The background of the cover is a photograph of two men in suits standing in a church. The man on the left is white with grey hair, wearing a dark suit and a striped tie. The man on the right is Black with a mustache, wearing a dark pinstriped suit and a patterned tie. They are standing in a church with wooden pews, a cross on the altar, and a banner with 'IHS' on the left. The magazine title 'VANGUARD' is overlaid in large, bold, yellow and green letters. The text 'U.S. Department of Veterans Affairs' is in green above the title, and 'September/October 2004' is in white below it.

U.S. Department of Veterans Affairs

VANGUARD

September/October 2004

Working Toward Recovery
Infection: Don't Pass It On
2004: Year of the Hurricane
Behind the Names



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Vanguard

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On the Cover

Vietnam veteran David Wachter, a VR&E counselor at the Washington, D.C., VA Regional Office, with one of his "graduates," retired Air Force Col. Raymond Hart, who became a United Methodist minister through the VR&E program. Hart now serves as pastor at two Washington, D.C., churches, where he is working to keep youth away from drugs and violence.
photo by Robert Turtill



Dramatic Cover Photo

I very much appreciated your dramatic cover photo of the Pacific pavilion of the National World War II Memorial (July/August issue). The night shot captures the drama and impressive design of the memorial.

The Pacific pavilion is

dear to my heart. My dad is a World War II veteran and Purple Heart recipient; he was shot and nearly died in the Battle of Buna of the New Guinea campaign (he tells me the continual bouts with malaria were worse than being shot!). I was fortunate to be able to attend the dedi-

cation ceremony Memorial Day weekend with my father.

Being at the ceremony with him and the thousands of other vets was a moving event that even now brings a tear to my eye when I see your photo. It reminds me of the debt owed to my father and his generation for their many sacrifices on our behalf. Thank you.

*Jeff Chenoweth, M.D.
Radiologist
St. Louis VAMC*

this hospital, as in most, people tend to undervalue the role that the floor cleaners play in maintaining a healthy environment for workers and patients alike. But the truth is that EMS is our first defense against germs and other pathogens that are indigenous to hospitals and many other public facilities.

The money spent to pay EMS salaries and the accolades given to them are just so worthwhile. Thanks again, and please continue with the insightful articles.

*John A. Roberts
Electrician
Dallas VAMC*

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.

EMS is Our First Defense

I think that the article about the EMS (May/June issue) was just a stroke of genius. In

VA News
5 Times Daily
on the
Communications
CHANNEL

Or on the Intranet at:
vaww1.va.gov/opa/feature/vanews
Check with your facility satellite coordinator.



ROBERT TURTIL

There She Is

All 52 contestants in the Miss America Pageant visited patients at the Washington, D.C., VA Medical Center on Sept. 4. This year marked the 50th anniversary of the annual pageant, which was telecast live from Atlantic City, N.J., on Sept. 18.



Electronic Health Records: VA Leads the Way

Robert M. Kolodner, M.D.
Acting VHA Chief Health Informatics Officer

Earlier this year, President Bush outlined a plan to ensure that most Americans have electronic health records (EHRs) in 10 years, improving the quality, safety, efficacy, delivery and security of health care. Later, in July, the national Health IT Summit released its strategic framework for realizing this goal.

For decades, VA staff across the country worked to develop IT solutions to support health care for veterans, including VistA (Veterans Health Information Systems and Technology Architecture). In the last few years, we have initiated or joined in efforts with federal, state and industry partners that help lay the groundwork for the President's initiative. Our evolving strategy addresses four key IT components: EHRs, personal health records, and two pieces critical to the exchange of health information between them, namely, data and communications standards, and information exchange infrastructure.

Today VistA supports a comprehensive EHR system. Our Computerized Patient Record System (CPRS) provides a single integrated application to health care providers in all VA medical centers, nursing homes and clinics. Using CPRS, providers can update a patient's medical history, review any test results, submit orders, and access patient health information from any VA medical center or clinic.

As a physician, I know

how valuable these capabilities are. CPRS has virtually eliminated medication errors caused by illegible handwriting. Its automated allergies and alerts prevent potentially dangerous treatments from being ordered. The use of bar code technology on all medications and on the patient's wristband ensures that each patient receives the correct medication, in the correct dose, at the correct time. And VistA imaging provides the ability to capture and display a wide variety of medical images as part of the

patient's EHR.

Today CPRS is being used by doctors, nurses and other health professionals in VA. Our VistA system now contains more than 1.1 billion orders and half a billion notes and reports. These numbers are growing quickly. Each day, more than 865,000 orders and more than half a million progress notes are entered electronically by VA providers at VA facilities, and 585,000 medications are administered using bar codes.

Does this technology really make a difference in health care? Across VA, we have demonstrated that this one component, EHRs, can help provide better, safer and more consistent care to all

patients, and that better quality care actually costs less. CPRS gives health care providers immediate access to information, eliminates duplicate orders, and increases patient safety. CPRS has helped VA become one of the best performing health systems in the United States, setting the benchmark for clinical performance indicators proven to save lives. For example, VA use of beta blockers after heart attack and of screenings for cancer "bests the best" reported elsewhere.

of interoperability health standards across federal agencies.

In the area of information exchange infrastructure, we are collaborating with the Department of Defense to develop an interoperable, electronic "virtual" health record. Today more than 2 million unique DoD electronic records are available to VA providers. Starting in late 2005, we will be able to share all the health data stored in our data repository with DoD, and they will be able to share their clinical

In the last few years, we have initiated or joined in efforts with federal, state and industry partners that help lay the groundwork for the President's initiative.

We are building the next generation EHR system that will shift care from being facility-centric and make it person-centric. A Web-based, personal health record for all veterans, My Health_eVet, will transform the way veterans participate in their health care experience and get information about their wellness and care. Version one contains health information resources. Next year, veterans and VA staff will be able to have a secure copy of key portions of their health record from VA's VistA system.

In the area of standards, we were instrumental in the formation of the Consolidated Health Informatics initiative to foster the adoption

data seamlessly with us.

We are now working with the Centers for Medicare and Medicaid Services to release VistA-Office EHR early next year. We are configuring this new version of VistA to meet the needs of community health clinics and office-based practices in rural and underserved areas.

In this effort and in others, we are working to transform health care, in the belief that we can make our veterans and ultimately all Americans "Health_ePeople." **VA**

President's goal: in 10 years, most Americans will have electronic health records.



Assisting Veterans Interested in Federal Employment

Willie Hensley
Director, VA National Veterans Employment Program

Veterans leaving active military service are among the best and brightest workers our nation has to offer. For any employer, public or private, they bring a wealth of knowledge, experience, and leadership, often at levels far beyond their years.

That is why VA's National Veterans Employment Program (NVEP) is so important. The program helps veterans understand how to use veterans' preference to navigate what can sometimes be a complex job search process.

Since the Civil War, the United States has afforded its military veterans the opportunity to continue to serve by granting them hiring preference for federal government employment. With NVEP, veterans have a strong advocate that promotes education, understanding, and use of veterans' preference and the various hiring flexibilities available to veterans seeking employment in the federal sector.

In July 2001, the VA Veterans Employment Initiative (VEI) and the National Veterans Employment Program were established in what is now the Office of Marketing and Veterans Employment Outreach Service under the Office of Human Resources Management. Through VEI, VA reached out to veterans service organizations, military organizations, and other federal agencies concerned with veterans' issues. NVEP goals and strategies were established, mar-

keting brochures developed, and the program was introduced to veterans at military transition centers, job fairs and other locations.

Today, NVEP continues to expand veterans' access to information on veterans' preference as well as opportunities for employment within the department. New brochures and posters that market program services are in production for placement in military transition centers, veterans service organization offices, and VA facilities. The program is briefed to servicemembers during transition from active military service, job fairs and other veteran-focused events. A new Web site is in production and future plans include making veterans' preference informa-

with the spirit and intent of the law. We are also working to develop partnerships that will expand the One-Stop Career Center concept of providing employment assistance to veterans at VA facilities across the country.

As the agency entrusted to communicate, by way of service, the gratitude of our nation to its veterans, we have an obligation to lead the way in assisting veterans in their search for employment. We must not only talk the talk of promoting veterans' preference in hiring, but also walk the walk by actively employing and retaining veterans in VA. Evidence suggests we are doing just that, but we can do more.

According to the latest veterans' employment report

disabled and 30-percent-or-more disabled veterans. These noteworthy accomplishments set the example in policy and practice for the public and private sectors and must be continued.

Veterans' preference is not a handout or charity to the undeserving, but an opportunity for highly skilled, dedicated citizens to re-establish themselves in the civilian workforce so they can continue to serve. It is also the law. The National Veterans Employment Program will continue advocating for the employment of veterans in the federal government. You can be an advocate too, by learning more about veterans' preference and putting the law to work in your workplace.

Veterans' preference is an opportunity for highly skilled, dedicated citizens to re-establish themselves in the civilian workforce so they can continue to serve.

tion available to separating servicemembers under the Veterans Assistance at Discharge System.

NVEP has begun an awareness campaign to increase the utilization of veterans' preference and hiring flexibilities among VA human resource specialists, hiring officials and recruiters. The campaign is designed to help foster an environment that takes an affirmative action approach to employing veterans under veterans' preference statutes consistent

presented to Congress by the Office of Personnel Management, VA led all civilian federal agencies in the number of disabled veterans and 30-percent-or-more disabled veterans employed, the number of newly hired disabled veterans, and in the promotion of

For additional information on VA's National Veterans Employment Program, contact Greg Alleyne, program manager, at (202) 273-9740. For more information on veterans' preference, visit the veterans' reference guide at www.opm.gov/veterans. VA

On the Web

For more information on veterans' preference, check out the veterans' reference guide on the OPM Web site at www.opm.gov/veterans.



port by the National Academy of Science's Institute of Medicine," says Dr. James Bagian, director of VA's National Center for Patient Safety. "Identifying and preventing the causes of these infections is a priority for VA." The number one carrier for these infections, according to the CDC, is the hands of health care workers and others who have patient contact.

A second rationale for the campaign is preparedness, both for natural biological events such as flu season, and for manmade ones, such as bioterrorist acts.

A third rationale is compliance with regulations and guidelines. As of 2004, the Joint Commission on Accreditation of Healthcare Organizations requires that hospitals comply with the current CDC hand hygiene guidelines. VA's campaign reflects and supports these guidelines, which focus on the use of alcohol-based hand rubs or antimicrobial soap and water to decontaminate hands, and the proper use of gloves.

It doesn't hurt that hand hy-

giene practices can actually save time and money, not to mention spare patients, staff, and those around them from needless infections and their consequences. The costs of hospital infections outweigh the costs of stocking hand hygiene products. The CDC estimates that the cost of four or five infections of average severity or of just one severe infection of a surgical site, a lower respiratory infection, or a blood-stream infection is as much or greater than the annual budget for hand hygiene products for a hospital.

