



U.S. DEPARTMENT OF VETERANS AFFAIRS

Vanguard

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Veterans' Cemeteries

Keeping the promise to
veterans, families — page 10

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On the cover:

Dallas Hudgens, far right, hands a property deed to VA Secretary Anthony Principi in the Capitol Hill office of Sen. Max Cleland (D-Ga.), center. Hudgens' late father Scott, a World War II veteran, donated the land for a national cemetery near Atlanta. Also pictured are Rep. Bob Barr (R-Ga.), second from left, and Pete Wheeler, commissioner, Georgia Department of Veterans Service.

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INTRODUCING

Robert Cochran

Images of teary-eyed students holding candlelight vigils to mourn victims of school violence are searing our national conscience. Nearly half the nation's high school students can easily obtain guns and more than one in five boys has actually taken a weapon to school in the past year, according to a nationwide survey conducted by the nonprofit Josephson Institute of Ethics released early last month.

Thankfully, community volunteers like Robert Cochran are working to curb the violence by steering kids away from the dangers of drugs and gangs, and toward responsibility and recognition of the consequences bad decisions can have.

"I want them to be able to make the right choices," explained Cochran, a police officer with the VA Gulf Coast Veterans Health Care System. "I want them to know that when they make a positive choice, it has positive benefits."

He points to public school problems of the 1950s to illustrate just how quickly things have deteriorated. "It used to be kids cutting in line, speaking out of turn, or running in the hallway. Now it's pregnancy, drugs, suicide and assault."

Officer Cochran is a Gang Resistance Education and Training (GREAT) instructor. He was certified in 1996 while serving with the U.S. Navy and was the first sailor to complete the training course. He now spends his free time talking to elementary and junior high school students about potential troubles they could face as teenagers in America.

There are specific lessons for the 12-, 13- and 14-year-olds. He visits

their classes once a week under the nine-week GREAT program to talk about gang involvement, substance abuse, conflict resolution, prejudice and identifying potential problems—very real issues for today's kids.

The younger elementary school students follow a structured curriculum too. But Cochran also encourages the youngsters to set high expectations and follow their dreams. "I want to get them looking at their future, build them up, tell them they can be biologists, astronauts, senators, anything they want to be—but they've got to work hard for it."

According to Belinda Damman, principal of Cherokee Elementary School in Pascagoula, Miss., where Cochran volunteers, his efforts are having an impact. "One thing he does to make it really special is that he develops a relationship with the students," she said. "He becomes someone they can trust, someone they can talk to. They can use him to help make better decisions—

and they do."

The GREAT program started in 1991 as an effort by the Phoenix Police Department to warn local kids of the dangers of gang involvement. It attracted the attention of the Bureau of Alcohol, Tobacco and Firearms and has since blossomed into a national program involving more than 2,300 police officers in 48 states, Canada, Puerto Rico and various military bases around the world.

"As far as I know, I'm the only GREAT instructor in the VA system," said Cochran, "but I'd like to see other officers getting involved." ▣

By Matt Bristol



Anthony J. Principi,
Secretary of
Veterans Affairs



Five years ago, while on her way to a Memorial Day observance in Washington, D.C., Carmella LaSpada, the founder and director of No

Greater Love, a Washington-based humanitarian organization dedicated to memorializing and remembering those who fall in service to this nation, asked a group of children what Memorial Day meant to them.

Their answers were unanimous: "That's the day the pools open and summer begins." That response concerned Carmella, but her concern quickly turned to resolve. She pledged to restore informed and meaningful active participation in Memorial Day observances across the country through a program she called "Moment of Remembrance."

Her idea was to begin a public awareness campaign that would rally Americans around one small minute, a moment of public silence to remember those men and women who have made the ultimate sacrifice for our nation. Her goal was to begin a campaign in 1997 that would eventually stop all Americans at 3 p.m. on Memorial Day wherever they were—baseball games, shopping malls, listening to the radio—to share a national Moment of Remembrance.

Though her organization is small and her resources limited, Carmella never gave up. She enlisted the endorsement of various organizations, including VA. She was assisted by the U.S. Marine Corps and National Guard.

She established Moment of Remembrance candle-lighting ceremonies with governors in many state capitols. She distributed recordings of taps for radio stations to use in announcing the program. Big-league baseball adopted the program

Pause for a Memorial Day 'Moment of Remembrance'

and major league games stopped to salute veterans during Memorial Day play. Two hundred Amtrak trains blew their whistles. She had many successes, but knew she needed a truly national venue for the program to capture the imagination and spirit of all citizens.

Late last year, Congress passed the Moment of Remembrance Act, designating "3 p.m. local time on Memorial Day each year as the National Moment of Remembrance, in honor of the men and women of the United States who died in the pursuit of freedom and peace." The act also established the White House Commission on the National Moment of Remembrance to coordinate and encourage commemorative events on Memorial Day, and the Remembrance Alliance to assist the commission in promoting observance of the Memorial Day holiday.

As Secretary of Veterans Affairs, I am proud to be VA's first member of the White House Commission on the National Moment of Remembrance, along with leaders of other govern-

ment agencies and from the private sector. The commission's purpose incorporates one of VA's key strategic goals: to "honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the nation."

You will be hearing more about the Moment of Remembrance as Memorial Day approaches. You will be asked to implement it in your own facility's Memorial Day observances and to carry it into your community and encourage its adoption at all public locations.

To pause for a Moment of Remembrance may seem to some an empty gesture. Those of us in VA know it is not. Each of us, as Americans, must stir up our hearts and memories to ensure the sacrifices of those we honor have not been in vain. The fallen are still with us and must not be forgotten. They continue to live in the constitutional rights we enjoy. Each child should be able to say: "I know why I am free and I know who sacrificed their lives for my freedom." □

VA Names Cyber Security Chief

VA has joined a handful of federal agencies that have hired a senior executive to lead their efforts to secure agency computer systems. Bruce A. Brody is the Department's new Associate Deputy Assistant Secretary for Cyber Security.

Most recently, Brody served as director of the Information Superiority Investment Strategy for the Department of Defense (DoD), where he guided investment strategy recommendations for the Department's \$50 billion annual expenditure for information resources.

Prior to that, he served as a special assistant for Web security and public key infrastructure for DoD's Deputy Chief Information Officer. Brody's career has also included positions with the Defense Information Systems Agency, Honeywell Federal Systems Inc., and the Defense Intelligence Agency.

Reviews by the Inspector General (IG)'s office and the Government Accounting Office have identified a number of computer security weaknesses throughout the Department. Last summer, hackers hired by the IG's office were able to get access to VA's information systems without being detected. In his new position, Brody is responsible for all information security issues throughout the agency. □

Details of 2002 Budget Proposal Released

The administration's proposal reflects three priorities: improving the timeliness and accuracy of claims processing; ensuring that veterans receive high-quality health care; and maintaining veterans' cemeteries as national shrines.



VA Acting Assistant Secretary for Financial Management Mark Catlett leads a briefing on the FY 2002 budget proposal in VA Central Office.

Details of the \$51.7 billion budget proposed for VA in fiscal year 2002 were released last month. Secretary Anthony Principi said the administration's proposal reflects three priorities: improving the timeliness and accuracy of claims processing; ensuring that veterans receive high-quality health care; and maintaining veterans' cemeteries as national shrines.

The budget proposal allocates \$22.3 billion for health care, a \$1 billion increase in estimated spending for health care compared to this year's budget. This figure includes nearly \$900 million collected from third-party health insurance and co-payments from veterans.

The new funding level will allow VA to provide medical care to about 4 million patients, including 41 million outpatient visits and 681,000 hospitalizations. The budget projections assume that 65,000 of the 240,000 military retirees over the age of 64 who are currently enrolled in VA's health care system will switch to the recently expanded TriCare

program offered by the Department of Defense. Also included in the health care portion of the budget request are an extra \$196 million for long-term care, \$164 million more to improve patient access, and \$360 million for research projects.

The administration's budget requests \$28.3 billion for compensation, pension and other entitlement programs administered by VA. Funding is requested to hire 890 more full-time employees to help the Department handle the anticipated workload increase triggered by some key pieces of legislation passed last year.

The "duty to assist" law increases the assistance VA can provide veterans to help them with applications for disability compensation and pensions. The new rules will require VA to review 98,000 cases that were previously denied, plus another 244,000 cases that were pending when the legislation passed.

VA's decision in January to add Type 2 diabetes to the list of diseases presumed to be associated with Agent Orange exposure is also

expected to cause a dramatic increase in workload. About 105,000 applications for disability compensation are anticipated under these new rules in fiscal year 2002.

And the increased workload is likely to result in an increase in the amount of time needed to process claims. In fiscal year 2002, the average claim is expected to take 273 days to handle, compared to 202 days this year. However, VA has begun immediate efforts to stem the worsening claims processing backlog.

The budget proposal requests \$121 million, \$12 million more than the current funding level, for VA's national cemeteries. It doubles to \$10 million the spending dedicated to upgrading the cemeteries. Funds will be used to renovate gravesites and to clean, raise and realign headstones and markers.

The request also includes funding for land acquisitions for new cemeteries in the Detroit, Pittsburgh and Sacramento areas; development of a new cemetery in Atlanta; design of a new cemetery in Miami; and columbaria expansion and improvements at the Massachusetts National Cemetery in Bourne, Mass., and the Tahoma National Cemetery in Kent, Wash.

Here are some other highlights of the FY 2002 budget request:

- VA is replacing its accounting and logistics computer systems with "coreFLS," or "core financial and logistics system," which replaces other computerized and manual systems. It will be supported by funds from other offices.

- A Department-wide evaluation of all information technology systems is underway, designed to ensure that critical computer systems can communicate both within VA and with other federal agencies.

