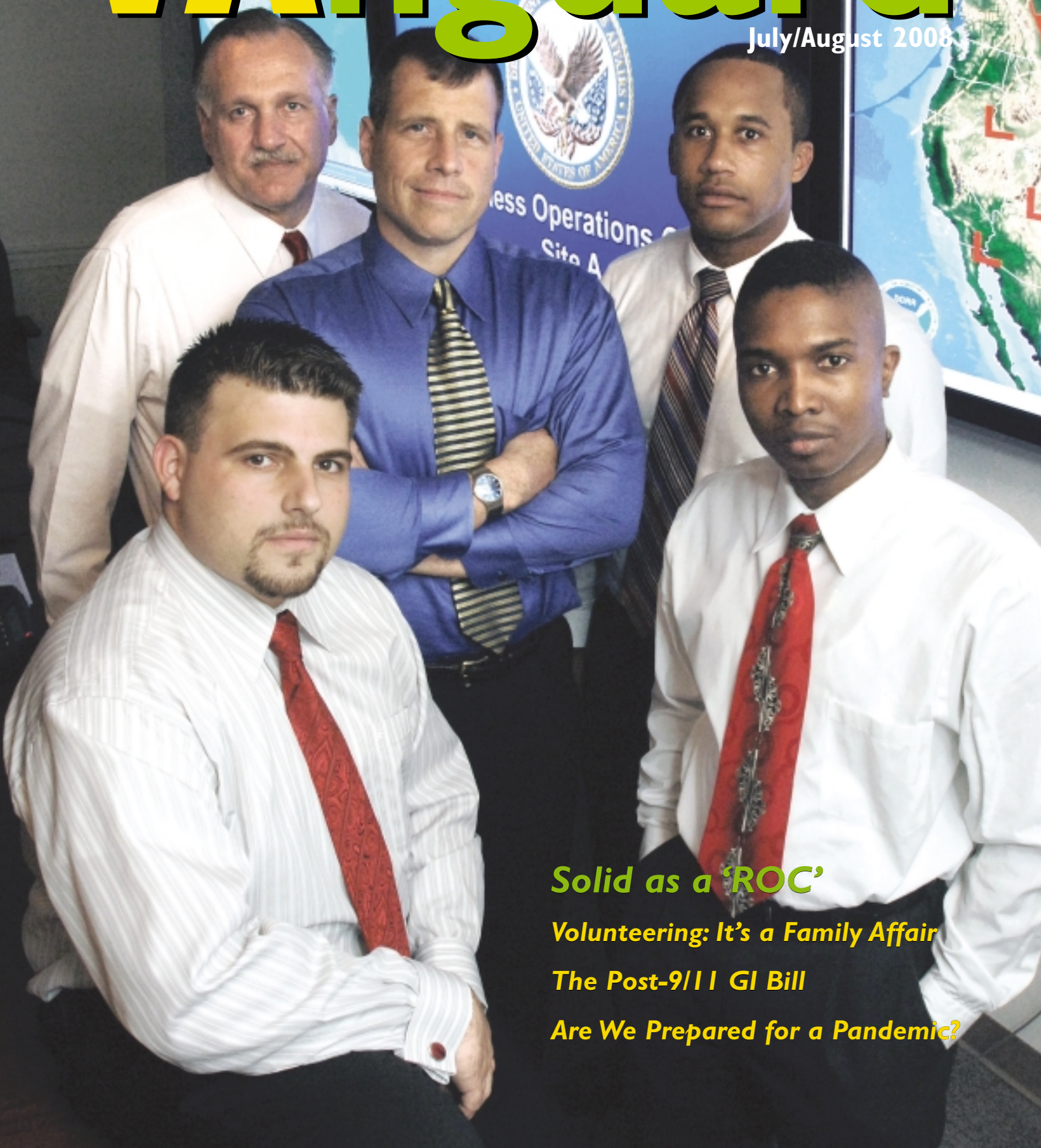


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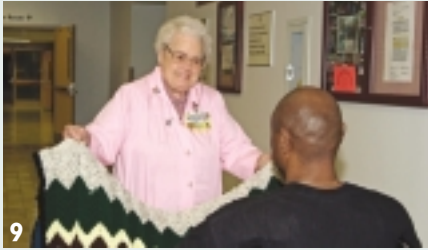


Solid as a 'ROC'

Volunteering: It's a Family Affair

The Post-9/11 GI Bill

Are We Prepared for a Pandemic?



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Vanguard

VA's Employee Magazine
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On the cover

The five new hires in the Readiness Operations Center at VA Central Office are all veterans. They monitor all aspects of emergency preparedness to ensure the safety of VA employees and the veterans in their care. Bringing them on board was one of the first tests of a new office aimed at recruiting veterans into the VA workforce. Back row, left to right: David Dexter, Marty Hanse and Zemar Roberts; front row, left to right: Nicholas Antonelli and Joslyn Benjamin. *photo by Robert Turtill*

FedTraveler.com

I was very surprised to hear about the “success” of FedTraveler.com (May/June issue). It is, without a doubt, one of the worst software programs I have ever encountered during my 30 years with VA. Having spoken to (and commiserated with) many VA employees across the United States, it is also apparent that I am not the only government employee who feels this way.

Even after successfully completing the intensive training, I found FedTraveler to be confusing and inconsistent. It does not follow generally accepted GUI (graphical user interface) methods while performing standard tasks (such as deleting a file) and offers the user very little help when there is a problem.

Please note that I am not Luddite nor am I a dis-

gruntled VA computer user (VistA is a wonderful, comprehensive and easy to use program). I've been passionately involved with information technology ever since I purchased my first Apple computer in 1979 and even published one of the first books on the use of computers in eye care in 1989. My intention is not to complain about the software, but rather to correct the misinformation in the *Vanguard* article and to ask you to pass on my concerns and comments to the EDS programmers so FedTraveler.com can be improved.

*Dr. Joseph Maino
Chief, Optometry
Kansas City VAMC*

Artistic Inspiration

Your article on art therapy programs (September/October 2007 issue) inspired my divi-

sion to expand its thinking with regard to business as usual.

We have a national poster program focused on veterans' issues and identity. We are always on the lookout for fresh ideas to convey a veteran's issue in an elegant and graceful manner.

In the past, we have used artwork created by veterans (with their permission) and have published the posters with the veteran's name clearly visible on the final print. I find this practice to be good for the veteran and VA.

When tasked recently to develop an OEF/OIF poster, I immediately recalled the art therapy article and decided to pay homage to our own mantra and seek submissions from one of the programs mentioned (Brooklyn VAMC). I got in touch with the art

therapist, suggesting she obtain permission from her superiors and seek submissions from the veterans in her program. The response from the veterans has been surprising and almost overwhelming. In fact, the veterans themselves have suggestions for even better ideas, including online art shows, etc.

This is only a pilot project, and there's a larger “art” project waiting in the wings. The larger project will be open to a national pool of potential participants based on the lessons learned from this small effort. The pleasant surprise is that the level of interest has outgrown the project, thereby suggesting a real need for this form of therapy.

*Francis C. Dawson
Liaison Officer
VHA National Office of
Psychosocial Rehabilitation
Lowell, Mass.*



COURTESY OF ALFONSO CARMONA

Vet Center Book Bag in Iraq

Readjustment Counseling Service Regional Manager Richard “Dick” Talbott couldn't resist sharing this photo of Alfonso Carmona, San Marcos, Calif., Vet Center outreach specialist, with vet centers throughout his Pacific Western Region. Carmona is on his second tour in Iraq as an Army Reserve sergeant with the 301st Tactical PSYOP Company (Airborne) of San Diego. He is shown with a young student using one of his vet center bags to carry her books. After sending the photo, Talbott received immediate responses offering to send more bags to Carmona.

Correction

The photo of the steering device that appeared on page 33 of the May/June issue was credited to the *St. Petersburg Times*. That photo was taken by Art Nelson, of the Medical Media staff at the James A. Haley Veterans' Hospital in Tampa.

We Want to Hear from You

Have a comment on something you've seen in *Vanguard*? We invite reader feedback. Send your comments to vanguard@va.gov. We can't publish every letter, but we'll use representative ones. We may need to edit your letter for length or clarity.



Never Forget That VA Does Have a Face, and It's Yours

James B. Peake, M.D.
Secretary of Veterans Affairs

VA a faceless bureaucracy? Hardly.

Take a look in the mirror. That's the face of VA.

Just ask the veteran you last talked to, telephoned, wrote or even e-mailed. That veteran will tell you that VA does indeed have a face—your face!

That's true for any organization that serves the public and requires public trust and confidence to succeed at its mission—whether that mission is selling widgets or serving veterans.

Business managers call it customer service; I call it doing the right thing, but it all boils down to common courtesy and respect and a bit of empathy.

Customer service is an integral part of our jobs at VA, not something added as an afterthought.

As individuals, we have limited control within the processes and workplaces we serve veterans, but one thing each of us can control is how we treat each veteran or whoever our customers happen to be—fellow employees, those we supervise, volunteers.

The employee serving hundreds of veterans throughout a week may leave work on Friday with an anonymous memory of a blur of encounters, but to each of those veterans, their transaction was meaningful and personal. The image of VA they left with was the face of that employee. Those “faces”—good or bad—perceived by millions of veterans form a composite that ultimately shapes the

public's faith, confidence and trust in the Department.

I love hearing stories—and I hear many—of our employees going above and beyond the call to make sure a veteran's home is saved from foreclosure or a widow receives every benefit to which she is entitled. But customer service does not hinge on extraordinary feats. It rests with direct, respectful communication. It depends on honesty and follow-through. VA pa-

tient representatives are customer service professionals. Here are steps they say any employee should use in dealing with veterans, fellow employees or the general public.

- Be a good listener. Take the time to identify a veteran's needs by asking questions and concentrating on what they are really saying. Listen to their words, tone of voice, body language, and most importantly, how they feel. Effective listening and undivided attention are particularly important in waiting areas and congested spaces where there is danger of distraction and looking to see who's next.
- Identify and anticipate needs. Veterans come to us seeking good feelings and solutions to problems. Much of their need is emotional as well as logical. The more you know your customers, the better you become at anticipating their needs.

- Make veterans feel important and appreciated. Treat them as individuals. Be sincere. People value sincerity. It creates good feelings and trust. Customers are very sensitive and know whether or not you really care about them. Thank them every time you get a chance.

- Help customers understand our systems. VA has some of the world's best and most complicated systems for getting things done. If veterans

ments and suggestions.

