

U.S. Department of Veterans Affairs

VANGUARD

September/October 2003



State of VBA

Ex-POW Outreach

Oklahoma City VAMC at 50

SES Development Program



8



20



22



VAnguard

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On the cover

Since taking over as VA Under Secretary for Benefits in March 2002, retired Navy Admiral Daniel L. Cooper has run a tight ship, and he's getting results. The claims backlog has been cut by about 175,000 and the length of time it takes to process a claim has been reduced by several months.

Proud Dad

I was a little upset when I read your last publication. You sent an e-mail out asking for information on VA employees who have family members in Iraq. As usual, employees who work in the elements did not get the message.

My daughter, Spc. Alicia Bauernfeind, is assigned to 3rd Infantry Division, 2nd Brigade Combat Team, B Company, 123rd Signal Battalion, Fort Stewart, Ga. She was deployed September 2002. Her MOS (Military Occupational Specialty) is Satellite Systems Operator.

Alicia has been in Iraq since March 20, 2003. Before that she was in Kuwait, Camp New York. I am proud of her. Alicia is a college grad and entered the Army in November 2001.

Alicia is a true American hero in my eyes. Please give her some space in your *Vanguard*.

*Kenneth Bauernfeind
Equipment Operator
Calverton, N.Y., NC*

Employee Associations

Vanguard has developed into quite a good read—I have enjoyed several of the articles, especially spotlighting the

good work VA employees do.

I would also like to see a new section about the VA Employee Associations and their efforts nationwide through their many hours of work supporting the medical centers and providing gifts for veterans, volunteering

with Habitat for Humanity, and helping with floods and other natural disasters. VA Employee Associations make up a very important part of our One VA family.

*Fronza G. Gould
IT Specialist
Lexington, Ky., VAMC*

Corrections

In the July/August issue, a few names were left off the list of NCA employees with 30 years of dedicated service, and one name on the list was misspelled. The following employees also have 30 years of service: Robert Hardwood, Long Island (N.Y.) National Cemetery; Michael Gavin, Camp Butler (Ill.) National Cemetery; Lawrence Kiyabu, National Memorial Cemetery of the Pacific; and Paul Steiner, Long Island National Cemetery. The last name of Susan E. Gucci, Calverton (N.Y.) National Cemetery, was misspelled.



SHAWN D. JAMES

Uncle Sam Comes to Houston

A 100-foot tall Uncle Sam hot air balloon was on display outside the Houston VA Medical Center this summer, delighting patients, staff, volunteers and visitors. It was one of more than 100 balloons competing in events and exhibitions during the Ballunar Liftoff Festival, held annually at NASA's Johnson Space Center.

We Want to Hear from You

Have a comment on something you've seen in *Vanguard*? We invite reader feedback. Send your comments to vanguard@mail.va.gov. You can also write to us at: *Vanguard*, Office of Public Affairs (80D), Department of Veterans Affairs, 810 Vermont Ave., N.W., Washington, D.C., 20420, or fax your letter to (202) 273-6702. Include your name, title and VA facility. We won't be able to publish every letter, but we'll use representative ones. We may need to edit your letter for length or clarity.

Top Three Reasons to Get a Flu Shot This Year

1. Prevents severe illness and influenza-related death.
2. Protects other people from the flu.
3. Keeps us well and able to help veterans.

Get your flu shot today! For more information, visit www.vaprevention.com or www.cdc.gov/nip/flu.

Note that the new nasal flu vaccine is not available in VA, but may be from your private health care provider. As *Vanguard* went to press, concerns surfaced about health care workers receiving nasal flu vaccine. Flu vaccine given by shot (injection) remains the preferred method. For more information, talk with your health care provider, infection control professional, or occupational health practitioner.



VA is Prepared for a Return of SARS

Susan Mather, M.D.

Chief Officer, Public Health and Environmental Hazards

The SARS epidemic has come and gone ... or has it? No one can say for sure, but either way, VA is active and involved.

SARS, or severe acute respiratory syndrome, is a viral respiratory illness. It is diagnosed on the basis of patient history of travel or close contact with a person with SARS and symptoms, including a fever, headache, an overall feeling of discomfort, body aches, and respiratory symptoms such as coughing. People who care for or live with someone with SARS are at greatest risk of developing the disease.

SARS first occurred in China in November 2002 and spread to other parts of the world before public health measures contained it by July of this year. More than 8,000 people worldwide developed SARS and more than 800 of them died from it.

In this country, there were 192 likely cases of SARS and all of them got better. Most of the affected U.S. residents had traveled to parts of the world where SARS was spreading.

We have been following the SARS epidemic from the beginning, making regular reports on SARS and VA actions at health system leadership calls and setting up a comprehensive VA Web site at www.publichealth.va.gov/sars.

A new directive requires VA facilities to quickly report possible cases of SARS and submit regular follow-ups

(less than a dozen possible cases of SARS have been reported in the VA system). We created material for medical and non-medical staff, patients, and visitors, and widely promoted continuing education programs from the Centers for Disease Control and Prevention, the lead federal agency on SARS.

We've made coordination and two-way communication priorities, discussing SARS with and listening to feedback from a broad array of VA staff, such as chief medical officers, food service

workers, environmental services staff, environmental engineers, infection control professionals, nursing staff, primary and ambulatory care staff, emergency managers, education contacts, public affairs officers, and others. These yielded key ideas and good materials such as a poster for triaging patients and a slide set for in-service training by the Atlanta VA Medical Center, "sneeze" posters for visitors to the Omaha and Durham, N.C., VA Medical Centers urging visitors with certain symptoms to ask for a mask and tissues, and a sample facility SARS policy developed by the Palo Alto, Calif., VA Medical Center.

The department is also represented in a White

House "Concept of Operations" plan that describes what each agency will do if there are local cases or a widespread outbreak. VA is part of the National Disaster Medical System, which is activated if the Department of Homeland Security declares a national emergency. VA has caches of supplies and medicine that could be provided for all sorts of emergencies and is part of a national system to move medical personnel around the country if necessary.

A VA SARS Working

as policy development for employees exposed to SARS in the workplace;

- an enhanced influenza vaccination campaign, so that more VA staff can avoid one respiratory illness—the flu—and be able to take care of veterans;

- lab access to tests that can confirm the disease (none is currently available for early diagnosis);

- personal protection via a variety of gowns, masks, gloves, and eye protection, as well as hand hygiene; and

- educational materials

The SARS epidemic has come and gone ... or has it? No one can say for sure, but either way, VA is active and involved.

Group—comprised of Central Office and field staff representatives in public health, occupational health, infectious disease, infection control, nursing, emergency management, prevention, education, public affairs, and other functions—is focusing on:

- employee issues, such

on SARS and communications on the disease and what VA is doing to be prepared.

To paraphrase Louis Pasteur, chance—and health—favors the prepared mind. To be better prepared for SARS, visit www.publichealth.va.gov/sars. Other key sites are www.cdc.gov and www.who.int. **VA**

Are You Watching?

Don't miss your weekly helping of "VA News," news for and about VA employees delivered each week in a digestible 10-minute video shown daily at 4 a.m., 8 a.m., noon, 4 p.m. and 10 p.m. (Eastern Time) over the VA Knowledge Network's Communications Channel. The 100th edition of VA News aired this summer. Can't get to a TV? View it from your desktop computer on the VA Intranet at vawww.va.gov/opal/feature/index.htm.



We Must Not Fail Our Newest Generation of Veterans

Anthony J. Principi
Secretary of Veterans Affairs

As the newest generation of war-wounded veterans turns to VA for assistance, now is a good time to remember the words of Gen. Omar Bradley, who led VA just after World War II—*“We are dealing with veterans, not procedures: with their problems, not ours.”*

In April, I directed VA health care facilities to provide “priority care” to active duty servicemembers involved in armed conflict in Iraq under statutory authorization for VA to care for members of the active duty Armed Forces during and immediately following a period of national emergency declared by the President. There is no question as to whether or not we will provide priority care for these “active duty veterans” during and after their transition from military to civilian status.

We’ve heard disturbing reports of continued attacks on our military men and women serving on the front lines of freedom in Iraq and Afghanistan. News reports also focused on a few isolated, yet troubling, cases of Operation Iraqi Freedom and Enduring Freedom veterans running into unnecessary delays while seeking VA health care and disability benefits.

Such delays and barriers to VA care and benefits are unacceptable. I have initiated action at all levels to ensure they do not happen again. You will hear more about policy and procedural changes, but let me make it clear that every military man

or woman wounded, injured or ill from training for or fighting our war on terror receives priority service at VA. None of these heroes can “fall through the cracks.”

I established a One VA task force to recommend short and long-term initiatives to make sure we are doing everything we can for our servicemen and women as they make the difficult transition from wounded soldier to rehabilitated veteran. The group’s immediate focus is on military personnel being medically discharged due to injuries incurred in Iraq and Afghanistan, but its overriding goal is to embed changes in VA policy and practice

that will ensure better service for military personnel injured during any combat operation. The task force first looked at where combat casualties are being sent in the U.S. and how to focus VA services at those locations.

Most of the severely wounded are evacuated to military hospitals in the Washington, D.C., area—Walter Reed Army Medical Center and the National Naval Medical Center in Bethesda, Md. Because of the volume of patients at both, a VA hospital social worker and VA benefits counselor were assigned to work full

time with patients and staffs to make sure each new combat-disabled veteran is aware of the health care services and benefits VA offers.

Those who choose VA health care for their recuperation and rehabilitation at home will be enrolled in the VA health care system before they leave their military hospital. The VA medical center nearest their home will be notified (each VA medical center now has a point of contact for these veterans) and will contact the veteran upon his or her arrival home.

This is a new concept for both VA and the Department of Defense. It means actively reaching out to and

gusta, Ga.), Brooke (San Antonio, Texas) and Madigan (Seattle-Tacoma) Army Medical Centers that are also reception points for Operation Iraqi Freedom and Enduring Freedom casualties, particularly those from National Guard and Reserve units. These VA teams are not working at the military hospitals full time because there are fewer casualties at these locations, but they are on call and make regular visits.

We will no longer wait for recently wounded servicemen and women who are struggling to overcome combat injuries to contact VA about care and benefits. Our

Let me make it clear that every military man or woman wounded, injured or ill from training for or fighting our war on terror receives priority service at VA. None of these heroes can ‘fall through the cracks.’

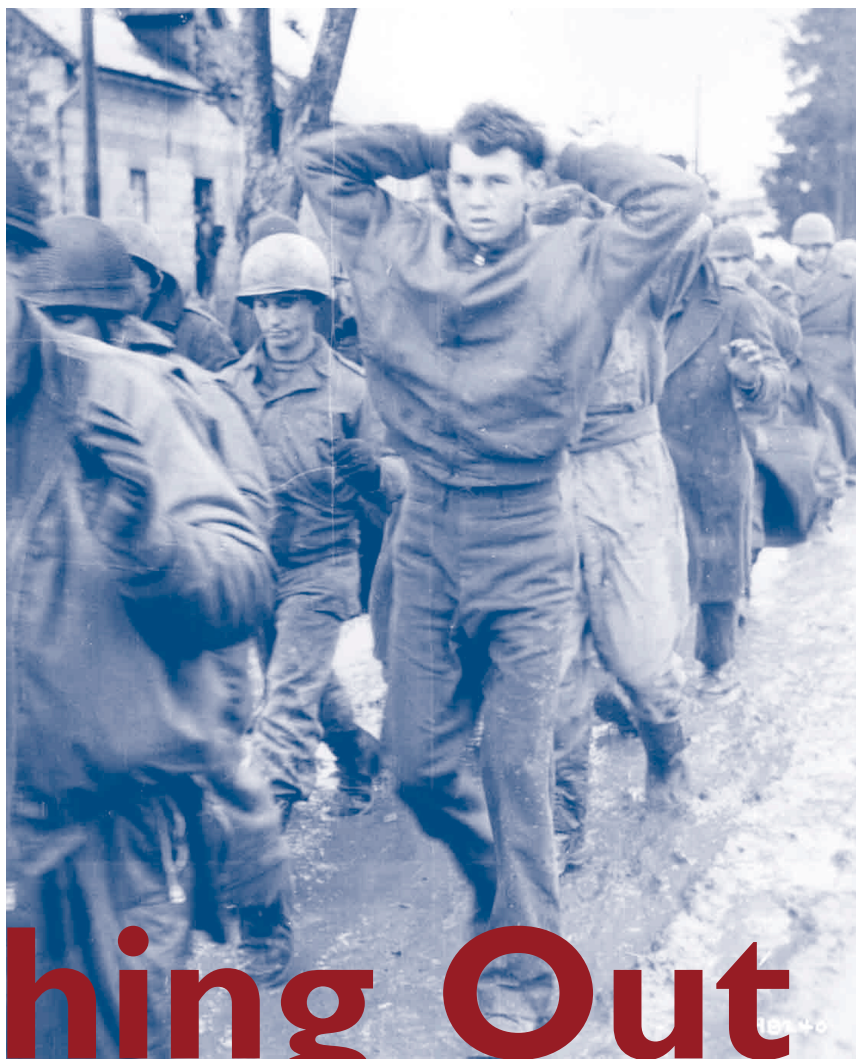
working with active duty servicemembers whose military careers have been cut short before they are actually discharged. It means working closer than ever with DoD at every level to ensure a seamless transition for these recently wounded veterans to VA care. It means responding to and meeting the needs of these veterans first, and tending to administrative details later.

