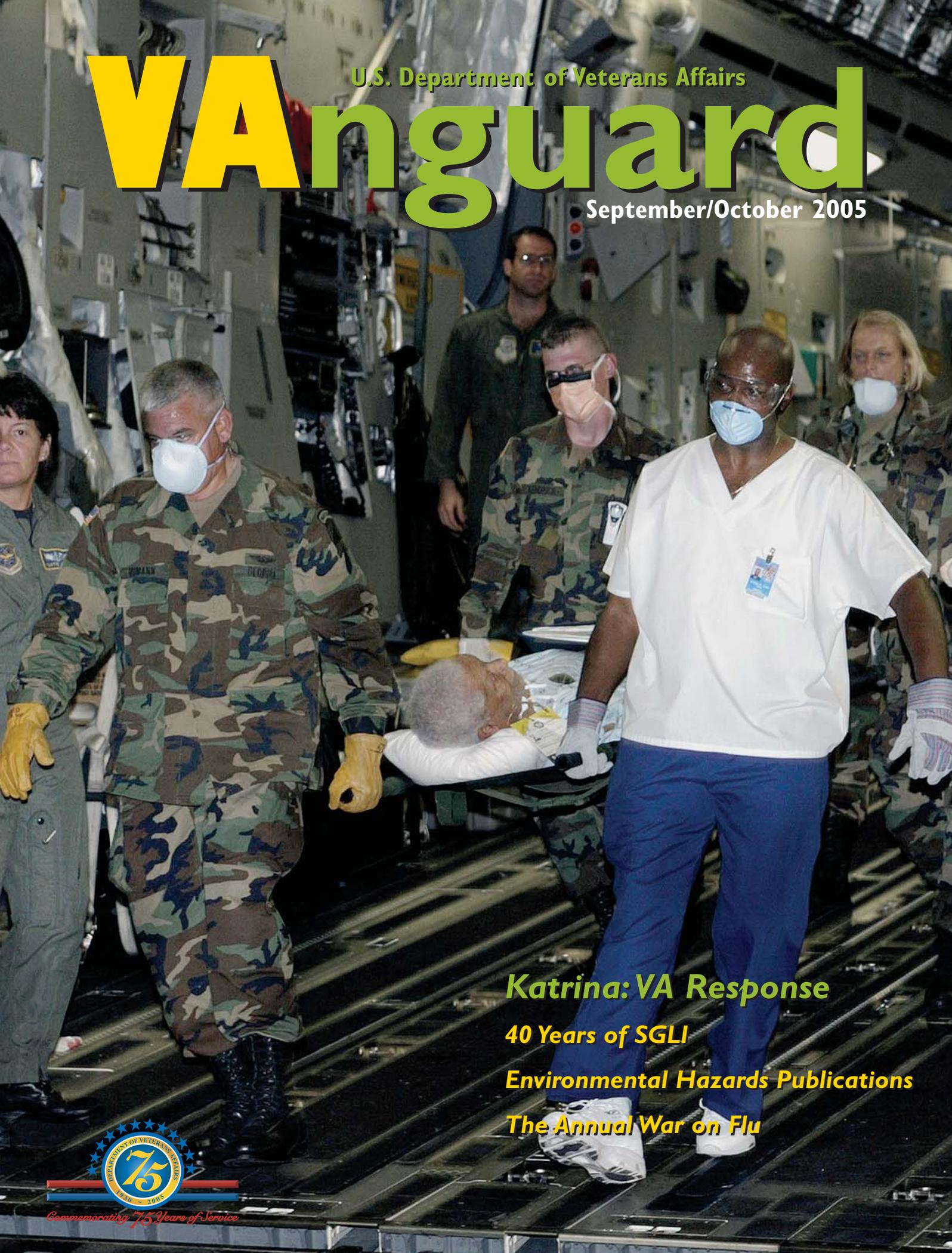


U.S. Department of Veterans Affairs

Vanguard

September/October 2005



Katrina: VA Response

40 Years of SGLI

Environmental Hazards Publications

The Annual War on Flu

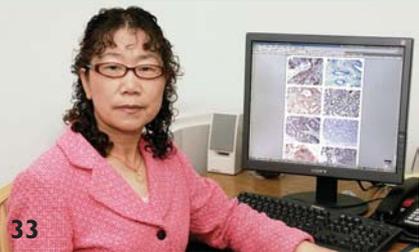


Commemorating 75 Years of Service



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Vanguard

VA's Employee Magazine
September/October 2005
Vol. LI, No. 5

Printed on 50% recycled paper

Editor: Lisa Respass
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Published by the Office of Public Affairs (80D)

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www.va.gov/opa/feature/vanguard/index.htm



On the cover

Atlanta VA Medical Center physician Robert Norvel helps offload evacuated patients at Dobbins Air Reserve Base. The Atlanta VAMC was one of 18 VA medical facilities activated as Federal Coordinating Centers in the wake of Hurricane Katrina to triage and place patients at participating hospitals. *Photo by Don Peek, Dobbins Air Reserve Base*

In Praise of VA Health Care

My husband and I are thrilled with the comprehensive care he is receiving at the John D. Dingell VAMC. Service-connected health problems required multiple, ongoing appointments with doctors all over the Detroit vicinity. Once registered at VA, his care became streamlined. His primary care doctor made appointments with various other specialized departments for evaluations. We are amazed at the extent of individualized patient care problems that have been identified, coordinated and addressed as never before experienced by us.

All of this has been done in a reasonably timely manner and under one roof. However, when certain conditions require further care than the medical center can provide, he is sent to nearby facilities where the expertise to evaluate and provide that definitive care is provided. For all of this we say a big thank you to all the health care providers involved.

My husband loves his doctors. They have treated him with a degree of respect, friendliness and concern that he never felt in the private sector. His private sector experience seemed somewhat superficial, fragmented and compartmentalized rather than the integrated, whole-person care he is receiving at the VAMC.

As a nurse who is also a veteran with more than 31 years working in the VA health care system, I am proud of all the recent upgrades and processes within the system that have brought numerous positive changes and improvements. These changes have increased pro-

ductivity and improved ways of doing daily business. The VA is now more than ever a driving change agent in health care industry standards nationwide.

*Ruth Ann Newman
Registered Nurse
Northville, Mich.*

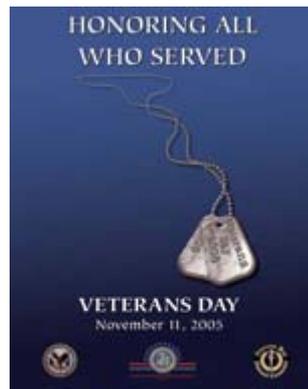
Honored to Work at VA

As I read the last issue of *Vanguard*, I was moved to write to you to express my experience. I have been working in the private sector for over 40 years. I have only recently been fortunate to have gained employment at the local VA hospital 4.2 miles from my door.

This has been the most rewarding year of my entire career in diagnostic Nuclear Medicine. I have been asked many times why I like my job here. I have come to the conclusion that it is the patients. It is a real honor to assist and actually do the tests on veterans.

I'm a Navy veteran myself so I thoroughly enjoy telling "sea stories" with my buddies. I have instant rapport with all my patients. Some days I can't believe that I get paid for this much enjoyment!

We have had compliments from the vets regarding how well they have been treated in our department.



This is such a thank you to us, and a real honor. You just can't get this from a civilian institution.

*Donald Klopfenstein
Nuclear Medicine
Technologist
Murfreesboro, Tenn., VAMC*

Printing Hard Copies of Earnings and Leave Statements

I am commenting on the story "Meeting the Payroll" in the July/August issue. The VA could save a bundle of money if the Financial Services Center in Austin would encourage employees, through circulars or e-mails, to "turn off" hard copy printing of their Earnings and Leave statements through Employee Express. Hard copies would no longer be printed, but employees could still view their E&L statements online at www.employeeexpress.gov.

*Samuel E. Durkin
Addiction Therapist
VA Northern California
Health Care System*

'We'll Never Forget, Either'

Your story on the 60th anniversary of the Battle of the Bulge in the March/April issue of *Vanguard* by Lynn

Hunter Hackett, M.D., is told exactly as it happened, and very well covered.

I am a veteran who served with the 87th Infantry Division in the Bulge and was on the bus with Dr. Hackett. The two-week tour of celebration, accolades and warm receptions by the Belgian and Luxembourg natives will long be remembered for the kindnesses of these grateful people for their liberation in 1944-45.

As my friend Denise Oger mentioned in the story, "I'll not forget you ... never, never, never." We'll never forget these wonderful people, either.

*John E. McAuliffe
President
Central Mass. Chapter
Veterans of the Battle of the Bulge*



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@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.



New Initiative Will Promote Savings and Provide Better Service to Veterans

*Gordon H. Mansfield
Deputy Secretary of Veterans Affairs*

On Aug. 22, I launched the Management Analysis/Business Process Reengineering (MA/BPR) initiative, which will promote improved effectiveness and efficiency across a range of functions within the department.

Using Management Analysis (MA) and Business Process Reengineering (BPR) tools, we will conduct studies to determine how functions are currently performed across VA, explore new ways to do business, and implement changes to improve performance. As we pursue our goal of continuous quality improvement, MA/BPR will also allow VA to reinvest the savings produced into direct clinical care to better serve veterans.

MA/BPR will be administered by the Management Systems Improvement Service (MSIS) within the Office of Policy, Planning and Preparedness.

In addition to establish-

ing policy and procedures, MSIS will provide a governance structure, an automated study reporting system, guidance on study methodologies, knowledge management, and ongoing training and consultation.

Initially, MA/BPR will be used to study approximately 16 ancillary service functions over a six-year period (2006-2011), focusing on support areas that are commercial in nature, not core mission services. Cumulative savings from this initiative are currently estimated at

\$738 million.

We plan to test MA/BPR by looking first at two specific work functions: food services and laundry operations. These pilots will enable

us to assess and evaluate the efficacy of the MA/BPR process.

Critical steps in the process include reviewing and analyzing how each of these functions is currently performed, identifying new ways to perform the work, implementing process improvements, tracking and reporting performance results, sharing success stories, and incorporating lessons learned.

The MA/BPR initiative does not involve competitive sourcing. Under current law, the Secretary has limited au-

thority to consider alternative sources of service delivery; VA is prohibited from using funds appropriated for medical care, and certain medical-related activities, to conduct formal cost comparisons of commercial products and services provided by private contractors with products and services provided by the department. We can conduct such comparisons only if funds are specifically appropriated for that purpose.

Faced with an ever-increasing demand for VA health care services and limited financial resources, we must continually seek ways to improve the effectiveness of our current practices. The support of everyone involved is crucial to MA/BPR's suc-

The MA/BPR initiative will promote improved effectiveness and efficiency across a range of functions within the department.

cess. I look forward to the important work that will be performed and the improvements that will be realized in this effort to better serve our nation's veterans. **VA**

How does MA/BPR support the agency's mission?

Studies conducted through MA/BPR will generate smarter, more efficient, and more cost-effective ways of working. Savings from these improvements can then be reinvested into critical programs and services that directly benefit veterans and their families.

How will functions be selected for analysis as part of the MA/BPR initiative?

Management within the administrations or staff offices will select the functions to be studied and determine how to apply MA/BPR. The MA/BPR efforts will initially be focused on functions designated as non-core to the VA mission.

How will employees who perform the work provide input to each MA/BPR study?

Employees from the function to be studied will play a key role in the process. They may be asked to participate on a team as functional/subject matter experts, provide information about how the work is currently done, and/or identify ways to improve it.



Education Key to Disability Awareness

Katherine Alford

Chair, Persons with Disabilities Committee, Jackson, Miss., VA Medical Center

Educate, educate, educate. It's a key goal for the Persons with Disabilities Committee at the G.V. (Sonny) Montgomery VA Medical Center in Jackson, Miss.

Educate everyone about disability awareness.

It's the 21st century, past time to step up to the plate and recognize that "disability" is all about "ability"—not what you don't have, but what you do have and can offer to society. We're not born by accident. God has given each of us talents.

I have always felt a moral obligation to assist those who need assistance. I get excited on Contrived Disability Day when I get to experience a disability for several hours and live some of the challenges faced by someone in a wheelchair, in addition to noting responses of co-workers.

I had foot surgery and was in a wheelchair for a week. People I passed in the hallway every day and said "good morning" to would not even look at me—I know "the chair" made a difference. I've always believed that health care providers should spend one day in a wheelchair. Roll a mile in my chair, so to speak. There is nothing like firsthand experience.

We're doing great things at our medical center and have the support of senior management. Whether it's the Disability Awareness Month Program, American Sign Language classes, reasonable accommodations

training, or obtaining pagers for employees who are deaf, our leadership is open to new ideas and responsive.

We want veterans, visitors and employees to be comfortable at the medical center. There are new faces with new challenges coming in from the war every day. Their sacrifices have been great. We have to have the knowledge and tools to accommodate them so they can get on with their lives.

The Persons with Disabilities Committee is a hard-working group of employees dedicated to the cause. They have supported me in my new position as chair.

I am proud of President Bush's signing of the New Freedom Initiative, "... to ensure that Americans with

people hope in their future is our job." The workforce needs the talents of military men and women who have given their all for our freedom. We limit ourselves as a nation when we limit those with disabilities.

My first goal when I became active in disability awareness was to see my small, 60-year-old church have a handicapped bathroom. Signs had previously been installed for handicapped parking. When I attempted a Contrived Disability Day with a wheelchair at church one Sunday, perceptions changed, especially mine.

My pastor, Britt Prince, of the First Pentecostal Church of Richland, Miss., took donations and pledges

hiring those with disabilities.

There are some great federal agencies to work with: the Department of Labor, the Equal Employment Opportunity Commission, the Department of Defense and others. I frequently work with these agencies to acquire solutions and learn what has worked for them.

My third goal is for Mississippi to become the gold standard for access. There is a lot of work to be done. Gone are the days when those with disabilities are put in nursing homes because others say they cannot live independently.

