

U.S. Department of Veterans Affairs

VANGUARD

September/October 2007



Using Art as Therapy

A Lifeline for Veterans in Crisis

Changing Lives

Making the Spiritual Rounds



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Vanguard

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On the cover

Dr. Mark Heuser stops in during art therapy group to visit with veteran John Wright, who is working on a new acrylic painting. Wright has multiple sclerosis and is a current resident of the Baltimore VA Rehabilitation & Extended Care Center. Heuser is director of the Geriatrics & Long Term Care Clinical Center for the VA Maryland Health Care System. *photo by Art Gardiner*



VA Employees Delivered in Executing Our Noble Mission

Jim Nicholson
Secretary of Veterans Affairs

Tremendous pride, accomplishment and respect—these only begin to describe my strong feelings as I leave the Department of Veterans Affairs.

Overriding all those emotions is my sense of deep gratitude—gratitude to those we serve, our veterans; gratitude for the opportunity to lead VA in carrying out its noble mission; and gratitude to you—all 244,000 VA employees—who have supported me, inspired me and rarely failed to exceed my expectations.

You have lived up to far more than just my expectations. The expectations of Congress, the American people and our veterans demand excellence in everything we do each and every day. You deliver under tremendous pressure and public scrutiny.

You delivered in establishing new polytrauma units to meet the complex medical and rehabilitation needs of seriously injured combat veterans. You delivered in making sure priority care and service for returning Operation Iraqi Freedom and Enduring Freedom veterans became standard operating procedure throughout VA. You delivered in treating more than 1 million veterans a week for their health needs.

I don't have to tell you that VA's mission, noble as it is, is also one of the most challenging in government. We measure our work in "millions" of veterans and "billions" of dollars, but the true measure of our success rests in the mind of that individual veteran as he or she calls a VA

facility, submits a benefits application, or waits to see a VA doctor. We strive hard to meet every veteran's expectations of us.

Our mission was front and center during Hurricane Katrina and its aftermath. VA's vaunted electronic medical records system proved itself again, assuring veterans continuity of care even though their hospitals and clinics were flooded. VA volunteers from around the country staffed emergency medical reception centers for the storm refugees.

But most telling were the selfless acts of VA staff at the New Orleans medical center who stayed with their patients through grim and dangerous days until evacuation was possible, while their loved ones and property were at the flood's mercy. That's awe-inspiring—that's VA!

Much has been done, but much remains. The backlog and turnaround time for disability claims is a challenge. We are working with Congress, the Department of Defense and veterans service organizations to shorten the decision time. The Veterans Benefits Administration is committed to overcoming that challenge and we are adding employees.

I am optimistic a government-wide approach to systemic change, as reflected in recommendations by President Bush's Commission on Care for America's Wounded Warriors and the President's Task Force on Returning War on Terror Heroes, which I was honored to chair, will result in

a fairer, more efficient and speedier benefits adjudication process. VA is ready and willing to work in new ways to serve veterans.

Many of those ideas will come from the new Advisory Committee on OIF/OEF Veterans and Families I created, and from the 25 other VA advisory groups that bring outside expertise, experience and wisdom to bear on VA policy and practice. The OIF/OEF committee members have met with me and are holding public meetings around the country. Their unique insights and the information they gather and present to our leadership will help focus our strengths and increase our sensitivity to the new generation of war veterans entering the VA system.

As I left Rome three years ago, where I served as U.S. Ambassador to the Holy See, the Pope asked me what was America's vision for its future? I was able to tell him that America wanted to enhance the human condition worldwide by striving for freedom and dignity for all people. I told him that includes how America wants to care for those brave souls who have fought for and achieved freedom for us and so many other people in the world.

After my service with you as your Secretary of Veterans Affairs, I know that there is nothing in the world remotely close to VA or to the wonderful, caring professionals who carry out its mission. Thank you, and goodbye. **VA**

Mansfield Named Acting Secretary

Deputy Secretary Gordon H. Mansfield became Acting Secretary following the resignation of Secretary Jim Nicholson. Nicholson tendered his resignation to President Bush on July 17, to be effective no later than Oct. 1.

Mansfield assumed the role on Oct. 1 and will serve as Acting Secretary until the next nominee of the President is confirmed by the Senate. Appointed Deputy Secretary by President Bush in November 2003, Mansfield had previously served as VA Assistant Secretary for Congressional and Legislative Affairs since Aug. 1, 2001.

Prior to joining VA, Mansfield had served as executive director of the Paralyzed Veterans of America (PVA) since April 1993. He previously held a number of positions at PVA from 1981 to 1989.



Gordon H. Mansfield



WHITE HOUSE



TOM BOWMAN

*Saying Goodbye
to Secretary
Jim Nicholson*



MICHAEL L. MOORE



TARYN ALVARADO



ROBERT TURTEL

Clockwise from top left: President Bush announces his nomination of Jim Nicholson as Secretary of Veterans Affairs at the White House in December 2004.

Secretary Nicholson visits members of the 116th Armored Cavalry Brigade of the Idaho National Guard in Kirkuk, Iraq, in May 2005.

In September 2005, Secretary Nicholson surveys the damage from Hurricane Katrina to the Gulfport campus of the VA Gulf Coast Health Care System with VISN 16 Director Robert Lynch, M.D.

Flanked by veterans organization leaders, Secretary Nicholson announces the launch of the Veterans Pride Initiative, intended to encourage veterans to wear their military medals on patriotic holidays, at a news conference in VA headquarters in October 2006.

Secretary Nicholson presents a bouquet to his wife, Suzanne, during his farewell reception in September.



Working to End Chronic Homelessness Among Veterans

Pete Dougherty
 Director of Homeless Veterans Programs

Veterans who find themselves homeless share a common tragedy. Misunderstood, isolated and frequently unseen—they are veterans often perceived as missing in America.

The vast majority of men and women who have served our country in times of war and peace endured the temporary disruption of military service to return and resume a normal life. Sadly, a small percentage of veterans came home to find they were unable to pursue the American dream they had worked to protect.

Relationships that nurture, the comfort of a stable home, and the satisfaction of productive work have eluded these veterans. Some of them struggle with devastating addictions, mental illness and debilitating physical problems. Some suffer the effects of post-traumatic stress disorder from their military service.

Mistakenly, many citizens accept the common misconception that these men and women sit in doorways begging for handouts by shaking a cup, or accost people on the street, aggressively panhandling. The truth is that most of them exist quietly, almost invisibly, trying to cope in an environment as hostile and tough as they faced while in the service. Their only mission is to get through the day, and for the most part they must do it alone.

Twenty years ago, VA began developing programs in our hospitals and regional benefits offices—and in cooperation with community-based organizations—in an extensive

effort to provide improved medical care and access to benefits, as well as develop new links to resources offering residential care and treatment programs to address the special needs of homeless veterans. Initially those efforts were to establish domiciliary care programs for homeless veterans and to provide contract residential care programs with community service providers.

Since those modest pilots were established to reach out to homeless veterans and successfully helped veterans return to society with full function, a host of other actions have been initiated to ensure that those in need of health care and benefits assistance can be seen and served appropriately. Since 1987, more than 400,000 veterans have

The truth is that most of them exist quietly, almost invisibly, trying to cope in an environment as hostile and tough as they faced while in the service.

benefited from the programs and services VA and its community and faith-based partners have provided.

In July, the Vietnam Veterans of San Diego hosted their 20th stand down for homeless veterans at San Diego High School. Stand downs for homeless veterans began as the idea of several Vietnam veterans who felt compelled to respond to the tragedy of homeless veterans they saw unfolding every day on the streets, and had come to the realization that across the nation hundreds of thou-

sands were living the same desperate existence. Recalling the benefits combat personnel derived from military stand downs, they adopted that concept. During times of military conflict, soldiers were evacuated from the front lines and taken to stand down sites, where for a brief time they were able to enjoy the basic comforts of showers, clean clothes, good food, and most importantly a respite from the harsh and hostile environment of combat.

At its core, the stand down's philosophy is to achieve "a hand up, not a hand out." In 2006, VA partnered in 125 stand down events and helped to engage more than 27,000 veterans and their family members. More than 15,000 VA em-

ployees and others volunteered, harnessing the collaborative efforts of both the public and private sectors to provide a wide range of services.

more than \$385 million to homeless service providers. The grants have been used to fund such things as transitional housing, storefront benefits and community drop-in centers, clinics and mobile medical units, and the purchase of a van to provide clients a way to access other available services.

VA has expanded programs so that there are community-operated programs approved in every state, Puerto Rico, and several programs on tribal lands. A series of Notices of Funding Availability published in the Federal Register requested proposals from community providers to create a funding opportunity to double our services for special needs programs for homeless women veterans with children,

frail elderly, terminally ill and chronically mentally ill under the Homeless Providers Grant and Per Diem Program.

VA is hosting the largest national conference on homeless veterans Oct. 18-19 in San Diego. The goal is to bring together VA clinical staff, community service providers, representatives of federal partners and academics to both celebrate past success—including a significant reduction in the numbers of homeless veterans—and to develop a path to end chronic homelessness among veterans. **VA**

A Lifeline for Veterans in Crisis

Suicide Prevention Hotline is working to help save the lives of veterans.

On a hot August night, a Vietnam veteran with a history of post-traumatic stress disorder found out his wife was leaving him. That was the last straw. He had a gun and a plan to kill himself.

As a last resort, he called VA's newly established around-the-clock Suicide Prevention Hotline. He told the counselor that he was severely distressed. Although the veteran declined the counselor's offer to provide immediate 911 services, the counselor convinced him to leave his gun behind and drive to the nearby VA hospital.

VA health care providers met him at the emergency room door, escorted him through the system and admitted him for intensive mental health services. He is now safe and receiving treatment. The local suicide prevention coordinator is following his care and maintaining contact with him.

A Desert Storm veteran called the hotline, stating he was on a bridge and about to jump off. The veteran was tearful, saying there was no reason for him to go on.

The hotline operator kept him on the line while alerting a co-worker to call the police in the city where he lived. While the veteran would not give his exact location, the hotline counselor's co-worker looked up the veteran's address and provided it to police, who then sent six units to the bridge nearest to where the man lived.

The police dispatched a crisis in-

tervention team that was able to talk the man into getting off the bridge.

A number of similar stories with successful outcomes have taken place since VA set up its 24-hour, seven-days-a-week Suicide Prevention Hotline, 1-800-273-TALK (8255), in late July.

Dr. Janet Kemp, VA's national suicide prevention coordinator, who also is associate director for education and training at the mental health Center of Excellence at Canandaigua, N.Y., said the hotline has received more than 4,300 calls from veterans since it became operational.

In testimony before the House Veterans' Affairs Committee on Sept.

“This is quite literally a life and death situation for many of those who call, and we have already made a difference in a number of veterans' lives.”

18, VA Secretary Jim Nicholson said the hotline was established to help address suicides among veterans, and is another example of recent measures taken by the department to strengthen one of the nation's largest mental health programs.

Since the hotline became operational and received its first call on July 25, 659 callers (as of Sept. 30) have been referred to a VA suicide prevention coordinator, 433 transfers to community hotlines have been made, and there have been 127 rescues.

The Canandaigua-based counselors who take the calls are profession-

ally trained in crisis intervention to deal with any and all situations. They have referred more than 300 veterans to local suicide prevention coordinators or mental health professionals for further counseling and treatment. Several callers received emergency rescue services or urgent referrals to local VA facilities for immediate care.

“This is quite literally a life and death situation for many of those who call, and we have already made a difference in a number of veterans' lives,” Kemp said.

Calls sometimes come from relatives, such as the wife of a veteran who served two tours in Vietnam and had a history of psychological admis-

sions for PTSD. His wife was especially concerned because the veteran had recently been hospitalized and his father had committed suicide.

A hotline counselor provided her immediate support and encouragement. The veteran received a call the next day from the suicide prevention coordinator and was referred to mental health counselors at VA. His wife called the hotline counselors back afterward to thank them for “saving his life.”

Some calls have come from veterans of Operation Iraqi Freedom and Operation Enduring Freedom. The aunt of an Iraq war veteran called,



From left: Patrick Coffey, Shanna Fernandez, Margaret Lane, Denise Slocum, Lois Harvey, Cari Malcolm, Mark Murphy and Regina DeLeo take calls from veterans in crisis on VA's Suicide Prevention Hotline. Based in Canandaigua, N.Y., the hotline is staffed with counselors professionally trained in crisis intervention.

saying she feared her 28-year-old nephew might hurt himself. The veteran initially declined to talk to hotline counselors, but the suicide prevention coordinator called the next day and convinced him to come in for an evaluation.

The coordinator met him at the door and walked him through the emergency room and triage area. The veteran also was evaluated at the OIF/OEF walk-in clinic. He was enrolled for primary care at a community-based outpatient clinic closer to his home, and is being monitored. The veteran expressed his gratitude and said VA had "passed the test."

Calls also have come from women veterans, such as one from a veteran with two small children who reported that she was very depressed and having panic attacks.

The veteran recently moved and did not know many people in the area where she now lives. Although she had never harmed her children before, she was concerned she might hurt them if she did not get help soon.

She had been a victim of sexual harassment in the military and was likely to benefit from a more thorough evaluation. After talking with

the hotline counselor, the woman agreed to be referred to the suicide prevention coordinator, who helped her access the multiple counseling services she is now receiving from VA.

