

VA **Anguard**

U.S. Department of Veterans Affairs

January/February 2004



Seamless Transition

Understanding the Budget Process

Community Service

National Rehabilitation Events



8



17



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Vanguard

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On the cover

Xiomara Telfer, a social worker at the Washington, D.C., VA Medical Center, was detailed to the VA seamless transition office at Walter Reed Army Medical Center, where she works side by side with military case managers helping wounded soldiers. Photo by Robert Turtill

Vietnam Women's Memorial Honors All Who Served

Thank you for your story "Healing the Healers" on the Vietnam Women's Memorial 10th anniversary in the November/December issue. But your beautiful tribute to the women of the Vietnam era needs clarification.

While the article does highlight that the memorial was dedicated to military women in the nation's capital, it leaves the reader wondering if the monument only

honors nurses with the statement: "The bronze sculpture depicting three American combat nurses" and a reference that I said it is a tribute to Vietnam veteran nurses. The monument has no identifying insignia; it represents all women who served during the Vietnam era without reference to specialty. The interpretation is left up to the viewer. Yes, the woman tending to the wounded soldier is a medical professional, a caregiver, nurse, doctor or corpsman. However, the

other two figures represent women serving in a variety of specialties.

The objective of the Vietnam Women's Memorial Foundation is to acknowledge and honor all women who served around the world during the Vietnam era. We must remember and embrace them all in our tributes. To learn more about these women, please go to www.VietnamWomensMemorial.org.

*Diane Carlson Evans
Founder and President
Vietnam Women's Memorial Foundation*

Halloween Treats to Iraq

At Halloween my children always get way more candy than I ever want them to eat. This year my 8-year-old daughter (who has been very concerned about our soldiers) decided she would pick a few pieces out and send the rest to soldiers in Iraq.

Our church routinely prays for the soldiers and the congregation members that have loved ones or friends there put their names in our bulletin so we can pray for them by name. Anna (my 8-year-old) decided to pick a name and send the soldier her candy as a surprise. She told her friends and soon she had others offering their trick or treat candy as well. My 5-year-old wanted to get into the act so she donated her candy as well (minus the chocolate—that was just too much for her to give up!).

We gathered up about 7 pounds of candy and sent it to one soldier that Anna had picked with a request that he share with others there. Every night the girls ask if we are still fighting and we answer "yes." Anna responds, "Do you think they liked the candy? When can we send

more?" I thought you'd like to know it's not just VA employees who are concerned about our soldiers but their families too.

*Susan E. Gaffney
Nursing Supervisor
St. Louis VAMC*

Back to Work

I just returned to work at the VA in the Indianapolis Regional Office. The same week I returned to my friends at the VA, the November/December *Vanguard* was distributed in our office.

Matt Bristol did a great job capturing my story and I appreciate his efforts on behalf of all the veterans called up for OIF from the ranks of the VA. It feels great to be back amongst the ranks of those serving our veterans. Good job, *Vanguard!*

*Carroll N. Harris III
Veterans Service Representative
Indianapolis VARO*

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.



MARIAN MCCONNELL

Garden Delights

Colorful annuals and perennials, along with ripe vegetables and fresh herbs, fill the greenhouse at the Salem, Va., VA Medical Center. Veterans in the medical center's Compensated Work Therapy program sow the seeds, tend to the plants and maintain the greenhouse year round. They also build custom display gardens that highlight their creative talents, like the one above designed by veteran Dawson Akridge. Their list of customers includes the City of Salem, Roanoke College, the Greenvale School's Five Senses Garden, and a local landscape contractor.



Supporting Veterans in Business

Scott Denniston

Director, Office of Small and Disadvantaged Business Utilization

“Veterans in Business—Still Serving America” is the motto of VA’s Center for Veterans Enterprise (CVE). This headquarters organization is a division of the Office of Small and Disadvantaged Business Utilization. Created in 2001, the CVE’s mission is to assist veterans who want to open or expand a small business.

CVE staff work with community and corporate partners across the country. There are more than 1,000 local Small Business Development Centers that provide start-up assistance and training for individuals beginning the entrepreneurial path. In December, President Bush signed legislation that will enable veterans to use their GI Bill education benefits for business development courses from selected providers.

Once a veteran is in business, CVE matches that owner with buyers, mentors and trading partners who have volunteered to support the veterans’ business community. One principal tool is the new VetBiz Vendor Information Pages, an online database where veterans can describe the products and services they sell. This service is free to the owners. Buyers can browse the vendor pages to locate businesses selling the products or services they need. The database is available on the Internet at www.vetbiz.gov.

Anyone who finds a veteran-owned small business can register that company online, just by entering the

business name, a contact name and an e-mail address. The firm will then receive a mail message asking it to complete some additional information before the company is put on the public page.

CVE is conducting a campaign from February through mid-May to populate the database. The VA employee who registers the most businesses and the VA facility that registers that most businesses will be honored during the annual Champions of Veterans En-

terprise awards program in June. Details are available on the Web site.

Today, veterans and service-disabled veteran-owned small businesses are providing VA with a wide variety of products and services, including medical/surgical products, construction services, IT services including security transcriptions and medical coding services, and many others. A veteran-owned small business designed and built the containers used for the national stockpile of pharmaceuticals for homeland defense. A service-disabled veteran-owned business developed VA’s VetBiz database and is now doing data collection for NASA in support of the Co-

lumbia shuttle accident. Veterans and service-disabled veteran-owned small businesses are vital partners with the Departments of Defense, State and Homeland Security in the war on terrorism.

Every federal agency has a performance goal of spending at least 3 percent of their prime contract dollars with businesses owned by service-connected disabled veterans. This goal has been measured since fiscal year 2001. To date, no cabinet-level department has achieved the 3 percent minimum requirement.

population. The complete report is available on CVE’s Web site, www.vetbiz.gov.

One of the recommendations took effect in October. VA’s executives are now being formally evaluated on their achievements with veteran-owned small businesses and service-disabled veteran-owned small businesses.

VA has a proud history of supporting veterans through worldclass health care, effective and timely delivery of benefits, and burial with dignity and honor in national cemeteries. For

We all have an obligation to provide opportunities for veterans to participate in the economic system they fought to defend.

VA is the only agency to voluntarily establish a 7 percent goal for our employees to contract with veteran-owned small businesses. Regulations are being written now to give buyers a set-aside tool to help them contract with service-disabled veterans. Additionally, many federal contractors have two subcontracting performance goals—one for service-disabled veterans and a second for veteran-owned small businesses.

Secretary Principi has publicly expressed his support for veterans in business. Last year, he accepted the recommendations of a task force chartered to study methods that will improve our department’s performance with this business

many veterans, entrepreneurship is a lifelong dream that VA can support with little effort. We all have an obligation as we make decisions in spending resources entrusted to us to provide opportunities for veterans and service-disabled veterans to participate in the economic system they fought to defend.

In 2004, let’s surpass the 3 percent and 7 percent goals! Veterans in Business—Still Serving America! **VA**

On the Web

Visit the Center for Veterans Enterprise Web site at www.vetbiz.gov.



Our Other MIAs: Those Missing in America

*Pete Dougherty
Director, Homeless Programs Office*

They served in different ways, but many now share a common tragedy. Misunderstood, isolated, often unseen, they are our other MIAs—those missing in America.

The vast majority of men and women who served our country endured the temporary disruption of military service to return and resume a normal life. Sadly though, a small percentage came home to find they were unable to reach the American dream they had served to protect. Relationships that nurture, the comfort of a stable home, and the satisfaction of productive work have eluded these veterans. Some of them struggle with devastating addictions, mental illness and debilitating physical problems.

Many Americans accept the common misconception that most homeless men and women sit in doorways begging for handouts or accost people on the street, aggressively panhandling. The truth is that most homeless veterans exist quietly, almost invisibly, trying to cope in an environment as hostile and tough as the one they faced in the service. Their only mission is to get through the day, and for the most part they do it alone.

As the beneficiary of these veterans' military service, what has our nation done for those still wounded? The answer is we have made significant strides.

More than 15 years ago, VA began developing programs in hospitals and re-

gional offices in cooperation with community-based organizations. It was an effort to provide medical care, access to benefits and new links to community resources that offer residential care and treatment to homeless veterans. These initiatives have helped hundreds of thousands of veterans.

Under the active leadership of Secretary Principi, who will become chair of the Interagency Council on Homelessness in April, the Departments of Housing and Urban Development, Health and Human Services and VA developed and offered funding to communities that created coordinated plans to ad-

agency councils on homelessness, and more than 100 major cities and counties have developed 10-year plans to end chronic homelessness.

Nine years ago, VA initiated the Homeless Grant and Per Diem Program. State and local governments, Native American tribes and non-profit organizations may apply for up to 65 percent of their costs to create a variety of services for homeless veterans. So far, the program has awarded more than \$60 million in grants that have been used for such things as transitional housing, storefront benefits and drop-in centers, clinics and mobile medical units, and the purchase of ve-

In 1988, several Vietnam veterans in San Diego felt compelled to respond to the tragedy of homeless veterans they saw unfolding every day on the streets. In a singularly American manner, their response led to a grassroots effort where those in need could enjoy the basic comforts of showers, clean clothes, good food and, most importantly, a respite from the harsh environment.

Over the past 10 years, 1,000 stand downs have been held across the country, providing places where veterans and their families could briefly escape their battle for existence and find a "hand stretched out to assist—not a

Most homeless veterans exist quietly, almost invisibly, trying to cope in an environment as hostile and tough as the one they faced in the service.

dress the chronically homeless (a person who is currently homeless more than one year, or has been homeless four or more times during the past three years, with a disabling condition). This effort has led to 11 communities receiving grants totaling nearly \$35 million.

In addition, these departments and Labor collaborated in sponsoring "policy academies" to help states improve services to the chronically homeless. Nearly all states and territories have attended these academies, many states have established or re-established state inter-

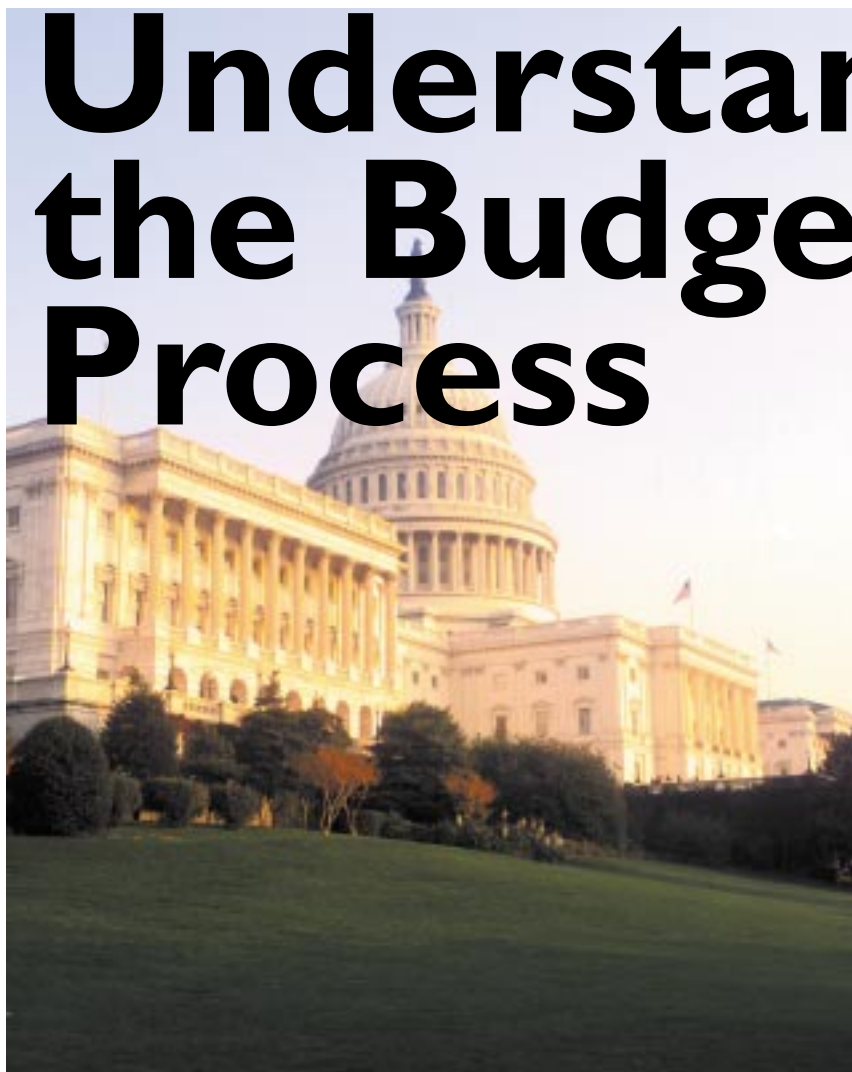
hicles to transport clients to services. Through this effort, VA has authorized more than 8,000 transitional housing beds in every state in the nation. An additional 1,500 transitional housing beds will be added this year.