I'm grateful for the Mississippi Coalition for Citizens with Disabilities, which recently honored me with the 2005 ADA Advocate of the

My philosophy is, it could be me. How would I want to be treated and what accessibilities would I need to live my life to the fullest?

disabilities have the opportunity to learn and develop skills, engage in productive work, make choices about their daily lives, and participate fully in their communities ..."

Also, Labor Department Secretary Elaine L. Chao has a strong influence on our labor force and has her finger on the pulse of the Americans with Disabilities Act and those it serves. Her statement says it all: "Getting people back to work is what this department does. Giving

that day to renovate our bathroom. I got to be the general contractor.

My second goal is that our medical center be a leader in accessibility to those who are handicapped. This entails barrier-free access and assistive technology. Also, additional training for our supervisors is needed to make them more comfortable with

Year Award. Executive Director Mary Troupe and the coalition staff are superb advocates for this state and a blessing to those in need.

My philosophy is, it could be me. How would I want to be treated and what accessibilities would I need to live my life to the fullest? The solutions are out there. We just have to educate. **VA**

October is National Disability Employment Awareness Month

A satellite image of a large hurricane with a distinct eye, positioned over the Gulf of Mexico. The surrounding landmasses, including the United States and Mexico, are visible with state and national boundaries. The text is overlaid on the lower-left portion of the image.

Preparedness Pays Off

Department shines during major test of emergency capabilities

The largest natural disaster in American history was also the first major test of VA's emergency response capabilities, significantly upgraded since the 9/11 terror attacks. In the storm's wake, observers in the media, veterans service organizations and on Capitol Hill say VA not only passed the test, but raised the bar.

As devastating as Hurricane Katrina was, it could have been much worse, according to William Graham, director of Operations and Emergency Preparedness for VA's Office of Policy, Planning and Preparedness. "Through advance planning we really limited the negative impact of this disaster," he said, citing preparations such as evacuating some facilities and boosting supplies at others.

The ability to effectively respond to national disasters stems from having a well-defined, well-rehearsed emergency operating plan, explained Graham. "Staff throughout the VA administrations take emergency preparedness very seriously before the crisis arrives, so when it does, they're ready."

Katrina first caught the eye of emergency personnel in VA's Readiness Operations Center in Washington, D.C., as she developed Aug. 24 over the Bahamas. By the time the massive Category 4 hurricane made landfall 10 miles west of Gulfport, Miss., Monday morning, Aug. 29, VA had already evacuated its hospital in Gulfport and stocked extra medical supplies, food and water at its hospital in Biloxi, where approximately 900 people sought refuge.

A similar scene unfolded in New Orleans, where staff evacuated some patients ahead of the storm, contacted special-needs patients in the community to invite them to seek shelter at the hospital, boosted supplies and fired up the generators in case electricity went out.

Rising Floodwaters Spur Evacuation

Those hunkered down in the

VA hospitals fared well during the storm. As the winds subsided there was a sense of relief. "We felt like we had weathered the worst of it," recalled Rex Oxner, the area emergency manager in New Orleans.

The worst was yet to come, however, as the storm surge collapsed floodwalls and water began pouring into the city. When city officials confirmed a breach in the 17th Street Canal levee, staff in the Readiness Operations Center came up with a plan to evacuate more than 800 patients, staff and family members who had sought shelter at

"Staff throughout the VA administrations take emergency preparedness very seriously before the crisis arrives, so when it does, they're ready."

the New Orleans VA Medical Center.

The plan involved working with the Arkansas National Guard to deploy a convoy of high-clearance military vehicles to New Orleans, according to John Baffa, chief of VA's police force.

Ron Angel, director of the VA police academy in Little Rock, Ark., and a member of the Arkansas National Guard, contacted the state's Guard headquarters with a desperate plea for help. "Sir, we've got veterans trapped in the hospital and there's not a lot of time. We need some trucks. Can you help?" he asked the state's emergency operations chief, with whom he had served during Operation Iraqi Freedom.

Their familiarity with one another and ability to work under fire resulted in rapid mobilization of three 5-ton trucks, two 2.5-ton trucks, a wrecker and a fuel tanker along with drivers from the Guard's 39th Support Battalion who volunteered for the mission. Angel and two of his officers left Little Rock and drove to the Alexandria VA Medical Center, about 200 miles north of New Orleans, to hook up with the convoy.

Early the next morning, the convoy arrived in Alexandria, where staff loaded the vehicles with 10 pal-

lets of relief supplies and a boat in case the floodwater was too deep to reach the VA hospital in New Orleans. When the convoy left later that morning, the Alexandria VA deployed its own passenger bus as well as two others it leased for the evacuation.

As the convoy was leaving Alexandria, the destruction of New Orleans was reaching catastrophic proportions. At the VA hospital, the basement was now completely flooded, with water just inches below the main generator. "It was so close," said Oxner. The generator in jeopardy, John Church, the hospital's director, began preparing for the evacuation of nine ventilator-dependent patients.

The goal was to get them to the

Superdome, located two blocks from the VA hospital, where a heliport was being used for medical flights out of the city. Warehouse worker Alfred Cain volunteered to drive the hospital's supply truck, the only vehicle capable of navigating the flooded streets. It took four trips and several tense hours, but all nine patients were safely evacuated. "Al drove out into that deep water, which had submerged cars and other debris—he's a real hero," Oxner said of Cain.

The Alexandria convoy reached New Orleans later that evening and pulled into Zephyr Field, which was being used as a staging area for relief operations. Angel jumped out of his truck and began asking if anyone knew how to get to the VA hospital. He found a young National Guard lieutenant who was heading to the Superdome. "Can we follow you in?" he asked. The lieutenant warned that it was still very dangerous, but agreed.

Driving into the city that night through flooded streets in a total blackout was a "surreal" experience for Angel. "To see one of our cities like that ... it was just pandemonium," he said, noting that several vehicles in the convoy reported being shot at as they plowed through the murky waters. They reached the New Orleans VA Medical Center and began evacuating patients the next morning.

Though the airport is just 10 miles from the hospital, it took five hours to drive there and back, according to Angel. He said teams worked around the clock over the next two days to get everyone to safety. For his efforts in the evacuation, the Arkansas Red Cross has named him one of the state's Heroes of the Year in Law Enforcement.

By Friday afternoon, all VA patients, staff and family members had been safely evacuated from New Orleans and transported to medical



PHIL BOOGAERTS

Above: Flooding outside the New Orleans VA Medical Center. The Louisiana Superdome is visible in the background; right: floodwater bursts through a window at the New Orleans VAMC, where the sub-basement and basement were submerged.

centers in Louisiana, Mississippi, Texas and throughout the region. A contingent of VA police and engineers stayed behind to secure the facility.

While touring the devastated Gulf region, Secretary Nicholson praised the dedication of employees who cared for patients even when they had no knowledge of the condition of their own homes and families. "What they have been through defies description," Nicholson told members of Congress during a Sept. 8 briefing. "Even as they endured personal tragedy, their commitment to their patients and to the mission of VA has been unflinching," he said.

Medical Records Evacuated

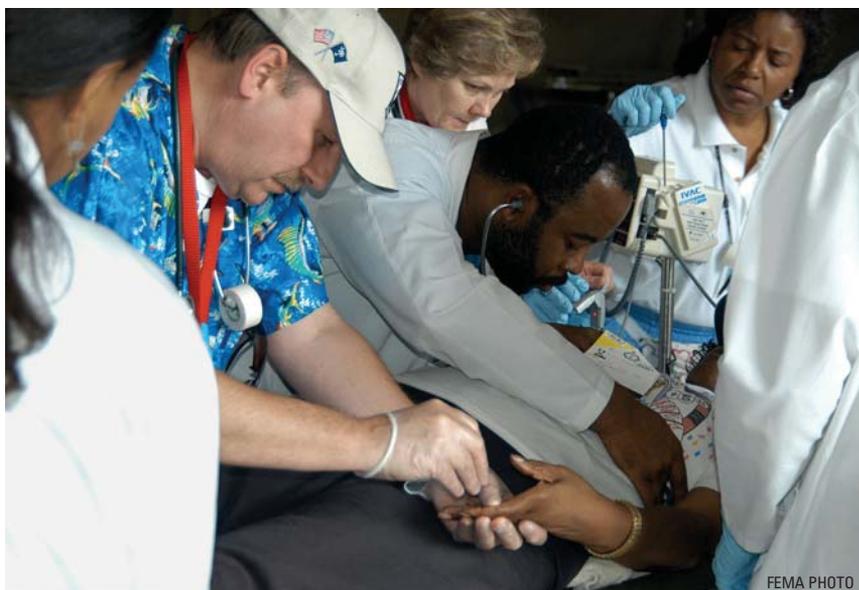
In addition to evacuating people, the New Orleans staff also managed to save health records for up to 40,000 veterans. VA is the nation's only health system with a



PHIL BOOGAERTS

fully computerized patient record system containing all records, prescriptions, laboratory and radiology results. When floodwater began seeping into the hospital, computer specialists went to work securing the electronic patient health files.

The files were transferred to the Michael E. DeBakey VA Medical Center in Houston, where Chief Information Officer Frank Vazquez and staff worked around the clock to prepare for the tapes and restore the data. All the records were back online by Sept. 2.



FEMA PHOTO



BOBBY GRUNER

Top: Dr. Steedman Sarbah, of the Columbia, S.C., VA Medical Center, cares for a critically ill New Orleans evacuee at Dobbins Air Reserve Base in Atlanta. He is assisted by staff from VA hospitals in South Carolina and Georgia. Above: VA physicians and nurses with the patient reception team at Ellington Field in Houston welcome a patient evacuated from New Orleans.

Experts estimate it could take years for private sector doctors to recreate paper records for the hundreds of thousands of evacuees who lost medical files in the storm. In a Sept. 12 article, the *Associated Press* called VA “a bright exception” to the plight of many storm victims

who lost their paper medical records.

Hospitals Alerted to Receive Evacuees

Patients and employees evacuated from New Orleans were taken to nearby VA hospitals, many of

What Others Are Saying About VA Response to Katrina

“So, would you like to hear about a federal agency that *did* do its job?” Paul Harvey’s substitute anchor Gil Gross asked listeners on the show’s Sept. 9 broadcast to thousands of radio stations. “The VA moved 1,200 vets, staff and family out of the hospitals in the Gulf, and a good thing. The VA in Gulfport, obliterated, the one in New Orleans, useless, but the response team was in place well in advance. No excuses, none needed.”

VA’s response to Hurricane Katrina was “an incredible story about a mission accomplished extremely well,” Senate Veterans’ Affairs Committee Chairman Larry Craig (R-Idaho) told the *Associated Press* Sept. 8. “Their people were trained well enough to make decisions . . . to proceed with evacuations, pull people out instead of hesitate or wait.”

“You have every reason to be proud of VA’s impact on the lives of both veterans and civilians in the Gulf Coast area,” wrote American Legion National Commander Thomas L. Bock in a letter to Secretary Nicholson.

“With the ingenuity and discipline of Marines in combat, VA employees met their enemy with creativity and moxie. They stood their watch over our sick and disabled veterans from prior and current wars—it was an act of respect, an act of duty, and an act of concern and compassion,” noted Rep. Lane Evans (D-Ill.), ranking Democrat on the House Veterans’ Affairs Committee in a Sept. 20 press statement.

which were already receiving civilian evacuees as part of the National Disaster Medical System activated by FEMA Aug. 31.

Under this system, 18 VA medical facilities were activated as Federal Coordinating Centers, responsible for receiving, triaging and placing patients in participating community hospitals. During the storm and ensuing flood, there were an estimated 3,000 patients trapped in New Orleans hospitals.

The VA hospital in Houston was one of those activated. Staff immediately set up a patient reception

team comprised of physicians, nurses, pharmacists, police, health administration personnel and others at Ellington Field, a joint military/civilian airport located about 15 miles south of Houston.

Over the next five days, the team triaged nearly 800 patients evacuated from hurricane-affected areas. More than 100 were admitted to the VA hospital for care. The others were transported to community hospitals.

Edgar L. Tucker, director of the VA hospital in Houston, said his staff had been rehearsing for this

type of event for the past four years. He said the entire community pulled together to make the operation a success, as evidenced by comments from the first National Guard pilot to reach Houston carrying evacuees.

Tucker relayed the pilot's comments: "As we taxied in, I looked toward our parking spot and I must have counted 30 ambulances and a line of hospital workers and volunteers with wheelchairs at the ready, lined up 50 deep ... these people had it together." **VA**

By Matt Bristol

The 'Fourth Mission'

Much of the preparation before Katrina's arrival went to protecting the safety of employees and the veterans they care for.

But it also had to do with fulfilling the Veterans Health Administration's "fourth mission," contingency support during natural disasters or domestic emergencies. The first three missions are to provide medical care for veterans, and medical education and research for the nation.

As part of the fourth mission, VA provides contingency support for seven of 13 emergency functions under the National Response Plan. Among them are caring for mass casualties as part of the National Disaster Medical System and maintaining stockpiles of drugs and medical supplies for emergencies.

Responsibility for emergency preparedness in VA falls to two organizations. The Office of Operations and Readiness, based in Washington, D.C., oversees all VA emergency activities and serves as the department's primary liaison with other federal agencies. The Emergency Management Strategic Healthcare Group, based in Martinsburg, W.Va., provides guidance and support for VA medical facilities and coordinates with state and local governments.

VA has been planning for "the big one" for years, participating in hundreds of emergency training exercises annually. The department's emergency response teams have deployed in support of every major natural disaster in the United States since Hurricane Andrew swept south Florida in 1992.



A supply convoy leaves the Alexandria, La., VA Medical Center on Sept. 4. The medical center was a major staging area for response efforts.

JAY DEWORTH

Leaving No One Behind

Leave no one behind.

It's a well-known creed in the military. Troops refuse to leave the field of battle without their comrades-in-arms, whether they are seriously wounded or dead.

It's a creed shared by VA employees who refused to leave anyone, including deceased veterans, behind in the New Orleans VA Medical Center, a hospital flooded and left inoperable by Hurricane Katrina.