Though calls to the hotline have come from relatives and friends, most are from veterans themselves. The calls often deal with previous mental health issues such as PTSD that have been exacerbated by a recent situation. Some situations involved veterans with weapons who could possibly have harmed themselves or others.

Dr. Ira Katz, VA's deputy chief patient care services officer for mental health, said VA's Suicide Prevention Program is unique because the hotline counselors can deal with the immediate crisis and refer callers to the suicide prevention coordinators who can help the veteran receive needed mental health services or be admitted for treatment.

"This program gives us the ability to deal with the immediate crisis and to conduct follow-up to make sure the veteran's mental health issues are dealt with on an ongoing, long-term basis to help prevent future situations from arising," Katz said. **VA**

By William N. Outlaw

Suicide Signs and Prevention

Do you know how to recognize the signs that someone is considering suicide and what actions you should take? Dr. Janet Kemp, VA's national suicide prevention coordinator and associate director for education at the Center of Excellence in Mental Health and PTSD at Canandaigua, N.Y., offers some tips.

Warning signs include:

- Hopelessness
- Helplessness
- Uncontrolled anger/rage
- Violence towards self or others
- Withdrawing/isolation
- Loss of interest in usual pursuits
- Anxiety
- Dramatic mood changes
- Marked changes in eating and/or sleeping habits
- Increased use of drugs or alcohol
- Feeling trapped
- Feeling like a burden to others
- Lack of purpose
- Talking about wanting to die/making plans to die

What to do if you think someone is considering suicide:

- Express your concern
- Ask if he/she is thinking about suicide
- Be willing to listen attentively
- Be non-judgmental
- Seek additional support from family, friends and/or professionals
- Explore available alternatives
- Don't act shocked
- Don't minimize their pain
- Don't be sworn to secrecy
- Get help from individuals and/or agencies that work in the field of crisis intervention and suicide prevention

VA employee volunteers, airline employees, and strangers waiting for their flights greet World War II veterans as they disembark from their Honor Flight at Reagan National Airport. Debbie Ladwig (second from left) works at VA Central Office.



Giving Back to Those Who Gave So Much

ART GARDINER

VA employees volunteer to help World War II veterans visit the memorial built in their honor in the nation's capital.

Gail Gibson said she “couldn’t think of a better way to spend a Saturday.”

Gibson, a management analyst with the Office of Information in the Veterans Health Administration, was one of nine VA Central Office employees who volunteered to meet one of the six “Honor Flights” arriving at Reagan National Airport in Washington, D.C., or Baltimore-Washington International Airport in Baltimore Sept. 7-8, flying in some 800 veterans of World War II to visit the monument constructed in their honor.

Making their visit possible was a former VA employee—Honor Flight Network founder Earl Morse. In 2004, Morse was working as a physician as-

sistant at the VA community-based outpatient clinic in Springfield, Ohio, when he invited a couple of his World War II veteran patients to accompany him to Washington, D.C. Morse, a private pilot, had rented an airplane and planned to visit the national World War II Memorial and Vietnam Memorial with his father, a Vietnam War veteran. The plane had two empty seats. Morse knew that his patients lacked the financial resources to make the trip on their own.

Visiting the war memorials was an emotional experience for his father and patients. Once he saw how the trip impacted them, he knew he was on to something.

He met with his fellow pilots in

the Aero Club at Wright-Patterson Air Force Base in Dayton and asked if anyone was interested in flying World War II veterans to Washington, D.C., to visit their memorial. Eleven pilots volunteered to fly the veterans at no cost.

Word got out in the community, and people started donating money to the local VFW post to pay for meals and a shuttle service for the veterans. Honor Flight was established, and has since grown from its humble beginnings into a national network using commercial airlines instead of private planes.

As the veterans onboard the recent flights slowly made their way down the jetway leading into the

waiting area of Reagan National Airport, they were greeted by an enthusiastic crowd of VA employees, airline staff, and strangers waiting for their flights. The crowd stood up, applauded and cheered, startling the first veterans entering the waiting area. After realizing that all the fuss was being made over them, they smiled shyly. Several veterans saluted the crowd, others doffed their caps, and one really hammed it up by taking a bow.

Like many in the crowd, Debbie Ladwig had tears streaming down her face by the time the last veteran left the jetway. As director of communications for the VHA Office of Information, Ladwig learned about the volunteer opportunity during a work conference at which Morse spoke and explained what his non-profit organization does for World War II veterans.

Honor Flight Network raises funds to honor World War II veterans by flying them to their nation's capital—at no cost to the veterans—so they can visit and reflect at the World War II memorial. VA employees attending the conference donated enough money to fund trips for 40 veterans.

Ladwig's 85-year-old uncle, Israel Benn, served under Army Gen. George S. Patton during World War II. She said she wanted to honor her uncle by volunteering.

"Their military service has enabled me to live freely in this country," Ladwig said.

Just outside the airport, Shannon Collins directed traffic as volunteers and veterans boarded several chartered buses. With a clipboard in one hand and a BlackBerry in the other, she consulted her lists and answered

questions. Collins, a management analyst, is also with VHA's Office of Information and was responsible for recruiting and coordinating VA volunteers for the event.

Once the buses arrived at the World War II Memorial, veterans were greeted by yet another group of volunteers. Jane Parsons passed out bottles of cold water as she moved through the throng. She is the staff assistant to the director of Enterprise Systems Management in VHA's Office of Information.

She said she volunteered to honor her 85-year-old father—Arthur L. Doyle Jr.—who served in the Army in the Philippines during WW II.



World War II veterans (left to right) Alex Balanca, Lewis Cua and John Bortos traveled to Washington, D.C., on Sept. 8 to visit the memorial built in their honor, courtesy of the Honor Flight Network.

Parsons' father may have crossed paths with another veteran who served in the Pacific Theater. Shirley Erickson served as an Army nurse at a field hospital in Okinawa during World War II. The 86-year-old traveled on one of the Honor Flights from her home in Cooperstown, N.D., to see the World War II Memorial for the first time.

"It's quite important to be able to see this before I die," she said.

As Navy veteran James Amdal made his way around the World War II Memorial, three teenaged runners passed him on the sidewalk, then sud-

denly stopped. One runner wearing a green T-shirt turned around, walked up to Amdal, said something to him, then shook his hand. The runner rejoined his group and they continued on their way.

He said the young runner thanked him for his service. Asked how that made him feel, Amdal turned his head away as his eyes filled with tears and said, "It made me feel emotional."

Collins is looking for VA employees interested in volunteering for the next Honor Flights, arriving Nov. 2-3 and Nov. 21. Visits will begin again in April 2008. She said the time commitment can be as little as an hour or as long as a full day—whatever time the employee has to give.

Volunteers are needed to greet veterans and welcome them as their flights arrive at Reagan National and BWI. Once the veterans arrive at the World War II Memorial, volunteers are needed to pass out water and boxed lunches. Some veterans need assistance getting around in their wheelchairs or could use a strong arm to lean on to steady them as they walk around the memorial.

Collins said volunteers are also needed in the cities where the flights depart to send the veterans off in style and to greet them when they return. Flights in November originate from Fargo, N.D.; Detroit; Columbus, Ohio; Dayton, Ohio; and Cleveland. For a volunteer application, visit www.honorflight.org.

For more information about how to volunteer for the next Honor Flights, contact Collins at (202) 461-5846 or e-mail her at Shannon.Collins@va.gov.

By Renee McElveen

Changing Lives

Ron St. Clair went through VA's Vocational Rehabilitation and Employment (VR&E) Program himself, and now helps other disabled veterans pursue the specialized training and/or education they need to land a job.

ART GARDINER

Vocational rehabilitation counselors help veterans transition from the military to civilian careers.

It takes the dazzle of a magician, the leadership of an orchestra conductor, the listening skills of a therapist, and the empathy of a chaplain to be a good vocational rehabilitation counselor at VA, according to Ron St. Clair.

He ought to know. He went through the program himself.

After retiring from the Air Force in 1987, St. Clair was in security operations for a Defense contractor in Washington, D.C. The job required him to travel a great deal. In 1990, he tripped over a telephone cord in his house, hit his head on the coffee table, and broke his neck.

St. Clair was a quadriplegic—his doctor told him he would never walk

again. He proved his doctor wrong by walking out of the hospital six months later.

“I don’t use the word ‘can’t,’” St. Clair explained. “If you get stuck on ‘can’t’ it becomes a part of you.”

St. Clair knew his physical limitations would prevent him from continuing in the security career field. He could walk short distances, but his balance was affected by the accident. He uses a scooter to get around.

The Air Force veteran applied for vocational rehabilitation services through VA’s Vocational Rehabilitation and Employment Program (VR&E). The VA counselor determined he was entitled to the benefit. St. Clair went back to school at the

University of Maryland–Eastern Shore, where he earned a bachelor’s degree in Rehabilitation Services. He also received a master’s in Rehabilitation Counseling from the Medical College of Virginia, Virginia Commonwealth University.

He has worked as a vocational rehabilitation counselor at the VA regional office in Washington, D.C., for the past seven years. St. Clair works with 175 veterans of the Vietnam War, Grenada, Bosnia and the Gulf War.

Linda Clark is another VR&E success story. Like St. Clair, she now works as a vocational rehabilitation counselor. She retired from active duty in 2001 after serving in the Air



James P. Burke III conducts a briefing on VA's Disabled Transition Assistance Program (DTAP) at the National Naval Medical Center in Bethesda, Md., for injured sailors and Marines still serving on active duty.

Force for 20 years as a human resources/budget officer. As a recently discharged veteran and former client of the VR&E program, Clark said she can identify with the problems faced by today's veterans.

"Coming out of a closed system [the military] ... we need to prepare them a little better," said Clark of the efforts extended to servicemembers by both the military and VA. "Young sol-

diers or older established ones expect things to happen as they did while in service," she explained.

The most commonly broached topic during her first year as a VR&E counselor at the D.C. VARO was war stories.

"Veterans come in mostly wanting to talk about their old units still deployed in combat, not about where they want to go now that they have

been discharged," she said. "I let them talk about it in order to establish a dialogue, and a certain degree of trust, but eventually I have to get them thinking about their other interests."

Clark works with 124 veterans, most of whom are returning from the OIF/OEF theaters of operation.

Another veteran on the VR&E staff—Marine Corps veteran Ken Fenner—is the vocational rehabilitation counselor in charge of VA's Coming Home to Work program at the D.C. VARO. He seeks to provide meaningful work experiences for active duty servicemembers in medical hold at the National Naval Medical Center in Bethesda, Md., and Walter Reed Army Medical Center in Washington, D.C. These servicemembers have been injured in combat or during training and are within six months of receiving a medical discharge from their branch of service because of their injuries.

Fenner matches the servicemembers up with employers at some 20 federal agencies to receive unpaid, on-the-job experience in such career fields as logistics, contracting and public affairs. The training can last for weeks or months. Fenner explained that servicemembers are not allowed to receive a stipend during their training while they receive active duty pay. Participating agencies include VA, the Department of Housing and Urban Development, the Department of Agriculture, and the National Aeronautics & Space Administration.

The Coming Home to Work program benefits both the servicemember and the potential federal employer, Fenner said. It allows servicemembers to network from inside the government agency they are training with and gives them firsthand experience with jobs and career possibilities. Federal employers are not obligated to hire the servicemembers, but many do. Fenner noted that some federal employers have been so impressed that they were willing to use their

Veterans' Recruitment Appointment authority to appoint the servicemember to a position within their agency upon the servicemember's release from active duty.

The D.C. VARO gets the word out about programs available to disabled servicemembers leaving active duty through monthly briefings at military installations and medical facilities in the D.C. area. VR&E staff members coordinate with military liaisons at Fort Myer, Va.; Fort Belvoir, Va.; Henderson Hall in Arlington, Va.; Quantico Marine Corps Base;

gram for half a dozen sailors and Marines at the National Naval Medical Center.

"We focus on the services you will need to get and keep a job," he told the servicemembers. "Keeping a job can be challenging, especially when you have a disability."

Overseeing the work of these vocational rehabilitation counselors is P.C. Jenkins, vocational rehabilitation officer and retired Air Force veteran.

"We can find jobs in D.C. for our veterans," he said. "Federal employers work with us."

"I don't use the word 'can't.' If you get stuck on 'can't' it becomes a part of you."

Andrews Air Force Base; and the National Naval Medical Center.

Air Force veteran James P. Burke III conducts many of these monthly briefings as employment coordinator for VR&E at the D.C. VARO. He recently conducted a briefing on the Disabled Transition Assistance Pro-

gram for half a dozen sailors and Marines at the National Naval Medical Center. Although she is not a veteran, assistant VR&E officer Brenda Wiggins hails from a family of veterans. Her late father was a Navy veteran of World War II. Two of her brothers are Army veterans. She is married to an Air Force veteran of the Vietnam War. Her family background is what motivated her to seek employment at VA four years ago.

"I like what I do," she said. "I like providing customer service to the veterans and their families."

Wiggins said her office is seeing many more severely disabled veterans than in the past. Many veterans returning from Iraq and Afghanistan suffer from traumatic brain injury, which makes the job of the vocational rehabilitation counselor much more complex.

"We have to involve more than the veteran and the counselor to plan services," she said. "We need to get the psychologist, the social worker and the family involved."

Wiggins said she is sending her staff members to training to learn strategic ways to work with veterans recovering from blast and head injuries.

