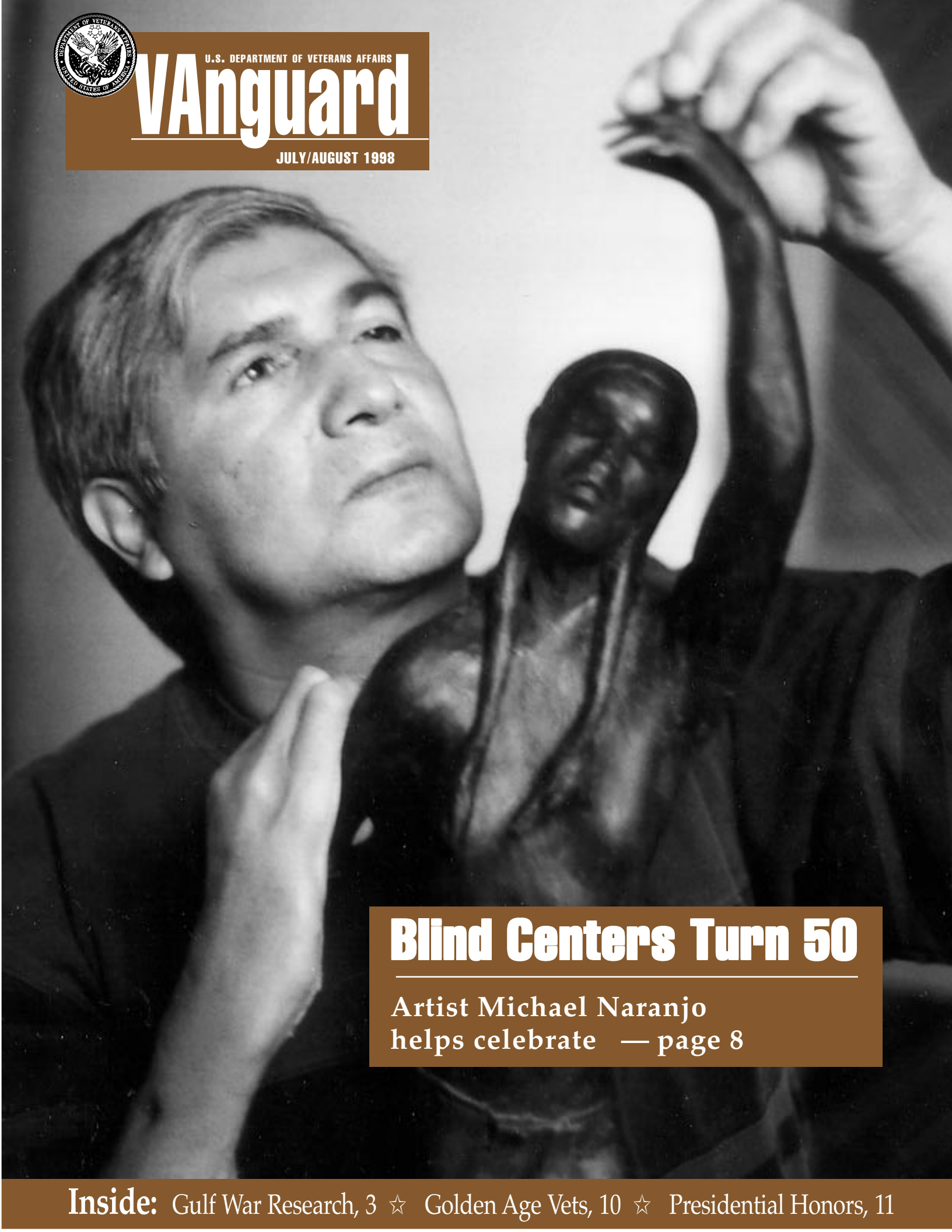




U.S. DEPARTMENT OF VETERANS AFFAIRS

# Vanguard

JULY/AUGUST 1998



## Blind Centers Turn 50

Artist Michael Naranjo  
helps celebrate — page 8

## CONTENTS

- ❑ Videoconferencing 4  
*Veterans' hearings in new settings*
- ❑ Medical Phone Liaison 5  
*Nurses extend patients' access to care*
- ❑ Longterm Stroke Club 6  
*Topeka, Kan., group succeeds by sharing*
- ❑ VA Van Fleet Grows 7  
*DAV donates 147*
- ❑ Blind Centers at 50 8-9  
*Anniversary celebrated this summer*
- ❑ Golden Age Games 10  
*Leesburg, Va., event largest ever*
- ❑ Presidential Honors 11  
*Executives and Tampa VAMC recognized*
- ❑ Child Care Standards 12  
*Accreditation a must*
- ❑ Hammers 12  
*3 more VA teams save time and money*

## COLUMNS 13-16

### On The Cover:

Sculptor Michael Naranjo, a member of the Santa Clara Pueblo Tribe from Santa Fe, N.M., completed the VA blind rehabilitation program in Palo Alto, Calif., in 1968 after being blinded by a grenade explosion in Vietnam.

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# INTRODUCING

Kathleen Harvey

When Kathleen Harvey, the VISN #14 network manager for human resources and public affairs, found herself chatting with a new neighbor back in 1996, she never imagined the chance encounter would have such an impact on her life.

She had just moved to Omaha, Neb., having left her position of staff assistant to the director of the Leavenworth, Kan., VAMC, for her VISN job. One evening, she began chatting with an older gentleman who lived in the neighborhood.

That's when it came to her. Harvey asked if he was a veteran. He said he was in the Army in North Africa and Italy in World War II. "I thanked him for his service to our country," Harvey said.

She was then surprised when, as his eyes misted over, he said, "That's the first time anyone has ever thanked me."

His reaction, combined with a visit to the Holocaust Museum in Washington, D.C., stuck with her and solidified the thought that every veteran deserved a thank you.

"The Holocaust Museum was a powerful experience of gratitude to those who put their lives on the line so that we can enjoy the freedom we have," Harvey said.

Now, she said she wants to inspire VA staff all over the country to say "thank you" to a veteran they pass in the hall or talk

to on the phone.

"That's our job, that's what we do — thank veterans," she said.

She is also suggesting an organized "Thanks, Vets 2000" campaign involving not just banners and posters, but also orientation programs and curriculum development for students.

"There are lots of ideas out there," Harvey said. "It just takes one or two folks to get this thing started."

And getting it started is exactly what she's doing. She has been working with other VA employees, veterans service organizations and teachers to get her project off the ground.

"I'm planting the seeds, but lots of people are going to need to get involved [to make it a

success]," Harvey said.

As a member of the Leadership VA Class of 1998, she hopes her presentation to the class will lead to it becoming a class project.

Though Harvey said a sense of personal satisfaction is what's keeping her optimistic about the possibilities for this program to thank veterans, it isn't the only reward she has received.

In a recent golf lesson she was offered a free bucket of golf balls from a veteran working at the golf course.

"He liked my license plate," she said. "It reads, 'THX VETS.'" ❑

By Benjamin J. Court



Timothy R. Gerrity, Ph.D.,  
Special Assistant,  
Chief Research  
and Development officer



The United States deployed approximately 697,000 military personnel to the Persian Gulf throughout Operations Desert Shield and Desert Storm. During these

operations, military personnel were subject to a variety of environmental exposures, both natural and manmade, that could have harmful health effects.

To address the health concerns of Gulf War veterans, VA, in collaboration with the Departments of Defense, and Health and Human Services, and other federal agencies, supports a wide variety of research programs and projects. In addition, we have the primary responsibility for coordinating the entire federal research effort toward clarifying health problems related to Gulf War service. Currently, the federal research effort consists of some 121 research projects, with a cumulative funding commitment from all participating departments approaching \$115 million.