After Katrina swept through the Mississippi and Louisiana coastal areas, leaving carnage, destruction, flooding and power outages in its wake, VA first responders evacuated the New Orleans VA Medical Center. By Friday, Sept. 2, 241 patients, 272 employees, and 342 family members had been safely evacuated using boats, military trucks, and C-130 military transport planes.

But nine veterans remained in the hospital morgue.

"We were worried about the power and the refrigeration," said Lynn Ryan, chief financial officer with the South Central VA Health Care Network (VISN 16). "I said, 'Let me make a call or two.'"

The call was answered by a local company that had a refrigerated tractor-trailer, a driver and the willingness to enter what had become a lawless city, with looting in the streets and gunfire in the air.

By Saturday evening, Ryan, the driver, co-worker Ceagus Reed, and VA Police Officers Charlie Donelson and Reginald Finch, both with the G.V. (Sonny) Montgomery

VA Medical Center in Jackson, Miss., had made it through all the roadblocks and were on the outskirts of downtown. They had gotten close to their destination and were only blocks away from the hospital. Four feet high floodwaters and the approaching evening hours turned them away from a city that was about to go dark for the night.

They took shelter at a toll plaza where law enforcement officers had set up a temporary station. There, they dined on packaged bologna and ham courtesy of the resourceful driver, who was accustomed to long trips and had packed a small cooler for the journey.

That night they took turns sleeping in the bunks in the driver's rig. But shut-eye was scarce, as the

forts. There, helicopters landed and took off and convoys of cargo trucks arrived and departed in a steady flow. "It was like a war zone," Reed said of the large military presence. "I kept thinking, 'What am I still doing here in New Orleans in these shorts and this T-shirt?'"

Twenty-four hours earlier, Reed, a human resources coordinator at the South Central VA Health Care Network, had come to his office on a Saturday morning to help staff set up a conference call.

At one point, Reed called his wife, a nurse, to let her know where he was and what he was doing. "She said, 'You're doing what? You and Lynn don't know what the heck you're doing. You'll volunteer for anything.'"

"I was thinking if this was my dad, I would want someone to take care of his body."

sounds of gunfire pierced the air.

Ryan spent most of the evening and the following morning on his cell phone. He called FEMA. He called other emergency agencies. He called the network's emergency operations center. He called and called, trying to get the resources needed to make the last leg of the journey through the flooded waters and to the hospital.

On Sunday, Ryan and his team had relocated to Zephyr Field, an area halfway between the airport and downtown that had become the primary staging area for all relief ef-

Indeed, Ryan and Reed, both health care administrators, have little contact with actual patients, especially those who have died. "I had never even been in a morgue," Ryan admitted.

"I had never seen a dead body unless it was in a coffin," added Reed.

But Reed recalled the death of his own father in a VA hospital after a brief battle with an aggressive cancer. "I was thinking if this was my dad, I would want someone to take care of his body."

At times, both Ryan and Reed

had moments of doubt, wondering if they should turn around and return to air-conditioned houses, warm food and gunfire-free Jackson. For the driver, though, there was no turning around. "I'm a veteran," he said. "We came to get these veterans. We're not leaving without them."

The driver and his company did not want recognition for their efforts and asked that they not be identified.

By Sunday afternoon, more help had arrived. Two additional colleagues from the network office—Steve Jones, an engineer, and Steve Morris, occupational safety and health manager—were escorting a team of engineers from VA headquarters to the storm-damaged New Orleans VA Medical Center.

"We had been in contact with them," Morris said of Ryan and his team. "We knew we had to get the engineers in for an assessment. We also knew we needed to help them with the bodies."

Now in their own convoy, Ryan and his team again entered downtown New Orleans, parking the trailer at the corner of Loyola and Perdido. But a big question remained: How would they get the bodies from the medical center loading dock through flooded streets to the refrigerated trailer?

They had tried to secure help from some of the law enforcement officers they saw passing back and forth in flat-bottomed boats. But no luck.

And time was once again working against them. The boats would depart at 6:30 p.m. The city would be under curfew.

Meanwhile, nine deceased veterans lay in the morgue.

That was when Ryan spotted a 5-ton military transport truck. He flagged them down and they agreed to help by ferrying the bodies from the hospital to the refrigerated trailer.

"I really think they were angels," Morris said. "They were just

these band of brothers who came to help. They showed up. They helped us. Then, they rode off into the dark."

At the loading dock, Ryan, Reed, Morris and Jones suited up in biohazard gear and climbed the three flights of stairs to the hospital morgue. One at a time, they carried the bodies out on metal tabletops, gently taking them down the stairs and placing them in the cargo truck.

The heat was oppressive. The bodies were heavy. Hours later, the four, now physically exhausted and drenched in sweat, had removed the bodies from the morgue.

The city was now dark. The cargo truck pulled out without armed escort, making its way through the thick waters back to the trailer. There, they transferred the bodies to the trailer and headed back to Jackson without stopping.

In Jackson, the bodies were stored at the VA medical center until employees could notify the next of kin and burial arrangements could be made, including some at VA's national cemetery in Natchez.

"I went to one of the funerals. It was very dignified, very touching," said Dr. Mark Enderle, chief clinical officer for the South Central VA Health Care Network. "I had called the families of the deceased and had developed a relationship with them. I wanted to pay my respects to them."

For the men who traveled to New Orleans, the experience remains one that will long stand out against the backdrop of a normal day's work.

"It does give you a sense of belonging," Reed said. "It's always been like there's a sense of family in VA. That's why we needed to do this. We needed to go and get these family members. That's the way I looked at it." 



The sun sets on a flooded Crescent City as a reservist keeps watch for survivors from the air.

By Mario Rossilli

‘We are determined to prevail’

Editor’s note: Few VA leaders have faced challenges as daunting as those of field facilities in the Gulf Coast region in the wake of Hurricane Katrina. Robert Lynch, M.D., director of VISN 16 (Jackson, Miss.), offers some thoughts on the crisis, and shares the experiences of the directors of the two evacuated medical centers.

We’ve all heard it many times. We’re a VA family. Each of us has an idea of what it means. We work closely together. We watch each other grow professionally and personally. We share an important mission: caring for our nation’s veterans.

For my network, that sense of family has always been great. There is a strong bond among our employees. As in other families, over years the relationships have grown, matured and become stronger.

It was that strong sense of family, I believe, that helped lead us through what is being called one of the worst natural disasters in our country’s history. The men and women working at our VA facilities in New Orleans and Biloxi are our brothers and sisters. The veterans lying on hospital beds in our Biloxi or New Orleans medical centers could just as easily have been veterans in Los Angeles or Kansas. They are veterans. It’s our duty—plain and simple—to care for them.

As a network, as a VA family, we are determined to prevail. As William Faulkner, a favorite son from our part of the country, said in his speech accepting the Nobel Prize in Literature: “I believe that man will not merely endure. He will pre-

vail. He is immortal, not because he alone among creatures has an inexhaustible voice, but because he has a soul, a spirit capable of compassion and sacrifice and endurance.”

It’s a sentiment I believe many of our employees, including the two executives at our coastal VA hospitals, share. We were fortunate to have outstanding leadership on site at the New Orleans VA Medical Center and VA Gulf Coast Health Care System. Both men are distinguished members of the Senior Executive Service. Both are recipients of the Presidential Rank Award. Both braved the storm at their hospitals, working side by side with their staff under the most difficult of conditions. These are their stories.

When did you realize you would evacuate?

Richard Baltz, VA Gulf Coast Health Care System acting director: On the Sunday morning before the storm. Our Gulfport campus is located directly across the street from the beach. To help ensure patient and staff safety, it has

become routine practice to evacuate that facility when a hurricane is approaching. Our Gulfport patients are evacuated to our Biloxi campus, which is located on a bluff overlooking the Biloxi Back Bay.

John Church, New Orleans VA Medical Center director: The hurricane passed through the city of New Orleans from early Monday morning through late afternoon. There was not a lot of rain; it was mostly wind.



TARYN ALVARADO

Secretary Jim Nicholson, right, surveys the damage in Gulfport with VISN 16 Director Robert Lynch, M.D.

At 4 a.m. the next day, the water was rising faster and endangering our emergency power supply so we made the decision to evacuate as quickly as we could, beginning with our ventilator patients.

What is needed to safely evacuate all patients and how long does it take?

Baltz: Good teamwork. The movement of patients from Gulfport to Biloxi runs like a well-oiled machine. Since we had just completed the same exercise a few weeks earlier with Hurricane Dennis, the move was handled without incident. I am very proud of the efforts made by our staff to ensure the safety of our patients from before the storm continuing on to today. In addition to evacuating Gulfport, during the height of the storm we also moved the patients, staff and families to interior spaces for their safety.

Church: Communication is vital, and due to the very limited communication that we had with anyone outside the facility, our only coordination was with the VISN office in Jackson. Other than the ventilator patients, evacuation began Thursday morning at about 5 a.m. and the last National Guard troop carrier pulled away from the medical center's loading dock at about 2 o'clock Friday afternoon.

How did you communicate with patients, employees and VACO personnel?

Baltz: As it became more evident that the storm was going to impact our facility, service chiefs were brought in for daily meetings to be kept apprised of the situation and offer input to make sure that all areas of concern were addressed. Following the storm, town hall meetings were held with all employees to

inform them of the impact of the storm on the health care system and allow them the opportunity to get their questions answered. Communication with the VISN and VACO was difficult due to problems with both land and cell phone lines and the e-mail being down. As opportunities became available—when our cell phones would work—we worked with the VISN to communicate our needs.

Church: Our nursing staff communicated with the patients on an on-going basis as they were caring for them. Communications with employees depended on what was available at the time. When the facility was on emergency power and the telephone system was out, we used information fliers. Runners would use the stairs and carry them to employees on each of the floors. We also relied on hand-held radios to communicate between the command center and the supervisory staff on each floor. For communication outside the facility, we used whoever's cell phone had reception at the time. Many times, I would have to go to the roof to try and get reception for the phones in order to talk to the VISN.

How was morale?

Baltz: Morale was remarkable. We sheltered over 900 people including over 200 patients, 400 staff, families and pets. The environment was

friendly and pleasant. For the staff that stayed at the facility, meals were provided in both the canteen and the dining hall. Additionally, we coordinated sleeping arrangements for employees and their families, including providing air mattresses for staff. We did not lose power, thanks to some heavy-duty back-up generators.

Church: It was super. People worked from Sunday night until we left on Friday, doing their jobs. The patients got outstanding care from the staff despite the fact that many



Destruction at the Gulfport campus of the VA Gulf Coast Health Care System.

of our employees did not know the status of their own homes and families at the time. They kept the patients' spirits up. People would come up to me and tell me that they had lost everything and then they would go off and take care of a patient.

How did it personally impact you through the week? And after?

Baltz: Pictures and TV cannot do justice to the destruction left by the storm. The day after the storm I toured our Gulfport campus and was surprised by the sheer force and destruction of the wind and water. On

a more personal note, I was very impressed with the efforts of the staff that stayed, and those that came back as soon as they could. Many sustained loss and damage to their own homes, yet they still came to care for America's heroes. These people are truly heroes in my eyes. We had over 300 staff that lost everything or cannot return to their homes. These men and women make me proud and provide me with strength to continue my efforts on their behalf.

Church: I became at one point overwhelmed with the fear that [the employees] were going to have to put up with so much more until we could get out. Not that we weren't going to get out—I never felt like we weren't going to get out. Meanwhile, I had to be in control and I had to be strong for everyone else.

How did previous planning help with the disaster?

Baltz: Luckily, I guess you could say, our staff, as I have previously stated, has had much practice in preparation for a hurricane. This repetition

paid off through safe patient evacuations as well as keeping our employees safe and healthy to take care of our patients.

Church: We have always had a hurricane plan. At the beginning of this hurricane season, New Orleans Mayor Ray Nagin met with all the CEOs of the city's hospitals. He voiced concern that in the event of a Category 3 or higher storm, there would be 7 to 10 feet of standing water in the city. He explained that the city would not be able to help the hospitals until the water was pumped out of the city. This prompted the medical center to totally change its hurricane plan from being a shelter to all employees and their families to only having enough employees needed to care for those patients who could not be evacuated before the hurricane. This change in preparation plans was responsible for having only one-third of the people in the facility that we had in previous hurricane seasons.

What presented the biggest challenge?

Baltz: Two of the biggest challenges directly after the storm were communications and supplies. Telephones, including cell phones, were either down or not reliable directly after the storm. Outside e-mail and Internet were also inaccessible. Keeping the emergency operations center—EOC—up during and after the storm helped keep command,

control and communication at their best. We are going to look at getting walkie-talkies, as well as some cell phones outside our area code, to have on hand to help in any future situation. The second lesson learned has to do with supplies. Most facilities keep approximately two or so days of supplies on hand. During a disaster, that is just not enough. Our staff worked with the VISN and vendors and they were able to provide us critical items, but I feel that there needs to be an investment in having more supplies on hand.

Church: Nothing happened the way they said it was going to happen. We were told [the evacuation] was going to happen this way and when the trucks got there, that couldn't work so we did it another way. So they take the first group and [tell us] this is what we will do next. Well, that didn't work, either. It wasn't anyone's fault, but the one thing that you learned was that you had to be willing to change everything every time. That got very frustrating but I figured out early on that we had to roll with the punches.

What did you learn from this experience?

Baltz: Our emergency operations center was at the heart of our success. Our EOC was able to coordinate needs for the facility, process information and handle requests. I also learned what a great staff can do. I am proud to be part of such a great team.

Church: I learned to trust my own judgment. I considered input from others before I made decisions with facts that were constantly changing. I came to appreciate the enhanced importance of communicating and doing it creatively without electronic means. I also learned that we had to take care of ourselves. 



PHIL BOOGAERTS

Floodwater pouring into the New Orleans VA Medical Center rushes down a hallway.

Dispatch from Ellington Field: A Memoir of Caring for the Victims of Hurricane Katrina

Editor's note: On Aug. 31, as Hurricane Katrina was devastating the Gulf Coast, the National Disaster Medical System was activated. In Houston, this meant area hospitals began gearing up to receive patients from the hurricane-affected areas under the coordination of the Michael E. DeBakey VA Medical Center.

