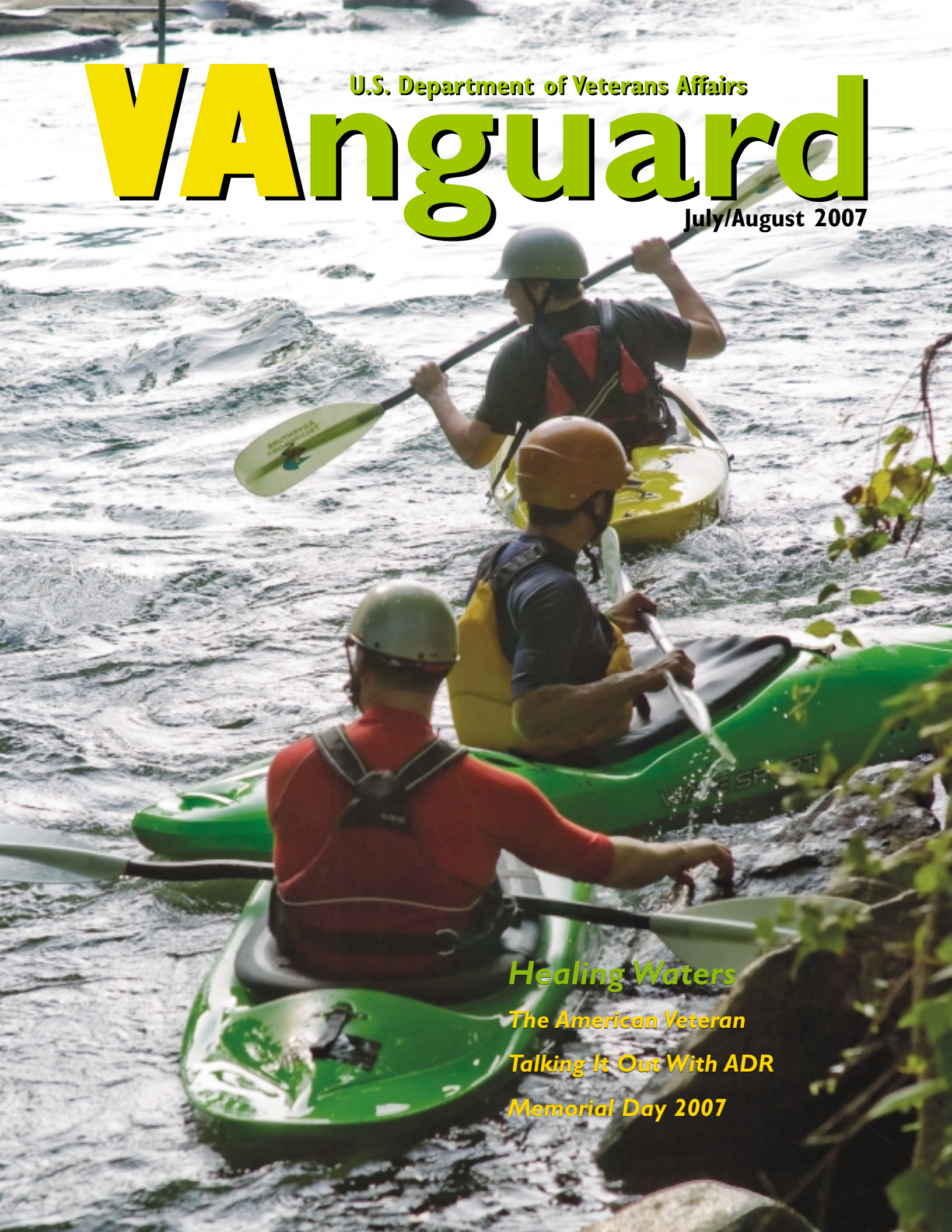


U.S. Department of Veterans Affairs

VANGUARD

July/August 2007



Healing Waters

The American Veteran

Talking It Out With ADR

Memorial Day 2007



Vanguard

VA's Employee Magazine
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On the cover

Through a therapeutic and adaptive kayaking program run by volunteers, injured veterans are getting help improving everything from balance to problem solving. The Team River Runner program began at Walter Reed Army Medical Center in 2004 and has since expanded to VA facilities. *photo by Art Gardiner*

Secretary Nicholson Announces Resignation

VA Secretary Jim Nicholson announced on July 17 that he had tendered his resignation to President Bush, effective no later than Oct. 1.

In his letter of resignation, Nicholson praised and thanked the President for the honor of serving him and the nation's veterans in this key post at such a "critical time in our nation's Global War on Terror."

"The VA is a dynamic organization dedicated to serving our nation's finest citizens—our veterans," Nicholson said. "It has been an honor and privilege to lead the VA during this historic time for our men and women who have worn the uniform. We have accomplished so much and the VA is always striving to improve our services to veterans."

Nicholson said he wants to return to the private sector. "This coming February, I turn 70 years old, and I feel it is time for me to get back into business, while I still can." He said he has no definite plans at this time.

He also addressed an assembled group of employees in VA Central Office and those watching around the country on closed-circuit television, telling them how privileged he felt to have worked with them in fulfilling the nation's promises and obligations to its veterans.

"VA has come a long way in meeting the growing needs

and expectations of our veterans and you deserve the credit," he said.

Nicholson, a Vietnam veteran, was sworn in as Secretary of Veterans Affairs on Feb. 1, 2005.

During Secretary Nicholson's tenure at VA, he:

- Directed that every veteran of the Global War on Terror who came to VA for any kind of care be carefully screened for traumatic brain injury and post-traumatic stress disorder.
- Hired 100 new outreach coordinators to provide services to returning Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) veterans. The new coordinators are located in vet centers throughout the country, especially near military processing stations.
- Created a new Advisory Committee on OIF/OEF Veterans and Families to advise him on ways to improve programs serving these veterans.
- Directed the Veterans Benefits Administration to give priority to OIF/OEF veterans in its compensation and pension claim system.
- Launched a major information technology transformation of the way VA uses and safeguards the personal and health information of veterans.
- Created a new Office of Operations, Security and Preparedness to deal with emergency planning and security.
- Initiated an overhaul of VA's vast contracting and acquisitions systems.
- Created a blue ribbon Genomic Research Advisory Committee to use VA's expansive medical data holdings to advance the science of predictive medicine.
- Commenced a major campaign to reduce the high rate of diabetes in veterans.
- Launched a national effort in the Veterans Health Administration to eradicate staph infections in VA hospitals.
- Approved 82 new community-based outpatient clinics (CBOCs) to bring VA's top-notch care closer to the veterans who have earned it.
- Created a new multi-campus Nursing Academy through partnership with nursing schools throughout the country to help address a shortage of nurses within VA and nationwide.
- Directed the hiring of suicide prevention counselors at each of VA's 153 facilities to strengthen one of the nation's largest mental health programs. He also established a 24-hour national suicide prevention hotline.
- Hired 100 new patient care advocates to help severely injured veterans and their families navigate VA's system for health care and financial benefits.
- Led the President's recent Task Force on Returning Global War on Terror Heroes to improve the delivery of federal services and benefits to these servicemembers and veterans.

Nicholson left the private business world, where he ran a successful residential development and construction company, more than 10 years ago. He was elected chairman of the Republican National Committee in January 1997. Immediately prior to becoming Secretary, he served as the U.S. ambassador to the Holy See.



Nicholson announced his plans to leave his post by Oct. 1 in front of an audience of employees gathered in VA Central Office.

ROBERT TURTILL



Leading the Way to Better Service for Today's Veterans

Jim Nicholson
Secretary of Veterans Affairs

We at VA are always looking for ways to meet our mission of providing the best service to America's veterans. Thanks to our involvement with two landmark groups—the Task Force on Returning Global War on Terror (GWOT) Heroes and the President's Commission on Care for America's Wounded Warriors—our efforts are being strengthened and we are better equipped to serve.

As chairman of the Task Force on Returning Global War on Terror Heroes, I learned two things: we in the federal government are doing a lot of good things to meet the needs and ease the stress of transition for our veterans from Iraq and Afghanistan; and by working more closely with other federal agencies, VA will lead the way in improving benefits and service delivery to all veterans.

President Bush gave the task force 45 days to submit a government-wide action plan outlining federal services for GWOT servicemembers, veterans and families, identify gaps in those services and then recommend ways to fill those gaps quickly within existing executive authority.

In April, I was pleased to present to the President the task force's 25 recommendations and target dates to improve and integrate federal programs and services for GWOT veterans.

We developed recommendations that could be implemented quickly within our current authority and budget. Each of the 25 recommenda-

tions to improve service identifies the responsible federal agency and an action plan for interagency cooperation.

Naturally, VA and DoD have major roles in the plan, but all the other agencies are key players. For example, the Department of Housing and Urban Development will expand access to the National Housing Locator to provide returning servicemembers safe, accessible and affordable housing options; and the Departments of Education and Personnel Management will promote federal job and educa-

tion support opportunities targeted to veterans.

Task force recommendations for VA and DoD focus on coordination and collaboration in the transition of combat wounded from military to VA care. For example, DoD and VA agreed to develop a joint process for assigning disability ratings to determine fitness for military retention, military retirement and VA disability compensation. We also reinforced a previously announced VA/DoD agreement to develop a joint electronic health record system that will make all health care data on transitioning veterans available to both departments electronically.

As we got down to business implementing the task force recommendations, the broader, strategic recommen-

dations of the President's Commission on Care for America's Wounded Warriors were reported to the President by commission co-chairs former Sen. Bob Dole and former Health and Human Services Secretary Donna Shalala.

Secretary of Defense Robert Gates and I were briefed on the commission's findings along with the President on July 26. President Bush said he would move quickly in considering the report's 35 "action steps." And move quickly he did—that same af-

ternoon he directed us to move to implement. We turned to VA Deputy Secretary Gordon Mansfield and Defense Deputy Secretary Gordon England to ensure quick implementation of all recommendations, which include:

- Creation of comprehensive recovery plans for each seriously injured servicemember with "recovery coordinators" to help implement those plans.
 - Restructure the veterans and military disability and compensation systems.
 - Prevent and treat PTSD and traumatic brain injury.
 - Strengthen and support the families of GWOT veterans.
 - Rapidly transfer patient information between DoD and VA.
- initatives and programs we began within VA after the Global War on Terror began dovetail into recommendations of both the task force and the commission. Our goal is to care for the whole veteran, and as we implement all of these recommendations, I know it will open opportunities to provide more care and services more effectively.
- We at VA know the nation's eyes are upon us. The commission and task force recommendations give us the opportunity to approach veterans' care in new ways with

I am pleased many of the

We in the federal government are doing a lot of good things to meet the needs and ease the stress of transition for our veterans from Iraq and Afghanistan.

fresh ideas and renewed resources. Congress, the President and the public are behind us. The men and women who have served this nation in uniform, especially our wounded combat veterans, deserve the best care our country can provide and I am grateful to all those intent on helping make our veterans' programs better and easier to access—that includes every VA employee. **VA**

To review the full report of the Task Force on Returning Global War on Terror Heroes, go to www.va.gov/taskforce. To review the President's Commission on Care for America's Wounded Warriors report, go to www.pccwww.gov.



Meeting Future Challenges in the VA Health Care System

Michael J. Kussman, M.D.
Under Secretary for Health

It is a great honor to serve as the Under Secretary for Health. I am very grateful to President Bush, Secretary Nicholson and the U.S. Senate for their trust and confidence in me. It is truly a privilege to take care of veterans and lead the greatest health care system in the country. I am honored and humbled to be in this position.

I never lose sight of how important our mission in the Veterans Health Administration is. We will face substantial challenges in the next few years, not the least of which is caring for the veterans who have been affected by the wars in Iraq and Afghanistan and their families.

Our goal must be to restore those who have been injured or made ill in these conflicts to their fullest level of functioning. We must remain committed to providing these newest heroes the exceptional health care they have earned through their service and sacrifices.

I am confident we can meet the challenges of the future if we focus on the power of performance by keying into four main areas:

■ Above all, we need to put *patient care* first. No matter what our job, we must be patient-centered and provide the best possible care for all of our patients and support to their families—today's new veterans and veterans of previous eras. This is the reason we exist.

The future of our agency may well depend on how well we take care of our newest veterans. They are a different

generation with different expectations and needs, such as care for traumatic brain injury or post-traumatic stress disorder.

What we are witnessing in these current wars is the high survival rate of wounded troops, in large part because of modern battlefield medicine and body armor. However, we are seeing veterans survive with multiple injuries, resulting in amputations, sight loss, spinal cord injuries and severe mental illness.

Our groundbreaking polytrauma care and the spirit and determination of our patients and their families are producing some marvelous recoveries, but we must remain committed to continually seeking ways to provide even better care to these heroes. We also must continue to empha-

With these four priorities guiding us, we can take VHA to an even higher level of service to veterans and excellence.

size our seamless transition programs to make it as easy as possible for veterans and their families to move from Department of Defense care to the Department of Veterans Affairs.

Another important matter for us is women's health care. The number of women veterans continues to rise, and women have unique health concerns. We will provide our female veterans with the best care possible, either through our own facilities or by contracting as appropriate.

■ As we provide this care, we

must practice progressive *leadership*, never failing to be responsible, accountable and even innovative. This type of leadership at VA has led to such advances as VHA's award-winning, patient-centered electronic health records. The success of our nationally renowned patient safety program is also due to innovative leadership.

We have many outstanding leaders throughout our organization—men and women who know that the first responsibility of a leader is to serve others. We must continue to find these strong leaders, help them develop, and give them as much responsibility as they can handle. We must also help those who are not leaders find ways in which they can best contribute to the success of our mission.

■ As we all know, performance drives excellence. In VHA we pride ourselves on promoting excellence in business practices through administrative, financial and clinical efficiencies. We need to continue to improve the quality of VHA's *business processes* so that they match the quality of our care. If we find ways to save just 1 percent of our budget, the result will be \$350 million more that we can devote to caring for veterans.