- Treat fellow employees well. They are your internal customers and need a regular dose of appreciation and respect. Treat fellow employees with respect, and chances are they will have a higher regard for the veterans they serve.

I can't overstate the importance of trust and confidence. That is what you earn by being transparent and being accurate and being aware that you are dealing with a

Business managers call it customer service; I call it doing the right thing, but it all boils down to common courtesy and respect and a bit of empathy.

don't understand them, they can get confused, impatient and angry. Take time to explain how systems work.

- Appreciate the power of “yes.” Always look for ways to help a veteran. We can't always give a veteran the answer he or she wants to hear, but we can explain it and look for alternatives. Always do what you say you are going to do.

- Know how to apologize. When something goes wrong, apologize. It's easy and customers like it. The customer may not always be right, but you don't have to prove him wrong. Make it simple for customers to complain. Value complaints. They give us an opportunity to improve.

- Get regular feedback. Encourage and welcome suggestions about how you could improve. Listen carefully to what veterans have to say. Provide a method that invites constructive criticism, com-

person like yourself. We at VA do good work. We know our jobs. Let's make sure we know the veterans we are doing those jobs for. **VA**

Tips for Better Service to Veterans

Be a good listener.

Identify and anticipate needs.

Make veterans feel important and appreciated.

Help customers understand our systems.

Appreciate the power of “yes.”

Know how to apologize.

Get regular feedback.

Treat fellow employees well.



Ensuring VA is Ready to Respond to Any Contingency

Charles L. Hopkins III

Assistant Secretary for Operations, Security and Preparedness

In August 2007, it was my great honor to begin leading an organization dedicated to enhancing VA's ability to respond to any contingency with minimal disruption in service to veterans and their families.

Established in October 2006, the Office of Operations, Security and Preparedness (OSP) combined two existing organizations with a unique set of responsibilities—coordinating the Department's emergency management and security and law enforcement programs to ensure VA can continue to perform our mission essential functions under all circumstances and across a vast spectrum of threats.

I serve as VA's continuity coordinator to formulate guidance and establish common standards for VA organizations to use in developing viable, executable continuity plans; facilitate interagency coordination; and oversee and assess the status of VA continuity capabilities across all organizations.

The Office of Emergency Management (OEM) is comprised of two organizational units: Operations Service and Planning and National Security Service. Formed originally to consolidate and improve VA's overall response and recovery posture after the Sept. 11 attacks, these services develop, implement and coordinate departmental policies related to federal laws, executive orders, homeland security presidential directives, and other directives from the

Homeland Security Council and the Department of Homeland Security. OEM forms the basis for a comprehensive emergency management program that works with all VA administrations and staff offices to create and maintain methods to prepare for, respond to and recover from any type of hazard, from a terrorist attack to natural disasters like Hurricane Katrina or the California wildfires.

Through the Secretary's Crisis Response Team, or CRT, OEM serves as the principal point of contact for all

Our strategic and operational vision is to provide superlative service that protects those who served and their families, employees, volunteers and visitors.

VA organizations for emergency response and recovery programs. OEM also serves as VA's principal point of contact with the Department of Homeland Security and other departments and agencies for emergency management, continuity of operations, domestic incident management, national security programs for clearances and classified document management, and training and exercise programs that enhance VA's preparedness posture. In addition, OEM manages VA's presidential and departmental line of succession programs, which ensure that a clear and consistent leadership transition is possible in the event of a catastrophic event.

In support of these programs, OEM provides a departmental VA Operations

Center (VAOC). The VAOC is staffed around-the-clock and serves as the collection and dissemination point for information to support VA's comprehensive emergency management and security and law enforcement programs.

The Office of Security and Law Enforcement (OS&LE) is responsible for developing policies, procedures and standards that govern VA's physical security and law enforcement programs, protecting veterans, visitors and staff in Department facilities and grounds. OS&LE is

also responsible for developing and implementing training requirements and standards for VA police officers; protecting the Secretary and Deputy Secretary; developing and implementing VA's weapons management program; managing the VA Law Enforcement Training Center and the Security Investigation Center; representing VA on interagency committees; and maintaining effective working relationships with VA's Office of Inspector General and other law enforcement entities.

OS&LE is composed of three units: Police Service, the Security and Investigations Center, and the VA Law Enforcement Training Center. The Security and Investigations Center and the Law Enforcement Training Center are enterprise activities whose

budget and staffing levels are based on revenue generated by reimbursable services provided by the centers. In addition, the training center provides basic and advanced training for law enforcement and security officers of several other federal agencies.

VA currently employs approximately 2,800 police officers in more than 170 health care facilities and many outpatient clinics. As VA's primary security and law enforcement policy and oversight organization, OS&LE works with administrations and staff offices

to provide program oversight and guidance for the VA police program, the training center, the Security and Investigations Center, the executive protection of VA's Secretary and Deputy Secretary, as well as physical security standards and internal investigations.

OSP's strategic and operational vision is to provide superlative service that protects those who served and their families, employees, volunteers and visitors in accordance with VA's fourth mission to "contribute to the public health, emergency management, socioeconomic well-being and history of the nation." We look forward to continuing our efforts to meet both ongoing and projected challenges and working together to maintain VA's commitment to veterans. **VA**

“Our customer service representatives are very tactful in how they talk to veterans about potential physical and mental health problems they may be encountering,” says Dan Frank, managing partner of Three Wire Systems, the prime contractor spearheading the VetAdvisor program.



ROBERT TURTEL

No Veteran Left Behind— On the Battlefield or at Home

The VetAdvisor program is reaching out to the newest generation of veterans in the place where they feel most comfortable.

“In war, there are no unwounded soldiers.” — José Narosky

Shrapnel wounds from an enemy’s grenade or broken bones from a vehicle accident are injuries that are readily apparent and easy to diagnose. But some injuries sustained in war are not always easy to see.

Post-traumatic stress disorder (PTSD), traumatic brain injury (TBI) and behavioral disorders caused by

the rigors of war can easily go undetected by doctors and sometimes even the veterans themselves.

Left untreated, these issues can pose serious problems for veterans and their families. In response, the VA Great Lakes Health Care System (VISN 12) began a one-year pilot program in January to help identify veterans who have not sought VA health care and provide them with quality care.

“VHA has undertaken an extensive effort to screen veterans who present to our facilities for PTSD, traumatic brain injury and depression, among other care issues,” said Dr. Jeffrey Murawsky, VISN 12’s chief medical officer. “During discussions in VISN 12, it was believed that some of our newest veterans would benefit from offering these screenings at home and at times that better fit with their busy schedules.”

Service-Disabled Veteran-Owned Company Makes the Call

Former Navy aviator Dan Frank climbed out of the cockpit of his Northrop Grumman EA-6B Prowler for the last time 19 years ago, trading his flight gear for a briefcase and business suit.

The service-disabled veteran attacked the business world just as methodically as he would a strike mission against an enemy target, quickly landing a job and working his way up to a vice president of sales position at a major software company. With a great job and an even better salary, Frank seemed to be on top of the world. But like all aviators, he needed room to spread his wings.

"The job was great, but I needed more," said Frank. "I always had an entrepreneurial spirit and when I saw the service-disabled program starting to take shape, I knew it was time to make my move."

While attending a veterans business conference, Frank met Scott Denniston, director of VA's Center for Veterans Enterprise (CVE), which helps veterans start or expand a business into government contracting. Following the conference, Frank began to take advantage of CVE services.

"All 'veterpreneurs' should work with CVE," Frank said. "They are ground zero for the service-disabled veterans business program and all things business-related. Veterans should get to know them and what they can do to help."

With some additional knowledge tucked away, Frank formed Three Wire Systems, a multifaceted company providing construction, technology and program management services to the federal government. The company took off, landing a number of construction contracts.

But it wasn't until he got wind of a VISN 12 service-disabled veteran-owned small business contract set-aside to support veterans returning from Operation Enduring Freedom and Operation Iraqi Freedom that Frank saw an opportunity to make a contribution to support his fellow veterans.

"When I saw the solicitation, it immediately struck me as something I just had to do and it immediately became a personal quest," said Frank. "All I had to do was figure out how I could get the contract."

Frank brought in MHN, a Health Net company, as a subcontractor to fulfill requirements his company doesn't specialize in, creating a win-win situation for both companies as well as VA.

In the short time the program has been underway, it has accumulated some positive statistics. Frank attributes the initial success of the program as well as the ongoing success of his business to attention to detail.

"In business, you must remain focused, but not too much," he said. "You need to focus on the tasks at hand and be thorough, but not so focused that you lose the ability to remain open to new opportunities or a better way of doing things."

The VetAdvisor contract started in September 2007 and extends to February 2009.

"With the success of the project so far, we are envisioning this could become a nationwide program," said Frank. "We are already looking at other technologies that will allow us to better serve veterans and their families."

While the contract doesn't specifically state that Three Wire must search out new and improved ways of serving veterans, Frank is taking the initiative, but not just for the business.

"This project is very close to my heart, and we will do all that we can for the thousands of veterans that need help," said Frank. "From a business standpoint, we must always strive to find new and better ways to do business. It's a competitive world out there and every business needs that competitive edge. The more you bring to the table, the more success you will have, and Three Wire will never come to the table empty-handed." - Gary Hicks



COURTESY OF DAN FRANK

Dan Frank had no trouble transitioning from the military to the business world, but the service-disabled veterans business program allowed him to explore his entrepreneurial side.

VetAdvisor is a true outreach program that begins with a simple welcome home letter to the servicemember after they leave the military. That letter is accompanied by a phone call to the veteran's home by a VetAdvisor customer service representative (CSR) to welcome the veteran home and thank them for their service to their country. The representative also mentions health care problems that some veterans experience after serving in combat.

"Our CSRs are very tactful in how they talk to veterans about potential physical and mental health problems they may be encountering," said Dan Frank, managing partner of Three Wire Systems, the prime contractor spearheading the program (MHN, a Health Net company, is the lead subcontractor). "They often start the conversation with, 'Some veterans have trouble sleeping, eating' and then go on to list other problems that combat veterans may share. The CSRs allow the veteran to open up on their own."

Veterans who tell a customer service representative they are experiencing one or more of those warning signs are "warm-transferred" to a licensed behavioral health clinician called a "care coach" when possible, or scheduled for a follow-up telephone appointment.

Care coaches use VA-approved screening protocols for depression,

PTSD, TBI, suicide and substance abuse. If a veteran screens positive for one or more of these conditions, the care coach will transfer the veteran to a VA coordinator for enrollment in the appropriate VA treatment program.

"This is a method of reaching out to patients in their homes where they are comfortable and more willing to share some of their concerns," said Murawsky, "and we have been able to offer care and assistance to some veterans that would not have thought to reach out in the past."