Shayla Mitchell's caseload is now devoted exclusively to OIF/OEF veterans. The vocational rehabilitation counselor works with 100 to 150 vet-



ART GARDINER

As a vocational rehabilitation counselor at the Washington, D.C., VA Regional Office, Shayla Mitchell works exclusively with Operation Iraqi Freedom/Operation Enduring Freedom veterans. More than 50 percent of the 100 to 150 veterans she works with are severely injured.

erans, and of that number, more than 50 percent are severely injured. Her training as a certified rehabilitation counselor taught her the characteristics of various disabilities and how to help individuals make adjustments to these disabilities in the workplace.

She has a bachelor's degree in family and child sciences and a master's in rehabilitation counseling from Florida State University. She is currently working on her doctorate in counseling studies.

Mitchell said she measures success on the job from within, through the self-satisfaction of knowing she has made a difference in the lives of others, and through external means such as a phone call, a letter, or an e-mail saying "thank you" or telling her that she made a veteran's life easier. She still receives phone calls and postcards from exotic locales such as Fiji from a Vietnam veteran she sent back to school at the age of 60 to receive training as a multi-media graphic artist that led to his current job as an underwater videographer.

"I enjoy helping individuals change their lives," she said. **VA**

By Art Gardiner and Renee McElveen

Five Tracks to Success

After an entitlement decision is made, the veteran and the counselor will work together to develop a rehabilitation plan. The plan follows one of five tracks:

- 1 Re-employment
- 2 Rapid Access to Employment
- 3 Self-Employment
- 4 Employment Through Long-term Services
- 5 Independent Living

For more information, visit www.vba.va.gov.

Success Stories

Veterans use their vocational rehabilitation benefits to pursue their dreams and get their lives back on track.

“Down, but not out.” These were the words Richard Nero used to describe the day that violently rattled his brain.

Nero, a staff sergeant in the Military Police Corps, was on his second combat tour in support of Operation Iraqi Freedom (OIF) when his life changed. On Jan. 7, 2004, he was onboard an Air Force C5 when the aircraft was shot down by an insurgent’s missile.

Nero thought he was okay. He had no open wounds, just a massive headache that wouldn’t go away. That

evening, he went to bed after taking a couple of Excedrin tablets for his headache. A few hours later, Nero woke up feeling hot and sweaty.

“I was covered in black ink,” Nero said. When he finally shined a flashlight on himself, he realized the “black ink” was actually his own blood. Nero was covered in it. It was coming out of his eyes, ears and nose.

What had felt to him like a minor head injury was in fact an intracranial concussion, resulting in severe swelling and bleeding. Nero was first treated in Kuwait, and then medically

evacuated to the Landstuhl Regional Medical Center in Germany. He later finished treatment at Walter Reed Army Medical Center in Washington, D.C.

Even though Nero appeared to be physically fine, he was emotionally unstable.

After his release from Walter Reed, Nero and his wife Greta decided to settle in North Carolina. There, Nero sought rehabilitation. He was struggling with post-traumatic stress disorder, short- and long-term memory loss, severe depression, rage and substance abuse.

Two years after moving to North Carolina, Nero received a call from Steven Graham, vice president of Informatics Business Operations at Forest Pharmaceuticals Inc. Before his deployment, Nero had spent two years working as a computer consultant for the St. Louis-based company. Graham offered Nero a position at the company, and he accepted.

In January of this year, Nero was supposed to arrive at the VA medical center in St. Louis, but by mistake, found himself at the VA regional office. It turned out to be the best mistake Nero could have made. It allowed him to meet Vocational Rehabilitation Counselor Corliss Strathearn.

“Richard has changed so much. When he came into my office he had no emotion. He wouldn’t even smile,” Strathearn said.



ROB LA SCOLA

Army veteran Richard Nero suffered from PTSD, rage and severe depression after getting injured in Iraq when his aircraft was shot down. Vocational rehabilitation helped him get his life back on track, sending him back to school for computer training.

After taking some time to work on himself, Nero came back to see Strathearn and asked her to help him get back into school. Strathearn could not believe the changes she saw in the veteran, who was once hyperaware and constantly looking over his shoulder.

Strathearn enrolled Nero in some university courses. Although it was just a trial run, Nero has done so well that Strathearn is planning on enrolling him in more classes for the fall. His goal is to obtain a degree in computer science.

“It was questionable whether Richard could benefit from our services, given his PTSD and traumatic brain injury,” Strathearn said.

Today, Nero is 39 years old and employed full-time at Forest Pharmaceuticals, where he was recently promoted. He and his wife just bought a house and are busy raising their baby girl, Laya.

He said he is grateful for all of the help he received from Strathearn and the VA Vocational Rehabilitation & Employment (VR&E) Program in turning his life around. He added that the training he received through the VR&E Program will go a long way to assist him in overcoming future employment obstacles as a result of his injuries.

According to Nero, “Corliss helped me more than anybody in the VA.”

The Young Veteran

Being 20 years old is one of the best ages for a young adult. You’re not *always* expected to make “grown-up” decisions, and you still have time to change your career path once, twice, or even 10 times.

Jason Blakemore was 20 years old when he left his small hometown of Centralia, Mo., to embark on his first career path as a soldier. It was the summer of 2001. While most of Blakemore’s friends were still figuring out what to do with their lives, he would soon learn to value his own.



Vocational rehabilitation has helped Army veteran Jason Blakemore, who now works full-time for the VFW as an assistant veteran service officer and attends night school in pursuit of a bachelor's degree in business.

Blakemore had no idea his destiny would lie in Iraq. His unit deployed there in the spring of 2003. On April 13, 2003, he found out just how scary warfare can be.

His unit was assigned the mission of clearing out insurgent weapons hidden in an abandoned police station just south of Baghdad. From the start, Blakemore had a bad feeling about the mission.

With only a wire fence separating the soldiers from the townspeople, Blakemore and his unit proceeded to clear out the weapons. While they were performing their task, a white car pulled up. A man holding a grenade got out of the car, pulled the pin, and lobbed the grenade over the fence.

Blakemore fell to the ground. The grenade landed inches from where he had been standing, guarding the building. He quickly got up and ran for cover behind a Humvee. A full-blown attack was underway. Men positioned across from the abandoned police station started shooting at the soldiers.

Although Blakemore was wearing body armor, he knew he had been hit. His left arm was numb. He thought

his arm had been severed.

His platoon sergeant helped move him into the abandoned police station. Medics noticed that not only had shrapnel cut up his arm and parts of his foot, a piece had hit his subclavian artery. The same piece of shrapnel that hit his artery also collapsed his left lung.

Blakemore was taken to a field hospital in Iraq for treatment. He woke up to find himself in a hospital in Kuwait. He was medically evacuated to Landstuhl, Germany, and later flown to Walter Reed Army Medical Center in Washington, D.C., where he spent a week and a half recovering.

After receiving a medical discharge from the Army, Blakemore returned home to Missouri, where he found a job installing water lines for the city of Columbia. One day, he got a call from the Veterans of Foreign Wars offering him a job as an assistant veteran service officer with the VFW.

“I had no idea what a service officer was, but I was installing water lines and it wasn’t going to take much to get me out of there,” Blakemore said.

In July 2006, Blakemore and his wife moved to St. Louis to start his new job. While working at the VFW, Blakemore finally met VA employee Armando De La Garza. De La Garza had recommended him for the job, helped file his disability claim, and got him started with VA's Vocational Rehabilitation & Employment (VR&E) Program.

Blakemore, now 24, is working full-time for the VFW and attending night school at Webster University working towards a bachelor's degree in business. He expects to graduate in late 2008 or early 2009. The training Blakemore received will assist him in maintaining his employment as a service officer and providing quality services to veterans.

"Voc rehab has been especially good to me," Blakemore said.

Through the Eyes of a Patriot

There is no question about Myles Hunt's patriotism. Just look into his eyes.

Hunt was living and working as a welder in Carthage, Mo., before he decided to enlist in the Army in 1996 and see the world. One of his trips would take him to the Middle East.

On April 3, 2003, Hunt's unit deployed in support of Operation Iraqi Freedom (OIF). On Sept. 5, 2003, he was performing his duty as truck commander of a Humvee, accompanied by the driver and gunner. Their mission was to escort a group of Army National Guard engineers to the Baghdad International Airport.

Before heading out, Hunt and his crew took the Humvee doors off so they could dismount quickly in the event of an emergency. On the way to the airport, their Humvee was hit by a 122-millimeter artillery round, which had been hidden behind the highway guardrail.

The explosion knocked everyone out of the vehicle. After regaining consciousness, Hunt found himself draped over a guardrail on the opposite side of the Humvee. He took off

his helmet but put it back on when he saw it had quickly filled with blood. While fastening the strap on the helmet, Hunt noticed his left thumb had been blown off.

"Sometimes you are in so much pain you can't even feel it," Hunt said.

Hunt proceeded to look for his driver, who was lying motionless in the roadway. Before Hunt could get to him, the engineers tackled him. Hunt was so concerned about his comrades that the engineers were forced to sit on him and hold him down.

"You're not as fine as you think you are," one of the engineers told him.

About 15 minutes later, a helicopter came to medevac Hunt and his crew to a Baghdad field hospital.

Hunt spent a day and a half in Baghdad while doctors worked to stabilize him so he could be safely medevaced to Landstuhl, Germany. Hunt's final destination, like many severely wounded soldiers, was Walter Reed Army Medical Center in Washington, D.C.

During the four months Hunt



When Army veteran Myles Hunt lost his eye in an explosion while serving in Iraq, he chose a prosthetic eye with an American flag embedded in it.

spent at Walter Reed, doctors performed many reconstructive surgeries on his face, as well as traumatic amputation of his thumb and removal of his right eye. He selected a special prosthetic eye with the American flag embedded in it.

Hunt was medically retired from the Army on Aug. 4, 2004. He then took a job with the Disabled American Veterans as a department service officer at the state level in Mt. Vernon, Mo. It gave him an opportunity to begin processing vocational rehabilitation paperwork through the DAV. After joining the National Service Corps, Hunt was assigned to work as a national service officer in training for the DAV office in St. Louis.

The St. Louis DAV and VR&E staff agreed that Hunt would greatly benefit from being in the National Service Officer Training Program under the combined efforts of both agencies. That's where he met Dave Allen, his VA case manager.

"Dave was a great guy. Anything I needed, I got," Hunt said.

Hunt's job allows him to work with veterans on a daily basis.

"I work with combat veterans, and I love it," he said. "The vets open up to me because we share this common bond," he said.

Hunt stays positive, and continues to use his American flag prosthetic eye to start conversations with people.

"People always ask to see my eye," he said.

The Mom Soldier

Shakeya Calloway made a "spur of the moment" decision when she joined the military a few weeks before graduating from high school. That decision has helped mold her into the woman she is today—driven.

As Calloway's final semester in high school was coming to an end, she was like any other senior. She had been applying to colleges and waiting for her acceptance letters. Although

she was accepted into several different colleges, her financial situation prevented her from attending.

At the same time, Calloway's best friend was thinking about enlisting in the military. Calloway was at her friend's house when the Army recruiter came over to administer a practice test for entrance in the military for her friend. Without thinking it over, Calloway told the recruiter she would also take the test. She passed.

Enlisting in the U.S. Army Reserve on May 19, 1995, provided Calloway with the funds she needed to attend college. She received her undergraduate degree in psychology from Temple University in Philadelphia.

In 2003, Calloway was working full-time and in her eighth year as an active reservist, literally months from reaching her expiration term of service date. She was alerted on Jan. 14, 2003, that she might have to go to Iraq. Two days later, she was officially activated.

She reported to Fort Dix, N.J., where she spent three months in training before arriving in Iraq on March 23, 2003. For Calloway, deploying was difficult emotionally because it meant leaving her 3-year-old daughter, Nasira, with her mother.

"I missed the whole year she was four," Calloway said.

While in Iraq, Calloway worked aboard a Navy hospital ship, the *USNS Comfort*, in the Persian Gulf. Calloway processed Iraqi detainees into the National Detainee Reporting System, an assignment that consisted of verbal interrogation and fingerprinting.

"The interrogations that took place on the ship were somewhat difficult," Calloway said. "Many of the men interrogated were crying hysterically about what had happened to them under Saddam's rule. Many had fear in their eyes because they had no idea what the outcome of their lives would be."

She saw things that were difficult



Vocational rehabilitation helped Army veteran Shakeya Calloway get her life back to where it was before she deployed to Iraq—headed to graduate school.

to deal with during her deployment.

"I recall one girl who had just lost both of her parents and almost her own life ... she was just two years old. She was covered in blood with bumps and bruises over her face; she made me think of my own daughter," Calloway said.

After spending a little more than

a year in Iraq, Calloway returned home and discovered that she did not have a job to return to—Citibank had bought out her former employer. She decided to seek employment elsewhere and moved to St. Louis in August 2004.

Although dealing with post-traumatic stress disorder was, and still is, difficult for her, Calloway was determined not to let it control her life. She applied for a job at Jefferson Barracks and was hired as a medical support assistant on a psychiatric ward.

During this time, Calloway made an appointment with a vocational rehabilitation counselor at the St. Louis VA Regional Office. Calloway had heard about the program through the counselor she was seeing for her PTSD.

Corliss Strathearn is Calloway's vocational rehabilitation counselor. "Corliss is my guardian angel," Calloway said.

Calloway was hired as a readjustment counseling technician at the St. Louis Vet Center. She used VA services to help her get on the same track she was on before she left for Iraq—to attend graduate school. She has been accepted to attend Washington University's George Warren Brown School of Social Work in the fall.

"I am so grateful for vocational rehab—the VA has the best benefits," Calloway said.

