



U.S. DEPARTMENT OF VETERANS AFFAIRS
Vanguard

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A black and white photograph of a track and field event. In the foreground, a runner is captured in motion, blurred to convey speed. In the background, several other athletes are standing on the track, some looking towards the camera. The scene is set outdoors on a track with bleachers visible in the distance.

Going for the 'Gold'
—page 8

Inside: VetPop2000, 5 ☆ Purple Heart Recipients, 6 ☆ NCA Conference, 11

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On the cover:

Stanley Levy, a Navy veteran from New Carrollton, Md., is a blur as he speeds across the finish line in a bike race at the 15th National Veterans Golden Age Games. This year's Games, sponsored by VA and VFW, were hosted by the VA North Texas Health Care System June 9-15 in Duncanville, Texas.

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INTRODUCING

Dr. Linda Ferry

The year was 1985, and Dr. Linda H. Ferry was helping veterans conquer addictions to heroin, cocaine and alcohol with remarkable success. Getting them to give up their smokes, though, was another matter. "We were successful in helping hard-core addicts get back on track with their lives," said Ferry, now chief of Preventive Medicine at the Jerry L. Pettis Memorial Veterans Medical Center in Loma Linda, Calif., "but our smoking cessation clinic had only a five percent success rate at one year."

Frustrated by the low quit rates, she began studying the physiology behind nicotine addiction and discovered a research article linking depression to difficulty quitting smoking. To test the theory, she screened each patient in her smoking cessation program for signs of depression. The results showed roughly half had symptoms of depression. "We found nicotine was the agent they were using to self-medicate ... to control their depression," Ferry said. "That's one of the reasons they were unable to quit."

While researching the link between depression and smoking, she made a breakthrough discovery—the antidepressant drug bupropion works by stabilizing the neurotransmitters dopamine and norepinephrine, the same brain chemicals that create nicotine addiction. To test the drug's efficacy as an aid in battling nicotine addiction, she conducted a pilot study of 45 veterans in her program. Half were given bupropion, the other half a placebo. Results showed 55 percent of those using the drug successfully quit smoking once they completed her 12-week program.

A major pharmaceutical company

saw the drug's potential and began conducting large-scale studies. By 1997, Glaxo Wellcome (now GlaxoSmithKline) received Food and Drug Administration approval to market bupropion under the brand name Zyban. The drug Ferry identified to help smokers kick the habit is now sold in 35 countries around the world.

Ferry calls smoking "the biggest public health problem veterans face," and has devoted much of her life to helping people break the chains of

nicotine addiction. She co-authored *The How to Quit Smoking and Not Gain Weight Cookbook*, started the non-profit Foundation for Innovation in Nicotine Dependence (www.findhelp.com), and is working with the VA National Center for Health Promotion and Disease Prevention on a manual for the treatment of nicotine dependence. Her efforts have raised

both VA and private health care standards for smoking cessation programs.

One of her latest accomplishments was developing a treatment database of more than 3,000 veterans who have entered the medical center's tobacco treatment program. The database is integrated with VA's computerized patient records system, allowing any VA health care provider to add a patient's history of tobacco use by completing a form when they enter progress notes into the patient's record. "We'd like this database to become available throughout VA," said Ferry, "so everyone collects the same information on depression and chemical dependency in relation to tobacco use, and outcomes can be measured consistently." ❑

By Matt Bristol



Leo S. Mackay Jr., Ph.D.,
Deputy Secretary
of Veterans Affairs

New Management Structure Will Improve VA Operations



President Bush has called for an “active, but limited” government—one that is citizen-centered, results-oriented and focused on

market-based innovation and competition. As VA’s chief operating officer, I can say we are well on our way toward fulfilling that vision.

We are rapidly completing formation of an inclusive management structure designed to provide Secretary Principi the innovative ideas, critical assessments and one-VA perspective he needs to make VA work for veterans. We are building the management team we need to lead us as we move into the 21st century, and a new VA governance framework has been established that will sustain structured, interactive policy formulation and decision-making.

Key to that framework are two new headquarters management bodies. The VA Executive Board (VAEB) is the Department’s senior management forum. Chaired by the Secretary of Veterans Affairs, its members include myself, the General Counsel and the Under Secretaries for Health, Benefits and Memorial Affairs. This is where policy is reviewed and determined, strategic planning finalized, legislative programs reviewed and management structure assessed—all leading to the Secretary’s final decision.

Reporting directly to the VAEB is the new Strategic Management Council (SMC), which I chair. This group provides day-to-day operational management for the Department. Its mission is to review, discuss and provide recommendations to the Secretary and the VAEB on Department-wide policy, strategic plans, resources and performance.

It oversees the implementation of

the Department’s strategic management process, including cross-cutting issues, strategic planning and policy formulation, budget development and execution, capital investment, legislation development, human resource planning, information technology planning and implementation. The SMC also will conduct monthly performance reviews and address organizational management issues.

The Assistant Secretaries for Policy and Planning and for Management serve as the group’s vice chairs. Members include senior managers of all key operations and supporting programs.

The council will receive all proposals with major policy implications from VA councils, executives, advisory committees, task forces, work groups and other sources. This ensures a one-VA vetting and assessment of the new ideas and initiatives the Secretary seeks. I intend to ensure that all voices are heard on major initiatives and that the decision packages sent to the VAEB for the Secretary’s consideration reflect those voices.

This corporate approach reflects lessons I learned in the private sector. Encourage ideas from all sides and have all sides evaluate them. Let ideas compete and let that competition rest on thorough measurement and analysis. That’s where we are going.

We are well into performance planning which will lead the way to performance-based budgeting. This process focuses on what, in my view, is the critical metric—outcomes; not just what we do or how we do it, but what impact we have on the lives of the veterans we serve.

The thing about Secretary Principi that excited me about coming to VA is that he wants to make a difference in the lives of veterans. That’s an outcome! He isn’t focused simply on running things better, though that is fundamental.

There are different ways to get there, but the thing that matters at the end of the day is the outcome. In vocational rehabilitation, do we measure the number of veterans we run through the program each year, or do we ask how many of those veterans were able to find employment? And do we return six months later and find out how many still are working?

With homeless veterans, do we consider only their homelessness or do we find out why they are homeless and focus on the substance abuse, emotional or mental challenges and other conditions that destabilize their lives and keep them from earning the living they need to afford a home? Are we solving the real problem? Are we changing a veteran’s life?

The approach VA is taking is in concert with that of the Administration. The President recently announced that he will establish a President’s Management Council (PMC) that will meet monthly to address his management agenda.

I will serve on the council with the other chief operating officers of the cabinet departments and independent agencies. PMC members will seek common approaches to implement government-wide initiatives—the same thing we will be doing here in VA.

I know that a new management structure may seem remote to those of you working VA’s front lines, but it will reflect and reinforce what is most fulfilling in the work you do—actually improving a veteran’s life.

You deal with the real outcome of VA’s mission every day. Now, VA’s success will be measured in the same currency and its future guided by constantly improving the lives of those we serve. I believe that improving the way we govern the Department will have direct and positive bearing on the quality of benefits and services we provide to our nation’s veterans and their families. □

CARES Options Announced for VISN 12

VA Under Secretary for Health Dr. Thomas Garthwaite announced recommendations last month for a series of significant changes in the way health care is delivered to veterans in Chicago, Wisconsin and upper Michigan. The recommended changes for VISN 12 (Chicago) facilities are part of the CARES (Capital Asset Realignment for Enhanced Services) health care planning process.