For example, Advanced Clinical Access is a tool we use to help us balance demand

and supply in our clinics, in our operating rooms, in our emergency rooms, in our inpatient programs, and in many of our other business processes. It allows us to use our resources more effectively, even to the extent, whenever possible, to offer veterans same-day or next-day access to care.

■ Finally, it is imperative that we continue to produce meaningful *performance measures* that assure timely and appropriate access to health care for all veterans. By continuing to measure our performance, and making certain we measure the right things, we will improve the quality and safety of health care for our nation's war heroes. We are justifiably proud of our rigorous system of performance measurements, but we

should always ensure that we are using them to our greatest benefit.

With these four priorities guiding us, we can take VHA to an even higher level of service to veterans and excellence. As noted by many news media and health care experts, VHA attempts to provide the best care anywhere, but we can, and we will, do better.

We will not rest on our laurels. VA and VHA have a great mission in caring for America's veterans. Each of us has the honor and privilege of being a part of that. **VA**

The tight-knit crew that brings *The American Veteran* into households all over the country strives to inform and inspire.

It takes a certain amount of panache to produce a show that can make veterans benefits interesting and entertaining enough to get viewers to tune in every month.

The crew of *The American Veteran* has panache.

The tight-knit crew of six Employee Education System (EES) employees, supported by part-time contractors and volunteers, produces the monthly video magazine from a studio at the VA medical center in Washington, D.C. *The American Veteran* is a VA Learning University/EES partnership with the Office of Public and Intergovernmental Affairs.

“The program is intended to inform the public about veterans’ rights and benefits and to tell some of the countless inspiring stories of service and sacrifice made by America’s men

Stories of Service and Sacrifice

ROBERT TURTIL

and women in uniform,” said Michael Wilker, executive producer of *The American Veteran* for the past two-and-a-half years. Wilker recently turned the reins over to new executive producer Brad Winchester.

VA Secretary Jim Nicholson said that today, it is more important than ever to get the word out to veterans about the benefits they have earned.

“As our brave young men and women return home from fighting the wars in Afghanistan and Iraq and transition back to their civilian lives,

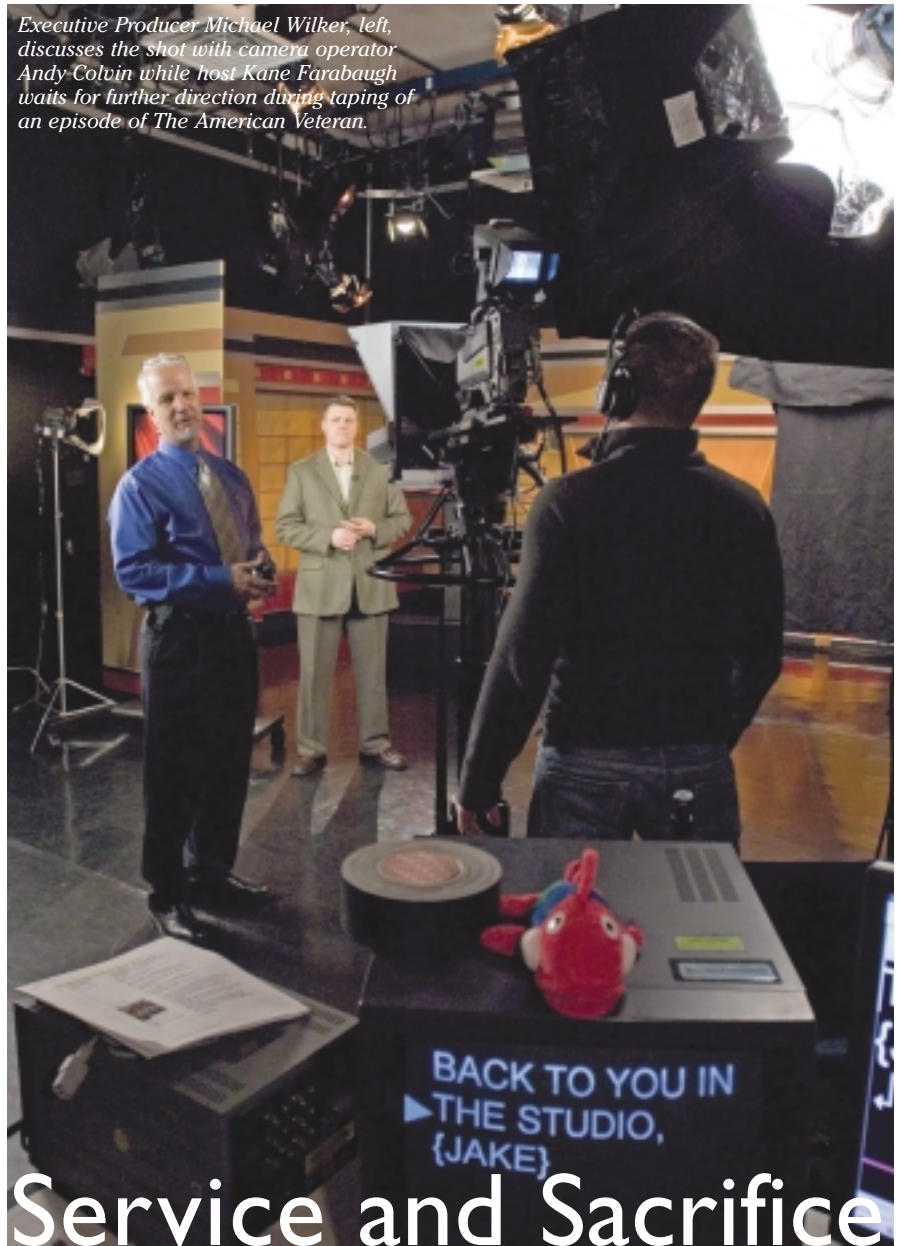
VA wants them to be aware of what we can do for them,” he said.

In 2002, VA Chief of Staff Tom Bowman was serving as the acting assistant secretary for public and intergovernmental affairs. Concerned the department wasn’t doing enough to inform veterans of their earned benefits, he decided VA needed to develop a vehicle to communicate directly with veterans, their families, and the public at large.

In his travels around the country, Bowman noticed how successful the

Department of Defense was in getting its television programming out to local civilian communities via cable TV, and didn’t see any reason why VA couldn’t do the same thing. He notes that VA has “a larger footprint in the country than DoD” with 153 major medical centers and more than 800 community-based outpatient clinics (CBOCs). There are approximately 24 million veterans, most of whom have spouses and family members who are equally interested in what VA may be able to provide for

Executive Producer Michael Wilker, left, discusses the shot with camera operator Andy Colvin while host Kane Farabaugh waits for further direction during taping of an episode of *The American Veteran*.



veterans.

“People are interested in what is happening to veterans,” Bowman said. “They want to know, ‘What can VA do for Uncle Bob, or granddad, or my brother just back from Iraq?’”

Bowman and public affairs staff collaborated with EES to develop a program concept and pilot video that was eventually approved.

EES is responsible for providing high-end media capability for VA, according to Kim Luoma, director of

“People are interested in what is happening to veterans. They want to know, ‘What can VA do for Uncle Bob, or granddad, or my brother just back from Iraq?’”

Field Operations. These media products are shown over the VA Knowledge Network, which is a satellite network owned by VA, and the Content Distribution Network, which provides video on demand or streamed live to the employee’s desktop. Employees can also view *The American Veteran* on their desktop computers over VA’s Intranet at vawww.ees.lm.va.gov. Members of the general public can watch the show over the Internet at www.va.gov/opa/feature/amervet/index.asp.

“*The American Veteran* is one of the most important high-end products that VA produces for public outreach,” Luoma said.

A key factor in the program’s importance is its reach to those serving in the military—an increasingly significant audience for VA, with 2.6 million servicemembers currently serving in the U.S. armed forces. Jim Langdon, director of Programming/Operations for the Pentagon Channel, said he decided to start including the show in the programming lineup because “it was just a perfect fit. The VA’s audience is my audience.”

The Pentagon Channel television service is distributed 24 hours a day, seven days a week to U.S. armed forces installations around the world

via the American Forces Radio and Television Services. The channel broadcasts *The American Veteran* three times a day. In addition, viewers can watch the show on their desktop computers at their leisure by logging on to www.pentagonchannel.mil.

Langdon said he especially likes the fact that *The American Veteran* seeks to educate men and women in uniform about their VA benefits. He knows from personal experience that there is a real need to get this infor-

mation out to veterans. The retired Air Force veteran bought a house in Maryland in 1999 and was unaware that as a disabled veteran, he was not required to pay about \$12,000 in loan points (1 point equals 1 percent of the loan). Luckily, his real estate agent was aware of this benefit.

Another reason Langdon includes *The American Veteran* in his programming lineup is the quality of

the show.

“When we saw the first show, we were just blown away,” he said. “It’s a network quality show. I wish they’d do it weekly instead of monthly if they had the money and personnel to pull it off.”

The American Veteran is also shown to civilian audiences on an increasing number of cable stations throughout the country. Residents of communities with widely varying audience viewing sizes—ranging from 30,000 households in White Bear Lake, Minn., to 125,000 households in Las Vegas—can tune in to the 26-minute show on their local cable stations.

Luoma said VA devotes a great deal of labor and resources each year to produce *The American Veteran* in an effort to further the mission of VA.

“We want the look and feel of this program to inspire confidence in the organization,” he said.

The investment has paid off in terms of professional recognition. *The American Veteran* won two awards in The Videographer Awards for 2007: an Award of Excellence and an Honorable Mention. Some 2,000 entries



The crew of The American Veteran watches the monitor wall in the control room while taping an episode. Left to right: Mostafa ElTourky, graphics operator; Christopher Dominici, graphics designer; Michael Wilker, executive producer; Scott Ruebens, director-in-training; and Michael Bogasky, director.



*Jim Benson hosts an episode of *The American Veteran*. He is a public affairs specialist with the Office of Public and Intergovernmental Affairs in VA Central Office.*

were submitted to the international competition, which recognizes outstanding achievement in video productions.

The show also won a Bronze Telly Award for 2007 for a story about a soldier's struggles to overcome his traumatic brain injury. Some 14,000 entries were submitted to the international competition, which honors the finest video and film productions.

Scott Wallace, who produced the Telly-winning segment, also produced one of the key segments in the award-winning Episode 205 for *The American Veteran* about 105-year-old World War I veteran Frank Woodruff Buckles. The piece also happens to be one of his favorites because it gave him an opportunity to tell the history of the 20th century through the use of archival footage obtained from the Library of Congress.

"Buckles is a great character," Wallace said. "He has an amazing story. It was a real privilege to be able to do that story."

As a producer, Wallace is responsible for conceiving the story idea, making a laundry list of the people he needs to speak to on camera and off, handling the logistics of booking

travel arrangements to the shooting location for the crew, deciding what shots he needs to illustrate the story, writing the script, and working closely with the editor to produce the finished product.

Wallace said the key to telling a good story on video is to create an intimate feel for the story's subject in the course of a few minutes.

"A good video will bring the viewer inside the world of our subject and reveal something interesting the viewer did not know before," he said.

For Greg Honick, the key to telling a good story on video is setting an appropriate pace for what the story is about. For example, a story about a VA cemetery would be told at a slower pace than one about veterans participating in the annual Wheelchair Games.

Honick is the award-winning editor of *The American Veteran*. He is responsible for acquiring current and historical footage to illustrate scripts written by the producers, scanning historical photos, laying out a video timeline to match the script, selecting music, and assembling the show in post-production.

Honick's favorite story is from

Episode 301. The piece features Army soldier Jason Welch, who was injured in September 2004 while providing convoy security on patrol in Iraq. An improvised explosive device blew up his Humvee, and he suffered a traumatic brain injury. The story reveals the remarkable progress he has made in his struggle to recover from his injuries by working with speech, physical and recreation therapists at the Martinsburg, W.Va., VA Medical Center.

Welch was visiting the D.C. VAMC one day when Honick ran into him in the hallway and invited him to come to the studio to watch the story. Welch was so pleased that he asked Honick to replay the segment several times.

"It just meant so much to me to see his reaction," Honick said.

Putting together thoughtful, creative and interesting stories takes time. And time is what challenges Honick the most as the editor of the show.

"Time is always against me," he said. "With any creative process, time is what I value most and what I don't have."

Getting his subjects to open up their lives to him is what challenges Wallace the most as a producer.

"That's a little more of a challenge with TV because you have a camera," he said. "You have to have a certain amount of social grace to do it right."

Having a job that allows them to enter the homes, hearts and lives of veterans every month is pretty special, according to the crew of *The American Veteran*. They also like the fact that they have an opportunity to showcase the hard work of their fellow VA employees who are down in the trenches providing services and benefits to veterans.

"How hard people are working to improve the lives of veterans is pretty amazing," Wilker said. **VA**

By Renee McElveen

Transforming VA's IT Management System

Vanguard checks on the progress of this major realignment with CIO Robert T. Howard.



Robert T. Howard

As VA's assistant secretary for information and technology and chief information officer (CIO), Robert T. Howard has been overseeing a major realignment of the department's IT management system. The new system has placed the department's IT budget, as well as IT professionals involved in operations and maintenance work, directly under the CIO. This centralized control of VA's IT resources is expected to improve effectiveness and efficiency. *Vanguard* checks in with Howard, a retired Army general who has been VA's CIO since September 2006, to find out how it's going.

Q: When you came onboard, VA's transformation had really just started. How would you judge the progress so far?

A: The Office of Information and Technology has made significant progress during the last year. The transformation can be summed up in four words: VA IT Management System. The decision to realign VA IT management

was made to correct longstanding deficiencies in the decentralized IT system. A big step in that direction was the assignment of more than 6,000 IT employees to OI&T. We also have an IT appropriation, and our new organizational structure and governance process have been approved by the Secretary. We are implementing all of that. We are on track.