Newly developed products, particularly alcohol-based hand rubs, can save even more time than traditional hand cleaning methods. The CDC estimates that in an eight-hour shift, almost an hour of a nurse's time in an intensive care unit can be saved by using an alcohol-based hand rub at the bedside instead of going to a sink for hand washing. The added benefit is that the alcohol-based hand rubs are generally more effective at killing bacte-

ria and other microorganisms.

Promoting Hand Cleaning

So how do you call attention to an age-old issue with important

For More Information

- The Web site for the VA campaign is www.publichealth.va.gov/infectiondontpassiton.
- CDC hand hygiene information cited here is available at www.cdc.gov/handhygiene, particularly the article "Guideline for Hand Hygiene in Healthcare Settings: Recommendations of the Healthcare Infection Control Practice Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force."
- The Institute of Medicine reference is "Priority Areas for National Action," available at www.nap.edu/catalog/10593.html.

new-age implications and keep people's awareness up? The CDC also weighs in on this, saying strategies to promote hand hygiene should be multifaceted and multidisciplinary.

Multifaceted is a good word for the materials used in VA's campaign. The campaign team is counting on color, variety, and even humor to convey that cleaning hands and covering coughs are important. Together they have come up with 60 posters (10 in Spanish) to carry the messages of the campaign.

The posters are designed to be rotated often to keep people interested and to convey a range of information through the use of photos, drawings, technical shots of bacteria, and cartoons of talking germs. Some posters are meant for clinical or staff areas; most are meant for all areas of the facility. One, which is also available in Spanish and has been created in both small and large sizes and two designs, simply states: "Patients and Visitors: It's okay to ask health care providers if they have cleaned their hands."

The word multidisciplinary reflects the campaign approach. The campaign team is working through several disciplines in VA hospitals to get the messages out. Materials are being sent to seven key contacts in each facility—infection control professionals, patient safety officers, occupational health staff, prevention managers, public affairs officers, education contacts, and, through the latter group, patient educators. "This broad outreach is essential to getting the word out," says Mather. "Together these various professionals reach a wide range of people and we plan to give them tools and lots of encouragement to promote this important and potentially life-saving campaign."

The 60 printed posters have been distributed to facility contacts in the seven disciplines. Additional

sets in English or Spanish can be ordered by facility education contacts. All of the posters were also designed to be printed or downloaded from the Web and are a size and contrast that will work on office printers in color or black and white—yet an-

other way to extend the reach of the campaign. Be on the lookout for colorful posters at your facility this fall and above all: Clean your hands and cover your coughs! **VA**

By *Connie Raab*

How and When to Clean Your Hands

When your hands are not visibly soiled, alcohol-based hand rubs are the most effective way to clean them. A study cited by the CDC shows that these hand rubs can reduce more than 99 percent of bacteria on the hands. This is better than antimicrobial soap and much better than plain soap. And alcohol-based hand rubs are less drying to the skin than antimicrobial soap.

How do you clean your hands?

Using an alcohol-based hand rub (gel or foam), you:

- Apply to palm of one hand
- Rub hands together vigorously, covering all surfaces, until dry

Using antimicrobial soap, you:

- Wet hands with water
- Apply soap
- Rub hands together for at least 15 seconds
- Rinse and dry with disposable towel
- Use towel to turn off faucet

When should you clean your hands? Probably more often than you do now.

If you are in health care settings, use alcohol-based hand rubs* before and after touching patients or touching items in patients' rooms.

When your hands are visibly soiled, use antimicrobial soap.

Otherwise, when you are not in health care settings, use antimicrobial soap and water or alcohol-based hand rubs (the former if hands are visibly soiled):

- Before eating
- After using the restroom
- After coughing or sneezing
- After being near someone sick or someone coughing or sneezing
- After touching trash
- After touching pets

*Alcohol-based hand rubs do not kill certain infectious agents, including norovirus and the bacterium *Clostridium difficile*. If these two are a problem in your facility, use antimicrobial soap, plenty of water, and lots of hand rubbing. Your facility's infection control professional can advise you further.





CURT CAMPBELL

Getting Their Lives Back

An intensive residential treatment program at the VA Palo Alto Health Care System's Menlo Park Division is helping women veterans cope with the aftermath of trauma.

“I’m a professional at isolation. After being assaulted and raped in the Army, I spent the next 25 years fighting demons and nightmares with psychiatric medications and numerous hospitalizations. I was afraid of everything. I moved every year thinking the next place would be better. But it never worked because wherever I went, there I was.”

A Vietnam-era Army veteran, Debra Jean “DJ” Lehmann is a graduate of the Women’s Trauma Recovery Program (WTRP) at the

Menlo Park Division of the VA Palo Alto Health Care System in California. The program was initially designed to treat women with PTSD, but more often than not the women who come here were sexually assaulted during their military service and suffer what is now referred to as military sexual trauma.

“For 25 years I suffered alone,” said Lehmann. “I had barely gone out of my house the six years prior to entering the WTRP. I was ready to get better and this program gave me the courage and the tools to do

that. My only regret is that I didn’t know about it years ago—so much of my life has been wasted.”

‘The Tools to Face Life’

The WTRP staff is trying to reach out to women who can benefit from this 60-day residential program for women veterans who are coping with the aftermath of trauma. Women come into the intense group therapy program in classes, or cohorts, that work together; some can’t handle the intensity and can’t continue, but many of

Above: Gloria Grace, program coordinator for the Women’s Trauma Recovery Program, leads a group counseling session. “Despite the adversity in these women’s lives, they readily offer support and guidance to the ‘band of sisters’ who follow them. It’s both humbling and inspiring,” said Grace.

these come back for a second try and finish successfully.

“The program is not for everyone,” said Darrah Westrup, Ph.D., who oversees the WTRP along with Gloria Grace, a social worker and the program coordinator. “The interpersonal demands pose a challenge to women who have been extremely isolated and find it difficult to trust others. If we could just reach these women early in their trauma years, we could save them so much pain,” she added with a sigh.

One such veteran is 22-year-old Joann Martinez, who was sexually assaulted while in Luxembourg when she was serving with the Air Force in Germany. “Nights were bad. I was afraid to go to sleep because of the nightmares, but I was so tired all I wanted to do was to go to sleep. So I started drinking myself to sleep,” she said, shaking her head at the memories.

Martinez found out about the residential program after working with the staff as a mental health outpatient. The outpatient program was good, but it just wasn’t enough. She was still barely leaving the house and “the anniversary month of my rape was horrible.” But soon after being admitted to the inpatient program, her anniversary month rolled around and while she was distressed, she did not, in her words, “fall apart,” something she was quite proud of.

“If you had known me before [treatment at the WTRP], you wouldn’t think I was the same person. When my former doctor saw me recently, she said, ‘You look great. This is the first time in a year I’ve seen you look connected.’ And that’s what happens when depression and fear set in, you lose connection with people.”

Women of all ages and from all walks of life come to the program. Most arrive on the brink of emotional disaster and must share with

each other secrets that many of them held inside for decades.

“I did such a good job burying my past. Mostly I buried it with alcohol, but no more,” said Army veteran Alice Budway. “This program is giving me the tools to face life, the tools to cope. I used to have three panic attacks a week; I’m down to maybe one now. I’m not well, but the staff here is making huge inroads.”

The WTRP operates as the

clinical laboratory division of the National Center for PTSD, and uses both established and cutting-edge treatments to advance the clinical care and knowledge of women with PTSD. The unit is for female patients only. Most women are dually diagnosed with PTSD and disorders such as substance abuse, anxiety and depression. Treatment occurs within a therapeutic community model with a strong emphasis on interpersonal skills.

A Welcome Relief

Reflecting on her struggle for equality, suffragette Charlotte Despard wrote, “... I was continually seeking to find expression for the force that was in me, trying to learn, asking to serve with my life in my hand ready to offer, and no one wanting it.”



Westrup

When a young woman joins the military, it is in the service of bettering her life. Perhaps she wants to make a difference, to contribute to her country. Perhaps she wants to escape a bad situation, to live a larger life, see the world, get an education. It is the best part of her that has taken that step.

Unfortunately, as a result she may experience tragedy—frightening, even horrific, events that she must somehow carry with her for the rest of her life.

Our program is geared towards healing these women and teaching them how to live a fulfilling life, even when one is carrying heavy burdens. It is all about helping women reclaim their sense of self-worth and personal power.

I am moved repeatedly by the gratitude the women we serve express for our program. It is telling how surprised they are to realize that we genuinely care. They tell me how extraordinary it is to be heard, to have their medical and mental health needs attended to, what a welcome relief it is to be understood and appreciated.

Our team knows that progress is being made when the women we see come to understand that it is we who are fortunate to have the opportunity to contribute to their lives. -Dr. Darrah Westrup



CURT CAMPBELL



CURT CAMPBELL

Left: "For 25 years I suffered alone," said Army veteran Debra Jean "DJ" Lehmann. "I was ready to get better and this program has given me the courage and the tools to do that. My only regret is that I didn't know about it years ago—so much of my life has been wasted." Right: Air Force veteran Joann Martinez, 22, is one of the youngest women to go through the Women's Trauma Recovery Program.

A Close-Knit Group

"The interpersonal demands, in addition to the intensity of trauma work, are at times too rigorous for some women," said Westrup. "Yet we wanted to be able to serve more women, so we established a second track in the program that involves less interpersonal and trauma work, and more skills building, for example anger management, relapse prevention and skills of daily living (financial management, goal setting, problem solving, etc.). Many times a woman will go through the skills building track and then come back for the intensive track."

Lydia Epton was stationed on the ammunition ship USS Shasta during the Gulf War. The ship was the first one in and the last one home. She came back injured and ill and has been diagnosed with PTSD. "I tried my own version of 'drug therapy' for two years, before I realized this was getting me nowhere," said Epton. "This program—these women—saved me and now I'm a strong advocate for women veterans' health and benefits."

Although Lehmann, Martinez and Epton have "graduated" from the WTRP program, they continue to meet on a weekly basis with Westrup and with other graduates. They are a close-knit group who depend on each other and are thankful for the guidance and tools that helped them get their lives back.

"I didn't mind fighting for my country," said Epton, who went through the program in 2002, "but someone has to take care of us when we come home."

No one believes that more than Westrup and the WTRP staff.

For more information about VA Palo Alto Health Care System's Women's Mental Health Program visit: www.womenvetsptsd.va.gov. 