Garthwaite's July 16 announcement started a 60-day comment period to allow veterans, employees and other stakeholders to provide input on the proposed changes. Veterans service organization representatives, congressional staff members, and Veterans Health Administration employees in VA Central Office and in VISN 12 were briefed on the options before Garthwaite's announcement.

In June, VA announced nine potential options that were evaluated extensively by local and national health care professionals, the National CARES Project Team and the National CARES Steering Committee. The evaluations took into account the needs of veterans, including their ages, medical condi-

tions and other special characteristics.

The nine options were divided among three market areas. Four options were for the southern market (Chicago area), three options for the central market (Wisconsin) and two for the northern market (upper Michigan peninsula). After careful evaluation, one option was tentatively identified for each market.

In Chicago, the option under consideration (Southern Market – Option B) would enhance services at the West Side VA Medical Center; maintain full ambulatory care and affiliation with Northwestern University at Lakeside VA Medical Center, but discontinue inpatient services at that site; renovate the Hines VA Hospital; and expand VA and Department of Defense sharing agreements at the North Chicago VA Medical Center.

The Madison, Wis., VA Medical Center (Central Market – Option G) would gain 75 nursing home beds. Although Milwaukee and Tomah, Wis., would lose some acute-care beds, both sites would maintain outpatient care capacity, and three community-based outpatient clinics would be added in the region.

The Iron Mountain, Mich., VA Medical Center (Northern Market – Option I) would continue as an active facility and a telemedicine hub. A new community-based outpatient clinic would be established in Delta County.

Garthwaite emphasized that these are preliminary proposals. During the formal comment period, he said, "we will hold town hall meetings and solicit views from anyone who has a stake in VA health care in these regions. This input will be considered in determining the final options that VA implements."

Savings from the recommended proposals, estimated at \$720 million over the next 20 years, will be directed back into care for veterans in the region, providing better access and enhanced outpatient, inpatient, and long-term care, as well as special care such as rehabilitation for blindness or spinal cord injuries.

The CARES process will be applied to each VISN and health care market in VA. Comments on CARES should be sent to vhacocares@hq.med.va.gov. Details on the options and supporting documents are available at www.va.gov/CARES. □

Search for Under Secretary for Benefits Begins

A search is underway for a candidate to fill the post of VA Under Secretary for Benefits. The term of the incumbent, Joseph Thompson, ends in November.

VA Secretary Anthony Principi has named Deputy Secretary Dr. Leo Mackay Jr. to head a 13-member search commission. The search commission is required regardless of whether a new candidate is recommended or Thompson's reappointment is proposed.

"This is a critical time for VA's benefits programs," said Principi, "and this commission will help us assure the nation's veterans that efforts to improve services are being guided by leadership that puts veterans first."

The Under Secretary for Benefits is appointed for a four-year term. Under federal law, the appointment is made without regard to political

affiliation and is based solely on demonstrated ability both in fiscal management and in the administration of programs of the Veterans Benefits Administration or of similar content and scope.

Joining Mackay on the search commission are several former VA officials: Everett Alvarez Jr., former VA Deputy Administrator; R. John Vogel, former VA Under Secretary for Benefits; Bill B. Pearson, former Deputy Under Secretary for Benefits; Jerry McRae, former director of the Portland, Ore., VA Regional Office; and Raoul L. Carroll, who formerly served as VA General Counsel and associate member of the Board of Veterans' Appeals.

The other commission members are: Steve F. Kime, Ph.D., chairman of VA's Veterans' Advisory Committee on Education; Vice Admiral Patricia Ann Tracey, deputy assistant

secretary of defense (Military Manpower and Personnel Policy); Vice Admiral Daniel L. Cooper, chair of the VA Claims Processing Advisory Committee and former vice chairman of the board of directors of the United States Automobile Association; Rodney A. McCowan, a former executive at Herman Miller, Inc. and a past assistant secretary for management at the Department of Education and White House fellow;

Robert Wallace, deputy executive director, Veterans of Foreign Wars of the United States; David W. Gorman, executive director, Disabled American Veterans; and Ed Croucher, executive director, Vietnam Veterans of America, Inc.

The committee is expected to complete its work in time for Principi to recommend a candidate for Under Secretary of Benefits to the President in September. □

VetPop2000

Office of the Actuary Has Your Number

Before launching his massive attack on Ancient Greece in 480 B.C., Xerxes, Emperor of Persia, called upon his astrologers to read the entrails of a sheep. Two hundred thousand men crossed the Hellespont to eventual defeat at the hands of a united Greek force, and all because of false assumptions based on a sheep's liver.

Nowadays, the practice of consulting internal organs, let alone sheep, to make major policy decisions seems absurd. So what do VA planners use to draw their conclusions?

Enter Stephen Meskin, Ph.D., the Department's Chief Actuary. "Basically, we are problem solvers," he explained. "We try to make estimates of the future, based on assumptions from the past." As actuaries, Meskin and his support staff assess contingencies, statistical data and financial considerations to solve real world problems.

The 103rd Congress legislated a task force to review VA's claims and benefits process. One of the recommendations the task force included in its final report, completed in December 1996, was to "enhance the actuarial function." Translation: establish an Office of the Actuary, responsible for supporting VA with "valid data and long-term analyses of program needs."

New to VA Central Office, the Office of the Actuary, under the Assistant Secretary for Policy and Planning, has already filled a crucial niche. The office's staff has released the first of what they expect will be yearly projections of statistical data important to VA. "The goal is to have a consistent model ... have everyone on the same page," said Robert Klein, Ph.D., a social demographer and member of the actuarial staff.

Indeed, nearly everyone in VA relies upon the office's veteran population data. The Veterans Benefits Administration and the Veterans Health Administration, for instance, require statistical analysis on future populations of eligible vets, while the National Cemetery Administration needs mortality figures.

Even more important, the data

must also be separated by region and state. Such demands are only the tip of the iceberg, as actuaries work to find accurate information for many diverse needs.

Before the days of Meskin and his team, VA typically made projections twice a decade, in bulky publications of various charts and tables. But now, VA actuaries have streamlined the process, expanding the report to include a full actuarial model of VA processes.

The current VetPop2000 is revolutionizing the way VA publishes its statistics. First, it is more accurate, using comprehensive data sources, including previously excluded veterans—those with less than two years of service after 1980, those residing in foreign territories, and veterans of non-military uniformed services.

Secondly, VetPop2000 is published in CD format, so almost anyone with a computer can access

the information. The CD includes 23 standard reports with 1,700 pre-programmed tables, plus a function that allows users to create their own pivot tables and graphs based on their individual needs. Meskin and his office also hope to have VetPop2000 online by the end of the summer, allowing virtually everyone to reap the fruits of fresh and accurate VA data.

The days of intestinal speculation are long gone, replaced by more concrete forms of forecasting. Thanks to actuaries like Meskin and his colleagues, VA should be able to project its future needs with more certainty.

For more information about VetPop2000, e-mail the Office of the Actuary at vetpop.2000@mail.va.gov, or in the near future, log on to www.va.gov/vetdata/demographics/index.htm. □

By Johannes Rittershausen

Strategic Plan Gives Employees 'Line of Sight' to VA's Goals

A trimmed-down version of the Department's strategic plan was distributed to VA facilities throughout the country early this summer to illustrate how employees' individual jobs contribute to the agency's broader goals. It is the first formal strategic plan designed strictly for employees.