The VA staff involvement at Walter Reed and Bethesda has been replicated by VA hospital social worker and veterans benefits counselor teams at Eisenhower (Au-

policy, supported by these new procedures, is to reach out to them in a One VA manner that ensures we go the extra step to serve them. Through this process, we can take care of these veterans closest to their homes, even if they are on active duty, and provide continuity in care and benefits throughout their recovery, rehabilitation and return to life.

Today’s servicemembers did what was required of them and some paid a heavy price. I know I can count on each of you to do your level best to honor our commitment to these heroes. **VA**

The largest national outreach by VA to former POWs in 20 years is now underway. The effort is focused on those not receiving VA benefits and those with disabilities rated less than 100 percent.



NATIONAL ARCHIVES PHOTO

Reaching Out

A broad effort is underway to reach out to former prisoners of war and their widows. It's the largest national outreach to ex-POWs in 20 years, according to Diane Fuller, head of outreach in VBA's Compensation and Pension Service.

The effort got underway late last year when Dennis Rhoades, who works in C&P Service, conducted an in-depth review of a CD-ROM database containing the names, dates of service, and periods of captivity for 113,000 U.S. former POWs.

He began by deducting records

without social security numbers, which left him with about 70,000. Next he deducted those who died, leaving about 52,000. He ran this against VBA's veteran database, called BIRLS, and came up with about 25,000 names. He cross-checked these with the C&P master record, a listing of VA compensation and pension recipients, and identified about 6,000 ex-POWs who had never filed disability claims. By using their social security numbers, he was able to track down mailing addresses for 4,600 ex-POWs.

Phase one of the plan was to contact them, along with ex-POWs

receiving compensation for disabilities rated less than 50 percent, and invite them to file new or reopened claims.

Putting the Plan in Place

POW coordinators like Robert "Tony" Pedigo, a rating specialist at the Indianapolis VA Regional Office, were responsible for contacting ex-POWs in their respective states. Pedigo received names and addresses for 172 ex-POWs throughout Indiana—72 who had never filed a claim and 93 who are rated 50-percent disabled or less. Before licking his first stamp though, he put him-

Left: These American World War II soldiers, marching along a road, were captured by the Germans during the surprise enemy drive into Allied positions.

self in the shoes of the octogenarians he was trying to reach.

He figured the letter needed to be in large type so it would be easy to read, and he'd have to include a full listing of the ex-POW presumptive conditions. He also decided to send a simple claims form with the basic name and address information already filled in and a self-addressed stamped envelope. "All they had to do was check the presumptive conditions for which they wanted to be evaluated, sign the form and send it back," said Pedigo. His efforts resulted in 16 original and 39 re-opened claims.

The outreach plan ultimately progressed into a second phase targeting ex-POWs with disabilities rated less than 100 percent. As a result of these efforts, more than 1,153 ex-POWs nationwide filed new or reopened claims for disability compensation from February to July 2003. The final figures are still being tallied.

Review Uncovers Accounting Gaps

Back in headquarters, the database review uncovered gaps in the way VBA tracks the number of ex-POWs receiving monthly disability checks. For years, the C&P master record indicated there were about 14,000 ex-POWs receiving VA disability benefits. That figure was significantly lower than the total number of living ex-POWs, estimated to be about 39,000 as of January 2003.

By cross-checking the names on the C&P master record with the names of ex-POWs on the BIRLS record, Rhoades discovered there were actually about 23,000 ex-POWs receiving benefits. This meant VBA was compensating more than 60 percent of all living ex-

POWs rather than just 30 percent as previously thought. In addition, VBA now had contact information for roughly 27,600 ex-POWs. That leaves an estimated 11,000 who VA is unable to contact. "We have their names, but that's it," said Rhoades. "No social security numbers, no current addresses. Just their names."

A Team Effort

To contact these 11,000 ex-POWs, VBA and VHA's Employee Education System are teaming up for a public affairs outreach campaign involving radio and television public service announcements and stories in national and community newspapers. Though still in the early planning stages, the campaign seeks to encourage ex-POWs who are not receiving VA benefits, or their widows, spouses or children, to contact VA by calling 1-800-827-1000 and asking to speak with the ex-POW coordinator.

Dr. Walter H. Cox, health education officer at the Birmingham, Ala., Employee Education Resource Center, and Gailand Smith, VBA's new POW coordinator, are working on the plan. Their first step is to submit a proposal to Nora Egan, VA's chief of staff. "We're going to team up with a variety of veterans, civic and professional organizations to aid us in this effort," said Cox, citing AARP and state nursing homes as examples. One of the organizations involved is the American Ex-Prisoners of War. "We're working very closely with VA on this," said Clydie Morgan, the group's national adjutant.

Just Leave Me Alone

Informing ex-POWs about VA benefits is one thing. Getting them to file a claim is another. Steven L. Tate, an assistant coach on the post-determination team at the Seattle VA Regional Office, has located ex-POWs in Washington State who

don't want VA benefits. All they want, he said, is to be left alone. During phase one of the outreach effort he tried to contact 53 ex-POWs who weren't receiving VA benefits. Nine responded and filed claims but two got angry during a follow-up phone call and told him never to call again. "They were very upset," said Tate. One of the tactics he finds useful is involving a spouse.

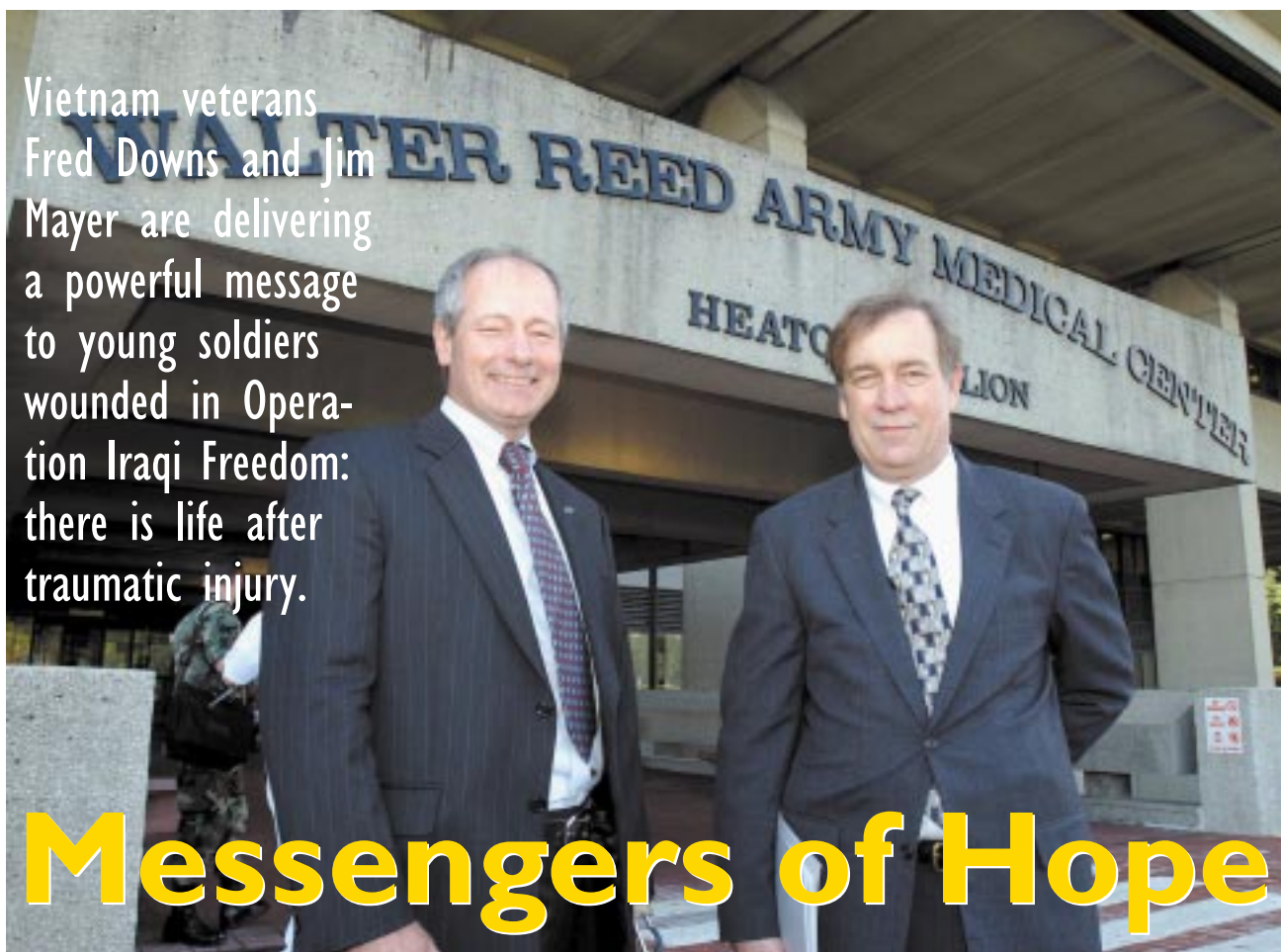
During an event last year, he sat down with an ex-POW and tried to get him to submit a disability claim. The veteran resisted and said his only health concern was his hearing. But when Tate questioned his wife, she admitted her husband suffered nightmares and other symptoms sometimes associated with post-traumatic stress. With her help, Tate got the veteran in for an extensive ex-POW physical where he was found to be 100-percent service-disabled.

It can be difficult convincing proud World War II veterans they should apply for VA disability benefits, something they view as a handout for the weak or those who couldn't get by on their own. One thing you never want to do, according to Tate, is try to lure them in by saying they might be totally disabled. Rather, he suggested putting the emphasis on how a VA claim documents and validates their experience.

Most of the first-time ex-POW claims he received this year were not generated at the VA regional office. They started as walk-in visits at the nearby Seattle VA Medical Center by veterans seeking medical treatment or help offsetting the rising costs of prescription drugs. This is precisely what the outreach campaign is designed to achieve: to get them to take that first step. When they do, Tate recommends being "ready to wow them when they walk through those doors." **VA**

By Matt Bristol

Vietnam veterans Fred Downs and Jim Mayer are delivering a powerful message to young soldiers wounded in Operation Iraqi Freedom: there is life after traumatic injury.



Messengers of Hope

ROBERT TURTEL

With their Kevlar body armor and rapid access to medical treatment, soldiers wounded in Operation Iraqi Freedom are surviving what were once fatal injuries. One day they're busting down doors in Baghdad and the next they're lying in a hospital bed with busted-up limbs.

"When you first see them, they're still confused and can't seem to comprehend the magnitude of what happened to them," explained Frederick Downs Jr., VA's chief of prosthetics, describing his visits to wounded troops at Walter Reed Army Medical Center in Washington, D.C., which has received almost 300 battlefield casualties from the war in Iraq.

Downs knows exactly what they're going through. As a 23-year-

old lieutenant with the Army's 4th Infantry Division, he was nearly killed when he stepped on a "Bouncing Betty" land mine on Jan. 11, 1968, near Chu Lai, Vietnam. He survived the blast, but lost his left arm above the elbow. Now, more than 30 years later, he shares his story with soldiers who have similar injuries. "I want them to understand there is life after amputation," Downs said.