Contact with the veteran doesn't stop after enrollment into a treatment program. Care coaches continue to follow up with veterans on a regularly

"This is a method of reaching out to patients in their homes where they are comfortable and more willing to share some of their concerns."

scheduled basis using the telephone to ensure their needs are being met and they aren't experiencing any other problems. The telephone model eliminates the need for veterans to travel to a VA medical center for treatment. Or, if the veteran prefers, they can work with a care coach in addition to receiving treatment at a VA facility.

The care coaching program model is designed to recognize behavioral challenges and empower veterans to successfully overcome setbacks and rejoin civilian life using existing VA support programs. The care coaches employ motivational interviewing techniques, with an emphasis on encouraging change, which hinges on the development of a sound relationship between the care coach and the veteran.

"It's not only a proactive solution to a problem, but also a total health care program," said Frank. "We reach out to veterans, identify any problems, make sure they receive world-class health care, and then we remain in contact with them to


monitor their progress and recovery. We do it not because we are contracted to do it—we do it because it's the right thing to do."

In the short time the program has been underway, it has accumulated some statistics that validate that some health issues go undetected when a servicemember leaves the military. After an initial 1,100 outbound calls, Three Wire found that 84 percent of all veterans contacted through VetAdvisor requested to be assessed by a care coach. Of those veterans, 90 percent screened positive for some type of combat-related health problem and were concurrently enrolled into the proper VA treatment program.

VetAdvisor has also proven valuable to veterans who do not live near a VA health care facility.

"Care coaching, along with traditional counseling, can be done telephonically," said Frank. "Veterans living in outlying areas may not be able to drive to a facility on a regular basis, or may not be able to schedule time away from their work. Through the program, we can schedule sessions that are convenient and most beneficial to them."

VA officials are hoping the 15-month pilot program will not only help identify those veterans needing health care, but also provide statistical data and the matrix for an ongoing program that will better serve the needs of the veteran.

Three Wire Systems recently wrapped up their focus on the North Chicago area and will begin contacting veterans living in the vicinity of VA's Madison and Milwaukee medical centers in Wisconsin and finally the rest of the VISN 12 service area. 

By Gary Hicks

Help for 'Veterpreneurs'

Navy veteran Dan Frank, managing partner of the prime contractor for the VetAdvisor program, took advantage of the services offered by VA's Center for Veterans Enterprise when he was starting his company, Three Wire Systems. CVE helps veterans start or expand a business into government contracting. For more information about the services offered by CVE, visit their Web site, www.vetbiz.gov.

Lois Vaughan jokes that her husband “tricked” her into volunteering at the Hunter Holmes McGuire VA Medical Center in Richmond, Va. She has since logged more than 17,000 volunteer hours.



Volunteering: It's a Family Affair

Many of VA's 86,000 volunteers have a family connection.

DON SPRAGG

When 82-year-old Lois Vaughan volunteers at the Hunter Holmes McGuire VA Medical Center in Richmond, Va., on Tuesdays and Thursdays—as she has for more than 23 years—her daughter, Ruth Craig, is always with her. Veterans there affectionately refer to the mother-daughter duo as “Big Trouble” and “Little Trouble.”

And when 98-year-old Eleanor McConkey began volunteering at the VA medical center in Des Moines, Iowa, some 20 years ago, she would take her then 8-year-old great-granddaughter with her. McConkey still volunteers at the VA facility in Des Moines, and her great-granddaughter, Erica Fogue, now a bookstore owner in Steamboat Springs, Colo., started a program there to provide free books for veterans.

Helen Weaver began volunteering in 1971 after her son was killed in Vietnam. She wanted to do something in his memory. She now serves as the national representative for Blue Star Mothers of America to the VA Voluntary Service (VAVS) National Advisory Committee. Weaver actively recruits mothers whose children have served or are serving in the military to become members of the volunteer organization.

VAVS does not keep statistics on the number of volunteers with family connections who are among the Department's 86,000 volunteers nationwide, but service as a VA volunteer frequently begins as a family affair.

“Volunteers often get involved at a VA medical facility because they want to help a loved one who is being cared for or because they want to do

something in memory of a loved one,” said Laura Balun, VAVS director. “We often see such connections passed on from generation to generation.”

For Vaughan, the family connection came about when her husband, Leroy, “tricked” her into becoming a volunteer. Leroy, a World War II veteran, was himself a volunteer and had tried without success to get his recently retired wife to volunteer with him.

So one day he got her to go with him to the medical center for one of his medical appointments. She remembers visiting one veteran after another that day.

“It was just an honor to go through those halls and see what was going on and help them by doing errands,” she recalled. When Leroy wanted to leave, she told him, “I’m

not ready; I'm going to stay a little while longer."

She went back the following Thursday, and has been going to the Richmond medical center ever since, logging more than 17,000 hours as a regularly scheduled volunteer. Lois recently was named VA Female Volunteer of the Year at the VAVS National Advisory Committee meeting in Orlando, Fla.

Leroy had yet another trick up his sleeve to get their daughter to volunteer: telling her he needed her to drive him to the Richmond medical facility. Craig remembers going in and playing bingo with four veterans and helping them keep track of the large number of cards they were playing. That was all it took for her to become hooked.

Mother and daughter are inseparable and are well known to patients at the Richmond medical center.

"Everyone knows when it is Tuesday or Thursday, or the third Sunday

of the month, because Lois and Ruth can be seen scurrying all about the medical center, volunteering in service to veterans on nearly every unit," said Janet Langhorne, chief of Voluntary Service at the Richmond medical center.

Langhorne said the two have volunteered in just about every area, ranging from the spinal cord injury unit to the nursing home care unit to the polytrauma unit to the mental health unit. They have done nearly everything, from serving chili dogs to waiting for veterans in surgery to knitting holiday stockings.

Dale Bowman, VAVS/VFW Auxiliary Voluntary Service coordinator at the Richmond medical center, said the veterans greatly appreciate the mother-daughter team known as Big Trouble and Little Trouble.

"They say I get in more trouble than anybody else does over there," Vaughan said in her salt-of-the-earth style. "They call me Little Trouble but

they know I'm the worst trouble."

"All of the men love them," Bowman said. "If I had 10 of them, I could do a whole hospital."

For Weaver, the family connection is very much a part of the recruiting appeal.

"I kept thinking, if my son were injured, I would want someone to be there for him," said Weaver, who volunteers at the community-based outpatient clinic in Brecksville, Ohio.

"When I start recruiting," she said, "I ask the mothers, 'what would you want for your child if they were to end up at a VA hospital? What would you do for them?'"

Blue Star Mothers of America is rapidly growing, and has recently expanded from chapters in 13 VA medical facilities to 29. Weaver said there is nothing more gratifying than the thanks she receives from the veterans.

"You have the same feeling for them that you would have for your child," she said.



DON SPRAGG

Lois Vaughan and her daughter Ruth Craig volunteer side-by-side at the VA medical center in Richmond, Va., where they are well known among patients.

Maria Kille was a young nurse in a German village liberated during World War II when she met an American soldier, married him and moved to the United States in 1946. She has dedicated more than 7,000 hours of volunteer service to U.S. veterans at the Grand Junction, Colo., VA Medical Center, where her late husband was cared for during the last 15 years of his life.

"I thought, that's a good place to go give my time. The VA hospital is one of the finest. It's always been very important to me—it still is."

She now recruits community resources for care of indigent veterans and spends much of her time raising money for the hospital's General Post Fund. The Daughters of the American Revolution honored Kille with the National Americanism Award for her volunteer service.

Volunteerism appears to be passed from generation to generation. Fogue talks about how she has been influenced by her great-grandmother.

"She was always a role model for me," Fogue said of McConkey. "She respects veterans so much and it motivates me now that I am older to want to do things for them as well."

Fogue started the free books program at her bookstore as a way of helping veterans in Steamboat Springs, which doesn't have a VA facility nearby where she could volunteer.

McConkey, whose grandfather served in the Civil War, began volunteering for VA in 1972, and remembers helping veterans write notes to their loved ones. Her days as a VA volunteer include assisting the chap-

lain and wheeling patients to rooms.

There are husband-wife teams throughout VA as well. Visitors to the VA Greater Los Angeles Healthcare System library's information desk are greeted by 91-year-old Isidore Lodawar and his wife, Lee.

The two come to the medical center together, put in a full day's work and go home together every night. Lodawar is an Army Air Corps veteran who served in World War II as a B-25 raid operator and gunner. He formerly was a volunteer driver, and was recognized at VA Greater Los Angeles' Volunteer Recognition Lun-



Student volunteers Megan Smith, left, and Dani Marie Clark received James H. Parke Memorial scholarships. Smith's father and Clark's mother are VA employees.

cheon as Highest Hour Award winner, putting in more than 44,000 volunteer hours since 1988.

VA employees also are developing a family legacy of volunteer service.

Megan Smith, 17, has been volunteering for three years at the Miami VA Healthcare System, where her father, Mark, is an employee. She started volunteering when she was 12 and logged more than 1,100 community service hours with VA by volunteering in such areas as physical therapy, nursing and recreation therapy.

"It really makes me feel good to be able to help out in some way," Smith said.

Smith was recognized recently for her service when she was awarded a \$20,000 James H. Parke Memorial Scholarship at the VAVS National Advisory Committee's annual meeting in Orlando.

Dani Marie Clark, 17, whose mother, Claudia, is a VA employee, is a student volunteer at VA Puget Sound Health Care System in Seattle. She began volunteering at age 13 and has logged more than 350 hours in Canteen Service and the Alzheimer's unit.


"It makes my day complete when I've been able to spend it helping people," said Clark, who received a \$10,000 James H. Parke Memorial Scholarship award.

James H. Parke Memorial Fund is named in honor of VA's first director of Voluntary Service, who established the VAVS National Advisory Committee, a federal advisory committee comprised of volunteers from 65 veterans service organizations through-

out the country.

The awards were presented April 12 at the Orlando conference by John P. "J.P." Brown III, president of the James H. Parke Memorial Fund, and also national commander of AMVETS.

Of course, Brown has his own family connection in addition to his volunteer role. His wife, Jan, is a volunteer at the Brecksville VA clinic.

"When volunteering gets in your blood, it's tough to get rid of," Brown said. "These people are like family." 

By Bill Outlaw



DOD

The new program, which is for veterans with active duty service on or after Sept. 11, 2001, goes into effect Aug. 1, 2009.