"It is our hope that the plan will spark conversation and promote understanding about how individual employees support VA goals," said Curt Marshall, director of VA Strategic Planning Service. "We also hope that this employee-oriented plan will promote discussion at all levels and spur ideas about how we can improve our work together as an organization to achieve results that produce improved services to veterans and their families."

After reading the strategic plan, employees can develop a "line of sight" from their individual job to one of the Department's strategic goals. For instance, if you work in a

VA clinic or medical center, objective 3.1 of Strategic Goal #3 challenges you to see 90 percent of patients within 20 minutes of their scheduled appointment.

Or if you work in Loan Guaranty Service at a VA regional office, objective 2.3 of Strategic Goal #2 encourages you to strive to meet the Foreclosure Avoidance Through Servicing ratio of 40 percent. Objective 4.5 of Strategic Goal #4 calls for cemetery caretakers and other National Cemetery Administration employees to continue their efforts to preserve cemeteries as national shrines, so that 100 percent of visitors will rate the appearance of their cemetery as excellent.

These are just a few examples of how individual jobs relate to VA's strategic goals. If you have questions about the employee strategic plan or would like to provide feedback to the Strategic Planning Service, send comments via e-mail to strategic.plan@mail.va.gov. □

Scars Remain for Purple Heart Recipients



Phoenix Vet Center Team Leader and Purple Heart recipient Ken Benckwitz today, and (inset) as a young Marine in Vietnam.

With its endless fields of razor-sharp elephant grass, Vietnam's Elephant Valley was unlike anything Ken Benckwitz had ever seen. The skinny 18-year-old from Long Island, N.Y., had joined Alpha Company, 1st Recon Battalion, 1st Marine Division, just five weeks earlier, and now here he was, walking point on his first patrol.

His eyes scanned the tree line as he listened for the snapping twig, the sliding bolt—any sound that might reveal an enemy ambush. As the patrol labored under the intense heat, he raised his fist and signaled for his team leader.

"We stopped and were having some lunch when I heard this noise down the river," said Benckwitz, now team leader at the Phoenix Vet Center. "I turned around and there was this column of VC [Viet Cong] crossing the river ... they were in three or four foot of water and couldn't move very fast ... we just opened up on them."

But just as quickly as it began, the firing ended. Benckwitz checked the bodies for documents. Cautiously, he stripped their gear and searched for maps and other important papers.

"When I got back to the

riverbank, the VC had circled behind us and had us trapped," said Benckwitz, his memory still vivid after 32 years. "They started throwing grenades and pouring fire on our position—we were in real trouble."

He remembers the blinding

smoke, pungent smell of gunpowder, roaring explosions, a dull ringing in his ears, blood streaming down his buddy's face. High above, a circling aircraft laid suppressive fire as a CH-46 Marine chopper dropped into the riverbed to retrieve the trapped recon team. As he raced toward the hovering chopper, Benckwitz felt a stinging pain in his left leg, but it wasn't until he was on board that he saw the jagged shards of shrapnel.

Though a corpsman would remove most of the metal fragments from his leg, the injury would remain a constant reminder of the day he took point on his first patrol. Like many other Vietnam vets, he didn't complain. Not after his first reconstructive knee surgery back in 1977; not after his early medical retirement from the Corps, or his two knee replacement surgeries in 1989 and 1997; and not after doctors finally amputated his leg above the knee in 1999.

Thirty years later, while planning his 13th trip to the Vietnam Veterans Memorial in Washington, D.C., Benckwitz was talking with his old team leader from Vietnam, Huey Allen, about that day on the riverbank. Allen asked if his buddy

General Washington's Legacy

The Purple Heart is the nation's oldest military decoration still in use today, awarded to a member of the armed forces injured or killed in action against an enemy of the United States. Its history is traced to the early years of the Revolutionary War, when General George Washington devised the Badge of Military Merit, a distinction to be worn over the left breast to recognize "unusual gallantry" or "extraordinary fidelity."



His general order, issued August 7, 1782, describes the badge as a "figure of a heart in purple cloth or silk edged with narrow lace or binding." Nearly 150 years later, while collecting Washington's papers in preparation for the bicentennial celebration of his birth, researchers discovered the original general order for the badge's creation.

A push for the medal's revival followed, and on the 200th anniversary of George Washington's birth, February 22, 1932, President Hoover reinstated the Purple Heart. Over the years, Congress and the president have modified eligibility criteria for the Purple Heart, extending eligibility to former prisoners of war, soldiers wounded or killed during acts of terrorism, and those wounded or killed while on peacekeeping missions.

had ever received his Purple Heart. "I'd never really thought about it before then," Benckwitz admitted.

Realizing his point man's paperwork had never gone through Marine Corps headquarters, Allen contacted their former platoon commander, who contacted Sen. John McCain (R-Ariz.)'s office. A series of letters followed, and in January 2000, during a ceremony conducted by a Marine Corps Reserve battalion and attended by his wife, sons, daughter and grandson, Benckwitz received a Purple Heart for the shrapnel he caught back in April 1969.

The Purple Heart has many meanings. To John Paxson, congressional liaison at the Los Angeles VA Regional Office, who served as a radio operator with the 1st Battalion, 27th Infantry, 25th Infantry Division, and was wounded three times during his tour in Vietnam, the Purple Heart represents a nagging wound that just won't heal.

"It's a reminder," he said, struggling to find the words. "It makes me think, if this wouldn't have happened, then those two guys would be alive today." The guys he's referring to were two soldiers from another company who were ripped apart in the blast that nearly took his life.

It happened during the 1969 Tet Offensive. On the first night of the attack, North Vietnamese soldiers penetrated the perimeter of his battalion's firebase but were unable to overrun the position. Though Paxson was away on an ambush mission that first night, his company was recalled in the morning to help prepare for a second assault.

Around 4 a.m., as Paxson stood guard in a fighting trench outside a perimeter bunker, the attack began. "The sky just lit up," he recalled. He ran into the bunker to wake up the other two soldiers. Seconds later, it was hit with a rocket-propelled grenade. The force of the blast knocked him unconscious.

He awoke to a dull, throbbing pain. Shrapnel had pierced his helmet and lodged in his skull. One of the soldiers was curled on the ground, crying, the other lay nearby, his body mangled by the blast.

When the medical evacuation helicopters were able to land a couple of hours later, Paxson was flown to a field hospital where doctors removed the metal fragments from his head. He rejoined his unit three weeks later at base camp, but was unable to recognize many familiar faces.

One thread all Purple Heart

recipients share is the scar. Some carry visible reminders of their wounds. Others, painful memories of a day they can't seem to forget, no matter how hard they try.

In 1999, Congress made it easier for Purple Heart recipients to get medical care from VA. The Veterans Millennium Health Care and Benefits Act moved Purple Heart recipients higher in the seven-step priority system established for VA health care. The priority system determines which veterans would receive VA health care first, if Congress were ever to limit VA appropriations.

The Millennium bill moved Purple Heart recipients, who were previously in VA's priority groups four through seven, up to priority group three. It also authorized them to receive inpatient or outpatient medical services without having to make co-payments, though they still have to make the \$2 co-payment for each 30-day supply of prescription medicine for conditions not related to their military service.

On August 7, we celebrate the anniversary of the Purple Heart, the decoration that began as a badge of courage and has evolved into a symbol of sacrifice. □

By Matt Bristol

Annapolis Grads Take the Oath



VA Secretary Anthony Principi administers the oath of office to Deputy Secretary Dr. Leo Mackay Jr., as Mackay's wife Heather looks on.