One major VA study is the

## Research Addresses Gulf War Veterans' Health Concerns

"National Health Survey of Gulf War Era Veterans and Their Families."

The National Survey is being conducted in three phases. Phases I and II, conducted by the VA Environmental Epidemiology Service, involved the administration of a mail health questionnaire and telephone follow-ups to randomly selected Gulf War era veterans (15,000 deployed and 15,000 non-deployed). Phase III, which begins in July, is being conducted by the VA Office of Research and Development's Cooperative Studies Program, with principal investigators from the Environmental Epidemiology Service, Environmental Agents Service and the St. Louis VAMC.

Phase III involves clinical examinations of a sample of 2,000 Gulf War era veterans (1,000 deployed and 1,000 non-deployed), their spouses and their children. This phase will evaluate whether deployed Gulf War era veterans have a greater prevalence of certain diagnosable medical and psychological conditions compared to their non-deployed counterparts. It will also investigate whether there is any relationship between illnesses in the veterans and among their family members.

Other important VA studies are focused on treatment of ill Gulf War veterans. Two multi-site treatment research initiatives are being considered and developed by the Cooper-

ative Studies Program in the Office of Research and Development. One initiative will study the effectiveness of non-pharmacologic interventions in multisymptom illnesses such as chronic fatigue syndrome and fibromyalgia; the other will explore the value of antibiotic treatments for ill Gulf War veterans. Although the evidence of an infectious cause for Gulf War veterans' illnesses is weak, many sick veterans are being treated this way without benefit of knowledge as to the effectiveness of this approach. A multi-site treatment trial like this one is the most direct way to resolve that question.

The most important role of VA research is to ensure that veterans get the most effective treatments, and we are applying our expertise to that task. Both of these trials are expected to begin in early 1999 and each will involve approximately 15 testing sites across the country.

In addition, the Cooperative Studies Program recently released a program announcement soliciting multi-site treatment trials for patients experiencing persistent illness following their service in the Gulf War.

We in VA Research and Development hope that these new research initiatives, especially the treatment trials, may provide hope for Gulf War veterans who continue to suffer from diverse symptoms and illnesses. □

## Gracey Takes On New Information Technology Job

**C**hief of Staff Harold F. Gracey, Jr. has been appointed to serve as the acting head of the newly established Office of the Assistant Secretary for Information and Technology by Secretary of Veterans Affairs Togo D. West, Jr.

Secretary West established the new information technology office to strengthen management of the infrastructure handling sensitive information on more than 25 million veterans and to ensure continued improvement in service to eligible veterans, dependents and survivors.

The information and technology office will manage a vast array of computer systems and telecommunication networks that store and share medical information; process compensation, pension and other veteran benefit payments; manage six veterans life insurance programs; and help maintain VA financial management systems.

Secretary West named Gracey the Principal Deputy Assistant Secretary for Information and Technology. Gracey will serve as Acting Assistant Secretary and direct the operations of

the new office until an Assistant Secretary is in place.

Gracey joined VA in 1983 as a program analyst with the Office of Information Resources Management. In 1985, Gracey became director of the Plans and Contracts Service.

He was named Executive Assistant to VA's Chief Benefits Director in 1988 and served as Chief of Staff to VA's Under Secretary for Benefits from 1990 until January 1994. □

# BVA Videoconferencing Reduces Veterans' Travel and Waiting Time for Hearings

**T**he veteran is in the Denver Regional Office as he makes his appeal for VA benefits before a member of the Board of Veterans' Appeals sitting in Washington, D.C.

They are more than 2,000 miles apart but the veteran is showing his scars to the board member as if they were in the same room.

Modern electronics allows it to happen. Specifically, the use of computers and television cameras linked by telephone lines brings the veteran and the board member into the same room.

The board member is sitting at a desk, talking to a video image of the veteran and any representatives he may have with him.

Similarly, the veteran is sitting behind a desk and talking to a video image of the board member.

The experience is as much about two people in the same room as modern technology can make it.

So realistic is it, in fact, that in the three-and-a-half years the board has been using videoconferencing, there has not been a single complaint by a veteran.

In fact, videoconferencing has improved the hearing process by cutting travel time for board members and veterans, and making hearings a monthly event at video-equipped regional offices.

Importantly, the veteran has lost nothing. A claimant still has the choice of traveling to Washington, D.C., for a hearing, or can wait for the board member to travel to the regional office. A regional office receives a visit from one to four times a year, depending upon the size of the caseload.



*In the screen, Charles E. Hogeboom, deputy vice chairman of the Board of Veterans' Appeals, converses with Joy J. Ilen, a veterans service counselor, and Tyvon Edmonds, a clerk at the Board of Veterans' Appeals. Note the video camera sitting on top of the screen to allow Hogeboom to view and hear the two as they speak.*

But the videoconference network now allows veterans to schedule video hearings and thereby cut the waiting time by months and save thousands of dollars in travel expenses.

There would be even more videoconferencing if all regional offices were equipped for video hearings.

The 20 regional offices that had them as of May 1998 are heavily scheduled. Each holds six to eight hearings two or three days each month. The board's three videoconference rooms in Washington are hard pressed to keep up with the schedule.

When hearings of veteran claims

are not being heard, the specially equipped rooms are used for seminars so that claims officers in the regional offices can exchange information with board members.

These educational seminars are expected to reduce the number of appeals that are returned to the regional offices for further work.

The technology is unobtrusive. A camera sits on top of each video screen and focuses on the person seated at the desk. Microphones pick up voices in the room.

A number of people work behind the cameras to keep the system operating smoothly. Schedules must be coordinated with regional offices, appellants and board members. The equipment must be continually maintained so that it is in good working order.

The videoconferencing effort has been recognized by the General Services Administration, which recently presented achievement awards to four board employees: Ronald R. Aument,

director of management and administration, Paul Mocko, special assistant for management, Gene Miller, special assistant to the vice chairman, and Curtis Hanson, computer specialist.

But no one is more pleased with the program than the board. Says Acting Chairman Richard B. Standefer: "Videoconferencing provides a genuine service to veterans and is improving communications between the board and regional offices. We hope the network continues to grow, because this is a real winner." □

**By Bonner Day**

# Phone Liaison Connects Nurses, Veterans

**M**edical help is just a phone call away for more and more VA patients. Backed by guidelines developed by physicians, the Physicians Desk Reference and computerized reference material, registered nurses are advising patients by phone on how to take their medications and what medical progress to expect after discharge from the hospital. The nurses explain the results of diagnostic tests performed on outpatients, proper dietary regimes and how to avoid transmitting communicable conditions.

VHA required telephone liaison care programs (TLCP) at every VA medical center to extend patients' access to care, reduce unnecessary clinic visits and, in general, make better use of health-care resources.

VHA disseminated guidelines in March 1997 that assist TLCP clinicians in assessing patients' conditions and determining whether to suggest emergency care or clinical appointments. Telephone advice is a core component of "demand management," a shared patient-provider decision-making strategy that focuses on providing the right level of health care in the right place at the right time. It reduces both actual and perceived need for hospitalization, unscheduled visits to clinics and clinic waiting times.

Perhaps even better, according to Dr. Ron Gebhart, VHA's chief consultant for primary and ambulatory care, while it reduces health-care costs, it maintains quality and improves customer satisfaction. "It's part of a demand-side, rather than supply-side, health-care management strategy," says Gebhart.

## Successes

He points to notable successes. In VISN 10, based in Cincinnati, the 24-hour call center serving four hospitals and one outpatient clinic took calls in its first year of operation from more than 250 veterans who had never been seen before. Enrollment of many callers helped cover operational costs of \$233,000 and contributed to the call center's first year return on investment of \$2.73 for every dollar spent.