The Post-9/11 GI Bill: Educational Benefits for a New Generation of Veterans

New program covers more expenses, provides a living allowance, money for books and the ability to transfer unused benefits to spouses or children.

The new GI Bill is poised to be a boon for veterans who served after Sept. 11, 2001. It also means changes for VA employees, especially those in the Veterans Benefits Administration.

President Bush signed into law the Post-9/11 Veterans Education Assistance Act of 2008, which creates an entirely new veterans' educational benefit program. The new law gives veterans with active duty service on, or after, Sept. 11, enhanced educational benefits that cover more educa-

tional expenses, provide a living allowance, money for books and the ability to transfer unused educational benefits to spouses or children.

"To fully appreciate the new GI Bill and how substantial the increases in benefits are, you have to know a little bit about the Montgomery GI Bill," said Keith Wilson, VBA's director of Education Service. "Under the Montgomery GI Bill, veterans are paid a flat rate across the board. On average, that covers about 75 percent of the tuition and that's all. The new

GI Bill allows for payments up to the cost of the most expensive in-state tuition charged to undergraduates at a public institution of higher learning. The payments will go directly to the school."

But wait, there's more.

Eligible students will also receive an annual stipend for books and supplies up to \$1,000 per year and a monthly housing allowance equal to that of what a military E-5 with dependents would receive based on where they live. The monthly hous-

ing allowance is paid if the veteran is attending school more than half-time in a classroom setting.

Benefits will depend on the amount of time the veteran served on active duty.

"Benefits will be pro-rated based on time in service," Wilson said. "Veterans who served honorably for 36 months will receive 100 percent as will veterans who served at least 30 days and were discharged due to a ser-

vice-connected disability. Those who served less time will see an incremental decrease in the paid benefit. At a minimum, those who served between 90 days and six months would receive 40 percent of the maximum benefit."

The new program goes into effect Aug. 1, 2009, and provides up to 36 months of benefits that can be used during the 15-year period following discharge.

However, before the new GI Bill

can be rolled out, VBA has a lot of work to do.


"It's a complete paradigm shift," Wilson said. "The biggest challenge between now and August 1, 2009, is to modify our IT infrastructure to support the application process, eligibility determination and payment of benefits. It's going to mean more work for schools, but we are going to keep the process straightforward for veterans. They will have a one-page application that can be completed online."

In addition to changing the way benefits are delivered, the new GI Bill will require additional training for VBA employees and stakeholders, because other programs and services administered by VBA are affected by the change in benefits.

"Voc rehab is an excellent example of how the new GI Bill will affect benefits that some veterans will receive," Wilson said. "If a service-connected veteran is entitled to voc rehab and the new GI Bill, then they will need to make a choice as to which benefit is better for them. Voc rehab counselors will work with each veteran to make sure they receive the greater benefit."

While IT and VBA employees have about a year to prepare for the changes, all VA employees should keep these new benefits in mind, says Wilson.

"Everyone who works for VA is going to be asked about benefits sooner or later. When people find out you work for VA, they just assume you are an expert," Wilson said. "But not every employee can be a benefits expert so we have a Web site that provides information as well as a phone number where they can talk to a live person and get accurate answers straight from the experts."

For details about the Post-9/11 GI Bill and other veterans' educational programs, visit www.gibill.va.gov or call 1-888-GI-BILL-1 (1-888-442-4551). 

About the New GI Bill

When will benefits be available under the new GI Bill?

Post-9/11 GI Bill benefits are payable for training pursued on or after Aug. 1, 2009.

Who is eligible?

Veterans must have served an aggregate of 90 days of active duty service after Sept. 10, 2001, and have an honorable discharge. See www.gibill.va.gov for complete eligibility requirements.

If eligible for the Montgomery GI Bill or other educational benefits, is a veteran, reservist or guard member eligible for the Post-9/11 GI Bill?

Veterans who meet the Post-9/11 GI Bill eligibility requirements who are also eligible for the Montgomery GI Bill-Active Duty (MGIB-AD), the Montgomery GI Bill-Selected Reserve (MGIB-SR) or the Reserve Educational Assistance Program (REAP) as of Aug. 1, 2009, may elect to transfer to the Post-9/11 GI Bill. See www.gibill.va.gov for complete eligibility requirements.

How many months of assistance?

The program offers 36 months of benefits. However, veterans who have received benefits under other educational assistance programs VA administers will receive less. Veterans who are eligible for more than one benefit program are limited to receiving a total of 48 months of benefits. Thus, if a veteran used 20 months of REAP benefits, they would only be eligible for 28 months of Post-9/11 GI Bill benefits. In addition, the law provides that veterans who transfer from the MGIB-AD program to the Post-9/11 GI Bill may only transfer the number of MGIB-AD they have remaining.

How much will veterans receive?

Veterans are entitled to a percentage, as determined by length of active duty service, of the following:

- Amount of tuition and fees charged, not to exceed the most expensive in-state charges by a public institution for undergraduate tuition (paid to school);
- Monthly housing allowance equal to the basic allowance for housing amount payable to a military E-5 with dependents, in same zip code as school (paid to veteran);
- Yearly books and supplies stipend of up to \$1,000 per year (paid to veteran); and
- A one-time payment of \$500 may be payable to certain veterans relocating from highly rural areas (paid to veteran).

By Gary Hicks

Scientist, Nobel Laureate, VA Franchise Player

Displaced by Hurricane Katrina, legendary researcher Dr. Andrew Schally finds a new home in Miami where his groundbreaking work continues.

In pro sports, a franchise player is an exceptional athlete who stays with a team through thick and thin. They enjoy the good seasons and weather the bad. They don't cut and run for a better offer in another city. They stay for the good of the team.

Think of names like Jordan, Elway, Magic and Dr. J—representatives of a past that has given way to free agency and easy paydays.

While franchise players are rare in today's sports, VA has many. One such VA franchise player is Andrew V. Schally, Ph.D. Schally may not be a household name like Michael Jordan or Magic Johnson, but he is renowned in the world of endocrinology for his groundbreaking research that earned a Nobel Prize in 1977.

He came to VA in 1958 as a consultant while working at Baylor College of Medicine in Houston teaching physiology. He left Baylor in 1962 to become the director of the Endocrine and Polypeptide Laboratory at the VA hospital in New Orleans.

"VA leaders at that time understood the possible importance of my program although the concept wasn't established," Schally recalled during a May research forum held at Central Office. "VA opened a very nice laboratory for me in New Orleans because

space was hard to come by in places like New York and Los Angeles."

Set up in the Big Easy, Schally began conducting pioneering research concerning hormones and the interaction of the brain with the rest of the body.

Scientists had long thought that the hypothalamus, a part of the brain located just above the pituitary gland, regulated the endocrine system, which includes the pituitary, thyroid and adrenal glands, the pancreas, and the ovaries and testicles. They were, however, unsure of the way in which hypothalamic hormonal regulation occurred.

In the 1930s, British anatomist Geoffrey W. Harris theorized that hypothalamic regulation occurred by means of hormones, chemical substances secreted by glands and transported by the blood. However, Harris and others were unable to isolate or identify the hormones from the hypothalamus.

Schally devoted his work to identifying these hormones. His first breakthrough came in 1966 when he and his research group isolated TRH, or thyrotropin-releasing hormone. In 1969, Schally and his VA team demonstrated that TRH is a peptide containing three amino acids. The success of this research made it possible

to decipher the function of a second hormone, called luteinizing hormone-releasing hormone (LHRH). Identified in 1971, LHRH is a decapeptide and controls reproductive functions in both males and females. The chemical makeup of the growth-releasing hormone (GRH) was also discovered by Schally's team in 1971.

Schally was able to show that GRH, a peptide consisting of 10 amino acids, causes the release of gonadotropins from the pituitary gland. These gonadotropins, in turn, cause male and female sex hormones to be released from the testicles and ovaries. In conjunction with this, Schally was able to identify a factor that inhibits the release of GRH in 1976.

Subsequent studies by Schally showed that somatostatin serves multiple roles, some of which relate to insulin production and growth disorders. This led to speculation that the hormone could be useful in treating diabetes and acromegaly, a growth-disorder disease.

Schally's years of hard work and accomplishments not only led to the 1977 Nobel Prize for Medicine and Physiology, they revolutionized the field of endocrinology, leading to new treatments.

With a Nobel Prize under his belt, Schally could have gone to work



Left: Dr. Andrew Schally at a May research forum in VA Central Office. At his new lab in Miami, Schally and his team continue their work to develop new and better ways to treat hormone-dependent tumors; below: Schally accepts the Nobel Prize for Medicine and Physiology in Stockholm, Sweden, in 1977 for his work on brain hormones. Though he could have gone to work anywhere in the world after winning a Nobel, he chose to stay with VA, which he says "had faith in my research program and allowed me to continue and further that research."

anywhere in the world, with the best equipment, the best facility and the best pay. But he chose to stay with VA.

"VA allowed me to conduct my research program," he said. "I was offered a position at Yale and all of the pharmaceutical houses where the salaries were three times larger than VA's, but I'm very grateful to VA. They had faith in my research program and allowed me to continue and further that research. As a scientist I think I can deliver scientific and medical dividends to VA."

Schally remained at the New Orleans facility furthering his research until Hurricane Katrina sent him looking for a new home. He found one at the Miami VA Healthcare System.

"I was fortunate that after the facility in New Orleans was closed that VA's Central Office moved me to Miami," he said. "The medical community accepted me with open arms, both the Miami VA and University of Miami (School of Medicine)."

At Miami, he and his team con-

tinue to discover new and better ways to treat hormone-dependent tumors as they develop new treatments for cancer like the so-called "magic bullet."

In cancer, current treatments such as chemotherapy are effective, but they also cause harm.

While the treatment kills the cancerous tissue, it is also toxic to the healthy tissue. Magic bullets is a theoretical way to deliver the cancer-killing treatment only to the cancerous cells and not harm the healthy ones.

Schally's research is aimed at using hormones—the foundation of his research—to carry these magic bullets to their life-threatening targets.

"The research is going very well," Schally said. "We are developing new treatments for a variety of cancers, Hodgkin's disease, brain tumors, diabetes, Alzheimer's disease and many more where this type of treatment



could be applicable."

Schally's pioneering research has proved useful in the treatment of diabetes and peptic ulcers, and in the diagnosis and treatment of hormone-deficiency diseases. His discoveries have led to numerous modern treatments, including today's most preferred treatment of prostate cancer.

With his 50 years of research and dedication to VA, Schally gives new meaning to the term franchise player and represents what it means to be on the VA team. **VA**

By Gary Hicks

Brain-Computer Interfaces: Has Science Fiction Become Reality?

