

U.S. Department of Veterans Affairs

VAnanguard

July/August 2003

NCA's 30th Anniversary

Serving in Harm's Way

Returning with Honor

WMD: Facing the Threat



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 Assistant Editor: Matt Bristol
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Department of Veterans Affairs
 810 Vermont Ave., N.W.
 Washington, D.C. 20420
 (202) 273-5746
 E-mail: vanguard@mail.va.gov
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On the cover

Donald Monroe walks the grounds of the Baltimore National Cemetery, where he is a work leader. Monroe is one of nine National Cemetery Administration employees who have worked for the administration the entire 30 years it has been part of VA. He'll be honored, along with the others, during NCA's 30th anniversary activities in September.

A Few More Points on VA Support of Its Citizen Soldiers

The article in the May/June issue of *Vanguard* highlighting my small contributions as a liaison between VA, VA's citizen soldiers, and the National Committee for Employer Support of the Guard and Reserve (ESGR) missed a few points that I would now like to make clear.

First, the role of an ESGR ombudsman is not to solely represent the interests of the service member; there were several occasions when, on review, the employee was not living up to his responsibilities. For every one bad story told, there are a hundred untold good stories. Second, ESGR ombudsman services are for both employer and service members. Third, the Web address for ESGR, www.esgr.org, has resources that address both employer and service member questions as well as links to thousands of ESGR volunteers in every state and territory.

*Marty Fallgren
Program Specialist
VA Black Hills HCS*

Education on Combat Exposures is Vital for Medical Staff

I recently retired after 32 glorious years in the medical field. I served veterans from every walk of life with a kind smile and a gentle pat on the back. These veterans have given so much to defend our freedom and I look back on my 32 years with a sense of pride.

I wanted to comment on the "Invisible Wounds of War" article in your March/April edition. I agree that education is vital in making the medical staff appreciate

the role of combat exposures in the health of the vet. I conducted a seminar on this very thing and I would like to think that many of my staff came away feeling like they learned something.

Research is also critical. Besides the library, medical journals, and the Internet, I would tell people to get out. Go to a local VFW and talk to some of the old-timers. Some of my best advice is from an old-timer by the name of Arthur Gunnels. The old man was never a doctor, but he served in three wars and knows what can happen.

The VA was and still is a vital part of my life. I miss and love my comrades of old and look to the future of the VA with a glimmer in my eye.

*Dr. Robert Harris
Retiree
Roseburg, Ore., VAMC*

Recognition of VHA Employees at PSRW

I was reading the May/June issue of the *Vanguard's* article on Public Service Recognition Week on page 25. The article failed to mention that VHA also had representation. I was one of those employees who worked on the first day. I know a lot of other VHA employees who volunteered their time, and would like to be recognized for their efforts in serving the public. We are honored to be not just federal employees but also proud VHA and VA employees.

*Julie A. Strickland
Correspondence Analyst
VA Central Office*

Hats Off to a Hero

Hats off to Marnie Gliebe, R.N., who calmed the distraught veteran who was

armed and threatening suicide. Your article (May/June issue) should be a reminder to all VA employees about the purpose of our existence.

So often, not only at the medical centers but also at the regional offices, we answer a call from someone who desperately needs help. Not only is this our opportunity to help someone, but we must also think of it as an opportunity to fulfill our mission: "to dedicate ourselves to excellence in all our efforts to serve VA customers."

We must remember that our veterans have made sacrifices that affect all aspects of their lives. They have served to protect us! When they are in need, we should do everything humanly possible to serve and protect them also.

As with Ms. Gliebe, sometimes it takes extra effort, but every day we should strive to make a difference in the lives of our veterans.

*Carolyn R. Gibbs
Coach
Newark VARO*

Represent All of VA

I have, sitting on my desk, the last six issues of *Vanguard*, the so-called "VA Employee Magazine." Of the six issues, there are only five

articles that concern the VAROs. Every issue is about the hospitals. This past issue, May/June 2003, was the final insult. I have 54 complaints that the entire issue, except for one lone column, was about the hospitals.

Here at the Indianapolis VARO, we have a veterans service representative who is in Iraq; he has been covered by the local news stations and the local papers. He has also been on Fox News with Oliver North. His name is Maj. Carroll Harris, USMC; he is with military intelligence. Another is Col. You-Ying Whipple, M.D., USAF; she is on her way to Bosnia. We at the VAROs help out with community programs as well, but you would never know we exist by the way the VA acts. Maybe we could be "One VA" if the hospitals would stop sucking up all the oxygen.

*Michael W. Grabman
President, AFGE Local-610
Indianapolis VARO*

Editor's Note: Vanguard is heavy on coverage of VHA activities. To some extent, that's because of VHA's size and complexity. But we're aware that we don't include enough VBA coverage, and we'll do better.

We Want to Hear from You

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



e-Business Comes to VA

Barbara C. Mayerick

Deputy Director, Business Development, VHA Chief Business Office

As you read this, VHA is developing—and will be introducing over the next several months—the first five in an ongoing series of coordinated software projects that are changing the way VHA does business. Two factors are propelling this major effort: recognition of the benefits of moving from paper to electronic business procedures, and the added impetus of requirements coming from HIPAA, the Health Insurance Portability and Accountability Act of 1996.

This software effort, from the VHA Chief Business Office's Business Development group, began with Electronic Claims, or e-Claims (Institutional and Professional), released in April 2002. ("Institutional" refers to claims relating to a hospital or clinic; "Professional" refers to claims for treatment by health care personnel.) e-Claims software is already in use at all VHA sites. For non-service-connected treatment, VHA submits electronic claims to third-party insurers; the funds received reimburse the cost of veterans' health care.

Soon we will be updating this software to incorporate the latest HIPAA-established transaction standards. With VHA and insurers alike using the same standards, claims can be prepared—and paid—more quickly. The unofficial record, so far, is the receipt of payment within seven days of claims submission. (The industry average is 45 to 60 days.) While not all

VHA transactions are this swift, the overall shortening of the claims-to-payment cycle means a more efficient VHA, with an even stronger funding base for providing health care to veterans.

Another project, Electronic Insurance Identification and Verification (e-IIV), is going to provide faster and more accurate information on veterans' insurance eligibility and coverage for non-service-connected care. Since 1997, insurance reimbursement for veterans' care has brought in more than \$4 bil-

lion to enhance VA medical services. The promise of e-IIV is additional reimbursements, as more insurers are identified when veterans come to VHA for treatment.

A major breakthrough is on the way as we bring Electronic Medicare Remittance Advice (e-MRA) onstream. We are not permitted by law to bill Medicare for reimbursement, but with the e-MRA software, we can learn what Medicare would have paid, and thus what remaining amount VHA can bill to supplemental insurers, such as Medi-gap plans.

Our veteran population is very often covered by Medicare, and frequently by Medicare-supplemental insurance. With e-MRA, VHA

will be able to submit claims to Medicare supplemental insurers that will be far more accurate, which means quicker settlement of those claims as well. In addition, our records of outstanding claim amounts will also be more accurate.

The e-Pharmacy Claims project will bring VHA up to speed with the rest of the pharmacy industry. With this software, VHA pharmacy personnel will submit electronic claims in real time, as the finishing step of filling a prescription for window

VHA ahead of much of the health care industry in terms of the ability to receive and process electronic payments. Payers will send electronic explanations of benefits, and in some cases electronic payments as well, to a bank contracted by VHA to serve as a central receiving point. From here, those explanations of benefits and payments will be sent on to the VHA system, enabling local facilities to quickly post payments and close out accounts.

The HIPAA legislation was intended, among other

We welcome the streamlining these projects will provide, but more than that, we welcome the contributions they are making to a sound, efficient foundation for the continued support of veterans' health care.

pickup or dispensing by mail. The claim will go electronically to VHA's clearinghouse, then to the payer or processor. A claim decision will be issued literally in seconds, in many cases including information about drug interaction or dosage levels. This claim decision is then routed back to the VHA system; payments can be expected at the end of the payer's current payment cycle—semi-monthly or monthly. Once again, we will be increasing productivity, speeding business processes, and, with the drug utilization information, providing additional value to our patients.

Finally, Electronic Payments (or e-Payments) software will actually position

things, to bring the benefits of standardized electronic transactions, long used in other business sectors, to the health care industry, both private and public. Some of the e-Business projects at VHA are required in order to comply with HIPAA, while others, including a number we will be undertaking in the future, are not now HIPAA requirements for VHA but make good business sense and will be implemented according to HIPAA standards. We welcome the streamlining these projects will provide, but more than that, we welcome the contributions they are making to a sound, efficient foundation for the continued support of veterans' health care. **VA**



National Cemeteries to Attain National Shrine Status

John W. "Jack" Nicholson
Under Secretary for Memorial Affairs

The appearance of our national cemeteries demonstrates to America's veterans that our nation appreciates their selfless service, and the sacrifices they have made on our behalf. The National Cemetery Administration currently maintains more than 2.5 million gravesites. Although the veterans' annual death rate is expected to peak in 2008, the number of gravesites we maintain will continue to increase indefinitely because an ever increasing number of veterans choose to be buried in national cemeteries each year. VA's mission calls for each cemetery to be maintained as a National Shrine.

What is a National Shrine? Secretary Principi defines a National Shrine as a place of honor and memory that declares to the visitor or family member who views it that, within its majestic setting, each and every veteran may find a sense of serenity, historic sacrifice and nobility of purpose. Each visitor should depart feeling that the grounds, the gravesites and the environs of the national cemetery are a beautiful and awe-inspiring tribute to those who gave much to preserve our nation's freedom and way of life.

How do we ensure our national cemeteries are National Shrines? Our number one priority is to elevate the appearance of the cemeteries to Shrine status. That means headstones and markers are cleaned and aligned, grass is green or other appropriate

ground cover is healthy and well-maintained; walls, gates, roads, walkways and monuments are presentable and meet safety standards; and committal shelters are maintained to ensure a dignified and respectful setting. These are just some of the ways we provide a place of beauty and serenity to families of those buried in our cemeteries and millions of visitors every year. We must maintain national cemeteries as National Shrines as they will be with us forever.

Our nation's veterans are dying at the rate of approximately 1,800 per day. More than 80 percent of those are World War II and Korean

increasing percentages every year. In 1995, cremation interments or "inurnments" accounted for 28 percent of total interments. In 2002 that figure had risen to 37 percent.

The National Cemetery Administration is building columbaria, permanent structures that hold the urn containing cremated remains in a niche marked with an appropriate inscription. The trend toward cremation is growing in the eastern United States, and is especially prevalent in the West.

We at NCA are looking to the future. As we expand burial capacity to accommodate the ever increasing num-

Our national cemeteries help foster patriotism and preserve our nation's history. Since May 2002, NCA's Memorials Inventory Project has documented 464 monuments and memorials throughout the cemetery system. Many of these monuments pay tribute to the memory of soldiers who died in a particular battle or war. We are committed to honoring America's heroes long after they have made the supreme sacrifice. In fact, we're committed to honoring America's heroes in perpetuity.

National cemeteries, those hallowed symbols of our nation's gratitude, de-

The appearance of our national cemeteries demonstrates to America's veterans that our nation appreciates their selfless service, and the sacrifices they have made on our behalf.

War veterans. The number of Vietnam-era veterans who chose burial (10,675) in a national cemetery in 2002 nearly equaled the number of Korean War veterans (11,858) who chose the option. One and a half million Vietnam-era veterans expressed their desire to be interred in a national or state veterans cemetery on the 2001 National Survey of Veterans. Of those, nearly half indicated as the main reason the "honor of burial in a national shrine."

Veterans and their eligible dependents are choosing the cremation option in

number of veteran deaths, we're planning cemeteries that will require far less maintenance. To the extent possible, we're using pre-placed crypts—concrete containers, each with a removable lid—that are installed in a burial section during the first phase of cemetery construction.