In Knoxville, Iowa, the phone program has had an increase of 900 calls per month. At the same time, the hospital saw a decrease in walk-in and emergency visits from an average of 200 per month to less than 50 and made, on average, 45 appointments from calls.

VISN 3 facilities in New York and New Jersey saved more than \$1 million by consolidating the telephone care program for all network facilities. To provide nurse coverage for hours outside of the normal work day, each facility needed 4.2 full-time positions (FTEE). Multiplied by the seven facilities, 24-hour coverage would require 30 FTEE.

A task force from all facilities discussed how each facility wanted its patients' calls to be handled. An intranet web site was created, with information on each of the hospitals. Hot links to VA web sites provide further support for nurses.

Several CD-based software programs and reference books were purchased to assist the nurses receiving calls and making clinical decisions.

## Immediate access

A third component of VISN 3's program gives nurses immediate access to the records of all patients from the seven facilities through the Decentralized Hospital Computer Program (DHCP). Those records include health summaries, progress notes, pharmacy profiles, lab reports and clinic appointments. The nurse writes an electronic progress note that is immediately available to the patient's primary provider as well as an E-mail note to inform the provider what action she or he took.

Administrative records are also created — encounter forms that count workload for the patient's base facility.

Five nurses who staff the program not only receive calls but also call recently discharged patients to ask how they are managing at home, answer their questions and reinforce health instructions. If a patient asks to speak with his or her primary care physician, that physician is contacted and calls the patient back. If labora-

tory results arrive in the evening showing a patient might experience problems, a nurse calls the patient to determine if emergency care is needed.

Terry Gottlieb, R.N., director of the Medical-Surgical Patient Care Center and head of telephone triage at the Bronx VAMC, thinks the 24-hour access to registered nurses with enhanced skills makes her program one of the best in the VA system. The round-the-clock availability of nurse consultation began in January 1998. The clinicians are bachelor of science-degreed critical care nurses, nurse practitioners and a certified community health nurse. Said Gottlieb, "As soon as patients dial us, they are talking to a registered nurse." (In some programs, clerks receive the initial call and determine how to direct the patient's request.)

## Satisfied customers

VISN 3 patients have been using the program more frequently, and their approval ratings have remained high. In the first year after the program began in September 1996, workload increased 250 percent. A satisfaction survey sent to a sample of patient users found 95 percent rated the service excellent.

The Washington, D.C., VAMC found 30 percent of patients were failing to keep appointments in primary care clinics or to call to cancel. A telephone triage nurse then began calling them to ask how they were feeling and why the appointment was not kept. Some patients respond that they are feeling better; others say they forgot or were too sick to come in. The nurse evaluates the need for new appointments and possible transportation assistance. The no-show rate has been reduced by one-third.

One patient was overheard telling another: "You know, these people really care. They called me at home when I missed my appointment." □

By Jo Schuda

# Stroke Club Successful Through Sharing

**S**crapbooks tell just part of the story. Filled with childhood and wedding photos, newspaper clippings, postcards from club members and pictures of staff trainees, they're reminders of key events and help people share those memories.

And sharing is what the Topeka, Kan., VAMC Stroke Club is all about for 20 or so active members.

They go fishing and hold wheelchair dances. They send postcards to each other when traveling.

More than 80 members and spouses of deceased members attended a Christmas party last year at the medical center. Hall and club members made 92 elf angels as party favors. One member took pictures in front of a decorated tree, and the photos became the focal point of



*William Ange shows his friend and fellow stroke patient Joe Gerstner some creative pieces he might produce with instruction offered in the VAMC's occupational therapy.*

For 14 years, one of the oldest, continuous support groups for survivors of stroke has been meeting weekly. Another group, "significant others," meets at the same time and completes the network of mutual assistance by sharing their caregiving issues.

Speech pathologist Diane Hall started the group in 1984 with four veterans. She started scrapbooks because some members had trouble remembering things about former members and staff.

"This is a family, and it has affected a great many people's lives," she said.

The club's telephone tree communicates that a group member is hospitalized, and the club's bank account makes it possible to send flowers. Some couples go to lunch together after the meetings. Members use the phone tree to arrange group meals at restaurants once a month.

some patients' holiday greeting cards. For Valentine's Day, the VAMC's horticultural therapist helped stroke patients make corsages for their wives.

Most club members are

current patients, invited to participate immediately after the acute stage of treatment and during rehabilitation. A buddy system helps immerse new members in the support group. Some participants return to the medical center for rehabilitation and attend meetings the same day. Many of them drive an hour to the hospital.

Service-connected veteran Richard Angle has been attending regularly since his three strokes in 1987, right after he retired. The strokes did not stop him from taking up a new hobby that required use of his hands, even though he had to relearn to use his left hand. Wood working has become his favorite pastime and his yard is decorated with carved figures. He uses the VAMC pool every week to do exercises after his meetings with what he calls "the old man's club."

Angle's wife Nellie warmly

describes the benefits of belonging to the spouses group. "Sometimes you get frustrated. You can go there and tell about it and know that it won't go any further. Sometimes you just want someone to listen to a problem; they don't have to say anything.

"We've made good friends. It's such a close-knit group that if someone loses a mate you can be sure at least 12 couples will be at the funeral."

If the veterans had not suffered a stroke, they might be gathering with friends at a local cafe. The club participants are their friends, whose support allows them to live at home.

Club meetings are attended by the VAMC's health-care professionals who talk about how to live healthfully and happily after a stroke. Most meetings begin with a round-robin discussion. A few participants have speech impairments. Hall initiates the stroke-related subjects. She, a psychologist or a chaplain facilitates discussion.

Physical and occupational therapists (PTs and OTs) prepare the patients for one-handed living. Dietitians lecture on nutritional needs and preparation of hard-to-swallow foods. A pharmacist covers drug interactions. Every week a psychologist meets with the spouses, discussing grief, anger and how to take care of themselves as well as their mates. Meetings enable spouses to discuss their care-provider roles.

Hall says all of her patients know the warning signs of stroke. For one of the younger patients, that knowledge was vital when hand numbness signaled a second stroke.

Following a stroke, another former member wrote a book and dedicated it to the club. (Hall hopes to enter it in VA's Veterans Creative Arts Festival.)

Veterans' families affected by stroke can benefit from the medical center's respite care. The stroke patient can be cared for up to 30 days a year in the hospital to give a break to the caregiver. "Ladies day" occurs every few months when the spouses can ask for all the men to be at the hospital while they have an outing.

Nellie Angle said the women know that the men need to get out



Hall's devotion has not gone unappreciated by stroke club members. When she got married eight years ago, they gave her a quilt. Every square was sewn by a family member of a veteran she had helped. At the center is an image of the front of the VAMC main building. Stroke patients filled the church on the day of the wedding.

and that's why they arrange the restaurant gatherings. She added that after a stroke leaves the men with a disability, some are treated differently by their former friends. In

responds to suggestions from club members. He has come to club meetings to answer questions and reassure the veterans that changes in VA will not take away the services

the support group, they find acceptance.

The Angles have glowing praise for the care given at the Topeka VAMC. Mrs. Angle says Director Edgar L. Tucker has his door open and

they receive.

The stroke club might not be active after 14 years were it not for the commitment of its leader, Hall, according to her boss, William George, supervisor of Audiology and Speech. "Diane has put in a great deal of personal time and effort," he says. "I've never seen a group that is so strong, participant-driven and self-regulated."

