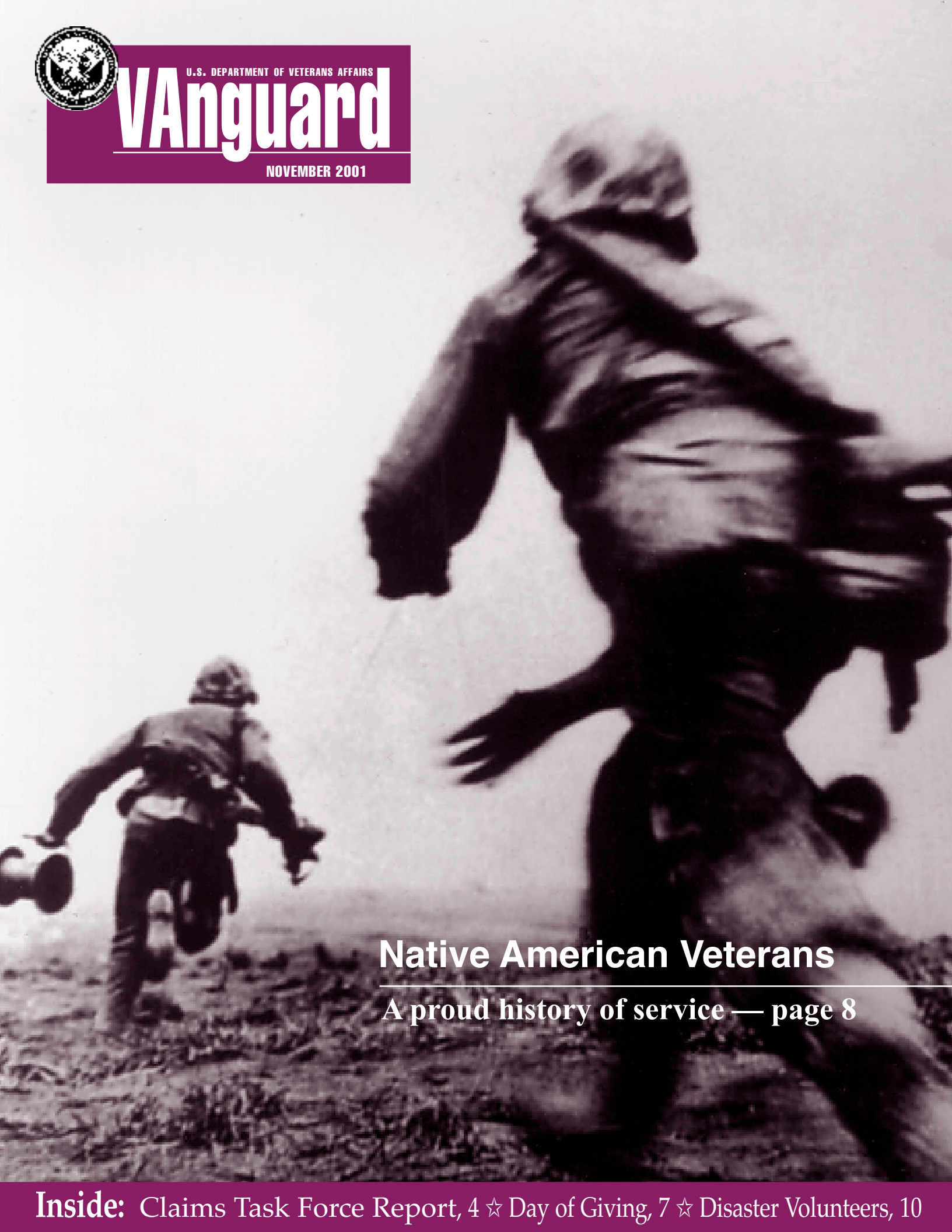




U.S. DEPARTMENT OF VETERANS AFFAIRS
Vanguard

NOVEMBER 2001



Native American Veterans

A proud history of service — page 8

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On the cover:

This photo from the Code Talkers exhibit at the Pentagon shows radio operators laying wire to transmit secret messages between military commanders and advancing Marine units in the South Pacific during WWII. Japanese forces were never able to crack the code, which was based on the Navajo language.

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INTRODUCING

Jack Maloney

Day suddenly turned to night on the morning of Sept. 11, 2001, as two symbols of America's financial might, the World Trade Center's twin towers, crumbled to the ground after being struck by hijacked airliners. There was a thundering explosion followed by thick clouds of blinding smoke. Screams of panic spread across Lower Manhattan as a chalky powder—a mix of drywall dust, ash and other debris—engulfed the city, blocking the sun and coating thousands of New Yorkers fleeing the chaos and destruction.

"It was like a war zone," said Jack Maloney, team leader at the Manhattan Vet Center. He said there was a great deal of fear and uncertainty following the attack. "It felt like being in a mortar attack in Vietnam. You could see clouds of smoke, dust in the air, and smell the fire ... people just didn't know what to do." The former Marine froze for a second. Then he raced onto the streets.

He made his way to the vet center, only to find that U.S. Marshals had closed the building. As he stood outside pondering his next move, the second tower came crashing down. "It was very surreal," he recalled. "People were running and screaming, but when I saw the building come down, I knew what I had to do."

Maloney had to get to the Red Cross where he could help those affected by the tragedy. In addition to being an addiction and trauma counselor, Maloney is certified by the Red Cross in disaster mental health. He spent the next 10 hours setting up and staffing a debriefing center at the American Red Cross New York

headquarters at 66th and Amsterdam.

The next morning, he reported to the Police Command Center located parallel to Ground Zero. He distributed water and bubble gum to rescue workers and tried to assist those struggling with the trauma that comes with pulling broken bodies from mountains of rubble.

On Friday, Sept. 14, he visited the New York City Armory where families of the missing gathered for information and assistance. "It was hard to watch," he admitted, explaining that it was difficult to see so many families struggling with their grief.

By the weekend, Dr. Alfonso Batres, director of VA Readjustment Counseling Service (RCS), and Dr. Rodney Haug, RCS regional manager, arrived in Manhattan to help VISN 3 (Bronx, N.Y.) establish a VA presence at Pier 94, the Family Assistance Center. "We were there helping families of veterans, telling

them about VA benefits and encouraging them to seek trauma counseling," said Maloney, who received a plaque of appreciation from VA Secretary Anthony Principi when he visited Manhattan following the disaster.

Though some time has passed, Maloney said for many, the wounds of Sept. 11 remain fresh. "There's a general sense of sadness ... it's almost like the whole city is suffering from depression." Thankfully, experts like Maloney are using their skills to help Americans process their feelings of grief and sorrow in the wake of this national tragedy. ❑

By Matt Bristol



John A. Gauss, Ph.D.,
Assistant Secretary for
Information & Technology



Having recently retired from 32 years of active duty in the United States Navy, I have been dedicated to the defense of our nation and to the young men and women

who serve this country in uniform.

While on active duty, I was responsible for providing our sailors, soldiers, airmen and Marines with the best possible information technology (IT) to enable them to accomplish their assigned missions.

As the new Assistant Secretary for Information and Technology and Chief Information Officer (CIO), I am committed to bringing the best people, processes, systems and technology to the Department of Veterans Affairs (VA).

I enthusiastically endorse the Secretary's vision for VA to be the innovators in IT—the agency to emulate. It is time for our information systems to change to keep up with new technologies and with the higher expectations of our stakeholders.

The Secretary has promised to “develop a comprehensive and integrated information technology system that will allow VA to be more effective, more efficient, and more productive for America's veterans and their families.”