The achievements of such federal interventions have been more than fiscal—they have raised national awareness of the true extent and seriousness of the problem and spurred efforts by state and local governments, community organizations and veterans service groups to develop additional ways to assist the homeless.

hand out." Stand downs vary in length from one-day events (generally called "benefits fairs") to two- or three-day events. More than 190,000 veterans, aided by 160,000 volunteers, have been reached through this effort with events in every state, the District of Columbia, many U.S. territories and on tribal lands.

Americans have a heart for those who have served. This department has and continues to offer a "hand-up" to these veterans. We are committed to leaving no veteran behind and we are making significant gains. **VA**

Understanding the Budget Process



ROBERT TURTIL

Spending. Revenues. Deficit and surplus accounts. Discretionary and direct spending. Operating and capital funds. The current year, the budget year, the outyears.

The federal budget process has a lexicon all its own that helps mystify a system that allocates taxpayer dollars to keep VA and the rest of the federal government at work. Yet for all its arcane language and behind-the-scenes mystique, the budget process is elemental to government, to VA, and to what and how much we do and when we do it.

The federal budget is the most important document in all of gov-

ernment. It lays out the money devoted to each department and dictates the goals and programs each department can afford.

With 158 hospitals, 57 regional benefits offices, 120 national cemeteries, and more than 230,000 employees, VA has the second largest budget in the federal government. Yet despite the enormous size of VA's budget and its central role in defining our mission, many VA employees don't know much about how the budget is formulated.

President's Guidelines

The formulation process begins with the President. Our leader and

chief, the President and his staff produce an outline of the goals each department should achieve in the upcoming year. These informal goals are expanded on by the President's staff, with help from the Office of Management and Budget (OMB), until the President's goals are expressed as a firm set of budget and policy guidelines which will eventually form the backbone of the budget submitted to Congress in February of the next year.

While the President provides guidelines for all of VA, he does not always spell out how his goals are to be achieved, or provide specific guidelines for VHA, VBA and NCA. So it's up to VA to take the President's guidelines and expand them into a document that codifies VA's mission and the mission of each administration in the upcoming year. This is the job of VA's Executive Board.

Chaired by Secretary Principi, the Executive Board examines and redefines the mission and goals of the department and each administration. Working in tandem with the Executive Board is the Strategic Management Council. Chaired by VA's Deputy Secretary, the Strategic Management Council lays out how each administration will achieve the Secretary's goals, while remaining within the President's guidelines.

From Guidelines to a Proposal

These final sets of guidelines are then sent through VA's Office of Management and Budget to each of

the department's three administrations to be fleshed out into a budget proposal. Identifying the Secretary's program priorities and the resources needed to fulfill not only the President's policies but also congressional mandates, VHA, VBA and NCA begin constructing the budget. They pay special attention to any requests for resources outside of those requested by the President or mandated by Congress.

Aside from formulating the proposed budget, VHA, VBA and NCA develop legislative proposals for programs outside of the President's requests and congressional mandates. These legislative addenda are then sent along with each administration's proposed budget to the assistant secretary for management, assistant secretary for policy, planning and preparedness, and the assistant secretary for congressional and legislative affairs.

Review

Beginning the second week of June, each assistant secretary combs through the proposed budgets for consistency with the President's and Secretary's guidelines. It's a detailed review process; each assistant secretary must go back to each administration and discuss any programs that either fall outside of the President's budget or congressional mandates, or have requested an unrealistic amount of funds.

This back and forth allows VA to ensure the proposed budget is in line with the President's vision and that adequate legislation and information accompany any additional or new programs. These meetings also define the agenda for the Strategic Management Council's review.

The Strategic Management Council then reviews VA's proposed budget, setting specific amounts of spending for each program and laying out a timetable for the distribution of those funds. Once that's

done, VA's proposed budget is complete and it is sent to OMB along with VA's legislative proposals and annual performance plan.

OMB

VA's proposed budget is closely examined within OMB to ensure compliance with the President's guidelines and Congress' mandates. Throughout the entire process, VA experts are on hand to provide OMB staff critical and timely information. Once OMB has finished going over VA's proposed budget, it goes through one more round of pass-backs before being submitted to the President.

A pass-back is a formal and detailed process in which VA's Office of Management and Budget and individual program staff review OMB's revision of VA's proposed budget. If VA and OMB are found to have disagreements over programs or funding, the Secretary appeals the budget to OMB and works with OMB's director to resolve any differences. Once the Secretary and OMB director have resolved their differences, VA's proposed budget becomes part of the President's budget and is ready to be submitted to Congress.

Congress

The most visible part of the budget process begins on the first Monday in February when the President submits his budget to Congress. On that day, the Secretary holds a press conference and briefs congressional staff and veterans service organizations on VA's budget. Going into more detail on VA's budget than the President does during his submission, the Secretary reminds both Congress and VSOs that they are not adversaries, but partners in helping VA provide veterans the best in health care and benefits.

While the President submits his budget and the Secretary conducts his briefings, OMB submits VA's

proposed budget and justifications to the House and Senate Veterans Affairs Committees. The committees use these documents to prepare for the Secretary's testimony in the coming months.

Congress requests testimony from the Secretary, key VA leaders and VSOs with the aim of combining the President and Secretary's vision for the department with their own. Congress then drafts non-binding resolutions that are sent to the full House and Senate for debate. Once both the House and Senate pass their versions of the budget resolution, a joint conference occurs. Here, senators and members of Congress work out their differences and determine the final amounts for submission to the total budget.

Only here in the last step does Congress bring the budget back together and consider spending for the entire government. Working once again in subcommittees, the House and Senate draw up their final budget resolutions considering VA's spending, along with that of HUD, Homeland Security, DoD and others.

When each subcommittee has drafted a budget resolution, it is sent to the House and Senate for a vote. If there are still differences between the House and Senate's budget, they go into a joint committee where a final budget is worked out. Only at this point, 18 months after the President sent his guidelines to VA, does Congress convene to vote up or down on one bill to be sent to the President and signed into law.

The budget is a long and confusing process, but it alone determines what we as an agency will, and will not, be able to do. So don't let the next budget cycle pass you by—be aware of what's going on and how it will affect VA operations in your area. **VA**

By Antonio Williams



Good Neighbor Policy

VA employees from coast to coast are discovering that community service pays big dividends.

Motivated by generosity and thankful for their own blessings, VA employees are giving back to their communities in both time-tested and innovative ways. And they're bringing strength in numbers, diversity, organization, commitment and a wide range of

other skills and resources to their efforts.

They've learned that being a good neighbor reaps big rewards, not just for the individual but for the organization as well. Community giving and volunteerism promote positive public views of VA, encourage staff interaction, boost employee morale and team spirit, and enhance employee pride and job satisfaction.

Mixing fun, fitness and giving

Thousands of VA employees participate in various walk-jog-bike-roll-bowl-a-thons nearly every week-

end, weather permitting. Some events take a few hours on a Saturday morning, while others go on for 24-hour stretches.

With additional contributions from individual and group projects such as auctions, bake sales and quilt raffles, VA employees have generated much-needed funds to fight or support victims of cancer, cerebral palsy, AIDS, Alzheimer's, diabetes, birth defects and other devastating diseases.

At the Aleda E. Lutz VA Medical Center, employees participated in the Saginaw County, Mich., Co-

Above: Omaha, Neb., VA Medical Center employees volunteer to paint homes of elderly or disabled residents in a program called Brush Up Nebraska. Last year, teams of volunteers painted 115 homes; since the program started in 1989, more than 1,700 area homes have been painted.

Med-ey Baseball Tournament, which raised \$3,000 for organ transplant recipients and added names to the Michigan Donor Registry.

Partnerships in Education

Partnering with schools is a popular form of community service in VA. Facilities around the nation report hundreds of volunteer hours donated in classrooms, numerous school supply drives, transfers of excess equipment, and training opportunities.

Employees at the Salem, Va., VA Medical Center receive two hours of authorized leave each week to participate in the Help One Student To Succeed program. The HOSTS program has brought eight volunteers to local elementary schools to tutor second-graders.

The Tucson, Ariz., VA Medical Center filled the need of local schools lacking computer systems because of budget constraints. The facility donated 87 surplus computers to six southern Arizona school districts.

The Louisville, Ky., VA Medical Center's EEO Committee participated in the Kentucky School for the Blind's 25th annual Junior Olympics Track and Field Event. Volunteers served as guides for 190 blind or visually impaired athletes from four states. "Our participation was significant because we filled a void that was created by other sponsors and volunteers opting not to participate this year," said Esther Kaufman, a social worker at the medical center.

Employees from the North Little Rock, Ark., VA Medical Center's Office of Resolution Management built and ran a booth for photo ID and fingerprinting at a local school's fall carnival. They've also started an annual career day, which involves a "When I Grow Up" essay, art and poetry contest for fifth-graders. And the Little Rock

VAMC was recently asked to provide judges for the Little Rock Central High School Student Science Fair.

The Denver Distribution Center is VA's distribution point for hearing aids and products, prosthetic socks and components, aids for the visually impaired, and orthopedic items. The center partners with Jefferson County schools, bringing benefits to both students and VA.

Emotionally and physically challenged students spend two to three hours a day assembling packing boxes which are used to ship products worldwide. In the process, the students improve their dexterity and get a valuable introduction to the work environment.

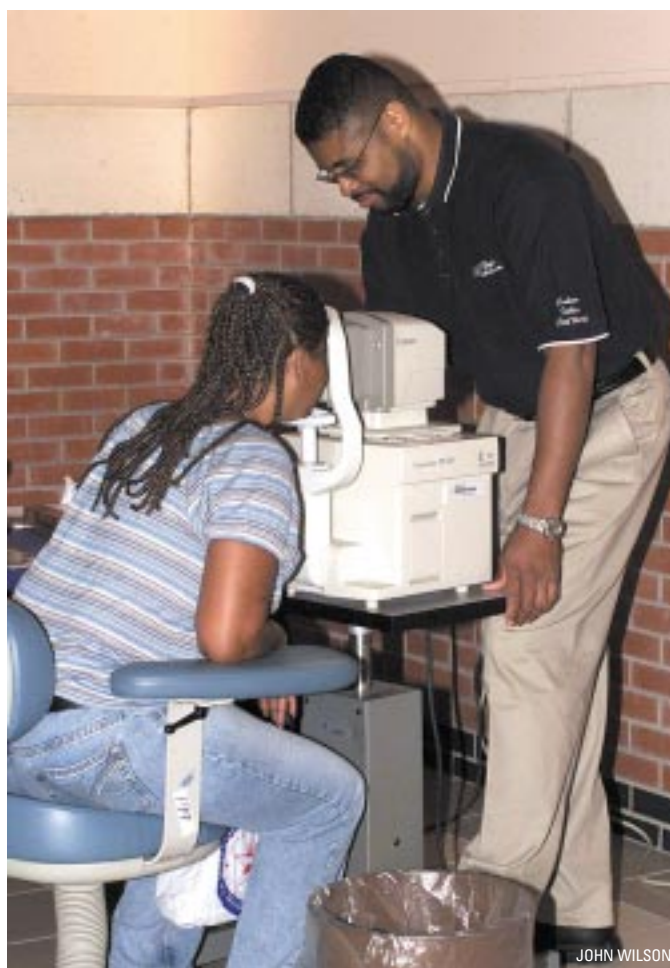
Healthier and Safer Communities

It's second nature for VA to combine its health care and teaching traditions and bring them to the general public through health fairs and community outreach.

