance arrived, the man had a pulse and was breathing again. Brown later learned that the man recovered. □