Hall, who has received the Secretary's Hearts and Hands Award, maintains a full speech pathology caseload. With the American Heart Association, she has helped plan two annual stroke conferences in northeastern Kansas, targeting older people who have suffered a stroke or may be at risk for one. She arranges meetings for two other support groups meeting monthly at the medical center — veterans with ALS (Lou Gehrig's Disease) and those who have had laryngectomy surgery. □

By Jo Schuda

## Disabled American Veterans Donate Vans

**A** fleet of 147 red, white and blue vans designed to transport sick and disabled veterans to VA hospitals throughout the nation were donated to VA June 17 by the Disabled American Veterans (DAV).

Secretary of Veterans Affairs Togo D. West, Jr., accepted the vans on behalf of the department from DAV National Commander Harry McDonald at a noontime ceremony in front of VA Central Office.

"For more than a decade, disabled veterans and their families have benefited tremendously from this program. VA is grateful to DAV



From left, volunteer drivers Joe Ruiz (New Mexico) and James Taylor (Oklahoma) with Secretary of Veterans Affairs Togo D. West, Jr.

for its generosity," said Secretary West.

The DAV-sponsored ceremony was part of a four-day national send-off and celebration of the contributions of America's disabled veterans.

The vans were driven to VA medical centers in 41 states, where they will be used by volunteer drivers as part of DAV's Transportation Network for veterans needing VA care.

At the ceremony, Joe Ruiz of Deming, N.M., and James B. Taylor of Broken Arrow, Okla., two volunteer drivers who have driven

more than 300,000 miles on behalf of their fellow veterans, were presented with specially designed racing jackets by famed race car driver Dale Jarrett. □

# VA Blind Rehabilitation Program Celebrates 50

*From nine beds at the Hines, Ill., VAMC in 1948 when VA took over the rehabilitation of blinded military veterans from the Army, the Blind Rehabilitation Service has grown to nine Blind Rehabilitation Centers across the country with the world's most advanced training.*



*Manual Skills class at Hines VA Hospital includes home mechanics. Dieter Werner (left) assists Joe Hagerty on a wiring project.*

**T**he 50th anniversary of VA Blind Rehabilitation Service will be celebrated this summer. In those 50 years, VA has grown to become a world leader in the development of training for the blind. It also has been a leader in developing technology to assist the them.

Two observances will celebrate the anniversary: one in mid-July at VA Central Office and the other in August at the Hines, Ill., VA Hospital, the program's birthplace.

Tipper Gore, wife of Vice President Al Gore introduced featured artist Michael Naranjo at the Central Office observance. A member of the Santa Clara Pueblo Tribe from Santa Fe, N.M., Naranjo completed the rehabilitation program in Palo Alto, Calif., in 1968 after being blinded by a grenade explosion in Vietnam.

The Hines, Ill., VA Hospital's observance is scheduled during the second week of August, in conjunction with the annual convention of the Blinded Veterans Association.

It was on the Fourth of July in 1948 that VA took over the rehabilitation of blinded military veterans

from the Army. Initially, the VA's blind rehabilitation program consisted of nine beds at the Hines hospital.

Today VA has nine Blind Rehabilitation Centers across the country led by staffs offering the world's most advanced training.

More than 300 specialists and support staff at the nine centers train 1,600 blinded veterans a year, teaching them to move and work with greater confidence. During its 50-year history, the blind center network has trained more than 23,000 veterans.

"VA is the world's leader in blind rehabilitation today," says Don Garner, director of Blind Rehabilitation Service.

As head of the VA program, Garner is an informed, but not impartial, source. His opinion is shared, however, by others knowledgeable in the field.

"VA is truly the pioneer and internationally acknowledged leader in the field of comprehensive residential blind rehabilitation," says Thomas H. Miller, executive director of the Blinded Veterans Association.

## International Recognition

Foreign countries send a steady stream of visitors to VA centers to keep abreast of the latest in rehabilitation techniques. And VA teams are regularly invited to foreign countries to advise nations on their programs for the blind.

After the first center opened in Hines, VA developed centers at Palo Alto, Calif., in 1967; West Haven, Conn., in 1969; American Lake, Wash., in 1971; Waco, Texas, in 1974; Birmingham, Ala., in 1982; San Juan, P.R., in 1990; Tucson, Ariz., in 1994; and Augusta, Ga., in 1996.

The three smaller centers at American Lake, Waco and Augusta operate 15 beds each; the larger centers have 32 to 34 beds. West Haven has 45 beds and San Juan has 10.

Also, in 1995 VA established 15 sites where blind rehabilitation outpatient specialists provides assessments of blinded patients before and after they receive center training. These specialists work with as many as 900 veterans a year.

## Team Coordinators

A network of full- and part-time coordinators on more than 100 Visual Impairment Services Teams refer blinded veterans to the rehabilitation centers.

At every VA medical center these coordinators direct and address yearly health exams, reviewing benefits and addressing the needs of blinded veterans.

But even with the present network of rehabilitation centers, outpatient specialists and visual impairment services coordinators, there are more than 1,800 blind veterans on the waiting list for rehabilitation.

Even in peacetime the VA Blind Rehabilitation Network operates at full capacity. The incidence of blindness increases as the veteran population ages. The skills of veterans become rusty and require refresher training. As new equipment is developed, additional training is necessary. And even during peacetime, accidents and disease result in casualties.



# Years of Service — 1948 to 1998

## Computer Training

The latest addition to the blind curriculum is computer access training, which acquaints the veteran with computers designed to assist the blinded. Other recent technical developments include:

- Optical character recognition technology, which has resulted in a variety of machines that read print out loud.
- Head-worn devices that emit sonar waves which can be interpreted by the sound they emit to guide walking veterans.
- Chest-worn devices that emit signals to guide patients in wheelchairs.
- Laser canes equipped with sensors to warn veterans of obstacles.

When the VA blind program began in 1948, the focus was on teaching all veterans as if they were totally blind. The average stay at a center was 16 to 18 weeks.

That changed in the 1960s, when the program began to treat different levels of vision. By the mid-70s, teaching skills to low-vision veterans was a growing part of the program, and the average length of stay was

reduced to 10 to 12 weeks.

That average continued to decrease as programs were designed for veterans with varying degrees of blindness. Today the average stay at a center is six to eight weeks.

## Innovative Assistance

Director

Garner's career is reflected in the changes in blind rehabilitation at VA over the past 22 years.

In 1976, he was named the first chief of the West Haven center. While at West Haven, he developed the first VA optometry residency with the New England College of Optometry. Then, in 1979 he was selected national director and brought to Washington.

The more significant advances made during his tenure include:

- The establishment of full-time coordinator positions.
- The opening of four blind rehabilitation centers, which allowed for the training of an additional 600 blinded veterans each year.
- The development of computer access training at the five larger centers, which have the capacity of training more than 200 veterans a year.
- Creating the position of blind rehabilitation outpatient specialist to reduce the residential centers waiting lists, shorten length of stay and serve veterans who might not be served for health or



*VA leads the world in developing and testing technology for the blind. Jim Swisher, a veteran at Hines VA Hospital, uses a monocular as part of Visual Skills class.*

other extenuating reasons.

Garner also promoted the concept of retraining veterans who had already been through the program.

Since 1979, Garner has led VA to cooperate with a number of universities to train rehabilitation specialists in blind rehabilitation at the master's degree level.

During this period, more than 1,100 university instructors have received clinical intern training at a VA blind rehabilitation center.

There is no question about the critical nature of the blind program at VA. The Veterans Eligibility Reform Act of 1996 named four VA special disability programs that must be maintained for the treatment of veterans.

In addition to blind rehabilitation, essentials listed in the law are spinal cord injury, mental health and prosthetics.

"Our goal," says Garner, "is to guide each veteran through a training program that leads to maximum adjustment to blindness and makes every veteran a contributing individual in the family and community."