The Dallas VA Medical Center and the Denver VA Regional Office are among the

facilities that have hosted community health fairs, often partnering with other local businesses and government agencies. Last year at these two facilities, a combined total of more than 100 VA volunteers gave free screenings for cancer, kidney disease, diabetes, blood pressure, cholesterol, vision and hearing tests, and more to about 1,750 people.

Alexandria, La., VA Medical Center employees volunteer their time and medical expertise at the People's Free Clinic, a nonprofit agency that provides medications and health care for the working uninsured in Central Louisiana.



Russ Hardin, an optometry technician with the Dallas VA Medical Center, performs a vision test during the 14th EEO Community Health Fair. About 1,500 people participated in the event, and more than 100 volunteers staffed the service booths.

During National Children's Dental Health Month, one of the Martinsburg, W.Va., VA Medical Center's dental hygienists visits a local school and conducts free dental exams, demonstrates proper dental care and provides free toothbrushes and toothpaste. As part of Fire Prevention Week, students attend safety demonstrations at the medical center's fire department and then are treated to lunch.

A Helping Hand

Employees at a number of VA facilities are choosing to help some of their most vulnerable neighbors.

The Albuquerque, N.M., VA Medical Center partners with 30 local, state and federal agencies in Project Hand-Up, an annual community outreach event for the homeless and near-homeless population. Similar to a VA stand down, the event provides meals, haircuts, clean clothing, health screenings, hygiene kits and baby items.

Birmingham, Ala., VA Medical Center's Wachita Haywood, R.N., founded the Bridging the Gap Homeless Mission in 1998 after seeing a group of homeless men living in a tunnel. She was so moved, she returned that night with food and clothing. Now medical center employees donate and help distribute food and clothing to the city's homeless through her mission. "Everyone at the medical center supports her totally," said Jeffrey Hester, public affairs officer.

Meals on Wheels programs fill a basic

need for those unable to prepare meals for themselves. The employee association at the VA Regional Office and Insurance Center in Philadelphia stores meals in their freezer and delivers 200 a week to those in need. Twenty-two members of the employee association spend at least one hour a week with their "client/friend" developing a relationship and offering a lifeline to the outside world. These volunteers then communicate special needs, such as smoke detectors, fans and heaters, to the parent group Aid for Friends.

Focusing on One Mission

Employees at the Alvin C. York VA Medical Center in Murfreesboro, Tenn., chose to "adopt" The Good Shepherds Home, a local orphanage. Each month employees help clean and repair the home using their skills in light carpentry and electrical work. A school supply drive recently netted backpacks full of materials,

clothes and gift cards to retail stores.

AFGE Local 1631 at the Chillicothe, Ohio, VA Medical Center supports the local domestic violence shelter. Staff at the VAMC, which is the town's second largest employer, have provided the shelter with furniture, school supplies and stuffed animals, and they recently furnished the new home of a former resident.

Union president Jeaneen Summers recalls the time the shelter requested a used formal dress for a 17-year-old resident, an abuse victim who dreamed of attending her prom. "One thing led to another and [VA employees] came through with a new dress, new shoes, professional hairstyling, limo service and dinner at a restaurant. It was a real Cinderella story." Summers was unable to give an update on the teenager. "We never knew her name," she said.

The Battle Creek, Mich., VA Medical Center's employee volun-



The Cheyenne, Wyo., VA Medical Center's American Cancer Society 24-hour Relay for Life team raised more than \$6,000 to fight cancer in Wyoming. The VA team was the second-highest fund-raiser in the community. They also took home the Best Costumes Award.

ED CARLSON



MONTI WALTHALL

During their first Adopt-a-Highway clean-up effort, the El Paso, Texas, VA Health Care System crew collected nearly enough auto parts to make a car.

teer program is called Getting to Know You. Among other things, its volunteers lead activities at NorthPointe Woods, a senior residential and assisted living facility.

Belinda Murray, coordinator of the VA program, directs a sing-along with VA music therapist Margery Dusek. "It's really a blessing for us," says Murray. "Coming right from work, we are so tired, but after just one hour we feel absolutely rejuvenated. We go home with a sense that we've served their needs, but we feel fulfilled."

Food and the Gift of Life

The Hines, Ill., VA Hospital donates 600 pounds of food each year to the Chicago Food Pantry. The Office of Employment Discrimination Complaint Adjudication in VA Central Office sponsors food drives benefiting So Others Might Eat (S.O.M.E.), a D.C. nonprofit organization that provides food and shelter to the homeless in the nation's capital.

Sioux Falls, S.D., VA Medical

Center's Employee Association Community Service Committee responded to a local food pantry's increased need for baby formula, baby food and diapers with a drive held in memory of Dr. Martin Luther King Jr. VA staff donated more than 350 jars of baby food, six packages of diapers and cash.

Many VA facilities hold blood drives four to six times a year. Rosemary Wasluck, with the Board of Veterans' Appeals office in Wilkes-Barre, Pa., recently received a pin for donating a total of 50 gallons of blood.

Clothes Drives

Sioux Falls VAMC employees gave 87 new sweat suits and seven sweat shirts to local families struggling to make ends meet as part of their 2002 Project Warm All Over campaign. Through this year's campaign, called Shower Our Guests, they contributed hygiene kits.

Federal Women's Program members at Hines VA Hospital and at the Denver VARO sponsor clothing

drives which collect used women's career clothing and accessories to benefit a women's shelter and a national nonprofit group called Dress for Success. The clothes are used by low-income women who are going on interviews to re-enter the workforce.

Hometown Heroes

Volunteers from the Omaha, Neb., VA Medical Center contribute their time, muscle and skills to paint the homes of elderly or disabled residents in a program called Brush Up Nebraska. "It's a partnership between VA management and the union that makes this work," said Dick Williams, a carpenter-locksmith at the medical center.

Several workers are given authorized leave to pressure-wash the house, and the following weekend up to 45 VA employees come out to scrape and paint. "These houses need it real bad and the recipients are very appreciative. And we make a good time of it as well," said Williams.

Adopt-a-Highway signs are found all over the country, but employees at the El Paso, Texas, VA Health Care System may be the only ones to have stepped up to the asphalt. Up to 20 VA employees and associates donate one Saturday every quarter to cleaning a two-mile stretch of the Purple Heart Memorial Highway in El Paso.

"One thing I've seen at the clean-ups is the camaraderie between everyone," said Monti Walthall, volunteer coordinator at El Paso. "You never know who you'll get to work with ... and it's usually someone you don't know well. Naturally, when the clean-up is over, there is a bond that would never have developed while working elsewhere." **VA**

By Robert Turtill

One Man's Legacy

In ways large and small, VA keeps the memory of slain employee Juel Marifjeren alive.

On the soccer fields and basketball courts of Fenwick High School in Oak Park, Ill., a 6-foot “little guy” can almost always be seen hunkering down, lowering his head, and offering thunderous claps to spur his teammates on to victory. Steve Marifjeren is the spitting image of his father in likeness and action, something his mother finds slightly eerie. She regrets that Steve never got to see his father do the very same things for his fellow VA teammates.

Steve is the son of Juel Marifjeren, a former section chief with the Chicago VA Regional Office who was fatally shot in 1998 shortly after leaving his office. The gunman was a disturbed employee Juel had fired 12 years earlier.

Since his death, Juel's legacy has been honored through both a local award in his name given by the Chicago VARO, and a national Juel



Juel Marifjeren was a devoted father to kids Liz and Steve, encouraging their participation in sports, one of his own passions; his others were family life, work and community service.

Award given to a first- or second-line supervisor in the Veterans Benefits Administration “who best personifies the caring spirit of service to family, friends, community and veterans which characterized Juel Marifjeren’s contributions to the Department of Veterans Affairs and everyone touched by him.”

Still, plaques of wood and brass

could never truly encapsulate the man Juel Marifjeren really was, according to his wife of 18 years, Kathy, and many of his former coworkers at the VARO.

“Juel was not the kind of man you could put in a nutshell,” Kathy said. “He was so family-oriented, so team-oriented and so motivating. He was a very fair man. He was the

kind of guy who always did what was right. He was amazing in that respect.”

The Memory

Juel Marifjeren was an Army veteran who came to work for VA as a claims examiner in August 1971. Within a year he was promoted and within five, he landed a position as a unit chief. By 1980, he was named a section chief and stayed in that position, pioneering an appeals control team and earning 18 different performance awards during his career.

“Juel was a very experienced supervisor in our division,” said Dave Stelzner, Chicago VARO public affairs officer and longtime friend of Juel. “He had a firm grasp of the work and what had to be done to get claims paid timely and accurately. I used him constantly as a resource for claims processing information. He had compassion for his work associates and willingly helped everyone who came to him. Many of our employees considered Juel their mentor. He was a leader who promoted morale in the division.”

Juel created so much motivation in his workplace that his fellow employees still work tirelessly to honor his name. Both of the awards named for him came about through the grass roots efforts of workers at the Chicago VARO. Marifjeren’s family is always invited to the ceremonies. Stelzner and David Kalish, a loan guaranty officer and Juel’s best friend, go out to see his son Steve’s games, and Kalish is currently working in his spare time to push forward a motion initiated by the American Legion that would name the new Chicago VARO building, completed this January, after Juel.

“Juel was one of those people who makes a difference in everyone’s life,” Kalish said. “He was a fair-minded supervisor, hard-work-

ing employee, and tireless volunteer. He was patient, kind, and always a peacemaker. He was a leader who everyone willingly followed.”

Aside from being a motivator and pacesetter at work, Juel was most remembered for his participation in VA sporting leagues, volunteer efforts, and service to his local church and school.

“Juel was simply a man who had to serve in every way he could,” Kalish said. “He was on the school board, he volunteered for church drives and community drives, coached local baseball and soccer teams. He did everything.”

One passion that was always in the forefront was his love of sports. According to Kalish, he and Juel would eat lunch together every day and the first thing Juel would always talk about was sports highlights. As Juel’s children grew and started participating, their daily talks would inevitably turn to how his children’s teams were doing.

“Even on the playing field, Juel was a motivational leader,” Kalish

“I didn’t know what to think. I kept telling myself it couldn’t be Juel. Juel was probably there helping.”

said. “He was athletically gifted and really quick, but his primary focus always remained making sure everyone got a chance to play and promoting chances for the not-as-talented players.”

While Juel is remembered for outstanding motivational leadership, no one could recall a time when he was boisterous or demanding. He was known for his quiet and confident demeanor. “He was always soft-spoken, compassionate and attentive, never rowdy. Juel loved the VA and his workers,” said Pat Virgin, executive assistant to the director at

the Chicago VARO. “When I heard about what had happened, I just couldn’t believe such a thing could happen to such a wonderful man.”

The Tragedy

On May 19, 1998, 53-year-old Juel was shot five times in the back outside the Chicago VARO while descending into the station where he caught the subway home every day. The shooter was Robert Sawicki, a former employee who had become increasingly mentally disturbed before Juel had to fire him.

Sawicki, now a diagnosed paranoid schizophrenic, had threatened to kill Juel the day he was dismissed, but shortly afterward, disappeared to Thailand for 10 years. While memories of his erratic behavior, delusional beliefs and threats faded over that time, Sawicki was falling deeper into madness, believing the government was reading his thoughts in a vast conspiracy, and Juel Marifjeren had become a figurehead for the whole imagined plot.

“It was strange because through

the criminal trials we discovered writings by Sawicki that said the only way he could uncover the whole conspiracy was to kill one of the government people involved,” Kathy said. “Unfortunately, he chose my husband.”

It was actually quite some time before Kathy and her two children learned of Juel’s death. His usual active volunteer status had kept any alarms from ringing for Kathy that night.

“It was a weird afternoon because I had been home with a back problem and had fallen asleep on



An Army veteran, Marifjeren, above and below, began his VA career in 1971 as a claims examiner and worked his way up to section chief at the Chicago VA Regional Office.



the couch,” she recalled. “When I woke up, it was about a quarter to five and our car was still out in front of the house and Juel was supposed to be coaching baseball practice for our son’s team. Juel was usually home by 4:15 or so but I just figured he had walked straight to the park since it was only about a half-mile away.”