As a social worker, Calloway hopes to help others.

"Really, my goal is to make an impact on someone's life even if I don't know it. To the world I am one person, but to one person I could be the world," she said. **VA**

By Bianca Villani

Recognizing Leaders in Employing Service-Disabled Veterans

The VA Vocational Rehabilitation and Employment (VR&E) Service presented the first annual VetSuccess Recognition awards at its national conference in San Diego Aug. 29. The awards recognized leaders within six employment sectors for their efforts to hire and support veterans with service-connected disabilities.

- The Veterans Health Administration (VHA) was honored with VA's award for their continued dedication and support for hiring veterans with service-connected disabilities. In 2006 and the first two quarters of 2007, VHA hired 422 service-connected disabled veterans, with the majority entering into skilled medical positions such as nursing, occupational therapy, radiology technicians, surgical technicians and counselors.
- The Department of the Army received the Federal Sector award for its continued support and hiring of disabled veterans. The Army hired more than 370 veterans with service-connected disabilities for a wide range of jobs including logistics, computer operations, human resources and administrative assignments.
- The Texas Workforce Commission and Texas Veterans Commission combined to receive the State and Local Government award for placing service-connected disabled veterans as employment counselors, outreach program specialists and career advisors.
- Goodwill Industries was recognized through VA's Faith-Based and Community Non-Profit award for hiring veterans with service-connected disabilities to serve as case managers, social workers, managers and computer operations.
- Lockheed Martin was honored for the creation of apprenticeship and aggressive recruiting programs with VR&E and received the Private Sector award for placing more than 50 veterans with service-connected disabilities in high-level positions in technical engineering, computer programming, logistics analysis and management.
- The International Brotherhood of Electrical Workers received the Union Sector award for leading the way in hiring veterans with service-connected disabilities as skilled electricians and communication technicians.

Best of the Best in the Vocational Rehabilitation Profession

The Vocational Rehabilitation and Employment Service held an awards ceremony Aug. 23 at the Omni Hotel in San Diego. The national awards recognized three VA employees who are considered the best in their profession.

- The Gerald C. Braun Vocational Rehabilitation Counselor of the Year award was given to Tristen V. Wendland of the Denver VA Regional Office. Wendland was selected for her exceptional work and dedication to the "Coming Home to Work" initiative, for creating Non-Paid Work Experience opportunities for medically discharged servicemembers, and for providing Chapter 31 "Early Intervention/Seamless Transition" briefings.
- The Employment Coordinator of the Year award was given to Diane Hogg Clayton of the VA regional office in Little Rock, Ark. Clayton was nominated for her work on the Portable Job Resource Lab, for creating Non-Paid Work Experience opportunities and training videos for medically discharged servicemembers, and for developing a new memorandum of understanding between VA, the Department of Labor, and the Arkansas Department of Workforce Services. In addition, she completed her master's degree in Rehabilitation Counseling, and obtained a Certified Rehabilitation Counselor credential.
- The Program Support Professional Employee of the Year award was given to Gary L. Ahrenhoersterbaeumer of the VA regional office in Louisville, Ky. Ahrenhoersterbaeumer was nominated for his work on processing more than 850 Chapter 31 (Vocational Rehabilitation and Employment) applications and more than 300 Chapter 36 (Education Counseling) applications. His creation of an automated tracking system, coordination of case transfers, and improvement of various office activities have streamlined daily administrative functions into highly efficient systems that provide timely service to veterans.



LARRY MARCHIONDA

Creative arts therapist Shelley Knoodle asks veteran Leon Allen to talk about what his painting represents during art therapy group at the John D. Dingell VA Medical Center in Detroit. At left is veteran Richard Marsh.

Using Art as Therapy

Applying paint to canvas helps veterans learn about themselves as they explore their feelings and share with others what their art represents.

For art therapist Shelley Knoodle, what the individual puts on the canvas is not nearly as important as what the individual learns about himself.

As veterans seek health care at VA facilities for their physical and mental ailments, treatment teams often incorporate art therapy into the veterans' treatment plans. VA offers art therapy at 15 medical centers across the nation, according to Larry

Long, VA's director of Recreation Therapy Service. Art therapy falls under the umbrella of Recreation Therapy Service, which also includes music, drama and dance.

Knoodle facilitates art therapy for both inpatients and outpatients at the John D. Dingell VA Medical Center in Detroit. Veterans in her groups deal with depression, bipolar disorder, schizophrenia and post-traumatic stress disorder.

"I'm not trying to teach art or create artists," she said, "I'm trying to deal with behaviors and responses through art making."

The veterans in her groups range in age from 22 to 99 and their military service spans from World War II to Operation Iraqi Freedom. She facilitates eight groups each week, with group sizes ranging from 10 to 20 veterans. Groups have a mix of both male and female veterans, with males

comprising the majority of the group makeup.

At the beginning of group, Knoodle offers some introductory remarks and gives the participants a directive on the concept she wants them to express through their art. In one recent group, for example, veterans were asked to focus on the concept of inner strength. They worked on their drawings for about half an hour and then took turns holding up their artwork and explaining what it represented to the rest of the class.

“The art-making ‘experiential’ is more about processing than creating a masterpiece,” Knoodle said. “It’s engaging with the media that allows one to deal with an issue, or just the sake of making art.”

Her art therapy participants gain a great deal of insight about themselves through the experientials, said Knoodle. When veterans begin art therapy, she sees their defenses “really come up” and they’re often quite angry about their life circumstances.

“Once they face their fear by engaging in the art process, they discover courage as a strength to use outside the hospital,” she said. “The process gives them a sense of empowerment.”

John Wright agrees that he has gained insights about himself through his participation in art therapy. A resident of the Baltimore VA Rehabilitation & Extended Care Center (BRECC), a division of the VA Maryland Health Care System, the 52-year-old Air Force and Army Reserve veteran uses a wheelchair due to the debilitating effects of multiple sclerosis. He no longer has the use of his legs and has limited mobility in his arms and hands.

With the early morning sunlight streaming into the large picture window in the art therapy room, Wright leaned forward in his wheelchair and struggled to keep his right hand steady as he applied lavender acrylic paint to the background of his painting featuring four butterflies in flight.



RICHARD THOMPSON

Martha Haeseler talks to veteran Carlos Robles about the sculpture he created during an art therapy group in Giant Steps, the program she coordinates at the VA Connecticut Healthcare System in West Haven.

Occasionally he would look over to compare his work with a photograph of a brightly colored butterfly affixed to an easel.

While Wright painted, art therapist Sandra Widomski pulled out tins of watercolor paint and helped three of his fellow veterans get started painting pre-drawn sketches of owls. The veterans sat at a large round table chatting quietly amongst themselves and listening to the music

piped into the room.

Wright said his physical limitations often frustrate him, but by refusing to let them define him through his participation in art therapy, he has learned that “life is what you make it.”

The products of art therapy can offer valuable information for care providers, according to Dr. Mark Heuser, director of the Geriatrics & Long Term Care Clinical Center for

the VA Maryland Health Care System. For the geriatrics physician, art therapy may provide information useful in developing an individualized treatment plan for the veteran.

BRECC residents face a variety of physical and cognitive health care issues: functional limitations due to stroke or Parkinson's disease, dementia and end-of-life care. Heuser explained that the treatment team might learn something significant about the veteran's mental state by examining the art he produces. Bleak or frenetic drawings could indicate depression, loneliness, stress, anxiety or pain.

"The veteran's art might be a key piece of information in planning his course of treatment," Heuser said.

Art therapy can be used as both a diagnostic tool and a treatment modality for residents, according to Heuser. For example, when staff members notice that a newly admitted veteran is withdrawn and avoiding interaction with others, "prescribing" art therapy might help him integrate into the community by facilitating connections with others.

Connecting veterans with their communities is one of the outcomes Martha Haeseler sees in her art therapy program, known as "Giant Steps." The outpatient program at the VA Connecticut Healthcare System in West Haven is designed for veterans in treatment for psychiatric disorders such as PTSD, bipolar disorder and schizophrenia. Other veterans in the program have experienced childhood abuse or sexual trauma while serving in the military.

The majority of the 45 veterans in Giant Steps cannot work due to the severity of their symptoms, but they periodically offer their artwork for sale at VA Connecticut and put

the proceeds toward a variety of causes.

Giant Steps participant Carlos Robles particularly likes this aspect of the program. The 51-year-old Navy veteran said he used to feel badly about not being able to work and worried that he was "a liability" and "not a contributing member of society."

Four years of participating in Giant Steps has changed all of that.

"I have learned that I'm not a useless person," Robles said. "Through this program we have been able to

drawn and avoided contact with others. Now she enjoys interacting with her fellow veteran artists in Giant Steps and sharing ideas about art with them as she creates jewelry or quilts in group.

"It calms me and keeps me at peace with myself and life and society," she said. "It gets me to intermingle with people again."

An Army veteran from an earlier war has also experienced improved self-esteem through his participation in Giant Steps over the past four years. Larry Paquette, a 58-year-old Vietnam veteran, attends group twice a week to draw portraits.

"It makes me feel better about myself," he said.

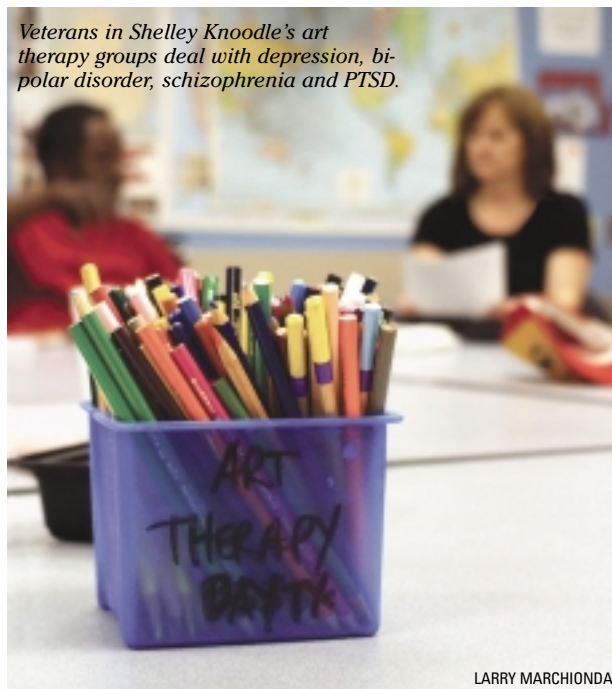
For Haeseler, the goal of art therapy depends on the needs and the wishes of each individual veteran.

"For one it might be to find solace from physical pain," she said, "or to be less critical of his or her work. For another, to gain control over traumatic material by expressing it in art, or to find relief from symptoms by focusing on something positive. It really depends on where the veteran wants to go with the art and helping him or her be comfortable with doing so."

Melanie Zarabi works hard to create a culture and a climate in which the veterans participating in her weekly art therapy group feel comfortable expressing themselves through their art. She encourages the 20 participants in her group to "just play and experiment with the art materials" and not worry about what the image looks like.

"We're not after 'let's make a beautiful image here,'" she said.

Zarabi is coordinator of the creative arts therapy program at the VA New York Harbor Healthcare System in Brooklyn. The program is designed for both inpatients and outpatients in



Veterans in Shelley Knoodle's art therapy groups deal with depression, bipolar disorder, schizophrenia and PTSD.

LARRY MARCHIONDA

sell our artwork to make money to contribute to disasters like Hurricane Katrina and the tsunami. When we do stuff like that, we find that we do contribute."

Participating in Giant Steps has also boosted Pam Taylor's self-esteem and confidence. The 40-year-old Army veteran of Operation Desert Shield/Desert Storm learned about the program through other veterans and has been attending group since January.

Since leaving active duty in 1995, Taylor said she had been with-



From left, veterans Andrea Lawrence, Edward Barone and Larry Drye go over their artwork with Creative Arts Therapist Melanie Zarabi at the VA New York Harbor Healthcare System's Brooklyn campus.

the treatment of psychiatric disorders.

Andrea Lawrence suffers from bipolar disorder and depression. The 45-year-old Army veteran says she has achieved a sense of self-worth and hope through her participation in the Brooklyn art therapy program for the past two years.

"It has helped me get in touch with my inner self," Lawrence said. "I started believing in my dreams again."

The former Army cook said her goal is to someday work as a pastry chef and build a house. She's been working on a drawing of a house surrounded by trees with a garden.

Luis Santos has participated in the Brooklyn art therapy program for the past five years. The 50-year-old Army veteran jokes that he's not much of an artist, but says art therapy has helped him with his true passion of writing poetry and rap songs.

At the end of group, there is a session called "Open Mike" during which veterans can stand up and say anything they want. Santos said they come out of art therapy "so fired up because there is so much good humor and camaraderie" that everyone wants to be the first to stand up and share with the group. Santos likes to read

his poetry and perform his rap songs.

Larry Drye had been living on the streets of Brooklyn for 18 years before joining the VA art therapy program in 1999. The 59-year-old Army veteran served as a combat medic during the Vietnam War. He read an article about VA, and decided to stop in at the Brooklyn campus. VA doctors diagnosed him as suffering from PTSD.

"It has helped me get in touch with my inner self. I started believing in my dreams again."

"I just thought I was a bad person," he said.

Drye said he has difficulty getting in touch with his emotions. When he first started attending art therapy, he didn't talk to anyone.

Slowly, he began to open up and started talking to his fellow veterans. Working on paintings and collages helped him work through his PTSD symptoms.