New technology shows promise in restoring lost function to people with spinal cord injury and other injuries and diseases of the nervous system.

When a team led by John Donoghue, Ph.D., and Leigh Hochberg, M.D., Ph.D., published results from their pilot study of the BrainGate system in the science journal *Nature* in 2006, the headline in one Canadian newspaper proclaimed, “Movement by Thought: Science Fiction to Fact.” A London newspaper referred to the trial participant as “the first bionic man.” The editors at an Oakland, Calif., daily were equally impressed, running the headline: “Paralyzed Man Moves Mountains with Mind.”

It was hard for even the most serious science journalists to ignore the fascination surrounding the researchers’ stunning achievement. The scientists—from Brown University, VA and other institutions—had enabled a 25-year-old man with quadriplegia to operate a computer cursor and perform other tasks solely through his thoughts.

The technology, called BrainGate, uses a tiny sensor implanted in the motor cortex, the part of the brain that controls movement. The sensor, about the size of Lincoln’s head on a penny, has 100 hair-thin electrodes that pick up brain signals. The signals are sent to an external decoder that turns them into commands for electronic or robotic devices. For now, the brain implant is wired to a computer, but the researchers hope to go wireless in the future.

Development of the system is spearheaded by Donoghue, a Brown neuroscientist who became affiliated

with VA when the Department established its Providence-based Center for Restorative and Regenerative Medicine in 2004. Donoghue is also chief scientific officer at Cyberkinetics Neurotechnology Systems, a company formed by Donoghue and colleagues in 2001 to bring BrainGate to market.

Hochberg, lead author on the landmark *Nature* paper and the principal investigator on current trials involving the BrainGate system, admits there has been some hype in media coverage of the technology, but says most reports have been balanced and accurate.

“Overall, many people have been captivated by the potential of the technology. But thankfully, the media

has generally been responsible in describing these as early trials [and making clear] that this is a nascent science—that we’re really at the beginning of a tremendous period of learning and opportunity in terms of restoring lost function for people with paralysis or limb loss.”

Notwithstanding Hochberg’s tempered view, it may be fair to say that in the case of brain-computer interfaces, yesterday’s science fiction—for example, the 1938 Andre Maurois novel *The Thought-Reading Machine*—has indeed become today’s reality.

Even so, what’s been realized by researchers to date has clear boundaries. BrainGate and similar technologies have little applicability with re-



Leigh Hochberg, M.D., Ph.D., is lead investigator on two clinical trials of a brain-computer interface called BrainGate.

CENTER FOR RESTORATIVE AND REGENERATIVE MEDICINE

gard to “higher” functions of the human mind: that which is uniquely individual, such as memory, emotions, creativity. “For the moment, that’s a theoretical discussion,” notes Hochberg. “The technology is not even close to being able to read into memories or thoughts in the general sense. The leading edge of the field is the ability to extract a neural signal that’s related to the intention to move one’s limb—and thereby a computer cursor—in a particular direction.”

And even the notion of “reading thoughts,” while not wholly inaccurate, is more a handy catchphrase for the media than a precise description of what the technology is designed to do.

“Thoughts’ is a useful word because it’s immediately meaningful to everyone,” says Hochberg, “and the concept of being able to ‘read thoughts’ has been around in science fiction a long time. But that’s not what we’re doing in our current research. The focus now, for people with spinal cord injury, brain stem stroke, ALS, and other diseases or injuries of the nervous system, is to be able to restore movement and communication.”

Hochberg is principal investigator on two BrainGate trials now underway: one involving people with ALS and related motor-neuron diseases, the other for people with spinal cord injury, muscular dystrophy or stroke.

The main way in which BrainGate could restore communication for people who have lost motor ability

is to enable them to move a computer cursor, which in turn could allow them to use e-mail, the Internet and word processing, or operate a TV set.

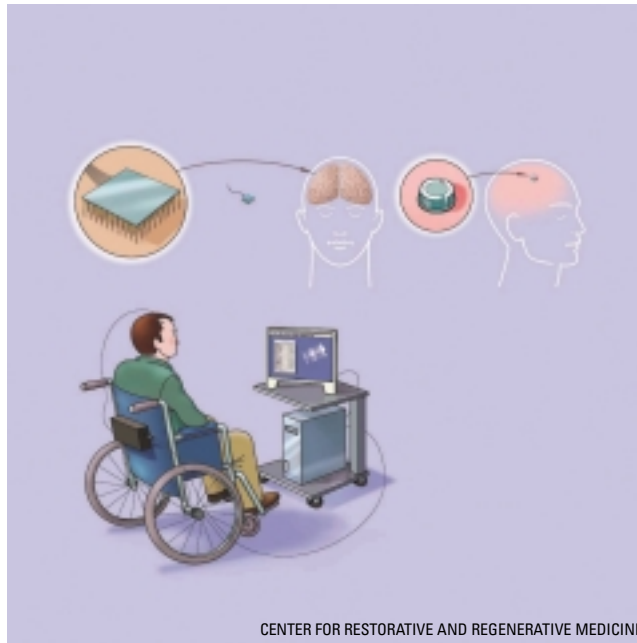
As for restoring movement, BrainGate has already enabled research participants to open and close

a robotic arm. This aspect of the work—using brain signals to activate limbs—may benefit from a new \$6.5 million grant from the National Institutes of Health to Cyberkinetics, Brown and the Cleveland Functional Electrical Stimulation (FES) Center, which is sponsored jointly by VA and Case Western Reserve University.

The partnership with the FES Center represents an intriguing melding of approaches. Most past FES work has involved people with intact but non-functioning limbs—such as those with spinal cord injury or stroke. Electrodes are implanted not in the brain but in the weakened or paralyzed muscles that would normally move the limb. Small electrical currents from external or implanted devices activate the muscles and restore movement and function. Only recently, research there has expanded to prosthetics applications. In one project, electrodes would be implanted onto intact arm and shoulder muscles near the amputation and pick up brain signals to drive an artificial hand.

The new FES-BrainGate collaboration is “potentially very promising,” says Hochberg, in that two groups of patients might benefit: those using prosthetic limbs, and those whose natural limbs are intact but disconnected from the brain and nervous system. Either way, what BrainGate inventor Donoghue has described as the ultimate goal of the technology—“to reconnect brain to limb”—may eventually be within reach. **VA**

By Mitch Mirkin

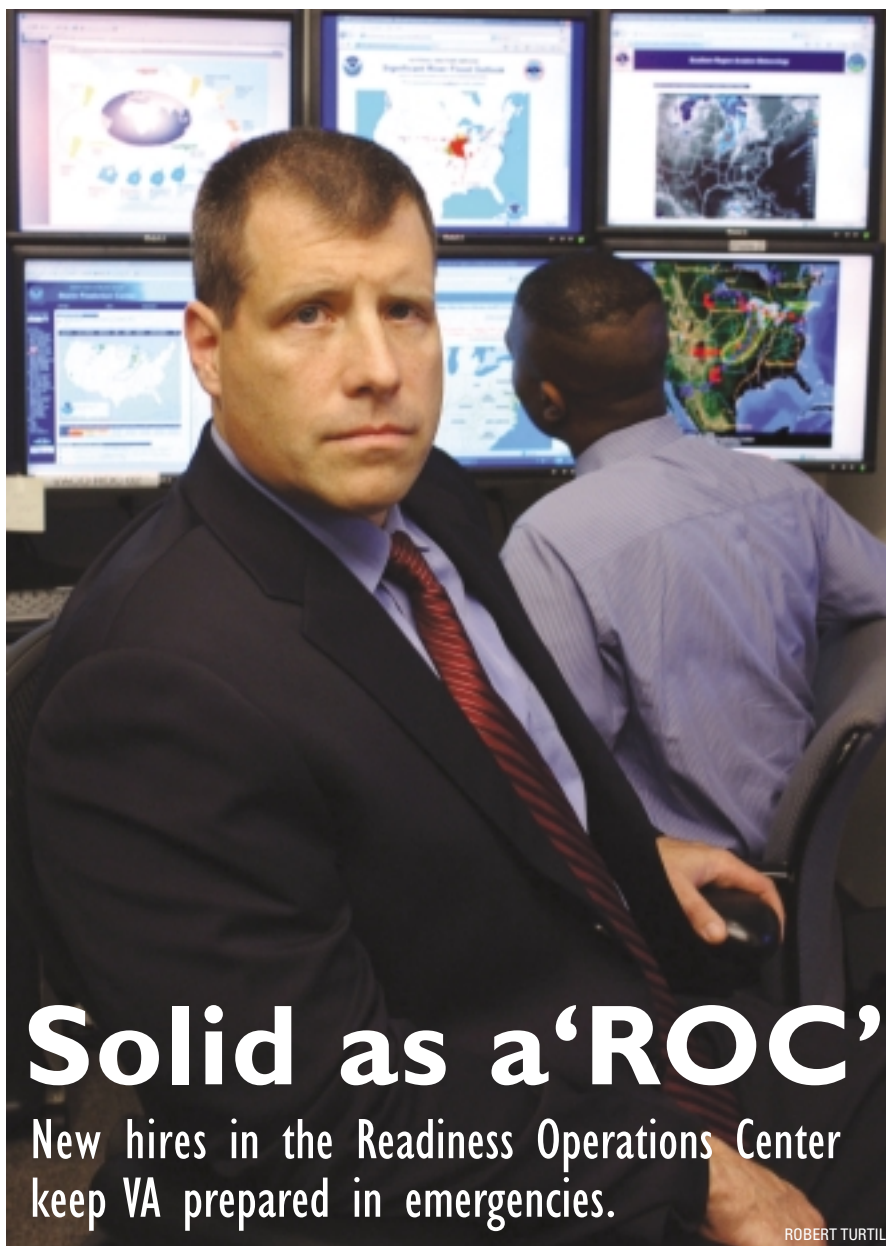


CENTER FOR RESTORATIVE AND REGENERATIVE MEDICINE



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In the BrainGate system, a sensor with 100 hair-thin electrodes is implanted in the brain. It is wired to a small pedestal, resembling a watch battery, that is implanted in the skull and serves as a port to connect electrodes to an outside computer. Researchers hope to develop a wireless version in the future.



Solid as a 'ROC'

New hires in the Readiness Operations Center keep VA prepared in emergencies.

ROBERT TURTIL

Imagine being responsible for the safety of more than 260,000 people and your decisions could mean the difference between life and death. Mass pandemics, terrorism, natural disasters and worst-case scenarios are what you plan for day in and day out if you are a member of VA's Readiness Operations Center (ROC).