Q: Describe how the structure differs now from where it was.

A: Before, we had an organization where it was hard to figure out what people were really in charge of. So what we have done is create a clearer organization. Visualize five pillars, if you will. The first pillar is oversight, the next manages the plan, the next manages the resources, followed by managing what is built, and last, controlling and improving operations.

We now have a deputy assistant secretary, or DAS, in charge of each of those areas. Within this organization, it is very clear what the responsibilities are. For example, the first DAS I mentioned [oversight—deputy assistant secretary for information protection and risk management] is responsible for cyber security, privacy, incident response, risk management, business continuity and so on. The enterprise strategy offices are the forward thinkers—looking to the future. The resource people deal with the day-to-day budget execution, asset management and human resources management concerns. Enterprise development is focused on developing and bringing on new applications, like modernizing our electronic health record system. The last office is operating the networks in the field, security in the field, and is where the bulk of the people are within this organization—in the field.

Another important part of the organization is our oversight and compliance capability—separate from the inspector general—that conducts both announced and unannounced assessments in the area of security and privacy. This is a new organization and concept we are currently implementing. When you look at the federal government, there is no other organization like it in the area of information and technology.

Q: As far as accomplishments are concerned, since you became CIO about a year ago, what stands out for you?

A: I think our biggest accomplishments have been in information protection, but we still have much to accomplish.

We have a lot of initiatives underway, from encryption to better ways to train people, better protection of our networks, better monitoring capabilities. We are testing a lot of software products that will help foster improvements. We've made some headway in convincing people throughout VA that information protection is very important. In fact, the Secretary has been very, very helpful in this regard. We've done a full-court press in this area for obvious reasons.

We've also made a good deal of progress in setting up our plan for field operations. Cooperation at the facilities—the CIOs, the information security officers and the privacy officers—has been strengthened. At the facility level, these three people are key to making things happen in the area of information and technology.

The compliance capability we have established has been very effective. It's probably going to be the initiative most valuable for increasing awareness of the protection of information. It's on a very aggressive schedule and, as I mentioned, both announced and unannounced inspections are taking place.

Despite our efforts, the incidents continue. Information protection is everyone's job, 24 hours a day, seven days a week.

Q: Conversely, what are some vulnerabilities you see?

A: The biggest vulnerability is any situation where access to large amounts of information is required. Examples are research activity and analysis, such as actuarial work that has to be done for budget formulation. These activities tend to use and require massive amounts of information.

The research business in VA has been very successful. VA is, in fact, the leader in a lot of research that takes place in the medical arena. So we don't want to impact

that, but at the same time, we know that research activities did not operate the way they should have in the past with respect to the protection of sensitive information.

We have a lot of activity going on to improve our procedures. But what I'm pointing out is, any area that deals with large amounts of information is a vulnerability.

Contractors are another area of concern. We know that contractors who support VA need to be assessed in terms of what they're doing, what they're doing it with, and where they're working, particularly if they're dealing with sensitive information. We've just begun to examine those activities and put procedures in place so we can keep a watchful eye over all of that.

“Information protection is everyone's job, 24 hours a day, seven days a week.”

Non-IT devices—medical devices—are another vulnerable area. The reason I mention this is that you can have a medical device that has the potential to store large amounts of information. It can have large memory capability.

In the medical arena, you can't just encrypt everything in sight. If you do, you might have to run it back through the FDA, which can be a lengthy process. This represents a vulnerability. We had a pulmonary machine stolen—not for the medical capabilities, but for the computer. That computer had three years' worth of patient data on it—and there was no reason for that. The information did not have to be kept on that device. All that was needed were basic procedures to clear off the information. This is a good example of a vulnerable area where you need everyone to be responsible, not just IT personnel.

While we're on this subject, the biggest vulnerability is people being careless. We will only fix our problems when we get *everyone* operating responsibly. This is why we have such a full-court press on educating people and getting everyone to perform their jobs responsibly.

Q: How do you make sure that people only have access to the level of information they need to access—no more and no less?

A: This is a very difficult issue. A key subset of that is administrative rights. We are about to make some decisions regarding who has administrative rights. Basically, if you are not a person in the information technology business, you will no longer have administrative rights. We may make some exceptions, but they will be very few. This is an area that is being tightened up. If you are an administrative person, you have a lot of access—that's why we are attacking this first. **VA**



CIO Robert Howard was joined by Deputy Secretary Gordon Mansfield and the three administration heads last September for a video broadcast to employees on the IT realignment. Left to right: Under Secretary for Health Michael Kussman, Under Secretary for Benefits Daniel Cooper, Howard, Under Secretary for Memorial Affairs William Tuerk, and Mansfield.



ROBERT TURTEL

In Alternative Dispute Resolution, the two parties involved in a dispute agree to sit down with trained mediators to work out a solution that is acceptable to both.

Talking It Out With ADR

Settling workplace disputes doesn't have to be a long, drawn-out process. In many cases, Alternative Dispute Resolution offers a better path to a successful resolution.

Disputes in the workplace don't have to be resolved through long, drawn-out, expensive procedures. Alternative Dis-

pute Resolution (ADR)—also known as “mediation”—is another way for employees and managers to resolve workplace disagreements.

For most VA employees, the only place to turn when they feel disrespected or unrecognized is the Equal Employment Opportunity (EEO)

complaint process. However, not all workplace conflict stems from discrimination based on age, race, religion or sex.

“In the majority of these cases it was a disagreement or dissatisfaction that could be settled through simple mediation,” explained Deputy Assistant Secretary Ralph Torres, VA Office of Resolution Management (ORM).

The ADR program offers employees and managers an alternative to resolving disputes without going through the lengthy and legalistic EEO process by allowing people to sit down and air out their differences with an impartial mediator.

Here’s how ADR works. First, the requestor (person with a problem) completes the “Request to Use ADR” form. The EEO manager then contacts the second participant to confirm a willingness to participate. After both parties are onboard, the EEO manager selects the mediators. Once the mediators have been notified, they will work with the concerned parties and the EEO manager to set up the actual mediation.

The program is voluntary and informal, and both parties must agree to all solutions. The mediator has no power to force a decision on either party. Mediators are formally trained and have extensive ADR experience. Information shared with mediators is held in confidence unless the parties give them permission to disclose the communication or disclosure is required by law. If the employee and manager are unable to reach a mutually acceptable result through mediation, the right to file a formal EEO complaint or grievance remains.

“Reaching a resolution through ADR can be meaningful since in most cases misunderstandings are cleared up between management and the employee,” explained Torres.

“ADR has been used by VA for more than a decade, and we have seen significant progress in reducing EEO complaints. VA leadership has embraced the process and is committed to its continued success.”

Torres explained that VA Directive 5978, “Alternative Dispute Resolution,” establishes department-wide policy supporting the use of mediation for resolving workplace disputes and emphasizes VA’s commitment to using mediation as early as possible, at the lowest level possible, and in the most cost-effective way possible. He added that the support of ADR by the Secretary and other department leaders is key to its successful implementation throughout the agency.

ADR is preferred over the EEO complaint process because it is more

“With ADR, the employee has a safe and effective process to express concerns and create a new way of interacting with co-workers and management to improve the overall work environment.”

efficient and cost-effective. A typical EEO complaint, from the date of the incident to a possible appeal, can take as long as two years to complete and cost anywhere from \$25,000 to \$75,000. Using ADR instead saves the department time and hundreds of thousands of dollars.

Proponents say that another significant benefit of ADR is that it offers employees and managers a safe environment in which to share thoughts and concerns. This opportunity for open communication with the assistance of a neutral mediator can not only solve a specific complaint but promote awareness, understanding, and improve the overall working relationship.

Torres noted, “We are trying to be as proactive as possible and take the emphasis off of the administrative discrimination complaint process—not because we want to abrogate

anyone’s rights, but because, logically speaking, by the time we get into the administrative complaint process a lot of damage has been done to the relationships between the employees and the managers involved, and to the efficiency of their operation, as well.

“The administrative process takes anywhere from 180 to 365 days and the outcomes of the process are unpredictable. We want to look at the front end of those relationships and try to resolve conflicts before they get out of control.”


While ADR may be more effective for VA employees in many cases, there are still certain types of incidents where parties should use the formal EEO complaint process, such as when the parties want someone to determine who is right and who is

wrong, or if the dispute involves waste, fraud, patient abuse, criminal activity, or allegations of sexual harassment.

Through ADR, ORM has made significant progress in reducing formal EEO complaints. Complaints declined about 5 percent in 2005; about 10 percent in 2006; and more than 10 percent in the first quarter of this year.

“With ADR, the employee has a safe and effective process to express concerns and create a new way of interacting with co-workers and management to improve the overall work environment,” Torres explained.

“With mediation, management and the employee can discuss the challenges both are experiencing and explore mutually acceptable outcomes that serve both parties.”

For more information, visit the Workplace ADR Web site at www.va.gov/adr or call toll-free 1-888-737-3361, TDD 1-888-626-9008. 

By Marcus Wilson

Celebrating Michigan's New National Shrine

Inclement weather didn't stop determined locals from attending the long-awaited dedication of Great Lakes National Cemetery.

Even pelting rain blowing sideways couldn't keep the determined citizens of Holly, Mich., from attending the dedication of the Great Lakes National Cemetery on June 3. Despite the gray clouds and downpour, crowds of locals kept arriving and taking their seats, awaiting the start of the ceremony. Members of the audience were invited to take shelter in the tents along the perimeter of the seating area during the onslaught of rain and wind.

The scheduled flyover of military aircraft to mark the occasion had to be cancelled. But not everyone cancelled. The colorful sea of umbrellas in the audience was an indication of the strong community support.

"We really are a national shrine. It's a great moment for us. Every one of my staff members is a veteran and we're here to serve our fellow veterans at this crucial time in their lives," said Rick Anderson, director of Great Lakes National Cemetery.

Secretary Jim Nicholson provided the keynote address and commented on the audience's attendance and commitment.

"It doesn't seem right that I should be here under this dry tent, while all of you are out there braving the elements. It says so much about all of you and your dedication to our veterans," said Nicholson.

Local elected officials were also in attendance, and Rep. Dale Kildee (D-Mich.) said a few words.

Great Lakes National Cemetery began burials in October 2005. Since then, more than 2,500 interments have taken place. The recent dedication ceremony provided an opportunity for hundreds of locals to gather to honor the veterans and tour the



VA Secretary Jim Nicholson speaks to a soggy but determined crowd at the ceremony.

LAWRENCE MARCHIONDA

cemetery. Volunteers from veterans service organizations, Boy Scouts, and other community organizations, as well as staff from neighboring VA facilities, provided assistance with setting up hundreds of chairs, transporting guests from the parking areas to the event site and back, supplying

and distributing refreshments, and cleaning up.

More dedication ceremonies for new, upcoming national cemeteries are in the works during this historic expansion of the cemetery system. **VA**

By Milli Alam

Continuing to Honor Deceased Heroes

It's now easier for families of deceased veterans to request Presidential Memorial Certificates. The engraved paper certificates bear the current President's signature and express the country's grateful recognition of the veteran's service in the United States Armed Forces. A new request form has been established and can be accessed online at www.va.gov/vaforms/va/pdf/VA40-0247.pdf.

The Presidential Memorial Certificate program was initiated in March 1962 by President John F. Kennedy and has been continued by all subsequent presidents. Eligible recipients include the next of kin and loved ones of honorably discharged deceased veterans. More than one certificate may be provided if requested.

VA's National Cemetery Administration processes more than 400,000 certificate requests each year. More than 11 million Presidential Memorial Certificates have been issued since the program first started. More information about the program is available at www.cem.va.gov/cem/pmc.asp.

Honoring the Loved Ones They Left Behind

It wasn't difficult to pick out a parent who had lost a son or daughter to combat in Afghanistan or Iraq.

Norma Viglienzone wore a button made from a photograph of her son in his Army uniform on her shirt. Ron Klopff wore a T-shirt with a photograph of his son in his Marine Corps uniform on the front and the words, "In Memory of My Son, My Angel, My Hero" on the back. Ron Griffin wore his son's dogtags around his neck and his Combat Infantryman Badge on the lapel of his suit jacket. Deborah Higgins wore her son's gold Marine Corps ring on the first finger

"I never want it to be over because it's never going to be over."

of her right hand and a silver identification bracelet with her son's military information on her right wrist.

These parents were among an estimated 3,100 family members attending the second annual "Time of Remembrance" ceremony held May 20 on the grounds of the Washington Monument in Washington, D.C. Sponsored by the White House Commission on Remembrance, the pre-Memorial Day ceremony honors servicemembers killed in Iraq and Afghanistan and the loved ones they left behind.

Viglienzone traveled from her home in Santa Rosa, Calif., to attend the event. Her only child, Pfc. Caesar

Viglienzone, was killed in Operation Iraqi Freedom on Feb. 1, 2006. She said her 21-year-old son loved the challenge of serving in the Army's elite 101st Airborne Division and said his unit was "like another family to him."

Klopff flew from San Diego to attend the event in honor of his 20-year-old son. Lance Cpl. Jeromy West was killed in Iraq on Nov. 25, 2006. He was on his second combat tour, having served previously in Operation

Enduring Freedom in Afghanistan. Klopff said his son was proud to be a Marine and "he was proud of what he was doing."

Griffin took the train from Emerson, N.J., to attend the event to honor his 20-year-old son. Spc. Kyle Andrew Griffin was killed in Iraq on May 30, 2003. Griffin said his son "loved the Army" and loved his job performing Long Range Surveillance for the 18th Airborne Corps.