That day, the medical center began moving supplies, equipment and personnel to Ellington Field to establish a patient reception team. A PRT is comprised of physicians, nurses, pharmacists, technicians, housekeepers, facilities management, police officers, and health administration personnel. With the first C-130 military transport aircraft arriving that evening at 9 p.m., the Houston VAMC's PRT medically triaged more than 700 patients from 21 flights over the next five days.

Leigh Bishop, M.D., a psychiatrist at the Houston VAMC, worked with the PRT at Ellington Field. What follows are his personal observations on the hurricane relief efforts in Houston.

We had not heard from Jessica in more than 24 hours. A freshman in her first week at Belhaven College in Jackson, Miss., my daughter and her fellow students had held out in the powerless, waterless residence hall for 36 hours after Hurricane Katrina, that brutish and overweight angel of death, passed by.

She was able to call a few times by cell phone and clearly was in the high spirits that many survivors of disasters initially experience. (Besides, what could be more fun than being at college and not having to go to classes?) But you could hear a growing edge of worry in her voice as conditions on campus deteriorated. Then she got into a car with her friend, Emily, and headed east, right into the wake of the storm. We lost all contact.

Wednesday, at my desk in the mental health clinic at Houston's Michael E. DeBakey VA Medical Center, it became increasingly difficult to concentrate. The immediacy of caring for hospital patients helped focus my attention. But once in the office again, my mind quickly wandered back to concerns about Jessica, and the increasingly disturbing reports coming out of New Orleans.

I felt restless and helpless, so I contacted one of our clinical administrators to volunteer in case VA would be

sending physicians into the disaster zone. She declined the offer. "Once the evacuation starts, you'll probably be needed here more than there." Her reasoning made sense, of course. But it did nothing to ease the restlessness.

We finally heard from Jessica on Wednesday evening. She was tired but safe at the house of Emily's grandfather in eastern Mississippi. There, they at least had water and such power as could be provided by portable generators. But she clearly was straining to hold back tears. Home in Texas was sounding sweeter and sweeter.

Thursday morning, four days into the aftermath of the hurricane, our VA medical staff arrived at work to find that the National Disaster Medical System had been activated the night before. NDMS is the primary contingency plan for mobilizing federal physicians and health care workers in a national disaster. Our first team was already on the ground at Ellington Field, the former Air Force base that now serves as the hub of Johnson Space Center aircraft operations and local National Guard activities.

Since this was my research day, I had missed an early staff meeting, only learning afterward that the executive of the Mental Health Care Line had called for psychiatrists to volunteer for duty at Ellington. While most of the front-line physicians were primary care providers, psychiatrists would be needed to address acute mental stress in storm victims as well as to provide general medical care and triage in case the other docs were overwhelmed with cases.

Many of the mental health staff were hesitant initially. How much need would there actually be for psychiatrists? Perhaps they merely would be in the way. And after all, they spend most of their time treating mental illness, not physical injuries and the effects of severe exposure to the elements.

I could understand the reluctance. It has been years since I was last assigned to an internal medicine service.

On the other hand, early in my career, still unsure of my ultimate direction, I chose to take more training in general and emergency medicine than is required for

psychiatrists. And personal experience had taught that, as long as expert back-up is available—as it surely would be in this situation—almost any licensed physician, especially one who works in a hospital setting, has enough skill and knowledge to provide basic care and triage, which would be the primary task of the team.

After wrestling over the decision for a few minutes, I sent an e-mail to Dr. Kim Arlinghaus, assistant director of the Mental Health Care Line, stating that I would be willing to go.

The answer came more quickly than expected. Twenty minutes later, while talking with my father by cell phone about Jessica's situation, the desk phone rang. "Can you be on a van to Ellington in 5 minutes?" Kim asked.

Surprised, I fumbled for a response. My first thought was that my stethoscope and penlight were at home, this being a research day. "You can borrow mine," she said. "Do you want a set of scrubs?"

I ran to her office, on the other side of the building. "I don't know how long it will be before we can relieve you. I hope that's okay. We're still getting this thing organized. But Dr. Garza (Robert Garza, M.D., a colleague in the department) was out there all night and no one from our group is there now. The military is bringing in more flights from the New Orleans airport. They say that they're full of sick people from the hospitals, as well as some people who have been floating in the water for days."

I grabbed the stethoscope and headed for the elevator. Halfway to the carport by the Spinal Cord Injury unit, recalling that I still did not have a flashlight, I doubled back to the hospital canteen and bought a cheap one. A breathless secretary caught up with me in the hallway and handed me the scrub suit. When I finally got outside, a group of nurses and support staff was gathered around the gray hospital van, the transportation specialist checking their names off on a clipboard. "Are you Dr. Bishop?" he asked. He held out a set of keys. "Would you be willing to drive?"

Unsure why being a doctor qualified me more than others to drive a government van, I climbed behind the wheel and dropped my scrubs and bag on the floor beside me. Someone jokingly asked if I had a commercial license. "No, but don't tell anyone." I hoped it would be the only thing I would face that day for which I was not prepared.

At the gate into the airfield, we sat for several minutes in the heat while the uniformed guard awaited our clearance. Once inside the security fence, I parked the vehicle and we climbed out in front of the gaping entrance to NASA's Hangar 990.

It was like a scene from a movie. Think of the set

piece near the end of "Close Encounters of the Third Kind," where scores of specialists and technicians move about like so many ants, hurriedly setting up a high-tech encampment, awaiting unknown visitors from the sky.

Convoys of ambulances were parked in long, well-ordered lines, drivers and crew milling around and checking equipment. Under the brightly lit canopy of the hangar, doctors and nurses clustered in small groups consulting with one another or with disaster relief coordinators and communication staff at long tables.

To the sides, someone had arranged rows of chairs to accommodate those patients who could walk without difficulty. Further back, four emergency medical stations had been set up beside the pharmacists' tables, white-sheeted gurneys and IV pumps waiting silently for the next planeload of storm victims.

Hovering behind it all, like a great albatross with its white wings stretching the width of the hangar, was one of NASA's high altitude jet aircraft, its ground crew casually going about their maintenance duties as though having a makeshift emergency room suddenly appear in their midst was an everyday occurrence.

I quickly found Dr. Jagadeesh "Jay" Kalavar, director of the Houston VAMC's patient reception team. We agreed that I should float between stations, focusing primarily on psychiatric needs but also providing general care and triage as needed. Five planeloads from New Orleans had come in during the night, and more were expected soon.

After changing into scrubs, I went to the pharmacy, which consisted of stacks of large plastic containers filled with the standard medicines used for emergencies in the field. "What psychiatric medications do you have?" I asked.

The pharmacist rummaged through the boxes and found nothing. "I can get whatever you need on the next van from the hospital," he offered. I told him to ask for lorazepam, injectable and oral, as well as injectable haloperidol and rapidly dissolving olanzapine, both of which are antipsychotic medications. New Orleans, like any large city, has its share of severely mentally ill living on the streets. Undoubtedly, at least a few of them would be on incoming aircraft.

As the next inbound flight was announced, ambulance crews began lining up their stretchers side by side at the entrance to the hangar while support staff handed out earplugs to doctors and nurses. Health technicians moved wheelchairs into formation near the stretchers. Canvas litters leaned against the outside wall of the hangar. Order formed out of chaos.

Then we waited, and waited. People moved about restlessly. Someone announced that the flight had been delayed. We relaxed, leaving the equipment in place

and reminding ourselves that “hurry up and wait” was a rule that applied to more settings than just the military. In the meantime, I shadowed Dr. Kalavar, trying to learn a few things about medical disaster management.

Finally, one of the communications staff announced that the flight was 5 minutes from the runway. Regrouping, we soon heard the drone of the approaching aircraft rising above the echoes of the hangar. Within minutes, a C-130, military drab, taxied from the runway and parked about 50 yards out on the tarmac. Stretcher teams held back while doctors and charge nurses walked out through the prop wash.

As the rear ramp was opening, we could see into the darkened interior of the plane. Closely packed columns of canvas litters hung suspended on either side of the center framework, each holding a sick or injured evacuee. The flight surgeon reviewed the passenger manifest briefly with Dr. Kalavar, detailing the numbers of critical and ambulatory patients. A few passengers with minor injuries walked down the ramp. Then the aircrew began carrying the litters out of the hold, transferring each patient to an ambulance stretcher wheeled into place below.

Back in the hangar, nurse assistants rapidly moved critically ill patients through the minimal registration process to each triage station. Nurses took vital signs while doctors obtained brief histories.

Most of the patients had been in New Orleans hospitals, evacuated because of dwindling medical resources and an increasingly unsafe environment. Some were post-operative patients who had recently been released from inpatient care. Before their wounds could fully heal, they found themselves struggling for hours in the infectious waters of the drowned city, incisions opening to form large, draining abscesses.

Several others had chronic kidney failure and, for lack of electrical power, had not undergone dialysis in many days. One who initially appeared stable sat in a chair off to the side until she fainted. We rapidly downgraded her condition to urgent, and moved her to an ambulance.

A frail-looking elderly man from a flooded nursing home, obviously somewhat demented but determined not to be cowed, looked out at me with fierce eyes and wide gaps in his few remaining teeth. “There’s nothing wrong with me. I feel great. I’m just hungry. I could eat a steak. Do you have a steak?”

I told him that I did not have a steak (doubting that he could chew one if I had), but assured him that I could get him something almost as filling. Testing his orientation, I asked if he knew what month it was. “December?” he said.

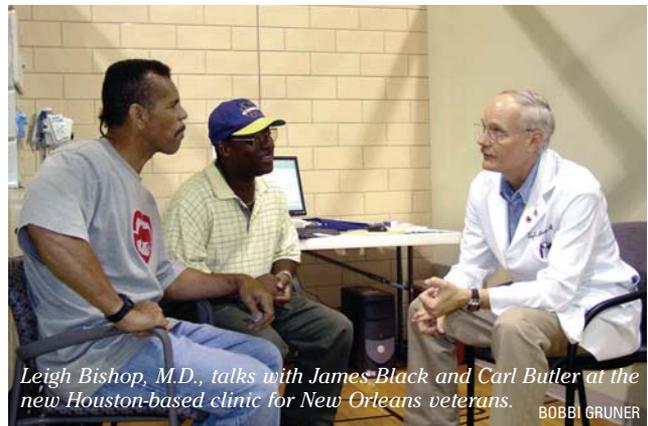
“Hmm, kind of hot for December, don’t you think?”

He considered this thoughtfully. But the news that it was September and he was in Houston didn’t seem to interest him very much. The last I saw of him, he was sitting at one of the side tables, happily downing fruit cocktail and granola bars.

The doctors worked rapidly, examining each evacuee and writing their condition and level of urgency on a colored tag attached to the clothing of each. As soon as one was wheeled away, nurses in green scrubs immediately signaled for the next in line.

A medical technician called me over to one stretcher where nurses looked somewhat perplexed. “I think she’s catatonic,” one of them said of the mute woman lying before her. She was indeed. Her eyes, barely making contact with mine, were vacant. There was no evidence of physical injury. Whispering a barely coherent yes or no to a few insistent questions, she had the characteristic feel of schizophrenia, so hard to describe but so familiar to those who see it daily.

A tag on her sleeve said simply: “Haldol IM given.”



Leigh Bishop, M.D., talks with James Black and Carl Butler at the new Houston-based clinic for New Orleans veterans. BOBBI GRUNER

I spoke to her in reassuring tones, asking her when the medication had been given to her. No answer. It was all the information we would get. “She goes to inpatient psychiatry,” I said to the EMT standing by.

Someone pushed a man up to me in a wheelchair. He was grizzled-looking, in his fifties. I glanced at his tag and asked him, by name, how he was feeling. He grinned and said that most people outside of Louisiana don’t pronounce his name correctly. Apparently I had gotten it right. “Are you from Louisiana?” he asked. I told him no, but that I had visited there several times. He said that he had chronic lung disease. “Do you use oxygen?” I asked. “Have you had chest pain recently? Are you having trouble breathing now?” Negative to all.

He talked while the nurse attached the pulse oximeter and took his blood pressure. “Man, you can’t imagine what it’s like in New Orleans right now. There was a gun battle just outside the place I was staying. At

least a hundred police and about as many criminals. Those idiots were even shooting at the helicopters that were trying to come in. What kind of people would do that?"

I could only shake my head. As the nurse assistant wheeled him away, I said, "Welcome to Texas."

"Glad to be here," he said. You could tell he really meant it.

After about 20 minutes, the line of wheelchairs and stretchers had thinned considerably. Seeing no one waiting for attention, I walked toward the open space behind the hangar threshold.

I saw a small group of people huddled around Ed Tucker, medical center director. The giant albatross brooded in the background. Tucker signaled for me to come over, and gestured discreetly toward a burly young man standing to the side in a rumpled scrub suit. One of the docs in the group nodded: "I think you should talk to that guy. He came in with the hospital staff on the last flight, and was walking around kind of frantic, like he was about to come unglued."

I walked toward him. He paced back and forth like

over for a moment. "There were bodies in the water everywhere. Someone said that you could see sharks in Metairie from the air."

Much of my time, both that day and the next, was spent with traumatically stressed medical caregivers who were evacuated with their patients. All of them were worn to the point of exhaustion. Almost invariably, their first request was for a telephone to call family members who had not heard from them since the hurricane went through.

Ed Tucker took me aside after the first ones came in. "Do whatever is necessary to take good care of these people. For now, they're mine ... treat them like they are our own employees."

That night, at about 8:30, I was relieved by Dr. Anna Teague, our program director at the Houston VAMC. I went back to the hospital to collect my belongings before going home. Once again, I drove the van, this time with a different group of VA staff as passengers. They were somewhat perplexed that their driver was a physician. "It's my new job," I told them. "Less stress than being a doctor." The joke fell a little

"The heroes of Hurricane Katrina are the doctors, nurses and other hospital staff who stayed at their posts unprotected when danger surrounded them, doing what they were trained to do and much that cannot be taught."

an agitated bear until I caught his eye and was able to introduce myself. With barely an acknowledgement, he began talking rapidly.