Three of VA's new leaders are graduates of the U.S. Naval Academy. In a special ceremony at the Academy's Memorial Hall on July 6, they were sworn in by a fourth—VA Secretary Anthony Principi.

Graduates taking the oath of office from the Secretary (Class of '67) were VA's Deputy Secretary Dr. Leo Mackay Jr. (Class of '83); General Counsel Tim McClain (Class of '70); and Assistant Secretary for Public and Intergovernmental Affairs Maureen Cragin (Class of '85). Joining them were State University of New York graduate Robin Higgins, VA's Under Secretary for Memorial Affairs, a 20-year Marine Corps veteran.

Memorial Hall is the center of activities at the Academy and is dedicated to the memory of all graduates who have been killed in action while serving the United States. □

Texas Hosts 15th Golden Age 'Family Reunion'

It's like a big annual family reunion for folks who have discovered the secret to maintaining active, fulfilling lives well into their golden years. For those who participate in, volunteer with, and witness the National Veterans Golden Age Games, the value to the aging of regular physical activity, spirited athletic competition, and social interaction cannot be underestimated.

Marine Corps veteran Joyce Schondell, 64, a third-time participant in the Golden Age Games from Columbia, Mo., summed up the sentiments of many of her fellow athletes just before capturing a gold medal in the horseshoes competition. "I feel like the other athletes are part of my family to meet up with each year," she said.

Schondell was one of nearly 500 older veterans from 28 states who gathered in Duncanville, Texas, a Dallas suburb, for the 15th Golden Age Games June 9-15. The Games

were hosted by the VA North Texas Health Care System. Most of the athletic events were held on the sprawling campus of Duncanville High School.

Though many of these athletes are repeat participants in the Games, 20 of this year's newcomers were, at age 55, eligible to compete for the first time. And these "youngsters," as the older veterans call them, soaked up the experience with enthusiasm.

Frederick Kole, a Navy veteran from Northridge, Calif., said he had looked forward to his 55th birthday because he knew he'd be eligible to compete in the Games. He, along with several of his fellow 55-year-olds, said he was inspired to see the older veterans still competing and keeping their lives full.

Another newcomer is just a bit past 55, but he had to overcome a devastating health crisis to get to Duncanville. "The surgeon told me I would never walk again after my brain surgery," said Hans C. Nelson, 57, from Gainesville, Fla. At that moment, back in 1991, he made up his mind that he *would* walk again. His decision started him on a long journey of rehabilitation at the Gainesville VA Medical Center, where he progressed from a wheelchair to a walker to a cane, and in June, to participating in the Golden Age Games.

He joined Gainesville's team of five, believed to be the first Golden Age Games team from that



Charles Wynder (center), an Army veteran from Williamsburg, Va., and Oscar Johnson, an Air Force veteran from Detroit, compete in a croquet match as Teresa Parks, a recreation therapist at the Grand Junction, Colo., VA Medical Center, officiates.

facility, and competed in the pentathlon, croquet, shuffleboard and horseshoes. The combat-wounded Vietnam veteran served in the Army for 23 years.

This year's George Gangi Most Inspirational Athlete Award went to 74-year-old Clifford Junkins, of Holyoke, Mass. The World War II Navy veteran was nominated by his teammates from the Northampton VA Medical Center, who praised the integral role he's played on the team for more than a decade. He helps the team raise money to attend the Games, and cheers on his teammates from the sidelines at their events.

Junkins usually competes in swimming, table tennis, and bicycling, but a recent medical procedure kept him out of the pool this year. While he's collected his share of medals over the years, it's the opportunity to meet the other veterans that is most important to him.

"I am humbled when I see and visit with other veterans who have injuries much worse than mine, and see their courage to compete no matter how difficult it may be," Junkins said. "I have to ask, 'if they can do it, why can't I?'"

The VA Greater Los Angeles Healthcare System is gearing up to host next year's VA and Veterans of Foreign Wars-sponsored "family reunion." The 16th National Veterans Golden Age Games are set for August 11-18, 2002. □



Derek Saint, an Army veteran from Northport, N.Y., competes in swimming.



Carole Atkinson's canine helper keeps a watchful eye on the ball as she competes in table tennis. Atkinson is a Navy veteran from Deptford, N.J.

Donated Computers Open Doors of Opportunity

New Mexico veterans with a spinal cord injury, neurological problems or psychiatric diagnosis that limits their ability to function independently are learning how to use computers and even taking them home through the New Mexico VA Health Care System's Zia Assistive Computerized Technology (Z-ACT) Loaner Donor Program. Now in its fourth year, the program has provided more than 200 disabled veterans with computers they can use at home.

According to Z-ACT program director Suzanne Barslund, learning how to use computers and having the opportunity to take one home has a big impact on the lives of injured veterans. "We've seen significant increases in their feelings of self-worth as well as in their overall productivity," she explained.

"Computers can open a new world to injured veterans by allowing them to manage their own finances, stay in contact with family and friends via e-mail, access the Internet, return to school and participate in their community."

One of the first veterans to receive a computer under the Z-ACT program had multiple sclerosis and

was confined to a bed for more than four years. Barslund described how he used his computer to write a book about multiple sclerosis and then sold his story to a publisher.

He has since set up a business selling herbs over the Internet and uses his computer to track orders and print labels. "Many veterans have gone on to school, gone on to better jobs and stayed with them, or gone on to pursue goals they didn't think possible," Barslund said.

Some Z-ACT computers are donated from local businesses and members of the community, and then adapted with assistive devices so veterans with spinal cord injuries or other impairments can use them. Others are recycled from VA's Information Resources Management section. Computer-savvy volunteers assemble the hardware and then modify the operating systems to meet individual veterans' needs, like adding voice-activated programs that type as you speak.

Chief volunteer technician Jim Payne taught high-tech employee training at Phillips Semiconductor before being diagnosed with multiple sclerosis in 1990. He now supervises six volunteer techies in

the Z-ACT program. "We're opening up a new world for these guys," said Payne, who is on the board of directors for the Zia Chapter of the Paralyzed Veterans of America. He said he enjoys volunteering because it allows him to give something back. "VA treated me pretty good ... and I like to think that I can give something back."

"Community integration is the key here," noted Dr. Kurt Fiedler, chief of the Albuquerque VA Zia Spinal Cord Injury Unit. "When someone has a traumatic injury, or a disease like multiple sclerosis, they are often initially significantly removed from their community." The Z-ACT program strives to reintegrate injured veterans into their communities by teaching them how to use assistive devices to access computer and Internet technology—to go beyond perceived limitations and become more independent.

To be eligible to receive a take-home computer, veterans must have exhausted alternative funding sources and must participate in the Z-ACT treatment. For more information, call the Z-ACT Program in the Zia Spinal Cord Injury Center at (505) 265-1711, ext. 5139. □

Beetle Bailey Creator Visits Real Veterans



Patients at the Madison, Wis., VA Medical Center were treated to a Flag Day visit from Mort Walker, creator of cartoon soldier Beetle Bailey. Walker signed cartoons, posed for photos, shook hands, traded quips and expressed his personal thanks to the veterans for their contributions and sacrifices. He was accompanied by a six-foot, full-color, costumed version of his creation. The Beetle Bailey cartoon strip has been popular with newspaper readers for more than 50 years. It has an estimated readership of 200 million in 52 countries, according to its distributor, King Features Syndicate. At left, Walker and Beetle Bailey visit with patient Lewis Mize.