By 5 p.m., Kathy had taken the car to pick up Juel and Steve from the baseball park because Juel was

supposed to chair a 5:30 meeting at their church. Juel was nowhere to be found. She asked Steve where his father was and he told her that his father had never shown up.

Kathy reasoned that Juel must have gone straight to the church to prepare for his meeting. She went home to make dinner for her children and get them ready for an event honoring the sports and academic achievements of the school year, and the coaches of the teams. Juel was the 5th grade soccer coach for Steve’s team. The plan was for Juel to meet his family there after his church meeting let out shortly before the ceremony began.

“While I was making the dinner, the kids were kind of goofing around upstairs and one of them screamed,” Kathy said. “My girlfriend from down the street ran into my house and I apologized to her, telling her I was sorry my kids had startled her. What I didn’t know was she had already heard about Juel and she was running in to comfort us. But when she came in and all seemed normal, and I was there apologizing for my children, she assumed it must not have been true.”

That’s when things steadily got more alarming for Kathy and her children. Kathy’s girlfriend walked her over to the ceremony, all the while thinking the rumor couldn’t be true, because Kathy would know.

As they entered the school hall together, Kathy noticed that everyone was looking at her awkwardly as she grew more confused. Then the pastor of the school approached Kathy, made some small talk and asked where Juel was. After a slight pause that seemed like minutes to Kathy, she told the pastor that Juel was in the church meeting. The pastor immediately told her he hadn’t shown up for the meeting.

“Finally, I knew something was definitely wrong.” Kathy said. “Panicked, I turned to a friend and said Juel hadn’t taken the car, he wasn’t at baseball practice, he didn’t go to the church meeting and now he wasn’t here for this—I have to go. My friend asked me what El (Chicago’s mass transit) stop Juel uses, and when I told her she gasped.”

Kathy’s friend had heard the news that someone had been shot and killed on the stairs of the LaSalle and Congress stop. She told Kathy and the two ran back to the Marifjeren house.

“I didn’t know what to think,” Kathy said. “I kept telling myself it couldn’t be Juel. Juel was probably there helping or something.”

Other people from the ceremony followed Kathy back to her house, as she made rounds of calls to find her husband. “I remember Bob Monaco, who worked at the VA and was a parishioner at our church, was there,” Kathy said. “I remember he seemed out of place in the crowd of women in my kitchen. I was frantic. I don’t even remember but I’m told I just yelled, ‘What Bob, *what!*’ like I knew he didn’t belong there and he was supposed to be telling me something. He was the one who told me

there was a rumor that Juel had been killed, and that is how I found out.”

The fears of Kathy and her children were confirmed later that night when a Chicago police officer appeared at the Marifjeren door. “She really didn’t say anything to me,” Kathy said. “I just started crying and we hugged, and we knew.”

Later, when police questioned Kathy, her first instinct was to ask them about Sawicki. Sawicki turned himself in the following day.



Marifjeren's widow Kathy and daughter Liz at last year's VBA Leadership Conference with Juel Award recipient David Roesner, of the Philadelphia VA Regional Office and Insurance Center.

“Juel told me two months earlier that he had seen [Sawicki] outside of work but he never brought it up again,” Kathy said. “He had been unusually distracted for those two months and the night before it all happened, Juel and my daughter had been watching some sort of cop drama on TV. My daughter turned to him and asked, ‘Daddy, has anyone ever threatened your life?’ And Juel told her about the day he fired Sawicki.”

The Legacy

Since his death, Juel’s legacy has lived on in many more substantial forms than fond memories. The two VA awards given in his name encourage other employees to live up to the professional, personal and ethical standards Juel always instilled in his staff.

“We love going to those award ceremonies because it just is a great way to honor Juel,” Kathy said. “It’s a way of honoring Juel and keeping his memory alive. The VA has been so good to us that way.”

But according to Kalish, Kathy, and Stelzner, Juel was always a family man first, so his two greatest legacies are his children, each of whom carries an essence of their father in their chosen ventures.

Steve, who in every way physically resembles his father, according to Kathy, has inherited his father’s athletic talent, quiet demeanor, and motivational abilities. Steve is the lead striker on his soccer team, with 39 goals already this season, and a point guard on the Fenwick basketball team.

“People have always recognized that Steve is something special and he’s got a drive that is very easy to see if you are a spectator,” Kathy said. “After his dad died, Steve’s level of intensity went up a notch. He believes that his dad is with him all the time and I think he really feels that presence. He can change the level of a game when he’s on the field.”

Kalish recalls several instances in VA softball tournaments where Juel would provide that same level of intensity and be the one who changed the momentum of the game. “He had boundless talent as an athlete,” Kalish said. “Whether we were playing softball or bowling, he was the star of the game even though his focus was pushing the rest of the team to victory.”

Juel’s daughter, Liz, hopes to be

the same kind of compassionate VA employee with a drive for doing what is right for veterans that her father was. She is currently attending Triton Junior College, and aims to be a social worker at a VA medical center.

“She is a very caring person with a lot of wisdom, just like her father, who just needs to help people,” Kathy said. “She always asks me how cool would it be if she could work in the VA just like her father.”

According to Kathy, Liz was extremely close to her father and still carries a lot of the pain of the loss with her.

“I think Liz needs to achieve this in her life,” Kathy reflected. “Juel loved his job and doing a service for the vets to do the right thing. He always worked hard to clean up the old cases and expedite them. He didn’t think that people should ever have to wait for those decisions. He loved the career he had there and the people he worked with. Liz shares those same goals and that same need to make a difference, and she wants it to be with the VA.”

In the meantime, the Marifjeren continue with their lives, ever appreciative of the measures VA has taken to preserve Juel’s memory, and truly feeling like a part of the VA family. Juel’s survivors also include three sisters, one of whom, Judith Stoughton, is a 32-year VA employee who currently works at the Long Beach, Calif., VA Medical Center.

“We’re very honored that the VA continues to keep Juel’s memory alive and it really helps us in our grieving process,” Kathy said. “As much as it’s hard to keep going over it, it really is very heartwarming to know that his life had a purpose and people still think very good things about him.” **VA**

By Ryan Steinbach

War has prompted greater cooperation between VA and the Defense Department.



Mission Status: Not Business as Usual

RICHARD J. TREMAINE

Getting the federal government's two largest agencies to work together has been a priority on President Bush's management agenda. But it wasn't a sharing agreement or MOU that prompted VA and the Department of Defense to re-examine one of the most fundamental aspects of their working relationship—how they care for the men and women wounded in our nation's defense. It was the plight of two combat veter-

ans who slipped through the cracks.

Their stories made national headlines last August: the Enduring Freedom veteran whose appeal for increased disability rating languished for months, and the single mom who, after nearly dying of heart fail-

ure in Iraq, was told she would have to wait three months to see a VA doctor following her discharge.

Rather than defend the system, Secretary Principi vowed to fix it. "Events like this are unacceptable. They cannot happen again," he wrote in an Aug. 22 message to all employees. "Our actions over the next few months will define our department for the lifetime of the veterans who are now returning from Iraq and Afghanistan."

A Shift In Policy

The first step was to assemble a team to examine what went wrong. Dr. Michael J. Kussman, deputy chief in the Office for Patient Care Services, and Carolyn Hunt, deputy director of Compensation and Pension Service, served as team co-chairs. One of their initial findings was the lack of VA involvement in the discharge process, particularly for servicemembers wounded in the line of duty.

It wasn't agency neglect or indifference that left newly discharged veterans on their own. It was simply

business as usual—traditional procedures require veterans to take the first step when applying for VA health care or benefits. But this wasn't business as usual. America was at war and casualties were mounting: 2,413 men and

Above: Army Sgt. David Pettigrew, who lost his entire leg to an RPG on July 8 near Tikrit, Iraq, tries out his new computerized prosthetic leg at the Denver VA Medical Center. A news crew from CBS' "48 Hours" filmed his first steps for an episode that aired Dec. 10, 2003. "When I look at these young men and women, I think that could be my son or daughter," said Judi Guy, transition coordinator at the Denver VAMC.

women have been wounded in action in Iraq as of Jan. 8, according to Pentagon figures. The sheer volume demanded a shift in VA policy.

“Mr. Principi talks about our core constituents, the ones who bore the battle, and we weren’t reaching out to them as much as we should have,” said Kussman. “Our feeling was that we needed to become part of their discharge planning process where we could offer assistance in both medical and non-medical VA benefits.”

The effort got underway at Walter Reed Army Medical Center in Washington, D.C., where severely wounded Army soldiers begin their recovery. Kussman, a retired general who commanded Walter Reed prior to joining VA, simply called up his old Army buddies to get the ball rolling. “We just cut through the paperwork and got this going,” he said.

Social Workers: A ‘Logical’ Fit

From the start of Operation Iraqi Freedom, the Washington, D.C., VA Regional Office sent benefits counselor Chris Reid to Walter Reed and Bethesda Naval Hospital

to tell wounded soldiers about VA benefits and help them fill out paperwork to start the claims process. As an amputee and combat-wounded vet, he also lent valuable emotional support. But he couldn’t enroll them for VA health care or transfer them to VA medical facilities. “The VBA counselors were do-

“Our actions over the next few months will define our department for the lifetime of the veterans who are now returning from Iraq and Afghanistan.”

ing a wonderful job, but we needed VHA people involved and the logical ones were social workers,” said Jill Manske, director of Social Work Service.

Xiomara Telfer, a 28-year-old social worker at the Washington, D.C., VA Medical Center, was detailed to the VA seamless transition office at Walter Reed in August 2003. Working side by side with military case managers, she found they often got the runaround when calling a VA facility. “It was very frustrating for them because they’d

be transferred from person to person,” she said. With the problem identified, the solution became clear. Within a few weeks Telfer had the name and telephone number for a transition coordinator at every VA medical facility and benefits office nationwide.

“Now it works much smoother,”

acknowledged Jill Roark, an Army social worker at Walter Reed. She stressed the value of having a VA representative available to sit down and talk with wounded or sick soldiers. “When they actually see someone face to face they realize VA really cares for them, too,” she said.

Beyond the walls of Walter Reed, VA social workers James Lasater, Deborah Wakefield, and Brooke Eggimann began meeting face to face with hospitalized servicemembers at Brooke, Eisenhower and Madigan Army Medical Centers, respectively. Together with Telfer at Walter Reed, they have helped nearly 700 wounded or sick Iraqi and Enduring Freedom veterans as of Jan. 8. Their help ranges from referrals, where they work directly with military caseworkers to transfer a patient’s care to a VA facility, to personal consultations with patients, their families or military hospital staff.

Progress, Not Process

Secretary Principi made clear that it would be very difficult to be “overzealous” in serving casualties of America’s war on terror.

Kevin Hillegas, 42, a veterans service representative assigned to

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Washington, D.C., VA Medical Center social workers Xiomara Telfer, left, and Gabriella K. Kinsolving review patient status reports with Lt. Col. Joe Truelove, chief of care continuum at Walter Reed Army Medical Center.

Wounded in Baghdad: Milwaukee VA Nurse Recovers

A second VA employee was wounded in combat operations in Iraq. Susan Sonnheim, 45, a licensed practical nurse at the Milwaukee VA Medical Center and sergeant in the Wisconsin National Guard, was injured in Baghdad by an improvised explosive device in September 2003. She shared her experience with *VAnguard* in January while recovering at Walter Reed Army Medical Center in Washington, D.C.

Sonnheim left her job at the VA hospital last March when her National Guard unit, the 32nd Military Police Company, was activated for Operation Iraqi Freedom. She arrived in Baghdad on June 29, a time when U.S. forces were coming under increasing guerilla attacks. "I was very fearful," said Sonnheim. "Every second you had to watch your back."

As a military police officer, her job involved working with local police and informants to round up suspected Iraqi insurgents. They maintained a strong visible presence, conducting mounted patrols with Humvees and at times taking to the streets on foot.