CURT CAMPBELL

Lydia Epton, a graduate of the Women's Trauma Recovery Program, shows Alice Budway, one of the women currently going through the program, the panel she created for a quilt her cohort put together. At the end of each cohort, the group works together to make a quilt. The quilts hang in the clinic building's meeting rooms and hallways. Even though they've completed the program, Epton and other graduates continue to meet weekly with Westrup and with each other.

By Kerri Childress

Designing a Workplace Around the Mission

Visual management approach catching on both inside and outside VA.

Having worked her way through the ranks of the Veterans Benefits Administration, Kerrie Witty knows how important it is to stay focused on the mission. “Working with claim files and so much paperwork, it’s easy to lose focus of the human aspect to what we do,” she said.

Now that she’s been promoted to assistant director of the St. Petersburg, Fla., VA Regional Office (she started her VA career in 1991 as a claims examiner), Witty hopes to apply the lessons she learned to “keep the focus on employees and the veterans we serve.”

That effort got underway on Memorial Day 2004 with the dedication of the Fallen Soldier Memorial in the lobby of the St. Petersburg office. The memorial—a sculpture of a soldier’s rifle, boots, helmet and dog tags—is a tribute to Floridians killed in Operations Iraqi and Enduring Freedom. But to Witty, it stands as a visual reminder of the personal sacrifices behind the paperwork.

The memorial is the first of several projects underway at the St. Petersburg office intended to connect the physical environment to the mission. The idea, called visual management, was developed over the last decade by Stewart Liff, director of the Los Angeles VA Regional Office. Liff recently co-wrote a book with Pamela A. Posey on the subject called *Seeing Is Believing: How the New Art of Visual Management Can Boost Performance through-*



Under the leadership of Stew Liff, changes to the work environment at the Los Angeles VA Regional Office have translated into changes in performance.

SUSAN FISHBEIN

out Your Organization, published by AMACOM books.

“It’s a concept rooted in fine arts and business principles where you combine elements of the right brain and left brain to create a holistic organization,” said Liff, who

holds bachelor’s and master’s degrees in fine arts.

His approach uses visual imagery to connect people to a purpose, stirring the brain’s creative right side. It also relies on extensive use of performance data to stimulate the

brain's analytical left side. "This liberates people because it gives them a chance to use their creativity," Liff explained. "As they begin to understand the concept, they become more interested in it and two things will happen. First, you increase the bottom line. Second, it makes the job more fun."

So how does visual management enhance performance and make the job fun? It's simple, according to Gloria Young, who recently retired after 26 years at the Los Angeles office. "We're more in control. We know what we're doing and we know where we're going," she said.

It wasn't always that way. Before Liff arrived, they used to focus on an antiquated process, said Young. When he came in talking about change, some people just shook their heads, like, here we go again. The skeptics got onboard, though, when he started sprucing up the place: new carpet, paint, lighting and layout. "He focused on employees and they started to see that this director is different, he's interested in us and he actually listens to our suggestions. Everyone felt like they were part of the operation," Young said.

Today the Los Angeles VA Regional Office more closely resembles a museum than a government building. Each floor is dedicated to a particular war. There are displays with wartime memorabilia donated by area veterans. There are timelines showing the evolution of veterans' benefits. And there are massive centerpieces: a helicopter cockpit, a Civil War replica cannon, even a tank.

Changes to the environment have translated into changes in per-

formance. When Liff arrived in 1994, the office's Vocational Rehabilitation and Employment Division rehabilitated 46 veterans. For 2004 that figure is projected to exceed 383. Another key statistic is the rate at which an office grants benefits. In 1996, that rate in Los Angeles was 42 percent, the lowest in the nation. In 2003, it had climbed to 61 percent, in line with the national average.

The performance results are posted throughout the office. Liff believes managers aren't the only ones who should know how the or-



Large banners and poster-sized photos of employees in their military uniforms hang from the ceiling at the Los Angeles VA Regional Office.

ganization stacks up. He uses bulletin boards to track daily individual performance and television monitors to show group results and reward information. There are balanced scorecards and road maps plotting future goals.

His approach has generated interest from other VA facilities. Visual management concepts have been adopted at VA regional offices in St. Petersburg, Honolulu, Wichita, Kan., Philadelphia, New York, Montgomery, Ala., and Atlanta, according to Liff. Some medical centers are even getting in on the act.

Al Perry, director of the VA Central California Healthcare System in Fresno, learned about visual management several years ago when he attended a presentation by Liff at a national conference. "I was absolutely fascinated, mesmerized," he said.

Perry was so impressed he traveled to Liff's office in Los Angeles with two teams to gather ideas they could implement at the medical center. One of them was to renovate the main patient reception area and install large graphics, photos and memorabilia depicting veterans'

wartime experiences.

Perry is pleased with the outcome. "You cannot walk through without getting the idea that this is a place where we honor and serve veterans," he said.

Private companies are also taking note. Representatives from Amgen Pharmaceutical, Wellpoint Health Networks, Sempra Energy, the University of Southern California, and Genentech have all visited the Los Angeles office to get a firsthand glimpse at how visual

management works. Liff even hosted representatives from the Cherokee Nation who are interested in adopting his techniques as a way to teach their culture and history to younger generations.

Liff is cautious about not letting all the attention detract from the mission. "This isn't about me. This is about the organization and the people who carry out the mission ... they come to work here for a reason, because they want to serve veterans," he said. "Keeping that focus is what this is all about." **VA**

By Matt Bristol

2004: Year of the Hurricane

Atlantic storms spur largest-ever deployment of VA emergency responders.

Floridians will remember 2004 as the year of the hurricane. First Charley, then Frances, Ivan and Jeanne. The succession of storms—all occurred during a six-week period from Aug. 13 to Sept. 25—brought a relentless battering to the Sunshine State.

Storm coverage in the media generally emphasized evacuations, destruction, the death toll, and the billions needed for recovery. Less was said of the human compassion, of the hundreds, maybe thousands of people who disregarded their own safety and volunteered to help those in need.

That compassion was alive in the more than 400 VA employees from across the country who deployed to communities devastated by the storms. Their collective efforts over those six weeks constituted the largest single deployment of VA volunteers during a national disaster, according to Mike Peters, an area emergency manager with the Central Iowa Health Care System.

“It was a tremendous undertaking. It shows the

level of support VA employees are willing to provide for veterans and the community,” Peters said.

Many of the volunteers are registered with the Disaster Emergency Medical Personnel System (DEMPS), a database of VA health-care professionals willing to use their medical expertise to help the nation in times of need. There were 1,725 potential volunteers in the database as of Oct. 7.

By identifying volunteers prior to a disaster, the department is better prepared to respond to requests for assistance from other agencies such as the Department of Health and Human Services and the Federal Emergency Management Agency, said Carol Beard, a program manager with the VA Emergency Management Strategic Healthcare Group based in Martinsburg, W.Va.

“When FEMA asks for help, they need it right away. [The database] enables us to locate our personnel resources with specific specialties in a timely manner,” Beard said. Visit vaww.va.gov/emshg and click on the DEMPS link on the left for more information.

Peters was part of the initial response team deployed to south Florida. He and colleagues set up a staging area in Miami to coordinate logistical support for incoming volunteers. He said volunteers were needed to support both community and VA hospitals.

Approximately 240 VA health care professionals deployed to community hospitals and shelters to aid hurricane victims. Mary Jane Viles, R.N., an urgent care nurse at the



Rosenda Jewell, a licensed vocational nurse with the VA Palo Alto Health Care System, heads out to Bay Pines, Fla., where she was deployed Sept. 3-10.

Togus, Maine, VA Medical Center, deployed twice. She spent her first 14-day tour working in a county hospital emergency room in Kissimmee, Fla., following Hurricane Charley. Viles said the 26-bed ER saw a “tremendous influx” of patients in the storm’s wake.

Five days after her return to Maine, she was called up again to aid victims of Hurricane Frances at a special needs shelter in Fort Pierce, Fla. The work was tiring, but rewarding. “As a nurse, I know I made a difference in people’s lives,” she said. Viles acknowledged that her volunteer efforts would not be possible without the support of colleagues back home. “It takes a toll on my co-workers, because they’ve got to work shorthanded” while she’s gone, she said.

Also serving at the Fort Pierce shelter was Kathleen E. Clancy, a nurse practitioner from the Martinez VA Outpatient Clinic, part of the Northern California Health Care System. She said the bulk of patients in the shelter were 65 and older and in desperate need of basic care. Many had gone a week without a shower. So she and colleagues set up what they called the “VA Spa” where they bathed patients, trimmed their nails, and inspected their feet and skin. “This gave us the opportunity to look for signs of trouble,” Clancy explained. “We’d listen to their heart and lungs and triage for other symptoms.”

Clancy learned a few lessons from her two-week stint in Florida that she now passes on to her regular patients. For example, many of her patients at the shelter had lost their medications in the storm and didn’t know the names of the drugs or how often they were supposed to take them. The problem could have been easily fixed, Clancy said, if they kept a list in their wallets of all medications they were taking by name, dose and frequency. Looking

back on her experience, she feels fortunate to have participated in the relief effort. “Our help was sorely needed. It was really a wonderful thing the VA did,” Clancy said.

In addition to the community relief efforts, 163 employees deployed to VA medical facilities to bolster staffing and ensure continuity of operations. Many ended up at the Miami VA Medical Center, which received a significant number of patients from storm-damaged West Palm Beach VA Medical Center.

Leon Ian Magniez, a registered nurse from the VA Palo Alto Health Care System in California, spent two weeks in Miami working on the medical/surgical floor. He said the patient census on the floor basically doubled due to the damage at West Palm Beach. Both the veterans and staff in Miami were glad to see him. “Several people thanked me for coming,” he said. “They sure needed the extra manpower.”

Health care professionals aren’t the only ones active in national disasters. Approximately 30 area emergency managers from across the country deployed to Florida. And as



VA carpenters, laborers and electricians, including Chris Krause (on ladder), from Biloxi, Miss., and Tony Oakley, from San Francisco, were deployed to repair hurricane damage at the West Palm Beach VA Medical Center.

of Oct. 7, there were about 15 VA carpenters, laborers and electricians repairing damage at the West Palm Beach VAMC. Other emergency responders provide expertise in engineering, safety, logistics and administrative fields. Together, they fulfill a key component of the department’s role in the national disaster response plan. **VA**

By Matt Bristol

Help from the VA Family

More than 600 VA employees and their families suffered serious property damage from the hurricanes. To help them get back on their feet, Secretary Principi designated Oct. 18-22 as a “VA Week of Giving.” VA employee associations and the Veterans Canteen Service set up collection points at facilities for contributions. The money raised is being distributed to employees identified by their co-workers as deserving recipients.

Working Toward Recovery

The war in Iraq is bringing increased attention to VA's role in helping disabled veterans rebuild their lives. The department's VR&E counselors are doing just that, one veteran at a time.