France Honors 85 Liberators at Dallas VAMC



Pierre Lepetit, Counsel General of France in Houston, presents a "Thank You, America" certificate to D-Day veteran Lynn Guilloud.

The memories of what they witnessed and survived that day on the beaches of Normandy are still vivid, even after nearly 60 years.

Atlanta native William L. Wilhoit was a relief officer on a landing craft tank delivering troops and heavy equipment to Omaha Beach on June 6, 1944. The young officer managed to save his ship after the captain was fatally wounded and incoming artillery shells set the vessel on fire.

Wilhoit, who received the Navy Cross and Purple Heart for his service, was one of four D-Day veterans who shared their personal stories during a special ceremony at the Dallas VA Medical Center on June 6. At the ceremony, held on the 57th anniversary of the Allied landing at Normandy, the French government honored Wilhoit and 84 other Texas veterans who helped liberate their country from Nazi occupation during World War II.

The Counsel General of France in Houston, Pierre Lepetit, presented the veterans with certificates of appreciation from his government. The certificate presentations followed a panel discussion during which Wilhoit and the three other veterans described their own war experiences to the audience.

Lynn H. Guilloud, who served as commander, 991st Engineer Treadway Bridge Company, said the war had the effect of "pulling everyone together. I think of everyone of my generation as a comrade."

Louis D. Wittkower Jr., noted that while the troops were generally well trained for the invasion, they were

not prepared for fighting in hedgerows, the thick lines of bushes that divided the fields of Normandy. They were a major problem for the Allied forces and caused many casualties.

Wittkower, who served as company commander, 38th Infantry Regiment, 2nd Infantry Division, was himself wounded in one of those incidents.

For Guy J. Hunter, who was a crewmember on one of the airplanes that

dropped paratroopers from the 101st Airborne Division over Normandy, D-Day was particularly harrowing. After dropping their troops, the planes flew re-supply missions and at one point, he recalled, a German shell ripped through the fuselage of the plane, narrowly missing him.

Alan Harper, director of the VA North Texas Health Care System,

said the program was the eighth in a series of quarterly Veterans Forums featuring veterans from different eras sharing their wartime experiences with employees, patients, volunteers and visitors. He said the forums have been well attended, and the reaction to them has been positive.

"The forums represent an opportunity to hear first hand living histories of the people we serve," said Harper. "These are veteran stories told about their experiences in significant wartime events. We began them to increase awareness, sensitivity and motivation among our employees, and all indications are that we have been successful."

The "Thank You, America" certificate from the French government is available to any living veteran who served on French territory, or in territorial waters or airspace, between June 6, 1944 and May 8, 1945. Veterans can apply for the certificate online at www.ambafrance-us.org/shot2.htm. □

NCA Employee, Wife Spend Vacation Repairing Markers

A genealogical search brought Bill Blackwelder and his wife Sharon to Vicksburg, Miss., last year, where they came upon an appalling site at the city-owned cemetery—more than 200 veterans' headstones that were dirty, crooked, sunken, even broken. They were supposed to memorialize soldiers who fought from the Civil War through the Korean War.

The Florida National Cemetery employee could not tolerate this situation, and the couple decided to remedy it. They took more than a week's vacation at the end of June and up to July 4 to wash and straighten stones and set 40 new ones they ordered to replace those that were not repairable.

Previously, Blackwelder had even glued some of the stones together. Florida National, in Bushnell, secured the cooperation of the city of Vicksburg to identify stones to be replaced, and Blackwelder's colleagues helped prepare and submit the paperwork to order the new stones from the National Cemetery

Administration's Memorial Programs Service. The Civil War-era stones are for Confederate soldiers, Blackwelder explained, since Union soldiers were buried at the nearby Vicksburg National Cemetery, now operated by the National Park Service as a historical facility.

He said the 400-acre city facility, Cedar Hill Cemetery, has only four employees to maintain it and to perform burials, so the Blackwelders' assistance in the project was much appreciated. In fact, their renovations were celebrated as part of official city functions for the Fourth of July holiday. Blackwelder obtained some of the identifying information needed to order the new headstones through research at a local museum and by contacting the Daughters of the Confederacy.

Both the start and July 4 culmination of the project brought local news media attention to Blackwelder and Florida National Cemetery. Perhaps ironic, perhaps fitting: Vicksburg fell to the Union on July 4, 1863. □

New Veterans Employment Program Established at VA

A new program in VA's Office of Human Resources Management will focus on providing more employment opportunities for veterans in the Department and ensuring that they receive appropriate preference in the competitive hiring process. The National Veterans Employment Program's emphasis will be on identifying and recruiting a highly qualified pool of veteran candidates to be considered for key positions throughout VA, according to its director, Willie L. Hensley.

Currently, VA employs about 60,000 veterans, which represents about 27 percent of the workforce. The new program will be linked to VA's strategic goals, according to Hensley, the former director of VA's Center for Minority Veterans. "The implementation plan will complement VA's strategic and enabling

goals in that the emphasis will be placed on providing employment opportunities to disabled veterans, assisting active duty military in their transition to the civilian workforce, and developing a competent, committed and diverse workforce that will provide high quality service to veterans and their families," he said.

Letters announcing the new program have been sent to veterans service organizations and community-based groups around the country. Meetings with the Department of Labor and the Office of Personnel Management also are being planned to ensure government-wide implementation of veterans' preference guidelines and directives. The support of hiring officials, said Hensley, will be a key element in the success of this program. □

NCA Hosts National Conference



Under Secretary for Memorial Affairs Robin Higgins addresses NCA conference attendees.

"I also come to you as a customer, if you will," said Under Secretary for Memorial Affairs Robin L. Higgins in her first forum with national cemetery directors, the National Cemetery Administration (NCA) conference June 24-29 in Scottsdale, Ariz.

The newly confirmed administration head explained that when her murdered husband's body was returned to the United States from Lebanon in 1991, she buried Col. Rich Higgins at Quantico, Va., National Cemetery. She learned first

hand then, and through repeated cemetery visits, about VA's mission to honor veterans in perpetuity.

Higgins and Secretary Anthony Principi praised NCA employees for their success in providing quality burial services, as proven in a survey of next of kin last year. The American Customer Satisfaction Index (ACSI) results showed a 93 out of 100 approval rating from those who had buried loved ones in national cemeteries six months to a year earlier.

Commenting on NCA's plans to expand existing properties and build more national cemeteries, the Secretary said, "Land use has always been a hot topic. We have to find new ways to identify what a gravesite is." Attendees learned that, in response to the growing need for veterans' burial space, future new VA cemeteries are likely to open with small sections available for burials two years or more before construction is completed.

Some 175 cemetery directors, Memorial Service Network and VACO staff participated in workshops and plenary programs and visited the host National Memorial Cemetery of Arizona in Phoenix. □

In Memoriam

Joe Gelsomino, Ph.D., an administrator, clinician and pioneer in VA's Readjustment



Gelsomino

Counseling Service, died in his home May 26. A Vietnam War veteran, he joined Readjustment Counseling

Service at its inception in 1979, when the organization was called Operation Outreach.