Although more expensive initially, pre-placed crypts save the government money over the long term because of greatly reduced maintenance costs. For example, pre-placed crypts prevent sunken graves, and help keep headstones upright, without leaning or sinking.

serve to be National Shrines. Our veterans gave their best. They deserve the best final resting place that we can give them. This is the reason attaining Shrine status for all our cemeteries is the National Cemetery Administration's number one goal. **VA**

To learn more about NCA's past, present and future, turn to *VAnguard's* special 30th anniversary coverage, beginning on page 16.

Serving in Harm's Way

VA's chief dentist is on the road to recovery after being wounded in a Baghdad ambush.



ROBERT TURTIL

Army occupational therapist Capt. Stacie M. Caswell massages Frame's wounded left arm to reduce swelling.

Combat vets know the indiscriminate nature of war. They say it's no use contemplating who gets hit and why. Getting injured or killed is always possible in a hostile environment. In fact, some say it's just a matter of time.

For Dr. Robert T. Frame, 54, chief of VHA Dental Service in VA Central Office, that time came on Sunday morning, April 27, 2003, in a crowded Baghdad market.

Frame, serving with the 352nd Civil Affairs Command, described the ambush that nearly took his life during a June 12 interview at Walter Reed Army Medical Center in Washington, D.C. He seemed remarkably upbeat for someone who had spent the past five weeks in intensive care and undergoing multiple surgeries to save his life and his shattered left arm.

Col. Frame was called to active duty on Feb. 28. His Army Reserve civil affairs unit deployed to Kuwait in early March and was soon on the road to Baghdad. Frame was chief of the public health team responsible for

establishing a new Iraqi Ministry of Health.

"Our goal was to get the people back to work. As the ministry got up and running we would sort out inefficiencies and help them improve their system," Frame said. He shared the position of acting Minister of Health and reported directly to Jay Garner, then transitional leader of Iraq under the Office of Reconstruction and Humanitarian Assistance.

Getting the ministry up and running was no easy task. Opposing Iraqi factions—Shiite and Sunni Muslim fundamentalist groups, former Baath Party leaders, self-proclaimed mayors—all struggled for power within the post-war ministry.

Things heated up when certain groups were excluded from ministry meetings. Frame said they would show up at the meetings uninvited and demand a seat at the table. He found himself in the precarious position of having to negotiate to get them to leave. Some left peacefully. Others would try to disrupt the meetings and had to be forcibly removed. "We had to show them our resolve and that we were not easily intimidated," Frame said.

Violence erupted on the morning of April 27 when Frame and his team were ambushed as they drove through downtown Baghdad in a two-vehicle convoy.

Frame was in the passenger seat



ROBERT TURTIL

Frame in the occupational therapy “apartment” at Walter Reed, where he learned to cook, bathe and perform other daily living activities with one arm.

of the lead Humvee. He heard gunfire and leaned forward to try to see where the shots were coming from. That’s when a burst of rounds shattered the windshield. One of the 7.62-millimeter slugs slammed into his left arm. “It knocked me back in the seat,” he recalled. “I looked at my arm and it had dropped several

the dirt by my feet. I looked over at my buddy who was driving and saw that he had been hit in the chest,” he said.

Frame moved to the driver’s side of the Humvee to administer first aid to his wounded driver. He then returned to the passenger side of the vehicle but he slipped on his own

“I looked at my arm and it had dropped several inches. I thought I was going to lose it so I strapped it to my gas mask.”

inches. I thought I was going to lose it so I strapped it to my gas mask.”

The bullet blew off his biceps and shattered his humerus, the bone in the upper arm. It also ruptured his brachial artery, the main artery supplying blood to the arm.

Though bleeding profusely he grabbed his M-16 and jumped out of the vehicle, taking cover behind the open door. “Rounds were coming from everywhere, they were hitting

blood and fell to the ground. The Humvee kept rolling and the tire pinned him against the pavement. Two Iraqis saw him beneath the vehicle and pulled him to his feet. By this time, according to a May 2 *Washington Times* article, soldiers in the second Humvee killed one of the shooters. “By then the driver [of the lead Humvee] looked up and we said ‘go, go’ and he took off.” Frame staggered to the second vehicle as

the convoy sped to safety.

Doctors at the forward surgical unit in Baghdad who triaged Frame classified him as “expectant,” the most severe of the four-category triage classification system. Expectant patients suffer from “wounds so extensive that, even if they were the only casualty in a stateside trauma hospital, survival would be unlikely,” according to the Navy’s Fleet Medicine Pocket Reference.

Army surgeons took a vein from his thigh and grafted it into his arm to restore blood flow. Once stabilized, he was medevaced to Rota, Spain, and ultimately airlifted to Walter Reed hospital.

Seven surgeries later, Frame sat in the occupational therapy room at Walter Reed flexing three fingers in his left hand. The movement helps prevent muscle atrophy and tendon scarring, according to Army occupational therapist Capt. Stacie M. Caswell. Later she warmed his arm and massaged it to reduce swelling. “There is so much nerve damage,” she said. “It’ll be several months before we know the final prognosis.”

An external fixator stabilized his shattered humerus. A small black box strapped to his arm sent electrical signals to stimulate bone growth. A small piece of metal, likely a bullet fragment, protruded from just beneath his skin. “I’ve got quite a bit of rehab to do,” said Frame, “but I’m hoping to get back to VA by the first of the year; it all depends on how fast I heal.”

Frame enlisted in the Army in 1970 while going to college in Puerto Rico. He attended dental school in 1977 and joined VA in 1984 as a dentist at the Washington, D.C., VA Medical Center. In 1986 he was commissioned as a captain in the Army Reserve. His recent deployments include tours in Bosnia and Afghanistan. **VA**

By Matt Bristol

With Dignity and Respect

Combat-wounded troops from Operation Iraqi Freedom are recovering at VA medical facilities.



WILLIAM BUCHANAN

Dr. Amy Magnusson says her patient, Marine Corps Sgt. Jason Whittling, who suffered a broken neck when his Humvee rolled over in a ditch near Karbala, has shown remarkable spirit as he undergoes rehabilitation.

Active-duty soldiers wounded in Operation Iraqi Freedom are recovering at VA medical facilities. They are the latest group of combat veterans turning to VA for care.

Treating active-duty soldiers at VA facilities is not unusual, according to Rose K. Quicker, director of the VHA Medical Sharing Office. She said VA has a longstanding national agreement with the Depart-

ment of Defense to treat military personnel who suffer spinal cord injuries, brain trauma or loss of vision while on active duty.

"These are patients who will likely be discharged from the service and will be high priority service-connected veterans. We want to get them into our rehabilitation programs as early as possible," explained Quicker.

Marine Corps Sgt. Jason Whit-

ting, 29, suffered a broken neck March 8 near Karbala, Iraq, when his soft-topped Humvee rolled over in a ditch. Doctors at Balboa Naval Hospital suggested he check into the spinal cord injury program at the VA San Diego Healthcare System.

"They encouraged me to come to the VA because I can get better care here," said Whittling in a June 17 telephone interview.

Amy Magnusson, 36, his VA physician, said he sustained a burst fracture of the sixth cervical vertebrae. "He was admitted May 22 as a C5, ASIA-A," she said, referencing the American Spinal Injury Association (ASIA) impairment scale. Whittling is able to move his elbows and wrists, a promising sign for someone with his level of injury.

Magnusson structured a rehabilitation program to optimize his upper extremity functioning. Most of his days are spent in physical and occupational therapy teaching his muscles to perform daily activities like brushing his teeth and feeding himself. The going is tough, but Magnusson said the young Marine shows remarkable spirit.

What strikes her the most is his positive attitude and demeanor. "I think it reflects what most Marines have—that drive and optimism," she said.

Whittling acknowledged the rehab hasn't been easy, but he's pleased with his decision to seek VA care. "If you get a spinal cord injury, this is the place to come. They treat you with dignity and respect," he said.

Whittling is one of about 22 soldiers injured in Iraq who had turned to VA for specialized medical treatment as of June 10.

Army Sgt. James Oscar Sides, 30, is recovering at the Comprehensive Interdisciplinary Brain Injury Program at Tampa's James A. Haley Veterans Hospital. He suffered severe brain damage May 9 when his

Black Hawk helicopter crashed into the Euphrates River and he was submerged underwater for more than five minutes. “They said when I first woke up from the coma, I didn’t even remember my wife and kids,” said Sides, father of two.

He arrived at Walter Reed Army Medical Center May 22 and transferred to the Tampa VA Hospital June 9. Tampa is home to one of four VA brain injury centers established in the early 1990s under a VA-DoD partnership. “Because of our relationship with DoD, we are able to provide an unparalleled level of care for these patients,” said Dr. Steven Scott, chief of rehabilitation medicine at the Tampa VA.

In the beginning, Sides couldn’t even walk. His brain didn’t know how to put one foot in front of the other. “When I came here they had to lift me out of the wheelchair; now I’m up and walking around by myself,” Sides said in a June 23 interview. His recovery involves both physical and cognitive therapy. During speech therapy, he listens to a story and has to recite specific details. Another task involves completing mental exercises while monitoring the clock and telling his therapist when a specific time period has elapsed. “It teaches me to think about two things at once,” he said.

Scott said Sides is making “dramatic” improvements in memory and cognitive functioning. “I suspect he’ll do very well,” he said.

Some wounded soldiers are coming to VA not for specialized services, but simply to have a bandage changed or a wound examined. They are usually on convalescent leave, having been discharged from a military hospital and sent home to recover. If they have medical needs while on leave, and there are no military hospitals near their hometown, they may opt to report to a VA facility for care.

Secretary Principi authorized

VA medical facilities to provide priority care to wounded active-duty troops in an April 17 memo to Under Secretary for Health Dr. Robert Roswell.

Pfc. Danny Roberts, an Army reservist, lost most of his left foot and injured his right foot and leg when he stepped on a land mine April 9 outside Baghdad. He transferred from Walter Reed to the Milwaukee VA Medical Center during his recovery and is now an outpatient awaiting a prosthetic foot. Though technically still in the Army, Roberts has been assigned a primary care physician at the VA community clinic near his home in Appleton, Wis., and he visits the Milwaukee VA hospital for prosthetic and orthopedic care.

“The VA has been really, really cool,” said Roberts, 26. He has the names and telephone numbers of VA employees he has met throughout Wisconsin and in VA Central Office. “They all told me to call if I ever have any problems,” he said.

Army Sgt. Kenneth K. Dixon, 35, from Fort Stewart, Ga., suffered a broken spine when his Bradley Fighting Vehicle tumbled down a ridge in Iraq on March 28. After being stabilized at Walter Reed, doctors asked him to start thinking about where he’d like to go for rehabilitation.

“My wife and I did a lot of research and everybody told us this was the best place on the East Coast, here at the VA in Richmond,” said Dixon, who transferred to the Hunter Holmes McGuire VA Medi-

cal Center on May 2.

He spends four to five hours a day in therapy lifting weights and doing other exercises. After several weeks, he has learned how to dress himself and can now get in and out of bed unassisted.

“I was told they were going to work me and that’s what they’ve been doing. They’re pushing me. There is not a day that goes by that they let me slack off,” he said. Dixon hopes to be well enough to move home to Georgia with his wife and two daughters by August or September.

The soldiers recovering at VA hospitals have experienced life-altering injuries. Their military careers have been cut short and their futures are uncertain. Coming to VA marks a critical point in their recovery. “Without the veterans health care system, these soldiers wouldn’t have an opportunity to receive this type of long-term care,” said Dr. Scott, from Tampa. “They gave us our freedom and now we’re going to give it back to them.” **VA**

By Matt Bristol



Pfc. Danny Roberts, now a VA outpatient in Wisconsin, takes questions from the media following his appearance at a ceremony celebrating the May 30 issuance of a new Purple Heart stamp.