- A total of \$441 million is requested for VA construction programs, including the cemetery projects mentioned above, and an emergency electrical project at the Miami VA Medical Center. Also included in this funding request is \$115 million to begin implementing the Capital Asset Realignment for Enhanced Services (CARES) recommendations. □

Claims Processing Task Force Begins Work

VA Secretary Anthony Principi has made it clear that one of his top priorities is to make the processing of applications for veterans' benefits faster, easier and more accurate. He took the first major step toward that commitment on April 16 when he signed a charter establishing a special Claims Processing Task Force, and welcomed the group at their first working session.

"I believe it may be necessary for VBA to wage its own war on the backlog of claims standing between America's veterans and the benefits they have earned," said Principi. "This war will not be a shooting one, but it will be an important one."

The 10-member task force, headed by retired Vice Admiral Daniel L. Cooper, will examine a wide range of issues affecting the speedy processing of claims, from medical examinations and information technology, to efforts to shrink the backlog and increase the accuracy of decisions. The panel's findings and recommendations are due to the Secretary in about 120 days.



Retired Vice Admiral Daniel L. Cooper, center, chairman of the 10-member Claims Processing Task Force, leads the first meeting of the group in VA Central Office.

Essentially, said the Secretary, "The Claims Processing Task Force will give VBA's processes and practices a top to bottom scrub."

The average time it takes to process a claim for disability compensation or pension is expected to increase from 202 days this year to 273 days next year.

Among the factors adding to the delay are new legislation strengthening VA's "duty to assist" veterans when they apply for benefits, and the decision earlier this year to add adult-onset diabetes to the list of conditions presumed to be associated with exposure to Agent Orange.

Other members of the task force are: Dr. Dale Block, consultant; Kay Clowney, retired director of the North Little Rock, Ark., VA Regional Office; Robert Gelb, consultant; Carolyn Hunt, director of the Lincoln, Neb., VA Regional Office; Frederico Juarbe, Jr., director of National Veterans Service for the Veterans of Foreign Wars; Mike McClendon, consultant; Guy McMichael, VA's acting Principal Deputy Assistant Secretary for Information and Technology; Stan Sinclair, director of the VA Learning University; and Ken Wolfe, National Service Director for the Disabled American Veterans. □

Do you have an idea or suggestion on how VA can improve claims processing? Share it directly with Secretary Principi by sending an e-mail message to Claims@mail.va.gov.

VA Making Progress in Schizophrenia Treatment

Remember the anguished look on Jack Nicholson's face as electrodes pumped jolts of high voltage into his head in the movie, "One Flew Over the Cuckoo's Nest?" Much has changed in mental health since then. The days of forced electric shocks are gone, replaced by a holistic model of care emphasizing not one-step treatment, but a full continuum of hospital and community-based services for patients suffering the debilitating symptoms of mental disorders.

One of the disorders VA researchers are targeting is schizophrenia. It's a chronic, severe mental disorder characterized by hallucinations,

delusions, disordered thinking, unusual speech or behavior and an inability to interact with others. It's a disorder that affects more than 2 million Americans each year.

More than 160 mental health experts specializing in schizophrenia gathered recently for a VA conference held near Baltimore, Md., to discuss the latest approaches to schizophrenia treatment and management. The conference was held to honor one of the foremost contributors to our understanding of schizophrenia, Dr. Richard Jed Wyatt, chief of the Neuropsychiatry Branch in the National Institute of Mental Health.

Dr. Stephen I. Deutsch, director of

the VISN 5 (Baltimore) Mental Health Service Line and conference co-chair, declared the three-day event an overwhelming success—another positive step in an ongoing effort to improve mental health services for veterans. That effort got a boost back in 1997, when VA established the first of eight Mental Illness Research, Education and Clinical Centers (MIRECCs), a concept based on the successful GRECC program for geriatric care.

In the VISN 5 MIRECC, Alan S. Bellack, Ph.D., heads a team involved in researching topics like substance abuse and psychopharmacology and

(continued on page 9)

Virtual Learning Center Has Cost Saving Ideas

Within a year after consolidating its Pathology and Laboratory Medicine Services, VISN 12 (Chicago) had saved \$2.3 million. A national program administered by the Muskogee, Okla., VA Regional Office saves more than \$2.6 million a year by depositing compensation and pension checks directly into beneficiaries' bank accounts. The Calverton, N.Y., National Cemetery expects to save more than \$680,000 over five years from a piece of equipment the staff invented that both mows grass and trims around headstones.

The need to save money certainly isn't a new concept in VA. Budget realities have long forced employees to find new ways of getting things done more efficiently and cost-effectively. At the same time, they are challenged to enhance services and access to benefits for veterans without sacrificing the quality of current services.

Since taking over the top job in January, VA Secretary Anthony Principi has been calling attention to the impact inefficiency can have on the Department's ability to serve veterans. At his Senate confirmation hearing, for instance, the Secretary pointed out that VA "provides health care to the extent that resources are available. That means that the inefficient use of limited resources comes at the expense of health care for veterans."

No one would argue that saving money is a critical and ongoing challenge for all VA employees. So wouldn't it be helpful if you could get access to proven money-saving ideas from all over the agency right at your desktop computer? You can. Cost savings innovations from all three administrations are available on the One VA Virtual Learning Center (VLC). Log on to the VA Intranet at vaww.va.gov/vlc.htm, click on the search feature and select "Cost Savings" as the keyword.

The VLC has been up and running on the Intranet since December 1997. It was developed by the Veterans Health Administration (VHA)'s Office of Special Projects (OSP) after Under Secretary for Health Dr. Thomas Garthwaite

charged the office with developing a systematic mechanism for sharing innovations, best practices, and lessons learned from errors throughout the VA health care system.

The need for a national information-sharing system was brought home to Garthwaite when he learned that a VA medical center had been cited repeatedly for a backlog of loose filing. He happened to know that a medical center in the Midwest had solved that same problem. But how would the other medical center know that?

Three months after Garthwaite issued his charge to the OSP, the first bare-bones version of the VLC was launched on the Intranet. The VLC has evolved over the years, and new features have been added. And while the VLC began as a VHA initiative, it has since expanded to include VBA and NCA. In June 1999, the VLC also went live on the Internet, making it accessible to innovators outside VA.

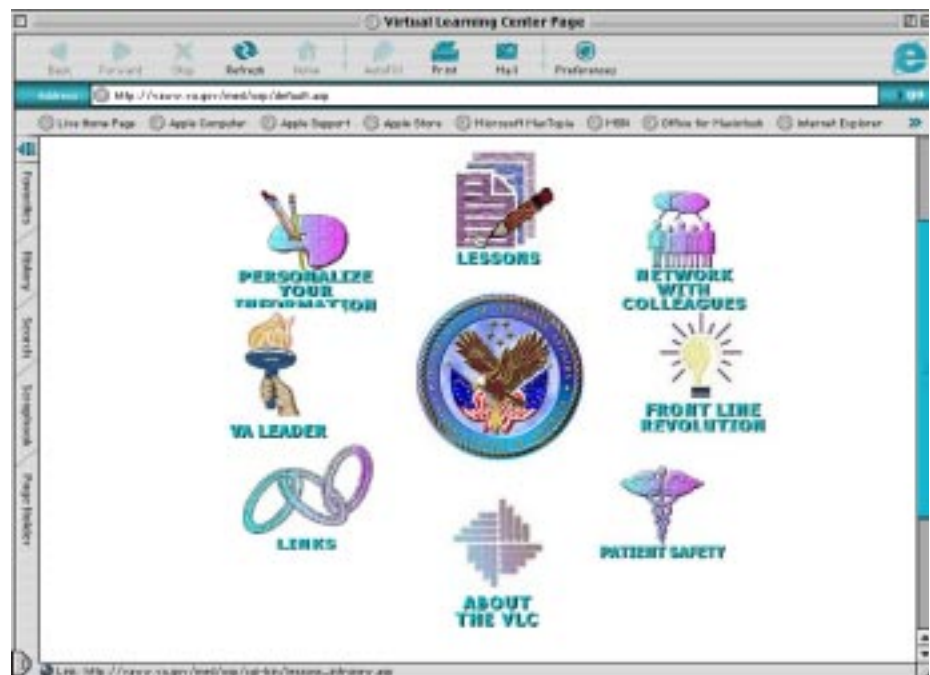
Today, it features a searchable database of more than 1,000 innovations and solutions to problems from all over the country. "Cost Savings" is one of more than 150 keywords now available to help users conduct their searches. And the popular Personal Profile feature lets users select keywords they're interested in, and alerts them by e-mail when new lessons related to those keywords

have been added to the VLC.

According to Nancy Thompson, Ph.D., associate director of the OSP, a compendium of cost savings innovations from the VLC has been published and is being distributed to all VA facilities. And this year, VHA will present the first two Cost Savings Awards based on lessons from the VLC. Up to three authors of VLC cost savings lessons that have been implemented the most by others will receive one award. The other will be awarded to the VISN that has implemented the most cost savings lessons from the VLC.

The VLC team conducted an analysis of the estimated cost savings that would result if only half of VA's medical centers implemented just 10 percent of the cost savings innovations in the database, and the results were dramatic.

Innovations with the keyword "Cost Savings" reported aggregate annual recurring cost savings of more than \$48 million, and aggregate one-time cost savings of more than \$14 million. In a scenario where only half of the medical centers implemented 10 percent of these innovations, the total annual recurring cost savings for VA would be more than \$423 million, and one-time cost savings would be more than \$121 million. While not every facility would save the same amount of



money, there would still be substantial cost savings.