He started his 22-year VA career as a team leader with the St. Petersburg, Fla., Vet Center, and went on to serve as manager of Vet Center Region 3-A (Southeast), chief clinical field manager-East, and acting regional manager for Vet Center Region 1-A (Northeast). He was a subject-matter expert in the development of VA's clinical guidelines for treatment of depression and post-traumatic stress disorder, and in late 2000, was selected to co-chair the VA Under Secretary for Health's special committee on PTSD.

Gelsomino "was a pioneer in developing and actualizing readjustment counseling services for combat veterans, of which post-traumatic stress disorder is a component," noted Dr. Alfonso Batres, chief of Readjustment Counseling Service. "Joe was a guiding light for many of us, a good teacher and humanitarian. His spirit will always be with the program, and he will be missed."

A native of Buffalo, N.Y., Gelsomino received his bachelor's and master's degrees from Syracuse University while enrolled in ROTC. He was commissioned as a second lieutenant in the U.S. Air Force in 1966 and commanded a combat security squadron in Vietnam. He went on to study counseling psychology and was awarded a Ph.D. in 1973. He is survived by his wife Helen and three adult children. □

'Meet the Press' Host Visits San Francisco VAMC

NBC News Washington Bureau Chief Tim Russert participated in a lively discussion with staff and medical residents at the San Francisco VA Medical Center (VAMC) on the issues of the news media versus health care privacy during a visit there in May.

The "Meet the Press" host, a personal friend of Associate Chief of Medical Service Lawrence Tierney, M.D., was a guest speaker at the medical center's Residents Report. As a teaching hospital, the VAMC conducts these daily meetings at which the attending physicians and residents discuss a patient's health and treatment as a learning tool.

A seasoned national journalist, Russert discussed the inevitable conflicts between the right to privacy for presidents and presidential candidates and the public's right to know. His remarks were peppered with humor



San Francisco VAMC's Associate Chief of Medical Service Dr. Lawrence Tierney, left, with his friend Tim Russert during Russert's recent visit to the facility.

and stories about the men who have campaigned for the presidency and their respective health issues. On "Meet the Press," Russert has pressed many politicians and candidates about their health. He also reviewed past presidents' struggles with their health, including President Woodrow Wilson's debilitating stroke and President Franklin Roosevelt's crippling polio, and the role played by the news media of their day.

Russert took questions from the residents, and emphasized that he believes the public does have a right to know about health conditions that may affect a

president's ability to carry out the duties of the job. He also praised VA's health care providers for the care they give veterans, and paid special tribute to those who care for the group Russert's colleague Tom Brokaw called "the Greatest Generation"—the nation's WW II vets. □

Does Life Begin With Retirement?



Leon Sanchez (left), treasurer of the VA Alumni Association, greets John Fales, guest speaker at a recent association meeting. Fales writes the Sgt. Shaft column for the Washington Times.

We've all heard the old adage "Life begins at 40," and that may be true, but many former VA employees will tell you that life begins when you retire.

At a recent luncheon meeting of the VA Alumni

Association, a group of some 50 VA retirees heard a presentation by Stephen Barr, columnist for the *Washington Post's* Federal Diary. A lively and informative discussion followed, and Barr is just one of the many diverse speakers who have addressed this group. Other recent speakers have included Mike Causey of PlanetGov.com, Rep. Connie Morella (R-Md.), *Washington Times* columnist John Fales (Sgt. Shaft), and former VA officials Everett Alvarez and Tom Harvey.

The VA Alumni Association was created during the tenure of former VA Administrator Sumner G. Whittier (1957-1961). Under the leadership of its first president, Arthur Farmer, a constitution and by-laws were adopted on January 5, 1959.

Life membership in the VA Alumni Association is available, upon retirement, for \$25. Members also have the option of making an annual dues payment of \$4. Guests are always welcome, for the cost of the luncheon.

Meetings are held quarterly at the Pier 7 Restaurant of the Channel Inn in Southwest Washington, D.C. For more information on the VA Alumni Association, contact Leon Sanchez at (703) 451-7529 or Jim Derhaag at (703) 820-8436. □



Dr. Judy Yee, radiologist and researcher at the San Francisco VA Medical Center, demonstrates virtual colonoscopy.

Study Shows Virtual Colonoscopy Has Advantages Over Invasive Procedure

The concept of a virtual colonoscopy sounds far more appealing than the standard invasive procedure, and a new study conducted by San Francisco VA Medical Center and University of California at San Francisco (UCSF) researchers shows the virtual method works just as well, and is faster and safer, too. The virtual method's appeal lies in its use of a CT scanner, which produces a 3-D image of the interior surface of the colon in about a minute—an image a radiologist can rotate or enlarge to get a close-up look at suspicious areas. Compare that to the standard, invasive colonoscopy, which involves snaking a long tube-shaped camera through the length of the colon, a procedure that can take between 30 minutes to an hour, not including time required to recover from sedatives.

“Since virtual colonoscopy requires no anesthesia, has a lower risk of complications such as perforation or bleeding, and may be better tolerated by patients, we hope it will increase the number of people willing to come in for screening,” said lead author Dr. Judy Yee, radiologist and researcher at the San Francisco VA Medical Center. Though the American Cancer Society recommends colon cancer screening for people 50 and older, Yee said less than 40 percent of those eligible actually get checked for pre-cancerous polyps.

Among the 300 patients in the study, the largest series published so far, virtual colonoscopy identified 90 percent of the large polyps found using the standard colonoscopy procedure. More importantly, virtual colonoscopy identified every patient with clinically significant polyps. Co-authors of the study include: Geetanjali Akerkar, M.D., a gastroenterologist; Kenneth McQuaid, M.D., a gastroenterologist and associate professor at UCSF; Raymond Hung, M.D., radiology fellow; Andreas Steinauer-Gebauer, M.D., radiology fellow; and Susan Wall, M.D., radiologist and UCSF professor of radiology.

Cholesterol-Lowering Drug Linked to Reduced Likelihood of Stroke

Findings from a study called MIRACL (Myocardial Ischemia Reduction with Aggressive Cholesterol Lowering) show giving the cholesterol-lowering drug Lipitor to patients admitted for acute coronary syndrome significantly reduces their likelihood of experiencing a non-fatal stroke within the following four months, typically a critical recovery period.

“The most interesting and unexpected observation in the study was that the drug reduced by 50 percent the number of strokes in these patients within just four months,” said principal investigator Gregory Schwartz, M.D., Ph.D., chief of Cardiology at the Denver VA Medical Center. “And these were patients who were hospitalized with warning symptoms of a heart attack, not a stroke. Therefore the significant reduction in strokes within such a short period of time is notable.”

Lipitor is a class of drug that inhibits an enzyme in the liver responsible for cholesterol metabolism in the body. In the MIRACL study, 3,086 patients were given either 80 milligrams of Lipitor or a placebo from one to three days after experiencing an acute coronary syndrome.

They took the drug for up to four months. Researchers found the drug reduced the likelihood of stroke, regardless of age, gender, or other risk factors like high blood pressure or diabetes, while lowering patients' LDL-cholesterol level from an average of 123 mg/dL to 72 mg/dL.

The study's initial results were announced last year during the 73rd Annual Scientific Sessions of the American Heart Association, and the findings published in the April 4, 2001, issue of the *Journal of the American Medical Association*.

Little Rock Doctors Develop Infrared Device to Peer Beneath Skin

If your veins are hard to locate, needle-wielding nurses trying to draw blood or administer an IV can wreak havoc on your arm. Dr. Louis Fink, the product line manager for Diagnostic Services in VISN 16 (Jackson, Miss.) who works at the Little Rock, Ark., VA Medical Center, knows just how hard it can be.