Part of the Office of Operations, Security and Preparedness, the ROC, led by Director Hector Marcaйда, consists of a five-member support

team that monitors all aspects of emergency readiness and preparedness to ensure the safety of VA employees and the veterans in their care. Located in VA Central Office, the command center, comprised of high-tech computer operating systems displaying weather, maps, and other crucial components, operates on a 24-hour, seven-days-a-week schedule.

"All VA internal resource and management issues as well as queries or mission assignments from the Department of Homeland Security, De-

partment of Health and Human Services, Department of Defense, Federal Emergency Management Agency or other agencies come into this location and are evaluated, managed, and tracked to closure," said Marcaйда.

The ROC is a major component of VA's commitment to maintaining preparedness, not only for employees and veterans, but also for neighboring communities. "The comprehensive emergency support provided by the ROC manages communications within VA and with external federal partners in the National Response Plan/National Response Framework, coordinating appropriate VA staff for response," said Marcaйда.

The ROC also works with state and local agencies to respond to emergencies in the fastest and most effective way possible. To do that, the ROC supports the three Continuity of Operations (COOP) sites in Martinsburg, W.Va., Richmond, Va., and VACO. To maintain the support VA needs, plans to enlarge and move the ROC are in the works and should be completed by spring of 2010, according to Marcaйда.

Even with state-of-the-art technology and the most comprehensive plan imaginable, it still takes people to make it all happen. And when it came to staffing the ROC, VA didn't cut any corners. The five recently hired team members are all experts in their respective fields. They are also veterans.

"The VA Readiness Operations Center is ideally suited for recent combat veterans given our mission to be the eyes and ears of the Secretary to help monitor VA's vital signs and report changes in the Department's ability to deliver quality health care, benefits and memorial services to our veterans," said Marcaйда. "Combat veterans, like those recently hired here in the ROC, have proven their

Marty Hanse on duty in the Readiness Operations Center; the former Marine says he came to VA "because I wanted to continue to help veterans."

ability to focus, take initiative and follow through on assignments.”

The recruitment effort was one of the first tests of the Veterans Employment Coordination Service (VECS), a new office aimed at recruiting veterans, particularly recently disabled combat veterans, into the VA workforce. VECS began its search by looking for former military personnel with backgrounds in the areas of operations, communications, combat and technical experience. These skills are easily transferable between VA and DoD—meaning the candidates wouldn’t require substantial training and could hit the ground running as operation specialists.

After an exhaustive search of a talented pool of veterans, the list was trimmed down to five names: Marty Hanse, David Dexter, Nicholas Antonetti, Joslyn Benjamin and Zemar Roberts.

■ Marty Hanse came to VA after serving 22 years in the Marine Corps, completing his military career at the rank of first sergeant. Hanse, who has previously assisted with humanitarian efforts in East Timor and Bangladesh, was hired for his managerial background and leadership. “I came to the VA because I wanted to continue to help veterans,” he said.

■ David Dexter, a former Air Force technical sergeant with 24 years of service, was used to dealing with hospital administration as a liaison officer. With experience in health care and medical care management, Dexter said he came to VA because he enjoys “emergency management and the challenges it presents.”

■ Nicholas Antonetti, a former Marine sergeant and disabled Operation Iraqi Freedom veteran, came to VA with a technical background in communications. He said he joined VA because “the opportunities were good and the benefits were wonderful,” but mostly for the challenging job: “With all of our outlying facilities, it enables us to keep a finger on the whole picture and then when something goes

wrong, we make sure we allocate resources.”

■ Joslyn Benjamin, also a Marine Corps veteran, had an extensive background in communications and correspondence. A disabled veteran, Benjamin says, “I’ve been dealing with the VA and the military for a number of years and I’m also part of the Chapter 21 (specially adapted housing) program, so it’s also an opportunity for me to give back to the organization that helped me.”

■ Zemar Roberts, a Navy veteran of both Operation Enduring Freedom and Operation Iraqi Freedom, has experience in medical and health care management. “I’ve always been about service,” he said. “Right now, we are watching closely because we’re in hurricane season and we are monitoring the floods in Iowa, Indiana and Illinois. It’s our job to make sure those facilities are operational and they aren’t affected by these disasters, and to ensure our veterans, their spouses and their dependents are taken care of and have access to all of our facilities.”

In May, the ROC participated in the largest national level exercise ever conducted. The National Level Exercise 2-08, and its corresponding Eagle Horizon Principal Level Exercise, was a joint effort of several federal agencies, including the Department of Homeland Security’s National Operations Center, Incident Management Planning Team and Crisis Action Team; FEMA’s National Response Coordination Center; and Health and Human Services’ Secretary’s Operations Center.

During the exercise, emergency managers from each of the three administrations and staff offices were asked to assess VA’s ability to perform mission essential functions. In addition, they assessed VA’s plans and procedures as they related to a multi-scenario response; evaluated the ability of VA’s organizational elements to coordinate and support interagency requirements; and assessed VA’s opera-

tional effectiveness.

“VA’s participation in the recent National Level Exercise 2-08 was a hallmark of achievement in that a number of ‘firsts’ were accomplished,” said Marccayda. “They included the first time that the ROC formally transferred command and control to its COOP site in Martinsburg by shutting down operations at VACO; the full activation of the COOP site and the newly constructed theater, allowing for seamless communications both internal and external to the Department; and the involvement of all members of the planning cell for the Office of Operations, Security and Preparedness.”

While exercises can provide realistic training, it’s the day-to-day operations and planning that prepare the team for its mission. A weekly Emergency Response Group meeting is held to discuss current topics of interest, such as upcoming events that are potential threats to VA employees, buildings or functions.

One of the current hot topics is hurricane season, which began June 1 and runs through Nov. 30. The team will spend long hours over the next several months tracking storms close to VA facilities and offices. Deciding whether to evacuate a VA medical center in the path of a hurricane can be a tough call. Making the right choice at the right time is crucial for the team.

According to the National Oceanic and Atmospheric Administration, the 2008 hurricane season is predicted to produce six to nine hurricanes. Two to five of those hurricanes are predicted to be major hurricanes, categorized as 3, 4 or 5 on the Saffir-Simpson Scale.

Whenever and wherever disaster strikes, whether manmade or natural, the five members of the ROC support team and the rest of VA’s emergency preparedness team in VACO and in the field are ready to respond. **VA**

By Amanda Hester

Are We Prepared for a Pandemic?

National exercise marked the first full-scale test of the Department's flu plan.

"In preparing for battle I have always found that plans are useless, but planning is indispensable."

- Dwight D. Eisenhower

Planning is certainly indispensable when it comes to emergencies, but VA is taking it a step further, testing its plans by carrying out what emergency managers call an "exercise" in its health care system at all levels at the same time. The 2008 VHA National Exercise, held June 23-27, was designed around an influenza pandemic affecting all parts of the U.S.

Pandemic influenza (pandemic flu) is a worldwide outbreak caused by a new flu virus. The new virus spreads easily from person to person, mostly by close contact (within about 6 feet) with individuals who are infected, and mostly through coughing and sneezing. Because the virus will be new to people, everyone will be at risk of getting it.

The severity of the infection from an influenza virus in a pandemic is not knowable in advance. Generally, two to three pandemics occur each century. Severity could range from a level comparable to seasonal influenza that occurs each year to the level that occurred in the pandemic of 1918, which would lead to an estimated 2 million deaths in the U.S. alone.

Because VA serves millions of veterans in about 1,600 locations in the U.S., its territories, and in a few

cases overseas, and has roughly 260,000 employees, the Department has been concerned about pandemic flu for the past few years. In fact, VA was one of the first Cabinet-level agencies to complete its national plan in March 2006, just a few months after the White House requested that all agencies do so (see www.publichealth.va.gov/Flu/pandemicflu_plan.htm). VA facilities and VISNs then used the VA plan to develop their own specific plans.

Last year, VHA facilities—medical centers, VISNs and Central Office—tested their planning by conducting a series of individual tabletop exercises where individual groups of planners discussed what they would do in various pandemic scenarios. The VHA National Leadership Board, which is comprised of VISN directors and chief officers, then asked for yearly, large-scale exercises, beginning with one on pandemic flu.

The national exercise marked a full-scale test of VA's pandemic flu plan, the first such exercise of its size in VA. It was led by Pete Brewster, education and training director with VHA's Emergency Management Strategic Health Care Group (EMSHG), along with a steering committee, contract support from Booz Allen Hamilton, and a great deal of effort by exercise coordinators and other staff at the VISNs and medical centers, and VHA and VA staff in Central Office.

Emergency planners from the Department of Health and Human Services also participated, and in some cases VA facilities involved their local community hospitals as well. The exercise was set up to test VA readiness in 17 focus areas, such as incident command, communications, surveillance, staffing, and supplies and services.

On Thursday, June 19, a message went out to exercise coordinators that a pandemic had been declared overseas. That afternoon, there was a widely attended national teleconference on pandemic flu basics presented by Victoria Davey, deputy chief of officer, Public Health and Environmental Hazards, who has been leading VA's pandemic flu preparedness efforts and the development of the national VA plan.

The national exercise began on Monday, June 23, which in the scenario was three months after the pandemic began overseas, and two weeks after pandemic flu was first reported in the U.S. By Wednesday, it was Day Three of the exercise, or six weeks after the U.S. start, and the pandemic wave was at a peak. The number of inpatients had jumped 200 percent above normal levels and staff was down 40 percent. The exercise ended with Day Five, three months after the first U.S. report and more than six months after the worldwide start. An effective pandemic flu vaccine was finally available—and a second wave of

the pandemic was beginning.

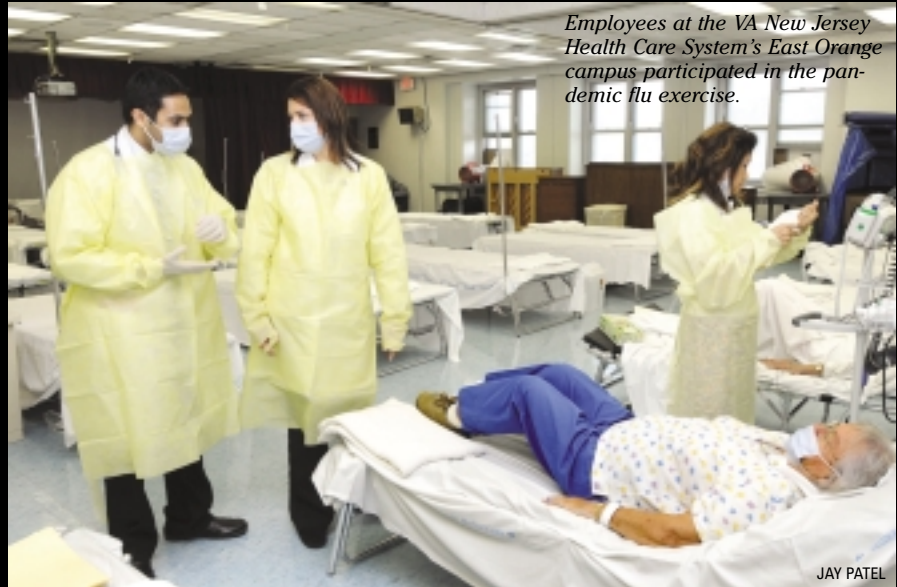
Each facility could “play” from one to five days. They had reviewed the results of their previous tabletop exercises to decide which focus areas to test. Several daily meetings were held in Central Office.