The VLC team, under the leadership of Dr. Victor Wahby, OSP director, has now directed its attention to developing a system for rating the quality of the innovations in the database. Rating committees will be established in each of VA's three administrations to evaluate new lessons submitted to the VLC. Some of the committee members will be seasoned VA executives with a broad range of knowledge and experience, while others will be experts in a particular field, such as nursing or pharmacy.

Using a scale of 1 (poor) to 5 (excellent), the committees will rate each new lesson on how well it meets a set of criteria including innovation, cost savings, efficiency, quality, improved customer service and risk reduction. Lessons rated excellent for innovation and at least one other

factor will be eligible to be designated as "best practices."

The ratings each lesson receives for the six criteria will be posted at the top of the lesson on the VLC. Users will be able to tell at a glance how well the lesson met the rating criteria by the number of stars or other

symbols that appear next to each rating category.

Ultimately, Thompson said, she hopes VA employees will turn to the VLC as their first resource when they have a challenging problem to tackle. "Maybe someone else has already solved that problem and posted a

lesson on the VLC," she said.

"Countless hours of staff time are spent fixing the same problems over and over again. But the VLC is freeing staff time to serve veterans by allowing them to adopt or adapt a solution from others in far less time. Plus, more time can be spent working on other problems in the organization that would not ordinarily have been addressed."

She also encourages VA employees who have found a way to save money or solve a problem to share their success with others by posting a lesson on the VLC. "The value of the VLC depends not only on people using the ideas of others, but contributing their own best practices as well. What has worked for you may help someone else." For more information on the VLC, contact the VLC webmaster and program manager Laura Warfield via e-mail or at (202) 745-2200. □



TSP Open Season

Changes Made in Enrollment, Investment Plans

VA employees will see several changes in how the Thrift Savings Plan (TSP) program is implemented during the Spring 2001 Open Season, which runs from May 15 to July 31. The changes affect enrollment and the allocation of funds among the various TSP investment plans.

All employees who want to enroll in TSP must use HR LINK\$SM. This includes newly hired employees and re-hired employees. After new enrollees complete their enrollment through HR LINK\$SM they must contact TSP to allocate their contributions among the different investment funds.

"We realize this is a major change in the way we normally handle TSP," said Melissa John, deputy director of the Shared Service Center (SSC). "That is why we would like to get as much information out about these changes as quickly as possible. But because there is so much new information, we want to make sure employees realize that they can call us to help them understand the new guidelines."

To enroll in TSP, employees can either use the HR LINK\$SM Self Service desktop application or call

1-800-414-5272 (TTY users should call 1-800-877-8339) and speak with a customer service representative at the SSC. They are available to answer questions Monday through Friday, from 7:30 a.m. to 8:00 p.m. Eastern Time. Employees will need their HR LINK\$SM personal identification number (PIN) to initiate all HR LINK\$SM transactions. Employees who do not have a PIN should call the toll-free number and speak with a customer service representative.

VA employees who are already enrolled in TSP and want to change the distribution of their future contributions must contact the TSP office directly. They will no longer be able to use HR LINK\$SM to reallocate their contributions among different TSP funds.

TSP is offering two new investment plans—the Small Capitalization Stock Index Investment Fund (S fund) and the International Stock Index Investment Fund (I fund)—to join the three current funds (C fund, F fund and G fund). With the addition of these two new plans, VA employees now have five TSP investment funds into which they can contribute.

Employees covered by FERS or CSRS who were hired or re-hired between January 1 and June 30 of this year can enroll in TSP immediately and may elect to have deductions taken from their paychecks for TSP contributions. Some FERS employees, however, will continue to be ineligible for automatic or matching agency contributions until January 2002. CSRS employees never receive automatic or matching agency contributions.

Employees appointed or re-hired after a break in service will have 60 days from their official start date to enroll in TSP. Since there are no exceptions to this rule, these employees should call the SSC for more information.

To change the allocation of future TSP contributions or to get more information about their TSP accounts, employees can either use the TSP Web site, www.tsp.gov, or call the TSP ThriftLine at (504) 255-8777 (TTY users should call (504) 255-5113). Employees will need to use their four-digit TSP PIN, which is different from the HR LINK\$SM PIN, to obtain information about their accounts or to initiate transactions. □

Winter Sports Clinic Moves to New Venue



Todd Russell, a Navy veteran from Katy, Texas, was a first-time participant at the Winter Sports Clinic.

Moving the 15th National Disabled Veterans Winter Sports Clinic (NDVWSC) to Snowmass, Colo., wasn't exactly a waltz down the yellow brick road. From transportation to meals to finding enough places with elevators to accommodate so many wheelchairs, the different venue created new challenges for everyone.

Even Mother Nature gave everyone a scare when they arrived at Snowmass because of the lack of snow. Fortunately, it snowed almost every day afterwards.

Each problem was met by dedicated folks who found solutions to make this year's Clinic a success. One thing is for certain—it could never have happened without the determined drive, persistent tenacity, and concern for the veterans displayed by VA, event co-sponsor the Disabled American Veterans (DAV), and Snowmass Village.

For the past nine years, the Winter Sports Clinic—the week-long event for severely disabled veterans teaching them adaptive and Nordic skiing, scuba, rock climbing, and more—took place at Crested Butte, Colo. But after Club Med bought out the resort there last year, the Clinic had to find a new home.

VA and co-sponsor DAV

searched several ski resorts as possible replacements, including Steamboat, Park City, Breckenridge and Snowmass, where the Clinic was held nine years ago. Snowmass eventually won out, since it offered the best facilities and an opportunity to expand.

And expand it did. "We were approaching 400 participants this year—the most we've ever had," said Dr. Kurt Schlegelmilch, director of the Grand Junction VA Medical Center, which hosts the event each year. "We couldn't have accommodated a number like that at Crested Butte."

Nine years ago, there were only 187 participants. This year, the 350 participants represented 40 states, the District of Columbia and for the first time, Puerto Rico. Participants ranged in age from 21 to 87—95 of them skiing for the first time.

One newcomer, Navy veteran Todd Russell from Katy, Texas, described his Clinic experience as "joyfully overwhelming. I've never felt this good. I feel free for the first time since my injury nine years ago." Russell added that he wanted to share his experiences with the students he teaches at home, hoping to inspire them as they face their own challenges.

Seventy-three-year-old Jack Richards of St. Petersburg, Fla., was also a first-time Clinic participant. Richards hadn't skied in 60 years but was encouraged to come by other members of the Visually Impaired Services Team (VIST) from the Bay Pines VA Medical Center. "I wouldn't be here if it weren't for VA and this program," said Richards, adding that he is proud of his accomplishments at the Clinic.

Besides the skiing, veterans were able to participate in a variety of educational classes, try out Sledge Hockey (a Paralympic event played

on ice and new to the Clinic this year), visit nearby Aspen, and mingle with actress Bo Derek, one of the special guests at the Clinic this year.

Something else new this year was the One VA spirit demonstrated by the Louisville, Ky., VA Regional Office (VARO). For the first time, the VARO sponsored a local Louisville veteran, Bill Morrison, and financed his trip to the Clinic.

Morrison's military career ended abruptly when he lost a leg in a helicopter training accident. In an unselfish act of kindness, employees of the VARO chose to take a financial award they received and use it to send Morrison to Colorado. The VARO raised the additional funds needed through employee-sponsored events.



Jose Rodriguez, a Marine Corps veteran from Spring Hill, Fla., takes a run down the mountain.

Despite all the challenges, the voices of the veterans who participated echo the success of this year's Clinic. "The Clinic is one of the most dynamic things that can happen to anyone," said veteran Lee Williams of Antioch, Calif. "This is truly rehabilitation in the purest sense of the word." The National Disabled Veterans Winter Sports Clinic returns to Snowmass again next year to meet new challenges and challenge new veterans. □

By Susan Fishbein
Los Angeles OPA Regional Office

Express Your Opinions on Workplace Issues

All of VA's more than 220,000 employees will have the opportunity to sound off on a variety of workplace issues by participating in a national survey scheduled to get underway next month. The 2001 Employee Survey builds on a similar VA-wide survey conducted four years ago and re-administered by the Veterans Benefits Administration (VBA) in 1999 to assess and improve employee satisfaction and develop organizational outcomes.

Results of the survey, which are expected later this summer, will help VA identify areas that need improvement. Managers will then be able to use the survey data to develop and implement plans for improvement, and assess their impact.

Using 2001 survey data as a baseline, VA projects a performance target of a 10 percent increase in employee satisfaction by fiscal year 2006. Implementation of survey action plans, along with management accountability, will help the Department reach that goal.

All employees will have a chance to respond to a set of core questions that will support Departmental analysis. Employees of VBA and the National Cemetery Administration (NCA) will also be asked many of the questions that were included in the 1997 and (for VBA) 1999 surveys to ensure comparability with earlier survey efforts. Along with the core Departmental questions, employees of the Veterans Health Administration (VHA) will be asked questions to address VHA's unique management priorities, such as occupational health and safety issues particular to the health care field.

Employees will be asked to express their opinions on a variety of topics such as rewards and recognition, customer service, teamwork, diversity, training and development, and supervision. There are 75 common questions, excluding demographic questions. Of those, 69 appeared in the 1997 survey. Three of the six new questions relate to VA's strategic direction, and the other three examine employees' intentions to leave VA or federal service.

It should take about 35 minutes to

fill out the survey. Employees in VHA, NCA, and staff offices will respond using a paper and pencil version of the survey. VBA employees will be asked to complete a user-friendly Web-based survey, but they will also have the option of using the paper and pencil version.