He once watched as a colleague jabbed an IV needle completely through his vein. “I thought, there's got to be a better way to do this,” he said. “After Desert Storm, I figured if you could see all those things in the sky [with night vision], we should be able to locate a vein.”

He joined forces with Drs. Milton Waner and Stephen Flock, of the Arkansas Children's Hospital, to develop a better method of locating veins. Using the military's high-tech night-vision systems as a model, the trio developed a device that uses infrared light to peer beneath the skin.

To build it, they stripped infrared light-emitting equipment from an old TV remote control and hooked the lights to a tiny video camera. The camera was then mounted on an old surgical headset and linked to a visor from a virtual-reality home video game. As the camera captured images, they were processed and enhanced by microchips and other computer parts from a video home-editing kit, and then fed into the visor.

The whole system was powered by a 12-volt battery and cost about \$900 to build. They call their invention the veinfinder and it could soon be coming to a medical facility near you—Portland, Maine-based Syris Medical recently secured manufacturing rights for their invention. □

HONORS and awards



Seth Opeil, a youth volunteer at the **Wilkes-Barre, Pa., VA Medical Center**, received a \$5,000 Youth Volunteer Scholarship from the Disabled American Veterans. Eighteen-year-old Seth is the son of **Diane Opeil**, a management analyst at the medical center, and began volunteering in 1996. "Our veterans love Seth," said **Pat Iorio**, chief of Voluntary Service. "He thanks them for their service and listens to them, he's interested in hearing about their past, and he never walks into your presence without a smile on his face." Over the past year, Seth received a monetary award for the Veterans of Foreign Wars' "Voice of Democracy" oratory program and a Meritorious Award from the American Legion. He is also a charter member of the World War II Memorial Society, and during a weekly radio show that he voluntarily hosts, he encourages listeners to make a contribution to the World War II Memorial.

This year, Duke University Medical School presented its Eugene A. Stead Award for Teaching Excellence to two VA physicians, **Sheri Keitz, M.D.**, associate chief of staff for Education, and **Kenneth Goldberg, M.D.**, medical director of Emergency Care, at the **Durham, N.C., VA Medical Center**. Staff from the medical school nominate faculty for the award.

The **VA Voluntary Service National Advisory Committee** has named VA's Volunteers of the Year.

Katherine Arnold began volunteering at the **Edith Nourse Rogers Memorial VA Medical Center** in Bedford, Mass., in 1959, and has since logged more than 32,750 volunteer hours. For her dedication and commitment to helping veterans, Arnold was named VA's female volunteer of the year. A lifelong advocate for veterans, **Ira Coutermarsh** has logged more than 36,000 hours volunteering at the **White River Junction, Vt., VA Medical and Regional Office Center**. He staffs the Information Desk from 6:30 a.m. to 2:00 p.m., Monday-Thursday, and often receives phone calls at home pertaining to the medical center. His tireless efforts led to his being named VA's male volunteer of the year.

Duane Sells, chief of Environmental Management Service, and **Theresa Larson**, an inventory management specialist and recycling coordinator, both from the **Fargo, N.D., VA Medical and Regional Office Center**, were presented the VA "Closing the Circle" award for their accomplishments in recycling, reusing and reducing waste through their Environmental Outreach Program.

The Southern Regional Sickle Cell Association presented **Lillian Riddick, Ph.D., R.N.**, an adult nurse practitioner in the VA Connecticut Healthcare System, with the Howard A. Pearson Award. The award, named in honor of Howard A. Pearson, M.D., a pediatric hematolo-

gist, is given to an individual who exemplifies the association's commitment to providing education, screening, counseling and support services to people with sickle cell disease and the trait.

The Texas Governor's Committee on People with Disabilities named the **Amarillo VA Health Care System** as Federal Public Employer of the Year for employing, empowering and promoting the talents of people with disabilities. Medical center statistics show approximately 10 percent of the 705 people employed by the Amarillo VA are disabled. The medical center has partnered with Texas Panhandle Mental Health and Mental Retardation and other organizations to match potential applicants with jobs at the VA. "It's a win-win situation," said Veronica Kahn, equal employment opportunity and affirmative action program manager, referring to how both the medical facility and the disabled employees benefit from the partnership.

Yvonne E. Smith, R.N., a clinical nurse specialist and diabetes educator in the **VA Greater Los Angeles Healthcare System**, was awarded NurseWeek magazine's Nursing Excellence Award in Community Service. Smith was selected from an applicant pool of more than 210 nominees and 52 finalists representing the full spectrum of nursing specialties. A nurse since 1962, she became a certified diabetes educator 30 years later, in 1992, and found a niche working with homeless veterans. She initiated a stand down program to help homeless veterans, and every year since 1990, she has gone door-to-door in her neighborhood to gather

clothing for a homeless shelter in downtown Los Angeles. She attends community health fairs to teach healthy living and glucose self-testing, and provides quarterly health care and diabetes screening for members of her church.

Steven Kahn, M.D., director of Research and Development at the **VA Puget Sound Health Care System** and associate director of the Diabetes Endocrinology Research Center at the University of Washington School of Medicine, was one of two researchers from U.S. institutions to receive the "Novartis Award in Diabetes" for outstanding contributions to diabetes research. Kahn, who received the Young Investigator Award, is on the frontlines of research examining the complex relationship between insulin resistance and pancreatic beta-cell function in the development of type 2 diabetes.

Gary Krump, deputy assistant secretary for **Acquisition and Materiel Management** in **VA Central Office**, was elected Vice Chair of the Procurement Executives Council. The council is composed of senior procurement executives from throughout the federal sector.

Frederick H. King, director of the **Little Rock, Ark., VA Regional Office**, was named Veteran Small Business Advocate of the Year. As director, he oversees a partnership with the Small Business Administration (SBA) that ensures veteran entrepreneurs have the best possible access to capital and management assistance. During the year 2000, he assisted SBA with several special projects to foster entrepreneurial opportunities for disabled veterans. □

HAVE you heard

Johnny Bragg never refers to his position as team leader at the **Morgantown, W.Va., Vet Center** as “just another job.” He says the combat veterans who walk through the vet center doors are a source of strength. “No matter what happened to you during the war, you always felt like you left your friends behind,” said Bragg, who served as a Huey helicopter door gunner in Vietnam. “The center lets me feel like I can go back and help my friends. It’s like I’m finally completing my tour of duty.” From 1994 to 2000, the number of veterans visiting the vet center jumped from 2,500 to more than 10,600—veterans from World War II, the Korean War, Vietnam and Desert Storm. “It doesn’t matter what war you fought in,” said Bragg, “it’s all the same. War is trauma. Nobody who goes to war comes back the same.” Because of all he does to help area veterans seeking readjustment counseling, this spring Bragg was voted one of the 100 most influential people in Morgantown.

VA physicians were the lead authors in updating Handbook for Dialysis, a standard reference for medical professionals on the care and treatment of dialysis patients. The new edition includes current information on drugs and relevant dosing recommendations, and new study findings in the field of dialysis. The previous edition was more than six years old. The handbook is written to help readers understand the underlying concepts of dialysis, and doesn’t require

an extensive knowledge of chemistry or physiology, according to the authors. The pocket-sized handbook is intended to provide practical, on-the-spot, specialized information for clinicians. VA authors of the Handbook for Dialysis, Third Edition, include **John T. Daugirdas, M.D.**, associate chief of staff for Research at the VA Chicago Health Care System, Westside Division, and **Todd S. Ing, M.D.**, from the Hines VA Hospital.