A VHA Joint Operations Center was set up from 7 a.m. to 7 p.m. with staff of the deputy under secretary for health for operations and management and EMSHG. The JOC received daily situation reports and fielded questions from the facilities.

The VA Pandemic Influenza Advisors Group met at 10 a.m. each day to provide advice, the VHA Emergency Management Coordinating Group met at 11 a.m. to discuss issues that came up and recommend policies, and the VA Crisis Response Team met at 2 p.m. to consider VA-level issues. At 4:30 p.m., all exercise participants joined a national teleconference where decisions were discussed, policies explained (where they

sponses or actions from participating VISNs and VAMCs or Central Office. These injects might involve increased demand for medical services, shortages of critical supplies or equipment, public misunderstanding of VA’s role, or calls from local or na-

time, everyone could go home healthy, better informed about pandemic flu, and with a greater sense of where VA’s strengths and weaknesses are. In the weeks following, the exercise team will wrap up lessons learned and follow-up actions that will guide



Employees at the VA New Jersey Health Care System’s East Orange campus participated in the pandemic flu exercise.

JAY PATEL



Members of the VA North Texas Health Care System Medical Disaster Response Team assemble a triage tent during the pandemic flu exercise. Patients and staff entering the facility would be screened for respiratory illness, with proper precautions taken to prohibit the spread of influenza.

BRUCE MORRIS

existed already), and questions were answered.

Each day a “master control cell” regularly issued messages called “injects” that were written to reflect situations that could come up in a real emergency and that required re-


tional reporters. VAMCs and VISNs could also send injects to Central Office. Each inject was carefully labeled “EXERCISE EXERCISE” but often required just as much scrambling for an answer as it would in real life.

At the end of Day Five, in real

VA’s future planning.

Says Mike Vojtako, chief consultant, EMSHG, “An after-action report will be developed with specifics regarding issues that must be addressed and areas where VA needs improvement in its pandemic flu preparedness planning and plan. The results will also chronicle ‘best practices’ so that they can be shared throughout VHA.”

Dr. Lawrence Deyton, chief of officer, Office of Public Health and Environmental Hazards, adds, “The national exercise raised the visibility of pan flu preparedness across the entire agency; catalyzed the public health, medical and emergency management communities; and tested the operational procedures VHA developed after Hurricanes Katrina and Rita to improve coordination and support of facilities, VISNs and Central Office.”

For more on pandemic flu, go to www.pandemicflu.gov. 

By Connie Raab

Rebecca Webb, R.N., outside her office door
at the Lexington, Ky., VA Medical Center.



The View from My Door

Watching the dark clouds lift as veterans
conquer their demons.

As I work in my office, I watch as our patients pass by throughout the day. I observe them from admission until discharge, and I am happy my unit exists. The changes I see over each 45-day period are inspiring.

“Seeing the changes motivates me to want to improve and expand what we do so that every returning veteran has a ‘safe place’ to which they can turn.”

I am the nurse manager for the 22-bed PTSD/Substance Abuse Residential Rehabilitation Program at the Lexington, Ky., VA Medical Center. Our PTSD program is 45 days and our substance abuse disorder program is 28 days. Patients are admitted from throughout the United States.

We serve homeless veterans as well as those who aren't. They come to us for help with their addictions, to face their inner demons, to save their relationships and reconcile and reconnect with their loved ones. They have served in Vietnam, the Persian Gulf, Afghanistan and Iraq; range in age from 20 to 60 years; and come from differing ethnic and cultural backgrounds.

Why do they come? Because some experience during their military service haunts them and is on the verge of destroying their lives. They come to us broken, mentally and emotionally battered and bruised; they leave us changed.

From my office I watch these brave souls who have defended our country walk past with their heads down, solemn-faced, shoulders drooping as if they carry the weight of the world. They can't look you in the eye. They don't smile or laugh and they are afraid to trust anyone, even themselves. Their moods are disheartening, as if there is a literal “dark cloud” hanging over them.

I have heard their stories over and over again: the nightmares that make them afraid to sleep; their fear of striking out at their loved ones during the night; their isolation because they can't tell of the atrocities they have endured for fear they will be judged or that no one will understand; their abuse of drugs and alcohol to dull the ache in their souls caused by flashbacks and horrific

memories. These are the demons with which they lived before coming to us. Change is what happens after they arrive.

Within the first few days a bond quickly develops between them—a bond that transcends all boundaries. Instantly, they connect and understand each other because they feel the same pain, know the same fears, and have been to the same place. The fact that one's journey occurred more than 40 years ago and another's just yesterday makes no difference. The average age of those serving in Vietnam was 19. The average age of those serving in Afghanistan and Iraq is 20. Both generations were young, ambitious and full of life when they answered the call to duty.

We repeatedly say “thank you for your service” so they may come to know there was no shame in the choice they made to serve. We teach them about PTSD, and the nightmares, isolation and anger that come with it. We teach them about the symptoms—guilt, depression, grief and loss of intimacy. We teach them about the after-effects of trauma and how it can affect them, their families and their children. They learn that while there is no cure, there is hope through treatment.


They learn how to create S.M.A.R.T. (Specific Measurable Attainable Realistic Timely) goals for themselves, and begin each day by reviewing the goals they set the previous day and adding new ones for today. They participate in group therapy sessions where they learn skills that will help them reach their goals. These include deep muscle relaxation, communication, listening, deep breathing, grounding, body scanning, meditation and anger management. They are encouraged to incorporate

these skills into everyday life. As they learn, the change begins.

By week two their heads are no longer down when they pass, and for the first time they begin to make eye contact. By week three their step is more energetic, and they smile and speak as they pass by. Week four finds them in animated conversation with fellow veterans. The dark cloud has evaporated and their mood is brighter. By the end of week five they have made new friends and are beginning to feel some separation anxiety about leaving the one place in which they have come to feel safe. They have grown to believe they can beat this; they have a plan and are ready to keep moving forward with their lives.

We also begin to feel some anxiety. Will they be okay, will they remember what they have learned? Will they call if they need us? We worry that when they leave, the everyday stresses of life will begin to take their toll, causing some to revert to the familiar ways of isolation, panic and anger.

We're always happy to hear back from those who have completed the program. Sometimes they stop by to visit, call to say hello, or return for our annual picnic. We are overjoyed when they tell us, “I couldn't smile or laugh and joke when I came here, but I could when I left.” And it's great to see them still smiling. To us it's the same as saying “good work or job well done,” and it makes getting up every morning to come to work a joy.

Watching them and seeing the changes motivates me to want to improve and expand what we do so that every returning veteran has a “safe place” to which they can turn. That's the view from my door! 

By Rebecca Webb, R.N.

In Memoriam: Michael E. DeBakey, M.D.

Medical pioneer's contributions to the care of veterans live on.

Dr. Michael E. DeBakey, the world-famous cardiovascular surgeon who pioneered bypass surgery and invented numerous devices to help heart patients during his 70-year career, died July 11 in Houston at the age of 99.

DeBakey had a long history with VA and is considered the father of modern VA health care. He introduced the concept of marrying medical surgical teams from local hospitals with VA facilities to provide treatment to the onslaught of veterans returning from World War II.

Using his position on the faculty of Baylor University, DeBakey followed through on the idea—providing the Houston VA hospital with its first surgical staff. As its chief surgeon, he then created the facility's accredited residency program. VA recognized the success and future potential of DeBakey's program and began affiliating with major medical universities across the nation, creating the foundation for today's VA health care system.

"Dr. DeBakey's skills as a surgeon and manager, along with his deep commitment to military personnel and veterans, has created a legacy of service that will never be equaled," said Secretary James B. Peake, M.D. "We are honored to count Dr. DeBakey as one of our own."

In addition to being a medical pioneer, gifted surgeon and Army veteran, DeBakey was a devoted champion for veterans with a passion that knew no bounds.

His accomplishments in medicine and to the care of veterans will live on, but his true impact is nearly too vast to summarize.

"Dr. DeBakey has an impressive resume, but his truest legacy is not inscribed on metal or etched on stone. It is written on the human heart," said President Bush during a ceremony awarding DeBakey the Congressional Gold Medal earlier this year. "His legacy is the unlost hours with family and friends who are still with us because of his healing touch. His legacy is the grandparent who lives to see his grandchildren. His legacy is holding the fragile gift of human life in his hands—and returning it unbroken."

Some of DeBakey's major mile-

stones include: **■** In 1952, he successfully repaired an aortic aneurysm—a ballooning of an artery—by cutting out the damaged segment in the abdomen and replacing it with a graft from a cadaver.

■ In 1954, he went on to discover that Dacron grafts were excellent substitutes for damaged parts of arteries; the finding allowed surgeons to repair previously inoperable aneurysms. He won a Lasker Award, the country's most prestigious biomedical prize, in 1963 for the discovery.

■ In 1964, he and his team performed the first successful coronary bypass operation.

■ In 1967, his team was the first to transplant four organs—a heart, two kidneys and a lung—from one donor to different recipients.

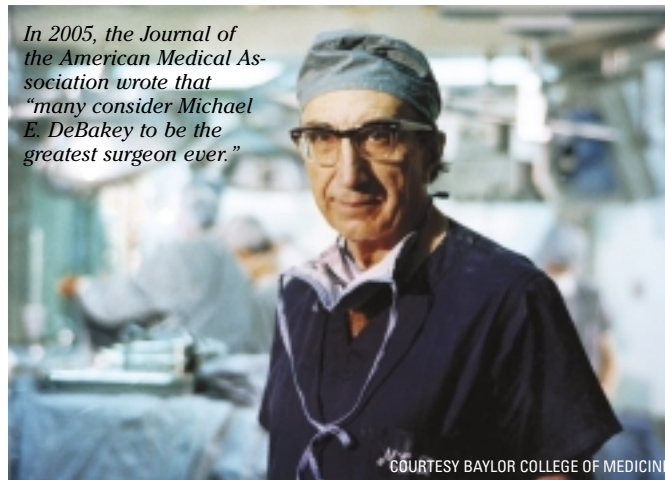
■ In 1969, President Johnson awarded him the Presidential Medal of Freedom, the highest honor given to a U.S. citizen.