Participation is voluntary and employees will be allowed to complete the survey during work hours. It's also completely anonymous. The surveys will be mailed by employees and analyzed by an outside contractor, and none of the results will be identifiable to an individual. Analysis of the results will allow VA to:

- identify employee satisfaction indicators that are highly correlated with measures of organizational outcomes;

- establish action plans to raise employee satisfaction;

- help educate managers on the relationships between employee attitudes and organizational performance; and

- help leaders develop mechanisms to measure employee perspectives as part of the annual performance plans of leaders and managers.

The strategy for conducting the employee survey was developed by a work group that includes representatives from the Office of Human Resources Management, the three administrations, the Office of Policy and Planning, the Office of Management, and union representatives. VA plans to administer the survey annually to measure changes in employee satisfaction and to examine trends in the relationship between survey results and organizational outcomes. □

Schizophrenia (cont.)

how these issues impact patients with schizophrenia. "One of our projects is to carefully match patients who have spent many years at the VA facility in Perry Point, Md., with new medications and teach them the skills they'll need to survive in the community," said Bellack. "We're really interested in improving the quality of these patients' lives."

Placing patients into the community is one of the primary challenges clinicians face. To be successful, they must measure the outcome of specific treatment programs to gauge their effectiveness.

According to Deutsch, these clinical monitors and report card measures show VA care for patients with psychosis and schizophrenia is "among the best in the nation." He points to the use of the latest "atypical" antipsychotic medications, like clozapine, risperidol and olanzapine, which are more effective but also more expensive, to highlight VA quality of care.

At the Serious Mental Illness Treatment Research Evaluation Center, located on the grounds of the VA Ann Arbor, Mich., Healthcare System, researchers are studying the VA National Psychosis Registry for clues on how they can improve

patient care. There are about 192,000 veterans on the registry diagnosed with some form of psychosis, and according to Fred Blow, Ph.D., director of the center, about 11 percent of them will drop out of care over the next two years.

"One of our big things is retention in care," said Blow. "We are trying to develop predictors to identify veterans likely to discontinue treatment." The efforts of Blow and his team of researchers may also lead to the establishment of predictors aimed at reducing premature mortality among schizophrenia patients.

From domiciliary and long-term care facilities to transitional residences linked to Compensated Work Therapy programs, VA mental health experts are helping veterans conquer the terrifying symptoms of schizophrenia and return to the community, where they can have a positive impact. "We care for our patients from diagnosis until death," said Deutsch, "and VA should be very proud of the advances we've made."

For more information on schizophrenia, check out the National Institute of Mental Health Web site at www.nimh.nih.gov/publicat/schizmenu.cfm. □

VA Meeting Demand for Honored Burials



Color guard members participating in the dedication of a \$13 million expansion and beautification project at the National Memorial Cemetery of Arizona pass in front of the new visitors' center.

Veterans' cemeteries are solemn shrines to those who served their country in time of need. As the nation celebrates Memorial Day 2001, VA is keeping its promise to America's veterans to honor them with a final resting place and lasting memorials that commemorate their service to the nation.

Since the time of President Abraham Lincoln, the citizens of the United States have set aside a special system of cemeteries solely for the use of veterans. President Lincoln founded this country's first national veterans' cemeteries at the height of the Civil War in 1862 "for soldiers who shall have died in the service of their country." Fourteen cemeteries were established that year. Since then, the number of VA national cemeteries has risen to 119.

VA is accomplishing its mission to provide burial space for veterans and maintain national cemeteries as national shrines in three ways: by establishing new national cemeteries; by expanding existing national cemeteries wherever and whenever possible; and by helping states establish, expand or improve state

veterans' cemeteries through the State Cemetery Grants Program. Recent activities, as well as the FY 2002 budget proposal and the FY 2001 Strategic Plan, serve as clear reminders of VA's continuing commitment to that mission and to the veterans and families who deserve a dignified burial.

New National Cemeteries

On April 3, one of the last steps toward creating a new national veterans' cemetery in Georgia was taken when Dallas Hudgens, son of the late Atlanta developer Scott Hudgens, presented a property deed to VA Secretary Anthony Principi at a ceremony held in the Washington, D.C., office of Sen. Max Cleland (D-Ga.)

"We are honored that Mr. Hudgens, a distinguished veteran of World War II and Normandy, demonstrated his profound patriotism with a gesture that will benefit veterans and their families for many generations," Principi said.

Hudgens, a commercial developer and philanthropist who died in October 2000, donated 775 acres in

Cherokee County to the federal government for construction of a national cemetery. The property, located about 35 miles from Atlanta, will serve the estimated 400,000 veterans who live within 75 miles of the site. Principi praised the Georgia congressional delegation for its strong support during the cemetery's site selection process, and added that gaining the site by donation rather than purchase saves taxpayers several million dollars and decreases the time VA needs to make the new facility operational.

Since 1997, VA has opened five national cemeteries in Washington, New York, Illinois, Texas and Ohio, representing the largest expansion of the national cemetery system since its beginnings in the Civil War. VA's goal is to increase the percentage of veterans served by an open national or state veterans' cemetery within 75 miles of their residence to 88 percent by 2006. Currently, more than 75 percent of veterans live within that distance.

Millennium Act

The Veterans Millennium Health Care and Benefits Act of 1999 requires VA to establish new national cemeteries at six specific sites where veterans do not have reasonable access to a burial option. VA identified Atlanta, Detroit, Miami, Oklahoma City, Pittsburgh and Sacramento among the areas of greatest need for national cemeteries, based on veteran population.

Progress continues to be made at each of these sites. Oklahoma is farthest along in the process. A site was acquired, planning documents are almost complete and the construction award is expected in the fall of this year.

Detroit, Miami, Pittsburgh and Sacramento are in the site-selection phase. VA intends to proceed with the planning, land acquisition, design and construction of these six new national cemeteries over the next five years.

The Millennium Act also requires

VA to send a report to Congress this fall that analyzes additional geographic areas of the country most in need of a burial option. It will focus on the largest veteran population centers not presently served by an open national or state veterans' cemetery. This report will allow VA to plan the establishment of new national cemeteries beyond the six already identified.

Many of VA's 119 national cemeteries, especially those built during the Civil War, need constant upkeep. The report will also include an assessment of one-time repairs needed to rehabilitate and restore each national cemetery.

The information collected will be reviewed to identify potential projects and estimated costs to correct significant one-time repair needs. VA will also evaluate the feasibility of making standards of appearance equal with the finest cemeteries in the world in conjunction with its mission and its National Shrine commitment.

Additionally, the Millennium Act directed VA to conduct an independent study on improvements to veterans' burial benefits. The report, submitted to Congress on February 27, included a legislative overview of VA burial benefits from 1973; a comparison of burial benefits in VA national, state and private cemeteries; an examination of the general funeral and burial industry; and options for potential modifications.

National Cemetery Expansion

On April 1, VA dedicated the \$13 million expansion and beautification project of the National Memorial Cemetery of Arizona (NMCA) in Phoenix. Secretary Principi led a delegation of national, state and local officials and members of various veterans service organizations who participated in the ceremony.

Because of the aging veteran population, VA officials have made cemetery expansion projects a priority. In the 1990s, Arizona experienced an increase both in its veteran population and the death rate for the state's veterans. In 2000, the Phoenix cemetery completed more than 2,300 burials.

The project more than doubles the size of developed acreage of the cemetery, adding 32,000 burial spaces for casket and cremation

burials. It was accomplished by developing additional land on the cemetery property. The cemetery now has available space to continue burying veterans and their dependents through 2030.

VA continues to review each of its national cemeteries and the surrounding areas for possible land acquisition, improvements and future expansion. Many of the late 19th century national cemeteries are on the National Register of Historic Places and, because of their significant historic features, need continual upkeep and maintenance.

The Department presently has multiple major and minor construction projects underway to expand or improve national cemeteries, and the FY 2002 budget proposal includes \$69.4 million for major and \$17.2 million for minor construction projects. Major national cemetery expansion projects include Fort Sam Houston, Texas; Florida; Fort Rosecrans, Calif.; Jefferson Barracks, Mo.; Fort Logan, Colo.; Leavenworth, Kan.; Massachusetts; and Tahoma, Wash.

State Cemetery Grants Program

VA's State Cemetery Grants Program (SCGP), a 100 percent grant program originally established in 1978 to complement VA's system of national cemeteries, helps states establish, expand or improve state veterans' cemeteries in areas not served by a national cemetery. Around Memorial Day, new state veterans' cemeteries will open in Massachusetts, Montana, Maine and Wisconsin. These cemeteries will serve more than 200,000 additional veterans and their families.

To accommodate veterans who are dying now, the state veterans' cemetery in North Little Rock, Ark., also began fast-track burials on a



The front gate of the new state veterans' cemetery in Agawam, Mass., scheduled to open on May 21.

planned site and will complete construction of the cemetery at a later date. The state cemetery in Milledgeville, Ga., will be dedicated this fall.

Since the program was established in 1980, VA has awarded 106 grants totaling more than \$89 million for 49 state veterans' cemeteries in 25 states, Guam and the Commonwealth of the Northern Mariana Islands. State veterans' cemeteries provided more than 14,350 burials in fiscal year 2000. VA awarded seven new grants totaling nearly \$13.4 million, a record yearly amount. The total of new grant awards plus grant increases for the year was more than \$20.2 million, also a record.

VA officials expect the program to continue to expand. The FY 2002 budget proposal funds the SCGP by \$25 million to meet the rising demand. Currently, states have submitted 35 pre-applications to establish, expand or improve state veterans' cemeteries. The estimated cost of the 35 projects, including 25 new cemeteries, is about \$125 million.