Returning With Honor

ROBERT TURTIL

The Fayetteville, N.C., VA Medical Center and Fort Bragg area lost a dedicated volunteer and respected member of the community on June 8 with the death of Caris Levert, 70, who served with the 2nd Infantry Division during the Korean War and was held prisoner for more than 32 months.

Levert and his wife Eunice moved to the Fort Bragg area from Ohio in 1993 after he retired from the Air Force with 29 years of service. They began volunteering at the Fayetteville VAMC soon after. Eunice assisted nurses on the wards, while Caris helped in the pharmacy.

Caris was a patient advocate as well as an advocate for the hospital, according to volunteer coordinator Norma Byrd. "He was always able to find solutions for problems, always willing to help veterans and the medical center," she said.

As a service officer with the American Ex-POW Association, Caris helped veterans file claims for VA benefits. "He helped so many veterans get upgrades. Anything he could do for veterans, he'd do it," said Geraldine A. Gladden, a pharmacy technician.

In addition to his VA volunteer activities, Caris also volunteered as a facilitator at Fort Bragg's SERE (Survival, Evasion, Resistance and Escape) school, a program designed to prepare soldiers for the harsh realities of life as a prisoner of war. This 19-day program is taught at the U.S. Army John F. Kennedy Special Warfare Center and School at Fort Bragg to special operations forces from all branches at highest risk of separation from their units. The goals are to teach skills to survive in hostile environments and to avoid capture. If capture is unavoidable, soldiers are taught to survive intern-

ment, to resist or escape if possible, but in all cases, to "Return home with honor."

Commanders with the SERE program believed students would benefit from hearing actual testimony from former POWs. In 1983, retired Col. Vince Fonke was asked by instructor Dan Pitzer to speak to the soldiers about his POW experiences. Soon Fonke invited fellow former POWs to participate, as well. In panel discussions, they describe the circumstances of their capture and confinement, followed by question and answer sessions and further informal discussions. Although Caris is missed by his fellow former POWs, they carry on his legacy of support for community and country with their continued involvement in the SERE program.

Col. Fonke's POW experience began in August 1944 after bailing out of his B-17 over Germany. He

Left: At the conclusion of the SERE graduation ceremony, soldiers line up to have their certificates signed by the former POWs. Left to right: Chester Biggs, J.D. Harrell, Herb Garris, James Hensley, Vince Fonke and Bill Richardson.

spent 11 months in five different POW camps. "I celebrated my 23rd birthday as a POW," Fonke recalled.

He credits "good training, faith in God and in my country" for giving him the skills and confidence to survive. He admits to being asked some surprising questions during the SERE panel discussions, "like, did we ever think about sex. Let me tell you, the commanders of prison camps have a way to get your mind off of things like that. We were always hungry in the camps. We talked about food, not sex." When he was liberated in May 1945, Fonke weighed 132 pounds, down from his flying weight of 172.

James Hensley gives similar accounts of privation in POW camps. "I was started on what we called the German diet, which is NO food." Hensley, a P-47 pilot, was shot down in December 1944. He had been scheduled for two weeks of R&R in London beginning that day, but volunteered for a "fighter sweep," quite a change from the bomber escort duty that was his routine. He scored the first kills of his career that day, downing three Me-109s before his luck ran out when German fighters jumped him. He was forced to bail out wearing the dress uniform he'd planned to tour London in.

Chester Biggs was a Marine guard at the U.S. Embassy in Peking, which fell the day after Pearl Harbor was attacked. He doesn't remember getting any POW training "because the idea was that Americans weren't supposed to be captured." He spent 46 months, the entire length of the war, in Japanese labor camps.

Along with other ex-POWs in the SERE program, Biggs believes his upbringing during the Great Depression had a lot to do with his sur-

vival. "We didn't have much, we didn't expect much. Once it becomes apparent that there is little chance of escape, there's no point in feeling sorry for yourself. Making the best of the life that is around you" is the way to increase chances of survival. Biggs says that trainees "want clarification on points [taught by the instructors] ... is this point relevant? We give them straight answers. We feel we are contributing reality to the course."

Paul Dallas recalls when one SS guard, a particularly cruel man, was forced to find cover in the same sewer ditch that American prisoners dove into as Russian bombers leveled the German town they had been working in. "We were tickled to death to see this joker laying in the sewer with us." Dallas spent six months as a captive of the Germans, including six days and nights traveling in boxcars, evading the strafing of British fighters mistaking them for ammunition trains. "It was standing room only, we were packed like sardines. The train moved only 30 minutes that night. No food, no water. We had to unload the dead the next day."

The train finally stopped at a labor camp within a dozen kilometers of the Czech and Polish borders. Dallas and his compatriots were forced to cut pond ice, clean sewer ditches, and cut trees for roadblocks against Russian tanks. He was liber-

ated by the Russians in April 1945, but held for another month, expecting to be shipped to salt mines in Siberia. "The Russians were not as bad as the SS troopers, but they were still pretty bad." Finally, his group was sent to the American lines, 32 of the 40 original prisoners still alive.

Sgt. J.D. Harrell was captured by the Germans in North Africa in 1943 and spent 26 months as a POW. He was "liberated" by the Russians in April 1945, and like Dallas, he fully expected that he and 5,000 fellow prisoners would be transferred to Siberian labor camps. After hearing of the American-Russian meeting at the Elbe River, he escaped from his "liberators" and headed for the American lines. "There were many days when we didn't think we'd survive." He credits his "faith and trust in the good Lord," and like other ex-POWs, his belief in his country and the American people.

Harrell believes the training the former POWs offer is beneficial because it is "good for our troops to know just how tough the situations can be, just how brutal the conditions can be. We tell them exactly how we were treated, from day one to the end. It would have been a great help if we had gotten the training these soldiers are given."

Herb Garris was captured soon after jumping into France during the D-Day invasion. He was held for seven months at various camps, and successfully escaped during a forced

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POWs of the past were equipped with little more than name, rank and serial number to get them through the harrowing ordeal. Now some of them are helping to make sure today's soldiers are better prepared.

WMD: Facing the Threat

It's a different post-Sept. 11 world we live in, and that has perhaps never been more evident than it was this past May during the nationwide disaster exercise TOPOFF 2 (T2). The Departments of Homeland Security and State led the T2 exercise, which supported the nation's strategy to combat terrorism. TOPOFF is a congressionally mandated, national Weapons of Mass Destruction (WMD) biennial terrorism exercise series designed to provide training for federal, state and local officials and responders and to demonstrate coordinated national crisis and consequence management capabilities in response to a WMD event.

The goals of T2 were to improve the nation's capacity to manage complex and extreme events; create broader operating frameworks of expert crisis and consequence management systems; validate authorities, strategies, plans, policies, procedures and protocols; and build a sustainable, systematic national exercise program to support a national homeland security strategy.

Like the first exercise, TOPOFF 2000, T2 used an all-news program, called the "Virtual News Network" (VNN), throughout the exercise to mimic media coverage of the simulated attacks. Dr. Al Batres, director of VA's Readjustment Counseling Service, was interviewed live from the VNN studio in Washington on the emotional effects of the disaster and the symptoms of post-traumatic stress disorder.

The exercise scenario involved a Radiological Dispersion Device (RDD) that was set off in Seattle. The device was made up of 25 barrels of explosives with radioactive material placed in a truck. Accord-



JOSEPH MATTHEWS

On the grounds of the Seattle VA Medical Center, nurses with the national Disaster Medical Assistance Team assess the condition of a "casualty" transported from an area near the scene of the mock WMD incident.

ing to the scenario, the terrorists drove the truck to the Safeco Stadium Sports Complex and parked it between the stadiums, where it

blended in with the normal commercial delivery traffic. An hour later, the terrorists remotely detonated the truck, which dispersed the

radioactive material into the prevailing wind.

The scenario continued in Chicago, where five terrorists, one alone and the others in pairs, carrying backpacks with plague canister delivery systems, dispersed the plague agent at Union Station, O'Hare Airport and United Center during the Vancouver Canucks vs. Chicago Blackhawks Stanley Cup playoff hockey game. A total of 3,000 people were exposed during the attack.

By the next day, a physician and medical student at a local hospital emergency room became alarmed at the volume of patients with similar and increasingly severe symptoms and arranged for overnight delivery to the Centers for Disease Control of specimens for evaluation and culture. The CDC supported the diagnosis of plague.

VA was responsible for the aspects of play related to agency exercise activities. The agency had representatives, Lucretia McClenney and Bob Elliott, in the Exercise Control Cell serving as the VA Master Controllers, and a controller/evaluator, Bruce Young, who oversaw VACO exercise elements related to the VA Readiness Operations Center (ROC) and the Crisis Response Team activities. Participating VAMCs and VISNs, in concert with guidance from VHA and the Emergency Management Strategic Healthcare Group (EMSHG), regulated VA activities at the local venues.

Area Emergency Managers (AEMs) in the Seattle and Chicago

areas, Edward James and Darlene Weisman, served as VA primary planners for those locations. The VA Medical Emergency Radiological Response Team (MERRT) and chief Larry Flesh, M.D., along with the assigned AEM, Paul Kim, worked with EMSHG and VHA to coordinate activities associated with the team. Bill Graham, VA director of Emergency Planning, Exercises and Evaluation in the Office of Policy, Planning and Preparedness (P3), provided oversight of VA ROC Site A and B operational activities in Washington, D.C., and Martinsburg, W.Va.



The VA Puget Sound Health Care System's decontamination team receives a contaminated casualty from "ground zero."

VA monitored the exercise events leading up to the disaster with daily CRT meetings beginning May 7. Primary exercise play took place from May 12–16, during which the VA ROC went to 24-hour monitoring of the exercise.

Major exercise initiatives involved testing critical operational and communications systems related to agency emergency response capabilities. The federal agencies were provided intelligence reports leading up to the actual events. Prior to initiation of the terrorist events, the

threat level had risen from yellow to orange. Once the events took place, the threat level was raised to red.

The VA ROC served as the primary point of contact concerning all aspects of exercise play. VA was fully engaged in the National Capital Region T2 exercise in concert with ongoing exercise activities associated with the two venue sites. VA supported all relevant activities involving interagency exercise play related to its support of the Federal Response Plan.

The Seattle VAMC was called upon to support ongoing recovery activities associated with the RDD

incident. They initiated a variety of internal actions in response to the incident in an effort to test certain elements of the hospital emergency plan. The VISN 20 exercise assessed the effectiveness of the VISN's Emergency Management Plan and the ability of the network office and VISN 20 facilities to provide response and recovery support to the affected facility or community.

This exercise also assessed the effectiveness of emergency communication systems. VA's MERRT provided two three-man teams and additional training for the Seattle VAMC Decontamination Team in radiological events and contaminated casualties. They also advised and provided guidance to the medical staff concerning processing and treatment of casualties exposed during a radiological event and to the mental health staff on dealing with the "worried-well" that came to the medical center.

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Face to Face with History

A group of young volunteers spent their summer recording veterans' stories and turning them into mini-movies.



Deena Marshall puts the finishing touches on her digital production at the Battle Creek, Mich., VA Medical Center.

David Kachman, 17, Amber Lawrence, 16, and Deena Marshall, 17, spent their summer at the Battle Creek, Mich., VA Medical Center recording veterans' war stories and turning them into mini-movies complete with a narrative script, war-era footage, and musical score.

They were working on the "Sto-

ries of Service" project, which teams veterans with students and an adult mentor to produce three- to five-minute digital video documentaries. The films are posted on the Web at www.stories-of-service.org and preserved in the Library of Congress as part of the Veterans History Project.