Last spring, he established a task force to deliver on that promise. The task force examined a wide range of issues affecting VA's IT, including computer security, privacy, business processes, data systems, telecommunications and the integration of more than 700 different systems throughout the country.

Senior VA executives from both our business and IT programs, representing all three of our administrations and key staff offices, came

Enterprise Architecture is Key to VA's New IT Strategy

together as a team and developed VA's Enterprise Architecture. Experts from private industry and other elements of the federal government assisted the task force in this effort.

The Secretary charged them with breaking down organizational barriers to develop a *One VA* approach to Enterprise Architecture. He required unanimous consent before he would approve the report they developed.

The task force held numerous meetings and briefings to provide a comprehensive, three-dimensional perspective on the problems and issues facing VA, veterans, and IT in the coming years. The report, entitled “Enterprise Architecture: Strategy, Governance, & Implementation,” represents the culmination of their efforts.

The Secretary's goal is to redefine the way VA does business and to end the practice of “stove-piped,” non-connected, incompatible IT systems. Enterprise architecture, as part of VA's overall IT strategy, will be a valuable and integral blueprint to accomplish this goal. It is a tremendous undertaking, and thanks to the task force's tireless efforts we now have a detailed approach to begin the hard work ahead.

Enterprise architecture represents the guiding principle for streamlining and modernizing VA's IT to better serve our nation's veterans. The “enterprise” is VA and the “architecture” is the complex framework of processes, systems and programs by which VA provides health care and benefits to veterans and their families.

At the end of the process, veterans will need to register for benefits and health care only once. Veteran information will be available anywhere, anytime, to any authorized user at all VA facilities.

Security and privacy will be ensured and maintained. VA health care and benefits providers will be

able to assist veterans in a timely and comprehensive manner. Ultimately, VA will be able to save time, effort and money.

I want to point out that this is just the start of a long and dynamic process. VA's senior leadership team is committed to ensuring that this effort is successful. As the CIO, the Secretary is holding me accountable for successful implementation of the Enterprise Architecture.

As a result, members of the task force and I will be visiting VA facilities across the country over the next 12 months to talk about what this new strategy means to veterans, VA and its employees. We welcome the opportunity to brief anyone interested in this issue as we move forward quickly and responsibly to make this new vision a reality. □

Seven IT Performance Objectives for FY 2002

- Improve performance and responsiveness to veterans by completing the Enterprise Architecture roadmap.
- Implement a strong information security infrastructure to protect the privacy of veterans.
- Integrate disparate telecommunications networks to connect all of VA.
- Create a program/project management process to oversee and help VA managers deliver products that meet requirements, are delivered on time and stay within budget.
- Establish standard performance measurements to ensure accountability.
- Design, test and implement a command and control system for crisis response.
- Develop a comprehensive plan to shape a future VA IT workforce whose diversity represents the “face of America.”

Claims Task Force Delivers Recommendations

The 12-member blue ribbon panel created last May to study VA's worsening claims backlog completed its work and delivered a final report to VA Secretary Anthony Principi last month. Principi formed the group to conduct a top-to-bottom review of the claims processing system and recommend actions VA can implement immediately without legislation.

Headed by retired Vice Adm. Daniel L. Cooper, the Claims Processing Task Force examined 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. Over a four-month period, the task force reviewed past studies and recommendations to address the problem, visited VA regional offices, examined training, records and data processing centers, and held open

hearings with both the general public and private sector organizations.

The task force gave Principi 34 recommendations, more than half of which can be accomplished within six months. The goal is to reduce the claims backlog and processing times by 50 percent over the next two years.

"I told Admiral Cooper and members of the task force that I did not want a discussion of abstract theories of veterans benefits—I wanted practical actions I could take to improve VA's claims processing," Principi said as he accepted the group's report. "I do not expect a single silver bullet to fix all our claims processing ills. We have gotten beyond simple fixes."

The panel specifically identified ways to free up VA employees to spend more time helping veterans with their claims, to improve the basic claims process, to enhance

accountability at all levels, and to encourage all VA offices to get involved in tackling this problem. "Improving the process can be achieved only if the entire organization sees it as 'their' problem," the task force wrote in its report. "Solving the problem will demand full cooperation and understanding at all levels."

While praising VBA management and staff for their dedication to finding ways of alleviating the problem, the task force found that many claims processing improvement projects suffered from "poor or incomplete planning and uneven execution." Current and former VA officials, veterans service organization representatives and other experts served on the task force.

Reforming the claims processing system is the Secretary's top priority. To download a copy of the report, go to www.va.gov/opa/fact/claimstf/. □

Hearings Examine VA's Disaster Response Role

VA's role in the nation's response to domestic disasters like the Sept. 11 terrorist attacks should be expanded. That was the conclusion reached at hearings held last month by the House and Senate Veterans' Affairs Committees to review the Department's response to the attacks and examine what its future involvement should be.

For nearly 20 years, VA has been a partner with the Department of Defense (DoD), Department of Health and Human Services, and the Federal Emergency Management Agency in the National Disaster Medical System (NDMS). The NDMS is a joint effort between the federal government and the private sector to back up civilian health care in response to disasters. In the hours after the Sept. 11 attacks, all 80 disaster teams of the NDMS were put on alert for the first time ever.

Since VA operates the largest integrated health care system in the country, it has considerable medical resources to offer in helping the nation deal with domestic crises or military casualties. Aside from being ready to make thousands of hospital beds available on short notice, VA

also stockpiles pharmaceuticals and antidotes for biological and chemical toxins.

Long recognized around the world as the authority in treating post-traumatic stress disorder (PTSD), VA can provide highly skilled mental health staff to help those affected by terrorist attacks and other disasters. And the Department recently developed a nationwide registry of employees who volunteer with organizations like the Red Cross and have the training to respond to disasters.

But the chairmen of the House and Senate Veterans' Affairs Committees told VA Secretary Anthony Principi at the hearings convened on Oct. 15 and 16 that the Department can and should do more.

Congressman Chris Smith (R-N.J.), chairman of the House Veterans' Affairs Committee, said VA is uniquely positioned to help defend the nation against bioterrorism and should get new federal funding to do so. He announced plans to introduce legislation to open four National Medical Preparedness Centers: two focusing on chemical and biological threats, and the other two on

radiological threats.

Smith said he'd like to provide VA \$100 million over five years to develop the centers, which would research methods of detecting, diagnosing, vaccinating against and treating threats such as anthrax and smallpox. The centers could conduct their own research, as well as coordinate ongoing and new research at other government agencies and research universities.

Another role of the centers would be to disseminate the latest and most comprehensive information to public and private hospitals and health care workers across the country, Smith said. Less than 20 percent of private hospitals have plans to treat victims of chemical or biological weapons, according to a study published in the May issue of the *American Journal of Public Health*.

"We need to make a major effort to prepare America to prevent or respond to the new and very real threats from chemical, biological and radiological terrorism," Smith said.

Senator Jay Rockefeller (D-W.Va.), chairman of the Senate Veterans' Affairs Committee, said he's concerned that VA may not be a

full partner in the federal government's effort to plan a national response to terrorism. "You're the largest health care system in the country, and my opinion is, you're not at the table enough," he told Principi.

While the Secretary said he's been satisfied with the level of interagency cooperation and VA's involvement during and since the Sept. 11 attacks, he acknowledged there's room for improvement. "Are we at the table as much as we should be? Probably not. We need to be there as a partner," he said. Rockefeller said the federal government must make use of VA's vast medical capacity and expertise. "VA can offer invaluable services during a public health care emergency. This is a huge system with enormous capacity."