As the new millennium begins, the World War II generation is passing from the scene in record numbers—more than 1,000 a day. Another 500 veterans from the World War I, Korean, Vietnam and Gulf War eras are also dying each day. The initiatives now underway will ensure that VA can continue its commitment to offer dignified burials to the nation's veterans well into the future. □

By Steven D. Westerfeld

Former Top VA Nurse Shares Career Lessons

Nearly 10 years after she retired as VA Assistant Chief Medical Director of Nursing Programs, a vibrant Vernice Ferguson returned to VA Central Office to share the story of a young nurse who had the courage to stand up for her beliefs, and the vision to see a world in which an African American nurse could run the largest organized nursing service in the world.



Ferguson

Her story began in 1953, shortly after Ferguson graduated from Bellevue New York University's School of Nursing, where she received the Lavinia Dock award for having the highest scholastic standings. That year, she was recruited by VA Nursing Service to work at what is now the Lakeside Division of the VA Chicago Health Care System. As part of her training, Ferguson spent

three weeks at the Hines facility to learn nursing operations there. What she found was alarming.

"There were 13 nurses of color at Hines and they lived in these containment huts way on the other side of campus, while the white nurses lived in beautiful two-story Georgian buildings." So during her exit interview, when the chief of Nursing asked Ferguson how she found things at Hines, she didn't hold back.

"Not much to my liking," is what I told her," Ferguson recalled. "She asked, 'How come?' and I asked her why the black nurses have to live in those huts and the white nurses live in those beautiful Georgian buildings. She said, 'You're the first one to have the courage to ask that. Why don't you go back to your friends—whom I met three weeks prior and now they're my friends—and get them to write a memo requesting other quarters.'" Ferguson responded, "That is not my job, that is yours."

After she returned to Lakeside, Ferguson learned those 13 nurses had been assigned new quarters in one of those beautiful Georgian buildings. It was just one of the

many battles she would wage to weaken the societal constraints placed on women and people of color. As the final speaker in a series of guest speakers honoring Women's History Month, Ferguson used the opportunity to share a few of the lessons she learned during her distinguished career:

- strive not to equal, but to excel;
- don't get caught in the "pity pattern";
- stay away from the rumor mill,
- define the job, do not let the job define you;
- be yourself, and believe in your abilities.

She later took time to share her thoughts on VA nursing. "In my era, women chose nursing as a career because there were not so many options. Now, as the number of opportunities available to women has grown, we are losing some of the best and brightest women to other professions.

"We have to keep the nursing profession vibrant, welcoming and enticing in order to attract women, and we have much catch-up work to do to attract and attain racial and ethnic minorities." □

Arctic Challenge



Dr. James Schmitt with an Eskimo child.

To meet his annual two-week active duty obligation for the Naval Reserve, Dr. James Schmitt, a

physician at the Richmond, Va., VA Medical Center, volunteered to provide medical care for the Yupik Eskimos as part of Arctic Care 2001. He joined a team of about 180 military and Public Health Service volunteers who traveled to southwest Alaska to care for the Yupik people, who live in small villages that are inaccessible by road and far from hospital services. After receiving training in Eskimo culture and the special medical needs of Eskimo patients in Bethel, Alaska, Schmitt and his group boarded Blackhawk helicopters for the 90-mile flight to the village of Saint Mary's, where they took up temporary residence.

The group worked 12 hours a day, six days a week to meet the villagers' medical needs. They set up dental, optometry and general medicine clinics, and updated immunizations for all 550 villagers who visited the clinic. The major risks to all the volunteers were the intense cold—as low as negative 50 degrees at night—and slipping on the ice. Near the end of the visit, the mayor invited the team to his house, where they were served caribou stew, salmon and akutec, a kind of Eskimo ice cream. Dr. Schmitt summed up the experience by saying, "Arctic Care 2001 was a challenging, but culturally interesting and medically rewarding experience." □

Fisher Houses Provide Needed Service for Vets



Construction is proceeding at the Cincinnati VAMC Fisher House site.

Since 1991, military service members, veterans, and family members who need temporary lodging while a seriously ill or critically injured relative is hospitalized at a military or VA medical center have been grateful for the chance to use one of the more than 26 Fisher Houses located all over the country.

The houses are the ongoing result of initial funding by the late Zachary Fisher and his wife Elizabeth, supplemented by personal and corporate donations. These two-story, 5,000-square-foot homes have a common floor plan and can easily accommodate 16 people in eight bedroom/bath suites, two of which are handicapped-accessible. The shared living room is stocked with toys and books, and there's a dining area, kitchen and laundry facilities.

Each house is comfortably furnished, and designed and decorated in the style of the area where it is located. Suite charges are nominal and are often waived. Most of the houses are within short walking distance of the medical facility, or have van transportation available.

Currently, Fisher Houses are located, or are being built, at medical centers on nine Army bases, five Air Force bases, and three Navy sites. Most of these military medical facilities are located in large cities with one or more VA facilities, and veterans receiving VA care and their families are fully eligible to use the nearby Fisher House. Rules vary by location, but availability is generally on a first-come, first-served basis.

Fisher Houses are also located on the grounds of VA medical centers in Denver, West Palm Beach, Fla., Minneapolis, and Albany, N.Y., and two more are in the works at the VA medical centers in Cincinnati and Bay Pines, Fla.

VA provides medical, surgical and rehabilitative care to 3.7 million veterans a year. The value to patients of having

supportive family members close by during treatment has long been recognized, but many families find this financially or emotionally difficult. Fisher Houses provide help on all counts.

Built with Fisher funding, the houses transfer to the military service secretaries or VA Secretary for operation and maintenance, with continuing Fisher assistance and extensive volunteer support. For both VA medical center and military-based Fisher Houses, a large percentage of the myriad donated volunteer hours are from veterans, military personnel or VA employees.

The first volunteer at the Albany VA Medical Center's Fisher House was baker Dorothy Damiano, who retired after 35 years with VA Nursing Service. Many other volunteers and special house improvements come from veterans service organizations.

A large percentage of the people involved in running the houses are veterans. The small Fisher House Foundation staff includes two Army veterans, and the spouse of an active duty service member. Of the 27 members of the Fisher House Foundation Board of Trustees, 16 are veterans. And of the 21 current Fisher House managers, 10 are veterans, and a few are military spouses.

Some of the house managers gained experience in government as civilians working for agencies like VA, or in the armed forces. For instance, the manager of the Eisenhower Army Medical Center's Fisher House at Ft. Gordon, Ga., Francisco Cruz, is a former Army signal corpsman and current Guardsman. Jan Chasteen, of the Denver VAMC's Fisher House, is a Navy veteran who was a VA employee for 12 years before she began managing the house. At the Minneapolis VAMC's Fisher House, management is a shared responsibility between four VA patient representatives.

There are no precise statistics available on veterans and their family members who stayed in Fisher Houses not located at VA sites. However, the Defense Finance and Accounting Service reports that nearly half of the families staying at Fisher Houses in 1999 were families of military retirees.



The Ed Klimek Memorial Gazebo, built by his family and friends for the American Legion leader and businessman at the Albany VAMC Fisher House.

Statistics from Fisher Houses at VA sites show that last year, nearly 1,450 families were served. An average of 360 families were served at each house, with an average stay of almost 10 days. And the average occupancy level of the VAMC Fisher Houses was 95 percent. Clearly, these houses are providing a needed service, and word is getting around that veterans and their families will find unique lodging and a compassionate atmosphere there. □

**By Alice A. Booher
Special to VANGUARD**

Inspirational Cover Photo Comes Full Circle



The *Vanguard* staff received more positive comments from readers about the cover of the May 2000 issue than from any other in recent memory. The photo on that cover, titled “Home from Vietnam,” shows veteran Perry Shinneman embracing his wife as he returns from the war. It was taken just four months after he was nearly ripped in half by a Viet Cong booby trap.

Many readers were drawn to the photo’s inspirational power, and the accompanying story recounted several instances in which complete strangers had contacted Shinneman to share the powerful effect the photograph has had on their lives. Now, a year after that issue was published, the story has come full circle. Shinneman was contacted again. But this time, it wasn’t a stranger.

Former Air Force corpsman Benjamin Trigg, Jr., had taken a Gulf War veteran to the Kootenai County Veterans Service Office in Coeur d’Alene, Idaho, one day, and while sitting in the lobby, he noticed a stack of *Vanguard* magazines. He immediately recognized the abandoned crutch on the cover of the May issue, and soon after, he wrote to Shinneman at the Sioux Falls, S.D., Vet Center.

“Well Ole Friend, our paths have finally crossed again after 35 years,” the letter begins. “The first time that we met was in May of 1966. Injured combat troops were sent to us at Clark Air Force Base, Philippines, to

stabilize or die. That is what the troops did on my ward, they stabilized or they died. Most thought that you would not make it, however, every one of us had you in our daily prayers. One of my frustrations was not knowing if the combat-injured troops made it (I especially felt this way when you left us).”

As the letter progresses, Trigg recounts his experiences after the war—earning a master’s degree and working for 25 years as a substance abuse counselor. Then his life fell apart. “I was seriously banged up emotionally (it affected my health), and I did not know it. It got so that I could not keep a relationship and eventually even a job. I was just a mess.”

He sought help at the Kootenai County Veterans Service Office and was referred to the Spokane, Wash., VA Medical Center, where he was diagnosed with delayed, chronic PTSD. “Seems once you have it, one can easily see it in others and once you have received help, one can help others.”

It was helping another vet that brought Trigg into the county office that day. “I was sitting in the waiting room—nothing much to do,” he told Shinneman in the letter. “I looked down at a stack of *Vanguard* magazines. One in particular stood out. All I could see was the crutch—I began to cry and said before I even picked up the magazine, ‘Perron [Perry]?’ Sure enough ole friend—it

was that same picture from August 1966 (originally published in a *Stars and Stripes* newspaper). I cannot tell you how happy I was to hear you were alive and well and helping others.