"Though VA blind rehabilitation is celebrating 50 years of service, our job has really only just begun." □

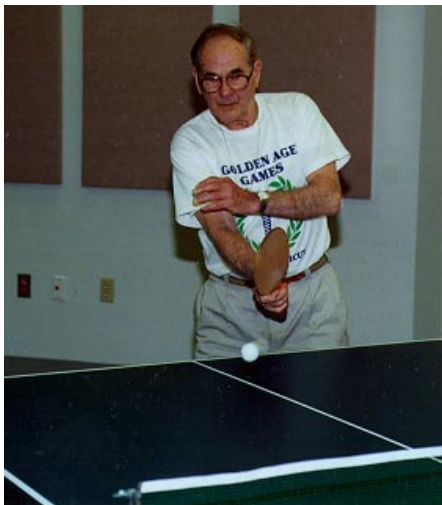
**By Bonner Day**



*VA developed and researched the laser cane, with built-in electronics, that helps veteran Greg Cuellar in Waco, Texas, to avoid obstacles.*

# Golden Age Vets Compete, Reminisce

**M**ore than 400 veterans from almost every state in the country gathered at the Xerox Document University in Leesburg, Va., over the Memorial Day weekend to compete in the 12th National Veterans Golden Age Games. Hosted by the VA Capitol Network, this year's event was the largest ever, and the participants



quickly demonstrated why this Memorial Day would be more than just another holiday.

Open to any veteran patient age 55 or older, the games provide competition in a wide array of events, including shuffleboard, horseshoes, dominoes, bicycling, billiards, pentathlon, checkers, bowling, croquet, golf and swimming. Age is no barrier here as proven by one of this year's first-time competitors — a novice at the age of 91! The competitors are always excited about the Games, but as

Memorial Day approached, the air of excitement changed to a mood of thoughtful remembrance.

"It's definitely not just another holiday," insisted Jack Withers of Riverside, Ill. "It's a solemn day."

Withers found special meaning in sharing Memorial Day 1998 with many other veterans at the Golden Age Games; veterans like Gordon Gleason of Loma Linda, Calif. The two former Marines discovered they had both served in the jungles of the South Pacific during World War II.

"We didn't have time to think about Memorial Day then; we didn't even know what day it was most of the time," said Gleason. "But once we got home, that changed. We can never forget those who gave their lives to keep us free."

Korean War veteran Sid Leon never thought he would meet the man who saved his life, but when he attended his first Golden Age Games last year at Leavenworth, Kan., he did just that. He ran into Isaac Serrano, who was one of the Marines who answered the calls for help from Leon's ambushed Marine Company near the 38<sup>th</sup> Parallel 45 years ago.

"He was sitting next to me and I kept looking at him," said Leon of his first meeting with Serrano since Korea. "I finally asked him if he was from the 5<sup>th</sup> Marines Baker Bandits, and he said he was!"

Serrano and Leon participated in the same Golden Age Games events this year. Leon beat Serrano at horse shoes, but both won medals in the pentathlon; Leon the gold, Serrano the bronze.

One of the highlights of this year's Golden Age Games for the athletes was its proximity to the nation's capital. The veterans made heavy use of alternate activities, including trips to Baltimore's Inner Harbor, the Civil War battlefields of Manassas, Va., and the memorials, monuments and museums of Washington, D.C.

"It was fun all the way up and down," said athlete Art

King of San Diego, Calif. "The trip to the memorials was a must for me. I had to get in everything while I was here."

"It was the first time I ever saw anything like that," said World War II combat veteran Philip Bane of Knoxville, Iowa. "What better way to honor the memory of the men and women who paid the ultimate sacrifice in defending this great nation that through these beautiful monuments that will stand as a reminder of freedom for generations to come."

Agnes Lyke, from the Washington, D.C., VA Medical Center summed up the feelings of many fellow athletes: "Many of us thought it a blessing to come so far and be part of the history of the capital area."

If you want to sample this kind of magic yourself, plan on being in Geneva, New York, August 7-12, 1999, for the 13th National Veterans Golden Age Games. And remember, you're never too old to compete! □



Donald Mullett (above and left) from New Haven, Conn., 1998's "George Gangi Most Inspirational Athlete" Award winner

# Presidential Rank Awards Honor Careerists

**F**ifteen VA Senior Executive Service (SES) employees are among those recognized by President Clinton as recipients of the 1997 Presidential Rank Awards.

Five VA executives were selected for the "Distinguished Award" and 10 for the "Meritorious Award." They were among 287 SES winners government-wide.



*D. Mark Catlett*

The awards are presented annually for career achievements that are recognized throughout an agency or are acknowledged on a national or international level. Specific achievements measured include cost reduction or cost avoidance; high workforce productivity; improvements in quality of work,



*Kenneth J. Clark*



*Larry R. Deal*

efficiency and/or timeliness; unusual levels of cooperative effort with other federal agencies, governmental jurisdictions and/or the private sector; and especially successful efforts in affirmative action.

The Distinguished Award recipients are **D. Mark Catlett**, Acting Assistant Secretary for Management/Deputy Assistant Secretary for Budget; **Kenneth J. Clark**, VHA Chief Network Officer; **Larry R. Deal**, VISN 7 Network Director; **James A. Goff**, Director, VA Palo Alto Health Care System; and **Kenneth H. Mizrach**, Director, VA New Jersey Health Care System.

The Meritorious Award winners include **Maureen S. Baltay**, Director, VHA Policy and Planning Office; **Roger K. Bauer**, former Vice Chairman, Board

of Veterans' Appeals (retired); **Barry L. Bell**, former Network Director, VISN 20 (retired); **W. Todd Grams**, VHA Chief Financial Officer; **Robert J. Epley**, Director, VBA Compensation and Pension Service (former Director, St. Louis VARO); **Gary J. Krump**, Deputy Assistant Secretary

for Acquisition and Materiel Management, Office of Management; **Ronald K. Pedigo, Jr.**, Director, VBA Loan Guaranty Service; **Charles E. Roberson**, Associate Deputy Assistant Secretary for Program Management

and Operations, Office of Management; **Frank W. Sullivan**, Deputy Assistant Secretary for Financial Management, Office of Management; and **Timothy B. Williams**, Director, VA Puget Sound Health Care System. □



*James A. Goff*



*Ken H. Mizrach*

## Tampa Earns President's Quality Award

**F**or the third straight year, a VA facility has been the recipient of a President's Quality Award. The Tampa, Fla., VAMC was honored as a Presidential Quality Award Program merit winner in Washington, D.C., in June. Previous recipients are the Togus, Maine, VAM&ROC in 1997 and the Muskogee, Ala., VARO in 1996.

The Tampa facility, a 507-bed tertiary teaching hospital that includes a 180-bed nursing home, won the award for improving customer service and saving tax dollars through implementation of the continuous quality improvement process (CQI).

Service and quality enhancements include the creation of model primary care programs, reductions in outpatient waiting times and a decrease in unscheduled visits from 68 percent to 30 percent of total visits.

Team efforts also saved \$187,000 in the Office of Workers Compensation program charge-back costs and created a modified duty program for injured employees.

Another improvement was in the area of reporting X-ray findings: a decrease from eight days to only one day.

Other improvements include:

- Hospital staff redeployed from closed inpatient wards to primary care teams and specialized clinics, including a new Geriatric Clinic.
- Adding staff from medicine, nursing, social work, psychology, nutrition and administration to the ambulatory care team.
- More efficient administration of Nutrition and Food Service, due to redesigned work processes and employee re-scheduling.

• Intensive training and support for staff nurses, which made it possible to eliminate evening and night supervisors.

• Joint initiatives with local service offices for cost savings in administrative and clinical programs, including consolidating warehouses, designing telemedicine programs, and matching computerized templates.