VA Voluntary Service and the California-based nonprofit group,

Digital Clubhouse Network, are sponsoring the project. Organizers say it teaches young people new skills and instills in them the importance of service. "By developing these skills and values in our citizens we can help build stronger communities," said Digital Clubhouse founder Warren C. Hegg.

Margaret A. Trunick agrees. As chief of community and volunteer service at the Battle Creek VAMC, she helped coordinate the efforts of veterans service organizations and other groups who worked on the project. "We had calls from throughout the community," she said. "People were eager to get involved. This project has the ability to unite students, veterans, adults and the community."

Nine veterans took part in the Battle Creek project. They shared specific details of one pivotal moment in their lives—Duane Dewey talked about receiving the Medal of Honor from President Eisenhower at the White House, and former prisoner of war Jack Curtis described his experience recovering at Percy Jones Army Hospital with Bob Dole and Daniel Inouye, who both went on to become U.S. senators.

Adult mentors helped craft the veterans' stories into 500-word scripts, which were then recorded in digital audio format. The students used video editing software to pair the scripts with images and music, creating a short documentary film.

The films were unveiled Aug. 1 during a premiere gala at the medical center's theater. Deena Marshall, daughter of VA employees Frances

and Calvin Marshall, helped produce one of the films. The documentary detailed the experiences of Mary Anna Heaney, former chief of nursing at the Battle Creek VAMC, who served as a Navy nurse in Nagasaki, Japan, following the atomic bombing. Working on the project and listening to Heaney's story helped Deena realize how veterans have contributed to America. "I had never really taken the time to listen to a veteran's story," she said. "I feel so honored to be one of the people to share this with the rest of the world."

High school senior David Kachman, the younger brother of Battle Creek VA employee D.J. Kachman, also volunteered for the



COURTESY OF DUANE DEWEY



TODD GREENMAN

Duane Dewey (top photo) was awarded the Medal of Honor by President Dwight Eisenhower in 1953; 50 years later Dewey, above right, shared his story with youth producer Andy Layton for the "Stories of Service" project.

project. He said working with veterans helped him link America's past with our future. "Veterans have important stories to tell. If we listen to them we can learn about our history and build a better future."

Battle Creek was one of eight VA medical centers to kick off the project this summer. It was previously underway at the VA Palo Alto Health Care System and Brooklyn, N.Y., VA Medical Center. Yvette Cintron, a voluntary service specialist at the Brooklyn VAMC, said five veterans took part in the project there last year. Volunteers from the Digital Clubhouse came to the medical center to record their stories and took the footage back to their clubhouse in Manhattan to produce the mini-movies. Cintron showed the films during last year's Veterans Day program and now has about 50 veterans interested in recording their stories. "We're going to recruit students to come in here and do it all on-site," she said.

The Des Moines, Iowa, VA Medical Center officially joined the "Stories of Service" project this summer, but they've been recording veterans' histories for more than a year, according to Candace K. Davis, chief of Voluntary Service. She said veterans service organizations pitched in to buy a digital camera, scanner, dual video tape deck and other equipment needed to produce videos for the Veterans History Project. "We're in this for the long haul," she said. "Our veterans are dying each day. We can't lose their history, it's just way too important."

She asked volunteer John Shimko, 52, a disabled Army veteran, to lead the project and he took it on with a passion. "This is more than just collecting history," he said. One veteran he interviewed survived the Palawan massacre of World War II. On Dec. 14, 1944, Japanese soldiers fleeing Puerto Princesa Prison Camp in the Philip-



TODD GREENMAN

Battle Creek, Mich., VAMC employee Wendy Johnson looks through old photographs as she interviews veteran Norm Knight for the "Stories of Service" project.

ines herded Allied war prisoners into trenches, doused them with gasoline and burned them alive. "It's one hell of a story," said Shimko. He has recorded the experiences of about 30 veterans and has another 30 lined up for future tapings.

As Shimko suggested, documenting veterans' war stories is more than simply preserving their history. It validates their military experience and reinforces the significance of their service. The Stories of Service project also provides a unique opportunity for young Americans to come face to face with history. Technology helps bridge the intergenerational divide. "We see this collaboration as an excellent tool for teaching young people about veterans' issues and about the sacrifices made by veterans to ensure our safety and security," wrote Jim Delgado, director of VA Voluntary Service, on partnering with the Digital Clubhouse Network. "It's also a great way to involve more young people in our volunteer programs."

For more information on the Veterans History Project, visit www.loc.gov/folklife/vets/ or the Digital Clubhouse at www.digiclub.org. **VA**

By Matt Bristol

Tribute to Honor

The National Cemetery Administration celebrates a major milestone in September when it reaches its 30th anniversary of service to the nation's veterans and their families. The theme for NCA's anniversary celebration is "Tribute to Honor and Sacrifice," in keeping with NCA's mission that has remained the same for 30 years. That mission is to honor veterans with a final resting place and lasting memorials that commemorate their service to the nation.

On Sept. 1, 1973, Congress transferred 82 national cemeteries from the Department of the Army to what was then the Veterans Administration. These cemeteries merged with 21 that were already administered in conjunction with VA medical centers, and were incorporated into what was then called the National Cemetery System. At the same time, Congress transferred responsibility for the procurement and supply of government headstones and markers from the Army to VA.

In 1978, the State Cemetery Grants Program was created within the National Cemetery System. Another memorial-related program that would move to NCS was already at VA—the Presidential Memorial Certificate program. Enacted into law on July 24, 1965, as Public Law 89-88, the PMC program was transferred from VA's Office of Administration to VBA in October 1986, and became an automated process at NCS in October 1990. With this move, VA consolidated the primary capital asset and memorial programs that became the National Cemetery Administration.

Veteran Interments Increase

Service men and women are increasingly choosing burial in one of VA's 120 national cemeteries. NCA has conducted 1.7 million interments in the past 30 years, with 89,000 burials in 2002, up from 36,400 in 1973. With the daily veteran death rate at approximately 1,800, the challenge for VA and NCA is to provide for burial space.

What's New at NCA

The Veterans Millennium Health Care and Benefits Act of 1999 required VA to contract an independent study of national cemeteries. The results of the study include recommendations on the number of additional cemeteries required between 2005 and 2020 to ensure burial options for the greatest concentrations of veterans nationwide. The first six of these cemeteries were to be



FT. ROSECRANS NC PHOTO

Ft. Rosecrans National Cemetery in San Diego.

located near Atlanta; Detroit; Ft. Sill, Okla.; Pittsburgh; Sacramento and South Florida. The Ft. Sill National Cemetery opened for initial burials in 2001. The remaining five are scheduled to open by 2005.

In addition to the need for more burial space, the Millennium Act study also identified 928 repairs and other improvements required to bring VA's national cemeteries to the status of National Shrines. Funding for this National Shrine Commitment began in 2001. NCA's goal is to make VA's national cemeteries match the appearance of the finest cemeteries in the world.

NCA is using technology to improve service to veterans. NCA's Web site—www.cem.va.gov—includes forms that can be downloaded and faxed to VA. In mid-June, NCA's Web site recorded its 3 millionth hit. The site averages 85,000 visitors per month. Within the last year, 41 individual cemetery Web pages have been posted to this site, making it the most convenient way

and Sacrifice



CHATTANOOGA NC PHOTO

Chattanooga National Cemetery in Tennessee.

Since 2001, NCA's Memorial Programs Service has reduced the processing time for applications—from six to eight weeks to one to two weeks—in part by moving to an electronic environment.

Customer service took another leap in 1997 with the installation of interactive information kiosks at the most active national and state cemeteries. The kiosk enables visitors to easily locate graves, especially after normal office hours. Kiosks also provide information about burial eligibility, ordering grave markers, floral regulations and upcoming events. There are currently 40 kiosks in operation at national and state cemeteries.

Another program that adds value to NCA's customer service is the HUB cemetery operation. This allows weekend and holiday scheduling of burials and verifying eligibility. Jefferson Barracks National Cemetery, in St. Louis, is NCA's HUB cemetery. This pro-



JEFFERSON BARRACKS NC PHOTO

A peaceful scene at Jefferson Barracks National Cemetery in Missouri.

to find information about a national cemetery. It's never been easier to contact NCA—inquiries can be forwarded via e-mail (public.inquiry@mail.va.gov) or a toll-free telephone number (1-800-827-1000).

5 New National Cemeteries

Each of the five new cemeteries will serve more than 250,000 veterans and their family members within a 75-mile radius of the cemetery.

- **Atlanta Area National Cemetery**—A World War II veteran donated 775 acres in Cherokee County. Planning and design are complete. Construction could begin in fall 2003 and initial burials could begin by June 2004.

- **Detroit Area National Cemetery**—In a ceremony on Nov. 21, 2002, VA celebrated the purchase of 544 acres. Operations are tentatively scheduled to begin in a "fast track" section by late 2004.

- **Pittsburgh Area National Cemetery**—A land acquisition ceremony was held on April 23, 2003, celebrating the purchase of 292 acres. The start of construction and initial burials is planned for fall 2004.

- **South Florida**—In September 2002, Secretary Principi announced the purchase of land for a new national cemetery in West Palm Beach County. The cemetery will serve 438,000 veterans living within a 75-mile radius. First burials are expected by March 2005.

- **Sacramento**—Negotiations for land are ongoing. When complete, this cemetery will serve veterans throughout the San Francisco Bay area.

vides a single point of contact for verifications, and makes use of Jefferson Barracks' close proximity to the National Personnel Records Center.

The Veterans Benefits Act of 2002 (Public Law 107-330) allows VA to provide a headstone or marker for the graves of eligible veterans buried in private cemeteries, regardless of whether the grave is already marked with a non-government marker. This law moved the date of application for veterans dying on or after Dec. 27, 2001, to those dying on or after Sept. 11, 2001.

A new policy regarding non-English language inscriptions on government-furnished headstones and markers was signed into effect on Aug. 28, 2002. The directive applies to all government-furnished headstones and markers to be placed in VA national cemeteries, state veterans' cemeteries, military and post cemeteries, and private cemeteries. Inscriptions in languages other than English, using the Latin alphabet,

are permitted in the additional inscription area when space is available—so long as the words are compatible with NCA's mission to honor deceased veterans.

VA has many partnerships in place with veterans service organiza-

tions nationwide that provide military funeral honors in national cemeteries, especially where DoD no longer has the manpower to provide the services it once did.

These and other improvements at VA's national cemeteries have



RAPID CITY (S.D.) JOURNAL PHOTO

A Black Hawk helicopter carrying the remains of Army Chief Warrant Officer Hans Gukeisen lands on the grounds of the Black Hills National Cemetery near Sturgis, S.D. Gukeisen died May 9 in a Black Hawk crash during a rescue mission in Iraq. His helicopter came under fire while on its way to rescue an injured Iraqi child.

National Cemetery Expansion Projects

Further examples of large expansion projects facilitated by various forms of acquisition include:

■ Barrancas National Cemetery, Pensacola, Fla., received 50 acres in a transfer from the Department of the Navy that will provide 6,300 full-casket gravesites and 2,500 in-ground and columbaria niches.

■ Calverton National Cemetery, Long Island, N.Y., will develop 90,000 additional gravesites on existing land.

■ Fort Logan National Cemetery, in Denver, plans to develop 61 acres of its remaining space to create 26,400 casket sites, 7,000 in-ground cremation sites and 10,000 columbarium niches.



FORT LOGAN NC PHOTO

Fort Logan National Cemetery will develop 61 additional acres for burial sites.

contributed to a high satisfaction rate among family members and funeral directors. In 2000, quality of service at national cemeteries was rated "excellent" by 88 percent of survey respondents; by 2002, that rating of excellence had reached 91 percent.