“I sort of fell apart that day. I took the news to my PTSD group and several of the members suggested that I write you a letter. I have been composing this letter ever since. I hope it does not dredge up a lot of negative memories. However, those negative memories have somehow bonded our souls forever and I just wanted to say ‘hello’ to an Ole Friend from many, many years ago. PS: Hope you know you are one of my Heroes—Thanks for a job well done!”

Back in Sioux Falls, Shinneman was surprised to find an envelope addressed to him at the vet center one cold March morning. As he opened the letter and began to read, his surprise turned to astonishment and then disbelief. After a few sentences, he was unable to continue. “I just cried,” said Shinneman.

Overwhelmed, he handed the letter to Phil Ringstrom, team leader at the vet center, and asked him to read it aloud. “It was something ... I couldn’t believe it ... after 35 years,” said Shinneman. He has since written back. Phone calls followed, and the two are planning a reunion this fall. □

By Matt Bristol

GI Bill Champion Retires



Dollarhide

Celia Dollarhide, long-time director of the Veterans Benefits Administration (VBA)’s Education Service and champion of the GI Bill, retired on May 3 after 35 years of government service. Her entire federal career was spent with VBA.

Dollarhide has a remarkable history in the Education program, from processing veterans’ education claims to managing the administration of benefits programs that pay veterans more than \$1 billion a year. Her career spans three GI Bills.

During her tenure as deputy director and director of the Education Service, she was instrumental in developing new legislation that expanded education benefits for veterans. She also managed the consolidation of education benefits delivery from 57 to four regional processing offices. □

Youth Volunteers, Vets Learn from Each Other



Veteran Larry West began his computer demonstration for the ChalleNGe Academy cadets with, "I bet you all know more about computers than I do." The cadets shook their heads and collectively answered, "I doubt it, sir." West proceeded to teach the cadets how to operate his laptop while playing a game downloaded from the Internet.

Clad in fatigues, their heads shaved, the teenage volunteers from the ChalleNGe Academy are hard to miss as they walk the halls of the Tomah, Wis., VA Medical Center. They are at-risk youth participating in the community service portion of a program run by the Wisconsin National Guard at Fort McCoy, an Army installation near the medical center.

The teenagers in the ChalleNGe Academy program have all either dropped out of high school, or are habitual truants who are unlikely to graduate. Run like an Army boot camp, the five-month program strives to help the "cadets" earn a High School Equivalency Diploma and move on to vocational/technical training or a job.

Back in 1998, staff from the Tomah VA Medical Center and the Academy teamed up to create a volunteer program for the cadets. According to Stan Johnson, director of the Tomah VAMC, the goal was to match the cadets with meaningful assignments and VA staff who would encourage them to make positive changes in their lives. The result is a program that has exceeded everyone's expectations.

Debbie Lindley, a Voluntary Services specialist at the Tomah VAMC, got the assignment to

coordinate the program. And it isn't easy. There are some 75 cadets in each class. Transportation has to be arranged to get them to the medical center and back to the Academy each day. Potential assignments for the young volunteers have to be identified. And the cadets have

to be matched with and placed successfully in their assignments. The cadets are assigned to a variety of volunteer tasks throughout the facility. Each cadet volunteers twice a week, usually for a three-hour shift. They help out in the supply warehouse, at the therapeutic greenhouse, on patient wards, and in many other locations.

The individual nature of the cadets' assignments sets their volunteer work apart from community service performed by participants in similar programs, according to Johnson. "In many programs like the Academy, the participants may help with large projects like cleaning a park or along a highway," he said.

"In the ChalleNGe Academy program, Debbie works very hard to place the cadets in their very own assignments, with no more than one or two other cadets. The result is that the troubled youth are connected with our caring staff."

And as Lindley, Johnson and other organizers had hoped, many bonds have formed between the cadets and staff, as well as between cadets and patients. In one case, a patient who had not spoken in nearly three years perked up and began speaking as soon as he met the cadet assigned to help him—and he didn't stop talking for almost three hours.

"It is wonderful to have the opportunity to work and talk with the cadets and help them make positive changes in their lives," said Kate Sheets, a Fee Basis clerk at the medical center. "I think the open acceptance our staff shows the cadets, and our faith in their ability to do a good job, is probably new to many of them."

Retired Army Col. M.G. MacLaren is the director of the Wisconsin National Guard ChalleNGe Academy. He believes many of the cadets will not fully appreciate the impact the program has had on their lives until they are older.

"At their young ages, they are very egocentric—everything is 'me, me, me.' They can learn a lot from people who have literally forfeited their futures and their lives for service to our country," said MacLaren.

Changing negative perceptions is another important component of the program, according to Johnson. "There are some negative stereotypes about the youth in the ChalleNGe Academy program, and there are also some guarded perceptions in the community about our facility because we're known for treating psychiatric patients," he said. "I believe that bringing the cadets to the VA really helps change many of those perceptions."

The success of the program is drawing attention outside of Wisconsin. Last month, Lindley traveled to Washington, D.C., to accept a national honor for her work with the ChalleNGe Academy volunteer program. She was recognized at the American Hospital Association (AHA)'s annual meeting as the winner of a 2001 AHA Hospital Award for Volunteer Excellence in the Community Outreach and/or Collaboration category.

Reflecting on the challenges that she and others had to overcome to make the program a success, Lindley is convinced the hard work was worthwhile. "There is no greater gratification than seeing young people interact with the hospitalized veterans, showing them the utmost courtesy and respect that they deserve," she said. □

Amputee Hockey Players Put Disabilities on Ice

It was a rough game by any standard. On the bench, players scrambled for ice packs, some searched for lost teeth, others spit blood. It could have been a scene from any big-league ice hockey game, except something was noticeably different about these players. Along with their helmets, shoulder pads and skates, these guys were wearing prosthetic legs.

The scene unfolded last May at the first World Hockey Championship in St. Petersburg, Russia, as a team of American amputees faced off against Russian land mine survivors, many of whom lost limbs in the war in Afghanistan. Though the match ended in a tie score, it was the first step in a growing effort to promote amputee ice hockey and seek the sport's inclusion in the 2002 Paralympics.

Much has changed since that first match. The game has shifted from a smashmouth check-fest between former Cold War foes to a technical display of skill and finesse played out on an international scale. Several VA employees have been involved since the beginning.

Dave Chandonnet, chief of prosthetics for the VA Boston Healthcare System, had given up ice-skating a few years after he lost his leg in a 1971 automobile accident. "I wanted to pursue other sports that I could be more competitive at," he recalled. But when Dr. David Crandell, a fellow member of the board of directors for New England Wheelchair Sports, invited him to join a newly-formed amputee hockey team, Chandonnet decided to give ice skates another try.

"Dr. Crandell was really spearheading this effort," explained Chandonnet. "One day he called to ask if I'd be interested in playing hockey against the Russians. I told him, 'Of course I would.' He also asked if I knew anyone else who might like to play and I immediately thought of Chris."

At 5 feet 8 inches and a solid 248 pounds, Chris Nowak looks more like a defensive linebacker than an ice skater. He used to skate as a kid, but traded in his hockey stick for a football once he got to high school. Nowak joined the Marines, and

spent six years with the Corps, until a live-fire training exercise went terribly wrong. The accident left him an amputee and abruptly ended his military career.

After completing a rehabilitation program, he worked as a police officer and eventually came to work for VA. Nowak once trained under Chandonnet and later under Dan LeBlanc, Prosthetics manager in VISN 1 (Boston), who he credited with playing a key role in his rehabilitation. He now works as Prosthetic Care Line manager for VISN 4 (Pittsburgh).

Nowak admits that learning to skate again has been the hardest thing he's done since becoming an amputee. "I'd gotten back into other sports, but skating was a real challenge." He eventually found his footing and now practices twice a week with an able-bodied league in Philly. "Playing with able-bodied skaters has really helped me elevate my game," he said.

A third VA employee, Vietnam veteran Rusty Weatherhead, a computer equipment analyst at the Bedford, Mass., VA Medical Center, rounded out the six-man squad sent to St. Petersburg. Though Weatherhead recently left the team, Chandonnet and Nowak remain part of a growing amputee hockey movement officially recognized as the American Amputee Hockey Association (AAHA).

According to the association's Web site, the group is "sanctioned by USA Hockey and Disabled Sports USA to conduct developmental camps and clinics and to advance the goal of future Paralympic participation of amputee hockey players competing upright on or with their prostheses."

Team coach Ralph Marche, who is chief of Voluntary Service for the

VA Boston Healthcare System, said the team's roster has grown from six to nearly 30 members in just under a year. "After the game in Russia, we started a training camp in Lake Placid so we could all get together to play, and it has just grown from there."

The training camp was the site of several spirited scrimmages this winter between the American team and a visiting team from Canada. The two teams are scheduled to meet in competition for the first time this month. "The Canadians play with a fever pitch," noted Marche, "and they're recruiting top players all the time."



VA employees and amputee hockey players Dave Chandonnet (far left), Chris Nowak (center) and Ralph Marche (far right) with Russian professional hockey players Serguey Starikov (second from left) and Alexey Kasatonov (second from right).

As they prepare for the upcoming scrimmage, players from each of the national teams have their eyes on Salt Lake City and the 2002 Paralympics. "We're talking to the Olympic committee right now," said Chandonnet, "trying to get them to let us play an exhibition game there. In a sense, we're really pioneers, blazing a trail and setting a precedent for others to follow."