A Simple Motive

Since April, Downs and Jim Mayer, director of Leadership VA, have visited more than 60 wounded soldiers at Walter Reed and National Naval Medical Center in Bethesda, Md., as volunteer amputee peer visitors. Their motive is simple, according to Mayer, who lost

both legs to a land mine on April 25, 1969, while serving with the 25th Infantry Division in Vietnam. "If you've been through an amputation and you see others who are experiencing that trauma, you just want to help them in any way you can," he said.

Their efforts began during the 1991 Gulf War after hearing news reports that Saddam Hussein had dispersed a million land mines to maim and kill coalition forces if they invaded Iraq. "We were concerned there were going to be a lot of casualties and we wanted to do something to help," Mayer recalled. The question was, how could they best help the wounded?

Above: Fred Downs, left, and Jim Mayer have visited more than 60 wounded soldiers at military hospitals since April.

Mayer found the answer when a friend asked if he could remember a particular turning point during his recovery at Brooke Army Medical Center in San Antonio. "I remember a former patient who came to visit us one day, it was just a chance encounter. He lost both arms and had these prosthetic hooks. I was mesmerized because I realized he had a life," he said.

The encounter provided hope for his own future, something he said severely wounded soldiers rarely have. "After a traumatic injury, you live hour to hour, day to day and you tend to block out the future. At first you put your hope on the shelf because hope is too far in the future."

And so it was that Mayer, Downs and about a dozen other Vietnam veterans, many who worked for VA, started visiting wounded soldiers and sharing their stories of overcoming traumatic injury. During the first Gulf War, Mayer estimated he volunteered about 800 hours at military hospitals. He organized field trips, picnics and hosted backyard barbecues. He also started bringing milkshakes on each visit, leading patients to nickname him "the milkshake man."

Unforgettable Stories

The group dwindled after the war, but Mayer and Downs continued visiting servicemembers injured in training accidents or deployments. Some of the stories are hard to forget. There was the soldier injured on the train to Bosnia when electricity arced from a cable to his helmet and blew off his legs. There was the Ranger who broke his back when he fell out of the Black Hawk helicopter during the 1993 raid in Mogadishu. And there was the sailor who lost his legs when he got tangled in a rope trying to rescue a shipmate and was dragged through a porthole.

Mayer keeps in touch with many of the patients he's met over the years. Twenty-two of the 58 wounded soldiers he met during the first Gulf War showed up at his house for a July 4th barbecue in 1996 for their five-year reunion. He sees others at two of VA's National Rehabilitation Special Events—the National Veterans Wheelchair Games and the National Disabled Veterans Winter Sports Clinic. Some even come to his April 25 "Alive Day" celebrations, an event he has held every year since 1970 to mark the day he almost died.

The Emotional Side of Injury

As American troops began the build-up for Operation Iraqi Freedom, Mayer and Downs, along with their buddy Jack Farley, a Vietnam veteran and amputee who serves as a judge with the U.S. Court of Ap-

"When you first see them, they're still confused and can't seem to comprehend the magnitude of what happened to them."

peals for Veterans Claims, expanded their volunteer role by meeting with military surgeons at Walter Reed to share their insights into traumatic injury. "We talked about how we felt when we were injured and how we thought the medical staff could help the wounded soldiers," said Mayer.

Dr. Artie Shelton, a retired Army colonel who commanded a field hospital in Somalia and now works as a consultant in VA's transplant program, helped arrange the meeting. He said the Army physicians are extremely qualified and well trained, but they may not fully understand the emotional and psychological complexities of traumatic injury. "The doctors know the medical side, but Jim and Fred can tell them about the full impact and repercussion on these soldiers,"

Shelton said.

Among the aspects of recovery Downs stresses are encouraging the soldiers to do things on their own. "Never tell a guy he can't do something," he said. "You need to encourage him to try, to test himself and see what he can do. It speeds up their psychological healing and helps them get back into life again."

If they have doubts about what they can accomplish, Downs tells them about his own life after injury: going to school, getting married, starting a family, writing three books, and leading VA's multimillion-dollar prosthetic and sensory aids service.

He also has gained international recognition for helping establish land mine survivor programs in several countries. The U.S. Agency for International Development recently asked for his assistance with a land

mine eradication program in Afghanistan. (To learn more about his recovery and land mine eradication efforts, visit the Center for Defense Information Web site at www.cdi.org/adm/1250/Downs.html.)

Mayer and Downs volunteer because they've been there and because they care. But also because they want to bring a little dignity to American troops who suffer traumatic injuries.

"Vietnam vets, to put it politely, never actually felt welcomed home," said Mayer. "But these guys coming back from Iraq, we're going to welcome them home and become their friends, help them reconcile their injuries, and bring them a little dignity." VA

By Matt Bristol

The Top Tier of Fed

A program to groom future executives was revived last year after being shelved for nearly a decade as VA decentralized many of its leadership positions. The SES Candidate Development Program helps VA managers at the GS-14 and GS-15 levels break into the top tier of federal leadership, the Senior Executive Service, where base salaries start at \$113,000.

The program was revived to prepare for retirements among VA's senior executives. Eighty-seven percent will be eligible to retire by the year 2007, and if historical trends continue, 37 percent of them will retire, according to Marisa Palkuti, development director in the Office of Human Resources Management, VA Central Office. "This program is critical for developing an eligible pool of replacements," she said.

It may also help balance the profile of VA's SES work force. According to a February 2003 General Accounting Office report, VA has the lowest percentage of women in the SES among 20 federal agencies—just 14.5 percent. The latest class of candidates, eight women and seven men, more accurately reflects the makeup of the VA work force, where women outnumber men 131,000 to 94,900 as of July 10.

Getting In

Only the top qualifiers make it into the SES Candidate Development program. All applicants are rated on their potential to meet the five Executive Core Qualifications: leading change, leading people, results driven, business acumen, and building coalitions/communication. Members of an executive resource



ROBERT TURTEL

Rebecca Wiley, special assistant to the director at the Augusta, Ga., VA Medical Center, is one of 15 employees selected for the One VA SES Candidate Development Program. As part of her individual development plan, she's on a nine-month assignment in headquarters working with the national CARES Commission.

board evaluate applications and forward qualifying candidates to the Secretary of Veterans Affairs for final selection. Of the 300 or so who

applied, just 15 were accepted into the program.

One of those is Rebecca Wiley, special assistant to the director at

eral Service

the Augusta, Ga., VA Medical Center. As part of her individual development plan, she traveled to VA headquarters in March to work with the national CARES commission. This nine-month assignment gave her a close-up look at Capitol Hill and the politics of veterans' health policy. "It has been a lot of hard work in a setting unlike anything I've ever encountered," Wiley said. "I'm gaining a wealth of knowledge about VA as a health care system and how the various parts relate to the whole."

The expected wave of retirements among VA senior leaders has prompted the department to revive a program to groom future executives.

Sonia Moreno, who has been with VA for 27 years, also made it into the program. At the time of her selection she was serving as acting director of the San Juan, Puerto Rico, VA Regional Office. Her development plan included a shadowing assignment with James W. Bohmbach, VBA's chief financial officer.

While in Washington, D.C., Moreno got word that she had been selected for the SES. She returned to Puerto Rico and submitted her SES paperwork to the Office of Personnel Management for certification. She credits perseverance and responsible leadership for helping her reach the SES.

What's Involved

The program requires candi-

dates to follow an individual development plan that includes formal coursework, seminars, special assignments, individual coaching and mentoring by current members of the SES. It takes most people between one and two years to complete the program.

Once they finish, there is no guaranteed appointment to the SES. They've got to request a certificate of executive qualifications from the Office of Personnel Management. Once certified, they become eligible for non-competitive placement into

an SES position. The certification lasts a lifetime.

Keith Wilson is close to completing the program. When he started he was working as veterans service center manager at the New Orleans VA Regional Office. He moved up to an assistant director position at the Washington, D.C., VA Regional Office and was recently tapped to serve as acting director of VBA's new appeals management center.

"I've been a field person my entire career," said Wilson, an eight-year Navy vet. "Getting into a formal program like this has given me a much broader strategic perspective."


The appeals management center he directs is a new office established to improve consistency and reduce the length of time it takes to process

remanded claims, or those the Board of Veterans' Appeals has determined need additional evidence. Rather than sending a remand back to the regional office where it originated, Wilson's Washington, D.C., office will collect the necessary evidence and either grant the claim or re-submit it to the Board of Veterans' Appeals with the new evidence. "The overall goal is to reduce time and improve quality," Wilson said.

Other employees selected for the program are: Lou Ann Atkins, VHA; Ronald Bednarz, VACO; Ernesto Castro, VACO; Jeanette Diaz, VHA; Lily Fetzer, VBA; Willie Hensley, VACO; Joy W. Hunter, VACO; Steve Muro, NCA; Ricardo Randle, VBA; James R. Sandman, Denver Distribution Center; Suzanne Will, General Counsel; and Sally Wallace, VACO.

The Next Class

A new class of SES candidates is scheduled to start later this year. A vacancy announcement posted on OPM's Web site www.usajobs.opm.gov will signal the start of the new class. Applicants will have to submit a package that describes their ability to demonstrate the executive core qualifications.

For more information on the SES, visit OPM's Web site at www.usajobs.opm.gov/ei30.asp. To find out more about the One VA SES Candidate Development Program, contact Human Resources Development Service at (202) 273-4967. 

By Matt Bristol

Celebrating a Legacy of Service

As the Oklahoma City VA Medical Center celebrates its 50th anniversary, employees, volunteers and local veterans reflect on how it has changed and grown with a community that has weathered some tough times.

The Oklahoma City VA Medical Center has seen both good and challenging times in its 50 years of operation. Through it all, the facility has flourished and remains a stellar force in the community, state and VA health care system.

The 169-bed hospital, which turned 50 on Sept. 14, has 1,500 employees who serve about 250,000 veterans a year. They also serve a community that has come to rely heavily on them. “Community involvement has been our strength here,” said Steve Gentling, medical center director, who encourages employees to take part in community outreach.

A Good Neighbor

Oklahoma City has seen its share of pain and suffering. Who can forget the tragic events of April 19, 1995, when the Alfred P. Murrah Federal Building was bombed? Or the F-5 tornado that ripped through the city in 1999, destroying 900 homes and killing 42 Oklahoma residents.

During these difficult times, Oklahoma City VAMC staff came to the aid of the community, providing a key health care support team around the clock. It was community relations at its finest—being there for their fellow citizens in a time of great need. As one local leader put it, “VA’s involvement was truly a gift from heaven.”

“The community appreciated the service the VA provided after the bombing,” said John Tasse, director of the health psychology clinic. “Many saw VA as the ‘go to’ organization.”

The community involvement went beyond employees and volunteers. Tasse recalls patients calling to cancel appointments so the facility’s focus could be on the bombing victims.



MICHELE WOOD



MICHELE WOOD

Top: Keith Plunkett, who helped identify bodies after the 1995 Murrah Federal Building bombing, says he’ll never be the same; left: Paul Howell lost his daughter in the bombing.

The bombing of the federal building killed 168 and injured more than 700 people. Of those, 13 were admitted and treated at the Oklahoma City VAMC. Associates spent countless hours at the bombing site, the triage areas, and throughout the community long afterward, providing aid to survivors and families.

Keith Plunkett, a radiologist technician, assisted in the identification of bodies after the bombing. "I received word from my supervisor about 20 minutes after the bombing that my assistance was needed," said Plunkett. "I can honestly say I will never be the same person again."

Neither will VAMC employee Paul Howell, whose daughter was one of the casualties. "I think it was meant for me to be a VAMC employee during that time," said Howell. "My fellow VA employees came to my house to comfort me and my family. Everyone was extremely helpful."

Changing with the Times

As Eldon Holder sees it, the years have brought a lot of positive changes to the medical center. Holder, who was a patient there when it opened in 1953 and now serves as a volunteer, remembers the non-private wards and antiquated equipment. "It's hard to put into words the physical changes since 1953," he said. "I can honestly say it never occurred to me to try any other health care system. Never thought about it and never wanted to."

Employees like Betty Darcy Tyrell never thought about working anywhere else, either. One of the medical center's original employees, she became the youngest service chief ever appointed at the medical center, or anywhere in the nation at that time.