Expansion of Existing Cemeteries

In the last five years, major construction projects developed burial space on existing property at national cemeteries in several states. At other cemeteries, VA has acquired adjacent or contiguous land to expand. For example, Florida National Cemetery, in Bushnell, is developing 20,000 gravesites and 15,000 cremation niches on 113 acres transferred to VA by the state of Florida. Fort Sam Houston National Cemetery, Texas, received 40 acres from the Department of the Army where nearly 12,000 casket gravesites and 2,000 cremation niches were created.

State Cemetery Grants Program

State veterans cemeteries provide burial capacity that complements that of national cemeteries, especially in areas where the veteran population does not support a national cemetery.

The State Cemetery Grants Program expanded in the past five years, due in part to a 1999 law authorizing VA to pay up to 100 percent of the costs to design, build and equip state veterans cemeteries and construct improvements. More than \$165 million has been awarded in 129 grants, and 51 state veterans cemeteries have opened with VA grants. These cemeteries conducted 17,177 interments in 2002.

A grant of \$2.8 million from VA paved the way for the dedication of the Maine State Veterans Cemetery in Caribou on June 1. The cemetery will serve the northern region of the state. A grant in the amount of \$7.4 million provided funds for establishing the Massachusetts Veterans Memorial Cemetery at Winchendon. A groundbreaking ceremony on July 2 got that project off to a good start. Other state grant awards in the past year are funding new state veterans cemeteries in Kansas and Idaho. **VA**

The Work Force

NCA has more than 1,500 employees serving at 120 national cemeteries throughout the continental United States, Hawaii, Alaska and Puerto Rico.



LONG ISLAND NC PHOTOS

As part of the National Shrine Commitment, headstones at Long Island National Cemetery in New York were raised, realigned, and cleaned. The turf shows weed control, and mowing and trimming to standards.

Employees with 30 Years of Service in NCA



ROBERT TURTILL

Donald Monroe on the grounds of Baltimore National Cemetery.

NCA will mark its 30th anniversary with a number of special activities both in VA Central Office and at national cemeteries in September. Among those slated to be honored at headquarters events are nine employees who have worked for the administration the entire 30 years it has been part of VA:

- Patrick Barnhart, Fort Logan, Colo., National Cemetery
- Roy Elie, Alexandria, La., National Cemetery
- Wayne Graham, Florence, S.C., National Cemetery
- Susan E. Gucci and John V. Smith, Calverton, N.Y., National Cemetery
- Roger Minnick, Culpeper, Va., National Cemetery
- Donald L. Monroe Jr., Baltimore National Cemetery
- Gladys Partee, Office of Budget and Finance Service, VA Central Office
- James R. Trimbo, Willamette National Cemetery, Portland, Ore.



Left photo: audiologist Diane Leonard examines the eardrum of a patient using a video otoscope; right photo: Mountain Home Chief of Audiology Richard H. Wilson, Ph.D., discusses the digital image of an acoustic waveform displayed on a computer monitor with assistant research audiologist Amanda Pillion.

Meeting a Growing Challenge

Mountain Home VA Medical Center and a local university have developed a model program for training audiologists to meet the growing demand for their services.

Hearing loss and tinnitus are among the most common service-connected disabilities for veterans, and VA medical centers are often the front line of defense for treating these problems. In addition to fulfilling the mission of treating veterans, VA is also poised to have a pivotal role in the education of future audiologists. To address the needs of patient care and the evolution of the field of audiology, the James H. Quillen VA Medical Center in Mountain Home, Tenn., and East Tennessee State University have formed a unique relationship to offer a clinical doctorate degree.

Hearing loss in veterans is often caused by noise exposure during military service. Decades of research have shown that hearing loss increases with age, which will naturally increase the number of veter-

ans with substantial hearing loss as the veteran population ages. Most hearing losses are not amenable to surgical or medical intervention. Audiologists, who became an integral part of VA health care just after World War II, are responsible for the evaluation and rehabilitation of hearing- and balance-related disorders.

The hearing loss incurred by many veterans during military service impairs communication and therefore impacts their overall quality of life. Typically, hearing loss is treated with amplification systems like hearing aids and other assistive listening devices, whose sophistication has paralleled developments in analog and digital technology. Because of the large number of veterans seeking hearing health care from VA and hearing aids issued annually by VA, the department is a prime

clinical training site for audiologists pursuing graduate degrees.

In audiology, the master's degree has long been the entry level for practice. But as the scope of practice has vastly increased over the past 20 years, a doctoral degree is becoming the educational requirement for the entry-level audiologist. In most universities the new degree designation is Doctor of Audiology, or AuD. University programs are now preparing to meet these new entry-level requirements by 2007. Since recruitment and retention of audiologists are vital issues to VA, the department's interest in and involvement with the changes underway in the educational programs are substantial both at the local and national levels.

At Mountain Home, a special relationship has evolved between the Audiology and Speech Pathol-

ogy Service and the Department of Communicative Disorders at East Tennessee State University (ETSU). Since the early 1980s graduate students from ETSU have completed traineeships at the VA hospital but VA had little other involvement in the university program. Gradually, as the VA staff increased to five doctoral-level audiologists, the VA audiologists became substantially more involved in the university program. Several years ago when the issue of the doctoral program in audiology was first raised at ETSU, it was apparent to both the VA and university faculties that a fully integrated VA/university program was the logical way to meet the needs of the students and of both institutions.

How the Integrated Program Works

The VA audiologists, who initially had adjunct appointments at ETSU, now have “full-time geographic” appointments that involve all academic rights and responsibilities. The VA and university faculties function as one, with the VA audiologists involved in every aspect of an academic program that in addition to teaching, ranges from policies to curriculum to student selection to faculty recruitment.

Dr. Carl Gerber, director of the James H. Quillen VAMC, has supported the affiliation since its inception. “The audiology program is an example of the benefits of VA academic affiliations,” he said. “Both programs are enhanced because of the relationship and both programs are strengthened with a resultant increase in quality of care and quality of the educational/research experience.”

With the exception of pediatrics, the VA audiology clinic is the main clinic site for the university program. The grad students participate in a variety of clinics, including hearing evaluations, hearing aid

evaluations, auditory-evoked potentials, vestibular evaluations, hearing aid problems, and primary care.

A tinnitus clinic at VA is conducted by one of the university faculty. Each morning a clinic staffing is held during which the graduate students present all of the patients scheduled for that day. Learning to open and close the clinic each day and gradually progressing to full involvement with patients introduces the students to clinic activities from the ground up. The information learned in the clinic is presented during monthly Audiology Grand Rounds where students make formal case presentations to VA and university staff and community audiologists.

Students are fully integrated into the audiology clinic during the first year of their academic program, when they spend three half-days a week observing and becoming familiar with audiology activities. These activities include interactions with patients, family members and other staff at the medical center.

During the second and third years of the doctoral program, students spend two to three days a week in the VA audiology clinics as grad student clinicians. The fourth year is a full-time clerkship that in most cases will be at a distant site, which provides students a diversity of clinical experiences. Because of their extensive VA experiences, the students are prime candidates for these clerkship positions at other VA facilities.

The VA and university cooperate to fund many of the students. The university provides tuition scholarships to the students with VA stipend traineeships from the Office of Academic Affiliations. The umbrella of the program’s research component is the Auditory and Vestibular Dysfunction Research Enhancement Award Program (REAP) sponsored by the Re-

habilitation Research and Development Service. Several students funded by the REAP to work in the labs three half-days a week also receive tuition scholarships from the university.

The audiology program at Mountain Home occupies 4,000 square feet for the clinic facility with an adjacent 2,000-square-foot research facility that houses the research programs including the REAP. The conference room is equipped as a smart classroom in which evening classes are taught by VA faculty. The didactic and clinical activities are integrated in that the VA audiologists who teach the classes also provide the majority of clinic supervision in their areas of expertise.

Benefits for VA and ETSU

The Quillen VA Medical Center’s partnership with East Tennessee State University provides unique benefits to both organizations while advancing health care for America’s veterans. “The VA faculty and their facilities are pivotal to the education of our graduate students,” said university president Dr. Paul Stanton. “In turn, these future hearing health care professionals contribute significantly to the day-to-day operations of the [VA] center.” Additional benefits include opportunities for clinical experience, student mentoring, and scholarly collaboration among faculty.

Two of the most important benefits of this unique affiliation are the increased quality of hearing health care that veterans receive and the variety of clinical services provided to veterans by students and staff from both institutions.

Martin Hazlett has been a patient at the audiology clinic for more than 10 years. During that time, his hearing continued to dete-

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Vets Make 'One Stop' Toward Career Goals



ROBERT TURTIL

D.C. Mayor Anthony Williams (center) leads the ribbon cutting at the grand opening ceremony for the Veterans Affairs One-Stop Career Center. Joining him are, left to right, D.C. Office of Veterans Affairs Director Kerwin Miller; Washington, D.C., VA Regional Office Director Rowland Christian; Associate Director of Workforce Investment Resources Keith Mitchell; Kessela Brown, a disabled veteran who gained employment after using the center; and D.C. Department of Employment Services Director Gregory Irish.

A partnership between the Washington, D.C., VA Regional Office and the D.C. Department of Employment Services (DOES) led to the opening of the Veterans Affairs Satellite One-Stop Career Center at the regional office. This unique partnership combines the full resources of both VA and the Washington, D.C., city government in providing comprehensive job search and training assistance for veterans.

"It is important that we serve our nation's veterans because they have served us in their commitments during times of war and peace," said D.C. Mayor Anthony Williams during a June grand opening ceremony.

DOES Director Gregory Irish also made remarks. The program included a ribbon-cutting ceremony, tours of the new facility and a reception.

The center is available to veter-

ans who have served on active duty for at least 180 days and have been discharged under other than dishonorable conditions, and their eligible dependents. The center currently offers a vast array of services, including job search workshops, dislocated worker services, interview training, resume writing courses, personal computer access and Internet access.

The Washington, D.C., VA Regional Office location will also offer veterans direct assistance and supportive services from VA staff. Veterans will have access to job counselors who monitor job listings for positions with veteran's preference and who assist veterans and employers with job retention. The center provides special adaptive equipment for blinded and hearing-impaired veterans. Additionally, assistance is available to veterans who need work-specific prosthetic devices to improve their employability.

The One-Stop Career Centers

in the District of Columbia were created under the Workforce Investment Act with the intention of providing integrated high-quality resources so that workers, job seekers and businesses could find the services they need under one roof in easily accessible locations. The VA location is Metro-accessible and consists of a computer lab with eight workstations, an extensive resource library of books and videos, classroom space and private offices for one-on-one training.

Prior to the grand opening, many veterans had already started using these valuable services. Disabled veteran Kessela Brown spoke highly of her experience at the center and her interactions with the VA counselors.

"Tom Mason and James Burke helped me better understand how my military-civilian work experience and college education translated to realistic career opportunities," Brown said. She is currently employed by the Board of Veterans' Appeals, American Legion's National Veterans Affairs and Rehabilitation Commission, and she's attending law school.

Rowland Christian, director of the Washington, D.C., VARO, stressed his commitment to the success of the center and his belief that the center would pave the way for future centers with similar partnerships.

"We make the promise that we will give this partnership our best effort," he said. "As the first, we would like to be successful in our collaborative efforts."

To reach the Veterans Affairs Satellite One-Stop Career Center, call 202-530-9371/9372/9373 or 9374. 

By Tomeka Nelson

Former POWs continued from page 11

march through ice and snow in January 1945. He made his way back through Russian lines in an odyssey that took him through Istanbul and Egypt. He credits his survival to a host of earlier life experiences and challenges: a wonderful father whose early death forced him to grow up before his time; the Boy Scouts; and finding himself under the wing of giving mentors. Garriss says soldiers “go through a living hell” during this training. His greatest pleasure is teaching in the SERE program.