He was a critical care specialist, on duty since before the storm rolled in. "You can't imagine what it's like back there," he said. I was to hear that several times over the next two days. "Try to imagine carrying a patient on a heart-lung machine down a darkened stairwell. We were running out of medications, running out of fluids. There was shooting outside. We did this for four days.

"And the airport is unbelievable—total chaos. Ambulances dropping people off like packages and immediately leaving to pick up someone else. They are putting patients who aren't expected to make it off to one side, black-tagging them so that they can deal with the ones who can still be saved. I'm too tired to move, but I don't know if I'll even be able to sleep tonight. What I want right now is a shower and some alcohol." His speech began to lose some of its urgency as he talked.

I asked how much sleep he had had, and how recently. "I don't know. Maybe this afternoon for about 20 minutes. I can't remember." He paused, eyes glazing

flat—we had seen stress levels in both doctors and patients that few of us would ever experience.

When I arrived back at Ellington the next morning, Friday, to relieve Dr. Teague, there was a single military cargo jet parked on the tarmac by the hangar, engines whining. Strangely, there was no activity going on around it, and there were a lot fewer ambulances than the day before.

I walked into the hangar and found Dr. Teague near tears. "They won't let us take the patients off the plane. They are going to send them away and close us down." Apparently, someone had ordered our operation shut down, confused about the availability of more hospital beds in Houston. The aircraft, motionless and waiting for orders, was to be diverted to another city. Kalavar was on the telephone, trying to cut through the red tape.

I stowed my bag and waited with the rest of the staff to see what would happen. Minutes ticked by slowly, like the beat of a failing heart.

Finally, Dr. Kalavar emerged from one of the side offices looking slightly harassed, but determined. "Let's get these people off the plane."

A few people cheered. Everyone brightened. They began preparing to receive patients. It turned out to be a larger group than any of the previous day, with a number of very sick people as well as some who walked off under their own power. Gaining efficiency with experience, the team rapidly evaluated them and sent them off to the appropriate clinic facilities.

Whatever the confusion about hospital beds, it appeared to be worked out. We didn't shut down. And Dr. Kalavar began planning staff rotations for the Labor Day weekend.

The flights began to slow. Perhaps they were choosing to overfly Houston for other cities with unstrained resources. Or perhaps operations in Louisiana and Mississippi were on track again.

As the hours passed without further arrivals, staff gathered to watch the unfolding social disintegration in New Orleans on a small portable television that one of them had stuck on a medication stand. Someone speculated that it would only be a matter of time before Houston experienced something very similar. A vague recollection of St. Patrick's "Breastplate" broke the surface of my memory: "Christ between us and evil."

Later that afternoon, while I stood outside the hangar enjoying an unusually cool breeze from a nearby thunderhead, my cell phone rang. It was Jessica. She was doing well, her voice much more upbeat. Power was expected to be on at Belhaven the next day, and she would be going back to college.

I told her that I loved her, and to be sure to call when she arrived back at the school. I also described how I had spent the last two days. Compassion comes easier to my daughter than to my own more jaded heart. And she views humanity accordingly. If you say "New Orleans after the storm," she thinks of helpless people floating in water. I'm just as likely to think of armed hyenas joy banging at rescue choppers. She was pleased to hear what I had been doing.

Relief at Jessica's news mingled with the pleasure of seeing the wide clear spaces of the airfield before me and an approaching T-38, just possibly carrying an astronaut. It dipped toward the runway before swooping up again in a go-around. "Must've been flagged off because of that corporate jet about to roll," I said to a bearded gentleman who had walked up beside me quietly. He was slightly older than me, wearing one of the many different agency polo shirts to be seen among the NDMS participants.

We talked casually for a few minutes about the various aircraft scattered around the field. He reminisced about his days at Ellington with the Civil Air Patrol, and speculated about the possible effects of a Category 5 hurricane on Houston. "We'd be underwater right now

if Katrina had come through here," he said. I'd seen enough coastal flooding projections to know that he was right. Houston, especially after Allison in 2001, was better prepared than any other city to understand New Orleans' suffering.

A C-130 swung off the taxiway toward us, and we turned for the hangar.

Later that day, after getting some sleep, Anna Teague called. "Go home and rest," she said. "You've done enough for now. Some of the other docs are going to rotate into the schedule for the weekend."

I felt a little wistful that, for the present, it was over.

Physicians and other health care professionals at VA have the uncommon privilege of commonly getting to know and care for heroes. They develop a sense for what is truly valiant. Ours had been good work, the work of mercy. But not heroic. We simply did our jobs, though in unusual circumstances.

The heroes of Hurricane Katrina are the doctors, nurses, and other hospital staff who stayed at their posts unprotected when danger surrounded them, doing what they were trained to do and much that cannot be taught. In the classrooms and lecture halls, you can't learn how to carry on professionally through day after day without electricity, without water, with little sleep, and with running gun battles in the streets outside. Not even oaths solemnly taken in graduation ceremonies can account for such fidelity and endurance. They arise only from character.

I spoke with one young doctor, only a few months out of medical school. Nothing had prepared him for this. When I approached him, he asked to borrow my cell phone to call his family, to tell them that he was alive and in a safe place. Later, he spoke of being abandoned by his supervisor, a more experienced doctor who put his own needs first and got out of town, or so he suspected. (I shuddered inwardly. God grant that I never have to choose between the safety of my family and the welfare of my patients.)

He described the primitive conditions in his hospital—the heat, the darkness, the stench, the strain of carrying patients on pumps and IVs down stairwells lit only by flashlights, bodies floating in the water outside. I listened quietly as he ventilated the sorrows and frustrations of the past few days, and thought how young he was to carry such responsibility, and how well he had done so.

"We heard there were gunfights just outside the hospital," I said, probing gently.

He blanched, swallowed, and his eyes moistened. He said nothing and changed the subject.

It had been a very tough few days, even for heroes. **VA**

Making Displaced Veterans Feel at Home

People who say government moves too slowly have never met the employees of the Michael E. DeBakey VA Medical Center in Houston.

To deal with the health care issues of the many veterans displaced by Hurricane Katrina now calling Houston home, the medical center decided to set up a temporary clinic in their 18,000 square-foot gymnasium. A fully functioning health clinic was assembled there in just three days. On Sept. 8, the day it opened, the clinic saw 125 veteran outpatients currently living with friends and family or in shelters around the city.

Preparations included constructing examination rooms, installing sinks and plumbing, wiring the space for phones, and networking computer equipment. Work went on around the clock until the job was done. Crews were dusting off equipment and painting walls just minutes before patients began arriving.

"The Tuesday before, the clinic was just talk," said J. Kalavar, M.D., director of primary care at the Houston medical center. "By Thursday it was done." Kalavar admits the first hour was chaotic, but by the second hour, the staff had found their rhythm and operated as well as any first-rate clinic in the city.

It's hard to imagine how they accomplished this feat, especially when you consider that 90 percent of the medical staff working in the new clinic have come in from other VA facilities around the country, never having worked together as a team before. One physician assistant from Anchorage, Alaska, was in his

cabin getting ready to go bear hunting when he got the call to head to Houston.

In addition to Alaska, VA health care providers including nurses, social workers, pharmacists, administrative personnel, and health care technicians have arrived from more than 20 different states to help out. Steven Johnson, a medical technician from the New Orleans VA Medical Center, was one of the last to be evacuated from the hospital there. He's now working in the clinic along with other VA employees.

"I'm seeing a lot of familiar patients and it's lifting my spirits to see them and help out. They recognize me, too. I'm still here for them, whether it's here or in New Orleans," said Johnson.

The clinic offers primary care, pharmacy, social work and mental health services, as well as a laboratory, immunizations, veterans' benefits counseling, and transportation to and from shelters. It's designed to be fully functional for at least a year.

In addition, Houston VAMC outreach coordinators and social workers are working with area shelters, including the Astrodome and

the George R. Brown Convention Center, to help displaced veterans with housing, clothing, health screenings, VA and Social Security benefits, and employment.

The sign above the door welcoming veterans to the new clinic says: "New Orleans VA Medical Center, Houston-based Outpatient Clinic." Veterans from the hurricane-affected areas are relieved to see it and know they will have one less thing to worry about.

"This is primary care for New Orleans veterans here in Houston," said Kalavar. "Our major goal is to maintain a level of uninterrupted



Felicita Frederick, medical technician from the Durham, N.C., VA Medical Center, takes blood from New Orleans patient Phillip Ferrer in the clinic created out of a gymnasium at Houston's Michael E. DeBakey VA Medical Center. Frederick is one of more than 600 VA employees deployed to support relief efforts in the wake of the Gulf Coast hurricanes.

care for them. We have a critical mission ahead of us." **VA**

By Susan Fishbein

Helping Katrina Victims in the Nation's Capital

When the seaside Gulfport Armed Forces Retirement Home was decimated by Hurricane Katrina, the 416 elderly residents hastily tossed their few salvaged belongings in plastic bags and boarded buses bound for the home's sister facility in Washington, D.C. Their medical records were washed away along with family photos, treasured heirlooms and the place they called home. Along the route, several became ill and were admitted to hospitals during a stop in Atlanta. Others made arrangements to meet loved ones.

On Sept. 1, 322 exhausted and worried veterans arrived at the Armed Forces Retirement Home in D.C. Staff from the facility's next-door neighbor, the Washington, D.C., VA Medical Center, were on hand to meet them and begin the enrollment process.

Military retirees already receiving VA health care through the VA Gulf Coast Health Care System had their medications prescribed, filled and delivered to their new rooms within two hours of their clinical visits. Medical records, including images, were available in



ROBERT TURTEL

Willie Brown, eligibility coordinator at the Washington, D.C., VA Medical Center, worked many extra hours enrolling evacuees from the Gulfport Armed Forces Retirement Home.



ROBERT TURTEL

Deborah Amdur, chief of Social Work Service at the Washington, D.C., VA Medical Center, meets with a Gulfport evacuee. Physicians, nurses, social workers and psychologists from the medical center were among the VA staff helping the Katrina evacuees.

one to two days. No medical records followed those retirees who had not previously enrolled, but D.C. VAMC staff registered them quickly, established new electronic records and replaced their medications.

The medical center's ability to quickly and effectively support the evacuees was due in large part to the availability of electronic records. Fifteen computer workstations were set up at the Armed Forces Retirement Home and within minutes of the arrival of the evacuees, a walk-in clinic was established. Nearly 300 military retirees were registered and met with a D.C. VAMC clinician and/or social worker. Approximately 20 of the Gulfport evacuees needed hospitalization.

"People have just gone out of their way to make us feel welcome and to do anything they can for us," said veteran evacuee Jewel Poteet, "and they've done it with such a cheerful attitude. We're really grateful to have gotten here to the VA rather than somewhere else." **VA**

By Michelle Spivak

Reaching Out to Veterans in San Antonio Shelters

When the city of San Antonio set up shelters to house thousands of people fleeing Hurricane Katrina, the South Texas Veterans Health Care System sent VA staff to those facilities to identify and care for displaced veterans.

Jose R. Coronado, director of the health system, felt very strongly about the need to reach out to these veterans. “Many had lost everything and were going through one of the toughest times of their lives. We wanted to do all we could to help during this disaster,” he said.

At each shelter, Coronado established a VA office staffed with a registered nurse, social worker, medical administrative service officer and an administrator. He also scheduled three shuttles a day to transfer veterans to the VA hospital for medical care.

Pat Jost, R.N., embodied the compassionate care provided by VA nurses at the shelters. She evaluated



Iliana Elizando, a social worker with the South Texas Veterans Health Care System, talks with a veteran evacuee in a San Antonio shelter.

the very sick and cared for those whose grief seemed inconsolable. She also single-handedly tracked down a man’s only surviving family member, his Navy reservist niece.

With phone lines down and cell coverage non-existent, she contacted the Armed Forces Emergency Network, local military bases, all major cell phone companies, and finally local operators in cities across the country. When she came up empty-handed, Jost took one final shot by sending messages to various

military e-mail addresses using the niece’s name. Sure enough, she got a hit and reunited the gentleman with his niece.

According to Natalie Sutto, the health system’s public affairs officer, there are countless other stories of employees delivering compassionate care to veterans and non-veterans at the shelters. “The stories of grief and loss can be overwhelming but everyone remained focused on the

mission and helped hundreds of people,” she said.

The shelters are still operational as San Antonio continues to house thousands of evacuees from Hurricane Rita alongside those who fled the devastation of Hurricane Katrina. As long as the shelters remain, Coronado and staff at the South Texas VA will continue to care for displaced veterans and their families. **VA**

By Matt Bristol

LVAAA Assists Katrina Victims

The Leadership VA Alumni Association played a key role in collecting contributions for VA employees affected by Katrina. While the totals were still being tallied at press time, early reports indicate that thousands of VA employees around the country gave generously to help their co-workers. Look for more on the results of this campaign in the next issue of *VAnguard*.

The Leadership VA Alumni Association is a not for profit 501 c3 organization whose members are graduates of the department’s executive development program, Leadership VA. In addition to efforts such as this one, the organization is a national participant in the Combined Federal Campaign (CFC), receiving and then donating funds to VA’s National Rehabilitation Special Events (Winter Sports Clinic, Wheelchair Games, Golden Age Games and Creative Arts Festival). These events give the veterans who participate the opportunity to develop and display their artistic and athletic skills despite the challenges they face in their daily lives. For more information, go to www.lvaaa.org and click on “Combined Federal Campaign.”

Celebrating the 40th Anniversary of a Unique Public-Private Partnership

On Sept. 29, insurance company officers sat down with one of their largest policyholders to celebrate the 40th anniversary of a unique relationship that has benefited millions of veterans and their families.

On that date, in 1965, Congress created the Servicemembers' Group Life Insurance (SGLI) program to address coverage needs arising from the war in Vietnam.