Principi told the House and Senate Veterans' Affairs Committees that in the wake of the Sept. 11 attacks, he formed a group of senior officials to assess VA's ability to respond to a biological, chemical or radiological weapons attack, while continuing its missions to care for veterans and provide back-up medical support to DoD during war or national emergencies. Among the group's findings:

- Some regions of VA's health care system would be hard-pressed if they had to treat military and civilian casualties of chemical or biological agents in addition to carrying out their primary mission of caring for veterans.

- Inventories of medical equipment and pharmaceuticals at VA medical centers may not be adequate to

address medical needs in the critical first hours after an attack, especially one involving chemical agents. VA medical centers also need more personal protective gear and training to deal with attacks.

- Call-ups of Reserve or National Guard units could result in severe medical staffing shortages at VA facilities.

- Long-term deployments of VA mental health staff to provide PTSD counseling to disaster victims could affect VA's ability to treat veterans.

- VA's Emergency Operations Center in headquarters needs to be enhanced to improve the Department's ability to function effectively during a crisis.

The Secretary said the group's recommendations are under review for implementation. □

Nineteen VA Executives Win Presidential Rank Awards

Three VA leaders received Distinguished Executive Awards in the 2001 Presidential Rank Awards program. It's an honor bestowed on only 1 percent of career senior executives in the entire federal government.

Linda W.

Belton, Director of VISN 11 (Ann Arbor, Mich.), was recognized for leading the network as it expanded from seven medical centers and five community-based outpatient clinics to a current system of seven medical centers and 21 community-based outpatient clinics. The increase in community clinics significantly improved access to care for the 1.5 million veterans in the network's service area.



Belton

Robert W. Schultz, Principal Deputy Assistant Secretary for Human Resources and Administration in VA Central Office (VACO), was recognized for his ability to motivate employees across organizational lines to achieve a common goal. Under his guidance, VA established a child-care center for VACO employees and a national-level steering committee on child care subsidies. He managed a multi-

year project to renovate the VACO building on schedule and under budget, and established and leads a Department-wide steering committee on workforce planning.

John H. Thompson, Deputy General Counsel in VACO, was recognized for serving as VA's top career lawyer and manager of day-to-day legal operations. An accomplished legal advisor, legislative counsel and legal manager, he has been instrumental in shaping federal veterans benefits and services.

Another sixteen VA career senior executives were honored in the Meritorious Executives category. Only 5 percent of career senior executives are chosen for this honor.

They were: **E. Douglas Bradshaw Jr.**, Assistant General Counsel, VACO; **Thomas A. Cappello**, Deputy Director, VISN 7 (Atlanta); **James J. Farsetta**, Director, VISN 3 (Bronx, N.Y.); **William D. Fillman Jr.**, Director, Muskogee, Okla., VA Regional Office; **Wallace M. Hopkins**, Director, Amarillo, Texas, VA Medical Center; **Anatolij Kushnir**, Director, Office of Asset Enterprise Management,



Schultz

VACO; **Stephen M. Lucas**, Director, Wilkes-Barre, Pa., VA Medical Center; **Michael D. Olson**, Director, Chicago VA Regional Office; **Allan S. Perry**, Director, VA Central California Health Care



Thompson

System; **Michael B. Phaup**, Director, Durham, N.C., VA Medical Center;

Maureen T. Regan, Counselor to the Inspector General, VACO; **Phillip J. Ross**, Director, Cleveland VA Regional Office; **Michael A. Sabo**, Director, VA Hudson Valley Healthcare System; **Dennis H. Smith**, Director, VA Maryland Health Care System; **Michael C. Walcoff**, VBA Associate Deputy Under Secretary for Field Operations, VACO; and **Montgomery D. Watson**, Director, Montgomery, Ala., VA Regional Office.

Chosen through a rigorous selection process, Presidential Rank Award winners are nominated by their agencies, evaluated by boards of private citizens, and approved by the president. The evaluation criteria focus on the executive's leadership in producing results. President George W. Bush honored this year's 345 winners at an Oct. 15 ceremony in Washington, D.C. □

VA Unites to Aid, Remember Attack Victims



Less than three weeks after the terrorist attacks on America, the Beckley, W.Va., VA Medical Center dedicated this memorial to the victims on its grounds.

Compassion replaced shock and grief in the wake of the Sept. 11 terrorist attacks, as VA employees across the country took steps to assist those affected by this national tragedy. Many held remembrance ceremonies and prayer vigils. Some put on fundraisers and blood drives. Others dedicated memorials to those who lost their lives in the attacks.

The urge to help others is a very healthy response, according to Dr. Matthew Friedman, director of the VA National Center for PTSD. "One of the most difficult aspects of a traumatic event is the overwhelming sense of powerlessness," said Friedman, from his office at the White River Junction, Vt., VA Medical and Regional Office Center. "Empowerment is essential ... particularly when the nature of the activity directly assists those affected by the trauma. You're helping your own recovery while assisting others with their trauma."

Operation We Care kicked off at the White River Junction VA Medical and Regional Office Center on Sept. 13 to bring together employees affected by the attacks. They gath-

ered to write messages of hope and encouragement for their colleagues in the VA New York Harbor Health Care System. "We wanted to do something and we thought we'd send a card," explained Deborah Cutts, a risk manager. "What we didn't plan on was the number of people who wanted to sign it." Chief Nurse Kate Harty suggested using a large roll of wrapping paper, and the "card" was born.

"It was so large," wrote John J. Donnellan Jr., director of VA New York Harbor Health Care System, "that we divided the card into three 30-plus foot sections." The sections were put on display in the lobbies of the system's New York, Brooklyn and St. Albans campuses. "I cannot tell you how deeply this has touched our staff," he wrote in an e-mail message to Assistant Deputy Under Secretary for Health Laura Miller. "This is one of many examples of the outpouring of support we have

received from our VA family."

Across the country, at the Reno, Nev., VA Medical Center, Director Gary R. Whitfield gathered staff the day after the attacks for the first in a series of employee forums. The forums provided employees with updates on the events unfolding in Washington, D.C., and New York City and featured the medical center's expert on trauma-related stress, Dr. Richard H. Rahe, who spoke about the stages of severe stress and how employees could best manage their feelings in the aftermath of such horrific attacks.

As the list of confirmed dead and missing continued its upward spiral, communities came together to mourn the loss of life and show support for victims' families. Many chose the hallowed ground of VA national cemeteries as focal points for candlelight memorial services and prayer vigils.

(continued on page 12)

Coping With Severe Stress

In addition to his work as a psychiatrist at the Reno, Nev., VA Medical Center, Dr. Richard Rahe is an internationally recognized expert on severe stress and is director of the Nevada Stress Center. In the days after the Sept. 11 terrorist attacks, he spoke with employees about the stages of stress and the body's reaction to stress. The following are excerpts from his briefing.

■ First Stage: Shock and Disbelief

This stage may last from a few hours to several days. Symptoms are disbelief, anguish, fatigue or loss of appetite. Rahe recommends getting in touch with family or friends, helping others or exercising.

■ Second Stage: Fear and Panic

May also last from the first few hours to several days. Symptoms are fear, avoidance and doubt of ever recovering. Re-establishing your normal routine and resisting the urge to panic will help you move past this stage.

■ Third Stage: Anger and Blame

Can appear during the first weeks. Symptoms are outbursts of anger, suspiciousness or loss of interest and motivation. Rahe recommends keeping an eye on the long road ahead instead of the current difficulties, continue eating well and exercising, strengthen your faith and be on the lookout for your own irrational or aggressive behavior.