The chief of nutrition and food service for 38 years, Tyrell remembers two significant accomplishments for the medical center: when it became affiliated with the University of Oklahoma College of Medicine in 1977, and when it got air conditioning in 1963. "We were at this facility for 10 years before air conditioning was installed," she said. "It truly did make a difference."

According to Helen Flannigan, who worked in human resources for more than 48 years, the facility's diversity program is another of its strengths, bringing it much recognition and credit. She made diversity improvements at the medical center one of her goals, and encouraged supervisors to do the same. Her efforts have been rewarded with a national scholarship set up in her name.

A 'Family-Style Environment'

It's not uncommon to find family members and spouses working under the same VA umbrella, but a set

The Post-World War II Years: A Time in History Like No Other



The Oklahoma City VA Medical Center today.

The Oklahoma City VA Medical Center was built during a period that still ranks as the most challenging in VA history: the post-World War II years, when some 15.4 million new veterans became eligible for benefits.

As the war was coming to an end, President Franklin D. Roosevelt tapped Gen. Omar N. Bradley to lead the then-Veterans Administration, a job Roosevelt characterized as "the hardest task in the country next to the Presidency." At a news conference held after he was sworn in as VA administrator on Aug. 15, 1945, Bradley, who had been a major figure in the European Theater during the war, said, "I don't think there's any job in the country I'd sooner not have nor any job in the world I'd like to do better."

His first challenge was to speed up the construction of new hospitals and additions to existing ones that had been approved and funded by Congress. The existing VA hospitals were filled to capacity, and there were waiting lists for admission at nearly all of them. Until more VA hospitals could be opened, the Army and Navy made beds available in their hospitals.

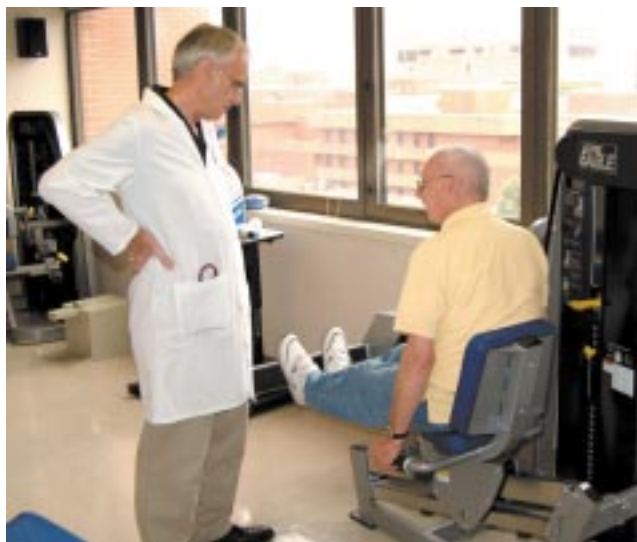
Some of the new hospitals, like the one in Oklahoma City, were VA-designed. Others were designed by the Corps of Engineers, from whom Bradley sought assistance to complete the massive construction program as quickly as possible.

After almost two years as VA administrator, Bradley returned to the Army, where he soon was named chief of staff. He had presided over an expansion of the VA to accommodate the largest veteran population the nation had ever known.



Left: The installation of air conditioning is an advancement that stands out in former chief of nutrition and food service Betty Darcy Tyrell's memory; below: Dr. Phillip Comp, associate chief of staff for research, says investigators there are studying the care of amputees immediately after surgery.

MICHELE WOOD



MICHELE WOOD

of triplets working in the same facility is rare. John, James and Joe Morrison were all employed at the Oklahoma City VAMC at one time. Employees often mistook one for another. All three brothers were also paratroopers in the Army's 101st Airborne.

"You do see a lot of families working at the Oklahoma City VAMC," said John Morrison, whose wife Cindy also works at the medical center.

The Morrises are not the only unique family employed at the Oklahoma City VAMC. The daughter and son-in-law of information security officer Nathan Trollinger also work there, in addition to his son-in-law's mother.

"We enjoy the family-style environment and appreciate the down-to-earth attitude of management and staff," said Taneil James, Trollinger's daughter.

Employee Carolyn Killian and her husband Jim, who retired two years ago after a 40-year career with VA, have both their son and daughter-in-law working at the Oklahoma City VAMC.

Another characteristic which makes the Oklahoma City VAMC special is its volunteers—all 1,455 of them. Clara Hess, a volunteer for more than 32 years and one of two National Silver-haired Congress Senators from Oklahoma, was instrumental in helping bring geriatric medicine to the Oklahoma City VAMC in 1994. "There are only three states that have a geriatric training program through the medical school—Arkansas, New York and Oklahoma," Hess said. "By 2005, the goal is for every doctor to have had some geriatric training."

Lonnie and Connie Burts, volunteers for 32 years and married for 59, have noticed considerable improvements through the years at the medical center. "Now, we even log our volunteer hours through a computer," said Connie.

Looking to the Next Half-Century

The medical center prides itself on its research achievements. Perhaps the best known of these accomplishments is the discovery of a cure for Wolff-Parkinson-White (WPW) Syndrome, a condition characterized by episodes of rapid heartbeat caused by abnormal electrical pathways in the heart.

In 1991, the Oklahoma City VAMC, under Dr. Warren Jackman, developed a method to cure the patient without major surgery. The cure was the result of nearly 20 years of work and to date has had a success rate of 99 percent.

Through its affiliation with the University of Oklahoma College of Medicine, the medical center staff has more than 200 active research projects. Dr. Phillip Comp, associate chief of staff for research, keeps a list of about 100 investigators active.

"We are particularly proud right now of our amputee research and how to best care for amputees immediately after surgery," said Comp. "I think our research will prove that people are out of shape after surgery and we need to get them up and fit as soon as possible, which goes against people's belief today."

As the medical center marks its 50th anniversary, employees are focusing their attention on the next half-century. Their goal is to continue working closely with the community and providing high quality care to America's veterans. That should be reassuring to the Oklahoma City community and its veterans. **VA**

By Jessica Jacobsen

The Blackout of 2003: VA Copes

At approximately 4:10 p.m. on Aug. 14, 2003, much of the Northeast and Midwest sections of the country, along with parts of Canada, were plunged into the worst blackout the continent had ever experienced. From New York City to Detroit and Cleveland, and up to Toronto, upwards of 50 million North Americans were left without power in a crisis that lasted for the next two days.

VA facilities also struggled with the blackout. Many successes and a few extreme challenges were reported. The VA Crisis Response Plan kicked in almost immediately, assisting as needed the 27 affected medical centers, 118 community-based outpatient clinics, two free-standing nursing homes, eight VA regional offices and five national

cemeteries. Overall, the final report from the Crisis Response Team was that there was “no significant disruption” of services to veterans. But the full story is a bit more complicated.

VBA engaged its emergency telephone plan within minutes of the toll-free system shutting down at the New York City, Detroit and Cleveland VA Regional Offices. Calls were rerouted to VA offices in Boston, Buffalo, Philadelphia, Newark, Indianapolis and Pittsburgh with minimal disruption.

Medical centers that lost power had emergency generators to fill the immediate need. Those centers dealt with challenges by scaling back unnecessary functions where possible to further reduce demands on limited emergency fuel supplies.

Bronx and Cleveland VAMC employees sweated through their shifts without air conditioning. In the Manhattan area, employees joined the throngs of refugees in the streets trying to make their way home across the boroughs.

At the Detroit VA Medical Center, donations of bottled water from veterans service organizations and other community members for use by patients and employees alike alleviated the shared lack of water that the whole city experienced.

At Calverton National Cemetery in New York State, the blackout didn't strike until the very end of the business day. During day two of the crisis, “We were up and running,” said supervisor Roseann Santore, citing 24 burials, the daily average. “We had only one little problem requiring that we revamp the computer voice mail on the telephone system.”

The largest disruption reported was at the Ann Arbor, Mich.,

VAMC, where backup systems at first responded normally to the power outage. “Everyone went about their tasks with flashlights and walkie-talkies, as if being without power was a natural occurrence,” said Bonnie Johnson, staff assistant to the director.

But within a half hour, the emergency generators feeding the clinical addition housing the ICUs, ORs, labs and radiology began failing due to a faulty fuel-feeding switch. The disaster plan was fully activated, repairs got underway, and temporary power began relieving the system. But staff members determined that three patients needed to be moved to more dependable monitoring facilities. This required breaking down a temporary wall to move patients out of the building to the main hospital complex.

Elsewhere in the hospital, two surgeries underway at the time of the outage were successfully completed, and a third emergency surgery patient was transferred to the University of Michigan affiliate hospital. Stranded outpatients were put up at the medical center's “hoptel.”

Day two of the crisis revealed that the back-up generators couldn't supply the power needed to cool the radiology and pathology areas. As outside temperatures climbed into the low 90s, lab equipment began shutting down. Physicians were able to read X-rays by going to the radiology reading room, but X-rays were not available on computer monitors around the hospital.

Ann Arbor VAMC's power was restored at about 2:30 p.m. on day two. Repairs to all malfunctioning electrical equipment are either in progress or have been completed. **VA**

By Robert Turtill



GUS BUCHTEL

With power restored to the Ann Arbor VAMC, staff members return a patient who had to be moved out of the clinical addition through a temporary wall during the blackout.

Running a Tight Ship

Retired Navy Admiral Daniel L. Cooper runs a tight ship at the Veterans Benefits Administration and expects to be involved in all aspects of daily operations. The way he sees it, “You have to understand what you’re doing and you have to understand the mechanisms that make this machine go.” Cooper got a good look at what makes VBA go while serving as chairman of Secretary Principi’s Claims Processing Task Force in 2001. Since coming on board as Under Secretary for Benefits in March 2002, he’s seen the claims backlog cut by about 175,000 and the length of time it takes to process a claim reduced by several months. Cooper sat down with *VAnguard* in his office on Aug. 7 to talk about the state of VBA, his approach to leadership, and the course he’s plotting.

VAnguard: *You’ve summed up your management philosophy with the motto, “You get what you inspect, not what you expect,” a reference to your days commanding submarines. Have you applied that principle to VBA?*

Cooper: I think so. We have done a lot of work with our regional office directors to ensure they look very carefully at what they’re doing. We have teams that we send out, and you can call it inspections, retraining, or training visits. The idea is to improve the way we do our business. I expect these teams to meet with leadership of a regional office, to hold entry and exit interviews. I expect them to write a quick report, and then a full report, and I expect the regional offices to respond to those reports. So we have incorporated to a greater extent than there was before an inspection process with the idea that everybody participates. We do it as a training evolution, as well as looking to make sure we’re doing our job properly.

VAnguard: *How have your experiences at VA differed from your career in the submarine corps?*

Cooper: Well, in the submarine force, just like in any military organization, it’s very structured. You have a ladder, you have a process, where you know by the time you’ve been in five years you should have this training or schooling, and you should have had this kind of experience on your ship or ashore, and that goes all the way up. There are absolute plans of progression in your career, and I don’t find that in the civilian world. People need to have a clear understanding of the types of exposure they should have or the types of training they should have if they want to progress and rise up to be deputy assistant secretary or under secretary. But



“I am very pleased at what appears to be the acceptance of where we’re going,” said Cooper. He wants VBA to put its emphasis on five main areas over the next year: quality, customer service, training and development, the Claims Processing Initiative (CPI) model, and IT.

there should be progression. I would like to have things laid out so people can see how you get from being the new guy on the block to being a regional office director

or being a program director in the loan guaranty, education, vocational rehabilitation or insurance programs.

VAguard: *How would you characterize your leadership style?*

Cooper: You know, when you talk about leadership it is a very personal thing. There are many components to what I try to do. Primarily I try to understand my people. Everybody is different. Everybody has different needs, different desires, different points in their life, different training, different families. I want to help them become, in the Army phrase, the best they can be. Second is what you may call management by walking around. I'm trying to visit all the regional offices as fast as I can—I got to my 33rd out of 57 yesterday and I'm going to two more in the next three days. I want to see people face to face and talk to them. I feel communication is very important. I expect regional office directors to come to my office every time they're in Washington, D.C., to talk about how they're doing and how things are going. I want to know precisely what is being done, why it's being done, what are the problems, what are the risks, and that sort of thing.