Bill Richardson’s unit was trapped and practically wiped out during a horrific three-day firefight with the Chinese in November 1950. He spent 34 months in captivity, longer than any other Korean War ex-POW in the SERE program. He thinks strength “comes to different people in different ways.” Though he says he’s not religious, he admits to talking to “the Man” plenty of times. “Just thinking of life, the love of life,” strengthened his will to survive. Richardson thinks highly of the SERE program. The soldiers “learn about themselves, about weaknesses, strengths. There is a hell of a lot of pressure put on them.”

Maj. Michael Richardson is commander of the SERE program. “This group [of former POWs] is tremendous,” he says. “As individuals they can articulate their responses to incredibly stressful situations to create emotionally and psychologically valuable lessons for the soldiers. I have phenomenal instructors for training, but there is a tremendous difference between an instructor of methodology, without experience, and the level of credibility of those who’ve actually experienced it. In many cases, what they contribute is far greater than what my instructors have to offer.” **VA**

By Robert Turtill

TOPOFF continued from page 13

In Chicago, the Hines VA hospital provided space to 10 members of the FEMA Office of Emergency Response. The Chicago Health Care System and the Hines VA hospital participated with the community in receiving patients. The Chicago Health Care System received patients on May 13, and the Hines hospital received patients on May 14. A pharmacy cache was deployed as a part of the exercise play at both facilities.

T2 tested VA’s capability to respond to a WMD incident. VA’s executive leadership attended all primary T2 White House meetings, and also tested various elements of

VA’s disaster emergency plan, Safe Harbor. According to officials involved in T2, the exercise fostered a better understanding of VA capabilities at the national level and increased VA awareness of how the federal government will respond to a WMD incident. In the field, T2 provided a format for VISNs 12 and 20 to initiate various elements of their emergency plans, and enabled the Seattle and Chicago area VAMCs to demonstrate response capabilities. According to officials, the majority of VA’s exercise goals and objectives were fully met and validated VA operational capabilities to respond to a catastrophic event. **VA**

Audiology continued from page 21

riorate, and he eventually received a cochlear implant. “The staff and students have always worked with my wife and me to improve my ability to communicate,” Hazlett said. “It has always been clear that the students learn from the experienced staff members, but more importantly, the veterans benefit from both the staff and students. The audiology program has improved my quality of life, for which I will always be grateful.”

In addition to the extensive hearing aid program at VA, students gain experience in tinnitus and vestibular assessment and rehabilitation. These are specialty areas not found in all doctoral programs.

Dean Williamson, a 66-year-old veteran from Cosby, Tenn., was treated for the inner ear disorder benign paroxysmal positioning vertigo, a condition characterized by brief, intense vertigo associated with head movements such as looking up or turning in bed.

Williamson had searched for

treatment of his dizziness for more than a year, eventually quitting his job. Finally finding treatment “was the greatest thing that ever happened to me,” he said. “I feel better than I have felt in the last couple of years. Before the treatment, I couldn’t function ... couldn’t do any work. Since the treatment I’ve been turkey hunting, mowing and doing things that I couldn’t do before.”

Each June, the audiology program sponsors the Appalachian Spring Conference, featuring nationally known audiologists who speak on a variety of the most current research topics. Audiologists and students from across the nation attend the conference, which is supported by the REAP, the VA Employee Education System, and the School of Continuing Studies at ETSU. More information on the audiology program is available at: www.va.gov/621quillen/clinics/asp.

By Dr. Richard H. Wilson

U.S. Postal Service Unveils New Purple Heart Stamp



U.S. POSTAL SERVICE PHOTO

VA Assistant Secretary for Policy, Planning and Preparedness Claude M. "Mick" Kicklighter, speaks at a ceremony unveiling the Purple Heart stamp at Mount Vernon, Va.

The oldest military decoration in U.S. history has been commemorated with a new stamp issued by the United States Postal Service. The Purple Heart postage stamp

was unveiled May 30 during a ceremony in Mount Vernon, Va., home of George Washington.

Claude M. "Mick" Kicklighter, Assistant Secre-

tary for Policy, Planning and Preparedness, represented VA at the ceremony. During his remarks Kicklighter noted that Mount Vernon was the perfect setting for such an event. "George Washington represents everything that the Purple Heart stands for—patriotism, duty, honor, courage and service."

Gen. Washington created the Purple Heart's predecessor, the "Badge of Military Merit," in 1782 during the American Revolution to recognize soldiers for "any singularly meritorious action." Today the Purple Heart is awarded in the name of the President of the United States to members of

the U.S. military who are wounded or killed in action, while held prisoner of war, or as a result of international terrorist acts.

The new stamp features a photograph by Ira Wexler of a Purple Heart awarded to James Loftus Fowler of Alexandria, Va. Fowler was injured in 1968 during action near the Ben Hai River in Vietnam while commanding the Third Battalion, Fourth Marines.

Purple Heart stamps are available for sale in many VA canteens, and in post offices nationwide. Visit the Postal Service Web site at www.usps.com for more information. **VA**

Presidential Task Force Issues Recommendations

The 15-member panel created by President Bush on Memorial Day 2001 to identify ways to improve health care delivery to veterans and DoD beneficiaries recommends that Congress either create an independent board to determine annual VA funding based on actual need, or make veterans' health care a mandatory funding program, similar to other veterans benefits such as compensation and education payments. Currently, VA's health care budget is negotiated every year during the appropriation process.

Under the first suggestion, an independent panel's funding request would be shielded from White House influence. Under the latter scenario, spending would be based on a formula that provides a set amount per veteran, with that figure based

on the number enrolled in VA health care and the services in demand.

Though it recognizes the need for more stable funding of VA health care, the President's Task Force to Improve Health Care for Our Nation's Veterans also emphasized the need for more cooperation between VA and DoD to help veterans move from active duty health care to VA more smoothly.

Coordination between the two agencies has been a priority for Secretary Principi, who praised the task force report. "This report is a roadmap to the President's often repeated goal that the walls separating VA and DoD will come down for good," he said.

The two departments are already in the process of implementing 21 of the task force's 23 recommendations. **VA**

In Memoriam

Veterans' leaders paid homage to former U.S. Representative Bob Stump of Arizona, who died June 20 at the age of 76. He represented Arizona in Congress for 26



Stump

years, where he chaired the House Veterans' Affairs Committee from 1995 to 2000 and then the Armed Services Committee until he retired in January. A Navy medic in the South Pacific during World War II, Stump was a leader in the effort to construct the World War II veterans memorial being built in Washington, D.C.

"Bob Stump was a true friend of veterans," said Secretary of Veterans Affairs Anthony Principi. "He always advocated for increased health care services and better financial benefits, including education assistance for troops leaving service." The Secretary said Cong. Stump played a major role in helping VA reform health care eligibility rules and allowing VA's health care system to retain money collected from third-party insurers.

18 VA Hospitals Receive 'Energy Star' Awards from EPA, DOE

The Environmental Protection Agency and the Department of Energy honored 18 VA medical centers May 14 for their achievements in energy efficiency.

Each facility received Energy Star awards for placing in the top 25 percent in energy performance among all hospitals in the United States. Their energy usage was calculated using an Internet-based program called Portfolio Manager. This program tracks energy usage continually and objectively, providing building administrators valuable information for managing energy use. Medical facilities are typically not energy-friendly. Hospitals use twice the energy as office spaces and

three times as much as schools.

Achievement of the Energy Star coincides with President Bush's National Energy Policy, calling for increased conservation efforts, protection and improvement of the environment while enhancing America's energy security. VA's 2003 Energy Star awardees are: Hunter Holmes McGuire VA Medical Center, Richmond, Va.; VA Puget Sound Health Care System; Boise, Idaho, VA Medical Center; Central Arkansas Veterans Health Care System; Louis A. Johnson VA Medical Center, Clarksburg, W.Va.; Northern Arizona VA Health Care System; Philadelphia VA Medical Center; Pittsburgh VA Medical Cen-



MICHAEL L. MOORE

The VA Boston Healthcare System was one of 18 VA hospitals honored for energy efficiency during a May ceremony. From left: Department of Energy Assistant Secretary David Garman; VISN 1 (Boston) Director Jeannette Chirico-Post, M.D.; VA Boston Healthcare System Chief Engineer Tim Cooke; Environmental Protection Agency Administrator Christine Todd Whitman; and VA Secretary Anthony Principi.

Gulf War Findings Presented

Researchers investigating Gulf War illnesses presented their findings to Secretary Principi's Research Advisory Committee for Gulf War Veterans Illnesses June 16.

A Defense Department-sponsored study of autonomic nervous system function—the part of the nervous system that controls automatic functions like breathing—found sick Gulf War veterans performed poorly on a broad range of tests.

Another study by Roberta F. White, Ph.D., of the VA Boston Healthcare System, found Gulf War-deployed vets performed “significantly worse” on tests of attention, visuospatial skills, visual memory and mood. The study also found veterans who took the anti-nerve agent pills pyridostigmine bromide during the war performed worse than those

who didn't take the drug.

The research findings challenge conventional wisdom regarding potential links between military service during the Gulf War and the often-undiagnosed illnesses reported by veterans. “This new research has important implications, not only for ill veterans, but for the development of medical defenses to protect future American troops and civilians from chemical attack,” said committee chairman James Binns, a Gulf War veteran.

VA Secretary Anthony Principi recently urged VA researchers to apply for some of the increased funding now available for Gulf War research. He said he is pleased with the committee's progress. “They haven't given up on their search for answers,” he said, “and neither will we in VA.” VA

ter; Wilmington, Del., VA Medical Center; Portland, Ore., VA Medical Center; Southern Arizona VA Health Care System; VA Connecticut Health Care System; VA Palo Alto Health Care System; New Mexico VA Health

Care System; VA Boston Healthcare System; Fargo, N.D., VA Medical and Regional Office Center; Fort Harrison, Mont., VA Medical Center; and VA Northern Indiana Healthcare System. VA



ROBERT TURTLI

Flag Day Celebration

The VA-National Medical Musical Group performs at the Congressional Flag Day Celebration “Salute to Veterans and the Military” on Capitol Hill June 10. The annual event combines inspirational music and readings to honor the red, white and blue. Members of Congress and special guests including “Good Morning, Vietnam”'s Adrian Cronauer (at podium) participate.

Dr. Susan Mather Honored by Good Housekeeping Magazine



ROBERT TURTIL

Dr. Susan Mather accepts the Good Housekeeping-Wyeth Award for Women's Health from Patricia Haegele, senior vice president/publisher, Good Housekeeping, and Patrick Stasolla, assistant vice president for advertising at Wyeth. The June ceremony was held at the Library of Congress in Washington, D.C.

VA's own Dr. Susan H. Mather, chief public health and environmental hazards officer, was among nine women honored recently by *Good Housekeeping* magazine in its annual awards program celebrating the achievements

of women working in all branches of government.

She received the \$25,000 *Good Housekeeping-Wyeth Award for Women's Health*, honoring a woman in government whose work has focused on improving

women's health, during a June 18 ceremony at the Library of Congress in Washington, D.C. Mather and the other 2003 award winners were featured in the July issue of the magazine.

Throughout her nearly 25-year career with VA, Mather has maintained a strong interest in women veterans' health issues. She became head of the Women Veterans Health Program in 1994.

Mather established eight Women Veterans Comprehensive Health Centers to develop new and enhanced programs focusing on the unique health care needs of women veterans. The program later expanded to include sexual trauma programs at all VA facilities, the development of guidelines for women's health programs, and the hiring of full-time women veteran coordinators

at VA medical centers.

As chief public health and environmental hazards officer, she is also responsible for VA programs related to ionizing radiation, Agent Orange, Gulf War illnesses, AIDS, hepatitis C and smoking cessation.

In 1993, Mather received an award from the Vietnam Veterans of America for Outstanding Contributions to Women Veterans. She also frequently serves as a mentor to professional women in federal service.