The war in Iraq has put renewed emphasis on one of VA's key missions—helping disabled veterans rebuild their lives after traumatic injury.

Central to that mission are the employees of the Vocational Rehabilitation and Employment (VR&E) program. They provide counseling, training and support services to help disabled veterans reach their fullest potential, whether that means independent living or starting a new career.

In May 2003, with an increasing number of U.S. forces suffering devastating injuries in Iraq, Secretary Principi ordered a comprehensive review of the VR&E program. The



LAUREL LEE SCHREINER

David Boyd, a VR&E counselor with the Seattle VA Regional Office, talks with Kristopher Atherton, who lost part of his arm when his Humvee hit a land mine in Iraq. Atherton served with the 2nd Battalion, 70th Armor Regiment, out of Fort Riley, Kan. His rehabilitation plan includes classes at Green River Community College with the goal of becoming a teacher.

review led to several changes now underway. They range from an increased emphasis on outreach to wounded servicemembers to refocusing on the program's primary goal of helping disabled veterans find jobs.

"This review has re-energized

our program," said new VR&E Director Judith A. Caden. "We had lost focus of the employment aspect of VR&E. However, our staff is absolutely committed to serving veterans and they are trying to do their very best. We're going to give them

the tools they need to succeed.”

Outreach a Priority

The review emphasized the importance of outreach to returning veterans. Now, instead of waiting for Iraqi Freedom veterans to contact them, VR&E counselors are visiting servicemembers at military and VA hospitals, and calling recently discharged veterans who apply for disability compensation to offer their services. “We’re providing a personal

they mean it ... it really chokes you up.”

On a recent visit to Beaumont hospital, Pellicano met Marine Lance Cpl. Benjamin Gonzalez, 19, who was wounded June 18 near Fallujah, Iraq, when enemy forces attacked his security checkpoint.

“It happened so fast ... I remember hearing metal hit the pavement just a few feet behind me. A grenade detonated and threw me forward. I was lying there ... I

Gonzalez isn’t sure if he’ll need voc rehab benefits. His immediate focus is on getting better and rejoining his unit. But if that isn’t possible, he knows where to turn. “Mr. Pellicano came up here and told me how the VA can take care of me,” he said, adding that “it’s real convenient” to have the counselor come by the hospital.

A Time for Change

If there was ever a time to re-energize the VR&E program, this is it. Pentagon figures put the official number of Iraqi Freedom wounded at 7,026, as of Sept. 8. Of those, 3,836 suffered wounds so severe they were unable to return to duty. More than 2,000 OIF vets have already applied for VR&E benefits.

One of those is Marine Sgt. Robert Pavon, 30, whose unit was ambushed April 4, 2003, in the town of At Tuwayhah, a dusty village six miles south of Baghdad. He was in the turret of his Humvee when the rounds started to fly. He remembers emptying his first magazine and stopping to reload. That’s when something knocked him off his feet.

“I fell right back down in the turret and everything went blank. I was coughing up blood. I remember telling myself to relax, to stay calm. I didn’t want to go into shock, ’cause I thought for sure I was going to die,” said Pavon during an Aug. 30 telephone interview from his home in Coral Springs, Fla.

He had been shot in the face. The bullet entered his left cheek, just below the eye socket, and exited below his right ear, severing his carotid artery. He wasn’t the only casualty that day. Three other Marines were wounded and three were killed.

Pavon got an early start with his VA paperwork by filing a claim for disability compensation. Once he received a disability rating, he met with VR&E counselor Carolyn



MONTI WALTHALL

Louis Pellicano, a VR&E counselor from the Waco, Texas, VA Regional Office, meets with Marine Lance Cpl. Benjamin Gonzalez and his fiance Mindy Samaniego at the William Beaumont Army Medical Center in El Paso. Gonzalez was wounded June 18 near Fallujah, Iraq, in a grenade attack.

touch, and I think it’s needed now more than ever,” said Caden.

VR&E counselor Louis Pellicano agrees. He works closely with returning servicemembers at the El Paso VA Health Care Center, which is located adjacent to the William Beaumont Army Medical Center on Fort Bliss, Texas. “You have to be there to see them,” he said. “It’s very difficult to describe. They are so young. Their parents are there and they say ‘thank you’ and

couldn’t hear anything and I looked at my legs and my boot was blown off and my pants were ripped. There was blood everywhere. I yelled ‘I’m hit, I’m hit,’” Gonzalez said in an Aug. 17 telephone interview from his hospital room.

His recovery will be long and painful. Both of his legs were shattered. He suffered severe nerve damage and was riddled with what he estimated to be between 200 and 300 pieces of shrapnel.

Lightfoot, who is based out of the St. Petersburg, Fla., VA Regional Office. She is helping him develop a new career plan to get back to work. Though he hasn't yet decided what he wants to do, he is considering studying journalism. He hopes to one day write a book about his combat experiences.

As for his dealings with VA and the voc rehab program, he is pleasantly surprised. "Everything has gone really smooth," Pavon said. "I haven't had any problems." He plans to tell all his friends about it, "at least the ones who got shot" in Iraq, he said.

If they decide to seek vocational rehabilitation services, Lightfoot and her colleagues will be ready. Her office recently hired three additional counselors, filled a long-vacant support position, and completed a new VR&E training initiative on traumatic brain injury and PTSD. She said her office is working to avoid what she called the cycle of Vietnam, where "a lot of veterans got lost in the shuffle."

Focus on Employment

The primary goal of the VR&E program is to help disabled veterans find rewarding and suitable employment. The VR&E program is currently testing a new model designed to get veterans back to work. Called

"You have to be there to see them. It's very difficult to describe. They are so young. Their parents are there and they say 'thank you' and they mean it ... it really chokes you up."

the Five-Track Employment Process, it offers five distinct options: return to a previous job, find a new job, start a business, go back to school, or work toward independent living. Veterans and their counselors can choose an option depending on the



ROBERT TURTL

Vietnam veteran David Wachter, a VR&E counselor with the Washington, D.C., VA Regional Office, reviews a rehabilitation plan with Army Cpl. Armar Cave, 25, a fire direction controller with the 1st Infantry Division who was wounded Oct. 9, 2003, near Ramadi, Iraq, in an improvised explosive device attack. Cave is awaiting his medical review board. He is enrolling for classes at the University of Maryland with the goal of becoming a child psychologist.

veteran's abilities and interests.

Getting help with career goals is the main reason veterans come to David Boyd, a VR&E counselor at the Seattle VA Regional Office. He recently helped a former Army Ranger who lost a leg in Iraq become a police officer. "He was real gung-ho. Attitude is 100 percent of

the game," said Boyd, a retired Army sergeant major.

Recovering from traumatic injury can be a day-to-day struggle. VR&E counselors are often called upon to provide emotional support and encouragement. But that's fine

with Boyd. "Taking care of soldiers. That's what I did in the military and that's basically what I do here," he said.

The bottom line is helping them achieve independence through suitable employment. "That's what we do," said Boyd. "Every move we make is geared toward getting that veteran back to work."

Reaching out to returning servicemembers, increasing staff training opportunities, and piloting the Five-Track Employment Process are just a few of the changes underway in the VR&E program. Others include establishing standards of practice, rewriting manuals, and centralizing the quality assurance program. For more information on the VR&E program, visit the Web site www.vba.va.gov/bln/vre/index.htm. **VA**

By Matt Bristol

Behind the Names

VA facilities nationwide bear the names of great Americans. Who were they? The third installment of this series surveys three great Americans who, by an act of Congress, have been or will soon be honored by having a VA facility named for them.

Many VA facilities carry the names of great Americans who have contributed to the welfare of veterans or, in other ways, helped build and defend this nation.

The first installment of this feature series profiled the people behind the names of national cemeteries located on settlements found on the edge of both the early western frontiers and U.S. history. The second installment surveyed the lives of four noteworthy Americans who have had VA medical centers dedicated to them. These men fought for their country, for their community and for the health of veteran and citizen alike.

In this third installment, *Vanguard* looks at individuals whose names have recently been, or will soon be, affixed to VA facilities by an act of Congress. Three veterans, two of whom served during World War II and went on to advocate for veterans, and one who is honored

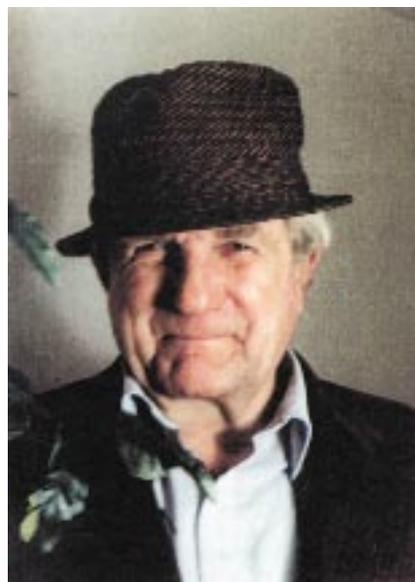
for how he lived, and how he died.

They join the list of Americans whose leadership, patriotism, heroic acts, medical innovations and veteran advocacy have led to the dedication of a VA facility in their honor.

John J. McGuirk

On May 7, the VA outpatient clinic in New London, Conn., located on the grounds of the United States Coast Guard Academy, was re-dedicated as the John J. McGuirk Department of Veterans Affairs Outpatient Clinic.

Born in Massachusetts, John J. McGuirk moved to New London with his family when he was a toddler. As a teenager, McGuirk's first job was as a lighthouse keeper on Race Rock Lighthouse at the edge of Long Island Sound. After he'd witnessed a large ship run aground on the rocks and watched the salvage company work the wreck, he knew



McGuirk

he had to be a diver. He soon began working for that company.

McGuirk joined the Navy in 1943, continuing his civilian career as a hardhat salvage diver. After attending the Navy's salvage school in

New York City, he was shipped to the Pacific, serving on the USS Layson Island. For the next two years, he dove on war's devastation, from the grim wreckage of Pearl Harbor through the South Pacific and finally to a 1945 operation to reclaim \$75 million in silver coins sunk by the U.S. and Philippine governments to prevent capture by the advancing Japanese in 1942.

At 6 feet, 4 inches, "Big John" was an awesome sight, equipped with a heavy, old style brass diving helmet and breast-plate, full body canvas suit and weighted shoes. If the nickname "Big John" wasn't enough, he earned the name of "Bull" in the boxing ring.

After the war, McGuirk returned to New London, raised a family, worked in the salvage business and became an active member of the local American Legion. With particular concern for disabled and elderly veterans, he worked to promote improved care and to increase the number of VA health-care facilities in Connecticut. He was instrumental in establishing the VA clinic that would one day bear his name. McGuirk died of a heart attack on Nov. 17, 2000, at age 83.