So I guess I want to be involved. I want to be someone who understands what's going on and hopefully, can practically lead the organization. A final component is participatory leadership. We try to structure our meetings so that everybody can say what they want to say, whether they agree or disagree with what we're talking about. We expect them to participate. We don't want people going out and grouching about a decision once it's been made; fully participating in the decision at least gives them full understanding. This is very important to me.

VAguard: *What would you say was your proudest moment of the past year?*

Cooper: There hasn't been a single proudest moment. I am very pleased at what appears to be the acceptance of where we're going, the methods we're trying to use, and what we've done. What we've tried to do through the task force is make our work as uncomplicated as possible. What was happening was everybody had to know such a wide range of things as generalists they couldn't understand some of the specifics. So we made it focused and set up specialized teams. The point is we have to make sure everyone understands where we're going and why. I'm very pleased with all our employees and the entire organization for the way they've accepted what we wanted to do and the enthusiasm they've shown. Certainly we are proud of the results.

VAguard: *Have there been any disappointments you'd like to share?*

Cooper: No. Look, everybody gets into situations. Sometimes you can't control the situation, but what you can control is your attitude toward that situation and your response to it. That's the only thing you can control. So when you have something bad happen, you have to look at it as a challenge. Is it good? Well, sometimes it doesn't make you feel all that good. The fact is that we have had a couple challenges here and people have responded extremely well. When you have a problem, you have to jump on it. If you don't, it's going to linger and it's going to eat into the organization. Any problem you face has that potential.

VAguard: *What are some of the challenges facing VBA in the provision of benefits to veterans and their families?*

Cooper: Since last July, the workload has gone up 4 percent. We're getting 60,000-plus claims a month and they're getting more and more complicated. My goal is to get our organization in a position where we can absorb those changes without a disruption in services. Because changes are going to come. I think that the personnel level is something that needs to be looked at very carefully. Do we in fact have enough people? We've made changes. We've increased productivity. But pretty soon you get to the point where each person can only get so productive. You have to continually look at whether you have enough people to do the job properly.

VAguard: *What are some of the goals you've set and how do you plan to reach them?*

Cooper: If you want to meet a goal, everyone has to understand what that goal is. Part of leadership is setting a mutually acceptable goal. The goals we have set are difficult to reach. If they weren't, why would we call them goals? There are really five areas I want to make sure we emphasize this next year. The first of course is quality. Now understand that quality is improving. Sometimes I hear people say that by pushing so hard on timeliness, quality is going down. Well that's not correct. Last year, using the quality statements we defined in the report of our task force, we had 81 percent. This year we have 84 percent. Another goal is customer service. You know, we're a service organization. We have customers and they're called veterans. They're called disabled veterans. And so customer service is very important. Training and development is another area. I want to have some kind of system in place so that we can groom people as they

come in. Give them a goal, show them how they can get from here to there, and have the training program available to them.

The CPI (Claims Processing Initiative) model is the fourth area of emphasis. We found we had 57 offices run 57 different ways. Now we have every office run the same way. But now that we've done that, we have to go back and take a look at how we can make improvements. So I want to continue to look at our CPI model. The final thing is IT. IT is vital but it can be very detrimental if not tested, introduced and executed properly. Then we must have comprehensive training and carefully orchestrated installation. We are improving, but IT is another area we must continue to focus on next year.

VAnguard: *Improving claims processing has been a goal of Secretary Principi and the hallmark of your tenure here at VA. Has the claims backlog been significantly reduced?*

Cooper: Yes. The primary number everybody seems interested in is the number of claims awaiting processing—that is what we want to drive down. I also would like to establish the fact that while we call it a backlog, in fact it's our pending claims inventory. It is never going to be zero, because of the large volume of new claims we get each month. Well, this claims inventory peaked at 432,000. We will get it reduced to approximately 250,000. As of the end of July, it was 275,000. I'd say we have made progress. Then you talk about the time it takes to process a claim. And the number I prefer to use is the average number of days a claim has been pending. We're trying to get that below 100. It peaked at 202 days a little over a year ago. Today it is at 123 days and going down somewhere between five and eight days a month. So are we making progress? Yes, we're making progress!

VAnguard: *Appeals are a significant part of VBA's workload. Are there any efforts underway to review the appeals process and workload?*

Cooper: You bet. We're doing many more claims but we're also getting more appeals. In fact we have a slightly increased percentage of veterans who are appealing. One thing we're doing is setting up a special unit in Washington to handle remands when they come

back from the Board of Veterans' Appeals and to develop them as best they can with some help from regional offices. That should help because that means the remands don't immediately get sent back to the regional offices. The second thing is we have a specific group set up under Jim Whitson, one of our area directors, to review the appeals process itself. It is a multi-step process and we are going to look at it in a logical way to provide every possible opportunity for the veteran to have their appeal processed in a professional manner.

VAnguard: *How is VBA preparing for the potential retirement of a large portion of its work force?*

Cooper: I think primarily through the development and education programs I've talked about. We try to work, of course, closely with the VA-wide programs, like LVA. But we're also setting up some of our own programs. We have established, in many of our large regional offices, a



Cooper talks with (left to right) Gerald Larson, coach, Vince Crawford, director, and Ed Barloon, assistant service center manager, during an August visit to the St. Paul, Minn., VA Regional Office. He plans to visit all 57 VA regional offices.

training position so employees who want to improve and move up can have an opportunity to do that. I'm very interested in getting people into rotations of some type, whether it's rotations within a given regional office or to Washington, D.C. I'm absolutely convinced that as you get more senior in this outfit, you really ought to understand how headquarters works. And that happens only by coming in here and understanding this function. Not only does that help us understand the perspective from the field, but when that person goes back it helps the field understand the perspective from here.

VAnguard: *VBA seems to get a disproportionate*

amount of negative criticism in the media, on Capitol Hill, and from veterans service organizations. Why do you think that is and what are you doing to address it?

Cooper: Well, the first part of this answer is that I don't agree. I don't think we're getting a lot of negative criticism. As a matter of fact I think it's been nicely shifted. I was very aware of negative criticism during the task force. There was a lot of it and it was because the numbers were so high. That criticism has abated. I don't consider appropriate criticism to be negative. As I said, when criticism does arise, you must jump all over it and take care of the situation immediately.

Vanguard: *Some members of Congress have criticized VA for not doing enough to help veterans and their families understand the benefits and services VA provides. How is VBA reaching out to the veteran population?*

Cooper: Every regional office is very cognizant of outreach, whether it is going out and talking to organizations, or ensuring you have good relations with VA hospitals and the community. I'm absolutely convinced that our regional office directors are very aware of that and have people who do it. Our outreach office is an impressive program run by Diane Fuller. She has done a super job of reaching out and working with veterans and their families, particularly during the Iraq war. So yes, we are working on outreach. It is very important and everybody here probably understands that more than at any other organization in which I've been involved. I'm convinced people understand it. Now it's a matter of helping them to do it. Of course, a big part of outreach includes VSOs. We need to work together to ensure veterans know about the benefits they've earned. So I think we're attacking it on several fronts. And it's working. More people are coming to us for benefits. I think people know a lot more about the VA today than they ever did 10 or 15 years ago.

Vanguard: *Anything you'd like to add?*

Cooper: I'd just like to say how proud I am of what our employees have accomplished over these past few years. Our education service and the regional processing offices are doing a fantastic job. The time it takes to process education claims has been reduced to about 25 days. Two years ago it took 50 days. Our insurance program is among the best in the industry. Employees are turning around the claims from the families of servicemembers killed in Iraq in less than two days. I also want to mention our loan guaranty folks and the



ROBERT TURTIL

Cooper reviews paperwork with program assistant Emma Wallace in his office.

assistance they provide to veterans, not just in getting a loan but also in helping those who fall on hard times keep their loans. A technology system called ACE now certifies veterans and servicemembers for a VA home loan in a matter of seconds. It took me about three or four weeks when I signed up for a VA home loan 30 years ago. We also have established a task force to review our vocational rehabilitation program to make sure we are doing everything we can to rehabilitate our combat-wounded veterans.

VBA employees demonstrate every day that they understand the main reason we're here. Members of our Armed Forces are putting their lives on the line right now in Afghanistan and Iraq and we're going to make sure they receive the best possible service when they come home. That's why outreach is so important. These new veterans do not know or understand VA. We must be activists in reaching out to them and their families. They willingly served our country. We must not fail them now. **VA**



Free and Easy Learning

ROBERT TURTEL

When it came time for employees at the Waco, Texas, VA Regional Office to complete sexual harassment refresher training, human resources specialist Sherry Zahiriak suggested using the VA Learning University's online course to meet their training requirement.

"It just made sense," she said, explaining that the course was free, available via the Internet, and didn't require access to a large conference room or training center. Her director, Carl Lowe, agreed and gave her the go-ahead to get things started.

Lowe took the course, then another and another. Each time he logged on he found something that interested him—like how to handle workplace aggression, cope with stress, and promote diversity. When he found a course particularly helpful, he'd mention it to Zahiriak

and she'd issue a memo to managers asking them to take it as well. "I had the intention of taking one class, but once I got in there I saw there was a lot more than I expected," said Lowe, referring to the nearly 1,300 free courses available through the VA Learning Online Web site at www.vcampus.com/valo.

Within a few months Lowe completed 36 courses and was named a category winner in the VA Learning Online competition. Secretary Principi announced the competition on Jan. 29 and offered to host a luncheon in his office for employees at winning facilities who completed the most courses between Feb. 3 and June 30.

The competition grouped VA hospitals, regional offices, national cemeteries and other facilities into five categories based on the number of employees at each facility. Facili-

ties with the highest percentage of employees completing VALO courses, as well as the individual employees who completed the most courses at those same facilities, were named contest winners. For example, the Waco, Texas, VA Regional Office won category 3, facilities with 100 to 499 employees, and the office's director, Lowe, completed the most courses at the Waco office.

The Beverly National Cemetery in New Jersey won category 1, facilities with one to 24 employees, and program analyst Linda Flook-Birnbaum was recognized for taking the most courses at the cemetery. She took 16 courses in areas such as OSHA safety, effective communication, and how to use Microsoft Excel. "It's always good to learn new things," she said.

The top prize in category 2, fa-

Left: Winners of the VALO competition (back row, left to right) Randy Watkins, Jefferson Barracks NC; Linda Flook-Birnbaum, Beverly, N.J., NC; Stan Johnson, Tomah, Wis., VAMC; Ralph Church, Jefferson Barracks NC; Dianna Hankins, VA Gulf Coast Veterans HCS; (front row, left to right) Julie Catellier, VA Gulf Coast Veterans HCS; Dee Blake, Beverly, N.J., NC; Virginia Hall, VA North Texas HCS; Larry Simon, Tomah, Wis., VAMC, and Carl Lowe, Waco, Texas, VARO.

cilities with 25 to 99 employees, went to the Jefferson Barracks National Cemetery in St. Louis. Randy Watkins, a computer specialist who completed 45 courses, led the way there. He took courses in Java script, Oracle, and other software applications and learned how to create spreadsheets and databases to manage functions he used to track manually. "Not only did it help me [professionally], but it also helped in what I do here on the job," said Watkins, who spent 21 years in the IT field with the Air Force.

Some employees are taking full advantage of the opportunities VA Learning Online provides.

Larry Simon, a nursing assistant, completed 90 courses to help the Tomah, Wis., VA Medical Center win category 4, facilities with 500 to 999 employees. Simon learned about the competition through an e-mail message and decided to give it a try. Before he knew it, he'd taken the maximum number of courses allowed in a single month. So he waited for the next month and started again, until he hit 90 courses. The former U.S. Marine said you've got to be persistent in working toward your goals.


Dianna Hankins, a secretary, took 70 courses and helped the VA Gulf Coast Veterans Health Care System, in Biloxi, Miss., win category 5, facilities with more than 1,000 employees. A graduate stu-

dent, Hankins was between semesters when she heard about VALO and decided to take courses at home in her spare time. "I saw it as a free way to further my education," she said.

One of the things she liked best about the program is how it tracks your progress through a specific course. Say you log on and spend about 15 or 20 minutes working on a course. The next time you visit the site, it remembers where you left off and you can start from there rather than having to do it all over. "It's like going to school in your spare time," said Hankins.