The federal government had provided similar life insurance coverage to members of the armed forces since World War I, but SGLI represented a new approach which has developed over four decades into one of the most successful government-private industry partnerships.

Instead of being administered directly by government, SGLI was created as a group policy to be purchased by VA. The Prudential Insurance Company of America's policy was selected, the then-Administrator of the Veterans Administration made the purchase, and the unique

VA-Prudential partnership began.

With VA representing veterans' interests and Prudential bringing its industry expertise to policy management, the program has grown and successfully met veterans' changing needs.

"This partnership was an early demonstration of the benefits that can be achieved when government and private industry work together," said VA Deputy Assistant Director for Insurance Steve Wurtz. "Together, VA and Prudential have provided millions of American servicemembers the security of knowing that their loved ones will be provided for should anything happen to them in the line of duty."

Prior to SGLI, all government life insurance programs capped cov-

erage at \$10,000. The first SGLI followed suit, but over the years, VA and Congress have worked to increase coverage on eight different occasions to keep pace with economic realities. In addition, significant enhancements to the program added over the years include conversion of SGLI to a veteran's insurance program, covering reservists full-time and providing SGLI coverage for family members.

Most recently, VA worked with Congress to develop two major legislative changes that are of great significance to servicemembers and veterans. SGLI maximum coverage increased to \$400,000 on Sept. 1, and a new benefit, Traumatic Servicemembers' Group Life Insurance (TSGLI), was created for

servicemembers who incur very serious injuries.

Last May, the Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Tsunami Relief, 2005, Public Law 109-13, was signed into law by the President. One of its main provisions was to increase the maximum amount of SGLI coverage to \$400,000. On Sept. 1, all members of the uniformed services automatically became insured for the maximum coverage of \$400,000. The monthly premium for full coverage is \$26. Members who wish to retain the \$400,000 of coverage with the same beneficiary designations as before that date need take no action.

Even members who had previously declined SGLI coverage or elected less than the maximum coverage were automatically covered for \$400,000 on Sept. 1. They can decline or reduce the coverage by completing a new SGLV 8286 form available through military personnel channels or on the VA Web site at www.insurance.va.gov.

That same law also created a program that will provide up to \$100,000 to servicemembers who suffer specific traumatic injuries. Under the new Traumatic SGLI, or



Prudential Chairman and CEO Arthur F. Ryan presents an award to VA Secretary Jim Nicholson honoring VA's 40-year partnership with the insurance company during a ceremony held in Washington, D.C., on Sept. 29.

severity of the condition, and in an amount not less than \$25,000 or more than \$100,000.

By law, injuries covered include, but are not limited to: blindness, deafness, loss of limbs, coma, severe burns, quadriplegia, hemiplegia, and paraplegia. It does not cover any condition resulting from illness or disease.

This program was created to provide immediate financial assis-

have the financial means to pay the considerable costs associated with being with an injured loved one during this time. They are often forced to leave their jobs and have little money to support themselves and their families in a location that may be far from home.

Premiums for the traumatic injury coverage will be \$1 per month and will be deducted from the servicemember's pay. All servicemembers covered by Basic SGLI coverage will also automatically be covered by Traumatic SGLI. The Traumatic SGLI program takes effect Dec. 1. However, the benefit is payable retroactively to any member who suffered a traumatic injury between Oct. 7, 2001 and Dec. 1, 2005, as a direct result of Operation Enduring Freedom or Operation Iraqi Freedom. **VA**

“This partnership was an early demonstration of the benefits that can be achieved when government and private industry work together.”

TSGLI, program, payments will be made in accordance with a schedule prescribed by the Secretary of Veterans Affairs in consultation with the Department of Defense based on the

tance to traumatically injured servicemembers so their families can travel to be with them during an often extensive recovery and rehabilitation process. Many families do not

By Melodee Mercer

Straight from the Source

VA's Environmental Agents Service is serious about communicating with veterans.

Communication is an important part of every relationship. For nearly 25 years, VA has been communicating with a special group of veterans who might have been exposed to environmental hazards while serving in combat.

Debuting in 1982, the *Agent Orange Review* was the first VA national newsletter designed to inform Vietnam veterans of health issues specifically related to their military service. It quickly proved to be "an invaluable resource of information for veterans and others," according to Layne Drash, former director of Environmental Agents Service in the Office of Public Health and Environmental Hazards.

Back in the early 1980s, there was little knowledge in the veterans community about Agent Orange and the long-term effects of exposure to dioxin, Drash noted. So the newsletter was filling a communication void.

But to be effective, it had to present complicated information in an easy-to-read format. This was one of the toughest challenges, according to the newsletter's first editor, Donna St. John, who now works for the USO.

The VA Office of Public Affairs published the *Review* throughout the mid-1980s. In 1989, responsibility was transferred to Donald Rosenblum in Environmental Agents Service. Under his watch, the concept of communicating directly with veterans has blossomed. "Veterans want and need this information to protect their health. We owe them as much information as we can find," he explained.

Today, Rosenblum produces four national newsletters for veterans who may have been exposed to environmental hazards: the *Agent Orange Review*, *Gulf War Review*, *Operation Iraqi Freedom/Enduring Freedom Review*, and *Ionizing Radiation Review*. Each newsletter is published about twice a year, depending on the amount of new information available.

The newsletters are sent directly to veterans registered on VA's four health registries, which offer physical examinations tailored to address specific health issues, as well as VA medical centers, vet centers, regional offices and other interested parties.

The first issue of the *Gulf War Review* was released in October 1992. It was originally called the *Persian Gulf Review* but the name was changed in 1997 to be sensitive to individuals of Persian ethnicity. It

offers up-to-date information on new clinical programs and the research agenda concerning health issues that arose during and after the 1991 Gulf War.

In 2003, Rosenblum began working on a newsletter for veterans of the wars in Iraq and Afghanistan, because their environmental exposures differed from veterans of the first Gulf War. So far he has produced three 12-page issues with information on the possible long-term health consequences of military service in Iraq and Afghanistan.

With the publicity on Agent Orange and Gulf War health concerns, a group of veterans involved in the testing of nuclear weapons after World War II recently contacted VA to urge creation of a newsletter relating to their health concerns. In response, Rosenblum started the *Ionizing Radiation Review*.

Veterans seem to appreciate and benefit from the newsletters. One who receives the *Ionizing Radiation Review* responded in a reader survey that he liked having research findings compiled into a single source. He previously had to sift through reams of literature to find information and sometimes had to turn to "relatively obscure sources."

To read editions of all four newsletters, visit www.va.gov/Environagents/. For more information, contact Donald J. Rosenblum, Deputy Director, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, N.W., Washington, D.C., 20420. **VA**



ROBERT TURTEL

Donald Rosenblum with the newsletters he produces for veterans who may have been exposed to environmental hazards.

By Tiffany Anzalone and Matt Bristol

Waging the Annual War on Flu

If you could take one step to counter a problem that causes 36,000 deaths and 200,000 excess hospitalizations each year in this country, wouldn't you? That one step is flu vaccination.

Influenza, or "the flu," is a febrile (fever-causing) illness caused by the influenza virus that can be prevented by vaccination. Influenza is seasonal, with the illness showing up every fall and winter.

The vaccine is changed every year to match the currently circulating strain of influenza. You need to be vaccinated each year to be protected. In VA, influenza vaccination of health care workers and patients usually begins in September and October and runs until March or April.

Patient vaccination rates are high. In fact, some VA medical centers report vaccinating about 9 of 10 elderly patients last year, even with vaccine policy changing over time due to the nationwide flu vaccine shortage. Rates for health care worker vaccination, however, are not as good. In the U.S. as a whole, only four of 10 health care workers get a flu vaccination.

Therefore, goals for VA's flu vaccination program are to:

- Increase the rate of influenza vaccination of health care workers
- Maintain or increase the high rate of influenza vaccination of patients by encouraging them to ask about it
- Provide vaccination against pneumococcal illness where indicated
- Promote non-vaccine methods of preventing infection, particularly through hand and respiratory hygiene
- Ask all staff and providers to promote this year's vaccination campaign

To help promote influenza vac-

ination throughout the VA health care system, the VA Influenza Toolkit 2005-2006 has been created. It contains a manual covering clinical information on vaccines, ways to improve health care worker vaccination rates, best practices for vaccination of staff and patients, frequently asked questions, extensive references, plus posters promoting flu vaccination, buttons for health care workers, and a sticker indicating the wearer has gotten a flu shot.

To help the VA health care system put on the annual flu vaccination program, toolkits are being promoted and mailed to eight categories of employees in VA medical centers, including the leads for flu vaccination efforts, influenza vaccination ("flu") coordinators and occupational health clinicians. The six other categories usually support these efforts in some way and are also receiving toolkits.

They are prevention coordinators, infection control professionals, public affairs officers, patient educators, patient safety officers and EES education contacts.

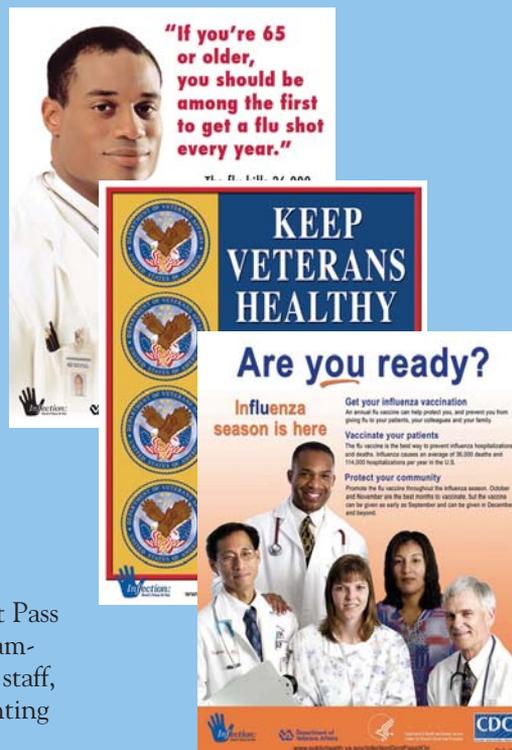
The toolkits and their materials are being posted on the Web at www.publichealth.va.gov/infectiondontpassiton (flu site www.publichealth.va.gov/flu), VA Intranet vaww.vhaco.va.gov/phshcg/InfectionDontPassItOn/ and vaww.vhaco.va.gov/phshcg/Flu/Default.htm.

The annual influenza vaccination program has become part of "Infection: Don't Pass It On," a VA public health campaign that aims to involve all staff, patients and visitors in preventing infections, both natural and

manmade. The toolkit, and the campaign as a whole, along with the vaccination program, were developed by a multidisciplinary Central Office and field-based team that includes the Office of Public Health and Environmental Hazards, the Employee Education System, VA infection control professionals, the National Center for Patient Safety, the Infectious Diseases Program Office, and the VA National Center for Health Promotion and Disease Prevention.

You can do your part, too—encourage health care workers and patients to roll up their sleeves and get a flu shot! **VA**

By *Connie Raab*



14th Annual Robert W. Carey Award: Trophy Goes to Houston

Fresh from a major role in triaging Hurricane Katrina evacuees in Houston, the Michael E. DeBakey VA Medical Center received the department's top quality award at the 14th annual Robert W. Carey Organizational Excellence Award program held Sept. 21 in Arlington, Va.

Deputy Secretary Gordon Mansfield presented the award to Robert Lynch, M.D., director of VISN 16 (Jackson, Miss.), and several employees from Houston. Lynch accepted on behalf of the entire DeBakey leadership team, some of whom were unable to attend because they were caring for Katrina survivors and preparing for Hurricane Rita.

Lynch said he was proud of how his network handled the disaster and praised the work of employees in Houston who led the city's relief operation. "Let me tell you, that is one remarkable team," he said.

The Carey Award program recognizes performance excellence. The evaluation criteria and scoring guidelines are based on the Malcolm Baldrige National Quality Award criteria. VA facilities apply for a Carey evaluation to gauge their level of organizational efficiency.

It's not an easy process, noted Mansfield. "This is not about winning a trophy. It's about giving yourself an honest assessment, understanding your strengths and weaknesses ... and ultimately being the best at providing veterans with efficient and effective products and services that meet their needs," he



MICHAEL L. MOORE

Staff from the Michael E. DeBakey VAMC pose after receiving VA's top quality award during a ceremony in Washington, D.C. Standing left to right are: James Scheurich, M.D., Veronica Magee, Ghazal Osman, and Robert Lynch, M.D., VISN 16 director. Seated are Jessica G. Stefaniak, left, and Kathy Salazar. Some members of the leadership team were unable to attend the ceremony because they were caring for Katrina evacuees and preparing for Hurricane Rita.

told the audience of about 220 employees and guests.

In addition to the top trophy, the Carey program also recognizes runners-up with category and achievement awards. This year's category awards went to the Durham and Miami VA medical centers, both cited for developing innovative models of patient care and fostering a work environment that promotes employee development and satisfaction.

Stephen M. Lucas, director of the Miami VAMC, is no stranger to the Carey program. He led the Erie, Pa., VA Medical Center to the top honor in 2000.

Achievement awards were presented to the Minneapolis VA Medical Center and Memorial Service Network 1, a network of na-

tional cemeteries headquartered in Philadelphia.

This year, organizers also created a new Circle of Excellence Award for previous Carey Trophy winners that continue to operate at a high level of performance. Perennial powerhouse White River Junction, Vt., VA Medical Center was inducted into the circle. The facility is a past winner of two Carey achievement awards and the top trophy in 2004.

White River Junction VAMC is the first VA facility to receive back-to-back site visits (2004 and 2005) from Baldrige award examiners. Their success is a testament to the value of quality improvement efforts such as the Carey program, according to Eric Malloy, who manages the program in VA Central

Office. "If you look at the stats of the award winners, you'll see they perform better than average in most metrics and they are positive contributors to our department's success," he said.

Organizational success also stems from employee pride and commitment to service, according to Mansfield, who cited VA as the third best Cabinet department to work for, according to a recent employee job satisfaction survey.