Victor J. Saracini

To those who knew him, Victor J. Saracini served as a symbol of where hard work and determination can lead. Even though he dropped out of high school, he went on to earn a college degree, and then through service to his country, attained his dream of becoming a commercial pilot.



BUCKS COUNTY (PA) COURIER TIMES PHOTO

Victor Saracini (inset) was killed when the United Airlines jet he was piloting on Sept. 11, 2001, crashed into the south tower of the World Trade Center. He left behind wife Ellen and daughters Brielle, left, and Kirsten, pictured here at his memorial service.

After graduating with a Bachelor of Science degree in 1975, Saracini was accepted to the Navy's Aviation Officer Candidate School. He was commissioned as an ensign in December 1975 and received his Naval Flight Officer wings the following year. Saracini then served on S-3A anti-submarine warfare aircraft aboard the aircraft carrier USS Saratoga.

He was an esteemed and deco-

rated officer with the Navy, having received the National Defense Service Medal, Navy E Ribbon and Expert Marksmanship Ribbon. In 1980, he separated from active duty and served in the Naval Reserve at Naval Air Station Willow Grove, Pa., where he was a crewmember on a Lockheed P-3 Orion. He left the military in 1985 with the rank of lieutenant.

After leaving the Navy, Saracini

flew as a corporate and commercial pilot before joining United Airlines in 1985. In all, Saracini flew commercial aircraft for 16 years.

United Airlines Captain Victor J. Saracini died as the Boston to Los Angeles-bound 767 jetliner he was piloting was hijacked and crashed into the south tower of the World Trade Center at 9:03 a.m., Sept. 11, 2001. He left behind a wife and two young daughters.

Two weeks earlier, as Saracini celebrated his 51st birthday, his 13-year-old daughter Kirsten had given him a poem she wrote called "Years gone by." She read it at the Sept. 18 memorial service attended by more than 1,500 people. "And for all the years that come, I know one thing will never change, you will always be my daddy and I will always feel the same. I love you."

Staff at the Philadelphia VA Medical Center had been searching for a location for a new outpatient clinic north of the city. On the day of the tragedy, they finally found the future site. Eighteen miles from Philadelphia, the new clinic is adjacent to NAS Willow Grove, where Saracini once served, and not far from his Bucks County home. It was the search committee's recommendation to name the clinic in honor of Saracini.

Final plans are still being made for the official renaming of the Horsham, Pa., Outpatient Clinic to the Victor J. Saracini Department of Veterans Affairs Outpatient Clinic.

George E. Wahlen

By Oct. 5, 1945, George E. Wahlen had spent seven months in military hospitals recuperating from wounds sustained during the battle for Iwo Jima. He would spend two-and-a-half more months and face three surgeries before finally going home. But on this day at the Marine hospital at Camp Pendleton, Calif., President Harry S. Truman pre-

sented him the Medal of Honor.

On Feb. 19, 1945, 20-year-old Navy pharmacist's mate Wahlen, a medic attached to the 2nd Battalion, 26th Marines, 5th Marine Division, went ashore with the initial wave of Marines tasked to take strategic Iwo Jima. For the next 13 murderous days, he treated the injuries of his comrades, dismissing the shrapnel he had taken to his right eye, shoulder and back.

On the last day Wahlen was on the island, he suffered a third wound when an exploding shell shattered his right ankle. "I bandaged myself up, took a shot of morphine and crawled over and started helping a Marine that had both his legs blown off," he recalled. Wahlen put tourniquets on the wounded Marine's legs, then tried to attend to another wounded

comrade, but his injuries overcame him. He was soon evacuated.

Wahlen's Medal of Honor citation chronicles this final day of self-sacrifice on the island, along with his courageous actions throughout 12 previous days as he saved many from his unit and 14 more from an adjacent unit.

After the war, Wahlen attended college and then joined the Army,

serving in Korea and Vietnam. He retired from the military in 1969 with 23 years of combined Navy/Army service. Wahlen then spent 14 years employed at the Salt Lake City VA Regional Office.

During that period he was instrumental in establishing a state veterans cemetery, and a nursing home at the VA hospital that now bears his name. Today, he continues



Wahlen

to volunteer his time for veterans in Utah.

The official dedication ceremony changing the name of the Salt Lake City Veterans Affairs Medical Center to the George E. Wahlen Department of Veterans Affairs Medical Center is scheduled for Nov. 10. **VA**

By Robert Turtill

If Disaster Strikes, Will You Be Ready?

At headquarters disaster preparedness event, the focus was on family.

More than a dozen organizations were on hand at the National Preparedness Month Open House held Sept. 17 in VA Central Office to encourage disaster preparedness in the home and community. The focus was on family as employees learned to take steps before disaster strikes.

Terrorism and natural disasters can have similar effects. This year's devastating hurricanes led to 121 deaths in this country and thousands more throughout the Caribbean. Buildings were destroyed, emergency services were stretched, communications, power, and clean water distribution were disrupted, and millions of Americans evacuated to safer shelter as homes from Florida to Virginia were left in ruins.

"It's heartbreaking to hear the stories of people who lose their homes," said Inge Jelescheff, of the American Red Cross, in remarks to the audience. "First they say how grateful they are to have survived. Then they say how much they wish they had gathered some supplies ahead of time—important papers, treasured photos, prescription drugs, flashlights, food and water."

Undoubtedly, those who had prepared for such upheaval had more control over their situation than those who had not. So it was troubling that in an unscientific survey of Open House attendees, virtually none of the VACO employees had a family disaster plan.

Exhibitors offered information as varied as their functions, but their suggestions on what actions should be taken at home were strikingly similar.

Create a Family Emergency Plan

Discuss emergencies that could take place, the dangers and appropriate responses to: fire, flood, severe weather, earthquake, toxic spill or terror attack.

- Identify multiple escape routes from all rooms and from your home.
- Run a family evacuation drill. Teach children to drop and roll to extinguish a fire, and to crouch/crawl below smoke.
- Purchase appropriate fire extinguisher equipment and instruct in proper use.

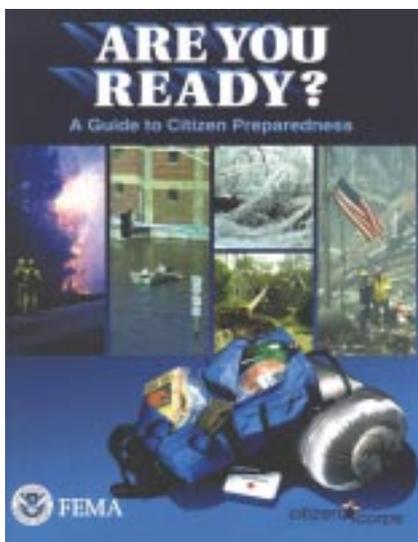
- Preprogram all telephones with emergency response and family contact numbers.
- Teach children how and when to call 911, to make long distance calls and to use a cell phone.
- Select a local and an out-of-state family member or friend as a point of contact in case of separation.
- Choose alternate meeting places if returning home is not an option.
- If you have children in school, you need to fully understand the school's plans during an emergency. Consider partnering with other parents in your children's classes to develop joint emergency plans and shared pickups.
- Identify official evacuation routes beforehand.
- Teach family members when and how to turn off utilities (but have professionals turn the gas back on).

Create Home, Office and Grab-and-Go Evacuation Emergency Kits

For the home: Pack a duffle bag or box with up to a two weeks' supply of food (canned, MREs, no-cook) and water (one gallon per person per day); manual can opener and other tools; first aid supplies and manual; medical items/14-day supply of prescription drugs; flashlight; battery-operated radio; extra batteries; fire extinguisher; cell phone/charger.

For the office: Pack a hands-free backpack (so you can Grab and Go) with sturdy shoes; change of clothes (seasonal—think long walk home); two bottles of water; food or snacks; toiletries/personals bag; small first aid kit/manual; flashlight; portable radio or walkman; extra batteries.

Grab-and-Go kit for evacuation: Pack hands-free backpacks, ready to Grab and Go. Make sure all family members know where the backpacks are located. Pack three days of food and water for each person; manual can opener, other utensils and tools; sleeping bags/blankets; change of clothes (seasonal); sturdy shoes; toiletries/personals bag; first aid kit and manual; 14 days of prescription drugs; extra pair of glasses/contact lenses; flashlight; battery-powered radio; extra batteries; plastic



ROBERT TURTEL

Top left: The Veterans Canteen Service offers seven different emergency kits, sold at cost. Pictured is the Deluxe Emergency Three Day Survival Kit for Two; bottom left: The FEMA publication "Are You Ready? A Guide to Citizen Preparedness" contains a wealth of information on how to prepare for and respond to both natural and manmade disasters. It is available through the FEMA publications warehouse (1-800-480-2520). Ask for publication H-34. Or visit www.fema.gov/areyouready; above: Inge Jeleschek, of the American Red Cross, discusses emergency preparedness with VA Central Office employee Margaret Dickinson.

utility bags of various sizes; toilet paper and paper towels. Pack a Grab-and-Go kit for your pet, too. The Humane Society urges people who must evacuate their homes to take their pets, but remember that most emergency shelters will not accept pets.

Consider the following for all kits: cash/credit cards; copies (preferably in electronic format stored on CD) of documents such as medical records, passports, financial account numbers, insurance policies/inventory of valuables, birth and marriage certificates, names, addresses and telephone numbers of doctors, and treasured photos; entertainment items, such as cards, books and toys. Also remember to rotate items with a shelf life every three to six months.

The Veterans Canteen Service sells emergency kits for office, home, car, camper, airplane and boat. Kits are sold at cost, ranging from \$12.99 for a car kit to \$151.00 for the Deluxe Emergency Three Day Survival Kit for Two (candles included).

Get Training and Volunteer as Needed

As VAguard's Heroes column illustrates, first aid, CPR and Automated External Defibrillator training can save a life long before emergency personnel arrive. In 95 percent of all emergencies, the victim or a by-

stander provides the first assistance on scene.

The American Red Cross is offering a new 90-minute first aid and preparedness presentation, which they're promoting as "the fastest way to prepare for an emergency." And they continue to offer courses in first aid, CPR/AED and disaster preparedness training. Visit www.redcross.org for more information.

The Community Emergency Response Team program is offered through your local Citizen Corps. This free, 20-hour program trains volunteers in disaster preparedness, small fire suppression, basic disaster medical operations, and light search and rescue operations. Visit www.training.fema.gov for more information.