"I could express the locked-in things that I'm afraid to talk about or can't talk about," Drye said.

Art therapy has also provided relief from PTSD symptoms for Edward

Barone. The 58-year-old Army veteran of Vietnam said his pictures were bleak when he first started art therapy two years ago because he was really angry.

He was also attending a combat veterans group, which forced his thoughts about the Vietnam War to the forefront. Barone said these thoughts came out in his art. He painted an Asian face and an American face peering out from the jungle, with red paint splattered on the canvas. He named his work "Blood on the Leaves."

"I have these feelings of guilt," Barone said. "Art therapy helped me confront it."

Today he paints colorful florals on wood and constructs Andy Warhol collages featuring Warhol's photo, a Campbell's soup label, and a splash of red. Barone sells his art on the sidewalk at Union Square in Manhattan two days a week. He has also joined the Brooklyn Waterfront Artists' Coalition.

"I'm not a Picasso, but I think my stuff is good," he said.

While the ultimate goal of therapy may not be to transform veterans into the next Picasso or Van Gogh, veterans in the program are

creating some exceptional fine art.

Knoodle and Haeseler plan local art shows each spring; the first-place winners advance to the regional competition. Regional winners then advance to the national-level competition—the National Veterans Creative Arts Festival—held each year in October. Veterans invited to participate are selected winners of year-long, national fine arts talent competitions in which thousands of veterans enter from VA medical facilities across the nation. **VA**

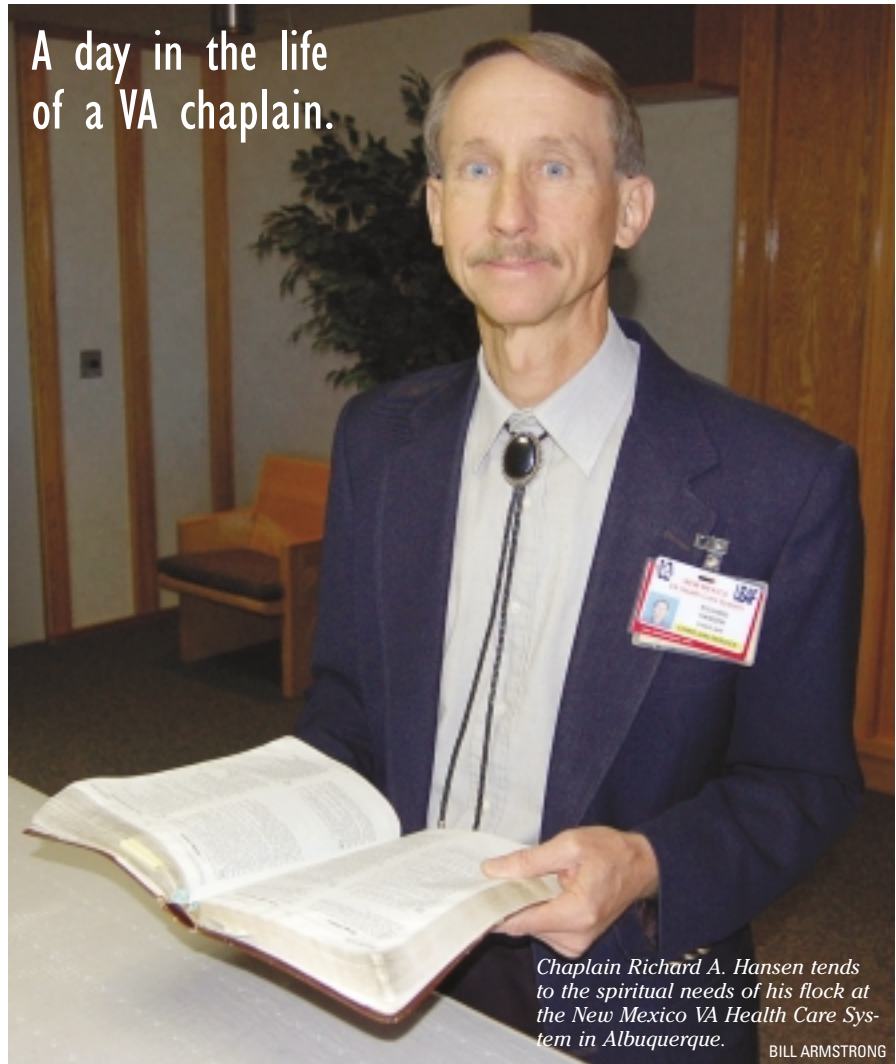
By Renee McElveen

My day begins before dawn as I prepare for chaplain ministry at the New Mexico VA Health Care System in Albuquerque. The following is a sampling of ministry portrayed through a mosaic of encounters and gleanings, highlighted with opportunities, challenges, and “ah-ha” moments, all of which illustrate the role served by the clinically trained professional hospital chaplain as a member of the VA caring team.

I saddle up my bicycle, set the pedals in motion and am rewarded by the sight of a panoramic sky served up with a sprinkling of stars competing against the metro radiance, followed by the first light of the sun eclipsed by the mountaintops. A crisp morning breeze brings a lively touch that elevates my desire to offer praise and prayer to my creator in preparation for a day containing elements of the anticipated as well as the unexpected.

I pray for wisdom that will enable me to be a non-threatening presence in the right place at the right time to patients who may be at a crossroads in life. I invite His spirit as my partner to provide healing, guiding, reconciling and nurturing to the sick, weary, confused, frightened and brokenhearted that will be delivered into

A day in the life
of a VA chaplain.



Chaplain Richard A. Hansen tends to the spiritual needs of his flock at the New Mexico VA Health Care System in Albuquerque.

BILL ARMSTRONG

Making the Spiritual Rounds

my care at the VA medical center.

Arriving, I am ready to bring a caring presence to those who served and sacrificed for our nation. My first stop is the Pre-anesthesia Care Unit, where surgical patients undergo initial treatments. I greet Mr. Fletcher* (*patient names have been changed), a 73-year-old Korean War vet awaiting a heart bypass operation. I hope to achieve a relationship with the patient during my brief visit before medical staff preps him for surgery. After introductions, he reports thoughts and feelings about the up-

coming surgery: “Got to have it done. Have it done or die. Not anxious about it, not worried about it.” In response to my question about what brings him this peace, he replies, “Speaking to the man upstairs.” He gladly agrees to prayer. The veteran thanks me and is soon interacting with medical staff.

My feet cannot resist the urge to drop into the surgery waiting area. Visitors are assembled in a few small groups and separately. I notice one person reading, others conversing, and of course, some attached to their

cell phones. Sheets and pillows are reminders of those who have been there all night.

I introduce myself, welcome them to the VA, and briefly tell them about our chapel availability and chaplain ministry. One group summons me intently. A daughter informs me that her dad is having open-heart surgery and asks for prayer. The vet’s wife, Mrs. Tafoya, is also present. We join hands and I call to God, giving thanks for Mr. Tafoya’s service to our country. I quote scripture assuring of our creator’s presence and ask for wis-

dom for the surgeons, anesthesiologists, nurses and other specialists involved in the heart procedure. Calmness reigns and anxiety ebbs away. They thank me.

I then head to the Surgical Intensive Care Unit (SICU). Tammy, a patient transporter, thanks me for rendering support to her fellow employee, who has now resolved some troubling issues. Investing a listening ear to staff voicing their trials, entanglements and triumphs builds relationships and communicates my caring interest in them. "Pray for us" is not an uncommon request from nurses as they stretch themselves to address patient needs.

The SICU effervesces with trademarks of its label: requests for assistance, suctioning, inserting intravenous tubes, adjusting tracheotomies, changing dressings and monitoring vitals of patients. I greet staff in passing and am able to conduct a brief visit with Mr. Collins, 65, who just had a leg amputated after a year of extensive efforts to clear up a painful, tenacious infection. He is awake but still on the ventilator. Unable to speak, he signals with head nods that his surgery went well and initiates a request for prayer by placing his hands together in the symbolic gesture.

Navigating through the orthopedic, surgical, palliative, nursing home, medical and intensive care units, my role as a servant and active listener bears fruit. Ms. Chavez, a young woman in the Air Force, conveys gratitude for the excellent care she received from the medical staff. She identifies herself as Catholic, and shares an update concerning her support system and medical condition. She feels good about her progress and accepts my offer to have prayer with her.

After knocking and receiving permission to enter her room, Ms. Sirkin informs me that she is "very tired." She is dealing with a setback in the form of fluid build-up. I keep my stay brief; however, she responds

with enthusiasm to my offer to contact her congregation and bring her the *Prayer Book for Jewish Personnel in the Armed Forces of the United States*. I leave a message at her synagogue and present her with the prayer book.

Hope mixed with passion is expressed as she kisses the sacred scriptures that serve as a touchstone of her spirituality. She thanks me for addressing her needs as a Jewish patient. I am reminded that my role as a chaplain is to offer support to patients in identifying, using and fully appreciating their faith resources during the crisis of hospitalization.

Mr. Kingston, newly admitted, seems a bit guarded as I introduce my-

"Pray for us" is not an uncommon request from nurses as they stretch themselves to address patient needs."

self. He warms up and in the course of our conversation, I ask, "What is spiritual in your life?" He answers, "I lost my religion in Vietnam." I'm interested and follow up with, "Can you say more about this?" Mr. Kingston points to the issue of suffering: "If a good God existed, He would not have allowed what went on in Vietnam."

The vet continues, feeling free to express his perspectives along with spiritual injuries lodged deep within him. A relationship seed is sown by active listening, watered by meaningful dialogue, and nourished through re-framing of experiences. My hope is that some spiritual healing has occurred which will contribute to the overall healing process.

Throughout the day I return to the office and drop in on my fellow chaplains. David is making preparations for the Celebration of the Mass. We exchange patient referrals and talk about favorite hiking areas. Steve is on the Substance Abuse Residential Treatment Program Unit, leading a focus group, which emphasizes spiritual development as a pathway to recovery. Later in the week he will be

facilitating other support groups, including one for people working through cancer. Ron, our service chief, calls us together to discuss preparations for the Veterans Memorial Service that will be held just after Memorial Day. Invitations were sent to families of veterans who died in the VAMC during the last six months. Returns promise a strong turnout. We also review family recommendations of VAMC staff members nominated to receive the Outstanding Caregiver Award.

Near the end of the day Ron breaks the news that Mr. Olsen, a heart patient we both frequently visited, had died after being transferred

to the facility where he hoped to receive a transplant. Sadness deepens within me as I recall the moment Mr. Olsen joyfully announced that he was declared eligible for a new heart after enduring endless setbacks. Ron and I team together to provide support to the grieving nursing staff that cared for Mr. Olsen.

After writing chart notes of my visits, I take a break and walk by *The Four Chaplains* bronze sculpture displayed near the chapel. The image calls me to reflection and examination.

When the *S.S. Dorchester* was fatally torpedoed on Feb. 3, 1943, these World War II Army chaplains gave up their life jackets to those in need, saving soldiers' lives by sacrificing their own. Their memorial, in conjunction with my spiritual beliefs, remind me of the standard of care I am to provide. I thank God for His available resources that impart this compassion along with discernment needed to carry me through the ministry day. **VA**

By Richard A. Hansen

No Longer at Rock Bottom

William Meyers has left his troubled past behind, finding meaning giving back to a system that he says saved his life.

Five days a week William Meyers leaves his Environmental Management Service job at the VA Palo Alto Health Care System and heads to a homeless shelter in San Jose, Calif. No, it's not where he is living. It's where he finds value in life.

A big man, heavily tattooed, Meyers is a vet-to-vet peer counselor, a vocation he fell into after years of drugs, gangs and even prison.

"I've been at the bottom, believe me," said Meyers. "I know what it's like to have no hope, not to care about anything, especially myself. It's a bad place to be."

After one stint in prison for a drive-by shooting, Meyers was about to head back to jail when his parole officer told him that if he went to VA for help, they would hold off on jail. He readily accepted the offer.

For the next 21 months, Meyers went through VA Palo Alto's 1st Step Program, Homeless Veterans Rehabilitation Program (HVRP) and Compensated Work Therapy (CWT). For the past six and a half years he's been working for VA and looking for any way to give back to a system that he says "saved my life."

Keith Harris, VA Palo Alto's chief of Domiciliary Service, first met Meyers at the HVRP in 2001 and was immediately impressed.

"Here was this veteran receiving treatment for homelessness and other issues, and he was competently leading a meeting of 40-plus veterans and staff members."

Meyers served on the USS Enterprise and got out of the Navy in 1987. He says he started a downward spiral right away, getting involved with gangs and a revolving door at the jail. What really turned his world upside down was when a dozen police offic-

weekly and carries a photograph in his wallet that he proudly shows and tells folks, "He's top in his class. He's going to go far. And he's proud of me now, too."

Another person who's proud of Meyers and devoted to him as a friend is Perry Myrick, custodial manager for VA Palo Alto's Fisher House, who was an infantryman in the Army from 1981 to 1984. Like Meyers, Myrick went through 1st Step, HVRP and CWT.

But Myrick's motivation wasn't family, it was Meyers.

"Perry was holed up in a room drinking," Meyers recalled. "For more than a week I would take him food every day and sit with him and talk to him about getting help. I just couldn't stand to see a really good man sinking like that. I can't tell you how proud I am of him now. So proud."

Meyers also counsels 12 residents at the Day by Day Residential Living home in San Jose. He is responsible for the residents' well-being and group counseling sessions at the home, which is called a Sober Living Environment (SLE).