Joining the five category winners and their facility directors for lunch with Secretary Principi was Virginia Hall, a nutrition and food service employee at the VA North Texas Health Care System in Bonham. The Secretary presented her with the outstanding scholar

award for taking 120 courses, more than any other VA employee during the competition. Hall didn't learn about the competition until April 4, two months after it started. But that didn't stop her from working her way to the top. "I just want to reach my full potential," she said.

The VA Learning University, in partnership with the Employee Education System, funds VALO courses as an investment in employee technical and professional development. Nearly 17,000 employees enrolled in VALO during the competition, putting the total number of registered employees at about 34,000 as of August. To register for courses visit www.vacampus.com/valo. 

By Matt Bristol

e-School: It's Always in Session

Bruce A. Gordon, director of the Northampton, Mass., VA Medical Center, used his regular column in the employee newsletter to encourage staff to take advantage of online learning opportunities. Here's some of what he had to say:

When I was a kid I had a real good handle on "Distance Learning." It meant putting enough distance between me and the front of the class nearest the teacher. Now that's all different.

One of my children took a Distance Learning college class this summer. The house became a classroom, study center and resource library for online learning. I've done some homework on this new age teaching.

Many courses don't use a traditional schedule, so there is nothing to miss. Virtual learning students can learn at the best and most appropriate time for them.

Online courses and degree programs are now rightly perceived to be topical, challenging, and highly relevant, with curricula designed with the needs of working adult learners in mind.

In a technological age, the ability to complete a degree online is an asset. Employers are likewise impressed by the initiative, ambition and self-motivation demonstrated by an employee who takes advantage of the Internet to develop their knowledge and career.

Take advantage of what we can offer through VALO—VA Learning Online. Now VA employees can seize learning opportunities to enhance job skills and realize personal potential.

It may be October, but e-school is always in session. I think I'll sit at the front of the class.

50th Anniversary of the Korean War

Armistice Day Weekend

Korean War veterans streamed into Washington, D.C., July 25-27 to attend events commemorating the 50th anniversary of the armistice that ended the conflict. Activities included a Saturday celebration at the MCI Center hosted by entertainers Ed McMahon (below), himself a Marine fighter pilot during the war, and Randy Travis. An Armistice Day ceremony was held on Sunday at the Korean War Veterans Memorial.

The 50-year commemoration of the Korean War began July 25, 2000, the anniversary of the North Korean invasion of South Korea, and officially ends this Veterans Day.



Tribute to a Generation

The World War II memorial is taking shape on the National Mall in Washington, D.C. It is scheduled to be dedicated next May during a four-day celebration over Memorial Day weekend.



Overhaul Proposed for Outdated Physician Pay System

Secretary Principi has proposed to Congress changes in the pay system for health care professionals that would help the department recruit and retain high-quality physicians, dentists and nurse executives.

“VA is facing a critical situation,” said Principi. “The complex and outdated pay system, combined with an increasing workload, have made it difficult for VA to attract and keep sufficient numbers of the best health care professionals.”

The VA compensation structure for physicians and dentists is a complicated system consisting of as many as eight different factors. The pay system for physicians has not changed since 1991. This system lacks the flexibility to adjust to the changing competitive market for many medical specialties and

subspecialties.

Studies have shown that in shortage specialties, such as anesthesiology, cardiology, gastroenterology, oncology, orthopedic surgery, radiology and urology, VA’s total compensation lags behind the private and academic sectors by 35 percent or more.

VA has proposed a three-tier system—base pay, market pay and performance-based pay. It would allow the department to offer all physicians and dentists market-sensitive pay based on achieving specific performance goals.

The first tier would be a base pay range that would apply to all doctors and dentists in the VA health care system, regardless of grade. Placement in this range would depend on an individual’s qualifications.

The second tier, market

pay, would be determined according to geographic area, specialty, assignment, personal qualifications and experience. Indexed to the salaries of similarly qualified non-VA physicians, the flexibility of this tier would allow the department to keep pace with market trends.

The third tier is linked to performance and would be based on specific achievements in quality, productivity and support of organizational goals.

Under the proposal, a VA radiologist with 10 years experience, who currently can make about \$190,000 annually, could receive pay hikes ranging from \$32,000 to \$82,000.

The proposed legislation also would authorize VA to approve special pay for the nurse executive at each VA medical center and at VA

Central Office. Nurse shortages, challenging health care environments and growing administrative demands have placed a premium on highly skilled nurse executives at all levels. Here too, the current pay structure puts VA at a competitive disadvantage in recruiting and fails to provide adequate incentive for VA nurses to seek leadership positions and increased responsibility. For nurse executives, whose yearly salaries are now capped at \$125,000, the new pay system would add \$10,000 to \$25,000 annually.

“With the veteran population aging, and increasing numbers of veterans enrolling in the VA health care system, it is critical for VA to offer more competitive compensation for its physicians, dentists and nurse executives,” the Secretary said. VA

CARES Commission Review of Draft Report Underway

Secretary Principi presented the draft national Capital Asset Realignment for Enhanced Services, or CARES, plan to the independent CARES commission in August, setting off a three-month period of review and public hearings by the 15-member panel. The commission is playing a critical role in assessing the proposed plan, designed to be a roadmap for the future of the VA health care system.

The draft plan calls for closing seven VA hospitals: Canandaigua, N.Y.; Pittsburgh (Highland Drive); Lexington, Ky. (Leestown); Brecksville, Ohio; Gulfport, Miss.; Livermore, Calif.; and

Waco, Texas. Major mission changes are proposed for 13 others.

Two new hospitals would open in Las Vegas and Orlando, Fla. The plan also proposes new blind rehabilitation centers in Biloxi, Miss., and Long Beach, Calif.; spinal cord injury centers in Denver, Minneapolis, Syracuse or Albany, N.Y., and Little Rock, Ark.; and 48 high priority community-based outpatient clinics.

The delivery of the draft plan to the CARES commission marked another major milestone in a process that began in June 2002. This landmark study of the nation’s largest health care



WARREN A. PARK

CARES commissioners listen intently to testimony from stakeholders at a hearing in Pittsburgh. From left: CARES Commission Assistant Director Kathy Collier; commissioners John Vogel, Everett Alvarez Jr., Dr. Richard McCormick, Jo Ann Webb and Vernice Ferguson. The commission has held hearings in all major markets around the country.

system is likely the most comprehensive assessment of VA infrastructure since World War II, according to the Secretary.

It sprang from a 1999 GAO report criticizing VA's record in divesting itself of vacant and underused buildings in the health care system. The GAO concluded that unless the department implemented more effective capital asset planning and budgeting processes, it could "spend billions of dollars operating hundreds of unneeded buildings over the

next five years or more."

CARES was launched to identify the infrastructure VA will need to care for veterans over the next 20 years, redirecting resources from unneeded buildings to patient care. It's a process aimed at helping the VA health care system manage its resources more effectively, so it can deliver more care, to more veterans, in places where they need it most.

"Bottom line—the draft plan will allow us to avoid imbalances between the size and location of health care

facilities and veterans' demand for care tomorrow," said VA Under Secretary for Health Dr. Robert Roswell.

Roswell said every effort would be made to minimize the impact of the proposed restructuring on veterans and employees. He does not anticipate the need for reductions in force or forced retirements. If necessary, staff reductions will be accomplished gradually, through attrition, early retirements, reassignments to programs where services are being enhanced, and reassignments to

other locations.

The approximately 100-page draft national CARES plan is divided into 20 chapters and has hundreds of pages of appendices. The entire plan can be viewed at www.va.gov/CARES.

The CARES commission has conducted public hearings on the draft plan in all markets around the country, giving veterans, employees and other stakeholders the opportunity to comment on the plan before it is presented to the Secretary in December for final decision. **VA**

Capitol Hill Ceremony Honors Nurses Involved in 9/11 Relief



ROBERT TURTLIL

VA New York Harbor Healthcare System nurses who assisted with the aftermath of the World Trade Center attacks accepted VA's award. Back row, from left: Karen Biancolillo, Deborah Hirsch-Temple, Rosemary Merrill and John Tatarakis; front row: Angeli Medina, left, and Dr. Elvira Miller.

Nurses from VA, the Armed Forces, Public Health Service and the Red Cross who provided medical care to the victims of 9/11, helped the nation prepare for bioterrorism, and served in Iraq and Afghanistan were honored at a Capitol Hill ceremony held two days before the second anniversary of 9/11.

Sen. Daniel Inouye (D-

Hawaii) sponsored the ceremony. He has credited nurses with teaching him important lessons about coping with disability while he was recovering from injuries he sustained in combat during World War II.

"Too often, nurses are unsung heroes," Inouye said. "Every day the nurses of the Uniformed Services, VA and

the Red Cross promote, preserve and protect the health of our nation. Today we stand together to honor their dedication and commitment."

The Americans for Nursing Shortage Relief Alliance, a coalition of 37 nursing groups, organized the event. In addition to honoring nurses who are the "first responders" to public health crises and disasters, the ceremony called attention to the nation's serious and growing nursing shortage. Members of the nursing community formed the ANSR Alliance to identify and promote strategies to address this problem.

Some 30 VA nurses attended the ceremony. Accepting the award on behalf of the department were VA New York Harbor Healthcare System nurses who were directly involved in dealing with the aftermath of the World Trade Center attacks: Deborah Hirsch-Temple, infection control manager; Dr. Elvira Miller, associate director for patient

services and chief nurse executive; Angeli Medina, former patient care team coordinator; Karen Biancolillo, who helped coordinate post-9/11 emergency preparedness efforts for VA medical centers in the New York area; and John Tatarakis and Rosemary Merrill, patient care team coordinators/clinical specialists in mental health, who volunteered for several weeks at the 9/11 Family Assistance Center.

Connie Boatright, director of education and research for the VA Emergency Management Strategic Healthcare Group, who has been instrumental in coordinating and implementing VA's national emergency response efforts both prior to and after Sept. 11, was also among the group selected to accept VA's plaque, and Cathy Rick, VA's chief nursing officer, escorted the honorees to the stage.

CNN's Judy Woodruff was the event's mistress of ceremonies, and speakers included members of Congress and Surgeon General Richard Carmona. **VA**

Micronesian Soldier Wounded in Iraq Becomes U.S. Citizen

Secretary Principi and Homeland Security Secretary Tom Ridge were among several dignitaries who attended a special ceremony Sept. 17 at Walter Reed Army Medical Center.

But the spotlight that afternoon was fixed on Army Spec. Hilario Bermanis of the 82nd Airborne Division, who lost both legs and part of his left arm in a rocket-propelled grenade attack June 10 in Baghdad. During the ceremony, Bermanis, a citizen of the Federated States of Micronesia, raised his only remaining limb, his right arm, and took the oath of citizenship by swearing to defend the Constitution of the United States against all enemies foreign and domestic.

Though Micronesians are considered U.S. citizens for the purpose of military service, the ceremony was a

powerful tribute to those who put their lives on the line to defend a country that is not their own. Secretary Principi saluted Bermanis for his service and said none sacrifice more for the opportunity to be called an American than those wounded or injured while wearing the uniform of the Armed Forces of the United States.

Bermanis was guarding a weapons turn-in point when he and a fellow paratrooper came under attack. The other soldier was killed instantly. Bermanis, who was awarded the Bronze Star and Purple Heart, is one of more than 5,000 non-U.S. citizens serving in the Army.

President Bush made it easier for these soldiers to become U.S. citizens last year when he issued Executive Order 13269, which provides naturalization for aliens and



ROBERT TURTEL

Army Spec. Hilario Bermanis is one of more than 1,500 wounded since March 19. He became an American citizen during a Sept. 17 ceremony at Walter Reed Army Medical Center.

non-citizen nationals serving on active duty from Sept. 11, 2001, to a date not yet determined. Non-citizens can join the Army if they have permanent resident status and green-card eligibility.

Sept. 17 is Citizenship Day, a designation set by President Harry Truman in 1952 to focus on the rights and responsibilities of U.S. citizens, both native-born and naturalized. **VA**

Deputy Secretary Mackay Resigns



ROBERT TURTEL

Mackay

Dr. Leo S. Mackay Jr. resigned from his position as VA Deputy Secretary on Sept. 30. He accepted a senior executive position in the Atlanta offices of ACS, Inc., a business process and information technology company headquartered in Dallas.