The Carey Award is named for the former director of the Philadelphia VA Regional Office and Insurance Center, who died in 1990. Carey led his office in initiating a Total Quality Management approach to serving veterans and their families. **VA**

Can an FSA Help You Save Money on Health Care Costs?

Many VA employees are investing in the new Flexible Spending Accounts (FSA) program to take advantage of tax laws and save money while paying for medical expenses and daycare costs not covered by insurance.

An FSA allows federal employees to pay for eligible out-of-pocket health care and dependent care expenses with pre-tax dollars at an immediate discount equal to taxes that would otherwise be paid on that money.

The amount an employee elects to contribute to an FSA is not subject to federal income tax, Social Security tax or Medicare tax. This lowers taxable income and the employee's tax bill. In

cannot be used to pay for any type of insurance premiums.

The Dependent Care Flexible Spending Account (DCFSA) can be used to pay for eligible dependent care expenses such as childcare for children under age 13 or children who are physically or mentally incapable of self-care and, in some cases, eldercare, so that the employee—and spouse, if married—can work, look for work, or attend school full-time.

VA employees can enroll in an FSA during the federal health insurance open season, Nov. 14-Dec. 12. First, determine how much money to put into the account for the

the program.

FSAFEDS telephone hours are 9 a.m. to 9 p.m., Eastern Time, Monday through Friday. The TTY number is 1-800-952-0450.

After an election is made for the plan year, FSAFEDS directs VA to deduct the annual election in installments, spread evenly over the num-

ber of pay dates remaining in the plan year. Employees first pay FSA-covered expenses out-of-pocket and then submit a claim to FSAFEDS for reimbursement.

Continued participation in an FSA is not automatic; participants must make an open season election each and every year. **VA**

VA Among 'Best Places to Work' in Federal Government

VA is moving up on the list of "Best Places to Work in the Federal Government." The latest list, released in September, ranks VA third out of all Cabinet-level departments and 11th overall out of 30 agencies whose employees were asked to rate their workplace. The first list in 2003 ranked VA 17th overall out of 28 federal agencies.

Compiled by the Partnership for Public Service, an independent organization dedicated to improving government operations, the list is based on data from the Office of Personnel Management's Federal Human Capital Survey. OPM distributed the 2004 Federal Human Capital Survey last fall. It was sent to more than 276,000 randomly chosen employees government-wide. More than 150,000 participated, a 54 percent response ratio. VA had 3,344 respondents, a 53 percent response rate.

According to the Partnership for Public Service, the key drivers behind workplace satisfaction and engagement are a good match between employee skills and the mission of the organization, and effective leadership. Statistical analysis of the Best Places to Work results show that, as was the case in 2003, these two workplace dimensions are the most significantly connected with overall employee satisfaction and engagement across all of the agencies measured.

VA placed second in the "employee skills/mission match" category and eighth (tied with another agency) in the "effective leadership" category. VA also placed fifth in training and development, and sixth in strategic management.

"VA should be proud of the progress it has made," said R. Allen Pittman, VA's Assistant Secretary for Human Resources and Administration, "but must strive to be the best place to work, not only in the public sector, but in America. We are in competition with other federal agencies and the private sector for the same scarce resource: quality employees."

To learn more about the survey and results, visit the VA Workforce and Succession Planning Web site at vaworkforceplanning/eesurveys.htm. **VA**

Learn More

FSA Web site: www.FSAFEDS.com
Toll-free: 1-877-FSAFEDS (1-877-372-3337), Monday through Friday, 9 a.m. to 9 p.m., Eastern Time
TTY: 1-800-952-0450

other words, with an FSA, an employee can both reduce taxes and stretch FSA dollars by saving 20 to more than 40 percent on the dollar he would normally pay for out-of-pocket health care and dependent care expenses with after-tax dollars.

There are two types of FSAs:

The Health Care Flexible Spending Account (HCFSA) can be used to pay for qualified medical costs and health care expenses not paid by a Federal Employees Health Benefits (FEHB) plan or any other insurance, but

upcoming plan year. The maximum for the 2006 plan year is \$5,000 for the HCFSA and \$5,000 (or \$2,500 if married, but filing separately) for the DCFSA. The minimum is \$250 for each account.

Enroll online during open season at www.FSAFEDS.com or by calling a Sykes Health Plan Services Inc. (SHPS) benefits counselor at 1-877-FSAFEDS (1-877-372-3337). Employees do not enroll through VA, Employee Express or other automated payroll/personnel system—SHPS administers

World War I Medal Presentation

Secretary Nicholson presented the World War I 75th Anniversary Commemorative Medal to 104-year-old Navy veteran Lloyd Brown, right, during a ceremony in VA Central Office Sept. 23.

Sponsored by the McCormick-Tribune Foundation, the medal was first presented in 1993. Brown was unaware of its existence until he participated in VA's 75th anniversary kick-off event July 21. His daughter told VA staff her dad had never received the medal and the ceremony was arranged.

In his remarks, Nicholson praised Brown and his generation of patriots, who "represented freedom's vanguard against tyranny," he said. The Secretary said he was honored to share the stage with Brown during the department's 75th anniversary observance.

"America is indebted to you ... and we are grateful for your service and thankful you have been blessed with a long life so you could join us for our 75th anniversary and again here today," he said.

After accepting the medal, Brown smiled and said he was enjoying the recognition for his wartime service. "It's nice to get all the attention and compliments. I hope I live up to your expectations," he said.



Perlin Named to National Commission

Dr. Jonathan B. Perlin, VA's Under Secretary for Health, has been named to a special commission charged with increasing the health care industry's use of computerized patient records and other digital information.

"Dr. Perlin's selection to this important post signifies the respect he has from his colleagues," said VA Secretary Jim Nicholson. "As a member of this panel, Dr. Perlin will be able to share the lessons learned from VA's leadership role in computerized patient records."

The federally-chartered commission is called the American Health Information Community. It was formed by the Department of Health and Human Services. Perlin will be one of 16 commissioners.

A Sept. 12 article by the Associated Press noted that the 50,000 patients served by the New Orleans VA Medical Center had complete access to their computerized records when the facility was evacuated after Hurricane Katrina. AP called VA "a bright exception" to the plight of many storm victims who lost their paper medical records.

New Survivor Benefits Web Site Launched

VA has created a new Web site for surviving spouses and dependents of military personnel who died on active duty and for survivors and dependents of veterans who died after leaving the military.

The Web site is organized into two broad categories: death in service and death after service. It provides visitors with information about a wide range of benefits for the surviving spouse, dependent children, and dependent parents of deceased veterans and active-duty personnel.

The new site, at www.vba.va.gov/survivors, also has information from—and links to—other federal agencies and organizations that offer benefits and services to survivors and dependents.

WW II 60th Anniversary Comes to a Close

World War II veteran Elza Honaker, 81, never thought he'd get the chance to visit the National World War II Memorial in Washington, D.C.

But there he was on Sept. 2 during a special ceremony marking the 60th anniversary of the war's end. "Marvelous, just marvelous. That's all I can say," he said of the memorial.

He and 35 other World War II veterans from Ohio attended the ceremony courtesy of Honor Flight, a non-profit group started by Earl Morse, a physician assistant at the VA community-based outpatient clinic in Springfield, Ohio.

Honaker was grateful for the opportunity. "I think it's wonderful what [Honor Flight is] doing and hope more and more can take advantage of this," he said.

The group from Ohio was among thousands of veterans, loved ones and special guests attending the anniversary event, which consisted of a wreath-laying at the memorial, entertainment by the USO Liberty Belles, and a patriotic fireworks display.

After the wreath-laying, Defense Secretary Donald H. Rumsfeld praised the veterans for their faith, courage and grit. "As long as we have freedom and as long as our flag still waves, our country will honor you," he said.

Following Rumsfeld, VA Secretary Jim Nicholson thanked the veterans who stayed the course to defend freedom and defeat tyranny. "On behalf of VA and the 234,000 employees charged with your care, we thank and salute you, and will never forget your precious gift," he said.



ROBERT TURTIL

World War II veterans brought to Washington by Honor Flight were among those watching a fireworks display commemorating the 60th anniversary of the war's end.



ANDREW WHITE

Afghan Minister Visits

Dr. Sayed Mohammad Amin Fatimie, Afghanistan's minister of public health, recently visited VA headquarters and the Washington, D.C., VA Medical Center. He met with officials including VA Deputy Secretary Gordon Mansfield and received briefings on VA operations. With him in the medical center's pharmacy are, from left, D.C. VA Medical Center Director Sanford M. Garfunkel, Chief of Staff Dr. Ross Fletcher, Chief of Pharmacy Joseph Cascio, and two aides.

Amanda Hill

Millions of television viewers tuned in to NBC Sept. 21 to watch the debut episode of “The Apprentice: Martha Stewart.”

Modeled after the popular “Apprentice” with Donald Trump, the show features 16 candidates competing for a ritzy \$250,000-a-year gig in the media mogul’s company, Martha Stewart Living Omnimedia Inc.

Among the hopefuls is David, 22, a recent college grad and member of Mensa who earns six figures as an Internet consultant. There’s Carrie, 31, a former beauty pageant contestant who owns a communications company specializing in public relations. Then there’s Amanda, 30, a staff attorney in Austin, Texas, with the VA Office of Regional Counsel.

A graduate of Texas Tech University’s School of Law, Amanda Hill joined VA in 2001. She applied for a spot on Stewart’s “Apprentice” to learn from one of America’s top businesswomen and celebrity icons. “I live for challenges and this obviously presented a great challenge,” she said.

During the auditions, Hill said she just tried to be herself. “I figured if I was what Martha was looking for, she would pick me—I had nothing to lose.”

The competition heated up once the cameras started rolling and contestants battled to stay on the show. In the premiere episode, they were divided into two teams: the corporate sharks and the creative types.

Their assignment was to tackle a hot niche in the publishing industry,

children’s literature. Each team was asked to update a classic fairy tale into a modern version that connects with today’s children. “If you don’t connect, you’re not going to be successful,” Stewart warned.

Hill landed on the corporate team Primarius, which quickly went to work updating the classic “Jack and the Beanstalk.” She took a low-profile strategy, contributing where she could but not drawing much attention to herself. Her team won the challenge and avoided a trip to the conference room, where a member of the losing team is kicked off the show.

Unlike Trump and his signature “You’re fired,” Stewart had a gentle, even gracious touch in releasing the first contestant, Jeff. She asked him to go home, explained that he doesn’t fit in, and wrote him a cordial parting letter that began, “Dear Jeffrey: I’m sorry that you are the first to go. Not to fail, but rather not to fully succeed.”

Hill’s colleagues back in Austin were relieved she made it past the first round. Some suspect she’ll go far. “Amanda is talented, caring ... just a delightful person as well as an outstanding attorney,” noted supervisor Nancy Canonico. “She does all the little extra things to make something special.”

An eye cancer survivor, Hill devotes time to community outreach and volunteering on various projects benefiting cancer research. She was selected as “Woman of the Year” by the Waco, Texas, chapter of Altrusa Interna-



NBC UNIVERSAL PHOTOS

VA attorney Amanda Hill landed a spot on NBC’s “The Apprentice: Martha Stewart.” She’s behind Stewart’s left shoulder in the cast photo above.

tional, an association of professionals dedicated to volunteerism. While in law school, she was active on the *Texas Tech Law Review* and interned with then Texas Supreme Court Justice Priscilla Owen.

She’s not quite sure what to make of this new chapter

in her life—that of a reality TV show contestant. “You never know why God leads you in certain directions,” Hill said. “Sometimes you just have to follow your heart, and this was certainly one of those times.” **VA**

By Matt Bristol

Gene Predicts Cancer Spread

VA scientists and colleagues in China are reporting on a genetic test that may provide early warning of the spread of tumors in the body. The findings could allow doctors to identify and tailor treatments for all types of cancer.

Writing in the Sept. 1 issue of *Cancer Research*, the researchers say the chemical status of a gene called synuclein gamma, or SNCG, can be a potent indicator of whether a primary tumor will metastasize.

collaboration with researchers in China.

DNA methylation is being studied widely because of its implications for early detection of cancer. But prior to the new study, methylation changes in genes had not been observed in all cases of a particular type of cancer, much less across different types of cancer.

The researchers studied cancerous and non-cancerous tissue samples from 160 men and women. The patients had any of several malignant cancers: liver, esophagus,

far more likely to have developed cancer in other areas of their bodies: Of 94 primary-tumor samples with high levels of SNCG protein, 57 had come from patients with a distant metastasis. In contrast, of 46 tumor samples that showed negligible amounts of the protein, only two came from patients with a distant metastasis.

Because testing SNCG's methylation status requires only a small amount of tumor cells—potentially obtainable from a blood sample—such a test may be a useful clinical tool for early detection of cancer spread. Liu said oncologists might want to take into account such test results when considering whether to initiate chemotherapy, for example, versus more localized therapies.

Fracture Risk Lower for Men Who Take Statins

Elderly men who take cholesterol-lowering drugs called statins appear less likely to suffer bone fractures than those who don't, according to recent research findings published in the Sept. 26 issue of the *Archives of Internal Medicine*.

"This finding is particularly important, because millions of people suffer from fractures that potentially could be prevented to some extent by a therapy that's so commonly used," the study's lead author, Dr. Richard Scranton, an attending physician and research associate at the Boston VA Medical Center, told *United Press International*. "We believe that additional studies should be performed to fully describe the potential role of statins in protecting bones," he added.

Scranton's research team

analyzed records of more than 28,000 mostly male veterans treated at VA facilities between 1998 and 2001. They found those taking statins were 36 percent less likely to suffer fractures than those who weren't. The statin group also had a 32 percent lower risk of fractures than those taking other cholesterol-lowering medications.