"I live at the home and have for two years," said Meyers. "In virtually all aspects of my life I'm



Veterans William Meyers (left) and Perry Myrick were both homeless when they sought help through VA's extensive rehabilitation programs.

around recovering substance abusers—it's honestly what keeps me clean. It is also what gives me purpose. Instead of taking life, I'm giving life back—there is meaning now, where there never was before." **VA**

"I knew I had to do something," Meyers said. "My son is everything to me."

Today, he sees his now 12-year-old son, William (Andy) Meyers,

ers bound and handcuffed him at a grocery store in front of his 4-year-old son.

By Kerri Childress

'Sammie' Medal Winner

Tampa VA's Dr. David Vesely is honored for his 25-year career in heart hormone research.

The heart hormone research of James A. Haley Veterans' Hospital physician and researcher David Vesely, M.D., Ph.D., may revolutionize the treatment of cancer, and in the process, save countless lives—not just of veterans, but of people everywhere. Vesely is the first VA employee to be selected for the prestigious 2007 Service to America ("Sammie") Career Achievement Medal for medical research.

The "Sammie" Career Achievement Medal recognizes federal employees for significant accomplishments throughout a lifetime of achievement in public service and is accompanied by a \$10,000 award. Sammies are presented by the non-profit, nonpartisan Partnership for Public Service.

A Nebraska native, Vesely is the Tampa VA's chief of Endocrinology, Diabetes and Metabolism, where he has worked since 1989. He is also professor of Medicine, Molecular Pharmacology and Physiology at the University of South Florida, where he has been a faculty member for the same length of time.

He accepted his "Sammie" at an awards banquet held at the Andrew Mellon Auditorium in Washington D.C., on Sept. 19. The award is for the physician-researcher's body of work, spanning 25 years, which has significant implications for the treatment of several serious, often terminal, diseases.

Through largely VA-funded research, Vesely discovered three hormones made by the heart that treat congestive heart failure, kidney failure and cancer. Within a 24-hour period, these hormones are capable of elimi-

nating in test tubes as many as 97 percent of human pancreatic, prostate, breast, colon and kidney adenocarcinomas—malignant tumors in a gland.

Breast, colon, prostate and pancreatic cancers are all adenocarcinomas. Of these, pancreatic cancer is considered the deadliest—patients are expected to live only a few months after the disease has progressed.

Published in the May/June 2007 issue of the medical journal *In Vivo*, Vesely's latest research showed that up to 80 percent of adenocarcinomas growing in lab mice can be cured with these hormones. Significantly, of those human pancreatic cancers that *can't* be cured, the volume of the tumors decreased to less than 10 percent of the volume of untreated tumors. Vesely found that these mice live normal lives, with no recurrence of cancer.

Until 2002, Vesely's research focused primarily on congestive heart failure and acute renal failure. It was that year that Clo, his beloved wife of 30 years, died of breast cancer and he expanded his research to cancer. He found that two cardiac hormones he discovered eliminate two of every three human breast carcinomas growing in mice, with the third hormone eliminating 50 percent—all without surgery.

Most funding for Vesely's research was obtained through the VA Merit Review program, which is open only to VA employees. The program is run by VA's Office of Research and Development, which allocates funds to VA medical facilities for the scientifically meritorious research of its employees related to the high priority health care needs of veterans. VA profes-



Physician-researcher David Vesely is the recipient of the prestigious 2007 Service to America ("Sammie") Career Achievement Medal.

sional staff are encouraged to conduct medical research that contributes to the nation's knowledge about disease and disability.

"This award is special since I am being recognized for something I love to do—helping millions of people I will never meet—and for work I never expected to receive an award for," said Vesely. "Of course, an award which is completely unexpected is always special."

The father of five children, Vesely is a 1967 graduate of Creighton University who received his M.D. and Ph.D. at the University of Arizona. He directs the USF Cardiac Hormone Center, a multidisciplinary operation with staff from Molecular Medicine, Internal Medicine, Ob/Gyn, and Molecular Pharmacology and Physiology.

The next steps in Vesely's research include beginning clinical trials testing the heart hormones in congestive heart failure and cancer. If these human trials are successful, Vesely will transform how cancer is treated around the world. **VA**

By Susan Wentzell

Nicholson Presents Award to Little Caesars Founder Michael Ilitch



Prior to the award ceremony, Michael Ilitch, left, and Secretary Jim Nicholson donned black aprons and served hot pizza to about 100 homeless veterans in front of VA Central Office.

In recognition of one person having the ability to make a difference in the lives of many others, Michael Ilitch was honored with the highest external award the Department of Veterans Affairs has to offer.

The founder and owner of Little Caesars Pizza traveled to Washington, D.C., to receive the VA Secretary's Award from Secretary Jim Nicholson during a special ceremony on Sept. 17.

Ilitch read a newspaper article about Army Staff Sgt. Robbie Doughty, who lost both legs in a roadside bomb explosion in 2004 while serving in Iraq and returned to his hometown of Paducah, Ky., unable to find satisfying work. Ilitch, a Marine Corps veteran, was so moved by Doughty's courage and determination that he decided he wanted to do something for the young soldier. He contacted Doughty and offered

him a Little Caesars pizza franchise in his hometown free and clear—the building, the equipment, even a special chair for Doughty behind the counter.

Doughty, 32, asked fellow OIF veteran Lloyd Allard, 47, to go into business with him. The two served together in the same Special Forces unit in Iraq. Doughty and Allard held the grand opening celebration of their franchise on Feb. 1.

Ilitch has continued lending a helping hand to veterans transitioning from military to civilian life or seeking a career change. In November 2006, he created the Little Caesars Veterans Program, which provides franchise business opportunities to qualified, honorably discharged veterans. The program, which is now endorsed by VA's Center for Veterans Enterprise, offers veterans who qualify a benefit of

\$10,000 and service-disabled veterans a benefit of up to \$68,000 on Little Caesars franchise costs.

Prior to the ceremony, Nicholson, Ilitch, Doughty and Deputy Secretary Gordon Mansfield put black aprons on over their business suits and handed out hot slices of pizza on paper plates to a crowd of approximately 100 homeless veterans in front of VA Central Office. They served the pizza from the mobile pizza kitchen on wheels, known as the Little Caesars Love Kitchen.

At the award ceremony later that afternoon, Doughty thanked Secretary Nicholson for recognizing Ilitch with the award, noting that the franchise opportunity has made a "tremendous difference" in his life. He said he hopes other business owners will follow suit and see Ilitch as the model for success.

"Veterans helping other veterans—that's what it's all about," Doughty said.

Secretary Nicholson said the innovative franchise program developed by Ilitch has had a "tremendous impact on the lives of thousands of veterans" who are "embracing this opportunity for a new beginning."


In accepting the award, Ilitch talked about how excited his employees were to be able to do something for the veterans of this country by putting together the Little Caesars Veterans Program in record time. He said before he knew it, his staff had conducted the legwork and put the program together for his approval.

"I've never, ever seen my company so excited," he said. "We put it together quickly because of the joy that it brought to the employees."

Ilitch said he anticipates opening one veteran-owned Little Caesars store every 14 days in 2008.

Kelsey Mortimer II, corporate liaison specialist with the Center for Veterans Enterprise, said he has spoken to more than 1,300 veterans about franchise opportunities with Little Caesars since November 2006 and has referred 200 qualified veterans on to Little Caesars for the veterans program.

Mortimer said he is encouraged by the response and added that he has had inquiries from other business owners interested in setting up similar franchise programs within their companies for veterans.

More information about the Little Caesars Veterans Program is available online at www.vetbiz.gov or call 1-866-584-2344. 

Golden Age Veteran Tosses Her Way to Victory at Senior Games

With a glow of gold in her face and a silver medal clasped in her hands, Marilyn Hilliard stood jubilant as she received VA's first medal at the Summer National Senior Games—the Senior Olympics.

Hilliard, an Army veteran from Butler, Pa., won the silver medal in horseshoes (age 75-79 bracket). "I'm so elated," she said. "I was just like a kid again when I got my medal. I've been training so hard for two years and I wanted to win. To win a medal on the Olympic level, where there are 12,000 competitors, makes it so special."

A 10-member team out of the 50 who qualified at the 2006 National Veterans Golden Age Games attended the Senior Games in Louisville, Ky. "Our veterans are competitive in the national arena," said Dewayne Vaughan, the event's director.

The National Senior Games are a not-for-profit

member of the United States Olympic Committee dedicated to motivating senior men and women to lead a healthy lifestyle through the senior games movement, much like the National Veterans Golden Age Games.

Hilliard qualified to compete in the Senior Games at last year's National Veterans Golden Age Games. Veterans who participated in last year's event not only competed for gold, silver and bronze medals, but also qualified for the Senior Games in some of the Games' events because the Golden Age Games are an associate member of the Senior Games.

Known for her strong work ethic and grace even in defeat, Hilliard plans to perfect her game and is aiming for the 2009 gold medal at the Senior Games. In August, she won yet another medal, this time gold, at the 2007 National Veterans Golden Age

Games, which took place in Houston. More than 600 participants from 36 states and Washington, D.C., were in Houston competing in 14 different events.

Although 2007 is not a qualifying year at the Golden Age Games, veterans still got the opportunity to test their skills and find out what they need to improve for next year's qualifying events.

The qualifying events at the Golden Age Games are horseshoes, shuffleboard, swimming, table tennis, golf, shot put and discus. Competitors who place first, second, third or fourth in those events qualify for the Senior Games.

The partnership between the organizations began in 2003.

"The National Senior Games seemed like a logical choice, and we approached the Senior Games to form this fantastic partnership," said Vaughan.



Marilyn Hilliard competes in the horseshoes event at the Golden Age Games in Houston in August. She won gold there, and silver at the Senior Games.

Next year's Golden Age Games is a battleground for berths on the Senior Games Olympic team. For more information about the 2008 Golden Age Games, go to www.veteransgoldenagegames.va.gov. VA

MyHealthVet Offers All Veterans a Personal Health Record

My HealthVet (www.myhealth.va.gov), the electronic Personal Health Record for all veterans, has added new functionality and enhanced existing features.

Over the past several years, VA has worked to develop an eHealth Web portal that would encourage veterans to become more involved in their health care. Veterans who take an active role in their health care have a better understanding of their condition, are more aware of treatment options, and generally find greater satisfaction with their overall care.

My HealthVet has no barriers to its availability, and allows each veteran to create a Personal Health Record designed to meet their specific needs. By consolidating personal health information in one easily accessible, secure location, My HealthVet encourages veterans to become more involved with their clinician on health care decisions.

Some features are specifically designed for use by VA patients, but all veterans and VA employees are eligible to take advantage of the tools provided by My HealthVet. If you have not already logged on to see what is offered, check it

out today.

New features and enhancements were introduced this summer.

The **My Complete Medications Summary** provides VA patients who have completed the In Person Authentication process a consolidated list of all VA prescriptions and self-entered non-VA prescribed and over-the-counter medications, herbals and supplements. Providing a printed copy of the Medications Summary to clinicians may alert them to a potentially life-threatening drug interaction.

A new **Calendar** provides an easy way to self-enter personal health information, prescription refills, holidays and personal events, as well as stay informed of local and national VA events and activities.

The **Account Activity History** allows the My HealthVet user to monitor their account activity.

New **Hepatitis C and HIV/AIDS Conditions Centers** provide information and help with managing those conditions.

e-Class Will Allow Faster Classification of Position Descriptions

The Office of Human Resources Management (OHRM) is introducing several new automated tools to transform HR services from transactional to consulting. One of those new tools, Electronic-Classification (e-Class), will be rolled out in January.

e-Class is a Web-based application designed to provide a library of valid, standard position descriptions (PDs) for use throughout VA.

OHRM has established a project team dedicated to ensuring that e-Class is customized to meet VA's specific needs. The project team is comprised of HR representatives from each of the department's three administrations in various locations.

e-Class will offer a single point of reference and access to a library of validated PDs. The PDs in the system will be

reviewed by VACO classification for proper title, series and grade, so classifiers will only have to consider any unique duties at a specific location.

"I really see e-Class as providing me with a more streamlined process," said Michael Knutson, a classifier at the VA medical center in Ann Arbor, Mich., and member of the e-Classification project team. "It will result in classifiers being less bogged down in paperwork, enabling positions to be classified more quickly. Additionally, I see this more efficient process allowing classifiers as well as HR managers more time for other activities."

Although e-Class will allow faster classification and increased hiring efficiency, it is still a tool and does not replace the work done by classifiers. Classifiers will still clas-

sify position descriptions, sign the OF-8, validate the accuracy of assigned duty statements, ensure lack of duplication or overlap with established positions, and promote good position management. The Office of Human Resources Management Compensation and Classification Service will validate the content of the system.

The system will allow editing of established standard PDs and creation of new PDs through a position building function. It provides a database of duty statements to help users develop new PDs. Classification specialists will have access to the system and will work with supervisors to establish properly classified PDs.

Users can also e-mail PDs through the system to appropriate parties for review and

discussion. In addition, the system will include a tracking/date-stamping feature to track major actions.

VA managers will also benefit from e-Class, according to Willie Hensley, VA deputy assistant secretary for human resources management. Faster classification, he said, "is something that managers and supervisors are going to be excited about, because it will help them better manage their workforce, as well as determine what skills they need."

As hiring efficiencies increase, VA will be able to staff positions more quickly and accurately, resulting in better delivery of services to the nation's veterans.