AAHA is recruiting upper and lower level amputees, male or female, for amputee hockey teams. Interested? Visit their Web site at www.amputeehockey.org, or e-mail or call team coach Ralph Marche at (617) 232-9500 ext. 5071. □

By Matt Bristol



VA Joins International Team Investigating AIDS Treatment Strategies

In the first study under the Tri-National Clinical Trials Research Initiative, specialists from the United States, Canada and the United Kingdom will begin a collaborative effort on June 1 to determine the most effective treatment strategies for HIV-infected patients for whom highly active antiretroviral therapy has failed.

Over the past few years, combinations of antiretroviral drugs have dramatically improved survival rates and delayed progression of HIV infection to full-blown AIDS. Unfortunately, the benefits are only temporary for up to half of those treated. Under the study, called OPTIMA, researchers from VA, the Canadian Institutes of Health Research and the Medical Research Council of the United Kingdom will investigate whether pauses in antiretroviral treatment of an intended duration of three months will allow patients to recover enough from side effects to better tolerate the new therapy and whether the virus will become more sensitive to the drugs.

“One of the highest priorities in HIV medicine today is to learn how to optimize the use of these powerful drugs,” said Dr. John R. Feussner, VA’s chief research and development officer. “The clinicians, researchers and the leadership of these three governmental agencies recognize we are in a unique position to help answer this important question.”

Study Reveals How Doctors Deal with Physician-Assisted Suicide

Mention the phrase “physician-assisted suicide” to a group of doctors and you’re likely to get more than a few cold stares. It’s illegal in every state except Oregon; even the topic is considered taboo in most health care circles. Which may not be a good thing, because terminally ill patients still ask for it, and according to a new study, instead of seeking advice or discussing it with colleagues, most doctors deal with the requests on their own.

The study, published in the Archives of Internal Medicine, was based on interviews with 20 physicians who had all been asked by at least one terminally ill patient for help in committing suicide. Half of the doctors participating in the study had helped; the other half had not. Researchers found most kept it to themselves. “Most physicians who received these requests really dealt with them alone,” said lead author Jeffrey Kohlwes, M.D., a physician at the San Francisco VA Medical Center and assistant clinical professor at the University of California at San Francisco. “They perceived an unspoken code of silence on the topic amongst their colleagues,” he added.

According to Kohlwes, dealing with these requests alone creates a sense of isolation and a heavy emotional burden. Four physicians participating in the survey cried during their interviews, a response he linked not to regret, but to their inability to process their actions. “Somehow the medical

community needs to create an environment where these physicians can discuss their decision-making process,” he said.

To help reduce the likelihood of a patient asking for help in committing suicide, the researchers recommend physicians become more adept at recognizing and relieving pain and suffering, be on the lookout for signs of depression, and establish open and clear channels of communication. “Most physicians we interviewed used these requests as a warning flag to aggressively treat a patient’s discomfort, and in many cases they felt this was effective,” noted Kohlwes. The majority of study participants also reported treating patients with antidepressants, a step shown to reduce assisted suicide requests in a previous study.

Though guidelines exist to help doctors deal with assisted-suicide requests, studies on how doctors handle such requests have been few and far between. “Improving the professional dialogue will improve care, and hopefully obviate the need for many assisted deaths,” concluded Kohlwes.

Dallas VAMC Unveils Nocturnal Dialysis Program

Veterans at the Dallas VA Medical Center with end-stage kidney disease can now receive life-saving dialysis while they sleep, a move that doctors anticipate could improve their fluid and metabolic balance, and ultimately make them better candidates for a kidney transplant. The concept was first tried in Europe and Canada with encouraging results, and is now being tested in the United States. Veterans enrolled in the program come to the medical center four nights a week for 10-hour dialysis treatments—more than double their normal treatment.

Based on positive experiences internationally, Dr. Devasmita Dev, chief of dialysis at the Dallas VAMC and assistant professor of internal medicine at the University of Texas Southwestern Medical Center, hopes the program will have several benefits over traditional dialysis treatments. These include giving patients a better quality of life, more energy, and enabling them to perform more activities; achieving an acceptable fluid and metabolic balance; and reducing the amount of medication they need. If the program achieves these results, noted Dev, it could become a cost-effective alternative to traditional dialysis programs. The Dallas VA nocturnal dialysis program is one of the nation’s first.

VA Researchers Link PTSD to Tooth Erosion

Brushing after every meal may not be enough to prevent tooth decay and gum disease for those diagnosed with Post Traumatic Stress Disorder. A new study conducted by researchers at the Buffalo, N.Y., VAMC shows the emotional toll of PTSD can lead to episodes of teeth grinding and jaw-clenching, both of which can cause serious tooth damage.

Dr. Sebastian Ciancio, a dentist at the Buffalo VAMC, presented the findings in March at the annual meeting of the American Association for Dental Research. By studying patients previously diagnosed with PTSD and others who were not, researchers discovered those with PTSD had greater erosion of the surface of their teeth, more plaque and an increased likelihood of getting the gum disease gingivitis. According to Ciancio, people diagnosed with PTSD should avoid acidic foods and be gentle when brushing to ward off erosion on the surface of their teeth. □

HAVE you heard

April 20 was **Frances Rice's** last day as VA's oldest employee. The day after she retired, she turned 94. Rice was a volunteer at the **Boise, Idaho, VA Medical Center** for 38 years before being hired as a pharmacy technician at age 78. She had logged more than 15,000 volunteer hours. Those who worked with Rice in the medical center's pharmacy describe her as a model employee who rarely took sick or annual leave and donated many leave hours to fellow employees. Rice's co-workers hosted a special recognition program for her on her last day of work.

When the American Legion held its mid-year conference in Longmont, Colo., four employees from the **Denver Distribution Center** volunteered their services to perform on-the-spot hearing aid repairs for veterans attending the conference. **Tim Grauer**, Veterans Service Division chief; **Joe Candelaria**, Electronics team leader; **John Hewitt**, Electronics inspector; and **Larry Murdock**, Electronics team leader, joined employees from Denver's VA Regional Office and Medical Center in the outreach effort. "It's our way of saying thanks to the many veterans who have sacrificed so much along the way for the price of freedom," said Murdock, a veteran of the Vietnam War.

Before employees at the **VA Roseburg, Ore., Healthcare System** redesigned how they scheduled patients, waiting times of three to six months were

typical for primary care appointments. But after attending a breakthrough series sponsored by the Institute for Healthcare Improvement and using the information they gathered to restructure their patient scheduling system, patients are being seen by their primary care team in three days or sooner. Their new approach involves a few basic steps: reducing the demand for unnecessary primary care, such as not scheduling patients for routine and unnecessary visits; adding two additional patients per provider to the daily schedule; and involving patients in their own care by giving them responsibility for making appointments that meet their own schedules.

"Smart labels" being tested at the **Hines, Ill., VA Hospital** could make it safer for vision-impaired veterans to take prescribed medications. Employees are testing two types of prescription labels that use a small voice synthesizer to read instructions for how to properly take a medication. Patients unable to read the instructions on pill bottles face a greater risk of serious medication errors, including taking the pill at the wrong time, taking the wrong dose, or mixing the medication with alcohol or other drugs.

The tried and proven system used since 1968 to inform recently separated veterans of their eligibility for veterans' benefits got a recent facelift thanks to employees in the Demand Management

section of **VBA's Compensation and Pension Service**. It takes a series of mass mailings and an ongoing partnership with the Department of Defense to keep the Veterans Assistance Discharge Systems up and running. To keep the material up-to-date, VBA employees revised the letters using the Reader Focused Writing format and included VA Web site addresses, information on Veterans On-Line Application procedures, and all VA toll-free telephone numbers.

Compaq Computer Corporation, a contractor under VA's **Procurement of Computer Hardware and Software Contract (PCHS)**, donated eight computer systems, complete with monitors and speakers, to the Blinded Veterans Association (BVA). The computers, which were configured consistent with VA's Local Area Network, are being used by BVA's field offices to link blinded veterans from all over the country with VA health care and benefits. BVA Executive Director Tom Miller and Field Service National Program Director George Brummell accepted the gift at Compaq's Greenbelt, Md., facility. Federal Data Corporation completed the company's gift with a donation of eight printers and JAWS software for the blind.

Federal law says that when veterans owe more than \$25 to **VA** and the debts are more than 180 days overdue, VA must report the debts to the U.S. Treasury Department. So far, VA has referred some 243,000 names to the Treasury Department, with debts valued at more than \$75 million. This spring, Treasury will begin sending letters to debtors to remind them that they owe the federal government and that the

money can be withheld from other federal checks, like Social Security. Treasury will send two separate letters to warn delinquent debtors of an impending deduction. Veterans affected by the withholding will still receive the first \$750 of each month's Social Security payment and only 15 percent of the amount greater than \$750 can be withheld. Veterans can avoid any loss of federal payments by voluntarily settling their debts with VA.

Vivieca Wright, staff assistant to the **VISN 9 (Nashville)** network director, was whisked away in a limousine for a guest appearance on the Oprah Winfrey Show in Chicago. Wright is president of the Progressive Women's Investment Club. She and three founding club members were invited to the show to discuss their club's rating as the year 2000's number one performing investment club in the nation.