■ Fourth Stage: Eventual Readjustment

Usually occurs within the first few weeks to months. Symptoms are feelings of loss, depression and suspiciousness. To move past this final stage, Rahe recommends that you continue talking with friends and family, continue to help others, have confidence in yourself, don't focus on revenge and start to plan for a life that is never completely safe.

VA Employees Donate \$265,000 to Relief Funds

On a single "Day of Giving," VA employees at national cemeteries, regional offices and medical facilities across the country raised more than \$265,000 for the "VA Remembers September 11th Fund." The outpouring of donations reflects the generosity and compassion of VA employees who, like most Americans, were deeply affected by the horror of black Tuesday's attacks.

"Although this token of our solidarity does not lessen the suffering of the victims' families, we hope it will remind them that they do not suffer alone and that the nation and VA's employees stand united with them," said VA Secretary Anthony Principi.

VA conducted the "Day of Giving" drive on Oct. 3 at all facilities. Each site set up a central collection point and employees dug deep into their pockets to contribute to the relief effort. The VA Canteen Service also pitched in by donating all proceeds from the sale of patriotic T-shirts, baseball caps and pens. The money collected was donated to two relief agencies directly involved in assisting victims and families affected by the terrorist attacks.

During a Nov. 6 ceremony in VA Central Office, Secretary Principi presented a combined check to Anthony Buzzelli, 2001 United Way Campaign chairman, and Beth



Chaplain Hugh Maddy, deputy director of VA Chaplain Service, leads the benediction at a VACO ceremony to present VA's "Day of Giving" contribution to the Sept. 11 relief efforts. With Maddy are Assistant Secretary for Human Resources and Administration Jacob Lozada and Secretary Anthony Principi.

Brummel, program manager for the Survivors' Fund of the Community Foundation for the National Capital Region. While the United Way will use the funds to provide short-term emergency assistance in both Wash-

ington, D.C., and New York City, the Community Foundation will concentrate on supporting the long-term needs, such as education, health and rehabilitation, of the victims' families in the D.C. metropolitan area. □



Searching for Evidence

VA has made a major contribution to the World Trade Center evidence recovery effort in Staten Island. Employees of the VA Office of Inspector General have been among the hundreds of federal, state and local investigators combing through the debris deposited at this site. A small FBI health unit in an overcrowded Army tent was supporting the team of investigators who were reporting about 15 injuries a day. The IG's office asked VISN 3 (Bronx, N.Y.) for assistance and the next day a VA mobile treatment unit was on the scene providing quality care in a professional clinic setting.

American Indians Find Hon



Ken Hall, team leader at the Prescott, Ariz., Vet Center, which established the first VA presence on tribal land with the opening of an outpost on the Hopi Indian reservation.

Frank Harwood had never heard of the Selective Service. So when his buddies started talking about registering, the 18-year-old high school dropout went down to the Army recruiter to find out what it was all about. “They wanted to sign me up on the spot,” he recalled, laughing. The year was 1966.

A Blackfoot Indian, Harwood was eager to serve his country. He asked his grandfather for advice. “He said maybe I should join the U.S. Navy to learn a trade.” He spent the next three-and-a-half years on an aircraft carrier in the Gulf of Tonkin.

Many American Indians join the armed forces to bring honor and pride to themselves and their families. In Vietnam, they served at three times the rate of other cultural groups, per capita, according to the Department of Defense. And like Harwood, who went on to earn his master’s degree in social work and now serves as team leader at the Yakima, Wash., Vet Center, 90 percent of them volunteered for military service.

Anthony Hawkins, acting direc-

tor of the VA Center for Minority Veterans, said they often volunteered to serve in some of the most elite combat units—Special Forces, Marine reconnaissance, paratroopers. And because of the stereotype that they were stealthy scouts, they got stuck walking point. That left them vulnerable to enemy fire and highly susceptible to the psychological trauma of war.

Hawkins points to the 1997 final report of the Matsunaga Vietnam Veterans Project, a congressionally mandated study of American Indian and Asian-Pacific Islanders

who served in Vietnam, which showed that about 50 percent of American Indian veterans suffer from post-traumatic stress disorder. For many, getting help hasn’t always been easy.

Tribal lands are in remote locations, hours away from health care or social services. As a result, American Indian veterans had a hard time accessing VA benefits and services. So in the early 1990s, VA began bringing services to them. The Prescott, Ariz., Vet Center established the first VA presence on tribal land when the staff opened an outpost on the Hopi Indian reservation. Other vet centers and community clinics soon followed suit. Today, many use traditional native counselors and ceremonial services to better serve American Indian veterans.

Distance isn’t the only barrier. Cultural differences also play a role. At the Hot Springs, S.D., VA Medical Center, where patient surveys show Native Americans make up anywhere from one-quarter to one-third of all veterans served, Sharyn Richards, an Oglala Sioux (Lakota) and patient representative, is work-



PIPESTONE COUNTY STAR PHOTO

Santee Sioux warriors and Navy veterans Myron Taylor and Ray Redwing (standing) honor VA Secretary Anthony Principi for his service during a pipe ceremony at the Sioux Falls, S.D., VA Medical & Regional Office Center.

or, Pride in Military Service



Navajo Code Talkers used a code based on their native language to transmit secret messages during World War II.

ing to overcome cultural barriers. “Fortitude is valued in their society,” she explained. “When we used our pain scale to gauge their level of pain, they always minimized it.” Now, instead of asking the veterans directly, nurses will ask family members to describe their loved one’s level of pain. And if they use the scale, instead of asking if their pain is “*excruciating*,” nurses will be more descriptive, asking, “*Does the pain keep you awake at night?*”

Dennis Quigley is a veterans service officer in the Rosebud Sioux Tribe Veterans Affairs Program. A former Marine, he helps American Indian veterans file benefits claims and access VA health care. He said employees at the Hot Springs VAMC have “really gone out of their way to accommodate Native American veterans.” He explained that they provided a van to transport veterans to their appointments and have implemented a cultural sensitivity program for employees. “This is a very positive step and I’d like to see us continue working together in a harmonious way.”

When it came to applying for compensation and pension benefits, some American Indians didn’t understand the legalese wording of

tions stepped up their outreach efforts. At the Phoenix VA Regional Office, for instance, employees began training members of the Navajo Nation to become certified veterans service officers.

The Navajo Reservation is the largest in the country and is located about 200 miles north of Phoenix. “We’d been going out to the reservation to tell Native veterans about VA benefits for years,” said Jerry Gessner, staff assistant to the director at the Phoenix VA Regional Office.

He said they initially trained Navajo veterans service officers so they could answer questions about VA benefits. “Now our intent is to train them adequately so they can pass the veterans service officer certification test administered by VA General Counsel,” said Gessner. Passing the test allows service officers to file claims on veterans’ behalf and represent them in claims hearings.

In many American Indian cultures, it’s important for families to watch as their loved ones are buried. Some may want to perform a burial ceremony—burning sage or sweet grass, or maybe gathering for a spirit song accompanied by a lone drum. And for a long time, those activities

weren’t allowed at VA national cemeteries. Robert Poe, director of the Black Hills, S.D., National Cemetery, said American Indian veterans from the Pine Ridge Reservation were quite unhappy with VA burial restrictions. Chief among their complaints was the 30-minute time frame for services and the fact that families were not allowed to be graveside for the burial. “My feeling was that these are veterans,” said Poe, “they fought for

(continued on page 10)

The Unbreakable Code

Soldiers like Van Barfoot, a Choctaw from Mississippi who served with the 45th Infantry Division in World War II, exemplify the values esteemed by Native American cultures—honor, pride and courage. With his platoon engaging an entrenched enemy force near Carano, Italy, on May 23, 1944, Barfoot single-handedly silenced three successive enemy machine gun positions and captured 17 prisoners.