Now in its sixth year, the *Good Housekeeping Award for Women in Government* program is conducted by the magazine in collaboration with the Center for American Women and Politics at Rutgers University, and the Council for Excellence in Government. It is supported by the Ford Foundation and Wyeth. **VA**

DAV 'Drive Away': Transportation Network Gets a Boost

More than 200 brand new Ford vans will be on the road this summer transporting veterans to and from their appointments at VA medical facilities thanks to the Disabled American Veterans (DAV).

The DAV donated 59 new Ford Econoline and 152 Windstar vans to VA medical centers in 42 states. A "Drive Away" ceremony held May 6 at Ford Motor Company's headquarters in Dearborn, Mich., kicked off the event. The vans join a fleet of more than 1,000 previously donated vehicles used to transport veterans to VA medical appointments.

Ford's partnership with DAV began in 1922 when

Henry Ford organized a cross-country caravan of 50 Model-T Fords transporting DAV members to the organization's second national convention in San Francisco.

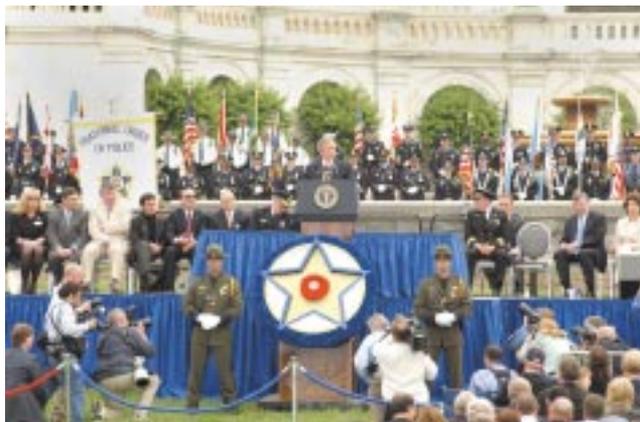
Since starting its Transportation Network in 1987, the DAV has donated more than \$29 million to VA medical centers. Last year, DAV volunteers drove nearly 30 million miles while providing more than 750,000 rides for passengers. Many veterans now rely on this service to get to and from their appointments. For more information on the DAV or how to use their services, visit their Web site at www.dav.org. **VA**



DISABLED AMERICAN VETERANS PHOTO

New additions to the nationwide fleet of vans in the DAV Transportation Network wait for volunteers to drive them to VA medical centers in 42 states following a "Drive Away" ceremony held at Ford Motor Company World Headquarters in Dearborn, Mich., on May 6. DAV's volunteer transportation program provides rides for veterans who have no other way to get to VA hospitals and clinics for medical care. Since the program began in 1987, the DAV has donated more than 1,400 vans, worth more than \$29 million, to VA medical centers nationwide.

Fallen VA Police Officer Honored at National Memorial Service



ROBERT TURTEL

President Bush addresses the crowd gathered on the U.S. Capitol grounds for the National Peace Officers' Memorial Service.

The Fraternal Order of Police honored the memory of fallen officers during the 22nd annual National Peace Officers' Memorial Day Service May 15 in Washington, D.C.

VA Police Officer Jose Rodriguez-Reyes, murdered April 24, 2002, while on duty at the San Juan VA Medical Center, was one of those honored. His name will be added to the National

Law Enforcement Officers Memorial, joining those of other VA police officers who have given their lives in service to our nation's veterans.

They are: police officer Marvin C. Bland, Bedford, Mass., VA Medical Center, killed in a traffic accident Sept. 6, 1985, while responding to an emergency call; police officers Mark S. Decker and Leonard B. Wilcox, Cleveland VA Medical Cen-

ter, killed by gunfire Jan. 31, 1986, while on patrol; police officer Ronald Hearn, Bronx, N.Y., VA Medical Center, killed by gunfire July 25, 1988, while working unarmed at a magnetometer weapons screening station; and police officer Horst Woods, Albuquerque, N.M.,

VA Medical Center, killed by gunfire Jan. 10, 1996, while investigating suspicious activity at the medical center at 2 a.m. For a full listing of the new names added to the memorial wall, visit the National Law Enforcement Officers Memorial Fund's Web site at www.nleomf.com. **VA**



MICHAEL L. MOORE

Actress and singer Jennifer Love Hewitt, here with Secretary Principi in his office, will help bring the meaning of Veterans Day home to America's youth.

Jennifer Love Hewitt Teams with VA

Actress and singer Jennifer Love Hewitt is teaming with VA, the Disabled American Veterans and the Veterans of Foreign Wars to bring the meaning and spirit of Veterans Day to generations X, Y and Z.

She will serve as National Honorary Spokesperson for Veterans Day, visiting VA facilities and veterans and sharing their stories with school-age children nationwide.

She has taped video public service spots about Veterans Day and visited VA Central Office. She is also interested in promoting VA's

youth volunteer program.

"I want to show the kids of America that veterans are not just grandparents, uncles and aunts, they're our classmates, neighbors and friends," Hewitt said. "They deserve our respect and admiration and I want to bring their stories to the attention of those who need to know that our freedom is not free."

Hewitt is best known to television audiences as "Sarah Reeves" on the hit drama series "Party of Five." Most recently, she starred in the feature film "Tuxedo" and is currently promoting her fourth music album. **VA**



MICHAEL L. MOORE

On a Roll

Secretary Principi rides across Memorial Bridge in Washington, D.C., with John Rusado (left) during Rolling Thunder's annual "Ride to the Wall" on Memorial Day weekend. Next to them is Chairman of the Joint Chiefs of Staff Gen. Richard Myers (center), and Rolling Thunder President Artie Muller, with singer Nancy Sinatra.

Gloria McCrane & Margaret Anderson

Some people work to live, others live to work. What is it that makes a person continue their life's work, long after they are eligible for retirement?

Two nurses with a zest for life are quietly making history at the Asheville, N.C., VA Medical Center as they go about the business of their daily work. Together, they have worked in the nursing profession for more than a century. Their lives are a study in contrasts, and yet they have one extraordinary thing in common: a passion for nursing.

This year, Gloria McCrane celebrates 54 years of nursing, while Margaret Anderson marks her golden anniversary as a nurse. With more than 100 years of nursing experience between them, they have no intentions of retiring in the near future.

What are the common denominators that make these women stay, when they could so easily pass the torch to a new generation of nurses? What keeps them working for VA when the private sector could also benefit from their skills and experience?

They share a love of learning, a desire to make a difference, and the belief that veterans are special. McCrane explains it this way: "Patients know why they are hospitalized; they are here to get well and go home. When I think about why I am here, their focus becomes my focus." Each nurse has a desire to teach those who wish to learn. Indeed, it is no small coincidence that Asheville's nurse executive, David

Przestrzelski, started his VA career by working for Anderson at the North Chicago VAMC in 1980. Przestrzelski learned well; in 2003, he won the NOVA Professional Nurse Award for Leadership.

While McCrane and Anderson share the same basic philosophy about their chosen profession, they rarely see each other. McCrane works days in Asheville's Extended Care Rehabilitation Center, and Anderson works the night tour as nursing coordinator. Each woman took an early interest in nursing, and one of them is a veteran. In 1950, McCrane entered the U.S. Air Force as a second lieutenant and later earned the rank of captain.

Having a mentor early in their careers was a major factor for both women. McCrane credits everyone she met along the way with serving as a mentor for her. She believes that we all have an influence on one another. For Anderson, patients have had the most impact on how she approaches nursing. She notes, "They were my advocates and helped me through the rough times." A full-blooded Native American nurse also touched Anderson's life with her shared belief in being good to the patients.

Ask each woman what it takes to stay in nursing and her response comes without hesitation. "I tell student nurses that the one word they need to keep in mind is tenacity," says McCrane. "Some of them don't know what that means; I tell them it is about being persistent." When asked what they liked about working in VA, Ander-

son notes, "I like it all. I have never had a day that I did not feel challenged in my job." According to McCrane, "It's like riding the surf. We hang onto the board see each other. McCrane (through the years and the changes we have seen in VA) and we're still surfing."

More than 50 years of their century of nursing come from working at VA medical centers. Treasured stories about caring for veterans are numerous; each woman has memories she willingly shares. For McCrane, it is caring for patients battling terminal illnesses. "They have the most beautiful spirits," she says. "I think they teach us a memorable lesson. They are real troopers who stand up to be counted until the very end. They don't take it out on others; they just follow it through in a great way. It's pretty inspiring."

For Anderson, the lessons learned from psychiatric patients are a constant source of wonder. "Being able to communicate with a very psychotic patient is extremely difficult, and it's not always easy to know if you have suc-



For Gloria McCrane, who has 54 years of nursing experience under her belt, caring for terminally ill patients has been inspiring.



In 50 years of nursing Margaret Anderson says she's "never had a day that I did not feel challenged in my job."

ceeded." She recalls a time when she was working at the North Chicago VAMC. Off duty one day, her husband woke her when a patient appeared on their doorstep. They lived five miles from the medical center, but the patient had found his way to her. "He was hallucinating with every breath, but obviously he wanted to be where I was." **VA**

By Pam Howell and Jim Williams

Study Compares Low-Carb vs. Low-Fat Diet

Obese people on a low-carbohydrate diet lost more weight than those on a low-fat, calorie-restricted diet, according to a VA study appearing in the May 22 *New England Journal of Medicine*. The findings provide some scientific validation to the popular high-protein, low-carb Atkins diet.

Lead author Frederick F. Samaha, M.D., chief of cardiology at the Philadelphia VA Medical Center and assistant professor at the University of Pennsylvania Health System (UPHS), cautioned against discarding the low-fat approach, which has been shown to cut the risk of heart attack, but he also said more attention needs to be paid to

the harmful effects on body chemistry of carbohydrate-rich diets. "There are important metabolic effects to a high-carbohydrate diet in a person who tends to overeat, and we need to take a close look at that," said Samaha.

Linda Stern, M.D., study co-leader, said the research is among the first clinical trials of a low-carb diet in a population other than healthy volunteers. The study volunteers were severely obese—their average weight was 288 pounds—and many had conditions such as diabetes, heart disease and hypertension.

The study randomly assigned 132 men and women either a low-carb or low-fat diet. After six months, the low-carb group lost an aver-

age of about 13 pounds, compared to 4 pounds for the low-fat group. The low-carb dieters also reduced their levels of triglycerides—blood fats that, like cholesterol, may contribute to clogged arteries—by an average of 20 percent, versus 4 percent for the low-fat group.

The authors said the study results underscore the paradox of the nation's fascination with low-fat eating: Americans are taking in less fat, but not losing weight or improving their cardiovascular health as a result. "People have gotten the message loud and clear—they're restricting their fat," said Samaha. "But they're still overeating. And when they overeat carbohydrates, they remain overweight and perhaps even exacerbate the development and management of diabetes, unfavorable lipids and heart disease."

FES Center Gets \$7.9 Million Grant

The FES Center in Cleveland, a VA co-sponsored program that has pioneered the use of functional electrical stimulation to restore motor function to those with paralysis and other disorders, will receive \$7.9 million from Ohio as part of an initiative to advance the state's biotechnology industry.

The FES Center was founded in 1991 as a consortium of the Louis Stokes Cleveland VA Medical Center, Case Western Reserve University and the MetroHealth Medical Center, with additional funding from the National Institutes of Health and other sources. Under the direction of P. Hunter Peckham, Ph.D., the center pioneered the develop-

ment of "Freehand," an artificial nerve system that enables a user with upper-limb paralysis to grasp objects. The center earlier this year implanted a diaphragm stimulator system in actor Christopher Reeve to help him breathe for extended periods without a ventilator.

Overhaul of VA Health Care System Paying Dividends

The quality of VA health care has improved significantly since 1995 when the department began a major overhaul of its health care system, according to a study in the May 29 *New England Journal of Medicine*.