"It is with a degree of sadness, but an immense pride in the accomplishments of the Department of Veterans Affairs over the last two and a half years, that I announce my resignation as Deputy Secretary," Mackay wrote in a Sept. 15 message to VA employees.

Mackay was 39 years old when President Bush nominated him to serve as VA Deputy Secretary in April 2001. He was confirmed by the Senate a month later, on May 24, 2001. As chief executive officer, Mackay managed the department's day-to-day operations. He presided over the governance process and legislative and budgetary packages. Among his accomplishments are the establishment of a Joint Executive Committee with the Department of Defense to coordinate senior-level policies, strengthening of a "national shrine commitment" to improve VA national cemeteries, and improvements in the department's procurement, finance and computer-based operations.

"I have managed in settings public and private, but I have never been more proud or certain of my colleagues," said Mackay in a Sept. 25 farewell address in VA Central Office. "This department has the talent, the track record, and the positioning to compete, toe-to-toe, with the finest corporations and public agencies in the nation."

A graduate of the U.S. Naval Academy and the Navy's "Top Gun" training program, Mackay was a vice president of Bell Helicopter Textron before coming to VA.

Top Achievers Shine in Carey Quality Award Program

The Loma Linda, Calif., Healthcare System received VA's highest quality award, the Carey Trophy, in the 2003 Robert W. Carey Quality Award program. Secretary Principi presented the top honor to Loma Linda director Dean R. Stordahl during a Sept. 25 ceremony in Washington, D.C.

The Carey awards are patterned after the Malcolm Baldrige National Quality Award program used by organizations around the world to continuously assess and

improve efficiency and performance. "Our staff built, implemented and committed themselves to the Baldrige framework," said Stordahl. "Their commitment and efforts are showcased in this award."

The Loma Linda VA, part of the Desert Pacific Healthcare Network (VISN 22), restructured its business practices around the Baldrige/Carey process several years ago. Among the changes was a renewed emphasis on employee develop-

ment and recognition. As a result, the turnover rate dropped to about 10 percent and employees now rate the health care system as an employer of choice.

The restructuring also led to the opening of five community clinics, allowing the health care system to serve the nearly 285,000 veterans in its service area within 30 miles of their homes. By using Advanced Clinic Access principles, staff has kept waiting times in all specialty clinics below 30 days even as workloads increased.

The Institute for Health Care Improvement asked Loma Linda to share its "Advanced Clinic Access Principles in Orthopedics and Cardiology" on a global Web site it operates with the British Medical Journal to highlight best practice improvements. A partnership with the Los Angeles VA Regional Office to improve the quality and timeliness of compensation and pension exams was recognized as a "best practice" by the Veterans Health Administration.

In addition to the top Carey Trophy winner, several VA facilities were recognized for excelling in individual categories. The health care category belongs to the VA Cooperative Studies Program Clinical Research Pharmacy Coordinating Center in Albuquerque, N.M. The center, which packages and distributes pharmaceuticals, has won this category for the past three years. They've done it by practically eliminating errors and setting the industry standard for customer satisfaction.

"We achieve excellence by focusing on our values," said director Dr. Mike Sather. These include providing the highest quality products and services; achieving success through employee teamwork in all activities; safety for employees and patients who volunteer for clinical trials; and continuous learning by providing training and professional development to employees and students. The center is ranked in the top quarter of growth-oriented performing companies in the U.S.

The cemetery category was too close to call and resulted in a tie between the Riverside, Calif., and Fort Custer, Mich., National Cemeteries. Both cemeteries focus on empowering employees to respond to customer needs and create national shrines to America's veterans.

Riverside has been the most active VA cemetery for the past three years, performing nearly 8,000 interments a year. It's also among the top in customer satisfaction and appearance. Strong community involvement contributes to Riverside's success. "This award recognizes our collective and team efforts," said director Steve Jorgensen. "In the 12 years I've been at Riverside, we've been striving to give the best possible service we can."

Fort Custer, which won the cemetery category in last year's Carey Award program, operates on its own "CREATE" leadership model—Communication, Responsiveness, Empowerment, Appraisal, Training and Evolve.

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Advancing the Role of Women in VA

Secretary Principi announced a series of actions that will improve the employment and advancement of women in VA by December 2004. They are based on recommendations issued by a task force he commissioned in October 2002 to "correct imbalances" within the department.

Women currently make up nearly 61 percent of VA's work force, but fill only 37 percent of positions at grades GS-13 and above. "Employment and professional growth of women in VA are critical to providing the highest quality of service to veterans," Principi said.

Among the actions he announced are: ensuring the percentage of women in VA's Senior Executive Service meets or exceeds the government average; ensuring women are proportionately represented for high-level awards; establishing a career-counseling program for women; and implementing family-friendly programs such as day care centers. The moves are designed to increase recruitment, retention and promotion of women while fostering a corporate culture that values their input and abilities.

The task force made their recommendations after considering federal and private sector best practices and reviewing work force analysis data. They also used an independent contractor to conduct focus group sessions at VA facilities in Los Angeles, New York, Washington, D.C., and Little Rock, Ark.

Improving opportunities for women, according to the task force's executive summary, will allow VA to attract the best candidates, increase job satisfaction, and enhance creativity and performance.

Johnny Ball

It's been said that the true measure of success is not someone's accomplishments, but rather, what they had to do to get there. That's especially true in the case of Johnny Ball.

Two years ago, he was a homeless veteran living on the streets of Dallas. Years of homelessness and poor choices had taken a toll on his life. He was destitute and dying.

In an act of desperation, he called his brother and asked for help. His brother picked him up off the streets of Dallas and brought him home to Boise, Idaho, where he was immediately admitted to the intensive care unit at the Boise VA Medical Center. His primary diagnosis was end stage liver failure.

His condition was deemed irreversible. The only thing that could save his life would be a liver transplant. He was transferred to the extended care unit and placed in the hospice program, where he would receive comfort care.

Three months later his condition slowly improved and eventually stabilized. About six months after arriving at the Boise VAMC, he

was discharged.

With a new lease on life, he set his sights on giving back to the hospital that had given him so much. He started volunteering five days a week, eight hours a day in the medical center's extended care unit, helping with patient care and recreation therapy.

He helped with physical and occupational therapy and did patient transfers or other tasks that required more than one or two people. He used his mechanical abilities to perform wheelchair adjustments under the direction of therapists.

Ball was always willing to help with special events, fishing trips and picnics. He also worked with the nursing staff on a daily basis, serving breakfast trays and helping out wherever he was needed. He was a diligent volunteer who showed the utmost care and respect for veterans.

Staff at the medical center took note of his exceptional volunteer work and offered him a work-study scholarship to become a nursing assistant. He was hired as a VA employee in June 2002 and graduated



JOHN MAGNAN

Two years ago, Johnny Ball was destitute and dying; today, he's a valued employee at the Boise, Idaho, VA Medical Center.

from the nursing assistant program last September. He now works as a nursing assistant on the very unit where he'd been a hospice patient just one year earlier.

As a nursing assistant, he continues to treat his patients with compassion and respect. He has taken on the extra duty of Silver Spoon Program preceptor for volunteers and now teaches volunteers how to feed patients and help them with their meals.

Aside from his nursing assistant duties, he continues his volunteer activities. He volunteered to cook hamburgers and hot dogs on his day off at the Veteran Recog-

niton July 4th barbecue, even helping with the drudgery of setting up and cleaning up. On New Year's Eve, he came in to participate in Casino Night with the veterans so they would have a safe place to celebrate and have fun.

Johnny Ball provides outstanding care to veterans, and his life story is a living testament to what VA's mission truly means. He is respectful and dedicated to veterans and an asset to the Boise VA Medical Center. This year, he was selected for the facility's Nurse Excellence Award in the Nursing Assistant category. **VA**
By Michael Farrugia, R.N.

Carey Awards continued from page 27

The result is that employees' and veterans' ideas and input are valued and used to enhance services. Bill Francis, a program analyst, provided several examples of best practices generated from employee and customer feedback. One involves taking a photograph of a set grave marker and sending it with a

letter to the deceased veteran's family living out of state. Another is calling families of deceased veterans to let them know when the marker has been set.

The Carey judges recognized the White River Junction, Vt., VA Medical and Regional Office Center and the Durham, N.C., VA

Medical Center with Special Achievement Awards. They noted White River Junction's focus on key business processes—knowledge management, innovation and organizational flexibility—and cited the medical center's "three business day" response policy for all customers. Durham's innovative approach to man-

agement and medicine caught the Carey judges' attention. Its pilot test of providing real time patient data over telephone lines resulted in a reduction of emergency room use by elderly patients living some distance from the medical center and led to a telephone-based health care program. **VA**

Vitamin C May Protect Against Peptic Ulcers

Vitamin C has been touted as the cure for everything from the common cold to heart disease. Now a new study led by Joel Simon, M.D., at the San Francisco VA Medical Center has found it may also help prevent peptic ulcers and stomach cancer. The study appeared in the Aug. 1 issue of the *Journal of the American College of Nutrition*.

Simon and others studied data and blood samples from nearly 7,000 American adults collected by the Na-

Simon. However, even if the infection does lower vitamin C levels, it would still be prudent for people who test positive for *H. pylori* infection to increase their intake of vitamin C, noted Simon. Testing for *H. pylori* infection is widely available and often performed when stomach or duodenal ulcers are suspected or diagnosed. Good sources of vitamin C include citrus fruits such as oranges and grapefruit, as well as dark leafy vegetables such as spinach, collards, broccoli, bell peppers and asparagus.



A new study has found more potential benefits of Vitamin C.

ROBERT TURTIL

tional Center for Health Statistics and the U.S. Centers for Disease Control and Prevention. They found low levels of vitamin C associated with infection by *Helicobacter pylori*, the bacteria that can cause peptic ulcers and stomach cancer.

What their findings didn't determine was whether vitamin C lowers the bacteria or vice versa. "We cannot be certain if the infection lowers blood levels of vitamin C or if higher blood levels protect against infection," said

Experts Split on Whether 9/11 Attacks Rekindled PTSD Symptoms

A study published in the September issue of *The American Journal of Psychiatry* found the number of veterans seeking treatment for PTSD or other mental health issues in Washington, D.C., and New York within six months after the Sept. 11 attacks was not significantly higher than the number of visits for the same period in 1999 or 2000.

The findings are contrary to what many expected—that the 9/11 attacks would rekindle symptoms in PTSD patients and there would be increased demand for VA mental health services. The study, conducted by Drs. Robert Rosenheck and Alan Fontana, of the VA Northeast Program Evaluation Center in West Haven, Conn., and Yale University, "provides the first information to suggest that the events of Sept. 11, at least in the first six months, had little impact on actual use of mental health services by a population with ready access and at high risk," according to a *New York Times* report.

A smaller study of VA hospitals in the New York area found evidence to the contrary. Mara Kushner, a mental health manager for VISN 3, headquartered in the Bronx, found an increase in the number of veterans diagnosed with PTSD during the nine months after Sept. 11. That study has been accepted for publication in the journal *Psychiatric Services*.

Richmond VA Receives Human Research Accreditation

Protecting the safety of people who take part in research studies is a hot topic in health care these days. And nowhere is it more important than at VA medical facilities. The Association for the Accreditation of Human Research Protection Pro-

grams (AAHRPP) recently awarded full accreditation to the Hunter Holmes McGuire VA Medical Center in Richmond, Va., making it the fourth organization to achieve the full three-year accreditation; the other three are the University of Iowa, Western Institutional Review Board, and the New England Institutional Review Board.

This is the second national recognition bestowed on McGuire's Human Research Protection Program. Last year it received one of the first Awards for Excellence in Human Research Protection. AAHRPP was established two years ago to restore public confidence in human research by creating high standards to protect research participants. McGuire underwent a rigorous accreditation process including an extensive self-assessment, an on-site visit from a team of peer experts, and a review by the association's council on accreditation.