When emergency medical providers are called to a home, access to important health information can sometimes be the difference between life and death. Recognizing the value of this information, the **Wichita, Kan., VA Medical Center** presented veterans with "Vials of Life" during the National Salute to Hospitalized Veterans. The vials, actually large plastic pharmacy bottles, contain a personalized medical information sheet, a red sticker for the front door alerting medical personnel that a "Vial of Life" is on the premises, and a refrigerator magnet to indicate that the vial is inside the fridge. Emergency response teams in Kansas are trained to be on the lookout for "Vials of Life" stored in the upper right corner of a patient's refrigerator. □

HONORS



and awards

The **James A. Haley Veterans' Hospital in Tampa, Fla.**, recently attained the coveted "Magnet Hospital" status from the American Nurses Credentialing Center (ANCC), a designation held by less than 30 hospitals nationwide. Magnet status, the highest level of recognition by ANCC, is attained through a rigorous application and review process, followed by an in-depth site evaluation. Research on magnet hospitals shows they have improved patient care outcomes, lowered patient mortality, increased patient satisfaction and led to better retention rates for the nursing staff. "We are extremely proud of our nursing staff for their achievement of this esteemed award by ANCC," reported **Sandra Janzen**, associate chief of staff for Nursing. "This recognition acknowledges their professionalism and commitment to providing the highest quality of care to our veterans in an organizational environment that supports nursing services."



Janzen

The list of America's top 50 organizations recognized for providing multicultural business opportunities reads like it's straight out of Fortune 500—Microsoft, Wal-Mart, Boeing, IBM and Cisco, to name a few. And now, thanks to the efforts of VA's acquisi-

tion professionals, VA has been added to that list. More than 50,000 women and minority-owned businesses voted VA among America's top 50 organizations for providing multicultural business opportunities in the first-ever Internet election. The results were announced on the cable TV network CNBC. "This recognition is well deserved, as the majority of VA acquisition professionals work hard to provide opportunities for the small business community. It is nice to see their effort be recognized by the small business community they serve," said **Scott Denniston**, director of the **VA Office of Small and Disadvantaged Business Utilization**.

The Chaplain Department at the **Detroit VA Medical Center** became the first in VA to receive accreditation from the Joint Commission on Accreditation of Pastoral Services (JCAPS). "We wanted to look at our own department and determine what we could do to better serve veterans' spiritual needs," said Chief Chaplain **Michael Carr**. After evaluating each chaplain's level of professionalism, education, experience, ordination and endorsement, and assessing the quality of spiritual care they provide, JCAPS determined they met the Standards for Accreditation of Pastoral Services approved by the Coalition on Ministry in Specialized Settings. "We knew that we were fulfilling all of the JCAPS standards and it was a real team effort on behalf of the chaplain staff

and under the encouragement of our director and his staff to collect the data needed to prove that we met those standards," said Carr. The Chaplain Department prepared for the JCAPS site visit for more than a year.

Virgil Roberts, a volunteer at the **VA Sierra Nevada Health Care System** who has spent more than 23,800 hours serving veterans, was selected as one of five winners of the annual KTVN Channel 2 "2001 Jefferson Awards." Film crews from the TV station interviewed Roberts as he worked in the Reno VA Medical Center and kept the cameras rolling as Director **Gary Whitfield** spoke about Roberts' contributions. The segment aired on the evening news in March. "It's a pleasure working with Virgil," noted **Angela Fisher**, Roberts' supervisor. "He has a smiling face, a positive attitude and he is willing to help out wherever he can, despite his physical limitations."

Jyoti R. Shah, M.D., director of Behavioral Services at the **Wilkes-Barre, Pa., VA Medical Center**, will be installed as secretary of the Pennsylvania Psychiatric Society this June. Shah is expected to move up the society's executive line, ultimately serving as president in 2004.

Teresa Wright, M.D., chief of Gastroenterology at the **San Francisco VA Medical Center**, was honored for her leadership and outstanding achievements in hepatology and the treatment of viral hepatitis by the Northern California chapter of the American Liver Foundation. She is one of the foremost experts on liver disease and viral hepatitis and has been instrumental in the

development of new therapies for hepatitis B and C.

Through continuous contributions to improving services to patients and the practice of nursing, **Tim Royer**, nurse manager on the Intravenous (IV) Team at the **VA Puget Sound Health Care System**, was selected by the Puget Sound Chapter of IV Nurse's Society as the IV Nurse of the Year. Royer's selection includes his advanced work with the Site Rite instrumentation to reduce interventional radiology.

Les Rothman, chief of Recreation Therapy at the **James A. Haley Veterans' Hospital in Tampa, Fla.**, was inducted into the Wheelchair Sports, U.S.A. Hall of Fame. His more than 25 years of officiating wheelchair sporting events were detailed in the January 2001 issue of Sports 'N Spokes, a magazine for wheelchair sports and recreation. "Known as one of the country's top officials, Rothman helped create the National Wheelchair Officials Association (NWOA) and served as a NWOA Official from 1975 to 1995 and as chairman from 1982 to 1991," notes the article.

The Southern New Hampshire Chapter of the National American Association of Critical Care Nurses selected **Diane Forti, R.N.**, an emergency room nurse at the **Manchester, N.H., VA Medical Center**, as Nurse of the Year.

Dr. Martha Farber, lead physician of Ophthalmology at the **Albany, N.Y., VA Medical Center**, was selected to become a director of the American Board of Ophthalmology beginning January 1, 2002. She is the second woman director in the history of the board. □

HEROES



Steven C. Murrell, R.N., a charge nurse in the Extended Care and Rehabilitation Center at the **Durham, N.C., VA Medical Center**, was driving to work when he saw a small car plunge over an embankment. He immediately pulled to the side of the road and climbed down the embankment to see if he could help. There was smoke rising from the wrecked car and as he got closer, Murrell saw the driver was alert, but she was making no effort to get out of the car. No one else was around, so he pulled the woman from the wreckage and managed to get her up the embankment. Once on the road, he flagged down another vehicle and called paramedics. He stayed with the woman and comforted her until an ambulance arrived and took her to Duke University Medical Center.



Lionel Gutierrez, a volunteer in the **New Mexico VA Health Care System**, shuttles veterans from Gallup, N.M., to the Albuquerque VA Medical Center three or four times a week in the Disabled American Veterans van. While returning from the medical center last February, he watched helplessly as a van in front of him hit a sheet of ice, lost control and careened into a concrete embankment, coming to rest on its side in a ditch. He immediately pulled over to help. As he approached the van, he saw a family of nine was trapped inside. With the help of another passerby, Gutierrez rescued the parents and several children. Their nine-

year-old son, however, was not so lucky. Half his body was jammed through the windshield. Using the medical skills he honed in Vietnam, Gutierrez crawled inside the wreckage to administer first aid to the boy. Tragically, little could be done, and the boy died in his arms. Gutierrez remained with the family, comforting them until medical personnel arrived.



Gayle Bowman, a registered nurse at the **Sayre, Pa., VA Outpatient Clinic**, and her husband, a nurse at Robert Packer Hospital, happened to be in the right place at the right time—aboard a 747 bound for Las Vegas—when an in-flight emergency unfolded. Midway through the flight, an airline attendant asked for help when one of the passengers mysteriously lost consciousness. The Bownmans responded and were able to stabilize the man and avert an emergency landing. They stayed with the patient until the plane landed safely in Nevada, where waiting paramedics rushed the man to a nearby hospital.



What started as a typical medication run on Ward 4B for **Pat Jones**, a nurse at the Nashville Campus of the **VA Tennessee Valley Healthcare System**, turned into a first-degree emergency when she noticed a veteran at the lunch table who appeared to be having difficulty breathing. She asked the man if he was choking and he jumped up and shook his head to

indicate he was. Jones got into position to perform the Heimlich maneuver and successfully cleared his airway.



It was a simple request, but it took a high-tech VA team to pull it off. A dying patient at the University of Pittsburgh Medical Center (UPMC) wanted to say her final goodbye to her husband of 46 years, a veteran hospitalized at the **Butler, Pa., VA Medical Center**. But neither patient could be safely transported. A videoconference link between the two facilities was the only way to bring the couple together one last time. After a few failed attempts, staff from Butler VAMC's Information Technology section realized they would need a video bridge in order to connect the call. They convinced MCI to donate some bridge time and the call was finally possible. Though unable to speak because of their conditions, the couple blew kisses, used hand signals, whispers and other gestures to say their final goodbyes.



G.P. Husson, director of the **Beckley, W. Va., VA Medical Center**, was shopping in a local mall when he saw a store employee collapse. A former medic in the U.S. Navy, Husson immediately came to the woman's aid. He assessed the situation and noticed that the semi-conscious woman was choking. He rolled her on her side to prevent her from suffocating and remained on the scene until paramedics arrived.



It happened in the blink of an eye. Nursing assistant **Delores Davenport** was eating lunch in the canteen at

the **San Francisco VA Medical Center** when she saw a man jump to his feet and put his hands to his neck as if he were choking. She immediately ran over and asked if he could speak. When the man didn't respond, she moved into position to perform the Heimlich maneuver. After two quick thrusts, she dislodged the obstruction.



Good Samaritans **Charlotte Burroughs** and **Melanie Witt**, both care managers at the **Tuscaloosa, Ala., VA Medical Center**, were returning from lunch one day when they saw an elderly man stumble and fall on the sidewalk. By the time they reached him, he was staggering to his feet. He was covered in sweat and his skin looked clammy and ashen. They put the veteran in their car and drove him to the Urgent Care Unit, where he was found to be suffering cardiac arrhythmia. He was transported to the Birmingham VA Medical Center for further treatment.



Employees of the **VA Tennessee Valley Healthcare System** joined together to raise funds for **Kelly Greene**, the 12-year-old daughter of employee **Debbie Greene**, an administrative officer in Surgical Service at the Nashville Campus. Kelly was diagnosed with Primary Sclerosing Cholangitis, the same disease that took the life of NFL great Walter Peyton. She underwent chemotherapy treatments, but late last year her liver disease worsened dramatically. She underwent a series of tests at the Cincinnati Children's Hospital and was placed on the liver transplant list. Thankfully, she received her transplant this March and is recovering well. □