USA Freedom Corps (www.usafreedomcorps.gov) is a clearinghouse for information on volunteering with thousands of organizations throughout the country, including AmeriCorps, Citizen Corps, Senior Corps and more. Many local mass transit authorities have begun to offer citizen training to assist in disasters. Your local police might have a Police Reserve Corps to assist in administrative work and some traffic control. Of course, fire departments give training to volunteers. And don't forget to give blood. **VA**

By Robert Turtel

Use of VA's Electronic Health Record System Expanding

One of the world's most sophisticated electronic health record (EHR) systems will soon become accessible to community health clinics and private doctor's offices. VA and the Center for Medicare and Medicaid Services (CMS) are developing VistA-Office EHR, a modified version of the electronic health record system used at more than 1,300 VA facilities throughout the U.S.

VA has used its pioneering Veterans Health Information Systems and Technology Architecture (VistA) electronic health record system for more than a decade. The system contains records on the 5 million eligible veterans who receive their health care from the department each year.

VA and CMS hope to stimulate widespread adoption of electronic health records throughout the U.S. by providing this high-quality public domain solution to supplement EHRs available from private vendors. Before making the system fully available, the agencies are configuring VistA to meet the needs of clinics and physician offices, improving the OB/GYN and pediatrics components of the current VistA system, simplifying installation and maintenance of VistA, and providing for storage of outcome measures in a Quality Improvement Clinical Data Warehouse. Distribution of the software is expected to begin in late 2005.

"VA is proud to lead the health care industry in the use of information technology," said Dr. Jonathan Perlin, acting under secretary

for health. "The expertise we have gained, however, belongs to the American public. Through our partnership with CMS, VA will extend the benefits of VistA to the citizens who have supported its development with their tax dollars."

VistA and a new version currently under development, HealthVet-VistA, offer health care providers integrated records covering all aspects of patient care and treatment and include clinical reminders for preventive health care and disease management; electronic pharmaceutical order entry and management with real-time order checking to ensure

medications are safely distributed and used; and special features such as narrative notes entries, laboratory results displays, consultation requests, and alerts when abnormal results are found.

Since 2000, an estimated 216,000 VA health care professionals have used VistA and its Computerized Patient Record System (CPRS), which integrates all aspects of patient care and treatment. The American College of Physician Executives said the VA system was "at the leading edge of technology and health care."

Robert M. Kolodner, M.D., acting VHA chief health informatics officer,

says health care information technology will enhance the quality of the service, reduce the cost of medicine, and ensure that patients are at the center of the entire health care decision-making process.

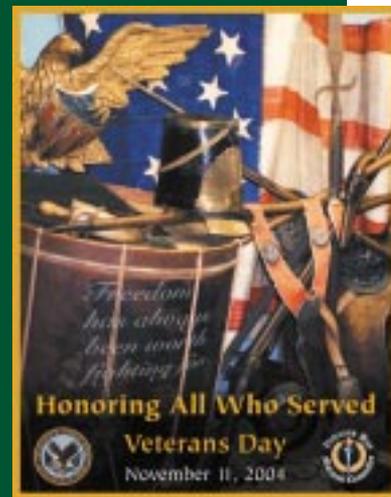
"We are excited to make electronic health records available to providers in rural and underserved areas," he said. "VA's EHR has been designed by clinicians and began to be deployed in 1997. We now use CPRS for patients in all care settings across the nation, and we are confident it will adapt well to use outside the agency." For more information on VistA-Office EHR, contact Gail Graham, (202) 273-9220. **VA**

2004 Veterans Day Poster

Stacie Stevens, an Air Force veteran from Anchorage, Alaska, is the artist behind the 2004 national Veterans Day poster. The poster is derived from a photograph she took at an exhibit. She submitted it in the Veterans Day category for this year's National Veterans Creative Arts Festival held Oct. 9-16 in Salt Lake City, Utah.

Veterans from VA facilities across the country are eligible to participate in the festival's competition. All submissions are forwarded to the Veterans Day National Committee, composed of representatives from veterans service organizations. They review all submissions before selecting the winning entry.

VA employees are also eligible to participate in the national Veterans Day poster competition. Submissions can take the form of a photograph, painting, collage, design or other medium. However, all submissions need to be sent in Portable Document Format (PDF) to the Veterans Day coordinator at vetsday@mail.va.gov. Visit the Veterans Day Web site at www.va.gov/vetsday to view Veterans Day posters dating to 1978.



It's That Time: Get Ready for Federal Benefit Open Seasons

It's that time again! The Thrift Savings Plan (TSP) Open Season began Oct. 15 and ends Dec. 31, followed by the Federal Employees Health Benefits (FEHB) and Flexible Spending Accounts (FSA) open seasons, which run concurrently from Nov. 8 to Dec. 13.

Employees are being encouraged to make open season elections through Employee Express at www.employeeexpress.gov, and to contact their local Human Resources office if they need more assistance.

During the TSP Open Season, eligible employees may elect, change, or terminate contributions. This open season, FERS employees may elect to contribute up to 15 percent and CSRS employees up to 10 percent of their basic pay each pay period. In addition, participants who are age 50 or older may be eligible to make catch-up contributions, up to an additional \$4,000 in calendar year 2005.

TSP has a new toll-free number: 1-TSP-YOU-FIRST (1-877-968-3778) and TDD 1-TSP-THRIFT5 (1-877-847-4385) for the hearing impaired. For additional details visit www.tsp.gov.

During the FEHB Open Season, eligible employees will be able to enroll, change options and/or plans, reduce or cancel health insurance, as well as enroll or make changes to premium conversion. FEHB plan guides and brochures are available on the Office of Personnel Management's Web site at www.opm.gov/insure/health/index.asp.

Starting this open season, OPM is offering a new health care option called Health Savings Accounts (HSAs). HSAs provide employees additional opportunities to save and better manage their hard-earned dollars. Eighteen high deductible health plans will be offered by the FEHB program in 2005. These health plans, together with an HSA or a Health Reimbursement Arrangement, provide a tax-advantaged savings vehicle for paying employees' medi-

cal expenses. To learn more about HSAs, visit OPM's new Web site at www.opm.gov/hsa.

The Flexible Spending Accounts Open Season is held each fall and runs concurrently with the FEHB Open Season. During this time, eligible employees may elect up to \$5,000 for a Dependent Care FSA and/or \$4,000 for a Health Care FSA. Employees who wish to establish a flexible spending account must do so during open season on an annual

basis. Employees also receiving child-care subsidies should remember that the total amount of pre-tax funds combined cannot exceed \$5,000. All funds over \$5,000 must be reconciled with the IRS when filing taxes. Account elections will not automatically roll over to future years. FSA elections are 100 percent voluntary. More information and enrollment procedures can be found at www.fsafeds.com. (See FAQs for information on child-care subsidies). **VA**

VA, Home Depot Sign 'Hire a Vet' Pact

Secretary Principi took part in a news conference on Sept. 21, below, announcing an agreement with The Home Depot in which the nationwide firm pledges to reach out to service-disabled veterans for the 100,000 jobs it expects to fill this year.

"America's veterans are one of this nation's economic treasures," the Secretary said. "I salute the leadership of Home Depot for recognizing the talent, maturity and professionalism that veterans can bring to any job."

Robert Nardelli, president and CEO of The Home Depot, Secretary of Labor Elaine Chao and Defense Department Under Secretary David Chu joined the Secretary in Washington, D.C., for the announcement.

Under the agreement, Home Depot committed itself to encourage service-disabled veterans to seek employment with the company. The firm also pledged to consider service-connected disabled veterans in issues affecting promotion and job mobility. The agreement provides for regular contact between Home Depot stores and VA's vocational rehabilitation and employment staff.

Founded in 1978, The Home Depot is the world's largest home-improvement retailer, with more than 1,800 stores and 300,000 employees. The company last year hired nearly 10,000 veterans and expects to surpass that number this year.



Robert W. Carey Organizational Excellence Awards Announced



ROBERT TURTEL

Left to right: Gary Steinberg, VA deputy assistant secretary for planning; Mike Sather, director of the VA Clinical Research Pharmacy Center; Dr. Jonathan Perlin, acting under secretary for health; Gary DeGasta, director of the White River Junction, Vt., VA Medical Center; and Sen. James M. Jeffords (I-Vt.) at the awards ceremony.

Applicants for this year's Robert W. Carey Organizational Excellence Awards presented a serious challenge for judges trying to select the most quality-oriented organization in VA—the competition was too close to call.

In the end, judges announced a tie for the

department's top quality award, the Carey Trophy. The award is based on the Malcolm Baldrige National Quality Award used by organizations around the world to improve efficiency and performance.

Sharing the trophy are the VA Clinical Research

Pharmacy Center in Albuquerque, N.M., and the White River Junction, Vt., VA Medical Center. Both organizations were honored Sept. 30 during a ceremony in Washington, D.C.

The clinical pharmacy center has a staff of 80 who manufacture, package and distribute pharmaceuticals. They have dominated the Carey award health care category in the past, winning in 2001, 2002 and 2003. This year they grabbed the top award by relying on a proven system that emphasizes quality products, employee development, teamwork and safety.

The White River Junction, Vt., VA Medical Center is a 60-bed facility with active research and education programs. The center provides inpatient and outpatient care to approximately 23,000 veterans in Vermont and four bordering counties in New Hampshire.

Like the clinical pharmacy center, the White River Junction VAMC has a record of excellence in the Carey award program. The center won Carey achievement awards in 2002 and 2003. The experience helped lay the groundwork for reaching the top award. The medical center follows four strategic themes for success: excellence in clinical care and scholarship; maximizing financial resources; community stewardship; and promoting a healthy workforce and work environment.

The Carey program also recognizes category and achievement award winners. The Amarillo, Texas, VA Health Care System was this year's category winner. Achievement awards were presented to the Durham, N.C., VA Medical Center, the Michael E. DeBakey VA Medical Center in Houston, and the Riverside, Calif., National Cemetery. **VA**

Secretary Honored by End-of-Life Care Organization



ANN CZAPIEWSKI

Secretary Principi accepted the National Hospice and Palliative Care Organization's Person of the Year Award, left, Sept. 30 at the group's national leadership conference in Washington, D.C. The award recognized the Secretary's leadership and support in establishing hospice and palliative care as an integral element of the VA health care system.

During the last three years, VA has transformed its end-of-life care through partnerships with hospice providers and realigning its own hospice and palliative care program with performance standards, reimbursement policies, interdisciplinary team training and a budget. "The comprehensive hospice programs we encourage, and the skilled palliative care services we offer, together, stand among the most personally gratifying achievements of my tenure as Secretary," he said in accepting the award.

NHPCO is the oldest and largest nonprofit membership organization representing hospice and palliative care programs and professionals in the U.S.

VHA Technical Career Field Interns Meet in Nation's Capital



ROBERT TURTIL

The first graduating class of VHA's Technical Career Field Intern Program spent three days in Washington, D.C., this summer learning more about VA. The program was developed as a succession planning initiative.