About eight to 10 percent of women who have served or are currently serving in the military suffer from post-traumatic stress disorder (PTSD). Nevertheless, most studies on PTSD tend to overlook women. But that’s about to change. On July 1, a five-year nationwide psychotherapy research study called “Cognitive-Behavioral Therapy for Treatment of PTSD in Women” began. **Paula Schnurr**, Deputy Director, and **Dr. Matthew Friedman**, Director, of the **VA National Center for PTSD** at the White River Junction, Vt., VA Medical and Regional Office Center, are leading the study. Findings will be used to identify the best treatment methods and future research approaches for PTSD.

When a veteran told employees in the Veterans Rehabilitation & Education (VR&E) Service at the **Houston VA Regional Office** about an apartment complex in southwest Houston with space residents were hoping to use as a computer lab but that they had no computer

hardware, the VR&E staff took on the task of building a computer lab for the complex’s 1,200 residents. They enlisted the support of employees in the regional office’s Information Technology section and work-study students, as well as employees from the **Houston VA Medical Center**. Together, the team located old parts, equipment and enough supplies to assemble 20 computers. On the day the lab opened, more than 100 children lined up to use the computers. Adult classes are

now being offered to help the complex’s residents learn the skills they’ll need to be competitive in the job market.

VA has selected two new centers to specialize in studying war-related illnesses among military patients and veterans. Called “Centers for the Study of War-Related Illnesses,” the first sites will be located at the **Washington, D.C.**, and **East Orange, N.J., VA Medical Centers**. Finding effective prevention and treatment will be the centers’ primary focus. □

‘Reactivating’ Elderly Veterans



“Easy Street” at Hines, Ill., VA Hospital’s new Reactivation Center for elderly veterans.

The **Hines, Ill., VA Hospital** received its single most generous program development donation recently. The veterans service organization AMVETS (American Veterans of WW II, Korea and Vietnam) donated \$3.5 million to build and support a “Reactivation Center” where elderly veterans can recover from disease or injury and learn how to maximize their physical capabilities.

The Reactivation Center is located in the hospital’s nursing home wing and offers advanced inpatient and outpatient rehabilitation services to help elderly veterans maximize physical function, minimize the length of inpatient hospital stays, and facilitate smooth re-entry into the community. One unique feature of the center, called “Easy Street,” is a replica of a village main street with shopping facilities and a gas station.

This street is anything but easy, though. It holds a number of obstacles that replicate everyday challenges faced by elderly veterans. In the center, they can learn how to overcome these obstacles under the supervision of professional therapists. The Center was dedicated July 20.

HEROES



As he walked out of his apartment complex early one morning, **Harry L. Thomas**, a caretaker at the **Riverside, Calif., National Cemetery**, saw an elderly tenant lying on the ground between some bushes. He approached the man and saw that he was unconscious and covered with ants. He quickly ran to the nearest apartment and asked the tenants to call 911, then hurried back to the victim to brush away the ants and position him so he could breathe more easily. When the paramedics arrived, they prepared the victim for transport and thanked Thomas for his help. The victim had suffered an apparent heart attack.



Drs. Marisela Scher and **Esteban Quirarte**, primary care physicians at the **El Paso VA Health Care System** in Texas, were flying to a transplant conference when a medical emergency unfolded. Flight attendants had noticed that a young man in his mid-twenties had not been feeling well. They asked if there were any medical personnel on board and Scher and Quirarte immediately responded. Despite the tight quarters, they worked together to assess the patient, who was experiencing shortness of breath and chest pains. Working with limited medical supplies provided by the airline, the physicians triaged the young man and started an IV. They were two hours away from Chicago, the flight's destination, but only minutes from Amarillo. The

doctors had the plane diverted to Amarillo and upon landing, were met by medical personnel and an ambulance that immediately transported the young man to the local civilian hospital. Not done yet, the two physicians met with flight attendants after they resumed their flight to critique the situation in an effort to better prepare the airline for similar future incidents.



When **Dale L. Cook Sr.**, saw a man running down the middle in the highway carrying a limp child cradled in his arms, he knew something was terribly wrong. Though several cars had already sped by, Cook, who works as a carpenter in the Facilities Management Service at the **Martinsburg, W.Va., VA Medical Center**, immediately stopped to see if he could help. When he pulled over and got out of his car, the man ran up and threw the child at him. The boy's eyes were rolled back in his head and his face was turning blue. Cook knew right away that the boy was choking. By this time, two other motorists had stopped. With their help, Cook was able to dislodge a large piece of candy stuck in the boy's throat and blocking his airway.



VA Police Officer **Ann Kirkaldy** was on a routine foot patrol at the **VA Ann Arbor, Mich., Healthcare System** when she received a call alerting her to a disruptive patient in the visitor's parking

garage. She rushed to the scene and found a man standing on the top ledge of the four-story structure, threatening to jump. Psychiatric nurses stood nearby, pleading with him to step away from the ledge, but he was clearly disturbed and appeared ready to take his own life. Speaking calmly, Kirkaldy convinced the man to step back. As he did, she lunged forward to grab him. He was big, about 6 feet 3 inches, and weighed as much as 280 pounds, which made it difficult for the 5-foot-6-inch, 110-pound police officer to hold on. Other employees helped get the man under control and move him to the Urgent Care area for treatment.



Police Officer **Norm Faas**, from the **VA Pittsburgh Healthcare System**, was driving home from work when he encountered a high-speed accident in which a minivan slammed into the back of a tractor-trailer. The impact completely crushed the passenger side of the van. The van's driver jumped out screaming and bleeding from a deep cut to his right forearm. Faas ran to the van and saw an unconscious passenger in the front seat who was wedged between the dashboard and the seat. As he tried to slide the man out, he noticed the van's engine compartment was on fire. By this time traffic had backed up, so he ran to a tractor-trailer stuck in traffic to get a fire extinguisher. He quickly put out the engine fire but was still unable to free the man trapped in the passenger seat. Suddenly, he had an idea. He used to coach hockey and still had an old graphite hockey stick in his car. He grabbed the stick and used it to pry the dashboard

away from the seat and slide out the injured passenger.



Tom Little was grilling hamburgers and hot dogs with some friends during a fun-filled Saturday picnic at Onota Lake when a runaway car crashed their party and plunged into the lake. Little, a mason from the **Northampton, Mass., VA Medical Center**, dropped his spatula and joined a group of bystanders racing to save two elderly women trapped inside the sinking vehicle. The women, who were pulled through the car's windows and lifted to safety, were wet and slightly shaken but not seriously injured.



A group of VA chaplains pulled together to care for one of their own during the annual National Conference of Veterans Affairs Catholic Chaplains. It happened when one of the attending chaplains fell through a glass window one night. Not only was he bleeding profusely from cuts to his face, hand and leg, but he also was locked out of the retreat house where his colleagues were staying. He managed to locate a pay phone and call 911. However, the ambulance arrived at the wrong location on the property. **Chaplain Bob Borre**, of the **VA Chicago Health Care System**, chased down the ambulance and directed it to the correct location, while **Chaplain Gerry McNulty**, of the **Las Vegas VA Medical Center**, remained with the injured chaplain. **Chaplain Bill Vander Heyden**, of the **North Chicago VA Medical Center**, went to the hospital and spent the day supporting his injured colleague as he underwent surgery. □