One evening around 10:30 p.m., an informant ran into the police station to warn of a suspicious box in an intersection down the street. Sonnheim grabbed her M203, the Army's standard M16 fitted with a 40 mm grenade launcher, and along with her squad leader and a couple of Iraqi police officers, jumped into a Humvee to investigate.

When they reached the intersection, the Iraqi police went forward while the Americans stayed near the vehicle, which is standard procedure according to Sonnheim. From her position near the Humvee, she could see the suspicious box, but the Iraqi officers walking toward it didn't seem to notice. "They were right on top of it," she said. She went to warn them and as she approached, she saw a small wire protruding from the side of the box. "I

then on to Landstuhl, Germany, and ultimately to Walter Reed, where doctors removed shrapnel from her legs and face, including a 5-millimeter piece—about the length of the eraser on a pencil—lodged in her left eye. Once stable enough to travel, she went home to Milwaukee for a month of convalescent leave, then returned to Walter Reed in December for more surgery.

As she talked about her experience, she peeled away the black patch covering her left eye. It didn't look damaged—clear blue iris, dark black pupil—but doctors told her it will never see again. She also pulled back the sleeve on her denim jacket to show the shrapnel in her wrist. It sat just beneath the skin, jutting out as she rotated her wrist from side to side. Her physical scars are a constant reminder of an experience she can't forget. "Sometimes I think I'm still in Baghdad. I can't seem to detach myself," she said, explaining that her unit is still over there.

Sonnheim is the first woman in the history of the Wisconsin National Guard to be awarded the Purple Heart, according to Kevin Kavanaugh, Wisconsin state commander for the Military Order of the Purple Heart and a supply technician at the Milwaukee VAMC. She is the second VA employee wounded in the war. The other is chief dentist Dr. Robert Frame, who was wounded in a Baghdad ambush last April. Both are perhaps the only VA employees called to active duty to be wounded in combat since World War II.



Secretary Principi visits Susan Sonnheim, recovering at Walter Reed Army Medical Center.

yelled to run and as I turned it went off," she said.

The bomb blast blew her off her feet and flung her through the air. When she hit the ground, she remembers thinking she had lost her legs. "They were so numb from all the shrapnel," Sonnheim said. Both of her eardrums were ruptured and blood clouded her vision. "I was in so much pain," she said.

She was medevaced to the 28th Combat Support Hospital in Baghdad,



LUPE HERNANDEZ

Kevin Hillegas, a veterans service representative assigned to Brooke Army Medical Center in San Antonio, assists Staff Sgt. Rashaan Canady with medical benefits. Canady was a forward observer with the 11th Battalion, 44th Field Artillery, 3rd Infantry Division when he was injured in Iraq.

Mission continued from page 17

Brooke Army Medical Center in San Antonio, agrees. “A little something I learned in the Army is called selfless service,” said Hillegas, a retired sergeant first class. “I don’t want to hear that you can’t help these soldiers or their families. Do what you have to and let the paperwork follow.” His colleagues at the VA outpatient clinic in San Antonio and the Houston VA Regional Office feel the same way, he said. “There is a much heightened sense of awareness now.”

That awareness isn’t limited to Houston, San Antonio or cities near military installations. The signs are everywhere. From the Operation Iraqi Freedom link on the VA Homepage, www.va.gov, to the recorded message that greets callers to the VA Boston Healthcare System: “If you’re a recently discharged veteran please press 1 to hear an important message.”

Pressing 1 directs callers to the desk of social worker Shirley A. Jackson, who said she receives anywhere from three to 17 calls a day

from recently discharged veterans. She works behind the scenes coordinating the care of veterans like Phillip Fernandes, a National Guard soldier from Middleboro, Mass., who nearly died after catching a virus in Iraq. “I didn’t want to eat and had stomach pains. A doctor finally diagnosed something with my heart,” he said. He was whisked from a field hospital in Iraq to Landstuhl, Germany, and finally to Walter Reed in Washington, D.C.

Back in Middleboro, his wife Lynn and their two children waited anxiously for his condition to improve. Desperate for answers, Lynn picked up the phone and called Jackson at the Boston VA. “I didn’t know who else to call,” she said. As the weeks turned to months, she maintained contact with Jackson, sometimes calling five times a week. Ultimately her husband was medically discharged and received a heart transplant at the McGuire VA Medical Center in Richmond.

Fernandes says he is recovering well from his heart transplant and has nothing but praise for VA staff in Richmond and Boston. “It went

so smooth,” he said. “They took care of my wife and everything.”

Comments like that bring a smile to Jackson’s face. But she has little time to reflect. She is late for a conference call and has a Feb. 7 Homecoming Day to finalize. “We’re going to open the hospital just for returning vets,” she said. “Whatever they need, we’re going to provide.” The event is on a Saturday, but no one was forced to work. “They volunteered to do it,” said Jackson. “Because they care about veterans, because they have a heart. That’s the kind of people we have here.”

A Defining Moment

The program is in place. But will it fade away after the war? Not if Kussman has his way. “We’re trying to make it permanent policy,” he said. The best scenario he envisions is to establish a care coordination office in Washington, D.C., staffed by VHA and VBA representatives. The office would receive periodic listings from DoD of all servicemembers injured in the line of duty who are entering the disability process or being medically retired. “We need to make this a permanent process that will transcend the war in Iraq and Afghanistan,” said Kussman.

Rarely do isolated cases of substandard service result in policy changes of this scale. But clearly this was an exception. “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,” wrote Secretary Principi in September. His decisive response marked a fundamental shift in departmental policy and ushered in new heights of VA-DoD cooperation—achievements that may ultimately define his term as VA Secretary. **VA**

By Matt Bristol

St. Louis VA Regional Office's James Little may be the last of VBA's Vietnam service contact representatives still on duty.



Last Man Standing

Wherever there are large concentrations of U.S. military personnel, VBA benefits counselors are sure to be found—both stateside and overseas—in places like Korea, Germany and Japan. Could Iraq be their next stop?

That possibility isn't too far-fetched. During the late 1960s and early 1970s, about 90 VA contact representatives were sent to Vietnam for six-month tours in a program dubbed Operation Early Word. Their job was to explain VA benefits to troops rotating back to the states. But they weren't holed up in cushy offices in Saigon. They were out in the field with troops in Da Nang, Cu Chi and Long Binh. They wore flak vests and carried weapons. Two of them, Vinson Rabern, from the Atlanta VA Regional Office, and Robert Butler, from the Huntington, W.Va., VA Regional Office, were killed in the line of duty in October 1968.

James Little, 68, a field examiner with offices at the St. Louis VA

Regional Office and the Poplar Bluff VA Medical Center, remembers those days. He is likely the last remaining contact rep who served in Vietnam still working for VA. His story is one of service and personal sacrifice. Looking back, he calls it simply "a way of life."

Little joined the Marines in 1953 at the age of 17 because he "figured they needed help over there in Korea." He spent the next 13 months toting a 75-mm recoilless rifle in the Korean War. "That was the start of the fall of communism," he said. "It was the first time we stopped 'em, and I'm proud to have served there." It wouldn't be his last taste of combat.

By 1965, American forces had given up "advising" in Vietnam. The time had come for a more hands-on approach. Marines at Camp Pendleton, Calif., began preparing for war. First Sgt. Little was among those who shipped out in August 1965 with the 2nd Battalion, 1st Marine Regiment, 1st Marine Division.

His tour included action in major campaigns such as Operation Harvest Moon and countless other reconnaissance or search and destroy missions. In July 1966, after nearly a year in country, his unit engaged an entire North Vietnamese division near the demilitarized zone. He remembers several days of intense fighting. "We had them on the run," he said. "They were trying to break contact."

As the enemy pulled back, Little directed his platoon in pursuit. They approached a clearing about the length of a football field with some trees and brush on the far side. Little knew he couldn't send his men across blindly. He would have to go first to make sure it was safe. As he charged into the clearing, an AK-47 rang out. Six rounds slammed into his legs and hip as he tumbled to the ground. "I remember

Above: Vinson Rabern, left, was one of two VA contact representatives killed in the line of duty in Vietnam.

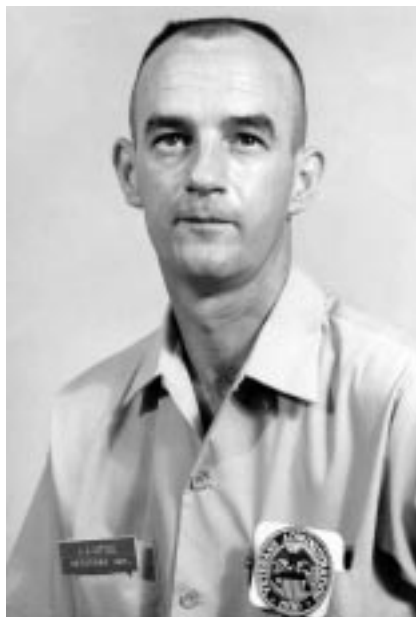
thinking what a heck of a good time to get hit,” he said. “I was within days of going home.”

He spent the next 23 months recovering at Philadelphia Naval Hospital. While there he became friends with the VA contact representative, a former Marine and World War II Medal of Honor recipient. “One day he took me out to the Philly VARO to take the civil service test,” Little recalled. “He told me I was joining VA as soon as I was medically retired.” And that’s just what he did.

After a few months on the job, he heard about a program where contact reps were being sent to Vietnam. So Little did what he always does—he volunteered. By March of 1969 he was on a plane with a group of Marines heading back to Vietnam. His final destination: Da Nang. “I was just glad to get back,” he said. “After 15 years in the military it’s hard to just give it up. Being in that environment helped me with the transition.”

He may have been a civilian, but this was Vietnam.

Little carried a military ID card listing him as a civilian “noncombatant” and wore a uniform with a Veterans Administration patch on the left sleeve. His job was to give a one-hour briefing to Marines rotating back to the states and answer



As a contact representative in Vietnam, Little wore a uniform with a VA patch (above) and carried a military ID card listing him as a civilian “noncombatant” (right). He did his first tour in Vietnam as a Marine (above right), wounded just days before he was scheduled to go home.



questions from those who wanted more information. He estimates he filed about 5,500 claims during his six-month tour in Vietnam.

Sometimes he took his message out to the field to reach the grunts who couldn’t make it to Da Nang. After one night in the bush he returned to find his office had been hit by rocket fire. “They destroyed everything. All you could find was the typewriter roller tube.” He may have been a civilian, but this was Vietnam.

By 1970, the Marines were pulling out of Vietnam. Little returned to the Philadelphia VA Regional Office and transferred to St. Louis in 1974, where he’s been ever since. Last summer, Little celebrated 50 years of federal service, but he has no plans to call it quits anytime soon. “I’m too young to just sit back and relax,” he said. “There is still plenty that I can offer.” **VA**

By Matt Bristol

Operation Early Word

VA contact representatives briefed nearly 2 million servicemembers, conducted 250,000 individual interviews, and submitted 105,000 VA benefits applications while in Vietnam between 1967 and 1972.



ROBERT TURTEL

Veteran Wayne Beechy sizes up a batter during the softball competition at the Wheelchair Games.

VA's four National Rehabilitation Special Events are a showcase for the therapeutic value of recreation, sports and creative arts. VAanguard takes a closer look at what it takes to host one of these annual events.

Healing Body and Spirit

Few programs showcase the department's mission more vividly than VA's National Rehabilitation Special Events. Never been to one? Then you haven't experienced the awe of watching a blind veteran ski down a mountain, the wind in his face, the snow flying beneath him.

The four events—the National Disabled Veterans Winter Sports Clinic, the National Veterans Wheelchair Games, the National Veterans Golden Age Games and the National Veterans Creative Arts Festival—heal, rehabilitate and strengthen the resolve of the nation's past and current heroes using physical, recreational and art therapy programs.

Over the years, these national events have been held in locations as diverse as Leavenworth, Kan., and New York City, in every region of the country. In 2006, even Anchorage, Alaska, will get into the act, welcoming veterans from all over the country as host city for the Wheelchair Games.

The locations are chosen through a rigorous process that begins with VA medical centers willing to take on the challenge of being a host site. Hosting an event requires meticulous planning and attention to detail, but the effort can turn out to be the highlight of your career, according to several past local coordinators. So what goes into hosting a national event and why do it?