Although he finds it helpful to be

Every day is Memorial Day for Ron Griffin, whose son, Spc. Kyle Andrew Griffin, was killed in Iraq on May 30, 2003.



ROBERT TURTILL



ROBERT TURTEL



ROBERT TURTEL

Above: Deborah Higgins promised her son, Lance Cpl. James W. Higgins Jr., that she would wear his Marine Corps ring until he returned home from the war. He was killed three days before he was due to come home, and his mother continues to wear his ring today. Seated next to Higgins is her boyfriend, Dan Tracey; left: Children of the fallen, each wearing the Gold Medal of Remembrance they received, gather on stage with Gen. James T. Conway, commandant of the Marine Corps, during the ceremony on the grounds of the Washington Monument.

with other people in the same situation at events such as the remembrance ceremony, Griffin said he really doesn't expect or even want to

achieve healing from the loss of his son.

"I never want it to be over because it's never going to be over," he

said.

Higgins traveled from Thurmont, Md., to attend the event for her 22-year-old son. Lance Cpl. James W. Higgins Jr. was killed in Iraq on July 27, 2006, three days before he was to return home from his one-year tour of duty.

Like Griffin, Higgins said healing from the loss of a son just doesn't happen.

"There is no healing," she said, her eyes filling with tears. "Next week (May 27) is 10 months, which is longer than I carried him in my stomach."

Higgins said James called her on July 23 and told her that if something happened to him, "don't let it take 50 years for us to be remembered." She knew he was referring to the national World War II Memorial, completed in 2004. She has established the James W. Higgins Jr. Fallen Hero Fund with M&T Bank and plans to build two memorials—one just outside Frederick, Md., and the other in Washington, D.C.—to honor servicemembers from all branches of the military who died fighting in OEF and OIF. To date Higgins has raised \$48,000 of the estimated \$17 million it will cost to build the memorials.

"If I keep doing something for him, he's still here with me," she said.

As the names of the servicemembers killed in Afghanistan and Iraq scrolled across a large screen at the top of the stage, dignitaries addressed the crowd assembled in the late afternoon sunlight. VA Secretary Jim Nicholson said this country is enduring a trial "that is once again calling out to young Americans to leave their families and communities and enter the cauldron of battle." He noted that the outcome of this trial "will be lit with honor, and the patriots who laid their lives on the altar of freedom—your fathers, mothers, sons and daughters—will not be forgotten."

By Renee McElveen



JAMES MESSNER

Above: Boy Scouts Dillon McArthur, left, and Andrew Tansiongco, from local Troop 195, salute after placing a small American flag and lei on the gravesite of Medal of Honor recipient Maj. Benjamin F. Wilson. They were part of a volunteer corps of more than 2,000 Boy, Girl and Cub Scouts who placed flags and leis on 34,000 gravesites at the National Memorial Cemetery of the Pacific in Honolulu; below: Some 300,000 motorcycles roared through the nation's capital on May 27 as part of the 20th annual Rolling Thunder Ride for Freedom. Vietnam veterans and their supporters participate in the annual event to raise awareness of POWs, troops missing in action and veterans' benefits.



ART GARDINER



NANETTE FURIO

Top: Kathleen Ryan sings the National Anthem at the Memorial Day ceremony at Calverton National Cemetery in New York. She's been singing it at Memorial and Veterans Day ceremonies at the cemetery since 1978. Standing behind her are four Gold Star Mothers who lost their sons in Iraq and Afghanistan; middle: Sen. Kay Bailey Hutchison (R-Texas) was the keynote speaker at the Memorial Day ceremony at the Dallas-Fort Worth National Cemetery. Despite heavy rains, some 3,000 people turned out for the ceremony; bottom: Members of the Missouri State ROTC provided a cannon salute during the Memorial Day ceremony at Missouri's Springfield National Cemetery.



CHARLES ETHRIDGE



GARY EDMONDSON



Top left and bottom right: A crowd of more than 5,000 gathered at Arlington National Cemetery for the Memorial Day ceremony there. President Bush laid a wreath at the Tomb of the Unknowns and gave remarks: "Today we honor the warriors who fought our nation's enemies, defended the cause of liberty, and gave their lives in the cause of freedom," he said. "We offer our love and our heartfelt compassion to the families who mourn them. We pray that our country may always prove worthy of the sacrifices they made"; below: Soldiers with the Army's 82nd Airborne Division ride down Constitution Avenue in Washington, D.C., during the National Memorial Day Parade.



Top: Members of the Florida National Guard gave the gun salute at the St. Augustine National Cemetery Memorial Day program before an audience of some 900 people; middle: A vintage military jeep makes its way along Constitution Avenue in Washington, D.C., during the National Memorial Day Parade. Thousands of spectators lined the 10-block parade route.

The Healing Powers of a Day on the Water

A volunteer-run therapeutic and adaptive kayaking program is helping injured veterans improve everything from balance to problem solving.

The healing waters of rivers and lakes are soothing the broken bodies and troubled minds of injured combat veterans thanks to a group of Washington, D.C.-area kayakers.

Team River Runner is an all-volunteer program based in Washington that provides therapeutic and adaptive kayaking to injured veterans. According to Joe Mornini, executive director, the program started in August 2004 at Walter Reed Army Medical Center when increasing numbers of injured Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) servicemembers were being medevaced back from Iraq and Afghanistan.

Mornini and his fellow kayakers wanted to do something for these injured servicemembers, so they brought their kayaks to the Walter Reed swimming pool and started offering therapeutic and adaptive kayaking sessions to soldiers with amputations, traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). The group now meets every Tuesday evening.

“We do a really good job with vets with TBI,” Mornini said. “It

helps them with their balance and problem solving.”

As servicemembers started leaving the military and transferring from military hospitals to VA medical centers to continue their treatment, the program expanded to VA facilities. Team River Runner now offers therapeutic and adaptive kayaking on Monday evenings at the Hunter Holmes McGuire VA Medical Center in Richmond, Va., and on Thursday mornings at the Washington, D.C., VA Medical Center, in the facility swimming pools.

“It’s all done in a safe atmosphere,” Mornini said.

Experienced kayak instructors, many of whom are certified by the American Canoe Association, work with the servicemembers on their paddling techniques and teach them how to make wet exits from their kayaks and execute Eskimo rolls. Before putting them into the swimming pool, the instructors suit up the students with life vests and helmets and give them a safety briefing.

Retired Army Sgt. Maj. Mike Welsh, of Bristow, Va., has been participating in the program at the Washington, D.C., VAMC since

January to help him overcome his TBI. On Sept. 2, 2006, Welsh was serving in Afghanistan. His unit had received some intelligence about a cache of Stinger missiles, and they headed out to retrieve them. Welsh was standing up in a Humvee manning the gunner’s station when an improvised explosive device detonated. It was his 11th exposure to an IED incident, having previously served two combat tours in Iraq.

Since participating in Team River Runner, Welsh said his balance has improved.

“It helped train me to compensate for my balance problems,” he said. “The kayaking requires constant balance. It stresses me to maintain my balance.”

Now whenever Welsh climbs a set of stairs or stands on a ladder and starts to feel dizzy, “I don’t panic,” he joked, “because I learned how to maintain my balance to keep from drowning in the kayak.”

Former Air Force Staff Sgt. Brian Isenhour, 29, of Sterling, Va., also participates in the program at the Washington, D.C., VAMC as therapy for his TBI. He was serving as a supply sergeant in Italy on July 15, 2005,

when he was injured in an automobile accident.

Isenhour said he injured his brain stem, which controls motor functions, speech and balance. Speaking slowly and deliberately, choosing his words carefully, Isenhour said he agrees with Mornini that kayaking helps him with problem solving.

"It helps because once you get turned over, you have to figure out how to right yourself again," he said.

Team River Runner has received donations from AMVETS to purchase kayaks for the program. The group also conducts a fundraiser each spring. Krisa Johnson, a member of the Team River Runner board of directors who is also in charge of fundraising, said the money raised is used for program needs, such as transportation. Proceeds from the 2006 Spring Fundraiser were used to buy a 15-passenger van to transport servicemembers from medical facilities to the Potomac River for kayak outings.

A Family Day outing was held June 10 at Riley's Lock in Potomac, Md. Team River Runner invited OIF and OEF veterans to bring their spouses and children for a day of paddling and picnicking on the river. As volunteers waited for the bus to arrive from Walter Reed, they set out a picnic feast of hoogie sandwiches, chips, vegetables and dip, brownies and soft drinks on picnic tables under a large shelter. Kayaks, life vests, helmets and paddles were unloaded from trailers and roof racks on top of pickup trucks and set out in the grass.

When the bus arrived, veterans emerged with their spouses and children. Two veterans navigated down the gravel road in their wheelchairs, two walked slowly leaning heavily on their canes, and another had a prosthetic leg. The volunteers greeted their guests and sat down with them for a picnic lunch.

After receiving a safety briefing, veterans and their children headed to the equipment set out on the grass

where volunteers matched up each paddler with safety equipment and a kayak. Carole Florman, of Bethesda, Md., was on hand to assist the beginning paddlers. The daughter of a late World War II veteran, Florman learned about the program through other paddlers and started volunteering a year ago as a way of giving back.

"These are people who have made a tremendous sacrifice," she said. "I feel like our nation owes them a lot."

A small crowd formed on the riverbank just above the put-in site for the kayaks. Parents poised with cameras shouted encouragement to their young paddlers as they waited for a good action shot. Volunteers and guests who elected not to get wet sat on beach towels and blankets with their family dogs, watching the kayakers.

Army Sgt. Jeff Bounds, 42, stood on the riverbank watching his two sons—Tyler, 13, and Nathan, 10—laughing and splashing each other with their paddles. He wore a shoul-

der sling, having recently undergone reconstructive shoulder surgery after suffering an IED blast while serving on his second combat tour in Iraq. It was his 12th exposure to an IED incident. With his good arm, Bounds leaned heavily on a wooden cane carved in the likeness of a bald eagle. "See my kids having fun?" he said, smiling.

Bounds and his family are living at Mologne House at Walter Reed while he receives treatment for his multiple injuries. He thought the family outing would be good for his sons, who love the outdoors and the water, and help him with his healing process.

"I can open up and talk to people and forget about the war," he said. "It soothes your mind. It gets you back into the society of life."

Marine Cpl. Chad Watson of Mt. Zion, Ill., signed up for the trip so he could enjoy a nice summer's day on the river. He too is living at Mologne House and receiving treatment and therapy at Walter Reed for the inju-



Team River Runner volunteer Dave Robey greets Marine Cpl. Chad Watson as he disembarks from the bus that transported veterans and their family members from Walter Reed Army Medical Center in Washington, D.C., to Riley's Lock in Potomac, Md., for a day of picnicking and kayaking on the river.

ART GARDINER



President Bush speaks with Joe Mornini, founder of Team River Runner, during the President's recent visit to the Washington, D.C., VA Medical Center indoor pool, where Mornini's group offers therapeutic and adaptive kayaking sessions for recuperating wounded veterans.

Marine Cpl. Chad Watson rests the stump of his right leg on the side of his kayak after spending an afternoon paddling on the Potomac River with volunteers from Team River Runner. He lost part of his leg in an IED blast while serving in Iraq.

ries he received from an IED blast on Nov. 29, 2006, while serving in Iraq. Watson lost part of his right leg.

Team River Runner volunteers first tried to get him settled into a kayak while wearing his prosthetic leg, but Watson couldn't get comfortable. They had him remove the prosthetic leg and they packed some Styrofoam padding in the bottom of the kayak until he felt secure.

Watson spent a few hours paddling around on the Potomac River before returning to shore. He lifted the stump of his right leg over the side of the kayak, and reattached his prosthetic leg before walking up the riverbank.

Since losing his leg, Watson said he wants to challenge himself by doing things he hasn't done before. The

former high school and collegiate wrestler and football player said he wants to try sports he's never tried before, like kayaking.

"It was a blast," he said. Watson said he plans to start attending the weekly pool sessions at Walter Reed conducted by Team River Runner.

Mornini is expanding Team River Runner to seven other VA medical centers. He is setting up programs in San Antonio; Seattle; Sacramento, Calif.; Loma Linda, Calif.; San Diego; and Boston.

Ralph Marche, director of Voluntary Services for the VA Boston Healthcare System, said he met Mornini when he was visiting Walter Reed and was so impressed with the Team River Runner program that he decided he wanted a program at his


facility.

"I saw some fantastic stuff he was doing with the vets," Marche said.

The program has been up and running in Boston since 2006. Marche said they now have eight kayaks. Team River Runner sent him some kayaks and he has also purchased kayaks at or below cost from Ocean Kayak and Current Designs. A local business—Charles River Canoeing and Kayaking—also loans him equipment for river trips.

Therapeutic and adaptive kayaking sessions are held in the pool at the Brockton VA Medical Center every other Wednesday. In addition, Marche said he plans day trips for kayaking and picnicking on the Charles River. The veterans who participate in the program have spinal cord injuries, suffer from PTSD and are struggling with various readjustment issues after serving in combat. Marche said the river trips seem to serve as a sort of relaxation technique for the veterans.

"They enjoy the sense of peace and quiet out there," he said. "They establish a connection with nature. The river has a calming effect on them."

For more information about Team River Runner, visit www.teamriverrunner.org. 

By Renee McElween

Part III: Modern Era



In Search of Our Veteran Ancestors

Veterans of the 20th century were among the most diverse and highly specialized populations in American military history. By World War I, there were profound changes in the way wars were fought. The Army expanded into aerial warfare when airplanes replaced balloons and dirigibles. Jeeps, trucks and tanks replaced horses and wagons. Later, nuclear warfare, U-2s and the exploration of space ushered in new military arenas. The Air Force, the Atomic Energy Commission and NASA were created. The Department of Defense replaced the War Department.