Receiving this accreditation is "a tangible demonstration to the public of how important protection of research participants is at McGuire," said James W. Dudley, the medical center director. "Veterans are a very special group and are eager to do things that benefit others. They trust us, and it's our responsibility to ensure their safety," he said. AAHRPP executive director Marjorie Speers, Ph.D., congratulated the McGuire VA for achieving accreditation. "Research that occurs in the VA medical system is vitally important, and through our voluntary accreditation program, we are pleased to recognize McGuire's high quality human research protection program," she said. VA

Back in the Saddle Again



Jerry Smith and Kathryn Porrello of the New Mexico VA Health Care System helped veteran Tex Taylor, 84, get back to an active lifestyle after suffering two strokes.

Physical therapist Kathryn Porrello and Engineering Service staff member Jerry Smith helped a cowboy get back in the saddle again at the New Mexico VA Health Care System. Veteran Tex Taylor, 84, a saddle maker who lives in Santa Rosa, N.M., suffered two consecutive strokes within a few months. During his first round of inpatient rehabilitation in May 2003, he donated a saddle for physical therapists to use as a functional tool to teach patients balance skills to help them regain an active lifestyle. Smith built a wooden "horse" for the saddle and in August Taylor climbed aboard to continue his therapy and ride once more.

Psychologists from the **Miami VA Medical Center** are helping Argentina's military doctors treat their veterans traumatized during the 1982 Falklands War. The international collaboration came about when a surgeon from the U.S. Southern Command contacted Miami's PTSD program director **Dr. Daniella David** seeking her support in an expert exchange program. She agreed and earlier this year hosted a group of visiting doctors who spent a week learning group process therapy, psychoeducation and other forms of treatment.

The Argentine officers then invited David, along with Miami VA psychologists **Dr. Gary Kutcher** and **Dr. Pamela Adams**, to visit Buenos Aires for a PTSD conference in May.

Blind veterans are finding it easier to get around the **Portland, Ore., VA Medical Center** thanks to the Blind Signs dedicated Aug. 11. Portland is the first VA hospital and one of the first sites in Oregon to install the "signs," which are grids of parallel markers oriented in a certain direction that can be felt underfoot or with a cane.

The grids are used to guide blind people by identifying bus stops, crosswalks, restrooms and other public locations: three bars indicate a mass transit stop, four bars for a crosswalk, and five bars for a staircase.

VA's **strategic plan** was distributed within the department and on Capitol Hill in August. The plan establishes detailed goals and objectives, performance targets and outcome measures for both immediate priorities and long-term goals. It also aligns the department's administrative branches under a single business model anchored in President Bush's management agenda. Key among the strategic goals are restoring the capability of

disabled veterans and ensuring a smooth transition from active military service to civilian life. To download a copy of the plan, visit the VA Web site www.va.gov/opp/sp/default.htm.

Combat veterans recorded their wartime experiences at the **Chillicothe VA Medical Center** during Ohio's bicentennial celebration on Aug. 12. **Robert Barnhart**, the hospital's public affairs officer, and co-worker **Stacia Ruby** coordinated the event to promote the Library of Congress' Veterans History Project. Their team has completed 30 interviews with veterans so far. During the ceremony, Cong. Bob Ney (R-Ohio) recorded the histories of three vets. **VA**

Senatorial Visit in N.C.



Sen. Elizabeth Dole answers questions from patient John Lingle during her visit to the Salisbury, N.C., VA Medical Center. Salisbury is Dole's hometown.

Sen. Elizabeth Dole (R-N.C.) returned to her birthplace of Salisbury, N.C., to deliver the keynote address for the Women's Equality Day observance Aug. 26 at the W.G. (Bill) Hefner VA Medical Center. She spoke about the "noble endeavor" of government service and encouraged employees in attendance to continue the "wonderful mission" of serving veterans. After the ceremony she visited with hospitalized veterans in the geropsychiatry unit.

The Paralyzed Veterans of America presented their highest honor, the 2003 Speedy Award, to **Patricia Wiseman**, the lead social worker and spinal cord injury coordinator at the **Huntington, W.Va., VA Medical Center**, during their annual convention Aug. 4-9 in Memphis, Tenn. She was recognized for dedicating her career to improving the lives of veterans with spinal cord injuries. Wiseman started her career in 1972 in the spinal cord injury program at the **Clement J. Zablocki VA Medical Center** in Milwaukee.

Rory A. Cooper, Ph.D., director of the **Center for Wheelchairs and Related Technology** at the **VA Pittsburgh Healthcare System**, was awarded the Paul M.



Cooper

who also chairs the department of rehabilitation science and technology at the University of Pittsburgh, is one of the world's leading authorities in wheelchair design and technology. He was honored for improving the lives of disabled veterans and contributing to the future of VA rehabilitation research by mentoring the next generation of investigative scientists. The Magnuson Award is VA's highest honor for research and development.

Two VA health care systems were among the 100

"most wired" in America, according to a 2003 survey conducted by *Hospitals and Health Networks* magazine, McKesson Corp, and the Healthcare Information and Management Systems Society. The **VA New York/New Jersey Veterans Healthcare Network**, VISN 3, headquartered in the Bronx, and the **VA Great Lakes Health Care System**, VISN 12, headquartered in Hines, Ill., both made the most wired list. In addition, the **Bath, N.Y., VA Medical Center** was recognized as one of the 25 most wired "small and rural" hospitals. More than 400 health systems, representing 1,128 hospitals, took part in the survey.

The Disabled American Veterans presented the George H. Seal Memorial Trophy for extraordinary volunteerism to **Marshall R. Harless**, a volunteer at the **Salem, Va., VA Medical Center**, and **Mrs. Charlie B. Miller**, a volunteer at the **Asheville, N.C., VA Medical Center**, during their national convention in New Orleans Aug. 16-19. The DAV also honored **George M. Moore, Jr.**, director of the **Martinsburg, W.Va., VA Medical Center**, by naming him Outstanding Disabled Veteran of the Year. Moore is a life member of the DAV National Amputee Chapter 76, New York.

The Iowa Department of AMVETS presented the State Commander Award to **Lila Albrecht**, an administrative assistant at the **VA Central Iowa Health Care System**, on June 21. She was honored for going above and beyond expectations in her service to veterans.

The **VA San Diego Healthcare System** was selected as the inaugural winner of the Primary Prevention Safety Award, co-sponsored by the National Alliance for the Primary Prevention of Sharps Injuries and *Infection Control Today* magazine. The award recognizes VA San Diego for its broad use of safety devices to reduce or eliminate injuries caused by needles and sharp medical instruments. More than 600,000 medical sharps injuries occur each year in U.S. health care facilities, according to the alliance's Web site, www.napps.org.

Penny Kaye Jensen, a nurse practitioner with the **VA Salt Lake City Health Care System**, received the 2003 State Award for Nurse Practitioner Excellence for Utah during the recent American Academy of Nurse Practitioners 18th Annual National Conference. Jensen, a graduate of Brigham Young University, served as past co-chair of the Utah Nurse Practitioners and was recently elected to serve as the state representative to the American Academy of Nurse Practitioners.

The **Veterans Health Administration** recognized four VA medical facilities as part of the 2002-2003 Under Secretary for Health's Diversity Awards Program. First place honors went to the **William Jennings Bryan Dorn VA Medical Center** in Columbia, S.C., for designing and implementing their "Movin' On Up" leadership development program. Honorable mention went to the **Central Alabama Veterans Health Care System** for weaving their diversity pro-

grams with the high performance development model. Special recognition went to the **South Texas Veterans Health System** and the **James A. Haley Veterans Hospital** in Tampa.

The International Academy of Cardiology presented the Albrecht Fleckenstein Memorial Award to **Jawahar "Jay" L. Mehta**, chief of cardiology at the **Central Arkansas Veterans Healthcare System** and cardiology director at the University of Arkansas, during the Third World


Congress on Heart Disease July 12-15 in Washington, D.C.



Mehta

who has been with VA for 27 years, has published more than 800 papers, abstracts and book chapters, and serves on the editorial boards of 11 professional journals.

Christina Frias, director of clinical education at the **VA North Texas Health Care System**, is the recipient of the National Association of Hispanic Nurses 2003 Janie Menchaca-Wilson Leadership Award, one of the highest honors bestowed on a Hispanic nurse for exceptional leadership.

Russell Lemle, Ph.D., chief psychologist at the **San Francisco VA Medical Center**, received the Association of VA Psychologist Leaders 2003 Leadership Award. It's the highest annual award presented by VA to outstanding psychologists. 

While gathered with others at a hotel swimming pool during a family reunion, **Janice Gosa**, an informatics service line member at the **Tuscaloosa, Ala., VA Medical**



Gosa

Center, saw a small body floating face down in the water. Gosa called for help and

then jumped, fully clothed, into the pool. She pulled an unconscious child from the water and immediately began CPR. Soon, the child began to breathe naturally and opened her eyes. As it turned out, the victim was Gosa's 4-year-old cousin, and her quick action prevented a potential tragedy for her family.

A typically drizzly Pacific Northwest day found **Larry Kemp**, cemetery technician at **Tahoma National Cemetery in Kent, Wash.**, assisting at an interment service. A friend of the bereaved family began complaining of chest pains, collapsed and stopped breathing. Kemp immediately radioed the administrative staff about the emergency, who in turn called 911, and he began performing CPR. Kemp was able to revive the woman, and stayed with her until rescue personnel arrived. Although his Army CPR training gave the woman a fighting chance, she died later at a local hospital.

St. Cloud, Minn., VA Medical Center's Joe Graca, Ph.D., recently saved a veteran's life and prevented

possible harm to local police officers. When an armed patient threatened to kill himself at his residence, a SWAT team was called and the county sheriff contacted **Graca**, the veteran's psychologist. At home and off duty, Graca didn't hesitate to help. Speaking with the veteran by phone, Graca talked him out of committing suicide and convinced him to put his gun down so police could take him into custody.

West Palm Beach, Fla., VA Medical Center staffers Waddys Flores, R.N., Ralph Cosme, R.N., and Ameila Perez and her husband witnessed an accident involving a pickup truck. One of the passengers had been thrown from the vehicle into a sugar cane field. The three VA employees and Perez's husband immediately ran into the field to find the victim. After locating him, they provided first aid and contacted rescue personnel, who transported the injured passenger to a hospital.

Rebecca Gonzalez, a nurse practitioner at the **Baltimore VA Medical Center**,



Gonzalez

was on a flight during a family vacation when the pilot announced a medical emergency,

asking if there were any medical personnel on board. Gonzalez told a flight attendant that she could assist. The flight attendant told her that a man in his 50s was perspiring heavily, clutching his chest and experiencing

shortness of breath. Gonzalez grabbed a stethoscope and other medical supplies and went to help. A fellow passenger, a physician, soon joined her. Together they loosened the passenger's clothing. Gonzalez continued to monitor the stricken passenger while the physician took a short medical history, revealing diabetes and heart disease. Once the man's vital signs stabilized, they administered aspirin to protect his heart and ease his pain. The plane was rerouted to **Las Vegas**, where the passenger was taken to a hospital.

Tim Joachim, supervisory medical technologist in the engineering office of the

Fargo, N.D., VA Medical and Regional Office Center, received a call complaining of a "smoky smell." **Dale DeKrey**, chief of engineering, alerted the mechanic shop and then went to investigate the source of the smell. **Oscar J. Weiszhaar**, a mechanic, rushed to the 3rd floor mechanical room where the air handler is located. He opened the door leading to a relatively new chilled water-circulating pump, finding it engulfed in flames. Weiszhaar grabbed a fire extinguisher and put out the fire. He shut down the air handler and set up fans to clear the smoke. No one was injured in the incident, and the damage was minor. **VA**

Averting a Near Drowning

Quick response and a team effort saved a patient at the **Bath, N.Y., VA Medical Center** from drowning in the rain-swollen waters of the **Conhocton River**. **Gerald Hosmer** (below), a food service worker, heard cries for help as he walked near a bridge at the main entrance of the medical center. He spotted a man in the water clinging



KIMBERLY HAAR-BILLS

to a tree branch. Hosmer raced to the man, reassuring him that he would help, and then ran for assistance.

He flagged down police officers **Steven Didas** and **Roger Prisk**, who noti-

fied the station's fire department. **Didas** and **Prisk** soon realized that the man was losing his strength and was in danger of being swept away. They entered the water, holding on to the patient until firefighters **Jim Northup**, **Michael Grasby**, **Kenneth Cornish** and **Barry Edwards** arrived. The VA firefighters secured the man to a stretcher and pulled him from the rushing waters, transporting him to the medical center for treatment.