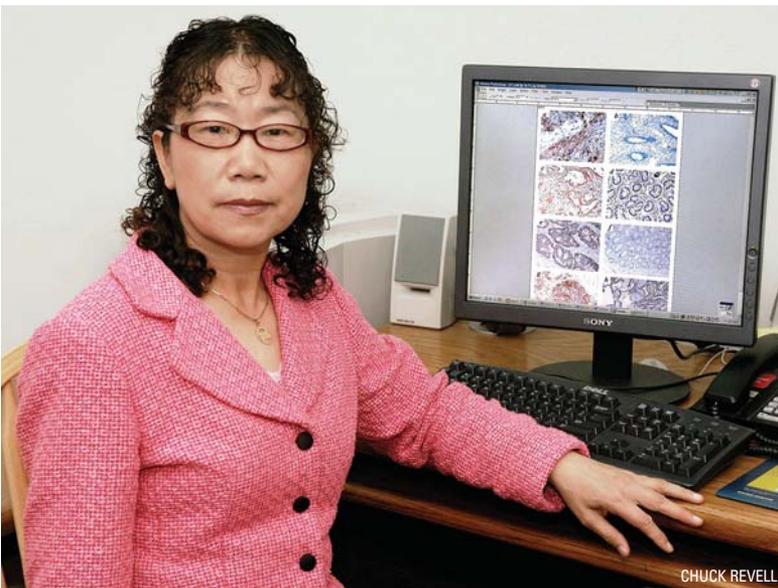
The study findings are consistent with previous research showing statins reduce the risk of fractures. However, most of the previous studies focused on women.

Findings Boost 'Virtual' Colonoscopy

Proponents of virtual colonoscopy—a noninvasive screening method for colon cancer—have another reason to promote the virtual procedure over the traditional invasive technique: it can spot other cancers and growths within the abdominal cavity.

Virtual colonoscopy is like a CT scan of the entire abdomen. Doctors use the computerized images to spot colon cancer. But they can also be used to identify other abnormalities in the lower torso, what some experts call "extracolonic findings."

When Dr. Judy Yee, chief of radiology at the San Francisco VA Medical Center and colleagues performed virtual colonoscopies on 500 males, they found 315 incidents of extracolonic findings, including 45 deemed clinically significant such as large aneurysms, suspicious lesions and thickening of the gallbladder wall. "It has an added advantage over colonoscopy in that it can look outside the colon," Yee told *Forbes* magazine. Her report appeared in the August issue of *Radiology*. **VA**



Dr. Jingwen Liu illustrates the synuclein gamma protein present in tumor tissue. The computer slides show normal tissue on the right side and tumor tissue with synuclein gamma stained with brownish color on the left side. Each pair is from an individual patient.

"The unique feature of SNCG is that its demethylation occurs in every tumor type examined so far and in virtually every tumor sample we examined," said the study's senior author, Jingwen Liu, Ph.D., a molecular biologist with the VA Palo Alto Health Care System. Her VA team, including lead author Haiyan Liu, Ph.D., conducted the study on archived tissue samples in

stomach, colon, lung, breast, cervical or prostate. The protein encoded by the SNCG gene appeared in abnormally high amounts in most of the tumor samples, but in almost none of the non-cancerous samples. The more advanced the stage of the patient's cancer, the more the protein was expressed.

Significantly, patients whose primary tumor was high in SNCG protein were

Ditty bags for soldiers



Susan Lee delivers the ditty bags to McConnell Air Force Base for shipment overseas.

For the past two years, employees of the Robert J. Dole VA Medical and Regional Office Center in Wichita, Kan., have sent 457 “ditty bags” to troops deployed overseas in the war on terror. The bags contain toiletries like shampoo, soap and toothpaste, and comfort items such as Tabasco sauce, candy and playing cards. Each bag also contains a special Kansas postcard thanking the troops for their service. “We want to not only let our soldiers know we care about them, but that they are welcome at home and VA when they return,” said Virginia Gile, a marketing liaison at the Dole VA.

Atlanta VA Medical Center’s **Dr. Raymond Shinaizi** is one of three Emory University-affiliated researchers who together discovered a widely used drug to treat HIV and Hepatitis C. Their discovery resulted in Emory receiving the single largest payout for intellectual property ever awarded to an American university. Emory University will receive \$525 million in royalties for the AIDS drug in a one-time cash payment from Gilead Sciences of California and Royalty Pharma of New

York. Emory officials said the funds will be invested in scientific research and discovery, with a special emphasis on global health.

A review of VA’s health care and benefits records showed there are fewer than 50 living World War I veterans registered with VA. Two recently celebrated birthdays. On Aug. 21, **Emiliano Mercado del Toro**, listed in the Guinness Book of World Records as the oldest living war veteran in the

world, turned 114 in Isabela, Puerto Rico. On Sept. 3, **Albert F. Wagner**, the only surviving WWI veteran in the state of Kansas, turned 106. Wagner is the oldest Marine Corps veteran in the country.

On Aug. 18, the **Pittsburgh VA Regional Office** dedicated a Fallen Soldier Memorial to honor military men and women from the surrounding area killed in Operations Iraqi and Enduring Freedom. More than 200 family members and friends of the 46 soldiers honored attended the ceremony. “We think that it was very important to honor these soldiers,” VARO Director **Douglas Wallin** said. “The ceremony was very emotional and the families were grateful to have a memorial for their loved ones.” The memorial, consist-

ing of military combat boots, helmet and rifle, is permanently displayed at the William S. Moorhead Federal Building, where the Pittsburgh VARO is located.

All 50 states plus Puerto Rico will now have state veterans homes, thanks to the work of staff in VA’s **State Home Construction Grant Program**. The last states without veterans homes—Hawaii, Delaware and Alaska—were all awarded grants this year. Hilo, Hawaii, was awarded a \$20 million grant for a new 95-bed nursing home; Milford, Del., was awarded nearly \$20 million for a new 150-bed nursing home; and Palmer, Alaska, was awarded a \$2.2 million grant to establish a 79-bed domiciliary. **VA**

Messages of hope in pink

Breast cancer survivors who work at the Amarillo, Texas, VA Health Care System participated in the city’s kick-off rally for the Susan G. Komen Race for the Cure. The rally took place Aug.

9 at Cadillac Ranch, a local landmark along historic Route 66 where 10 graffiti-covered cars are half-buried nose down in the dirt. The ranch’s owner had the Cadillacs painted pink in honor of National Breast Cancer Awareness Month in October and invited breast cancer survivors to write inspirational messages on the vehicles.



Breast cancer survivors Reita Gimpel, center, a patient at the Amarillo VA Women’s Center, and Registered Nurse Elma Fletcher, right, were among a group from the Amarillo VA that helped kick off the city’s Race for the Cure.

Ellis Island Medal of Honor

Dr. Muta Issa, right, chief of urology at the Atlanta VA Medical Center and associate professor of urology at Emory University School of Medicine, was among a select few to receive the 2005 Ellis Island Medal of Honor. Presented by the National Ethnic Coalition of Organizations, the medal recognizes individuals who have made significant contributions to society, while preserving the values of their particular ethnic heritage. Past recipients include entertainer Bob Hope, civil rights activist Rosa Parks and prominent newscaster Walter Cronkite.



ANN HAMILTON

"I'm a foreigner and was allowed to come to this country and live the American dream," said Dr. Issa, who was born in Iraq. According to Issa, working for VA allows him to focus on taking care of patients, the reason he wanted to become a doctor in the first place. "I'm practicing medicine the way I always wanted when I went to medical school," he said. "I think there's a real beauty in that."

Gail Graham, director of Health Data & Informatics in VA's **Office of Information**, ranks 28th on *Modern Healthcare's* 100 Most Powerful of 2005 list. The 100 Most Powerful list, featured in the publication's August 2005 edition, also includes New York Attorney General Eliot Spitzer (No. 39); David Brailer, M.D., Ph.D., national health IT coordinator at the Department of Health and Human Services (No. 8); and President George W. Bush (No. 4). *Modern Healthcare* is the industry's leading source of health care business news and reports health care events

and trends in its weekly publication.

The Veterans of Foreign Wars named **William V. LaBelle**, a program support clerk for the **VA Northern California Health Care System**, as the 2005 Outstanding VA Health Care Employee of the Year. An Army veteran, LaBelle became an amputee in 1977 as a result of a motorcycle accident. Today he speaks with recent amputees about his own experiences and shows them how his prostheses allow him to lead an active lifestyle. VFW also chose World War I veteran **Robley Rex**, 104, as National Volunteer of the

Year. Rex volunteers at the **Louisville, Ky., VA Medical Center**. Both were honored during an award ceremony at the VFW national convention Aug. 24.

In a government-wide Web site analysis, a VA site received the 2005 Best Practice Award for Web Content. The National Web Managers Advisory Council presented the award to the **VA Palo Alto Health Care System's** Women's Trauma Recovery Program Web site, www.womenvetsptsd.va.gov. The site offers information on treatment and eligibility as well as testimonials from

women veterans who have completed the program.

The Medical Library Association recognized seven VA librarians with the 2005 Scroll of Exemplary Service of the Hospital Library Section. They are: **Shirley Campbell**, North Texas Veterans Health Care System; **Dixie Alford Jones**, Shreveport, La., VAMC; **Kathy Kessel**, Northport, N.Y., VAMC; **Robert S. Lyle**, Philadelphia VAMC; **Karen Tubolino**, Detroit VAMC; **Terrie R. Wheeler**, Pittsburgh VAMC; and **Lucinda Edwards**, Hampton, Va., VAMC. VA



JERRY MALONEY

GSA honors for Hines group

The General Services Administration honored 11 employees from the Edward Hines Jr. VA Hospital in Chicago for "innovative practices" in the use of excess government property. The employees developed a project in which Catholic Charities of Chicago renovated existing, unused VA buildings to use as transitional housing and assisted living units for homeless veterans. Pictured above in front of the first renovated building are nine of them with Hines Director Jack Hetrick, far left. They are, left to right: Jeanne Obrochta, Rao Vadlamadi, Ray Bogush, Lara Horvith, Tony Travia, Mary Ann Romeo, Deepa Agusala and Ron Chambers. The others honored were Michael Rogala, Tim Morgan and Michael Lesnet.

CPR training pays off

Ali Acevedo-Hernandez, right, a registered nurse on the Bronx VA Medical Center's Spinal Cord Injury Unit, was attending a crowded pool party with her family when another guest noticed a "shadow" at the bottom of the pool.



There were screams, and a cry of "Get him out!" Quickly, a young child's lifeless body was lifted from the pool. The scene was chaotic, but Acevedo-Hernandez calmly knelt over the child and began performing CPR.

After a while, she found a pulse and the boy opened his eyes. "We turned the boy to the side," said Acevedo-Hernandez, "and the child started to cry. I was overjoyed." When Acevedo-Hernandez checked on the child before the ambulance arrived, his father thanked her for saving his son's life. "I'm a nurse," she said. "So am I," said the child's father, "but in a situation like this, with one of [my own], I could not remember anything."

City of Miami Police Chief John F. Timoney recognized four **Miami VA Medical Center** police officers with the H.E.R.O.S. (Helping Enforcement Reach Our Streets) award. Police Officers **Jeffrey Pacheco**, **John Kennedy**, **Robert Jackson** and **Ricardo Padilla** were honored for their assistance in the arrest of a first-degree murder suspect. During a restaurant robbery, an employee was killed while trying to save the life of the owner of the business, who was critically wounded. Miami detectives determined that the attacker was a homeless veteran named Tyrone and

contacted the Miami VAMC police for assistance. Armed only with these sketchy details, VA officers searched their database and learned that four people with the first name Tyrone were due in for appointments that very morning. As the award citation reads: "In no time, they not only identified the subject, but they also had him in custody and notified the Miami Police Department to come and pick up their man."

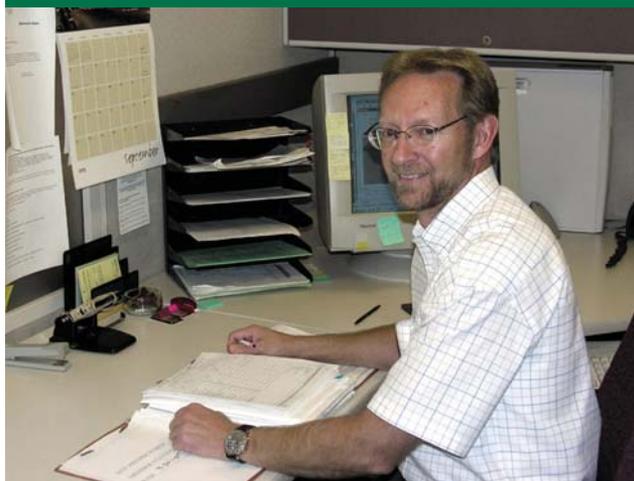
Diana Wurn, a **Seattle VA Regional Office** vocational rehabilitation counselor, was on her way to work when she noticed a woman

teetering on the ledge of an interstate bridge, high above the traffic. As others passed by, Wurn stopped and asked her if she was OK. Obviously depressed, the 30-year-old woman said no and admitted she felt like jumping. She said she needed help and allowed Wurn to call for it. Police blocked off the bridge and a crisis intervention officer was sent in. Wurn and the officer soon got the woman to agree to come down from the ledge. She was taken to a hospital for a mental health evaluation. Authorities later said it was a good thing Wurn stopped when she did, because the woman had also taken an

overdose of prescription pills. Wurn proved that even the smallest of questions, like "Are you OK?" or "Do you need help?" could end up saving a life.

Georgia Barkers, **Chanda Harrison** and **Rita Walker**, all registered nurses with the **Atlanta VA Medical Center**, were carpooling home from work when they witnessed two vehicles collide right in front of them. Barkers, a first-aid instructor at the medical center, happened to have first-aid kits in her car. The three nurses were able to comfort the victims by keeping them calm and providing first aid until paramedics arrived. **VA**

First on the scene



STEVE JUDISH

Veterans Service Representative **Greg Linnert**, above, of the **Denver VA Regional Office**, was the first on the scene of a tragic accident near an elementary school. A driver lost control of her vehicle and hit two small children walking on the sidewalk.

Linnert ran to the children, whose lifeless bodies were badly distorted. He checked to see if they were breathing, then told the driver not to touch them, fearing that any movement could worsen their condition. He called 911 and directed traffic around the area until the ambulance arrived.