Other changes in society during this period also greatly impacted vet-

erans. Improvements in the automobile, passenger train and airplane made us a more mobile society. Mobile Army Surgical Hospital (MASH) units and advancements in medicine enabled many soldiers to survive their injuries and go on to serve in multiple wars. Women, African Americans, and residents of U.S. territories such as Puerto Rico and the Philippines joined the U.S. military in unprecedented numbers.

All of these factors influenced where our veteran ancestors worked and lived and, consequently, where records for them will be found. Many of them moved multiple times and worked for numerous government agencies and departments. Some

worked on top-secret or “classified”^{NARA} missions and projects. The creation of new departments within the federal government influenced where records were stored. The G.I. Bill and changes in civil service recruitment assured jobs for new veterans within the federal government, so they may have both military and civilian records. As a result, searching for an ancestor of the modern era will most often lead you to the records of many agencies and, for some, into a few brick walls.

After making a chronological list of all *known* information on your ancestor, you should request a copy of their military service records from the National Archives’ National Person-

nel Records Center. You can print out a request form from their Web site at www.archives.gov/st-louis/military-personnel. There is no guarantee that the records you seek will be available—a 1973 fire there destroyed approximately 18 million records, mostly Army service records from the years 1912-1960. If the veteran's service record is not found, check to see if roster lists for their unit survived. Records for their civilian service can be requested at the same site.

National Archives will have information on military personnel who served on top-secret projects and missions, but access to those records is often restricted for national security reasons. For veterans of the Philippine Commonwealth Army of the U.S. Armed Forces Far East during World War II, many records are available at www.archives.gov/st-louis/military-personnel/philippine-army-records.html. Records for women who joined the WACs or WAVEs and the Tuskegee Airmen will also be housed there.

The National Archives also houses historic photographs and film collections from the military services that might contain images of your relative or their unit and activities. Archivists in the Still Picture Records LICON or Motion Picture, Sound and Video LICON at College Park, Md., can provide assistance when you visit. They can also provide contact and fee information on researchers to hire if you cannot do the research yourself. There are fees for duplicating historic images and recordings; the amount depends on the content and format you want.

A number of genealogy online subscription services have searchable databases with scans of original records available for researchers. *Ancestry.com* recently made available roughly 90 million on 3.5 million veterans in an online database created from scans of original records located at National Archives. They also have census records, military records, pris-

oner of war records and draft cards—all useful information for your search.

Each branch of the military has a history division with resources that may prove useful to you. They have unit histories and other sources not found at National Archives. Their Web sites are listed below.

Army: www.army.mil/cmh-pg and

www.carlisle.army.mil/ahec

Navy: www.history.navy.mil

Marines: www.history.usmc.mil

Air Force: www.af.mil/history

Coast Guard: www.uscg.mil/history

The Department of Defense operates many museums that may have resources on specific units, ships, operations and more: www.defenselink.mil/other_info/history.html.

The Library of Congress Veterans History Project has recorded oral histories and acquired artifacts and memoirs from thousands of veterans since 2000, and some of that material is available through their database online at lcweb2.loc.gov/diglib/vhp/html/search/search.html. They provide access to all materials, where permission has been granted, but some require a visit to their American Folklife Center in Washington, D.C. The Library of Congress also has historic newspapers that may feature articles about your veteran or their unit, but most are not indexed, so this entails a page-by-page search.

Memoirs of the Tuskegee Airmen, whose stories were recorded through the Tuskegee Oral History Project, will be available in the future at the National Park Service site currently under construction in Tuskegee, Ala.: www.nps.gov/tuai. Many military pilots were drawn to pursue careers at NASA as astronauts or aerospace scientists, and much of their history will reside with NASA's History Program: www.history.nasa.gov.

If you cannot locate the military records of your veteran ancestor, information about their unit, comrades or civilian service may be available through other venues. Many units

and veterans have created Web sites to connect with former members. An example is the Atomic Veterans Web site: www.aracnet.com/~pdxavets.

There are many veterans service organizations, such as the American Legion and Veterans of Foreign Wars, that may be able to provide valuable leads and assistance in your search. A number of these longstanding organizations have archival holdings as well. A Department of Veterans Affairs exists in most state governments. For a list of the current veterans service organizations that are in partnership with the U.S. Department of Veterans Affairs, visit www.va.gov/partners.

Despite the countless archival repositories and Web sites available to us in the modern era, oftentimes the many hours spent in research reap minimal or no results. Be prepared to accept that you may not find all of the information you seek. Records get lost or are destroyed and there's no way to recover them. Preserve what information you have found by making photocopies and sharing it with family members. If the information resides with only one person, there's a risk of loss, and *your* descendants may have to start the search all over again.

For the current generation of soldiers that will soon be veterans, be proactive in preserving their history. Buy a storage box and dedicate it for the purpose of preserving their records, photos and mementos *now*. Make copies of their important documents—store the originals in a safe deposit box and copies with a trusted friend or family member. Record their story for the Library of Congress Veterans History Project. Have them write a memoir of their experiences—or have a friend tape record them. Write dates and names on the back of photographs, while still fresh in their memory. Preserve uniforms in archival storage boxes, not on hangars. Take action today to save our veterans' heritage for future generations. VA

By Darlene Richardson

Public Service Recognition Week Honors

Public Service Recognition Week is time set aside each May to recognize the men and women who serve the nation at all levels of government. VA employees were recognized at award ceremonies from coast to coast for their hard work and dedication to public service.

Employees from the Bedford, Mass., VA Medical Center were recognized by the Greater Boston Federal Executive Board for their dedication to government service.

Christina Francis, medical records technician, received the *Award for HIM Service*; staff assistant **Nikoletta MacDonald** won the *Award for Nursing Service*; and **Marian Roper**, accounting technician, the *Award for Fiscal Service*.

The Providence, R.I., VA Medical Center produced two award winners recognized by the Rhode Island Federal Executive Council: **Cheryl Klein**, secretary to the director, received the *Support Staff Award*; and **Vincent Ng**, director, won the *Bud G. Gifford Award*.

Employees from the VA Connecticut Healthcare System received awards from the Connecticut Federal Executive Association: **Linda Accordini**, manager, Geriatrics and Extended Care, *Distinguished Federal Manager*; **Deborah Bjorklund**, clinical coordinator, Primary Care, *Award for Administrative Excellence*; **Ruth Harrison, R.N.**, staff nurse, Geriatrics and Extended Care, *Unsung Hero Award*; and **Barry Beauvais**, utility system supervisor, *Outstanding Trade and Labor Employee*.

The New York VA Regional Office's **Veterans Benefits and Services Division**, made up of five employees and led by chief **Joseph Collorafi**, won the *Communication and Outreach Team Award* from the New York Federal Executive Board. Also recognized by the New York FEB were **Robert Fuller**, IT specialist from the VA Hudson Valley Healthcare System, who received the *Electronic Work Enhancement Award*; **Dr. Carol Luhrs**, chief of Hematology/Oncology for the VA New York Harbor Healthcare System, the *Team Leader Award*; and **Dr. Julie Golier**, medical director of the PTSD Clinic at the Bronx VAMC, the *Distinguished Government Service Award*. The New York FEB also honored the following Northport VAMC employees for their service: **Petra Holder**, Extended Care nursing assistant, *Secretary's Award for Nursing Excellence*; **Barbara Albanese**, Workforce Development program manager, *New York Federal Executive Board Chairman's Award for Continuous Excellence*; and **Paul Swerdlow**, lead chaplain, *Military Chaplains Association Distinguished Service Award*.

Lizabeth Weiss, nurse executive at the VA Western New York Healthcare System, received the award *Employee of the Year-Professional/Administrative Category* from the Buffalo Federal Executive Board. The Buffalo FEB also

awarded **Linda Metros**, program support clerk in the Veterans Service Center, the *Clerical/Administrative Award*.

The following employees from the VA Pittsburgh Healthcare System were recognized at the Pittsburgh Federal Executive Board Excellence in Government Awards Luncheon: **Patient Safety Council**, *Chairman's Award*; **Melanie Erskine**, psychiatric nurse clinical specialist and MOVE! program coordinator, *Outstanding Professional Employee (Medical/Scientific)*; **William Wilson**, general engineer, *Outstanding Professional Employee (All Other Fields)*; **Bernita Wise**, clinical support program assistant, *Outstanding Administrative Employee*; **Pamela Wilson**, medical support assistant, *Outstanding Clerical Employee*; **Steven Tady**, electrician, *Outstanding Trades and Crafts Employee*; **Edward Yates**, housekeeping aide, *Outstanding Service Employee*; **Steven Young**, transportation coordinator, *Outstanding Service Employee Supervisor*; **Ira Richmond, R.N.**, associate director of Patient Care Services, *Equal Employment Opportunity Award*; **Jeanne Walters, R.N.**, patient care coordinator, *Outstanding Contribution to Science*; **Priscilla Hudson, R.N.**, Operating Room nurse, *Community Service Award*; and **Michelle Lucatoro, R.N.**, Quality and Patient Safety, *Rookie of the Year*.

The Federal Executive Association of Western Massachusetts recognized **Maureen Fluet**, volunteer, *Outstanding Federal Volunteer*; **Janice Pastuszak, R.N.**, staff development instructor, *Award for Creativity and Innovation*; and **Joe Kulis** and **Jim Mias**, library assistants, *Unsung Hero Award*, all from the Northampton VAMC, as excellent public service employees.

The Baltimore Federal Executive Board gave **Reginald Jackson**, Support Services Division chief and fiscal officer at the Baltimore VA Regional Office, the award for *Outstanding Supervisor*.



Ronald Sagudan, a program analyst with the VA Center for Minority Affairs, talks with a veteran at this year's Public Service Recognition Week event, held annually on the National Mall in Washington, D.C.



Torrenta Gray, a program analyst with the Veterans Health Administration, helps two active-duty servicemembers learn about their eligibility for benefits. Employees from VA Central Office and the VA medical center in Washington, D.C., were among 100 government agencies that participated in the PSRW event on the Mall.

Lupe Bornn, secretary in Recreation Therapy at the Miami VAMC, received the *Federal Employee of the Year Award in Clerical/Administrative Support* at the Federal Executive Board Luncheon in Ft. Lauderdale.

Michelle Covert, Chalmers P. Wylie VA Outpatient Clinic public affairs assistant, was awarded the *Community Service Honor Award* by the Federal Executive Association of Columbus, Ohio.

Leon J. Grabert Jr., New Orleans VA Regional Office chief of Support Services Division, received the award for *Outstanding Federal Manager* from the New Orleans Federal Executive Board, and **Royal (Reggie) King**, program support clerk at the New Orleans VARO, was named *Outstanding Administrative Support Employee*.

The 34 employees of the **Customer Service Division** at the St. Louis VA Records Management Center received the *2007 Excellence in Government Group Award (Administrative Category)* from the St. Louis Federal Executive Board.

The Federal Executive Council in Des Moines, Iowa, honored **Lisa Breun**, Veterans Service Center manager at the Des Moines VA Regional Office, as *Employee of the Year (Supervisor/Manager Category)*, along with **Deborah Creed**, Legal Instruments Examiner program manager, *Employee of the Year (President's Award Category)*.

Susan Martin, administrative officer, Patient Care Services, at the VA Central Iowa Healthcare System, received the *President's Award* from the Federal Executive Council of Des Moines.

At the St. Paul, Minn., VA Regional Office, **Cheryl Seanoa**, loan specialist/realty, and **Kimberly Swenson**, loan specialist/team leader, both received the award for *Minnesota Civil Servant of the Year* from the Federal Executive Board of Minnesota. Also receiving this award was **Gary Lang**, accounts receivable technician at the VA

Debt Management Center.

The Oklahoma Federal Executive Board recognized five area VA employees at their Employee of the Year program. **Dianna Sheik**, training facilitator, Medical Administration Service, Oklahoma City VAMC, received the award for *Outstanding Employee with a Disability*, and **Rory Reiner**, equipment service mechanic, Engineering Service, in the *Trades and Crafts Category*. **Peggie Desmuke** and **Brynlee Dobbins**, both veterans claims examiners at the Muskogee VA Regional Office, received awards for *Outstanding Clerical/Administrative Assistant* and *Outstanding Technical, Professional, and Administrative Employee*, respectively. Also recognized by the Oklahoma FEB was **Albert Olvera**, EEO manager at the Muskogee VAMC, for *Outstanding Diversity Contribution*.

The Alamo Federal Executive Board awarded the 10-member **Healthcare for Homeless Veterans Team** from the Villa Serena Clinic in San Antonio, Texas, led by **Steve Shomion**, with the award for *Outstanding Team* (with 10 or fewer members). Also recognized from the South Texas VA Healthcare System were **Hope L. Dowling**, program support assistant, Public Affairs, in the *Administrative Category*, and **Thane Erwin**, pharmacist, in the *Professional Category*.

The following employees from the Michael E. DeBakey VA Medical Center in Houston were recognized by the Houston Federal Executive Board for their excellence in public service: **Tracie Ann Karimi**, administrative officer, Business Office Service Line, *Administrative Support Category*; **Lindi Sue Hendon**, budget analyst, *Employees with Disabilities Category*; **Clainent (Warring) Johnson**, lead material handler, *Trades and Crafts Category*; **Darcie Asakura**, administrative dietitian, *Professional Category*; and **Linda Thomlinson**, accounting technician, *Customer Service Category*.

James Castillo, veterans service representative at the Albuquerque, N.M., Regional Office, received the *Customer Service Award* from the New Mexico Federal Executive Board. The **Support Services Division Operations and Finance Team** from the same facility received the *Teamwork Award*. Team members include: **Glenn Hokanson**, **Denise Jennings**, **Monte Reyos**, and **Elda Garza**, supervisor.