Visit the HR Transformation Web site at vawww.va.gov/HRTRANSFORMATION for more details. **VA**

2007 Federal Benefits Open Season Coming in Mid-November

The Office of Personnel Management has announced that the 2007 Federal Benefits Open Season will be held Nov. 12-Dec. 10. Three separate programs will participate in this year's Open Season: the Federal Employees Health Benefits (FEHB) Program; the Federal Flexible Spending Account Program (FSAFEDS); and the Federal Employees Dental and Vision Insurance Program (FEDVIP). With more benefit choices, eligible employees need to plan ahead to ensure they understand the various benefit elections and choose the coverage that is most beneficial for them and their eligible family members.

Open Season is also a good time for employees to review their FEHB coverage and verify that their current plan has not been changed or discontinued.

During the FEHB Open Season, eligible employees will be able to enroll, change options or plans, reduce or cancel health insurance, as well as enroll or make changes to premium conversion. FEHB plan guides and brochures will be available on OPM's Web site at www.opm.gov/insure/health. Employees are strongly encouraged to use Employee Express at www.employeeexpress.gov to make their FEHB Open Season elections.

Employees who want to elect a health care flexible spending account, a limited expense health care flexible spending account, or a dependent care flexible spending account for 2008 must make an election during the Open Season. FSAFEDS enrollments do not roll over from year to year. Visit the FSAFEDS Web site at www.FSAFEDS.com for more information about these options and additional information about this year's Open Season.

For employees who may have dental and vision expenses, FEDVIP might be worth investigating. FEDVIP is a voluntary supplemental insurance with no federal government contributions and is not dependent upon FEHB enrollment. To be eligible to enroll in FEDVIP, employees must be eligible for the FEHB Program. It does not matter if they are actually enrolled in FEHB—eligibility is the key.

Active federal employees will be able to use pretax payroll deductions when acquiring benefits under this program. Enrollments in FEDVIP are available as self-only, self plus one, and self and family. Employees may enroll by visiting the BENEFEDS Portal at www.benefeds.com. For updates about the program, visit the FEDVIP Web site at www.opm.gov/insure/dentalvision.

Online Learning: LMS Kicks Off With Mandatory Training Delivery

It's been designed, tested and refined—and now the VA Learning Management System (VA LMS) is here. As of Oct. 1, the VA Learning University, through its partnership with a cross-functional team from VHA, VBA, NCA, Office of Cyber and Information Security, and Office of Human Resources, began introducing this new tool across VA by offering several national mandatory training courses to employees.

The VA LMS is a Web-based training tracking software application that enables employees to access and manage their learning activities, and ultimately maintain a single official training system of record. Beginning Oct. 1, employees must access the following national mandatory training courses through VA LMS at www.lms.va.gov:

- Cybersecurity
- Privacy
- No Fear
- Prevention of Sexual Harassment

As the VA official train-

ing system of record, VA national mandatory training course completions will then be automatically recorded in VA LMS. This will also enable the department to have an automated aggregate report of all VA national mandatory training.

VA LMS continues the department's established commitment to lifelong learning and makes it easier for employees to reach their career goals. VA LMS will eventually become the single portal for all national VA training programs, not just mandatory topics.

"VA LMS is designed to help VA employees manage their personal career development," said Joy Hunter, dean of VALU. "We're very excited to watch this system grow to eventually include all facets of an employee's training. We're rolling out this system in phases so that all employees can be trained on its functionality and understand all its capabilities.

"Until all phases of the

implementation are complete, dual reporting systems will need to be maintained," Hunter added. "The VA LMS is currently the source for national VA mandatory training reporting, while local training tracking systems like TEMPO and SynQuest will be the source for your local training reports in 2008."

Phase Two will bring local learning offerings and selected training history data into the VA LMS. Once data migrations are complete, facility-based training tracking tools such as TEMPO, SynQuest, and all instances of VA's training tracker will no longer be used.

What this means for employees is that you will:

- Browse and register for all available learning events and products, both national and local offerings.
- See reports generated by the system that determine compliance with mandatory and required training, and review your own and organizational learning plans and training

histories.

Your local VA LMS point of contact and VA LMS administrators are your source for training on use of the VA LMS system. Watch for local announcements in your facility/organization for specific training times.

VALU wants to ensure all VA employees have maximum access, flexibility and choices for continuous learning. The VA Learning Catalog was only the beginning. VA LMS represents the next generation in learning management.

"We encourage you to take time, over the coming weeks and months, to learn what VA LMS can do to make your learning easier," Hunter said. "Change takes a bit of getting used to, but it's also an exciting opportunity. Our staff and project team will be with you every step of the way as we make this transition."

For additional information, or to find your local LMS point of contact or administrator, visit www.OutsideLMS.va.gov. **VA**

In Memoriam: Former Miami VAMC Director Thomas C. Doherty



Thomas C. Doherty

Thomas C. Doherty, longtime director of the Miami VA Medical Center, died Aug. 21 at his home in Miami Beach

after a brief illness. He was 85.

As a young Marine gunnery sergeant in the Pacific during World War II, his leadership under fire was recognized on the first of many occasions by award of a battlefield commission. He served in Korea and Vietnam, and when he eventually retired as a colonel, his many combat decorations included the Navy Cross, the Silver Star, and the Purple Heart with Gold Star.

Return to civilian life and work with the Justice Department and on the staffs of congressional committees was in-

terrupted by calls to short-notice assignments with the Office of Strategic Services, the Central Intelligence Agency and Special Forces units.

Doherty's VA career began in 1950 and, except for short detail assignments to the CIA, he had more than a half-century of uninterrupted service to the department. In 1966, he embarked on a career in health care administration with the agency, and a short time later began his continuous association, until his retirement in January 2003, with the Coral Gables, later

the Miami, VA Hospital. He first served as associate director and from 1974 on as director.

His accomplishments during his 35-year tenure at the Miami VA included moving the staff and services of the 497-bed Coral Gables facility to a modern 1,035-bed hospital in 1968 without significant disruption of services, leading the Miami VAMC's response to the Category 5 Hurricane Andrew after it devastated south Florida in 1992, and dealing with the af-

continued on page 30

Elsa Interior

Ballroom dancing isn't for wimps. Just ask Elsa Interior.

Twenty-eight years of dancing and 37 years of being on her feet all day taking care of patients took its toll, and she had to have both knees replaced this past January. But after completing physical therapy, she plans to put her dancing shoes back on.

Interior, 58, is a registered nurse in the Medical Intensive Care Unit (MICU) at the Baltimore VA Medical Center. She has been a VA employee for the past 29 years. In the MICU, Interior spends her shifts closely monitoring the vital signs of her critically ill patients and responding to Code Blue alerts. Ballroom dancing offers much-needed stress relief from her job.

Her introduction to ballroom dancing came about back when disco was all the rage. In 1979, Interior was serving as a nurse in the Army National Guard. During her two-week annual training, she met a fellow soldier who was training to be a dance instructor. He talked her into signing up for ballroom dancing lessons.

Her original intent was to learn the Hustle, the disco dance popular at the time, but once she was introduced to ballroom dancing, she was hooked. Interior said she never did learn the Hustle.

She took lessons at a Fred

Astaire Studio in Baltimore. For Interior, one of the most difficult dances to learn was the Paso Doble. She finds the presentation challenging since it is one of the most dramatic dances in International Latin style dancing. Known as "The Dance of the Bullfight," it is supposed to create a Spanish bullfighting atmosphere. The woman's role shifts from the matador's cape to the matador at different times within the dance.

"You have to think of yourself as a matador," she explained. "You have to have a lot of character and be very confident. I'm very shy."

Despite her shy nature, her favorite type of dancing is International Latin style because "it has a lot of rhythm and it's fun."

Once she learned the dances and felt confident in her abilities, Interior started entering ballroom dancing competitions. She trained two hours a week in a group class, took two hours of private lessons each week, and practiced on her own time. She has been competing seriously since 1992. The Ohio Star Ball in Columbus is the big competition, with more than 10,000 entries. Interior has made it to the finals there on five occasions.

Interior said ballroom dancing has been a positive addition to her life. Besides the stress relief, it has given



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VA registered nurse Elsa Interior dances the Cha Cha Cha with her partner and dance instructor Slava Sergiev.

her a fun way to exercise and increased her confidence level.

Now in its fifth season, "Dancing with the Stars" is one of Interior's favorite TV programs. The show pairs a celebrity with a professional dancer in an attempt to get a high score from a panel of three judges and then a high number of votes from viewers.

She has been impressed with several celebrity dancers, including former 'N Sync

singer Joey Fatone and former Dallas Cowboys running back Emmitt Smith. Her theory about the show's surprising popularity is that the public has learned that ballroom dancing is not for wimps.

"Ballroom dancing is very athletic and artistic at the same time," she said. "It's not easy. It really takes training and dedication to learn the dances." [VA](#)

By Renee McElveen

Doherty (cont.)

termath of a calamitous electrical fire in 2000 that disrupted hospital services for months.

He was the recipient of numerous awards from every

major veterans service organization, and was honored by the governor of Florida for his outstanding service, devotion and dedication to serving veterans.

He also received the Four Chaplains Medal, the Distinguished Catholic Service Award, and the Greater Miami Chamber of Commerce's Healthcare Heroes Award as

an "Individual of Merit."

Doherty is survived by his wife, Martha, four children and eight grandchildren. He was buried at the South Florida National Cemetery. [VA](#)

Shingles Vaccine Available to Patients at VA Medical Facilities

A vaccine for shingles, which VA researchers helped develop, is available to veterans who are patients at VA medical facilities nationwide.

VA physicians will offer the vaccine to patients with appropriate medical conditions, usually those who are 60 years of age or older and have healthy immune systems. A single dose of the vaccine offers protection against shingles, which is known by the scientific name Herpes Zoster.

VA researchers and patients from across the country participated in studies that led to the vaccine's approval by the Food and Drug Administration. The vaccine is available immediately to those who are recommended for the treatment.

Engineering Students Design Parallel Bar Assistant for VA Patients

Mechanical engineering students at Southern Methodist University (SMU) are putting their ideas to work for veterans at the Dallas campus of the VA North Texas Health Care System. Students met with spinal cord injury and physical medicine and rehabilitation therapists, who explained challenges they have with gait training for patients with SCI.

In the early stages of gait training when patients are learning to walk, parallel bars are used to help them work on mechanics and overall strengthening of the legs. Therapists presented ideas to the engineering students and asked them to develop a tool that could ease these challenges.

The engineering students designed the parallel bar assis-

tant, which allows the therapist to gait train a patient in the parallel bars without a second therapist pushing a wheelchair behind the patient. The parallel bar assistant has special hand grips that help pull the wheelchair behind the patient while giving the patient extra grip and reciprocal hand and walking motions.

With the use of the parallel bar assistant, the therapist can concentrate more on the mechanics of the patient's walking and it eliminates the need for additional staff to push a wheelchair behind the patient during gait training. A second invention is the wheelchair propulsion trainer that teaches patients how to properly push a manual wheelchair.

SMU and VA North Texas collaborate annually. Each August, therapists at VA North Texas present ideas and challenges to students in the mechanical engineering department at SMU. Students take these ideas, create a proposal by October, and build a prototype to be revealed at the SMU engineering senior project presentations in April.

Researchers Identify Painless Way to Diagnose Brain Diseases

Researchers from the University of Minnesota Medical School and Brain Sciences Center at the Minneapolis VA Medical Center have identified a noninvasive and painless way to diagnose complex brain diseases. Their research indicates the possibility of a less-stressful diagnosis for brain diseases, in addition to a method of measuring the effectiveness of various treatments for these diseases.

The researchers recorded brain cells communicating with each other using magnetoencephalography



MINNESOTA MEDICAL FOUNDATION

Dr. Apostolos P. Georgopoulos, head of the Brain Sciences Center at the Minneapolis VA Medical Center, records a patient's brain cells using magnetoencephalography (MEG). Georgopoulos and colleagues researched the potential of using MEG in diagnosing brain disorders.

(MEG) while research subjects stared at a point of light. The researchers classified the 142 research subjects by diagnosis after applying various mathematic algorithms.

Study participants were divided into six categories: people with Alzheimer's disease, chronic alcoholism, schizophrenia, multiple sclerosis, Sjogren's syndrome, and healthy patients in the control group.

"This elegantly simple test allows us to glimpse into the brain as it is working," said Dr. Apostolos P. Georgopoulos, head of the Brain Sciences Center at the VA medical center and professor of neuroscience, neurology

and psychiatry at the medical school. "We were able to classify, with 100 percent accuracy, the various disease groups represented in the group of research subjects."

Currently, brain-related diseases are diagnosed using a combination of psychiatric interviews, behavioral exams, and neuropsychological testing, all of which take time and can be hard on the patient, according to Georgopoulos.

"This discovery gives scientists and physicians another tool to assess people's disease progression," he said. "In the future it could be applied when studying the effect of new treatments or drug therapies." **VA**



ROBIN CRONSHAW

Recreation Therapist Lesa DePeal dances the jitterbug with Vietnam War Army veteran Michael Sterling, a resident of the Community Living Center at the William Jennings Bryan Dorn VA Medical Center in Columbia, S.C.