The 132 members of the first graduating class of VHA's Technical Career Field Intern Program spent three days in Washington, D.C., this summer learning more about VA and building working relationships with fellow interns in other disciplines. The con-

ference in the nation's capital marked the midway point in this two-year program. When they complete the program in 2005, interns in 10 different areas of concentration, including accounting, engineering, health administration and prosthetics, will as-

sume duties at VA health care facilities throughout the country.

More than half of these interns are new to federal employment. Along with fostering diversity by increasing female, ethnic and youth employment, the program, developed as a strategic initiative by the VHA Succession Planning Committee, is designed to bring in new employees to "cut the head off the entrenchment that sometimes happens in government hiring," according to Bea Erickson, program director.

Integrating the TCF Intern Program with succession planning is of vital importance to VHA—a large number of its workers will be eligible for retirement in the coming decade. By 2005, 98 percent of senior executives, 80 percent of chiefs of staff, and 95 percent of nurse executives will be retirement-

eligible. By 2010, 60 percent of *all* VHA employees will fall into that category.

For the incoming class of 2004, VHA has continued to refine the TCF program. There are 172 internships funded for 2004, in three separate fields: executive, technical and leadership. The need for new recruits has led the TCF program administrators to focus not just on younger potential employees, but to reach out to minorities, as well. "While the program strives to meet our need for succession," Erickson explained, "it is also meeting our need to increase diversity."

Two more areas of concentration, inventory management and volunteer service, were added to the 2004 class. Learning how to manage and appreciate volunteers, who provide invaluable assistance to VHA in serving veterans, is considered an important addition to the internship program.

The conference in Washington, D.C., featured top VA officials addressing the interns about the broader scope of the VA mission. Morning sessions were devoted to guest speakers including Dr. Jonathan Perlin, acting under secretary for health; Richard Wannemacher, acting deputy under secretary for memorial affairs; and Jack McCoy, director of VBA's Education Service. In the afternoon, the group members attended breakout sessions in their area of concentration.

On the last day of the conference, relocation expert Pam Silvis addressed the

continued on page 28

New Program Will Improve Informed Consent

VA is adopting a new computer program to help patients make more informed decisions about their care. The department will introduce its Electronic Support for Patient Decisions initiative at all 158 VA medical centers within a year. Customized software called iMedConsent will provide patients with information about treatment options and standardize procedures among clinicians.

The iMedConsent program takes physicians step by step through the informed consent process, displays detailed educational materials

about risks and benefits of proposed treatments, generates and stores consent forms, incorporates electronic signatures into records and imports information from patient records. Although the program is designed primarily to assist physicians, it also guides informed-consent discussions between doctors and patients.

The goal of the informed consent process is to ensure that patients are knowledgeable participants in decisions about their health care. It generally requires that patients under-

stand their choices through discussions of proposed treatments, reasonable alternatives to proposed care, risks and benefits of each alternative.

The iMedConsent software was developed under the direction of VA's National Center for Ethics in Health Care by Atlanta-based software developer Dialog Medical. "We are always looking for ways to enhance the care we provide," said Dr. Ellen Fox, center director. "By supporting patient decisions on a systems level, we are preventing problems before they arise. We like to call this 'preventive ethics.'" **VA**

Kim Dickey, R.N.

Kim Dickey, R.N., has met every type of veteran during her 20-year career as a VA nurse. Some are proud and patriotic. Others bitter or indifferent. She listens to their stories, tolerating even the most far-fetched tales of bravado. Some she remembers, but most she forgets.

Dickey is the first to admit that she might have become a bit “hardened” over the years. In a way, you almost have to, so you don’t get too attached. But something happened May 29 to wipe away any trace of disinterest or detachment. So moved was Dickey that she wrote about her experience in the employee newsletter at the Harry S. Truman Memorial Veterans Hospital in Columbia, Mo., where she works. What follows are excerpts from her story.

“It was a routine day in the ICU—my assignment was to care for a second day open-heart surgery patient. His care up to that point had been routine. He was getting on in years, mildly overweight and balding. He seemed like most of the other patients I care for here.

“... He was taken off the ventilator and several hours passed before he spoke. He was quiet and pretty wiped out from his surgery. He let me know that he

needed to use the bathroom. I offered him a bedpan, but he insisted on getting out of bed and onto the bedside commode. I thought this might become a lot of trouble, because he still had tubes and lines everywhere and it was quite an ordeal to get him up to the bedside commode. Once he was finally in place on the commode, he was quite a sight—naked, tubes everywhere, bruised, bandaged, weak.

“His TV was on and the World War II Memorial dedication ceremony was being broadcast in the background. I was oblivious to the ceremony since my focus was on the patient, making sure he was tolerating being up on the chair, making sure that his pain stayed under control, and he didn’t have any arrhythmias.

“After a few minutes he began to sob—body-shaking sobs that made me think he would fall out of the chair. I panicked for a split second as I rushed to his side inquiring what was wrong. He looked up at me, looked at the TV and mumbled, ‘I can’t get my arm up to salute.’ I was stunned. As I looked up to the TV, the ceremony had just opened. I was moved beyond words as I lifted and held his arm in place while he saluted during the singing



Dickey

of the national anthem. Tears filled my eyes as I only imagined that moment through his heart and his eyes.

“When I helped lower his arm, he thanked me, lowered his head and relaxed back on the chair. He softly began recalling his wartime experiences and shared that he still grieved for his dead comrades. I was aware of a hard lump in my throat as I walked back across the room. I felt so unworthy to have stood there holding up the man’s arm. I felt so ashamed for my ‘routine attitude’ toward this veteran.

“I don’t remember much of the rest of that day, but I know I was privileged to experience a loyalty, a passion and a love that is rare in today’s world. My words of appreciation for this veteran don’t come close to the feel-

ings in my heart for him and the many men and women that have given the utmost. I am grateful to him for allowing me to share that moment with him—for touching me, for melting and reshaping a hard place in my heart, for helping me to remember why I’m here.

“I may not remember the patient’s surgery, how he progressed post-operatively, his medications or how he recovered physically. But I will forever remember the image of that ‘soldier’ and the priority he gave our national anthem and his love for the country he and thousands of his comrades fought and died for. I hope that after reading this others will rethink what we do here, be revitalized in our mission, and remember that things aren’t always as they seem.” VA

TCF interns continued from page 27

group on the details of the relocation that many of the interns will undergo at the end of the two-year program. As a condition of being accepted into the TCF program, interns must sign a clause agreeing to relocate to

the area of the country where VHA has the greatest need for their individual expertise. VA pays the cost of relocation. This allows VHA to match the talent they are developing in the program with the need for talent through-

out the country.

According to Erickson, the three-day conference was aimed at giving the interns a better sense of what VA’s mission is and how it is accomplished.

“We’re trying to get the

VA mission to be a part of them in their hearts and souls,” she said. “Once we do that, once they get that passion for the veteran, they’ll be here for 30 years, just like me. We want them to catch the bug.” VA

Major Breakthrough on Strep Vaccine

For years scientists have sought a vaccine for group A streptococcal infections. The last human tests of a potential vaccine were conducted in 1969. They were stopped after two children came down with rheumatic fever.

Now it appears the wait may be over. A new group A streptococcal vaccine tested on 28 adult volunteers in the Baltimore area between 1999 and 2003 showed promising results—it was safe and stimulated a significant immune response against the infections. The study appeared in the August 2004 issue of the *Journal of the American Medical Association*.

Group A streptococcal infections are responsible for a variety of illnesses including strep throat, rheumatic fever and toxic shock syndrome. The Centers for Disease Control estimates that up to 10,000 cases of serious, life-threatening infections occur in the U.S. each year.

The new vaccine is a prototype invented by Dr. James Dale, associate chief of staff for education at the Memphis, Tenn., VA Medical Center, and chief of infectious disease at the University of Tennessee. Dale's vaccine incorporates a genetically modified version of the strep bacterium's M proteins.

Researchers have long known that when separated from the bacterium, M proteins could boost the body's immune system. But injecting these detached M proteins causes the antibodies to attack the body's own tissues, especially the heart and kidneys. With genetic engineering, Dale created synthetic M proteins capable of building the body's defense to

group A strep infection, but without the harmful auto immune response.

"This vaccine is without a doubt the most complex vaccine that's ever been introduced," Dale told *The Baltimore Sun*. Larger trials to confirm the vaccine's safety and effectiveness are expected.

VA Beats Managed Care for Diabetes

VA patients with diabetes are more likely to receive recommended tests and have better outcomes than managed care patients, according to a study published in the Aug. 17 issue of the *Annals of Internal Medicine*.

Researchers looked at 1,285 diabetes patients at five VA medical centers and 6,920 patients in eight commercial managed health care plans. They compared how often patients received standard processes of care, such as recommended tests, and their outcomes related to diabetes control. The VA patients fared better on receiving appropriate care and for two of three outcomes. In many cases, the differences in quality were significant.

The study showed 98 percent of VA patients had an annual foot exam compared to 84 percent of managed care patients, and 91 percent of VA patients had an annual eye exam compared to 75 percent of managed care patients.

"The VA has instituted system-wide standards, integrated care and a way to track and monitor how their patients are doing. Other organizations can learn from VA and how they achieved their quality improvements over the last 10 years," said lead author Eve Kerr, M.D.,



ROBERT J. FORD

Dr. James Dale developed a promising new strep vaccine.

a researcher at the VA Ann Arbor Healthcare System and assistant professor at the University of Michigan. In 1995, VA instituted a series of quality improvements for managing chronic diseases, including diabetes. Many of the changes reflected recommendations subsequently promoted by the Institute of Medicine.

"These results are encouraging because they demonstrate that optimizing how care is delivered can translate into clinical benefits for patients. However, we still need to learn more about which of the many changes the VA instituted improve quality the most, so that managed care health plans can implement these in the most cost-effective manner," said senior author Carol M. Mangione, M.D., professor of medicine at the David Geffen School of Medicine at UCLA.

Coping with Prescription Drug Costs

Doctors are being urged to ask their patients if they can

afford prescribed medications after researchers discovered some people skip doses to conserve pills, but never tell their doctors. Not only is skipping doses potentially harmful, researchers found physicians could provide other options if they knew patients were underusing.

Researchers from the VA Health Services Research Program, the University of Michigan and Stanford University conducted the study. They surveyed 660 chronically ill patients from across the country that admitted to cutting back on their medications because of costs. One-third of those patients never told their doctors they weren't following the prescribed dosages. Researchers found most patients who spoke to their doctor about underusing medications received free samples, generic drugs or information on assistance programs.