The Bid Package

"It started for us with consistently having a large team for the Golden Age Games," said Sean Hinds, local coordinator for the 2004 Golden Age Games in Fresno, Calif. "We took that interest as an opportunity to host the Games ourselves to showcase our city, community and VA medical center." With the encouragement of their director, Al Perry, Hinds and other key players at the Fresno VA Medical Center submitted a bid package.

A bid package consists of a letter of intent with logistics outlined in such areas as hotel accommodations, volunteer support, financial support, transportation and ability to staff the event. "Our bid package was a regional team effort," said Hinds. "The application highlighted our abilities to meet and surpass expectations for hosting the event in the areas of logistics, airport access, hotel accessibility and community relations."

When complete, a bid package is sent to the director of the special event, in some cases through the VISN director, according to Diane Hartmann, director of the Office of National Programs and Special Events in VA Central Office. "After receiving the package," she said, "the Games' director schedules site visits and a decision is made within a few months." Hartmann added that hosting a special event must be planned years ahead since a host site can be selected up to four years in advance.

Logistics

When organizers begin the process of choosing a location for one of the events, logistics is a key consideration.

"Organizers search for host sites that are convenient and accessible," said Dewayne Vaughan, director of the Golden Age Games. "A location must be affordable and accessible for athletes both for indoor and outdoor venues."

Likewise for the Wheelchair Games: "Venue sites and hotel rooms need to be in close proximity," said Tom Brown, director of the event.

For the Creative Arts Festival, "finding a quality fine arts center or theater is integral to the creation of a successful final stage show performance," said Liz Mackey, the event's director.

The Winter Sports Clinic is the

only one of the four events that doesn't change locations. For the past 18 years, the Grand Junction, Colo., VA Medical Center has hosted the Clinic. "Having the event in the same location allows us to continually improve our program and develop a wide network of support in the local community," said Sandy Trombetta, Clinic director.

Staffing

Once the host site is chosen, the next step is to select a local co-

ordinator. The local coordinator leads committee chairs and is the point of contact for the national staff and partnering veterans service organization. The director of the host facility usually selects the individual for this position.

"After the local coordinator is assigned," said Hartmann, "the selection of the committee chairs in the areas of logistics, administration, public affairs, ceremonies and meet director becomes the next priority."

Committee chairs are drawn

The Four Events

■ **National Disabled Veterans Winter Sports Clinic** Established in 1987, the Winter Sports Clinic introduces profoundly disabled veterans with spinal cord injuries or disease, neurological conditions, or blindness to adaptive sports such as downhill and cross-country skiing, rock climbing, sled hockey, horseback riding and scuba diving. It is co-sponsored by VA and the Disabled American Veterans. This year's Winter Sports Clinic will be held April 4-9 in Snowmass Village, Colo.

■ **National Veterans Wheelchair Games** The largest annual wheelchair sports event in the U.S., the Wheelchair Games gives newly disabled veterans the opportunity to gain and enhance sports skills while introducing them to experienced wheelchair athletes. Veterans compete in such sports as basketball, softball, track and field, slalom and rugby. The Games, which began in 1981, are co-sponsored by VA and Paralyzed Veterans of America. The 2004 Wheelchair Games will be held June 15-19 in St. Louis.

■ **National Veterans Golden Age Games** Physical activity and friendly competition engage the mind as well as the body, so recreation therapy fills a special need in the lives of older patients at VA facilities. That's why the Golden Age Games were created in 1985 to encourage older veterans to remain active both physically and mentally. Competitions include golf, swimming, horseshoes and bicycling. The Golden Age Games are co-sponsored by VA and the Veterans of Foreign Wars. This year, the Golden Age Games are set for July 17-24 in Fresno, Calif.

■ **National Veterans Creative Arts Festival** The Creative Arts Festival fosters creative expression in art, dance, drama and music for veterans treated at VA medical facilities. This annual event begins with competitions at the local level. Local winners are then judged on a national level, and medal winners are invited to a weeklong festival where they perform and display their work. Established in 1989, the event is co-sponsored by VA, the American Legion Auxiliary and Help Hospitalized Veterans. The Creative Arts Festival will be held this year Oct. 10-16 in Salt Lake City.



Veteran James Sandal hopes to bowl a strike at the Golden Age Games.

from the ranks of facility staff members who have volunteered to help with the event. “Volunteers are asked to hold a committee chair assignment in their specialty,” explained Sharon Parks, past local coordinator for the Winter Sports Clinic. “For example, the voluntary service program manager coordinates volunteers.” Parks added that committee chairs usually see these positions as new twists on their specialties.

Volunteers

None of the events would be possible without the generous contributions of time, talent and effort by volunteers. The number needed varies by event. The Wheelchair Games needs the most volunteers: 1,500 to 2,000. Some 600 to 800 are needed for the Golden Age Games, 500 for the Winter Sports Clinic, and 200 for the Creative Arts Festival.

To recruit volunteers, the host facility enlists the help of veterans service organizations and staff, according to Dave Jewel, chief of external affairs at the Cleveland VA Medical Center, who coordinated

the Wheelchair Games there in 2001. “Communicating with large organizations that have community relations efforts is a tremendous way to generate large numbers of volunteers,” Jewel said. Large organizations have the infrastructure to reach large groups, he added.

Other current and past local coordinators have recruited volunteers through local churches, schools and universities, and the media. They’ve also relied heavily on medical center staff to volunteer.

Each event needs volunteers with a variety of skills. “Out of the 500 volunteers at the Winter Sports Clinic, 200 are trained ski instructors and others are therapists and administrative volunteers who bring their contributions in other ways off the snow,” said Trombetta.

How Do Host Facilities Benefit?

“Despite all the details and planning, it is extremely rewarding to host a special event,” said Brown. “With a strong local organizing committee, the national staff committee’s experience and the three to four site visits for commit-

tee reports, an event will be successful.”

Many past local coordinators who have seen the benefits of the special events firsthand agree.

“We showcased our hospital, city and region to the nation,” said Togus, Maine, VA Medical Center’s Dan Bence, local coordinator for the 2003 Golden Age Games.

“Team building is a tremendous benefit of an event for both the medical center and its surrounding community,” Maureen Harvey, local coordinator of the Creative Arts Festival last year in Oklahoma City, pointed out.

Jewel sees hosting one of the events as an opportunity to reconnect VA staff to the veterans they serve. “Working on a special event gives the VA employee who has minimal contact with veterans personal interaction in a non-medical environment,” he said.

Other benefits of hosting for a facility, he added, include creating or improving existing relationships with community, civic and corporate organizations; a big sense of accomplishment after the event; an afterglow years removed from the closing ceremonies; and medical center management discovering untapped leadership potential in committee members and volunteers.

There are financial incentives for hosting an event too, said Parks. For instance, the host medical center gets additional national funding to hire a GS-12 as the local coordinator for the year of the event. “National funding helps offset the cost to the medical center,” she said.

Would Jewel host another national special event? “Absolutely,” he said. “It gives one a sense of pride and satisfaction. The organization and planning is more than worth it ... the rewards will last your entire career.” **VA**

By Richard Olague

Presidential Memorial Certificates

Continuing a Tradition of Honor



MICHAEL L. MOORE

Don Nitto, Frances Frederick and Ken Baxter (left to right) review newly printed certificates for accuracy.

In conjunction with other VA-wide efforts to support service members and their families during the war in Iraq, the National Cemetery Administration continues a decades-long program to help comfort grieving families.

More than 40 years ago, a veteran's request—to create a certificate signed by the President to honor the memory of deceased veterans—was passed from Sen. Hubert Humphrey to Administrator of Veterans Affairs John Gleason. President John F. Kennedy approved the request in 1962.

As a result, the Presidential Memorial Certificate Program was established. Initially operated out of VA's Office of Administration, the program was transferred to the Veterans Benefits Administration in 1986 and to the National Cemetery Administration in 1988.

In 2003, more than 254,000 of

the certificates were provided, surpassing a total of 10 million since the program was established.

"The certificates express the nation's gratitude for the military service of departed veterans," says Don Nitto, current coordinator of the program and a retired Navy veteran. "I'm glad that we're able to provide such a service."

The parchment-style certificate bears an embossed U.S. Seal stamped in gold, the President's signature and a calligraphic rendering of the veteran's name.

The next of kin or others can request a certificate by visiting a VA regional office or by mailing or faxing the veteran's name and a copy of the military discharge document and death certificate to NCA's Memorial Programs Service.


When a member of the armed forces dies on active duty, a Department of Defense casualty assistance

officer can begin the process on behalf of the veteran's family. In addition, VA regional offices also initiate requests when they receive death notices for VA program beneficiaries.

The request process itself hasn't changed much over the years, though the technology has greatly improved. The program staff in Washington, D.C., electronically transfer the information they receive to NCA's Systems Integration Center in Quantico, Va. The center then forwards the information to VA's Automation Center in Austin, Texas. The Automation Center imprints the veteran's name on the certificates and overnight mails them back to the program office for inspection. The program office staff then send the printed certificates to a contractor for the gold seal imprinting and mailing.

High priority requests sometimes come in from the Defense Department, VA regional offices, members of Congress and VA senior staff who want to present the certificates to families at funeral services. In these cases, assuming the veteran's eligibility information is readily available, the three-person program staff can respond quickly: they print the names on certificates already embossed with the gold seal.

Earle Gleason, director of the Yates County, N.Y., Veterans Service Agency, strongly endorses the program. "I help families apply for the certificate when they seek benefit information after a veteran dies," says Gleason. "What you do is deeply appreciated."

For more information on Presidential Memorial Certificates, visit NCA's Web site at www.cem.va.gov. 

Disabled Veterans Get Priority Access to VA Health Care

The long wait for VA health care is over for some veterans. A new directive gives all veterans with service-connected medical problems priority access to VA care.

Under the new rule, any veteran who needs care for a service-connected disability must be scheduled for a primary care appointment within 30 days of the request. If a VA facility can't schedule an appointment within that time frame, it must arrange for care at another VA facility, at a contract facility or through a sharing agreement.

The directive covers hospitalization and outpatient care. It doesn't apply to care for medical problems not related to a service-connected disability. Veterans who need emergency care, though, will be treated immediately.

The new provision is an expansion of a rule that took effect in October 2002 for severely disabled veterans. That rule gave priority access to veterans with disabilities rated at 50 percent or more. For the severely disabled, the priority includes care for nonservice-connected medical problems.

Increased demand for VA health care in recent years prompted Secretary Principi to call for these priority access rules. Veterans have been coming in record numbers since Congress passed a law in 1996 opening VA health care to all eligible veterans who enrolled. The flood of new enrollees strained the system and led to long waiting times for care.

Veterans had been facing waits of up to two years for

appointments. The number of veterans waiting more than six months for primary care appointments peaked at more than 300,000 in July 2002. The waiting list has dropped dramatically since then, and is now down to about 30,000.

VA facilities have used a

variety of techniques to bring waiting times down, including adopting Advanced Clinic Access principles, hiring more staff, and adding appointment slots. But the priority access rules ensure that veterans with service-connected medical problems don't have to wait in line be-

hind others while VA tackles the backlog.

"I'll work to honor our commitment to veterans," Secretary Principi said, "but when it comes to non-emergency health care, we must give the priority to veterans with service-connected disabilities." **VA**

Gordon Mansfield Named VA Deputy Secretary



Mansfield

Gordon H. Mansfield is VA's new deputy secretary. President Bush nominated him for the position on Nov. 3 and the Senate confirmed the nomination on Jan. 22. He was sworn in on Jan. 30. Mansfield previously served as the department's assistant secretary for congressional and legislative affairs, a position he'd held since August 2001. He replaces Dr. Leo S. Mackay Jr., who returned to the private sector last summer.

"Gordon has played a key role in our accomplishments for veterans, helping secure record budget gains and shepherding a legislative agenda to improve services and benefits for veterans,"

said Secretary Principi. "We have challenges ahead, and veterans have an advocate in Gordon Mansfield who will ensure their needs are a priority."