When the enemy launched an armored counterattack, he took up an exposed position in front of three advancing Mark VI tanks, and using a bazooka, disabled the lead tank and stalled the enemy advance. He later carried two seriously wounded men 1,700 yards to safety. For his actions, he was awarded the nation’s highest military honor, the Congressional Medal of Honor.

Navajo Code Talkers also exemplified those values. They

(continued on page 10)

Code Talkers (cont.)



Maj. James P. Cassella, of the Defense Department Press Office, with the Code Talkers exhibit at the Pentagon.

used a code based on their native language to transmit secret messages between military commanders and advancing Marine units in the South Pacific. It was a code Japanese forces were unable to crack.

Military experts have credited these brave radio operators with

contributing to U.S. victories in the battles for Iwo Jima, Guadalcanal, Tarawa, Saipan and Okinawa. In the first 48 hours of the assault on Iwo Jima, the Code Talkers transmitted about 800 error-free messages.

The first 29 Code Talkers recruited by the U.S. Marine Corps developed the code at Camp Elliott, Calif., in May 1942. They also compiled a dictionary of more than 400 Navajo words to represent military terms that didn't exist in their language—a dictionary each Code Talker had to memorize.

Code Talkers were sworn to secrecy; it wasn't until 1968 that the Pentagon declassified the Navajo code. In September 1992, they received recognition for their efforts when the Department of Defense dedicated an exhibit in their honor at the Pentagon.

More recently, this past July, President George W. Bush presented Congressional Gold Medals to the original 29 Navajo Code Talkers. Chuck Hedin, an addiction therapist at the Denver VA Medical Center and only nephew of John Willie Jr., one of the original 29, attended the ceremony in the Capitol Rotunda. "You could almost feel the intensity," he said, describing the mood in the crowded room. "It was a very proud moment for all of us, but also sadness for those who couldn't be there. I think a lot of people felt that way."

VA Employees Volunteer Time, Skills in New York

The horrific terrorist attacks on the nation left many Americans wondering what they could do to help. Donating blood, making contributions to relief funds, and participating in remembrance services became common ways to express support for those affected by the tragedies. But some VA employees were inspired to go a step further, by volunteering their time and skills to a variety of organizations participating in the relief efforts.

When Keith Growe got the call asking him to volunteer some time helping out in New York, he knew right away what his answer would be. "I had the training, there was a need, and I felt, like everybody else, that I wanted to do something to help," he said.

Growe, a social worker with the Healthcare for Homeless Veterans program at the Columbus, Ohio, VA Outpatient Clinic, has advanced training and certification in trauma counseling. He's a member of the Green Cross, a non-profit network of counselors trained to help people deal with the emotional aftermath of traumatic experiences.

Soon after the World Trade Center tragedy, a local union with more than 10,000 employees in the immediate area requested assistance from the Green Cross. Growe was asked to assist with debriefing exercises, which help survivors talk about the traumatic experience and the grieving process.

"Research shows that early debriefing can lead to a quicker recovery with less chance of ongoing emotional problems," he explained. During his 10 days in New York, Growe worked 10- to 12-hour days facilitating group sessions and one-on-one therapy. He also helped survivors apply for benefits and find local resources.

Working in the union's headquarters in downtown Manhattan, the team of Green Cross workers was available for those who needed a safe place to process the events and find comfort. The team helped post a

Native American vets (cont.)

religious freedom, and I'm not going to restrict theirs." He said he tries to do whatever it takes to accommodate the needs of American Indian families, including allowing them to be graveside for the burial and giving extra time for burial ceremonies. "It's just a matter of scheduling and managing resources," Poe said.

There are more than 550 federally recognized tribes in the United States and some 190,000 American Indian veterans. VA is reaching out to provide them with information on the benefits and services they have earned through their military service. Three members of the Secretary's Advisory Committee on Minority Veterans are American Indians, VA research programs are focusing on

the health care needs of Native Americans, and each year, VA employees set up shop at the American Indian Gathering of Nations held in New Mexico to promote VA benefits and services.

New York was the first to celebrate the contributions of American Indians when the state observed American Indian Day in 1916. Sixty years later, the U.S. Senate passed a resolution authorizing the President of the United States to proclaim the week of Oct. 10-16, 1976, as Native American Awareness Week. Finally, in 1990, the observance was expanded as National Native American Heritage Month. □

By Matt Bristol



Keith Growe (seated), a social worker at the Columbus, Ohio, VA Outpatient Clinic, reviews training material with graduate nursing student David Willis.

memorial board in the lobby for those lost in the tragedy, and counselors stood nearby for those who needed support.

"People mourn the loss of their

families, friends, co-workers, as well as the building itself," Growe said. He heard many stories of both tragedy and heroism during his stay. He recalled the story of one woman who was so paralyzed by fear in the moments after the attacks that she had to be led from the building by a custodian. She never had a chance to thank him because he quickly returned to the building to help others.

Growe said he was impressed with the resolve of the workers he met there. "People in New York have found strength and hope," he said. "They are trying to begin moving forward with their lives."

Bertha Stamper, a computer specialist at the Louisville, Ky., VA Medical Center, was similarly inspired by the three days she spent cooking meals for rescue workers in New York City. She and another volunteer with the Kentucky Baptist Convention Disaster Relief Team began their journey one evening after Stamper had worked a full day at the medical center.

She arrived by noon the next day at a New Jersey church that served as a check-in point for volunteers. After

getting an identification badge and directions to her assignment at the Floyd Bennett Naval Air Station in Brooklyn, she began working her first 12-hour shift.

Stamper and the other volunteers cooked about 3,000 breakfasts for the rescue workers each day, plus lunches, dinners, snacks and coffee. Working and living conditions were rather primitive.

The volunteers cooked using portable propane ovens in an open tent lit by generators. They slept on the floor of an unheated building with no curtains or blinds, and bathrooms had to be shared by men and women. "Everything was 'make do,' like a M*A*S*H unit," Stamper said.

But she found the work rewarding, and would do it again without hesitation. "It was absolutely amazing to meet and work with individuals that displayed such an unbelievable level of dedication and commitment," Stamper said.

"I can't even begin to describe the teamwork involved, and the way people came together to help. The experience was well worth every minute." □

Counselors Share PTSD Expertise With Nation

The Sept. 11 terrorist attacks left many Americans experiencing feelings of fear, grief, helplessness and anxiety—all common symptoms of post-traumatic stress disorder (PTSD). VA experts in treating this mental disorder traditionally associated with combat experiences counseled millions of TV viewers last month during a special broadcast from VA Central Office.

For two hours on Oct. 17, reporters from television stations in 14 cities around the country interviewed Dr. Harold Kudler, assistant chief of psychiatry at the Durham, N.C., VA Medical Center, and Mara Kushner, a mental health care manager with the VA New York Harbor Health Care System who has coordinated VA's response to stress for veterans, emergency workers,



Dr. Harold Kudler, a PTSD expert from the Durham, N.C., VAMC, prepares for his satellite interviews with television reporters from all over the country.

families and others in New York City since Sept. 11.

"We're all under special stress right now, and VA has a lot of expertise to share with the general public about how to deal with the symptoms and effects of that stress," said Kudler, who co-chairs VA's

Special Committee on PTSD. "Not everyone will develop PTSD, but many will experience some of its symptoms. This was a great way to help reassure many people who are experiencing painful emotions and thoughts and help guide those feeling overwhelmed to sources of help and healing."