The Seattle Federal Executive Board recognized several individuals and teams from the VA Puget Sound Healthcare System for their hard work: **Marguerite David**, social worker, Spinal Cord Injury Service; and **Tammy Pidde, R.N.**, home care coordinator, Spinal Cord Injury Service, both received individual awards. Teams receiving group awards included: **Facilities Management Service**; **HealthierUS Veterans Initiative Kick-Off Team**; **Project #1 Performance Improvement Teams**; **Puget Sound Decontamination Team**; and the **Seattle and American Lake Groups Telephone Operators**.

Take Control of Your Own Education

With the VA Learning Management System, you can manage your personal career development.

You may have heard the buzz that there's a revolutionary new approach on the horizon for VA employees to systematically coordinate their learning experiences. Now it's here!

The VA Learning Management System (VA LMS) is a Web-based software application that helps employees manage their personal career development and provides managers with tools to optimize workforce development. Simply put, employees can access their training plans and offerings over the Internet through one entry point, and the process for reporting training has been greatly simplified for managers, supervisors and employees.

Improved Access

VA-wide implementation begins in October. At that time, VA LMS becomes the single point of access for mandatory training and other national learning resources, eliminating the need for employees to search through multiple systems and locations for training information. The VA LMS ties existing systems together in a seamless learning environment and creates an online record of training for all VA employees.

Improved Reporting

Substantial time will be saved with mandatory training reporting because VA LMS is one centralized database. This improves reporting capability and reduces effort to collect training data.

Improved Performance

VA LMS is a tool that facilitates self-managed training and continuing education, giving employees training

options to improve their job performance and satisfaction. This means each employee will be able to select training based on his or her individual skills and competencies. Individuals can better manage their own career development, providing VA with a workforce that is meeting its full potential and supporting succession planning.

It Works!

In 2005, VA LMS began testing at VA medical centers in Cincinnati, Danville, Ill., Indianapolis, and Tucson, Ariz.; VA regional offices in Baltimore, Los Angeles and St. Petersburg, Fla.; and the VA Office of Cyber and Information Security. Currently there are more than 17,000 users of the VA LMS. Frances Marston, assistant loan production officer in Loan Guaranty at the St. Petersburg Regional Loan Center, has worked with VA LMS since testing began, and uses the system from two different points of view—a user and a supervisor.


"It's a wonderful tool in fulfilling educational goals for individuals and supervisors alike. As a user I control my own learning plan in the VA LMS, comparing it with my Individual Development Plan (IDP) to see what gaps might exist. It's easy to use. As a supervisor, I see my staff's learning plan and history, what training has been completed, and I can set required dates," Marston said.

A member of the first test sites, Marston said she was already familiar with online learning, but really likes taking online courses through VA LMS because she never has technical difficulties. If she gets pulled away from her training she can easily bookmark it and reenter to complete at a later date.

According to Joy Hunter, dean of VA Learning University (VALU), "The bottom line for all education in VA is to improve workforce performance leading to better service to veterans." Sponsored by VALU, this system's development has been an example of partnership throughout VA.



A cross-functional team from VBA, NCA, VHA, the Office of Cyber and Information Security, and the Office of Human Resources has worked for the past several years on its development. "We're very proud to have worked alongside our partners in its development and we're sure you'll find value in using it," said Hunter.

For more information, visit the VA Learning University Web site at vaaww.va.gov/valu_lm. 

By Jeannie Riffe

Washington, D.C., VA Medical Center Hosts 'Welcome Home' Event



Marine Cpl. Matt Witford picks up his inprocessing sheet at the Washington, D.C., VA Medical Center's "Welcome Home" event on June 2 from volunteer Shakia Abrom, left, and social worker Comfort Attaochu. As a member of the Individual Ready Reserve, he received orders to muster at the D.C. VAMC.

Living in two different worlds isn't easy—just ask a recently discharged veteran or a reservist fresh off active duty.

That's why hundreds of new veterans and Marine reservists were invited to spend a Saturday with an army of VA staff volunteers at the Washington D.C., VA Medical Center's "Welcome Home" celebration on June 2. The event presented informational and administrative services available to Operation Iraqi Freedom (OIF)/Operation Enduring Freedom (OEF) veterans and their families through a tour of check-in stations ranging from benefits eligibility to therapeutic kayaking. This was one of the first VA medical center "Welcome Home" events the department will hold throughout the summer.

As Marines in the Individual Ready Reserve (IRR) waited in line to check in at desks set up in the lobby, Brig. Gen. Darrell L. Moore consulted with his staff. Moore is commanding general of Mobilization Command, which has individual and operational control over the IRR.

Moore's command issued 500 orders to Marines living in the area to muster at the D.C. VAMC to update their personal information in preparation for a possible recall from the IRR. Marines updated their dependency, employment, residency and health status at a series of stations. Moore explained that maintaining readiness is critical, because the operational tempo has not slowed down since the global war on terrorism began. He said Mobiliza-

tion Command recently activated 1,000 Marines out of the IRR and he anticipates activating another 1,000 in September.

"This is absolutely about readiness," he said.

Sgt. John Donathan, 28, is one of the Marines recently activated from the IRR who reported to the muster. A veteran of two combat tours in OIF, Donathan said he has been recalled to active duty for one year and was scheduled to report to Camp Lejeune, N.C., on July 8.

In addition to the Marines, the D.C. VAMC invited 300 servicemembers who have left active duty within the last 20 months and are now living in the surrounding area to attend the event with their families, according to Fernando O. Rivera, director

of the D.C. VAMC.

"One of the themes was family," he said. "We wanted children to be able to play games and be entertained while their parents are getting screened."

Just outside the lobby, several tents were set up on the medical center grounds. Children could win stuffed animals by playing a ring toss game under one tent. Two young girls jumped up and down in a moon bounce. A balloon artist sculpted crowns made of pink, lavender and white balloons for two toddlers.

Veterans could win door prizes by signing up at the table located across from the registration desk. Tickets to Baltimore Orioles and Washington Nationals games and gift certificates to Outback Steakhouse and The Capital Grille were given away throughout the day.

April Maddox, associate counsel with the Board of Veterans' Appeals, said she volunteered to work at the door prize table because her normal job duties at VA—handling veterans' claims files—do not offer her the opportunity to meet veterans in person.

"It's always nice to meet the veterans we're serving, to be able to put a name to the face," she said. "Meeting someone is different than reading about them in their claims files."

Maddox was just one of more than 600 VA employees, community members and veterans service organization representatives who volunteered to work the Saturday event, according to Paula Gorman, chief of Voluntary and Recreation Therapy Service at the

(continued on page 27)



Phillip Longman discussed his book on the transformation of the VA health care system.

ROBERT TURTIL

'Best Care Anywhere' Author Visits Headquarters

Author Phillip Longman visited VA Central Office June 28 to discuss and sign copies of his new book *Best Care Anywhere: Why VA Health Care Is Better Than Yours* at the first VACO Book Forum. The forum is a collaborative effort of the VACO Library, VA Learning University (VALU) and Canteen Service to bring authors to Central Office to speak about their books.

Longman's book expands on a widely praised article published in the January/February 2005 issue of *Washington Monthly* magazine. "A solution to America's health care crisis does exist," he writes in the book's introduction. "It's already up and running, right here in America, with hospitals and clinics located in every state, plus the District of Columbia and Puerto Rico. It is, in fact, the largest integrated health care system in the United States."

"The improvement of the VA healthcare system in the past decade is one of the most impressive stories of large-scale change—and at the leadership thereof—in modern times," said Harvard School of Public Health Professor Donald Berwick, M.D., of the book. "Students of quality improvement will find lesson after lesson in this important case study." [VA](#)

'Milkshake Man' Takes on a New Challenge Serving Veterans

VA Central Office employee Jim Mayer, better known to injured troops at Walter Reed Army Medical Center as the "Milkshake Man," retired on June 3 with nearly 30 years of federal service. Mayer, who lost his legs in Vietnam and most recently worked in the Seamless Transition Office, is a longtime volunteer peer visitor at Walter Reed, bringing cheer and comfort to the wounded warriors he visits with McDonald's milkshakes and a message of hope based on his own experiences with traumatic injury. Mayer is staying involved in veterans' issues—he's helping wounded, injured and ill servicemembers as the non-profit Wounded Warrior Project's director of peer mentoring and training.



Jim Mayer

ROBERT TURTIL

Welcome Home (cont.)

medical center, and one of the coordinators of the event.

Just before noon, VA Secretary Jim Nicholson stopped in to greet the veterans and thank the volunteers. Rivera gave him a guided tour of all the stations and had his staff brief the Secretary on what was happening at each station.

Sgt. Andrew Langan, 26, sat on a bench in the lobby waiting to be screened for VA health care eligibility. He served in OIF with the Army's 354th Civil Affairs Brigade from April 2006 to April 2007, and just recently left active duty.

"I'm here to check out the VA to learn how to gain eligibility and to talk about health care," he said. "I'm very new to this whole deal. I don't know too much about it. It's important to understand your benefits." [VA](#)

By Renee McElveen

Are You Ready for National Preparedness Month?

VA is joining with the Department of Homeland Security in recognizing September as National Preparedness Month by encouraging veterans, VA staff and their families to take simple but important steps to prepare for emergencies:

- **Get a kit** of emergency supplies including water, food, battery-powered radio, flashlight and a first-aid kit.

- **Make a plan** for what your family will do in an emergency, including how you can communicate, shelter in place or evacuate if necessary.

- **Be informed** about possible threats and how to respond.

- **Get involved** in helping your community prepare.

For more information visit www.ready.gov. [VA](#)

VA to Increase Access to Mental Health Services for Veterans



Jim Nicholson

Addressing a special mental health forum with top VA clinicians and researchers in Alexandria, Va., on July 16, Secretary Jim Nicholson announced plans to begin locating some of the department's mental health programs closer to places where primary care is provided.

"Given the reluctance of some veterans to talk about emotional problems, increasing our mental health presence in primary care settings will give veterans a familiar venue in which to receive care—without actually going to an identified mental health clinic," he said.

VA has the nation's largest mental health program and is internationally recognized in research and treatment for post-

traumatic stress disorder (PTSD). The department has devoted \$3 billion this year to mental health services.

"The wounds of war are not always the result of explosions and rocket fire," Nicholson said. "They can sometimes be unseen and cloaked in silence. If left untreated, they can be just as lethal. We let veterans know that mental health issues and other military-related readjustment problems are not their fault—that we can help them—and that they can get better."

Acknowledging that VA officials expect to see increasing numbers of newly returned combat veterans with PTSD and other mental health issues, Nicholson said mental health care is currently provided at each of VA's 153 medical centers and 882 outpatient clinics.

Nicholson also announced plans to begin a series of regional conferences on providing mental health care to veterans with "our partners at the state, local and community levels."

Recent expansion of the department's mental health services include:

- Greater availability of telemental health programs, which treated about 20,000 patients last year.
- Integrating mental health services into geriatric programs.
- Adding psychologists and social workers to the staffs of VA's polytrauma centers.
- Increasing the number of vet centers from 209 to 232, and adding 100 new combat veterans to run outreach programs to their former comrades.
- Setting up a 24-hour national suicide prevention hotline for veterans, 1-800-273-TALK (8255), staffed by mental health professionals. [VA](#)

'Patriot Express' Program Helps Veterans Start a Business

With nearly a quarter of newly discharged veterans considering starting their own businesses, the Small Business Administration (SBA) has unveiled a program called "Patriot Express" that offers a wide variety of assistance to veterans interested in setting up or expanding their own small businesses.

"America's veterans are a great resource for the private sector," VA Secretary Jim Nicholson said. "I commend Administrator Steve Preston of the Small Business Administration for his initiative in helping veterans transition back into the private sector."

Assistance under the new SBA program for veterans ranges from help writing a business plan and managing a business, to obtaining financing and learning how to export goods. Participants may also qualify for loans between 2.25 percent and 4.75 percent over the prime interest rate.

Patriot Express is open to veterans, reservists and National Guard members, current spouses of eligible personnel, surviving spouses of servicemembers who die on active duty, or spouses of veterans who die from a service-connected disability.

Expanding veterans' eligibility to SBA's Express program was a key recommendation of a presidential task force on the needs of returning veterans that Nicholson chaired. The Secretary delivered the panel's report to the White House on April 23. More information about the SBA's program is available at www.sba.gov/patriotexpress.



Left to right: VA Assistant Secretary for Policy and Planning Patrick W. Dunne, Office of Small and Disadvantaged Business Utilization Director Scott Denniston, and Small Business Administration Chief of Staff Joel Szabat at SBA headquarters in Washington, D.C., after the launch of the Patriot Express program on June 13.

Disaster Exercise Tests VA's Emergency Management Capabilities

On May 4, the worst nightmare of scientists and doom-day prognosticators became reality.

In the evening hours, an 8.4 magnitude earthquake rattled the northeastern region of the United States. The epicenter of the quake was Lancaster, Pa., and much of the community was in ruins.

Resulting aftershocks, lasting four days, increased the widespread damage and devastation. VA medical centers in Lebanon and Coatesville were completely destroyed, and the Philadelphia and New York metropolitan areas were in chaos.

Immediately after VA implemented the agency-wide emergency management response, the National Weather Service issued warnings of two unprecedented Category 3 hurricanes set to strike the mid-Atlantic and southeastern coast of the U.S. during the week of May 5—a situation that would entail additional VA assets. As response to the quake area increased, VA emergency management preparedness plans in the mid-Atlantic and southeastern U.S. were fully operational.

Fortunately, these events were scenarios developed by the emergency planners within the offices of the Deputy Under Secretary for Health for Operations and Management, the Veterans Health Administration's Emergency Management Strategic Healthcare Group (EMSHG), Veterans Benefits Administration, National Cemetery Administration and the National Acquisitions Center.

The scenarios drove the Double Threat/GAPEX VA Comprehensive Emergency Management Exercise. The

goals and objectives of the exercise were to ensure that the entire VA could respond to multiple catastrophic disasters and maintain all agency-wide activities while meeting the internal needs of the department and external requirements under the National Response Plan.