Before coming to VA, Mansfield had served as executive director of the Paralyzed Veterans of America since 1993. In that position, he oversaw the daily operation of PVA's national office in Washington, D.C., and 37 field offices. He held a number of positions at PVA from 1981 to 1989, and served as the organization's first associate executive director of government relations. He was an assistant secretary for fair housing and equal opportunity at the Department of Housing and Urban Development from 1989 to 1993.

Mansfield received his undergraduate degree from Villanova University and law degree from the University of Miami, and practiced law in Ocala, Fla. Following his 1964 enlistment in the Army, he served two tours of duty in Vietnam.

While serving as company commander with the 101st Airborne Division during his second tour, he sustained a spinal cord injury.

His combat decorations include the Distinguished Service Cross, the Bronze Star, two Purple Hearts, the Combat Infantryman's Badge and the Presidential Unit Citation.

Mansfield is a recipient of the Presidential Distinguished Service Award and the Villanova University Alumni Human Relations Medal. He was inducted into the U.S. Army Officer Candidate School Hall of Fame in 1997. **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. Can't get to a TV? View it from your desktop computer on the VA Intranet at www.va.gov/opal/feature/index.htm.

Honoring the Memory of a Powerful Public Speaker

Hundreds of VA Central Office employees came together Jan. 15 to honor the memory of slain civil rights leader Dr. Martin Luther King Jr., on what would have been his 75th birthday.

The ceremony included a series of guest speakers who addressed the importance of oratory skills in being an effective leader and role model. Each speaker was a member of Toastmasters International (www.toastmasters.org), an organization dedicated to helping people polish their public speaking skills.

“People think of Toastmasters in terms of public speaking, but it’s much more than that,” said Yolanda Johnson, who works in the Office of Public and Intergovernmental Affairs and serves as president of the VA Gaveliers Toastmasters club. “It’s about developing public speaking, communication and leadership skills.”

Highlighting Dr. King’s powerful public speaking skills is a great way to honor his memory, according to Judith Jamison, co-chair of the VACO Black History Month Committee and a program specialist in the Office of Regulation Policy and Management. “It lends itself to a broad range of ideas on how people interpret the King holiday, that they may reflect on how Dr. King and other great orators have influenced their lives,” she said.

Among the speakers was Betty Moseley-Brown, VBA outreach coordinator and a member of the VA Gaveliers. She spoke of Dr. King’s oratory abilities and shared her reaction to reading his autobiography. “His written words were letters on pages. I felt that something was missing,” she told the audience.

She decided to listen to audio recordings of his sermons, including “The Three



ROBERT TURTIL

VBA outreach coordinator Betty Moseley Brown paid tribute to Dr. Martin Luther King Jr. on what would have been his 75th birthday, Jan. 15, in VA Central Office. The observance of the slain civil rights leader’s birthday highlighted his oratory skills.

Dimensions of a Completed Life” and “Rediscovering Lost Values.” Hearing his voice deliver the words put them into new perspective. “I heard what was missing on the pages—his tone, his preacher’s pitch, and his passion. Passion turned his words into magic,” she said.

Details of Dr. King’s “I

Have a Dream” speech are studied on college campuses across America. His use of alliteration, allusion and metaphor are legendary, painting a picture for audiences and strengthening his call to action. His life was tragically cut short, but his words continue to inspire generations of Americans. **VA**

Administration Seeks \$67.7 Billion Budget for VA in 2005

The Bush administration will seek a \$67.7 billion fiscal year 2005 budget for VA, a \$5.6 billion increase in budget authority primarily targeted for health care and disability compensation.

The budget request represents a 3.8 percent increase in discretionary funding over the enacted level for 2004. Overall, the 2005 budget requests \$32.1 billion in discretionary funding (mostly for health care) and \$35.6 billion in mandatory funding (mostly for disability compensation, pensions and other benefits programs).

The budget proposes \$29.5 billion in funding for medical care, an increase of 4.1 percent over the 2004 level. The medical care budget includes \$2.4 billion in collections from third-party health insurance and copayments from veterans.

Significant legislative proposals in the budget include:

- ending pharmacy copayments for veterans in Priority Groups 2-5;
- ending all copayments for former prisoners of war;
- authorizing the de-

partment to pay for emergency room care or urgent care for enrolled veterans in non-VA medical facilities;

- ending hospice copayments;
- increasing pharmacy benefit copayments for veterans in Priority Groups 7 and 8 from \$7 to \$15; and
- establishing an annual user fee of \$250 for veterans in Priority Groups 7 and 8.

The 2005 budget includes \$524 million to move forward with the Capital Asset Realignment for Enhanced Services (CARES)

program, more than doubling funds from last year to modernize VA’s health care infrastructure.

Some \$1.9 billion is proposed to support the management of the six benefits programs VA administers—disability compensation, pensions, education, housing, vocational rehabilitation and employment, and life insurance. This funding level is 2.2 percent above the 2004 level, and includes resources for about 12,200 full-time staff in the Veterans Benefits Administration.

continued on page 28

Stan Stewart

Forget about lucky breaks. Hard work and perseverance are what it takes to make it big in Hollywood, according to Stan Stewart, who plays dockworker New Charles on HBO's gritty original series "The Wire." The show, now in its second season, follows the lives of cops, drug dealers and union bosses struggling to eke out a living along Baltimore's harbor.

For Stewart, 45, a program analyst in VHA's Compliance and Business Integrity Office in VA Central Office, "The Wire" marks the first big break in an acting and performance career that spans decades. "It's a real good feeling," he said. As the show gained critical acclaim, fans started recognizing him on the street. A few people even recognized him in the VACO canteen while he was grabbing a sandwich. "It's a real humbling experience when someone says they saw the show and liked my character," he said.

A Washington, D.C., native, Stewart traces his performance history to an el-

ementary school speech he gave to his 3rd grade classmates. Impressed by his poise and confidence, teachers ferried him over to Howard University for an encore before a group of college students and professors. A few years later, he stole the lead in a school play when the student assigned the role kept fumbling his lines. As a teenager at Cardozo High School, he took up the tuba and began performing with the school's top-ranked marching band. "I guess I've always been a performer at heart," he said.

When his Air Force career was cut short, Stewart used VA's vocational rehab program to go back to school, graduating from the University of the District of Columbia in 1990 as class president. While in school, he got started in amateur theater. The experience taught him important lessons about a career in acting. "If you can put up with the hard work and discipline for rehearsals as a volunteer performer then you really know

whether this is something you want to get into," he said. His amateur experience includes performances at the National Theater, the Studio Theater and Source Theater.

Stewart jumped from the big stage to the small screen when he started acting in training films. He did a training film on disaster preparedness for the Red Cross and another on diversity awareness for the State Department. Once he got comfortable in front of the camera, he started scanning *The Washington Post's* weekend section for upcoming television auditions.

He landed a few commercials here and there, eventually picking up spots as an extra on the television programs "Hack," "The District" and "Philly," among others. His first principal role came as a bailiff on the show "Homicide: Life on the Streets." It may not have been top billing—his role was to call the court to order as the judge approached the bench—but viewers could clearly see his face and hear



Stewart

his voice. With a principal role under his belt, he was now eligible to join the Screen Actors Guild, which gave him additional rights and privileges, not to mention better prospects for work.

Stewart's start on "The Wire" began with a call from a casting agent in Baltimore. After a couple auditions, he landed a principal role on six of the season's 13 episodes. Stewart said he had no trouble relating to the character, a tough dockhand. "You put yourself in that moment in time and it no longer becomes acting—you literally become the character." **VA**
By Matt Bristol

Budget continued from page 27

The President's 2005 budget sets in motion the largest expansion of the nation's cemetery system for veterans since the Civil War. When completed, the multi-year expansion will increase the capacity of VA's national cemetery system by 85 percent. Of the total \$455 million requested for the National Cemetery Administration, \$181 million is for VA burial benefits and payments, and \$274 million is discre-

tionary funding for operating and capital costs for NCA and the state cemetery grant program.

VA's budget for the current fiscal year, which began Oct. 1, 2003, was signed by President Bush just days before the FY 2005 budget proposal was announced. The total is \$64 billion, up \$4.2 billion from last year's spending level.

Highlights of the FY 2004 budget include:

- \$28.4 billion (including \$1.7 billion in collections) for health care, up \$2.9 billion from last year;

- \$32.8 billion in benefits programs;

- \$143.4 million for the National Cemetery Administration, an \$11 million hike over last year, plus nearly \$32 million in grants for state cemeteries;

- full funding to expedite the handling of veterans' compensation and pension

claims—a total of \$1 billion for all programs;

- nearly \$176 million for health care and other programs to help homeless veterans, an increase of more than \$22 million from FY 2003;

- \$101 million to support state extended-care facilities, \$3 million more than last year; and

- \$522 million for construction, plus authority to transfer another \$400 million to health care construction. **VA**

Palo Alto Scientist Links Alcoholism with Family Life

Is alcoholism due to nature or nurture? The answer may lie somewhere in between, according to study findings published in the January issue of *Archives of General Psychiatry*.

Researchers led by Theodore Jacob, a scientist at the VA Palo Alto Health Care System in Menlo Park, Calif., examined sets of identical male twins in which one was an alcoholic and the other was not. They found children of the alcoholic twin were twice as likely to become alcoholics than children of the non-alcoholic

twin. The findings suggest family environment may moderate the influence of genes in alcoholism.

"This strongly suggests that environmental influences can be brought to bear in the prevention of alcoholism," said Kathy K. Bucholz, a researcher at Washington University School of Medicine in St. Louis who also worked on the study, in an interview with the *Cleveland Plain Dealer*.

Vitamin D, High Fiber Diet Reduce Colon Cancer Risk

Looking for a way to lower your risk of developing colon cancer, the second most le-

thal malignancy in the U.S., accounting for about 60,000 deaths a year? It may be as easy as starting the day with a breakfast of high-fiber cereal and skim milk, according to a study published in the *Journal of the American Medical Association*.

Researchers at the Portland, Ore., VA Medical Center and colleagues at 12 other VA hospitals studied more than 3,100 patients between the ages of 50 and 75. They found men who consume more than four grams of cereal fiber a day and more than 645 international units of vitamin D a day are less likely to have serious colon polyps. The study confirmed previous research findings that daily use of non-steroidal anti-inflammatory agents, like aspirin, reduced the risk for advanced polyps, while smoking, heavy drinking and family history raised the risk.

"This data support relatively simple and safe recommendations that may reduce the risk of colon cancer. Stop smoking, reduce alcohol and red meat consumption, take a multivitamin, exercise regularly, and consume vitamin D, calcium and cereal fiber in your diet," said the study's lead author Dr. David Lieberman, chief of gastroenterology at the Portland VAMC. About 10 to 20 percent of adults in the United States will develop advanced precancerous polyps in their lifetime and about one-half to one-quarter of such growths will become cancerous if not removed, Lieberman told *USA Today*.

Liver Cancer Rates Have Doubled

Liver cancer is on the rise in the United States, according to a study published in the

Nov. 18 *Annals of Internal Medicine*. The rates of liver cancer have doubled over the past two decades, with the largest increase seen during the 1990s.

The increase was observed in men and women and in most racial and ethnic groups, including Caucasian men between the ages of 45 and 65, who are not conventionally thought of as a high-risk group. "This is an alarming increase in a highly lethal cancer," said lead investigator Dr. Hashem El-Serag, a health services researcher at the Houston VA Medical Center and assistant professor at Baylor College of Medicine.

The investigators determined that the rising incidence of liver cancer is unlikely to have resulted from changes in the demographic features of the population, such as age, gender and race. However, the study suggests that the increase may be linked to hepatitis C acquired in the 1960s and 1970s. "We think that hepatitis C virus infections, acquired two to three decades earlier, are partially responsible for this increase in liver cancer," said El-Serag. "If this is true, then unfortunately we expect the cases of liver cancer to continue to increase over the next few years.

"These observations should lead to further studies on the risk factors, screening and management of liver cancer in the United States, as there is a dearth of good data to guide us in this important area of research," concluded El-Serag. This research is based upon work supported by the VA Health Services Research and Development Service. **VA**



What role does family environment play in alcoholism?