Working from the broadcast studio in headquarters, Kudler and Kushner were interviewed by reporters from 15 television stations through a satellite hook-up. The interviews typically lasted three to seven minutes.

VA has an internationally recognized network of more than 140 specialized programs for treating PTSD through its medical centers and clinics. Another 86 PTSD clinical teams provide outpatient treatment, often working with vet centers. □

New York VA Medical Center's Payroll Hero



Mario Reyes didn't let the disruption in New York City on Sept. 12 keep him from his payroll duties.

It probably never occurred to most employees of the VA Medical Center in Manhattan that they might not get paid on time after the World Trade Center disaster. For one thing, they were too busy caring for victims, maintaining normal operations in the face of extreme disruption, and dealing with their own feelings of shock, anger and grief. For another, they're no different from the rest of us who tend to take for granted that our paychecks will show up in our bank accounts when they're supposed to.

That doesn't happen magically. It happens because of employees like Mario Reyes, payroll supervisor at the Manhattan VAMC. He'd planned to follow his normal bi-weekly routine that fateful week to process

and submit employee timecards. But the day after the terrorist attacks, New York Mayor Rudy Giuliani asked people who worked in Manhattan to stay home.

Reyes knew he needed to complete his assigned payroll duties and account for each employee's timecard. His fellow employees were counting on getting those paychecks on time.

He'd hoped to log onto the network and submit the timecards from home, but the phone lines were down. He knew he had to find a way to get the job done, so he left home intending to use public transportation to get to work. That's when he discovered the transit system was not operational.

Frustrated but undaunted, Reyes decided his best bet would be to walk to work. So after trudging many city blocks through smoky air and sidewalks and roadways clogged with debris, he finally arrived safely at the medical center. He got the information he needed to process the timecards, and submitted them in time to make the Wednesday afternoon deadline.

Employees of the VA Payroll Processing Section in Austin went the extra mile after the terrorist attacks to make sure all of the Department's salary payments would be made on schedule, accord-

ing to Kay Davis, Payroll Operations Section chief. That involved ensuring every employee had a certified timecard on record to meet the processing deadline.

They worked closely with Reyes and his counterparts in New York and Washington, D.C., to get the information they needed to pay all VA employees on time. "Mario exemplifies the true spirit of a hero," Davis said. "He knew his work affected the livelihoods of many dedicated VA employees and he did not hesitate to put himself in danger to ensure his station employees were paid." □

In Memoriam

Gerald B.H. Solomon, 71, former New York congressman and major supporter of VA's elevation to Cabinet status, died Oct. 26 of congestive heart failure at his home in Glens Falls, N.Y. At the time of his death, Solomon was co-chairing a task force commissioned by President George W. Bush to recommend reforms in the delivery of health care to veterans and military retirees through better coordination between VA and the Department of Defense.

The Marine Corps veteran retired from Congress in 1999 after 20 years of service, during which he became known as a champion of veterans' causes. As ranking Republican on the House Veterans' Affairs Committee during the Reagan administration, Solomon is credited, along with then-Chairman G.V. "Sonny" Montgomery, with reviving what many political observers at the time believed was a dying effort to elevate the Veterans Administration to a Cabinet-level department.

Since retiring from Congress, Solomon had divided his time between New York and Washington, D.C., where he did lobbying work. Survivors include his wife, Freda, five children and six grandchildren.

VA Unites (cont.)

At the request of the mayor of Honolulu, the National Memorial Cemetery of the Pacific hosted a sunset memorial service on Sept. 13 attended by more than 1,500 people.

"The mayor wanted to respond immediately to demonstrate that the state of Hawaii and the city of Honolulu were going to rise to the occasion and show the world the resolve of the American people would never be diminished," explained Cemetery Director G.E. Castagnetti. He said the memorial service was held at the cemetery because the site is recognized as an "international symbol of selfless sacrifice," and described the service as one of the most moving he has ever attended.

Gerard P. Husson vowed never to

forget the events of Sept. 11, 2001. As director of the Beckley, W.Va., VA Medical Center, he wanted to do something to help employees and the community cope with the tragedy.

"We were all very concerned about what was happening," said Husson, who was born in Brooklyn. "And I knew we had to do something to honor and remember all who lost their lives in this senseless act of terrorism."

So on Sept. 29, the medical center dedicated a memorial to those killed in the attacks. Husson described the significance of the memorial's design. "The pillar of stone represents the strength of America; the eagle, the American people; and the four beacons of light symbolize each of the tragedy sites." □



Central Arkansas Researchers Find Incidence of Chronic Lymphocytic Leukemia Underestimated

Using computerized patient records, researchers at the Central Arkansas Veterans Healthcare System found the true incidence of chronic lymphocytic leukemia (CLL) is substantially higher than estimates drawn from tumor registry data.

"We have documented a substantially higher rate of CLL in our institution than previously reported, and believe that the problem of underreporting is likely to occur nationwide," reported Dr. Clive Zent, chief physician in Hematology/Oncology at the Central Arkansas VA and assistant professor at the University of Arkansas for Medical Sciences (UAMS).

He said the tumor registry is generally a very efficient mechanism for reporting cancer, but it wasn't set up to handle the change in diagnosis of CLL from bone marrow biopsy to flow cytometric analysis of blood cells. This resulted in a significant underreporting of new diagnoses dating back to 1990.

"The Computerized Patient Records System is a powerful tool," said Zent. "It allows researchers to review data from a large patient population without handling paper records." Using this system, Zent and colleagues reviewed lymphocyte counts in more than 45,000 patients over a four-year period and found more patients with the disease than previously estimated from tumor registry data. Complete findings are reported in the Sept. 1, 2001, issue of *Cancer*.

In addition to Zent, other authors of the paper include: Mouhammed J. Kyasa, M.D., and Steven A. Schichman, M.D., Ph.D., both from the Central Arkansas VA and UAMS, and Richard Evans, Ph.D., from Iowa State University.

Study Shows Diet and Exercise Sharply Lower Risk for Type 2 Diabetes

Diet and exercise can sharply reduce the risk of getting type 2 diabetes for an estimated 10 million Americans at high risk for the disease, according to a major clinical trial conducted by researchers from the VA Puget Sound Health Care System, the University of Washington and 26 other medical centers nationwide. The study, called the Diabetes Prevention Program, also found that treatment with the oral diabetes drug metformin (Glucophage) also reduces diabetes risk in people at high risk for type 2 diabetes.

Type II diabetes is a disease VA recognizes as associated with, but not necessarily caused by, exposure to Agent Orange. Consequently, veterans with type II diabetes who served in Vietnam are entitled to disability compensation based on the presumption that they developed the disease due to Agent Orange exposure. In

May 2001, VA regional offices began accepting benefits claims from eligible Vietnam veterans.

According to the Centers for Disease Control and Prevention Web site, www.cdc.gov/diabetes/pubs/glance.htm, type II diabetes affects 90-95 percent of people with diabetes and most often appears after age 40. The disease is also more prevalent in certain ethnic groups. According to the Web site, "More than 18 percent of adults older than age 65 have diabetes, and American Indians and Alaska Natives are 2.8 times more likely to have diagnosed diabetes than non-Hispanic whites of similar age. In addition, African Americans are 2 times more likely than whites to die of diabetes." Diabetes is a leading cause of blindness, kidney failure, leg and foot amputations, pregnancy complications and deaths related to flu and pneumonia.

Iowa City VAMC Researchers Identify Virus that Inhibits HIV Cell Growth

Researchers exploring relationships between alcohol, hepatitis C and liver disease in patients with human immunodeficiency virus (HIV) have identified a virus, originally known as hepatitis G, which appears to slow the growth of HIV cells. Now called GB virus type C (GBV-C), the virus causes neither hepatitis nor any other clinical symptoms, but appears to slow the growth of HIV cells by as much as 40 percent.