'A Carolina Night to Remember'

On June 6, the newly renovated atrium of the William Jennings Bryan Dorn VA Medical Center in Columbia, S.C., was transformed into a grand ballroom for "A Carolina Night to Remember." Attendees enjoyed food, socialization and dancing in a semi-formal setting. Approximately 40 residents of the Community Living Center, along with family, staff and volunteers, enjoyed a catered meal while a DJ played music from eras gone by. Veterans smiled, laughed, and either danced from their wheelchairs or with staff who helped support them. The Dorn VAMC has transformed its Nursing Home Care Unit into the Community Living Center concept, focusing on resident care and maintaining a full life for the veteran. "We are seeing some residents who previously were less social now attending other activities, asking for therapy, eating more and overall appearing happier," said Tracey Gentilucci, R.N., restorative nurse coordinator.

Three physicians write psychiatry handbook

Three physicians from the VA Central California Health Care System in Fresno have co-authored a book entitled *Handbook of Emergency Psychiatry*. Hani Raoul Khouzam, Doris Tiu Tan and Tirath Singh Gill are all on staff in Mental Health Service at the medical center.

The 688-page paperback reference book includes chapters devoted to treating post-traumatic stress disorder and providing emergency psychiatric care for survivors of terrorism and natural disasters. In addition, the authors offer valuable tips on interviewing patients in various critical situations.

Houston VA teams up to help vets with TBI

The Michael E. DeBakey VA Medical Center in Houston is teaming up with rehabilitation specialists from the Memorial Hermann/The Institute for Rehabilitation and Research Challenge Program, a brain injury rehabilitation program for Project Victory. Funded by a \$3 million grant from a private foundation, the initiative is a comprehensive rehabilitation and community re-integration program that treats servicemembers who have sustained a Traumatic Brain Injury (TBI) while serving in Operation Enduring Freedom or Operation Iraqi Freedom.

Their goal is to help injured servicemembers with TBI achieve the maximum degree of return to their pre-injury level of functioning. The program will serve 65 servicemembers annually who meet the criteria for care and will be available without cost or regard to age, gender or ethnicity.

Soldiers' home recognition



PAM ENSOR

Mayor Phil Roe and Charlene Ehret, director of the James H. Quillen VA Medical Center in Mountain Home, Tenn., unveil the dedication marker recognizing the site as a "National Soldiers' Home."

On Aug. 22, the James H. Quillen VA Medical Center in Mountain Home, Tenn., was formally recognized as the site of a National Soldiers' Home with a historical marker dedication by the Tennessee Historical Commission. The soldiers' homes were the foundation of veterans care in the United States following the Civil War. In 1901, Johnson City, Tenn., was designated as a site for the Mountain Branch of the National Soldiers' Homes due to the work of Cong. Walter P. Brownlow.

The facility became known as "Mountain Home" and the federally funded project propelled Johnson City from a small railroad town into a major city. With an initial federal appropriation of more than \$2 million, Mountain Home exceeded by three times the assessed value of the entire town of Johnson City at the time. Today, the campus houses the VA medical center, a College of Medicine and a new College of Pharmacy.

Self-service kiosks for patients



JACK WIDMAIER

Air Force veteran Raymond Ayala registers for a recent medical appointment using the self-service kiosk at the Philadelphia VA Medical Center. The kiosks are being installed at all VISN 4 facilities.

The VA Pittsburgh Healthcare System has automated the patient check-in process. The system allows a patient to self check-in for appointments by using his or her Veteran Identification Card and touch screen input at a kiosk. The veteran answers a series of prompts regarding next of kin, date of birth, and insurance carrier. If the information is correct, the patient merely responds by pressing "yes" and a printout with the name, location and time of the patient's clinic appointment for that day is printed. More than 8,000 corrections of patient addresses, next of kin, phone numbers and insurance information have been processed through the system since its implementation in October 2005. In addition, the ratio of patients pre-registering has increased by 20 percent. The self-service kiosks will eventually be implemented at all facilities within the VA Healthcare-VISN 4 Network.

Cagle Memorial Training Room dedicated

The Charles L. Cagle Memorial Training Room at the VA regional office in Waco, Texas, was dedicated on June 12. Cagle retired as an out-based veterans service representative (VSR) in 2005 and passed away in 2006. He provided countless hours of service to organizations that included the American Red Cross, Habitat for Humanity and the Boy Scouts of America. The room features a shadow box containing a photo collage of Cagle, as well as a framed charcoal portrait of Cagle, drawn by James White, rating veterans service representative. Bonnie Babcock, VSR, donated the materials for the shadow box, which was put together by her son-in-law, Larry Bell.

At the dedication ceremony, VARO Director Carl Lowe discussed his personal recollections of the many selfless acts of service Cagle and his wife Nancy provided to the community. Nancy and several other Cagle family members were on hand for the ceremony.

Pandemic flu tabletop exercises conducted

Three pandemic flu tabletop exercises, designed to strengthen VA's preparedness and response to pandemic influenza, were conducted by the department during National Preparedness Month in September. A fourth exercise was conducted in October. The exercises tested selected aspects of VA's national and local facility plans for pandemic influenza. Pandemic flu occurs when a flu strain new to humans quickly emerges and causes widespread illness. Past influenza pandemics resulted in high levels of illness, death, social disruption and economic loss.

The exercises were conducted at the Edith Nourse Rogers Memorial Medical Center in Bedford, Mass., the White River Junction VA Medical Center in Vermont, the VA Connecticut Healthcare System in West Haven, and the VA Boston Healthcare System. [VA](#)

Bikers showing their support



JAKE SHAW

Kenneth Thrower (left) lends a helping hand to World War II veteran James Kelly, 81, as they take a look at the motorcycles gathered at the Walla Walla VA Medical Center.

On Aug. 11, approximately 25 bikers from the Oregon Veterans Motorcycle Association converged on the Walla Walla VA Medical Center in Washington to show their support for the resident veterans. The gathering, sponsored by the national nonprofit organization Soldiers' Angels, was a chance for the bikers to sit with veterans, share stories, show off their motorcycles and enjoy a special barbeque prepared by the veterans. "This is all about interaction," said Karen Locke, a biker and team leader for the Eastern Oregon branch of the Soldiers' Angels. "We bring things for the veterans, but that's really just an excuse for us to stop by and visit with them." Army veteran and Walla Walla VAMC Associate Director Chris Martin said, "We are always looking for ways to help our veterans improve their lives and enjoy their stay here, and this event is just one example of that."

Pharmacist of the Year honors

Kristina De Los Santos, with the Southern Arizona VA Health Care System, was named Pharmacist of the Year by the Arizona Pharmacy Alliance. She received the award during the organization's 3rd annual meeting held in Tucson, Ariz., in July. De Los Santos is a pharmacy program manager for clinical services at the Southern Arizona VA. The Pharmacist of the Year award is presented to an Arizona pharmacist who has actively demonstrated outstanding leadership and service to the Arizona Pharmacy Alliance or for the profession of pharmacy in Arizona during the previous year.



Kristina De Los Santos

De Los Santos has been an active member of the Arizona Pharmacy Alliance for three years, and has been chair of the Health Systems Academy for the last two. She has also been a mentor for pharmacy students and residents since 2001 at the Southern Arizona VA.

The San Francisco VA Medical Center and the National Federation of Federal Employees Local One have received the prestigious Secretary's Labor-Management Relations Award. This award recognizes outstanding and innovative labor-management relationships, specifically in areas of cost savings, increasing productivity, improving service to veterans and their families, and improving working conditions for all of VA's valued employees. Local #1 received the award for helping to improve working conditions by establishing an outstanding partnership with management. "When employees are acknowledged for a job well done and they feel secure in their workplace, productivity increases, as does job satisfaction and respect," said Patricia La Sala, R.N., presi-

dent of Local #1. "Labor and management at the San Francisco VA Medical Center have been successful in working together toward this mutual goal." The award was established in 2002 by then-Secretary Anthony J. Principi to recognize outstanding and innovative labor-management relationships throughout VA.

Secretary Jim Nicholson presented the Secretary's Diamond Award to World War II veteran Howard Algeo during a ceremony at the James A. Haley Veterans' Hospital in Tampa on Aug. 6. The newly created award is designed to raise the public's awareness of the outstanding achievements and contributions of unique individuals dedicated to the VA mission. Algeo started volunteering at the Bay Pines, Fla., VAMC canteen in 1983 after retiring that same year as

a restaurant manager. The then-District Counsel learned of his volunteer contributions and solicited his volunteer services at the Office of District Counsel. Algeo continued to volunteer with this office as it transitioned to a Regional Counsel office. His library workload service has saved the office considerable support employee time.

VA hospitals are once again ahead of the curve in information technology. *Hospitals & Health Networks* magazine has released its list of the 100 Most Wired Hospitals and Health Systems, and five VA facilities and systems made the cut. The Richard L. Roudebush VA Medical Cen-

ter in Indianapolis, the VA Heartland Network in Kansas City, Mo., the VA Northeast Region 4 Healthcare Network in Bronx, N.Y., the VA Palo Alto Health Care System in California and the White River Junction VA Medical Center in Vermont have all been recognized as "Most Wired." In this annual survey, the magazine asks hospitals to report on their use of information technology in five key areas: business processes, customer service, safety and quality, workforce, and public health and safety. This year, these VA facilities beat out 568 hospitals and health systems, representing 1,284 hospitals, to make the top 100. VA

Kafer is SAIGE Award recipient

A VA employee discovers his lost American Indian heritage and passes it on to succeeding generations. That is the story told in *Native America: Diversity Within Diversity*—a video produced by the VA Employee Education System (EES) for the Under Secretary for Health Diversity Advisory Board as a training tool to increase VA employees' understanding of the many facets of diversity. The video focuses on Bruce Kafer, R.N., the American Indian/Latino outreach coordinator for the Louis Stokes Cleveland VA Medical Center. Kafer is a member of the Oglala Sioux Tribe who was adopted by Anglo parents as a baby.

He tracked down his birth mother and started learning about his Native American culture from his Tiospaye (Lakota extended family), Native elders and others, and continues to learn the language and traditions of his tribe as an adult. Kafer is now passing along these traditions to his young fraternal twins. The Society of American Indian Government Employees (SAIGE) presented Kafer a SAIGE award in June for his involvement with the project.



Bruce Kafer

RICH BOGART

Diane Corcoran, R.N., a home telehealth nurse from the St. Cloud, Minn., VA Medical Center's Home Based Primary Care Service, was a first responder turned lifesaver at the Fargo Airshow in North Dakota on June 16. As the show ended and tens of thousands left the field, Corcoran and others witnessed the aftermath of an altercation between two young men, one of whom lay on the tarmac with his blue face wrapped tightly in a blanket. While the other man was pulled from the victim, Corcoran gave two quick rescue breaths to the lifeless victim and, finding a faint pulse, stopped other responders from beginning chest compressions. The victim reportedly recovered.

Ten female employees—all of them veterans—from the VA Pittsburgh Healthcare System were concluding a meeting at a restaurant when they witnessed an elderly woman fall from the curb, landing face first onto the concrete. They rushed to the now unresponsive woman. Some in the group comforted her on the sidewalk and kept her head straight as others called 911. The remaining team members attempted to reassure her family. The VA team stayed on scene until EMS arrived. Weeks later, a letter from the woman's son-in-law appeared in the *Pittsburgh Post-Gazette*, praising and thanking them for reaching out to this woman in a time of need. **VA**

CPR for a congregation member

On Aug. 10, Sharron Reed, a registered nurse at the G.V. (Sonny) Montgomery VA Medical Center in Jackson, Miss., was at a church banquet when an elderly woman at her table became ill. "You could tell something was wrong. She was having some difficulty breathing," said Reed, who works in primary care. Reed and another woman escorted the woman, who was in a wheelchair, to the outside lobby. "At first, I thought it was probably her blood sugar. She's a diabetic," Reed said. "I thought we would help her get back to the nursing home where she stays." However, as the woman's breathing became more labored, Reed knew the nursing home wouldn't be the best option. Soon the woman's breathing ceased altogether. Both Reed and the other woman, who is also a nurse, eased the woman from her chair to the floor and began CPR. Reed breathed air into the woman's lungs while the other nurse pumped the woman's chest. "It was successful. Thank God," Reed said. "I never thought I would have used CPR outside the hospital setting in a million years."



Sharron Reed

Special delivery in New York



The new Obstetrics team of the VA New York Harbor Healthcare System's Manhattan campus give a thumbs up for a job well done. From left are Robert Hernandez, Carmen Valdez, Anngela Cooper, Ophelia Ibalio, Deromeo Lee and Richard Heyward.

RAY AALBUE

It was a Sunday morning, just like any other Sunday morning in May in New York City. It was too early for the traffic to be backing up and delivery trucks were easily making their way on their appointed rounds along 23rd Street. Everything changed at approximately 7:55 a.m. when a vehicle turned into the VA New York Harbor Healthcare System's Emergency Department ambulance entrance. A woman jumped out of the car shouting "Help us, help us!" VA Police Officer Willie Lugo sprang into action and ran to the car. There was a young woman in the back seat with a newborn baby in her lap.

Lugo attended to the mother and her new daughter while Officers Richard Heyward and Robert Hernandez proceeded into the Emergency Department for assistance. Deromeo Lee, administrative officer of the day, and Anngela Cooper, social worker, responded to their call with a gurney and began attending to the mother and newborn. Officer Miguel Olivera also joined the party and the police officers gently lifted mom and baby onto the gurney. Once in the ER the medical officer on duty—Dr. Bart Muhs—and his nursing staff members—Carmen Valdez and Ophelia Ibalio—assessed the baby and completed the delivery.

HONORING ALL WHO SERVED

VETERANS
DAY



NOVEMBER 11, 2007