The complete study findings were published in the Sept. 13 issue of the *Archives of Internal Medicine*. **VA**

Young people taking the lead



WALT CODY

High school students hosted the eighth annual POW/MIA Recognition Day Ceremony Sept. 17 at the Prescott, Ariz., VA Medical Center, above. Many are members of the hospital's youth volunteer program. They put on the ceremony as a tribute to servicemembers held prisoner of war or declared missing in action.

James Gray served as master of ceremonies. He has more than 500 volunteer hours at the medical center and is a recipient of the National Disabled American Veterans Jesse Brown Memorial Scholarship. Members of the Central Arizona Young Marines served as color guard and the Hi-Lites from Prescott High School performed a musical tribute. "The veterans really enjoy seeing the younger generation. It lets them know they are not forgotten," said Brenda Autery, of Voluntary Service.

VA medical facilities occasionally host military award ceremonies where veterans receive combat decorations they earned long ago but never formally received. The McGuire VA Medical Center in Richmond, Va., hosted just such a ceremony this summer. Except the decoration wasn't earned in World War II, Korea or Vietnam. In this ceremony, Staff Sgt. Eugene Simpson received a Purple Heart for combat wounds sustained in Operation Iraqi Freedom. Simpson, who served with the Army's 1st Infantry Divi-

sion, is an inpatient in the medical center's spinal cord injury unit.

Results are in for the 58th annual **Bowlers to Veterans Link** bowling tournament. The event attracted 45 bowling teams nationwide. Teams are organized through Recreation Therapy or Voluntary Service sections at VA hospitals, and office managers at VA clinics and vet centers. They play at community bowling alleys and submit their scores to BVL headquarters by mail, fax or the Internet. Winners are then chosen in specific divisions.

This year's winners are from VA facilities in Tomah, Wis.; White City, Ore.; Seattle, Wash.; Topeka, Kan.; Dayton, Ohio; Boise, Idaho; and Silver Spring, Md.

More than 120 veterans from several bands of the Chippewa and Ojibwe Nations attended a Native American outreach event held Aug. 10-12 at Cass Lake, Minn. Representatives from VISN 23 (Minneapolis), the Fargo, N.D., VA Medical and Regional Office Center and the St. Paul, Minn., VA Regional Office joined veterans service organizations and other agencies at the event. The story of a tribal elder and Navy veteran who served in World War II, Korea and Vietnam typified the event's purpose. The veteran had diabetes and other

health issues and received health care through the Indian Health Service. He had been denied an Agent Orange claim years ago, prior to changes making certain conditions presumptive, but did have a low-rated service-connected disability for another issue. His wife had once applied for a wheelchair from VA, but was overwhelmed with the paperwork and gave up. She heard about the outreach event and had to plead with her husband to get him to go. Once there, however, he met with service officers and was rated 100-percent disabled with a one-year retroactive award. He also got help with the paperwork for a wheelchair. The veteran later commented that the VA of today is "so much better" than it was before. **VA**



Testing disaster readiness

The Lexington, Ky., VA Medical Center led a large-scale disaster drill involving medical facilities from 20 surrounding counties. As part of the drill, "patients" were unloaded and triaged by VA staff at Bluegrass Airport before being sent to community hospitals. The exercise was a test of the National Disaster Medical System.

Serving Alzheimer's patients

David Loreck, M.D., a psychiatrist with the VA Maryland Health Care System and assistant professor at the University of Maryland School of Medicine, received *The Daily Record* newspaper's 2004 Maryland Health Care Heroes Award. Loreck was nominated by the state chapter of the Alzheimer's Association for his leadership and service to Alzheimer's patients and their families. In the mid-1990s, Loreck co-founded an outpatient clinic at the Baltimore VA Medical Center that provides full medical, cognitive, functional and psychosocial evaluations for Alzheimer's patients. By providing all services during a single visit, the clinic eliminates the need for patients to make multiple trips to the hospital.



Loreck

Two VA Voluntary Service officers were recognized by professional organizations. **Gloria Mancuso**, manager of the Voluntary Service program at the **Providence, R.I., VA Medical Center**, was elected president of the New England Association of Directors of Healthcare Volunteer Services at their spring conference in Chatham, Mass. The association is a regional affiliate of the American Hospital Association. **Bonnie Gunter**, chief of Voluntary Service at the **Hines VA Hospital** in Illinois, received the Administrator of the Year award from the Association for Volunteer Administration.

VISN 3 was honored during a June 2 ceremony at the **Bronx VA Medical Center** for having the highest number of submissions to

the Virtual Learning Center, an online database of best practices throughout VA located at www.va.gov/vlc. Among the VISN's top submissions is an idea for reducing time card limits to help decrease the potential for credit card fraud, submitted by **Angela Micalizzi** and **Dan Downey**, from the **VA New York Harbor Health Care System**.

Five employees were honored for advancing equal employment opportunities in VA during the Secretary's 15th Annual EEO Awards ceremony July 21 in Washington, D.C. They are: **Sherry A. Zahirniak**, from the **Waco, Texas, VA Regional Office**; **William "Birt" Fraser**, from the **Fayetteville, N.C., VA Medical Center**; **Richard A. Silver**, who recently retired

from the **James A. Haley VA Hospital** in Tampa, Fla.; **Francine C. Fraser**, VISN 3 (Bronx); and **Rowland A. Christian**, **New Orleans VA Regional Office**.

Jim Young and **Verda Blome**, volunteers at the **Michael E. DeBakey VA Medical Center** in Houston, were named Volunteers of the Year by the American Legion and American Legion Auxiliary. Young, who serves as a greeter at the hospital's information desk, has been a volunteer since 1993. Blome volunteers in the surgery waiting area, comforting patients who are being transferred from surgery to the nursing ward. She has accumulated more than 10,000 volunteer hours.

Basil White, a management analyst with the **Office of Information and Technology** in **VA Central Office**, was chosen as the sole VA instructor for the Presidential Classroom, a weeklong educational program for high-achieving high school students. The program, held at Georgetown University in Washington, D.C., is designed to introduce students to careers in public service.

The **Leadership VA Alumni Association** recognized three employees during their leadership forum Aug. 23-25 in Miami. **Linda F. Watson** received the association's 2004 honorary leadership award in the senior executive category. Watson began her VA career as a nurse technician. Today she is director of VISN 7, headquartered in Atlanta. **Jim Mayer**, LVA executive director, received the honorary leadership award in the GS 13-15 category. He was recognized for mentoring wounded soldiers recovering

from traumatic injuries at **Walter Reed Army Medical Center**. **Susan Eddy**, an occupational therapist at the **Cheyenne, Wyo., VA Medical Center**, won the association's scholarship competition and received a \$2,500 scholarship to continue her education. **VA**

Helping soldiers and their families



Luke

Darren Luke, an assistant coach on the rating board at the **Winston-Salem, N.C., VA Regional Office** and captain in the **U.S. Army Reserve**, was recognized as **Army Reserve Family Program Staff Member of the Year** during an Aug. 22 award ceremony. The national award cited Luke for his "selfless service and untiring devotion" in supporting the **Army Reserve Family Readiness Group**.

Airborne emergency care



LYNNE KANTOR

Bronx VAMC nurse Corine Wright came to the aid of an ailing passenger on an airliner.

Corine Wright, a registered nurse on the intensive care unit at the Bronx VA Medical Center, was flying to Jamaica with her husband and grandson when a fellow passenger became ill. Flight attendants got on the intercom and asked if there was a doctor or nurse on board. Wright responded and found the passenger in and out of consciousness and complaining of lightheadedness. She was completely disoriented.

Wright spoke with her husband and learned the woman had asthma and hypertension, but hadn't taken her medicine that morning. She administered oxygen until the woman regained consciousness. At that point, the woman decided to take her asthma medication and began chugging it from the bottle. Wright realized the woman was likely overdosing on her medicine. She explained that this could be making her sick and instructed her on how to take the medication properly. Wright stayed with the woman and monitored her condition until they arrived in Jamaica, where an emergency medical team was waiting.

Teamwork between VA police and local officers averted a potential tragedy after a distraught veteran called the telephone care program at the Salisbury, N.C., VA Medical Center. Registered nurse **Cynthia Ware** answered the call. As she talked with the veteran, she became increasingly con-

cerned for his safety and signaled for colleagues to notify VA police and **Kay Bower**, a mental health nurse who handles calls from patients at risk of hurting themselves or others. As soon as she got on the phone, Bower knew this would be an intense call. "He was giving me information that made me extremely con-

cerned for him and his neighbors," she said. She learned the veteran had a stockpile of weapons in his home and was prepared to use them. She gained as much information as possible for VA Police Officers **Jason Harrington** and **Raymond Christie** to provide local police who were enroute to the veteran's house. She kept the veteran on the phone until police arrived and convinced him to surrender peacefully so he could receive the help he needed. "This was a real team effort and I'm just glad to be a part of it," said Bower.

VA police officers **Richard Gliem**, **Raymond Showers** and **Richard Steffen** responded when an elderly patient crashed his car near the main building at the Des Moines Division of the VA Central Iowa Health Care System. The patient was trying to park, but instead of hitting the brakes he stepped on the gas. The vehicle climbed an embankment, crossed the street and slid down another steep embankment before rolling over onto the passenger side, trapping the driver. The officers used a crowbar to pry off the broken windshield and rescue the man. They kept him calm as they waited for paramedics. He was treated and released with minor injuries.

Larry Hardesty, safety officer at the **Robert J. Dole VA Medical Center** in Wichita, Kan., was driving to work on Sept. 8 when he saw a car on fire. He pulled to the side of the road and grabbed his fire extinguisher. As he neared the vehicle, he saw the owner spraying cleaning solvent at the fire, causing the flames to spread. He told the owner to step

back and used his extinguisher to put out the fire. He then gave it to the car's owner to use in case the fire flared up again.

Police Officer **Howard Spall** saved the life of an 81-year-old outpatient who started choking in the canteen at the **Spokane, Wash., VA Medical Center**. Spall saw the veteran leaning over a table and grabbing his throat. His wife was there but she was unable to help. Spall approached the couple and told the man he was going to help. He then stepped behind him and performed the Heimlich maneuver. On the third attempt, he successfully dislodged a piece of meat that was blocking the man's airway. The veteran and his wife praised Spall for his quick actions.

Kathleen Painter, a registered nurse at the **Martinsburg, W.Va., VA Medical Center**, was relaxing with her daughter-in-law at a nearby swimming area. They had not been there long when Painter's daughter-in-law called for her to help as the lifeguard carried a small body from the water. Painter immediately found herself administering CPR to a 3-year-old boy. The youngster was totally unconscious but eventually responded to verbal stimuli. He was transported to the local community hospital and then to Children's Hospital in Washington, D.C. When commended for her actions, and for being at the right place at the right time, Painter simply said, "I was just there and God had control of this situation." She is grateful for her work experience and the continuing education the medical center provides and encourages. **VA**