"From several earlier studies that examined the relationship of HIV and GBV-C, we suspected that GBV-C might exert a positive effect toward slowing the progress of HIV infection," reported researcher Jack Stapleton, M.D., of the Iowa City, Iowa, VA Medical Center and the University of Iowa College of Medicine. "We expanded the previous research by looking at a very large group of patients followed at our clinic between 1988 and 2000 and found that HIV-infected people without GBV-C infection were 3.68 times more likely to die than those with GBV-C," he concluded. Of the 362 HIV patients examined during the 12-year clinical study, 144 were also infected with GBV-C.

The study's findings were reported in the Sept. 6, 2001, issue of the *New England Journal of Medicine*. Researchers are still investigating exactly how the hepatitis G virus interacts with HIV cells. "We are now working to understand precisely how GBV-C inhibits HIV from growing," said Stapleton. "We do not know whether GBV directly interferes with HIV, or if the GBV stimulates cellular proteins, such as interferon or immune cytokines, that protect the cells against HIV growth."

There are more than 20,000 veterans infected with HIV. In an effort to better serve their health care needs, in September VA opened the Center of HIV Research Resources located at the VA Palo Alto Health Care System in California. The center will assess research and clinical trials throughout the Department and other agencies to determine the potential for further research clinical application.

VA is the nation's largest single provider of health care to those infected with HIV and conducts the largest voluntary HIV testing program in the country, with more than 50,000 tests performed last year. For more information about VA's HIV program, visit the Web site: <http://vhaaidsinfo.cio.med.va.gov/aidservice>. □

HONORS and awards



The **Los Angeles VA Regional Office** was one of two government offices in the country to receive the Office of Personnel Management's PILLAR (Performance, Incentives and Leadership Linked to Achieve Results) Award for its management practices. "It's great to be recognized for the work we've done in setting up systems to share information to all of our customers and stakeholders," said **Stewart Liff**, director of the Los Angeles Regional Office. "The most important part of this, though, is that we've created an environment which honors America's veterans."

The VA **Virtual Learning Center** received the Government Technology Leadership Award presented by Government Executive magazine. The center is an online learning program that allows employees to share professional innovations, lessons learned from errors, and ideas for reducing costs, while improving efficiency, customer service and quality. The Virtual Learning Center began in 1997 when VA Under Secretary for Health **Dr. Thomas L. Garthwaite** directed establishment of a system that would spread the word about best practices among VA's health care professionals. It expanded to other VA organizations and to the public through the Internet (www.va.gov/vlc) and has shared more than 1,500 ideas internationally. Contributors who posted ideas online reported annual savings of more than \$48 million. Less easy to quantify is the

additional savings in staff time when employees nationwide adopt solutions tried by others. The lessons in the center have been accessed internationally more than 591,000 times. One feature allows people to pose questions and receive advice. Questions may be on clinical or other work-related issues, and VA experts provide answers. VA employees also can automatically receive e-mail notices when innovations are posted on topics in which they registered their interest.

The Disease Management Association of America presented its 2001 Pfizer Health Solutions e-Health Leadership Award in disease management, technology and healthcare connection to the Home & Community Care Service Line in **VISN 8 (Bay Pines, Fla.)**. The award recognizes innovation in the use of the Internet to provide disease management services to veterans living in rural communities. VISN 8 previously received the best Telehealth 2001 provider award during the Association of Telehealth Service Providers and the Healthcare Information and Management Systems conference.

Jackson, Miss., VA Regional Office Director Joe Adair accepted the first Leo C. Wurschmidt Jr., Customer Service Team Award from Acting Under Secretary for Benefits **Guy H. McMichael III**, on behalf of the Jackson "One VA" Ex-POW Case Management Team during the Veterans Benefits Administration Directors Conference in

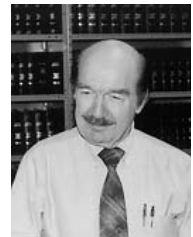
September. The award was presented in recognition of the team's commitment to providing "world class" service to former prisoners of war and their family members. Team members include Decision Review Officer **Nancy Mullins**; Rating Veteran Service Representative **Paul Hines**; Coach **Gail Berry**; and Staff Assistant **Tom Loland**, all from the regional office; and Ex-POW Physician **Dr. Jo Harbour**; Chief of Staff for Operations **Dr. Byrd Payne**; and Administrative Assistant **Amy Owen** from the **G.V. "Sonny" Montgomery VA Medical Center**. The award was named in recognition of Leo C. Wurschmidt Jr., who devoted his career to improving customer service in VBA. The former VBA Southern Area director and director of regional offices in San Francisco, Winston-Salem, N.C., and Jackson, recently passed away after a long illness.

Syndicated columnist Barbara J. Feldman has awarded the **VA Office of Public Affairs Veterans Day Web site** (www.va.gov/pubaff/vetsday) her highest 5-star rating as best Veterans Day Web site for kids and teachers. Her message to VA: "Congratulations! Your site has been rated 'Spectacular!' and awarded 5 stars in my Oct. 24 syndicated newspaper column "Surfing the Net with Kids" [www.surfnetkids.com]. Feldman's column appears in many papers nationally, including San Diego Union-Tribune, Atlanta Journal-Constitution and The Boston Globe. Her review reads, in part, "For students and teachers, this government site is my Veterans Day pick of the day! I enjoyed browsing the poster gallery, clicking on twenty-four years of Veterans Day posters. This year's poster can be downloaded in

various sizes and printed or used as desktop wallpaper. Best clicks for teachers and homeschooling parents are the 16-page Teachers Guide (in Acrobat PDF); the Patriotic Fact Sheet (look for Activities for Veterans Day); and the Veterans Day FAQ."

Robert F. Schaefer, M.D., a staff psychologist and chief of Anatomic Pathology at the **Central Arkansas Veterans Healthcare System**, recently celebrated

45 years of service and his 75th birthday. He has been teaching pathology at the



Schaefer

University of Arkansas for Medical Sciences (UAMS) since 1961 and is one of few physicians who can say they have helped train almost every pathologist in Arkansas. He was noted in the Best Doctors in America 1999 Edition and received first place in the 2000-2001 Annual Faculty Teaching Award at UAMS. Schaefer served as a captain in the U.S. Army from 1953-55 with the 109th Field Hospital in Salzburg, Austria.

Sophia Vinogradov, M.D., a psychiatrist at the **San Francisco VA Medical Center**, was selected to be a member of the first class of the Academy of Medical Educators at the University of California, San Francisco. She is the only VA physician among the 24 distinguished academy members. Vinogradov has been on the professional staff at the medical center since 1993 and is currently associate chief for research and education for Mental Health Service. □

HAVE

you heard

Behind the Scenes Support



Denver Distribution Center employee Elizabeth Kiester packs hearing aid batteries to mail to veterans. Last year, the center mailed out more than 14.6 million batteries to veterans all over the world.

VA designated Nov. 5-9 Acquisition and Materiel Management Week. The Department depends on thousands of employees around the country who work as a team in operating the largest federal acquisition and logistics program outside the Department of Defense. They serve in VA medical centers, regional offices and national cemeteries; in the **National Acquisition Center** and the **Service and Distribution Center** in Hines, Ill.; the **Denver Distribution Center**; the **Asset Management Service** in Somerville, N.J.; and in VA Central Office.