Employee teams of the Tampa VAMC, one of the busiest VA hospitals with more than 500,000 outpatient visits last year, also received a Hammer Award and three Scissors Awards.

In 1997, they won the Robert F. Carey Quality Award trophy, VA's top award for organizational excellence. □

# President Sets Federal Child Care Standards

In response to a Presidential directive in March, VA child care centers have requested accreditation materials from the National Association for the Education of Young Children (NAEYC). One of the President's objectives is to have all federal child care facilities NAEYC-accredited by the year 2000.

VA officials support the accreditation concept and are confident the President's requirement will be met, according to Renee Bruce, VA national child care program manager.

Of the 61 VA child care centers, seven are already NAEYC-accredited. Only about 5 percent of all early childhood programs nationwide currently are recognized by the NAEYC.

Fifty VA facilities are eligible for accreditation, and four are not because they have not yet been in operation for one year. The accredited facilities are in Tuscaloosa, Ala.;

Palo Alto, Calif.; North Chicago, Ill.; Brockton, Mass.; Montrose, N.Y.; Minneapolis and Milwaukee.

Bruce said the process takes approximately one year and involves a self-assessment, a self-study and an evaluation by NAEYC officials. There is also a substantial fee required to pay for the administrative costs associated with the accreditation process.

All VA child care centers meet a variety of other stipulations to operate. All are licensed by their respective states and/or local governments, and each must comply with both national and VA safety, occupational health, and fire protection standards, (including life safety codes), Occupational Safety and Health (OSHA) standards, and Americans with Disabilities Act (ADA), infection control and cleaning standards. All child care provid-

ers are required to undergo criminal history background checks.

In addition to the proper licensing, the child care centers located on VA property provide age-appropriate curricula, including computer access. Such curricula provides for all areas of a child's development: physical, emotional, social, language and cognitive in an integrated approach.

VA child care centers also offer a variety of health programs, such as speech evaluations, therapy and referrals, vision and hearing tests, and developmental standard tests.

NAEYC is the nation's largest organization of early childhood educators. It administers a national, voluntary, professionally sponsored accreditation system for all types of preschool, kindergartens, child care centers and school-age child care programs. □

## VA Hammers Home Savings in Costs, Time

Three more employee teams have received Vice President Gore's Hammer Award.

The Contract Service Center (CSC) at the **Great Lakes Healthcare System** in Milwaukee received a Hammer Award for reinventing the office supplies ordering process. The team wrote a Blanket Purchase Agreement with an office supply vendor on a GSA contract. Using a memorandum of understanding, the CSC added the Headquarters of the United States Courts and more than 400 Federal Court facilities nationwide to choose the vendor who provides the highest quality items at the lowest cost.

This cooperative increases the contract user base and enables employees to take advantage of large discounts up front, reduce the need for warehouse space, and achieve a 24-hour delivery on products. Other benefits include use of the government-wide credit card, electronic catalogs and usage reports, and reduction of duplica-

tive paperwork across agencies.

The **Veterans Benefits Administration's Reader-Focused Writing (RFW) Team** received a Hammer Award for reinventing the way VBA writes to its customers. The team found that by using clear, understandable writing, veterans can supply required information to VBA the first time it's requested. This reduces overpayments by veterans and prevents delay in delivering benefits.

During two and one-half years, the team, assisted by outside consultants, led the effort in rewriting more than 200 frequently sent veteran letters. Members also developed a writing training model and long-distance learning course, trained 800 employees to write using the new standards, and tested with customer documents redesigned through RFW.

The **Great Lakes Health Care Acquisition Center** in Milwaukee and the contracting officers technical representatives of the **Prosthetic & Sensory Aids Services** in the Chi-

cago area received a Hammer Award for using best value contracting. They consolidated four VAMC's requirements for durable medical equipment and home oxygen into one standardized contract, saving \$777,800 annually.

Previously, two of the four facilities had consolidated their contracts and two had not. This meant more contract overhead, and also required two or more contractors entering a patient's home to deliver the equipment. Now, veterans will benefit from having the same contractor each time, fostering a stronger relationship. Over the life of the 5-year contract, as much as \$3.8 million will be saved, generated from lower prices on hospital beds, patient lifts, oxygen equipment and oxygen concentrator rentals.

This centralization of the contracts proved to be the "best value" for employees, patients, taxpayers and the government as a whole. □



## Gene May Offer New Target Against Alzheimer's Disease

VA researchers have identified a gene that causes a form of dementia and may provide a new target for treating Alzheimer's disease. Reporting in the June issue of the *Annals of Neurology*, scientists at the VA Puget Sound Health Care System in Seattle said mutations of the gene produced tangles of long string-like filaments similar to those found on the brains of Alzheimer's patients.

The research team included Drs. Gerard Schellenberg, Parvoneh Poorkaj, Thomas Bird and Murray Raskind, and colleagues at the VA medical center and the University of Washington. In studying two families with "chromosome 17 frontotemporal dementia," the scientists found that nerve cell death was caused by a mutation in a gene called tau. Their discovery suggests that the tangles in neurofibers are part of the development of Alzheimer's rather than a consequence of the disease.

"We showed that if you alter tau, you get neurons dying," Schellenberg said. "That's what Alzheimer's disease is all about."

Over the last 15 years, the investigators have studied a family whose members frequently develop what appears to be Alzheimer's disease. When family members died, brain autopsies showed many neurofibrillary tangles but none of the starch-like amyloid plaques that mark Alzheimer's. After tracing the abnormality to a mutation in the tau gene on chromosome 17, the researchers identified a second family affected by the disorder and found the same tau mutation in afflicted members. They believe their findings may help scientists understand and treat other neurological diseases.

"In addition to suggesting tau as a rational drug target in both frontotemporal dementia and Alzheimer's disease, our findings may help us learn more about a variety of brain disorders," Bird said.

## Fat in Western Diet May Hasten Clogging of Arteries

An especially harmful form of fat known common in Western diets, could hasten the clogging of arteries and increase the risk of heart disease, scientists found in research at the San Francisco VA Medical Center.

The study, led by Ilona Staprans found that rabbits fed a diet high in oxidized cholesterol had increased fatty deposits in their blood vessel walls.

The results of the study, published in the June issue of

*Arteriosclerosis, Thrombosis and Vascular Biology: Journal of the American Heart Association*, included two groups of genetically similar rabbits. Both groups were fed a low cholesterol diet, but one received 25 milligrams of oxidized cholesterol each day — the equivalent of the amount found in the average American diet. After 12 weeks, the rabbits that received the oxidized cholesterol showed a 100 percent increase in fat deposits in their aortas, the major artery that carries blood from the heart. It is unclear that the results would apply to humans, but the scientists said the findings present a clear cause for concern about the Western diet.

"With the popularity of fried foods and the widespread fast food industry, oxidized fats are common in the Western diet and could contribute to heart disease," Staprans said.

When consumed, oxidized cholesterol combines in the blood with fat particles called lipoproteins. As the lipoproteins travel through the blood stream, they stick to artery walls and form fatty deposits that can block blood flow. Reduced blood flow can lessen the amount of oxygen that reaches the heart and lead to heart disease.

Other investigators on the study were Drs. Joseph H. Rapp, Xian-Mang Pan, and Kenneth R. Feingold. Rapp and Feingold are also professors in residence at the University of California, San Francisco.

## Researchers Test New Therapy for Prostate Cancer

Researchers at the Minneapolis VA Medical Center have found promise in an experimental treatment combining the strategy of a vaccine and drugs to treat prostate cancer. Dr. Akhouri Sinha, and colleagues used the two-part compound to target prostate tumors in mice, and they hope the approach will work in humans as well.