Using data from VA's External Peer Review Program, researchers from VA, Brigham and Women's Hospital, the National Quality Forum and the University of California compared quality indicators of preventive, acute and chronic care with similar data from the Medicare fee-for-service program. Reviewers gathered data on standard quality of care indicators, including those for preventive care, such as the frequency of mammograms and cancer screenings. The data also included markers for quality outpatient care: reaching target blood pressure readings for hypertension patients and prescribing aspirin within 24 hours of a heart attack.

They found major improvements for all quality-of-care indicators measured by VA between 1994 and 2000. They also found VA outperformed Medicare on all 11 markers the two systems had in common between 1997 and 1999, and on 12 of 13 indicators measured between 2000 and 2001. **VA**



ROBERT TURTEL

Saying no to carbs led to success for dieters in a recent study.

A Demolition 'First' for VA



The top nine floors of this building at the Memphis, Tenn., VA Medical Center were demolished without evacuating the four lower floors. Patient services, even delicate eye surgery, continued without interruption during the six-month demolition.

The Memphis, Tenn., VA Medical Center is located near the New Madrid seismic zone, a system of faults representing the greatest earthquake risk east of the Rocky Mountains. A structural analysis of the medical center's main building conducted in the early 1990s concluded that it would be severely damaged in an earthquake.

The solution involved building a new bed tower, removing the top nine floors of the existing building, and strengthening its four remaining floors. Demolition of the top nine floors began in July 2000, after the new bed tower had been dedicated. Crews dismantled the building floor by floor without disrupting patient services on the lower levels. Never before have major parts of a VA facility been demolished with the lower floors occupied.

More than 100 Native American veterans turned out for a compensation fair held May 13 to 15 on Fort Berthold Indian Reservation in Newtown, N.D., co-sponsored by the **Fargo VA Medical and Regional Office Center**. The fair gave veterans and their families an opportunity to apply for benefits without having to travel to the VA office. VBA benefits counselors were on hand to determine benefits eligibility and **Dr. David Walsh**, physician at the **Minot Community Based Outpatient**

Clinic, provided medical compensation and pension exams. An on-site adjudicator determined awards and benefits checks were distributed the following week.

A report by the IBM Endowment for the Business of Government cited the **Upstate New York Veterans Health Network (VISN 2)** as a role model for federal agencies struggling to balance increasing workload demands with limited resources. The report shows VISN 2, based in Albany, N.Y., outper-

formed most other VHA networks from 1996 to 2001, despite losing 18 percent of its work force. The report offers five general tips for agencies interested in doing more with less. To view the report, visit:

www.businessofgovernment.org/publications_GrantDetails.asp?GID=141.

The **National Acquisition Center**, located in Hines, Ill., found a new home for more than \$750,000 worth of excess workstations, filing cabinets, bookcases and other furniture. The items were donated to the Tomah, Wis., and Milwaukee VA Medical Centers, as well as other government agencies. According to project manager **Mary E. Haefner**, some of the furniture was used at the Tomah VAMC for temporary and new offices created under CARES. The acquisition center also donated furniture to the U.S. Army National Guard and Fort Sheridan's 1st Brigade, 85th Division.

VA, in collaboration with the Department of Defense (DoD), developed a brochure to describe benefits and health services for military reservists and members of the National Guard. VA is printing 600,000 copies of the tri-fold brochure for distribution within and outside VA and DoD. It's also available on the Internet at www.va.gov/environagents/docs/SVABENEFITS.pdf.

Two Eagle Point (Ore.) High School students graduated on July 9 from a "fast-track" certified nursing assistant program established through an agreement between the school, Rogue

Community College and the **VA Southern Oregon Rehabilitation Center & Clinics**. Infection control nurse **Diana Potts, R.N.**, taught the seven-week course at the VA and community nursing homes. Now that they've graduated, the two students are gearing up to take the state certification test to become certified nursing assistants. "You just can't believe how excited they are about it," said **Karen Allen, R.N.**, who is coordinating the program. Allen now has a waiting list of students eager to enroll in the next course.

VA officials in Washington D.C., and U.S. Coast Guard representatives signed a memorandum of understanding May 22 to provide service members with a comprehensive medical examination that meets the needs of both agencies. The examinations will now support a service member's VA claim for disability compensation, while still meeting the Coast Guard's separation or retirement requirements.

Corbin L. Cherry, Ph.D., retired as chief of pastoral services at the **San Francisco VA Medical Center** on May 1 and took off on a five-month, 48-state golf tour with fellow Vietnam veteran Sgt. Curtis Baker. Both men are amputees from injuries sustained in combat during the Vietnam War. The purpose of their golf tour is to raise awareness of disabled sportspersons and their abilities to participate in the regular activities of life. More than 130 disabled golfers lined up to play in the tour's games around the nation, as well as 120 non-disabled veterans. **VA**

Going the Extra Mile



James Dudley and Carole Look, director and nurse manager at the VA hospital in Richmond, Va., congratulate patient and Caring Heart Award winner Jerry Fink.

Jerry Fink is awaiting a heart transplant at the Hunter Holmes McGuire VA Medical Center in Richmond, Va. He passes the time by greeting other patients, keeping the coffee pot going in the waiting room, and helping out the nursing staff when he can. "The support he provides ... is such a great gift," said nurse manager Carole Look, R.N. The nurses even nicknamed him the "Mayor of Unit 2F."

In June, Fink became the first patient at the Richmond VAMC to receive the hospital's Caring Heart Award. The award is usually given to employees and volunteers who go the extra mile. But staff on Unit 2F thought Fink met the criteria, so they nominated him for the award.

Dental staff at the VA Hudson Valley Health Care System received a medal from the 42nd Infantry Division, New York Army National Guard, for performing more than 200 pre-deployment dental screenings at Camp Smith, N.Y., back in early 2003. They also provided more than 1,000 pre-deployment exams for other National Guard units. The dental staff gained much satisfaction from knowing they contributed to military readiness at a time of national need.

The Small Business Administration (SBA) recently honored two VA employees. **Quinn Allen**, a veterans ser-

vice representative at the **Houston VA Regional Office**, was named Veteran Small Business Advocate of the Year by the Houston District of the SBA in May. The Kansas City District of the SBA named **Gregory Taylor**, chief of vocational rehabilitation and employment at the **St. Louis VA Regional Office**, as Regional Veterans Small Business Advocate of the Year for his work with veterans in Kansas, Missouri, Iowa and Nebraska.

Deputy Secretary **Leo S. Mackay Jr., Ph.D.**, presented the VA Financial Achievement Award for 2002 to the **Denver Distribution Center** for achieving timely financial

invoice payments and discount savings. "In addition to the hard work and dedication by our fiscal team, a major factor in receiving the award is our electronic data interchange enhancements," said fiscal division chief **Dan Felten**. These enhancements allowed the center to electronically process 82 percent of all VA purchase orders last year.

VA was one of six federal agencies to receive the 2003 Travel Manager of the Year award June 2, sponsored by *Government Executive* magazine. VA was cited for improving its Employee Relocation Services Program, providing new training for

relocation counselors, and clarifying relocation policies.

Bataan Death March survivor **Ralph Levenberg**, Major, USAF (Ret.), received the Secretary's Award from **Secretary Principi** April 28 for his service to America's veterans. Levenberg has served 18 years on the VA Advisory Committee on Former Prisoners of War, longer than any other member. He also serves his fellow POWs and veterans in a voluntary position as the POW consultant at the **VA Sierra Nevada Health Care System** in Reno, Nev. Levenberg was imprisoned by the Japanese during World War II for more than three years. **VA**

Running for the Gold

BJ Klein, recreation therapy assistant at the Amarillo, Texas, VA Health Care System, won a gold medal in his division at the 2003 Special Olympics World Games in Dublin, Ireland. He crossed the finish line ahead of more than 60 competitors from around the globe and was also the first American to finish in the half-marathon on June 28. His time was 1 hour and 26 minutes in the 13.1-mile course, set in the streets of downtown Dublin.



BJ Klein wears the medal he won at the 2003 Special Olympic World Games in Ireland.

Klein has Fragile X Syndrome, which has mental and physical implications. It makes bones brittle and increases likelihood of fracture should he experience a fall. Doctors had predicted that by age 20, he would be in a wheelchair, but he has defied the odds. Klein attributes his resistance to this disease to distance running, which helps strengthen bones. His future plans include training for his next goal, qualifying for the Boston Marathon.

Protecting Community Lives

VA Pittsburgh Healthcare System Police Officer John Ackerman was off duty and working at his second job as a police officer in the community when he reached the scene of two neighboring



Ackerman

house fires early one morning before the fire department arrived. He quickly learned that the family in one house had reached safety, but an elderly couple that was hard of hearing lived next door.

After breaking through the glass and screen doors, Ackerman found a 93-year-old man trying to use a bucket of water to put out flames that reached the ceiling. After leading the reluctant man outside, Ackerman returned to the house for the man's daughter, who could not walk because of recent foot surgery. While he pulled her to safety, the fire department arrived to fight the blaze.

alert while waiting for rescue workers to arrive at the scene. His description of the accident and the victim's condition helped the paramedics in their immediate assessment and treatment.

Command Sgt. Major (Ret.) Jimmy L. Horton, Jr., primary care specialist at the VA Tennessee Valley Healthcare System, was leaving work recently when he noticed a severely handicapped teenaged boy slouched in the back seat of a car with all the windows rolled up. It was 82 degrees in the shade, the parking meter had expired, and the boy was oblivious to his surroundings. Horton ran back inside the medical center and notified VA Police. VA Police responded immediately, but

couldn't do anything because the vehicle was parked on the street—not on VA property. VA Police called metro police and stood by. When metro police arrived they opened a car door and tried unsuccessfully to communicate with the parents on a two-way radio found inside the vehicle. The parents, who were visiting a patient at the medical center, eventually arrived and metro police called the Department of Child Services. The boy was fine, thanks to Horton's keen eye and fast thinking. VA



Horton

Augusta, Ga., VA Medical Center audiologist Frankye Mace was driving home late one evening when she witnessed a hit and run. She stopped at the scene and found the victim's husband shouting to his wife while improperly performing CPR on her. Mace asked a passerby to call 911. Her CPR training helped her determine from the angle of the woman's neck that her air passage was blocked. Very carefully, Mace cradled and straightened the woman's neck. The victim immediately began gasping for air. Paramedics soon arrived and transported the woman to a trauma center.

Phoenix VA Medical Center dentist Dr. Larry Ambrose was at his brother's wedding reception when he got a call for help. The

bride's grandfather was lying on the ground, not breathing. Ambrose jumped in, performing the Heimlich maneuver numerous times, and was able to get the grandfather breathing again, saving his life.

While on their way to the VA Hudson Valley Healthcare System, John Reynolds, R.N., and his wife witnessed an automobile accident. The victim had a long, deep laceration from his cheek to his chin. Reynolds applied pressure to the wound and kept the man



Scott and Bill Spradlin

A Son's Persistence Pays Off

Bill Spradlin, environmental management service supervisor at the Salem, Va., VA Medical Center, has a new lease on life thanks to the persistence of his 8-year-old son, Scott. Scott had already convinced his father to exercise with him to lose weight. Then, after learning of the dangers of cigarettes, he asked his father to quit smoking, too. Bill balked at that request. The two continued to walk together for exercise, but Bill soon began experiencing chest pains and shortness of breath. Tests performed at the Salem VAMC revealed Bill had three blocked arteries.

Last March, Bill received two cardiac stents, as well as recommendations to quit smoking and change his diet. This time, Bill heeded the advice to kick the smoking habit. Bill's son Scott, a high-achieving, karate-chopping second-grader, is credited with saving his father's life. He's gone on to convince his mother Gwen, also a Salem VAMC employee, to give up her cigarette habit.