The Double Threat portion successfully tested Blanket Purchases Agreements, which will ensure VA has the supplies, tools and mechanisms in place to successfully mitigate and meet immediate needs of any emergency or disaster situation. The outcome demonstrated that they functioned precisely as designed.

The GAPEX portion of the exercise focused on five concepts that were designed to enhance VHA's ability to accomplish the primary mission of service to veterans and ensure national security interests contained within the National Response Plan. GAPEX unveiled three new field assets: the Deployable Medical Unit (DMU), the Deployable Pharmacy Unit (DPU) and the Response Support Unit (RSU).

These units were developed as a direct result of recommendations stemming from the 2005 hurricane season After Action Review. Based on the review, VHA developed these prototypes to ensure VA can provide basic medical and pharmaceutical care during any disaster or crisis situation.

The DMU is a fully self-contained medical unit featuring examination rooms, air handling equipment, emergency power generation capabilities and the ability to withstand Category 3 hurricane force winds. The DMU, now assigned to VISN 4 (Pitts-

burgh), is supported by a medical supply vehicle that will be deployed along with the DMU.

The VISN 4 Emergency Medical Response Team deployed to conduct testing of the DMU. The team, comprised of approximately 150 volunteer VAMC employees from VISN 4, celebrated 10 years of operation during GAPEX.

The DPU is designed to restore critical pharmacy services in the impacted area. Non-urgent medications will be provided by the VA Consolidated Mail Outpatient Pharmacy.

Accuracy and continuity of patients' prescription data is achieved by satellite communications with the VA prescription database. The DPU will be located in the middle or southern portion of the U.S. to be available for short notice deployment.

The RSU is a concept that has been a part of VHA emergency management and recently had a rebirth as a field-based emergency management support mechanism. The RSU can be deployed at the request of a VISN director in the event of an internal emergency situation to assist the VISN in managing and responding to the emergency. In this instance, the RSU and the Incident Management Team (IMT) are under the command and control of the VISN director.

If the emergency response is the result of activation of



WARREN PARK

Kevin Hanretta, deputy assistant secretary for emergency management, greets exercise participants.

the National Response Plan and large numbers of VHA personnel are deployed, the RSU will be deployed to manage VHA employees supporting the NRP response and recovery efforts. In these instances, the RSU and the IMT report to the deputy under secretary for health for operations and management through the VHA Joint Operations Center.

Adequate and reliable communications is a major problem for deployed personnel. To address this, VA information technology specialists developed robust communications to ensure those in the field can maintain dependable communication.

The communication
(continued on page 30)

Drew Mays, M.D.

The only thing left is Carnegie Hall.

He has studied and performed in New York City.

He has studied and performed in Europe.

Now he's won the 5th Van Cliburn International Piano Competition for Outstanding Amateurs. The competition is named after the famed concert pianist, winner of the first Tchaikovsky International Piano Competition in Moscow in 1958.

Drew Mays, M.D., spends his days treating private patients and veterans suffering from glaucoma and his nights practicing the piano. The 46-year-old ophthalmologist is a consultant in the Department of Ophthalmology at the Birmingham, Ala., VA Medical Center.

At one point in his life, Mays had hoped to pursue a career as a concert pianist. He received a bachelor's degree in music from the University of Alabama in Tuscaloosa in 1982. After graduation, he moved to Europe for a year studying piano at the Conservatory of Music in Hanover, Germany. His next stop was New York City, where he spent six months studying piano at the Manhattan School of Music. He completed his master's degree in music in 1987 back at the University of Alabama.

"I knew it was very difficult to make a living in music," Mays said. "I just didn't know how difficult it was go-

ing to be."

Finding himself getting deeper and deeper in debt to pursue his dream of becoming a concert pianist, Mays shifted gears and entered medical school at the University of Alabama in 1987. He took a 15-year break from the piano while studying to be a doctor, getting married, and starting a family. Mays didn't even own a piano.

He rectified that in 2002 when he decided to fulfill one of his lifetime goals—to buy a really good piano. Mays flew to the Steinway factory in New York and selected a 7-foot-long recital grand piano. Music was back in his life.

Mays said it took about four years of practice before he felt he was getting good again. He practiced so much that he wore deep grooves into the felt on the piano keys. His piano tuner noticed how much he played, and suggested that he audition for some amateur piano competitions.

Mays discussed it with his wife, Therese, and decided to audition for the Rocky Mountain Amateur Piano Competition in 2006. He figured that if he didn't advance to the finals they could always have a nice family vacation in Colorado Springs, Colo., with their four children. Mays joked that he "ruined" their vacation by placing second in the competition on Aug. 13, 2006.

He sent in a 30-minute audition CD recorded live at the Rocky Mountain Piano



Dr. Drew Mays with the crystal trophy he received after winning the 5th Van Cliburn International Piano Competition for Outstanding Amateurs.

Competition to the Van Cliburn competition in March 2006. Mays was one of 75 pianists chosen to compete from among 121 applicants. He started preparing for the competition in January.

Mays' schedule at the Birmingham VAMC has him up at 6 a.m. and in the operating room by 7 a.m. After work is dinner, family time, then putting the children to bed. Mays practiced most nights from 10 p.m. to midnight while the children were asleep. He said he found these late-night practice sessions therapeutic.

"It's very rewarding," he said. "When I am tired and when I play for a couple of hours, I feel much better about life in general."

The preliminary round of the Van Cliburn competition started with 75 amateur pianists on May 28. Mays performed for 10 to 12 minutes, selecting Bach's "Prelude and Fugue in G Major," Ravel's "Jeux d'eau," and

Rachmaninoff's "Etude-Tableau in E-flat Major."

He advanced to the semi-final round with 24 other pianists. In this round, competitors must perform for 15 to 20 minutes and are penalized if they go significantly over the time limit. Mays performed Beethoven's "32 Variations in C Minor" and Schumann's "Toccata."

Six pianists were picked for the final round on June 3. Competitors were asked to perform for 25 to 30 minutes. Mays performed Beethoven's "Sonata in C Major, Op. 53 (Waldstein)" and Liszt's "Mephisto Waltz No. 1."

Mays realized another lifelong goal by winning the competition. His next goal?

"I want to play in Carnegie Hall," he said. "I don't care if it's just for my children and my mom. I don't want it to be a pressure situation. I just want it to be fun." **VA**

By Renee McElveen

Disaster Exercise (cont.)

package deployed during GAPEX provided communications between DMU, RSU, DPU and the VHA Joint Operations Center via satellite

telephone, wireless e-mail, Internet and video-conferencing.

Double Threat/GAPEX tested concepts, plans and

procedures that prior to the week of May 5 appeared on paper as viable contingencies. The field tests and stressors that Double Threat/GAPEX

placed on personnel, equipment and plans confirmed that VA is ready to meet many unpredictable challenges yet to be faced. **VA**

VA Researchers Develop New Prosthetic Ankle

Veterans with lower-leg amputations can look forward to having a prosthetic ankle-foot that matches their natural ease of motion, thanks to research funded by VA and conducted by researchers from the department and two of the nation's top universities.

Researchers say the new ankle-foot prosthetic is the first in a new family of artificial limbs. It will replicate natural motion by propelling people forward using tendon-like springs powered by an electric motor.

Through VA-funded research, the Center for Restorative and Regenerative Medicine, a partnership between the Providence VA Medical Center in Rhode Island, Brown University and the Massachusetts Institute of Technology, developed the new prosthesis. The center's goal is to restore natural function to amputees.

VA expects to spend more than \$1.2 billion this year on prosthetics and sensory aids, which includes glasses and hearing aids. The department operates about 60 orthotic-prosthetic labs across the country that fabricate, fit and repair artificial limbs or oversee limbs provided by commercial vendors.

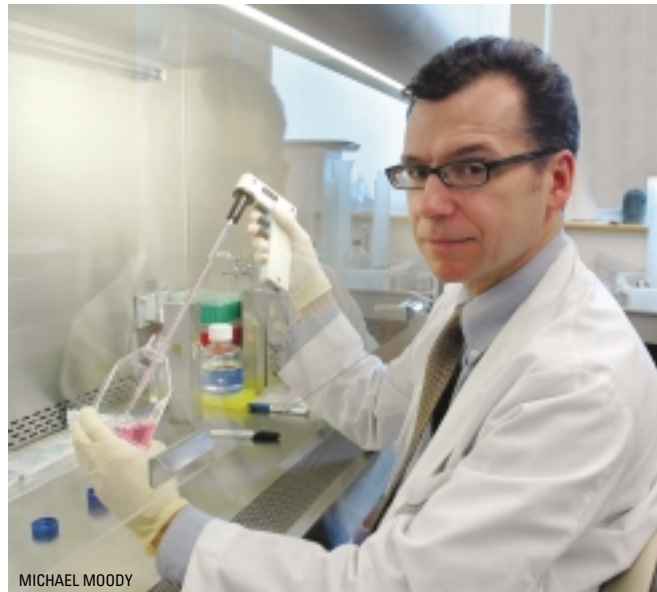
VA Researchers Find Way to Identify Men Who Need a Second Prostate Biopsy

A researcher at the Portland, Ore., VA Medical Center has discovered how to identify men who need a second prostate biopsy because they may be harboring life-threatening prostate cancer, even when given a clean bill of health after their first biopsy.

Mark Garzotto, M.D., the director of urologic oncol-

ogy at the Portland VAMC and assistant professor of surgery (urology) at the Oregon Health & Science University School of Medicine, said that until now there has been no consistent method to recommend further follow-up for men who have negative biopsies. "We have derived a simple marker so urologists can identify who is at risk for high-grade prostate cancer," Garzotto said.

Researchers studied a group of 511 subjects at the Portland VAMC from 1992 to 2006. All had been referred to urology clinics because their physicians suspected they



Dr. Mark Garzotto of the VA medical center in Portland, Ore., has discovered a way to identify men who need a second prostate biopsy.

might have prostate cancer. All patients had one prior negative prostate biopsy.

A high prostate specific antigen (PSA) adjusted for prostate size was the indicator for a repeat biopsy, according to researcher results. Life-threatening prostate cancer may be present with a Gleason score of 7 or above and a repeat biopsy is advised. A Gleason score is a system of grading prostate cancer tissue based on how it looks under a

microscope.

Garzotto also stresses that when measuring PSA, the size of the prostate has to be taken into consideration. "What we worry about is which men may have high-grade cancer," Garzotto said. "Now we can prescribe a second biopsy for a few months later. We know that this is a judicious use for a biopsy."

Prostate cancer is the most common cancer, excluding skin cancer, and the second leading cause of cancer-related death in men in the United States. It is estimated that there will be 218,890 new cases diagnosed in 2007,

vice was manufactured by Phoenix-based Thermosurgery Technologies Inc. and is being used to treat basal cell carcinoma, the most common type of skin cancer. The hypothermia technology, which was approved by the FDA in February, uses localized heat that causes skin cancer tumor cells to die, but is not hot enough to burn the skin.

Typically, treatment of skin cancer consists of surgery—either by cutting out the tumor or scraping and burning it—and also may involve radiation or chemotherapy. Standard surgical treatment can be a long, painful process for patients that results in significant scarring. Patients often require cosmetic surgery after removal of the tumors.

Cancer of the skin is the most common type of cancer, accounting for about half of all cancers. Christopher Reardon, M.D., chief of Dermatology at the Carl T. Hayden VAMC, says the non-surgical removal of skin tumors is especially beneficial for elderly and debilitated patients, and those who are on anticoagulant therapy, making surgery less desirable.

The device that delivers the hyperthermia treatment uses a hand-held applicator about the size of a ballpoint pen, and has a tip with two metal prongs that is placed on the skin tumor. Similar to a microwave, the prongs generate a radiofrequency that heats the tumor. Treatment of each tumor lasts only 30 seconds.

"The mission of VA is to offer the latest treatment technology for veterans at every opportunity," said Reardon. "Use of this technology is currently being explored by VA podiatrists, and ear, nose and throat surgeons may soon be following suit." **VA**

and 27,050 men will die from prostate cancer this year in the United States.

VA Pioneers Use of New Skin Cancer Treatment

The Carl T. Hayden VA Medical Center and Clinics in Phoenix is pioneering the use of a new non-surgical technique to remove skin cancer lesions and is actually the first facility in the country to use the technology.

The Thermosurgery de-



CURT CAMPBELL

Left to right: Sgt. Paul Gregory, Sgt. William Glass, Secretary Nicholson, Staff Sgt. Jay Wilkerson, Gov. Schwarzenegger and Sgt. Brett Miller at the Purple Heart ceremony.

Palo Alto Purple Heart ceremony

VA Secretary Jim Nicholson and California Gov. Arnold Schwarzenegger presented Purple Heart medals to four Army soldiers on June 5 in the auditorium of the VA Palo Alto Health Care System. All four soldiers were injured while serving in Iraq in support of Operation Iraqi Freedom and are now receiving treatment at VA facilities in Palo Alto and Menlo Park. Army Sgt. William Glass, 23; Army Sgt. Paul Gregory, 26; Army National Guard Sgt. Brett Miller, 31; and Army Staff Sgt. Jay Wilkerson, 19, received Purple Heart medals during the ceremony. The auditorium was packed with nearly 300 people.

Improving patient morale—like magic

A VA employee has developed a program guaranteed to make sick veterans' troubles disappear—a Bedside Magic Program. **Carrie Brandlin**, a Voluntary Service employee, thought that having magicians come in to the **Greater Los Angeles Healthcare System** to perform sleight of hand illusions and card tricks would improve patients' morale during their long stays in the hospital. Two magicians from the Magic Castle contacted Brandlin, asking what they could do to give back to the community and help their fellow veterans.