ROBERT TURTIL

Presidential visit in Houston



AGENDA BURNETT

President George H.W. Bush visits with Navy veteran John Sandidge during a stop on his tour of the Houston VA Medical Center's spinal cord injury unit.

President George H.W. Bush visited the Houston VA Medical Center on Dec. 18 to meet with veterans and learn about the medical center's vascular surgery program, one of the largest minimally-invasive surgery programs in VA.

Peter Lin, M.D., chief of vascular surgery, and Ruth Bush, M.D., a vascular surgeon, gave a presentation on the latest treatment strategies for patients with vascular diseases. The former President also toured the spinal cord injury unit, where he signed autographs, posed for pictures and wished everyone a Merry Christmas.

The Battle Creek, Mich., *Enquirer* helped raise more than \$20,000 to benefit hospitalized veterans at the **Battle Creek VA Medical Center** through its Remember-A-Vet program. The annual campaign marked its 50th anniversary in 2003. The newspaper sponsors and promotes the fund drive throughout the community. The money collected is deposited in the medical center's general post fund and used to buy canteen coupon books for veterans.

The **Dallas VA Medical Center** hosted its 18th Veterans Forum recently, featuring five veterans of the Novem-

ber 1965 battle for the Ia Drang Valley, depicted in the book *We Were Soldiers Once ... and Young*. The forum included Lt. Col. Bruce Crandall, commander of the helicopter company that carried the First Cavalry Division troops into battle, along with Chip Parker, Col. Ron Forest, Lt. Col. Bob Barker, and Sgt. 1st Class Larry Guthrie. The veterans shared their perspectives on the battle, which was the first major test of the Army's air-mobile concept.

Hundreds of WWII **Filipino veterans** flocked to VA medical centers nationwide in December following

President Bush's signing of legislation granting them increased access to VA health care benefits. Under previous law, only a small group of Filipino veterans, the "old scouts," received U.S. veteran status and full access to VA benefits. The new law grants veteran status to veterans living in the U.S. who served with the Filipino Commonwealth Army, the New Filipino Scouts, and other organized guerilla forces. An estimated 9,000 Filipino veterans who are U.S. citizens or lawfully admitted permanent U.S. residents may be eligible for some of the expanded benefits.

VA reached a milestone on Dec. 19 when the **Richard L. Roudebush VA Medi-**

cal Center in Indianapolis hosted the department's 1000th stand down for homeless veterans. Stand downs have been held all across the country to extend VA and community services to homeless veterans and their families. The events typically include a hot meal, showers and haircuts, as well as housing and employment services, health screenings, and a chance to apply for VA benefits. "It's really quite an honor to be a part of this effort," said **Robert W. Rogers**, a social worker who coordinates stand downs at the Indianapolis VAMC. He said the facility has hosted 25 stand downs over the years that benefited 17,500 veterans and their families. **VA**

Holiday remembrance



JIM DOHERTY

Volunteers braved 18 inches of fresh snow to place holiday wreaths on graves at the Togus, Maine, National Cemetery.

Thanks to some generous donations and dedicated volunteers, holiday wreaths adorned all 5,373 graves at the Togus, Maine, National Cemetery. VA employees and their families joined members of the American Legion and other volunteers to place the wreaths.

Hundreds of the wreaths were donated by the Worcester Wreath Company; the rest were paid for by American Legion posts throughout Maine, as well as corporate and individual donors. Corporate donors to the project included L.L. Bean.

Two physicians at the **Philadelphia VA Medical Center** were honored recently. **Sam Kuna, M.D.**, chief of Pulmonary and Critical Care and director of the medical center's Regional Sleep Center, received the 2003 Mark Wolcott Award for Excellence in Clinical Care Delivery. He was chosen from among five VA clinicians who have made significant contributions to VA health care. **Michael Sulewski, M.D.**, chief of Ophthalmology, was awarded the Veterans Service Award by the State Governmental Affairs section of the American Academy of Ophthalmology. In addition, he was elected to serve as the next counselor to the American Academy of Ophthalmology for VA-related issues.

Dr. Ruth Dayhoff, VHA's VISTA imaging project manager, was recognized in the National Library of Medicine's "Changing the Face of Medicine" exhibit. The exhibit recognizes the achievements of



Dayhoff

women in medicine and honors Dayhoff for her work in bringing computer technology to medicine through the development and implementation of the VISTA imaging project. VISTA (Veterans Health Information Systems and Technology Architecture) is a unique VA contribution to medical record management that employs the latest computer technologies to provide real-time

documentation and access to patient medical information. It is used throughout the VA medical center and clinic system.

The **Central Arkansas Veterans Healthcare System** received the Psychologically Healthy Workplace Award in the large government category from the Arkansas Psychological Association. **George H. Gray Jr.**, medical center director, and **Dr. Craig Provost**, counseling psychologist, accepted the award during the association's fall conference. The five areas judged for the award were: Quality of Vision, Employee Involvement, Employee Growth and Development, Family Support and Health & Safety.

"Respect: A Vision to Better Serve our American Indian Veterans," a video produced by the **VHA Native American EEO Advisory Council**, received the Award of Distinction in the education category at the First Indian Summer Festival Awards in Milwaukee last fall. The video was cited for its insightful portrayal of the benefits of acknowledging spirituality, culture, tradition and sensitivity in delivering health care to American Indian veterans.

Norman Goodwin, chief chaplain at the **Jerry L. Pettis Memorial VA Hospital** in Loma Linda, Calif., received the Meritorious Service Medal from the American Volunteer Reserve, a nonprofit group of former military members dedicated to supporting homeland defense and providing funeral honors for military veterans. It is the organization's highest honor.

Lourdes Baugh, a registered respiratory therapist

with the **VA New Jersey Healthcare System**, received the 2003 Practitioner of the Year Award from the New Jersey State Society for Respiratory Care, the state affiliate of the American Association for Respiratory Care, at its annual conference in Atlantic City Oct. 24. Baugh, a VA employee for 22 years, works in the Pulmonary Function Lab at the **East Orange Campus**.

Winners of the Leadership VA Alumni Association 2003 Exemplary Service Awards are **Elmer L. Moore Jr.**, lead patient services assistant at the **Carl T. Hayden VA Medical Center** in Phoenix, and **David M. Caston**, a health systems specialist at the **Birmingham, Ala., VA Medical Center**. Moore was selected for his role in implementing the medical center's postcard reminder system and the advanced access initiative. Caston was recognized for his work on the national CARES workgroup.

The **Baltimore VA Medical Center's Imaging Service** was once again recognized as one of the nation's top 10 hospital imaging services, according to a report published in the October 2003 issue of *HealthImaging & IT* magazine. Among the criteria used to rank facilities were return on investment, improved workflow and physician acceptance. "This is a tribute to our dedicated and talented team," said **Eliot Siegel, M.D.**, chief of imaging for the **VA Maryland Health Care System**.

VISN 6, headquartered in Durham, N.C., received VA's Achievement in Contracting Excellence (ACE) Award for developing an Internet-based interface to capture, record and analyze

solicitation and contract data for eight medical centers. The VISN's Consolidated Acquisition Service developed the Web log so they wouldn't have to go to each individual medical center when they needed to collect contracting data.

The National Recycling Coalition (NRC) and the Iowa Recycling Association honored a computer specialist who works at the **Iowa City VA Medical Center** for an innovative idea involving computer recycling. **Brad Erlewine** was awarded NRC's



Erlewine

2003 Outstanding Recycling Innovation Award for diverting a group of 100 old computer terminals from the landfill and upgrading their capabilities using open source software he got from the Linux Terminal Server Project on the Internet. He learned about the free software by typing the words "thin client" into the popular Google search engine. "Programmers from all around the world contribute little bits and pieces until it eventually becomes a pretty advanced program," said Erlewine of the open source software. His efforts to cut back on waste will save the medical center an estimated \$60,000 annually. The idea has now spread to the **VA Eastern Kansas Health Care System**, where **Matt Easley**, a computer specialist at the Topeka campus, is developing a server on which to run thin client workstations. VA

Pulled from the flames



TOM MARTIN

The Kentucky State Police recently bestowed the agency's highest civilian award on Thomas Schoenstra, above, nuclear medicine technologist at the Lexington, Ky., VA Medical Center, for rescuing two teenage girls from a near-fatal auto wreck.

While driving home one evening, Schoenstra spotted a car in flames. Two female occupants had been thrown from the front seats to the back seat when the car hit a tree. Schoenstra and another passer-by acted quickly, pulling the girls from the wreck moments before it burst into flames. "You kind of go into auto-response, and you don't think about anything—you just react," said Schoenstra. Police spokesperson Lt. Lisa Rudzinski told the *Richmond Register*, "They went above and beyond the call of duty and put themselves in peril."

Waco, Texas, VA Regional Office file clerk **Tom Ellis** knew what to do when he saw fellow file clerk **Melody Farrar** in respiratory distress and motioning to her throat, where a cracker had become lodged. Ellis asked her if he should perform the Heimlich maneuver. After two attempts, Farrar's breathing returned to normal. Ellis was trained in emergency medical techniques while serving as a team leader in the Army's 3/75th Ranger Regiment. Now an E-5 Intelligence Analyst with the Texas Army National Guard,

Ellis learned that his unit will soon be activated for service in Afghanistan.

While in San Antonio, Texas, for training at the Health Care Leadership Institute, **David West**, associate director of the Washington, D.C., VA Medical Center, was enjoying a stroll with his wife along the city's famed Riverwalk when a tourist walking in front of them slipped and fell. Her head struck the sidewalk; she lost consciousness and rolled into the river. Forgetting about his clothes, shoes and wallet, West jumped into the water

and pulled the woman to safety. He stayed with the woman and her son until the paramedics arrived. She has since made a full recovery.

Kit Teague, a management analyst in the Office of Inspector General's Contract Review and Evaluation Division in VA Central Office, was traveling from Washington, D.C., to Fayetteville, N.C., for Thanksgiving when an SUV traveling in the opposite direction lost control and rolled several times.

Teague was the first one on the scene and helped get the passengers, a family of four, out of the vehicle. The mother, who had been driving, was unconscious and one of the children was bleeding from a bitten tongue. Teague stayed on the scene until rescue vehicles arrived. Fortunately, everyone was wearing a seatbelt and no one appeared to be seriously injured.

Employees at the G.V. (Sonny) Montgomery VA Medical Center in Jackson, Miss., rescued a veteran and his spouse from an automobile engulfed in flames. "The car, stopped outside the medical center outpatient entrance, was leaking some kind of fluid under the engine and it ignited," said VA Police Chief **Leonard Outlaw**. "The lady opened the passenger door and when she did it flamed up," said **R.L. Horton**, a contract maintenance worker. "I went into the driver's side, and it flamed up again." Police Sgt. **Ben Ingram** rushed to the car when he saw the fire and dragged the driver out to safety. Meanwhile, Police Officers **Howard McBound** and **Roderick Roach** attempted to douse the fire with hand-held extinguishers.

Realizing the veteran's wife was still in the passenger seat, Roach dropped the extinguisher and rescued her.

"That was just instinct, not to let someone burn ..." he said. Three others with fire extinguishers joined the officers: **David Eugene Warren**, **Justin Juve** and **James Clark**, all from Facility Management. Director **Richard J. Baltz** said the periodic training employees get on how to handle incidents like these "really paid off."

Lynette Short, a registered nurse at the Hunter Holmes McGuire VA Medical Center in Richmond, Va., witnessed an accident as she and her daughter were pulling into the parking lot of a local elementary school. A 10-year-old girl, whom Short's daughter recognized as a fellow cheerleader, was ejected from a van as it flipped over. Short jumped from her car as someone yelled, "She's not breathing!" Working alone, Short began rescue breathing with no success at first. But the child finally began breathing. When the EMTs arrived 30 minutes later, they confirmed that Short's efforts probably saved the child's life. A week later, the girl was discharged from the hospital after receiving emergency surgery, with only an eye patch as testament to what she'd been through.

Melinda Fearn, a registered nurse at the Portland, Ore., VA Medical Center, was on a flight home when an elderly female passenger next to her began having seizures. Fearn intervened and managed the woman's health crisis for close to two hours, until the plane was diverted to Reno, Nev., where emergency personnel boarded and took over. VA