Sinha and his fellow investigators infected the mice with human prostate cancer cells before administering the new drug. One part of the compound is a strong anti-tumor drug. The other targets the tumor cells that produce prostate specific antigen (PSA), the molecule produced only by prostate cells and which is prevalent in prostate cancer cells.

By targeting PSA, they avoided negative effects of most cancer drugs, which kill any growing cell. Similar to a vaccine, the drug is attracted by the antigen, which identifies unwanted cells like cancer so that the immune system can destroy them.

Sinha reported in March at the annual meeting of the American Association for Cancer Research in New Orleans that the therapy killed tumor cells and did no harm to other parts of the body. He said clinical trials will be needed to determine if similar results will occur in humans.

"We believe this treatment will greatly decrease the damaging effects of the therapy to unrelated organs while also decreasing morbidity and mortality in cancer patients," he said. □

**By Dan Bruneau & Pat Forsyth**  
**VA Research Communications Service**

# HONORS and awards



**Richard A. Silver**, director of the Tampa, Fla., VA Medical Center, has received the AMVETS Silver Helmet Civil Servant of the Year Award “in recognition of his unswerving commitment to the health and welfare of hospitalized veterans in Florida.” He has more than 50 years of federal service and directs one of VA’s busiest medical centers. The AMVETS Silver Helmet Award, a replica of the WWII GI helmet, has been presented annually for more than 40 years.

**Dr. Karla Kerlikowske** of San Francisco VA Medical Center was selected as a member to California’s new 14-person Cancer Research Council for her work at VA’s Womens Clinic and her research on fertility and ovarian cancer.

Associate Director for Clinical Operations **Karen R. Robinson**, R.N., Fargo, N.D., VA Medical and Regional Office Center, received the 1998 North Dakota Nurses Association Nurse of the Year Award. The award recognizes her contributions to nursing practice through leadership and expertise in research. She has maintained an ongoing program titled “You+Research=Nursing Practice” that was recognized in the Western Journal of Nursing Practice last year.

The House of Refuge Women’s Shelter, Copperas Grove, Texas, recognized two groups of **Waco, Texas, VA Regional Office** employees

for their support of the shelter for women veterans and their families. Shelter Director Joseph Solomon presented awards to the regional office loan guaranty employees instrumental in arranging the lease and eventual sale of the VA-acquired property which is the shelter’s home, and to the regional office’s Women Veterans Group which provides continuing assistance to shelter residents.

**Lisa Allara**, ambulatory care specialist for the Hines, Ill., Medical Center, was named the Recognized Young Dietitian of the Year by the Illinois Dietetics Association for her commitment to research, education and community outreach.

**Evelyn Haberl**, clinical nurse in cardiology at the Western New York Health Care System in Buffalo, N.Y., has been recognized as 1998 Nurse of Distinction for Western New York by the New York State Professional Nurse Association for her service in teaching, research and patient care.

The Public Employees Roundtable 1998 Public Service Excellence Award in the federal category went to the **New York/New Jersey VISN 3 Consortium on Homeless Veterans**. Representatives of some of the VA medical centers comprising the consortium accepted the award in May in Washington for their success in bringing services to veterans in New York City where they live — in shelters

and in the streets. Through a collaborative effort with state, city and private agencies, multi-media outreach, transportation to VA day treatment and a mobile medical clinic, the consortium reached more than 3,000 homeless veterans last year and placed more than 1,000 in some kind of housing.

**Michael McMaines** from the Fargo, N.D., Medical Center was presented The Disabled American Veterans Outstanding VA Employee Award for 1998 for his efforts and administrative skills used to establish new community-based outpatient clinics in Grafton, Bismarck and Minot.

**Myrna Larson**, senior rating specialist, Fargo, N.D., Veterans Service Center, received The Disabled American Veterans Outstanding VA Employee Award for 1998 for her 30 years of service.

**Dr. Dilip Jeste** of the San Diego VA Medical Center and director of the Geriatric Psychiatry Clinical Research Center at the University of California, San Diego, was named president of the American Association for Geriatric Psychiatry.

**Dr. John R. Feussner**, Chief Research and Development Officer, received the Cecil G. Sheps Distinguished Investigator Award for scholarly achievement in health services research. He was honored at the 30th Anniversary Symposium of the Cecil G. Sheps Center for Health Services Research at the University of North Carolina (UNC) in Chapel Hill. The center presents the award, named for its founding director, every five years to honor accomplished investigators who serve on its

faculty. Feussner is a professor of medicine at Duke University Medical Center, adjunct professor of health policy and administration at the UNC School of Public Health, and a senior fellow at the Sheps Center.

**Patty Roller**, recreational therapy assistant, Fargo, N.D., Medical Center, was given the YWCA Woman of the Year Award in Public Service for providing recreational programs for the Substance Abuse Treatment and Inpatient Psychiatry programs.

VA Undersecretary for Health **Dr. Kenneth W. Kizer** was awarded the Benjamin Franklin Society Citation by the College of Optometry at the State University of New York for his strong leadership in VA.

The Tuscaloosa, Ala.; Phoenix, Ariz.; Bay Pines, Fla.; Syracuse, N.Y.; Tampa/Orlando, Fla.; San Juan, Puerto Rico; Oklahoma City/Muskogee, Okla.; Nashville, Tenn.; and San Diego VA Medical Center **Canteens** were chosen as the Veterans Canteen Service Outstanding Canteens for 1997 for their quality customer service and business performance.

**Dennis W. Mullins**, education coordinator at the Bay Pines, Fla., Medical Center, was selected for the 1997 Exemplary Service Award in the GS-9 through GS-12 category by the Leadership VA Alumni Association.

**Dr. Julie Freichlag**, West Los Angeles VA Medical Center, was named president elect of the VA surgeons, meaning she will become president of this national organization in 1999. □



Ft. McKenzie, the site of the **Sheridan, Wyo., VA Medical Center**, is 100 years old in 1998. In recognition of this milestone, the medical center and community are planning a four-day celebration in August. If you are a former Sheridan employee or know a retiree and want to be part of this historic occasion, please e-mail Jerry Ford, call him at (307) 672-1678, or send him mail in care of the Sheridan VAMC.

**VBA** successfully completed the first phase of the Education Service Toll-Free Project. On that day, the Muskogee RPO began handling calls from veterans using the education toll-free telephone number, 888 GI BILL 1. Veterans from Oklahoma, New Mexico, and Washington can now contact an Education Counselor at the Muskogee RPO by calling the education toll-free number. In addition to the Muskogee site, the other Education RPOs that service calls from specific states are Atlanta (Florida and Georgia), Buffalo (New York), and St. Louis (Illinois, Indiana, Iowa, Kentucky, Michigan, and Missouri). Phase II of the project will make the Education portion of the National Automated Response System (NARS) available to all callers to 888 GI BILL 1. The current work plan calls for Phase II of the project to be completed by September 1998.

**VA's Financial Services Center** (formerly the Austin Finance Center) moved on May 25 to an addition to the Austin, Texas, Automation

Center building. Along with having a new physical location, the FSC has a telephone number change. The 389 prefix changed to 460 for all FSC telephone numbers. The area code (512) and the last four numbers of the extension remain the same. The Post Office Box address previously used for the FSC remains the same: Financial Services Center, P.O. Box 149975, Austin, TX 78714.

Because 12-15 percent of hospital workers have allergic reactions to latex, a material found in most medical supplies, Carol Lutz, R.N., and Mabel Irwin, R.N., at the **Mountain Home, Tenn., Medical Center**, assembled a cart with latex-free gloves, catheters, IV tubing, syringes, and oxygen supplies to meet the need of their coworkers. They also prepared a hospital memorandum and brochure to educate people of the problem and of their solution.