"VA is justly proud of all its acquisition and materiel management employees throughout the Department," said **Gary J. Krump**, Deputy Assistant Secretary for Acquisition and Materiel Management. "These dedicated individuals work behind the scenes to make sure our medical centers, regional offices and cemeteries get the supplies and equipment they need to take care of veterans. As VA celebrates Acquisition and Materiel Management Week, we salute these employees and thank them for their unwavering commitment to VA and the veterans we all serve."

"From a management perspective, it is absolutely essential that we sustain a highly motivated workforce," says **James Palmer**, director of the **Erie, Pa., VA Medical**

Center. "One way we can do this is through an effective training program that ensures our employees are able to manage multiple issues associated with providing

health care in today's complex environment." With that goal in mind, **VISN 4 (Pittsburgh)** is participating in a national pilot that will allow employees to choose from approximately 650 Web-based courses through their office or home computers. Two of the network's facilities, the Erie and Wilmington, Del., VA Medical Centers, are leading the way. The pilot will identify strategies that support e-learning in VA medical facilities, and identify barriers that impede the use of this instructional tool. Courses available include: communications skills, team building, project management, writing skills, accounting, the manager's roles, safety and OSHA compliance, and quality improvement.

In an effort to improve health care to more than 20,000 veterans infected with HIV, VA announced the creation of the **Center of HIV Research Resources**, located at the **VA Palo Alto Health Care System** in California. "In treatment of HIV, research drives care," noted **Dr. Lawrence Deyton**, director of the Public Health Strategic Health Care Group, which oversees VA's HIV program. "The goal of the new center is to improve health care for veterans by assessing research and clinical trials throughout VA and other agencies and by determining the potential for further research and application in the clinical setting." **Dr. Mark Holodny**, who works at the Center for Quality Management in HIV Care and is director of the AIDS Research Center and co-director of the molecular pathology laboratory at the VA Palo Alto Health Care System, will run the new center.

Families of deceased veterans can now access VA

Form 40-1330, Application for Standard Government Headstone or Marker (for private cemeteries) on the **National Cemetery Administration (NCA)**'s Web site at www.cem.va.gov. The form was recently updated by NCA's Memorial Programs Service and Systems Integration Center. Applicants can now go online, print and sign the form, then mail it and all supporting documents to the address listed on the application.

One of the fastest-growing veterans groups in the country, **Veterans Strike Force One**, was founded by patients at the **VA Chicago Health Care System's West Side Division** to help other veterans, especially the homeless, access health care services. The group is made up of more than 900 veterans. In the past, they have held drives to collect clothing, personal hygiene items and stationery for homeless veterans and have hosted staff appreciation ceremonies for VA Chicago employees that serve the mission of "Putting Veterans First."

Three veterans whose World War II experiences helped provide the basis for the Home Box Office (HBO) miniseries "Band of Brothers" attended a Veterans Forum hosted by the **Dallas VA Medical Center**. The HBO miniseries chronicles the triumphs and sacrifices of the soldiers of Easy Company, 506th Parachute Infantry Regiment, 101st Airborne Division of the U.S. Army, as they participate in the D-Day invasion and subsequent liberation of France, Holland and finally, the capture and surrender of Nazi Germany. There are only about 35 surviving members of Easy Company's "Band of Brothers." □

HEROES



Aaron Lumpkin, a medical clerk at the Nashville campus of the **VA Tennessee Valley Healthcare System**, just happened to be in the right place at the right time to help a veteran in need. The veteran, on his way to an appointment, stopped off in the men's restroom, where he suddenly collapsed. Lumpkin caught the man as he fell, preventing him from hitting his head on the floor. He then called for help and stayed with the veteran until triage staff arrived.



Rocky Denison, a registered nurse and guitar player from the **Central Arkansas Veterans Healthcare System**, was jamming with his band in Little Rock one night when they heard gunshots out in the street. "My buddy yelled, 'Get down, get down,' and we hit the floor," said Denison, describing how the incident unfolded that night. "I was sitting right by the window, so I looked outside, but couldn't see anything. Then I looked out the door and saw two guys running off. They were shooting at these guys across the street and then they jumped in a van and sped off." Denison kept an eye on the street and when he saw the blue lights from a police cruiser, he ran outside to help one of the victims. "He was hit in the left side of his chest and the bullet went out his lower back," said Denison. "It must have hit his spinal cord because he wasn't moving." He applied pressure to the gunshot wound and monitored the victim's vital signs until

police secured the scene and paramedics arrived. Unfortunately, the young man died at the hospital the next day. Police found .38 bullet casing near where the men were standing, and Denison said it was "just lucky" that he and his friends survived. "We were just about to leave, but my buddy wanted us to listen to a song he'd been working on. Otherwise we'd have been out in the middle of it."



Dr. Mary A. Cote, assistant chief of Ophthalmology in the **VA Long Beach Healthcare System**, was dancing at the Brea Community Center when an elderly dancer collapsed just a few feet away. She tried to revive the unconscious woman, but when she didn't respond, Cote started CPR and yelled for someone to call 911. A fellow dancer began helping her, and they continued performing CPR until paramedics arrived. The woman survived the incident, and thanks to Cote, will have an opportunity to dance again.



Christie Hartman, a nurse and addiction specialist at the **York** campus of the **VA Tennessee Valley Healthcare System**, was walking down the hallway when a patient alerted her that a veteran outside the building was having chest pains. She quickly assessed his condition and stayed by his side until further help arrived. Her quick actions and composed behavior helped avoid a chaotic situation. The veteran has recovered. □

LETTERS

The article "Organ Donation" on pages 15-16 of the January/February 2001 issue of *Vanguard* caught my attention. I would like to commend your publication on the inclusion of this subject. I was pleased that you included information about National Organ and Tissue Donor Awareness Week too.

As a dialysis patient for more than ten years, I would like to offer another side of this treatment modality. In the article mentioned, I interpreted the comments from patients to be a limited view of living with kidney disease. Today, there are many exciting treatment options, including home hemodialysis, peritoneal dialysis, nocturnal hemodialysis, and self-care dialysis in units.

All of these treatment modalities allow patients more freedom and independence. Many dietary and fluid restrictions are minimized with these treatments. I know this first hand because I have been a home hemodialysis patient for over four years. This type of treatment provides me with the freedom to schedule my own treatments and help manage all of my care. The additional treatment time I receive allows me dietary and fluid freedom. In addition, I feel great.

I exercise regularly and maintain a high albumin level. There are many resources for patients today. The Web site www.lifeoptions.org provides motivation for kidney patients and professionals. As a member of the Life Options Rehabilitation Advisory Board, I was discouraged to read the comments of the patient in your article who said that her energy levels while on dialysis were greatly diminished.

Here at Omaha (VA Nebraska-Western Iowa Health Care System), we have implemented the Life Options program in our dialysis unit with success. The research-based educational materials Life Options provides are based on the 5 E's of renal rehabilitation: Encouragement, Education, Exercise, Employment, and Evaluation. Patients who adopt these principles of rehabilitation can live long and live well with kidney disease. I believe this because it is true for my life.

Also, while I commend your mention of organ donation, I was disappointed that you did not cover additional information. There are a number of Web sites and resources for information on organ donation. Most states provide educational materials and allow drivers to indicate their willingness to donate on the driver's license. Local affiliates of the National Kidney Foundation also provide information. Non-related living donors are a relatively new option for organ donation of kidneys. People interested in donating a kidney to someone who is not related may now do so at many transplant centers.

I hope that you will continue to publicize more information about organ donation in future issues. Thank you for your efforts.

Carol A. Keller

Performance Improvement Coordinator
VA Nebraska-Western Iowa Health Care System