The Magic Castle is located in a Victorian mansion in Hollywood. It is an exclusive club for magicians who must audition to become members, and provides a showcase for the world's best magicians to perform in three different theaters. Initially, Brandlin coordinated monthly performances. The program has since expanded to weekly performances. The Magic Castle's Blackstone Floating Ring group just joined the hospital's magician corps, with many more members waiting to participate. You might say the program has doubled in size almost overnight—like magic! A comedy-magic show was held May 22 in GLA's large auditorium to accommodate an even larger group of veterans.

Northampton nurse has the winning ticket

A nurse at the Northampton, Mass., VA Medical Center is glad she decided to cough up \$20 for a ticket to the Star-Spangled Banner Sweepstakes after her initial hesitation. Her \$20 investment yielded a huge return. **Judith Zahn**, 59, was working her shift at the Northampton VAMC on July 4 when she decided to check the winning numbers for the sweepstakes. She retrieved her ticket from her purse during a break at work, and was shocked to discover she held the winning ticket, worth \$20 million. Zahn called her daughter, Hannah, with the news and quietly finished out the remaining three hours on her shift. Before leaving for the day, Zahn e-mailed her boss, telling him she would need the next two days off and would call him in the morning.

The next morning, Zahn called her boss with the news, and then hired a limousine to travel to the Massachusetts State Lottery Headquarters in Braintree with her husband and daughter to pick up her winnings. She plans to hire a financial planner and replace her 1994 Volvo, which has 200,000 miles on the odometer. Zahn also plans to return to her nursing job at VA. "Certainly retirement is an option," she said, "but I really love my job."

Pow Wow at Southern Oregon



RHONDA K. HANEY

VA Southern Oregon Rehabilitation Center & Clinics (SORCC) was home again this year to the annual Rogue Valley Veterans Pow Wow June 2-3. The Pow Wow included a Gourd Dance, an activity honoring and welcoming all veterans home from their military service, and a Grand Entry, which featured a display of Native American dancers in full regalia and included veterans who chose to participate. Members of the VA SORCC's Patient Council, SORCC inpatients and staff volunteered many hours in preparation for and during the Pow Wow ceremonies. Over its 10-year history, the Pow Wow Committee has been committed to providing veterans at the VA SORCC and from around the Northwest with access to healing and restoration through Native American practice, acknowledgment and fellowship.

Flag Day ceremony in Indiana



ROBERT (MIKE) WYNN

The Indiana Army National Guard Military Caisson Unit, one of only two such units in the country, participated in the Flag Day ceremony hosted by the Marion National Cemetery and VA Northern Indiana Health Care System.

Marion National Cemetery and VA Northern Indiana Health Care System (VANIHCS) held the Third Annual Flag Day Ceremony on June 14 at the cemetery in Marion, Ind. The ceremony was designed to pay tribute to and show respect for the flag of the United States. Members of the Indiana Army National Guard assisted in demonstrating the proper folding of a U.S. flag and the meaning of each fold. Several local color guard units and a Girl Scout Troop were also featured in the ceremony. Cathi Spivey-Paul, director of the VANIHCS, was the keynote speaker and reflected upon the history and significance of Flag Day during her remarks. The highlight of the ceremony was a review of the history of the Military Caisson Unit followed by a procession of the Indiana Army National Guard Military Caisson Unit. This all-volunteer unit is one of only two caisson units in the country. The second unit is located in Virginia.

New patient health education channel in Chicago

Veterans and their family members visiting the **Jesse Brown VA Medical Center in Chicago** can learn about their health while watching television in the lobby, waiting rooms or patient rooms. Channel 29 was launched in March as the new patient health education channel. Programming on the channel covers a wide spectrum of topics. The goal is to educate patients and their families and to increase their awareness of medical issues and treatment options.

Staff at the medical center hope the information provided will stimulate communication between veterans and their health care providers, improving the patients' abilities to make informed decisions about their care. Channel 29 will also be used to communicate announcements and activities going on within the medical center. A cable guide is being distributed each month to provide a listing of the programs offered on Channel 29.

Relief for veteran tornado victims in Kansas

Laurie Pfeiffer, a registered nurse at the **Robert J. Dole VA Medical Center in Wichita, Kan.**, was on her way out of town to enjoy a camping trip with her family when she heard about a tornado touching down in Greensburg, Kan. Located about 111 miles west of Wichita, Greensburg has approximately 1,400 residents, and an estimated 250 of those are veterans. The F-5 tornado destroyed about 95 percent of the town on May 4.

Having previously worked with the American Red Cross, Pfeiffer understood the need for VA to collaborate with other relief agencies on behalf of the veterans. She immediately returned to the VAMC and began working with staff to obtain a list of veterans in Greensburg. She then reviewed their records to compile a list of medications, durable medical equipment, and other health care needs. A team of regional office and medical staff set out for the Federal Emergency Management Agency (FEMA) Disaster Recovery Center in Haviland, Kan., on May 8 to provide on-site assistance and counseling. This team collaborated with FEMA, the Red Cross, Disabled American Veterans, and the state of Kansas to identify and assist affected veterans. Many were able to receive replacement medications and other health care needs quickly as a result of this response team. Others were transported to the Dole VAMC for treatment. **VA**



BRANDON LUNDAY

Susan Fischer, a licensed practical nurse with the VA Tennessee Valley Healthcare System, explains Bar Code Medication Administration procedures to members of the British Parliament.

Visitors from 'across the pond'

Ten members of the British Parliament, House of Commons, Select Committee on Health, received a demonstration of VA's award-winning electronic health record system on May 21 at the VA Tennessee Valley Healthcare System (TVHS) in Nashville. Dr. Steven Brown, director of the Compensation and Pension Examination Program; Linda Fischetti, acting chief of Health Informatics, VHA; and members of the TVHS staff provided an overview of the system and answered questions posed by the visitors. The United Kingdom is currently implementing a similar system for its own national health system.

Cancer commission chairman



Tomas M. Heimann, M.D., a surgeon at the James J. Peters VA Medical Center in Bronx, N.Y., has been selected as the New York State Chairman of the Commission on Cancer (CoC) by the American College of Surgeons. His three-year appointment will run until January 2010, after which he will be eligible to serve a second term.

Heimann

The state chairmen serve as members of the CoC Cancer Liaison Program, which guides the activities of the 1,600 Cancer Liaison Physicians (CLPs) appointed in cancer programs across the country. Other responsibilities of the state chairmen include working with the American Cancer Society, their state cancer registries, and the Department of Health to support data-driven comprehensive cancer control planning. In addition, they are responsible for communicating with the 13 CLPs in their states at least twice a year and hosting an annual meeting.

The Chronic Pain Rehabilitation Program at the **James A. Haley Veterans' Hospital** in Tampa is the only VA program—and one of only a handful of such programs nationwide—to receive the prestigious designation as a Clinical Center of Excellence in Pain Management. The awards were announced nationally on April 12 by the American Pain Society (APS), which lauded the six recipients of the award—the first of its kind. The Tampa VA's program is the largest and most comprehensive pain center in the VA system, according to **Michael Clark, Ph.D.**, clinical director of the program. The Tampa VA treats severely injured servicemembers and veterans. To face the challenges of treating wounded servicemembers returning

from combat in Iraq and Afghanistan, the hospital recently implemented pain treatment programs for polytrauma victims. "We're treating patients with significant head injuries who are transferred to our Polytrauma Rehabilitation Center from military treatment facilities. Many wouldn't have survived their injuries in Vietnam or the Gulf War," Clark said. He added that pain assessment and management is challenging in these patients, given the prevalence of cognitive impairment and multiple complex injuries. The APS award program was established to recognize forward-thinking teams of health care professionals who address critical needs in pain management. The six programs selected for the honor were chosen from

among more than 90 applications.

Two research scientists from California received the William S. Middleton Award in recognition of their outstanding scientific contributions and achievements in pre-clinical biomedical or behavioral research in an area relevant to the health care of veterans. **Roland C. Blantz, M.D.**, of the **San Diego VA Medical Center**, and **Michael W. Weiner, M.D.**, of the **San Francisco VA Medical Center**, were the recipients of the award, the highest honor bestowed on a VA research scientist. The awards were pre-

sented May 15 at the VHA National Leadership Board meeting in Crystal City, Va. Blantz was selected for his contributions to the field of kidney physiology and pathology in health and disease. His work has transformed the strategies now universally used to delay and even prevent end-stage renal failure. Weiner was selected for his contributions to the field of Magnetic Resonance Imaging (MRI) and Magnetic Resonance Spectroscopy (MRS) brain imaging in neurodegenerative disorders. This is an area of great importance to the aging veteran population. **VA**

Teaching honors for pharmacist

Soledad Granillo, primary care clinical pharmacist at the Southern Arizona VA Health Care System in Tucson, was recently recognized for her outstanding teaching abilities. During the 2007 graduation commencement at the University of Arizona College of Pharmacy, Granillo was named this year's recipient of the Preceptor of the Year Award. The award is given to a deserving preceptor who has demonstrated a commitment to experiential training at the University of Arizona College of Pharmacy.



JOHN K. SOKOLOWSKI

Granillo

Graduating doctor of pharmacy (PharmD) students select one preceptor from their clinical rotation who was exceptional in helping them become pharmacists. In the nomination packet, students wrote about how Granillo helped them through the program. One student wrote that she "provided valuable insight and a positive environment for learning."

After receiving the award, Granillo said she was stunned. "I work with at least 20 other preceptors who are excellent teachers and knowledgeable," she said. "It was both an honor and a surprise to be selected."

Willie Marquez, a motor vehicle operator at the Northern Arizona VA Health Care System in Prescott, was returning from the VA medical center in Phoenix when he spotted a brush fire a short distance from the highway. He immediately pulled over, called 911, and proceeded to use the van's fire extinguisher in an effort to control the blaze until firefighters could arrive on the scene. In this season of extremely dry conditions leading to national headline-making wildfires, Marquez's quick thinking may have helped protect life and property, as well as resources battling blazes around the country.

Burrell Whittaker, a licensed practical nurse with the Atlanta VA Medical Center's Lawrenceville Outpatient Clinic, was driving to work when he witnessed an accident involving another vehicle and a motorcycle. The initial collision threw the biker into the air before he crashed down beneath Whittaker's car. Whittaker rushed to the victim and began administering first aid while calling 911. He

was able to stop most of the victim's bleeding and stayed with him until EMS arrived. Thanks to Whittaker's quick action, the cyclist survived the accident. "I didn't think about any danger. I just reacted and did what needed to be done," Whittaker explained. Luckily for the victim, Whittaker had earned the Expert Field Medical Badge (EFMB) while serving as an Army medical paratrooper for 10 years. The EFMB is issued to soldiers who attain a high degree of proficiency as a combat field medic.

Stephen Adams, a volunteer at the Martinsburg, W.Va., VA Medical Center, was in the right place at the right time on April 17. While making his rounds as a parking lot shuttle van driver, Adams noticed smoke coming from a car entering the parking lot. Adams opened the hood of the car and, using the fire extinguisher from the VA van, he killed the blaze before it could do further damage. Adams promptly called the medical center fire department, which took over the situation. [VA](#)

Preventing a potential tragedy



APRIL JONES

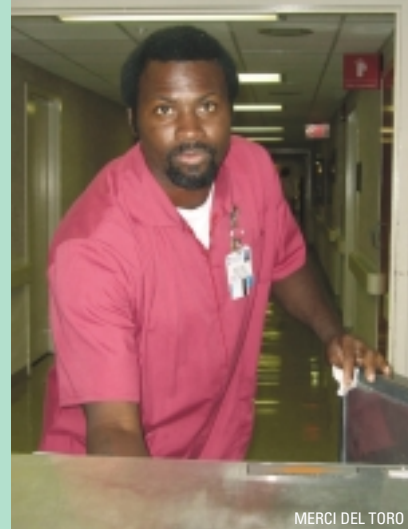
Grice

While working in the Tuscaloosa, Ala., VA Medical Center's Domiciliary Residential Rehabilitation Treatment Program, medical support assistant Douglas Grice received a phone call from an outpatient threatening to commit suicide. Grice kept the veteran on the line, obtaining the location he was calling

from and notifying medical center police of the situation. The Tuscaloosa Police Department dispatched officers to the motel and the veteran was taken to a local hospital.

Rescuing a choking victim

While distributing evening meal trays, Miami VA Healthcare System food service worker Jeffrey Bush observed a patient who appeared to be choking. Bush immediately performed the Heimlich maneuver and the resident expelled a whole grape. Nursing staff assessed the patient, and found him alert, oriented, and in no apparent distress. He then calmly proceeded to eat his evening meal. "I'm glad he was passing by," the patient said of Bush. "He saved my life." Staff credited Bush's "prompt and expert action" with sparing the resident a possibly fatal choking episode.



MERCY DEL TORO

Bush

Right place, right time to help

While at a local restaurant one evening, Tuscaloosa, Ala., VA Medical Center nursing assistant William Robertson heard a loud noise, followed by screaming coming from the kitchen. Robertson quickly went to the disturbance and found a young female employee lying on the floor apparently having a seizure. Robertson stayed by her side, preventing injury until the seizure ran its course and an ambulance arrived.



DAMON STEVENSON

Robertson

Going for the Gold

Lewis "Fain" Grogg, an Army veteran from Johnson City, Tenn., was one of more than 500 athletes from 45 states, Puerto Rico and Great Britain competing in the 27th National Veterans Wheelchair Games in Milwaukee June 19-23. Grogg, 42, a combat veteran of the Gulf War, is a paraplegic who has also competed in the Paralympic nationals. The Wheelchair Games, presented each year by VA and Paralyzed Veterans of America, were hosted this year by the Clement J. Zablocki VA Medical Center in Milwaukee and the Wisconsin chapter of PVA. The Games are the largest annual wheelchair sports event in the world.