Ladies Professional Bowlers hall of famer Helen Duval hosted a bowling clinic for hospitalized veterans at the **North Chicago VA Medical Center**. Duval, 82, has won many bowling awards and showed the vets how to pick up the dreaded 7 - 10 split.

The **Fargo, N.D., VA Medical and Regional Office Center** recently held a "Diabetes Day" to educate veterans and their families on how to manage and live with the disease. Topics included podiatry for proper footcare,

healthy food choices, and a panel discussion on questions audience members had about diabetes.

On the road again is just where staff members of the **North Chicago VA Medical Center** are these days since starting their weekly road visits to veterans in their communities. Each week, a team of health-care providers visits local neighborhood churches, veterans' organization halls, or other community sites to provide services such as eye care, oral cancer screening, foot care, cholesterol screening, blood pressure checks, as well as information on veterans' benefits.

The Bowlers to Veterans Link (BVL) contributed \$50,000 to **VA Vet Centers** to help coordinate recreational programs such as camping, canoeing, bowling and basketball. The money was raised by league bowlers from some 1,500 local bowling associations around the nation. Since 1942, BVL has contributed more than \$23 million to care for hospitalized or outpatient veterans.

The **Richmond, Va., VA Medical Center** celebrated the grand opening of a Cardiology Electrophysiology Lab. Staff members there will study all issues relating to the electrical system of the heart, including what causes abnormal heart rates, fainting and dizzy spells.

Four volunteers from the **Omaha, Neb., VA Medical Center** were part of a group of health-care professionals who visited a small village in central India to provide medical and dental care to people who otherwise could not afford it. Dr. David M. Chacko is an eye specialist at

the Omaha VAMC and on the staff of the University of Nebraska Medical Center. Joining him were husband and wife, Larry and Becky Rohe, and Denise Cuevas. The team did 188 cataract surgeries, 134 dental procedures, 66 plastic surgeries, and dispensed over 800 pairs of eyeglasses.

Drs. Ron Holgado, Shawn Ward and Deb Latta of the podiatry section at the **Columbus, Ohio, VA Outpatient Clinic** offered a hand during their community's 1998 AIDS WALK by offering a foot aid station to the event's walkers, many of which were veterans. The 1,000 volunteer walkers raised more than \$165,000 for the cause, and VA staff provided on-site care to weary walkers.

The hills are alive with the sound of home construction in the Appalachian region of Tennessee thanks in part to the nursing staff at the **Mountain Home, Tenn., VA Medical Center**. That's because they are contributing their time to build 12 homes for low income families in their area. This is a joint effort between Habitat for Humanity and the Federation of Appalachian Enterprises of Berea, Ky.

Vacation in Croatia wasn't exactly restful for Dr. Darius Ghazi, an orthopedic surgeon at the **Louisville, Ky., VA Medical Center**. During his 10-day stay he performed five major hip and knee surgeries, lectured at a hospital in Biograd, and participated in a health fair. Ghazi was one of seven health care professionals who visited with the American International Health Alliance and volunteered his services to Croats devastated by Serbian attacks. □

# HEROES

☆☆☆☆☆

Earlier this year, Fort Lyon, Colo., VA Medical Center business office secretary **James Gallegos** was driving home from work when he came upon what he first thought was a “dummy” hanging from a tree. He drove back to double check and found a young man who had hung himself. He got the body down and woke neighbors to call 911. He returned to attend to the young man until emergency response teams arrived. The man survived the ordeal.

☆☆☆☆☆

On a busy Monday morning at the Murfreesboro, Tenn., VA Medical Center, a veteran suffering cardiac arrest ran his car into a VA police car just before entering a traffic intersection. VA Security Sgt. **Ken Dewitt** rushed to the veteran’s car and found him slumped over the steering wheel. Because the car was still in gear and the doors locked, Dewitt used his police baton to break out a rear window so he could turn off the engine. He then helped carry the veteran into the medical center where an emergency team revived him.

☆☆☆☆☆

St. Louis VA Medical Center registered nurse **Paula Paul** went into action when a 63-year-old man collapsed while working in his yard. He was turning gray when Paul found him. She determined he had stopped breathing and had no pulse and immediately began performing one-person

CPR. She worked on the man for 15 minutes before help arrived and he was taken to a hospital. The neighbor is doing well after being fitted with an internal defibrillator. Paul was honored as an American Red Cross Life-saver of the Month for her role in saving her neighbor’s life.

☆☆☆☆☆

**Barbara Stutson**, operating room staff nurse at the Loma Linda, Calif., VA Medical Center, was at the scene of a bicycle-car collision and the only person able to assist the injured cyclist. She established an airway and provided first aid for a head wound. She continued to provide care until paramedics arrived. Thanks to her immediate care, the victim’s recovery time was minimal.

☆☆☆☆☆

**Dawn Gritton**, R.N., on her way to work the midnight shift at Lexington, Ky., VA Medical Center, responded to a situation at a railroad intersection. While stopped to let a train pass, she saw what looked like two people fighting ahead near the tracks. A police officer in the waiting line of cars also saw them, and started walking toward them. Hearing from someone else that there was a person bleeding badly. Gritton identified herself as a nurse and went to the victim with the policeman. They found two young men, one carrying the other who was bleeding heavily. The officer told the

man to put his friend down, but he would not. Gritton convinced the man to let her assist. She determined the victim had been shot in the face with a small caliber gun. The bullet had clipped an artery, so she quickly positioned the victim to minimize blood loss. She used her lab coat to apply pressure to the wound and held the victim until an ambulance arrived 20 minutes later. Though he lost a lot of blood, the 21-year-old college student remained conscious and is making a full recovery. Gritton returned home to change and clean up, then headed back to work.

☆☆☆☆☆

**Kristine Dixon**, R.N., and social worker Rich Martel were in a meeting at the Des Moines, Iowa, Division of the VA Central Iowa Health Care System when they heard a loud pop outside their office window. They looked out to the street and saw sparks from power lines downed by a car which had hit an electrical pole. They rushed to the scene and flagged down VA police officer Gary Knight, who radioed for assistance and assisted those in the car. Safety and Occupational Health Specialist Bill Rohlf escorted children at a nearby bus stop to school, while VA police directed traffic around the scene. The people in the car were treated and released by the VA emergency room. A true VA team effort!

☆☆☆☆☆

Columbia, Mo., VA Medical Center accounting technician **Mark Moore** was serving with his Army Reserve unit in Little Rock when a fellow reservist collapsed with a heart attack. Moore, a medic instructor in the Reserve, administered CPR for 20 minutes until an

ambulance arrived. He continued resuscitation efforts in the ambulance on the way to the hospital. The stricken reservist subsequently underwent successful angioplasty and left the hospital four days later.

☆☆☆☆☆

Three Oklahoma City VA Medical Center nurses — **Belinda Johnson**, **Alivia Adawi**, and **Beverly Scoggins** — were traveling together with their families on a weekend camping trip when they saw a Chevy Blazer plow into the rear end of a dump truck. Scoggins removed two small children from the rear window of the Blazer, while Adawi crawled through the rear window to assist the injured mother and 10-year-old son in the front seat. She stayed with them 40 minutes, tending to the son’s fractured arm and hip injury until the fire department arrived and cut away the top of the car to extract them. After the ambulances departed, the three heroines stopped at a service station where Johnson and Scoggins helped Adawi clear the broken glass from her hair and wash away the blood. Then they proceeded with their trip.

☆☆☆☆☆

Northampton, Mass., VA Medical Center nurse **Gail A. Sylvester**, licensed practical nurse, was first on the scene of an accident in which two young women had been thrown into the windshield of their car. She took quick action to stop the bleeding and shared her assessment of the injuries with police when they arrived so proper ambulance services could be dispatched to the scene. □