■ In 2003, President Bush signed into law a measure naming the VA medical center in Houston after him.

■ In 2008, he received the Congressional Gold Medal, Congress's highest civilian honor, in a ceremony attended by President Bush; a conference room at VA headquarters was also named after him.

By the time he stopped a regular surgical schedule in his 80s, DeBakey had performed more than 60,000 operations.

DeBakey became the first citizen ever to lie in repose at Houston City Hall; he was buried at Arlington National Cemetery. **VA**



In 2005, the Journal of the American Medical Association wrote that "many consider Michael E. DeBakey to be the greatest surgeon ever."

COURTESY BAYLOR COLLEGE OF MEDICINE

stones include:

■ While in medical school in the 1930s, he devised the roller pump, which became the central component of the heart-lung machine. It helped inaugurate the era of open-heart surgery and is still used today.

■ While working at Tulane University in 1939, he and Dr. Alton Ochsner made one of the first links between cigarette smoking and lung cancer.

■ In World War II, he helped modernize battlefield surgery. He and others created early versions of what became the mobile army surgical hospital,

By Gary Hicks

Memorial Day 2008



JEFF BOWEN



JOANNA HAWTHORNE



ROBERT TURTEL

Clockwise from bottom left: Hundreds of thousands of motorcycles descended on Washington, D.C., for the annual Rolling Thunder rally to the National Mall; Members of Boy Scout Troop 41 salute the flag after raising it at Camp Nelson National Cemetery in Kentucky. They were among the volunteers placing miniature flags on graves; Daniel Stuckey was one of the students from Mann Magnet School in Little Rock, Ark., who volunteered to place flags on graves at the Little Rock National Cemetery; Members of the D.C. Chapter, 82nd Airborne Division Association prepare to join the Fourth Annual National Memorial Day Parade down Constitution Avenue in Washington, D.C.; Members of the 3rd U.S. Infantry Regiment, "The Old Guard," salute during the annual "flags in" ceremony at Arlington National Cemetery, at which more than 265,000 flags were placed on graves.



ROBERT TURTEL



DOD

VHA Employees Nationwide Embrace the Power of Performance

Meeting the Veterans Health Administration's and VA's challenges of the future depends on employee performance now. Today's VA boasts the "best care anywhere" and innovations such as My Health_eVet and the comprehensive electronic health record system known worldwide as VistA. But how do such accolades affect VHA employees day to day?

"We will not rest on our laurels," Under Secretary for Health Dr. Michael J. Kussman said. "VA and VHA have a great mission in caring for America's veterans. Each of us has the honor and the

- Practice progressive leadership.
- Promote improved business processes.
- Produce meaningful performance measures.

Those priorities apply to everything VHA employees do.

"Ultimately, in employees' day-to-day actions, it's our choice to be the best that we can be, or strive for excellence—even in the little things," Kussman said. "We needed a comprehensive VHA-wide campaign to help remind employees of that commitment to choose to be the best in caring for veterans

are armed with information to help them make their performance a source for success.

"VHA's Power of Performance 4 Goals campaign is exactly what our medical center is about," said John Barilich, director of the Ralph H. Johnson VA Medical Center in Charleston, S.C. "We are proud to deliver the highest quality care and service to our nation's heroes by focusing on their needs and what we can do to improve their clinical outcomes and their lives."

The Charleston VA Medical Center held a leadership kick-off meeting for the campaign, followed by a robust distribution schedule of weekly messages, internal communications and other promotions. The hospital also used the campaign materials to supplement its National

Hospital Week celebration. Other examples of the campaign in action include the Hines, Ill., VA Hospital, which is integrating the Power of Performance into performance-improvement signs and brochures. Veterans Integrated Service Network (VISN) 9 and the Minneapolis VA Medical Center have placed a link to the Power of Performance materials on their Web sites. Search many VA medical center Intranet sites and find Power of Performance on the homepage.

"With these four priorities guiding us, together we can take VHA to an even higher level of service to veterans and excellence," Kussman said. "It's contagious, and I'm proud to have so many VHA employees embracing the concepts." **VA**



A large wall display erected at the VA Caribbean Healthcare System's San Juan campus promotes the Power of Performance 4 Goals program.

privilege of being part of that."

Kussman has challenged VHA employees to stop merely hoping for success and reach out for it each day, using their strengths and talents to do the right thing. His challenge led to the Power of Performance 4 Goals communications campaign that kicked off in March and is promoting a renewed commitment to treating, honoring and thanking veterans each day.

The nationwide campaign provides tools and techniques to remind all VHA employees of the four goals or priorities:

- Put patient care first.

who have sacrificed in service to our country."

The Power of Performance campaign allows facilities and program offices to implement it in a way that accentuates their strengths and highlights specific areas.

"Best of all," said Everett A. Chasen, VHA chief communications officer, "VHA leaders and employees alike took the campaign and ran with it."

With resources such as flyers, posters, table tents, lanyards and communications pieces including newsletter articles, talking points and other promotional items available throughout VHA, employees

New Sports Clinic for Injured Veterans

VA recently announced plans for a new sports clinic intended to introduce recently injured veterans to adaptive summer sports. The first National Veterans Summer Sports Clinic will be held Sept. 28-Oct. 3 in San Diego.



"We are proud to offer this new rehabilitative event as a therapeutic extension of the superior health care veterans receive in our medical centers each day," said Secretary James B. Peake, M.D.

The clinic is for veterans who have recently suffered traumatic injuries such as amputations, brain injuries and spinal cord injuries. At the weeklong clinic, they will receive expert instruction in a variety of adaptive summer sports, including sailing, surfing, kayaking, cycling, and track and field events. The San Diego VA Healthcare System will host the clinic. For information, visit www.summersportsclinic.va.gov, or call Sandy Trombetta, operations coordinator, at 970-244-7726, or

Teresa Parks, administrative coordinator, at 970-263-5040.

Pilot Program Addresses Future of Nursing Within Department

There is a nursing shortage in America and it's expected to get worse. Aging baby boomers are retiring and the need for health care continues to grow. Compounding the problem is that nursing schools across the country are struggling to meet the rising demand for nurse education.

The American Association of Colleges of Nursing reported that more than 42,000 qualified applicants were turned away from nursing schools in 2006 because of insufficient numbers of faculty, clinical sites, classroom space and clinical mentors.

While the shortage is straining many of the nation's hospitals, VA has managed to maintain its 43,500 nursing positions, and hire about 4,300 additional nurses a year to replace those who retire or leave the Department. But that doesn't mean VA isn't concerned about the future of nursing.

"Our heavy reliance on health care disciplines such as nursing makes us particularly vulnerable," said Secretary James B. Peake, M.D. "And the fact is—for most veterans—there is no clearer face on VA health care than the face of a nurse. They are the backbone of our entire health care system. From hospital nurses at patient bedsides ... to outpatient nurses in our clinics ... home health care nurses ... telephone triage nurses ... and nursing home nurses, everyone treated in our health care system is, at one time or another, cared for by a nurse."

To help combat the growing problem, VA created a pilot program—the VA Nursing Academy—that addresses the nursing shortage within VA, as well as the nation. One of its first initiatives was to increase the number of classroom seats available to those who want to be nurses. In the fall of 2007,


VA loaned some of its best nurses to the University of Florida, San Diego State University, the University of Utah and Connecticut's Fairfield University to teach classes as part of their workweek.

"With the additional faculty, the four universities were able to accept about 1,000 students last fall who otherwise would have been turned away," said Michael Hager, VA's assistant secretary for human resources and administration. "We want to develop a pipeline of talent to ensure a viable, educated work force."

The pilot program began in academic year 2007-2008, with the four partnerships competitively selected from more than 42 proposals submitted, between VA facilities and schools of nursing. Additional VA-nursing school partnerships will be selected later this year and next year, for a total of 12 partnerships in the five-year, \$40 million pro-

gram.

In addition to expanding faculty at VA facilities and affiliated nursing schools, the program is intended to increase VA's recruitment and retention by enhancing clinical experiences for nursing students; expanding teaching and research opportunities for VA nurses; and establishing scholarship programs for nursing students.

With more than 64,000 nursing professionals, VA has one of the largest nursing staffs of any health care system in the world and is also the single-largest trainer in the health care field. Approximately 50,000 associated health students receive training in VA facilities each year, and provide a valuable recruitment source for new employees. More information about the pilot program is available on VA's Office of Academic Affiliations Web site at www.va.gov/oa. 

Summit Brings Renewed Focus on Women Veterans' Programs

An aggressive push to ensure women veterans receive the highest quality care in VA medical facilities was pledged by Secretary James B. Peake, M.D., at the recent VA National Summit on Women Veterans' Issues.

Although VA already has services for women patients equal to those men receive, Peake told the audience of more than 400 women veteran advocates, "We are reinventing ourselves by expanding our women-centric focus to initiate new programs that meet the needs of women veterans."




Betty Moseley Brown, associate director of VA's Center for Women Veterans, addresses summit attendees.

ROBERT TURTIL

Citing the demographic shift that brings increasing numbers of women to VA for care and the need for changes, Peake announced formation of a work group to focus on women's needs in prosthetics and rehabilitation, hiring women's advocates in VA medical centers, developing quality measurements specifically for women patients, purchasing more state-of-the-art, specialized women's health care equipment, and expanding medical education in women's health for VA care providers.

Summit attendees also learned that VA recently established a work group whose goal is to ensure every female veteran enrolled in VA care has a women's health primary care provider, especially to meet gender-specific needs.

The June 20-22 conference in Washington, D.C., focused on how to ensure VA meets women-specific health needs and how to inform more women veterans of their VA benefits. It was the fourth women's summit, which VA holds every four years.

Summit co-sponsors included the American Legion Auxiliary, AMVETS, Disabled American Veterans and Veterans of Foreign Wars. Other veterans groups that assisted included the Blinded Veterans Association, Military Officers Association of America, Paralyzed Veterans of America, the American Legion, Vietnam Veterans of America and TriWest. 

Central Office's Own Uncle Sam/Santa Hangs Up His Costumes



James E. Van Zandt II as Uncle Sam at a Flag Day event.

VA Central Office is a busy place. Thousands of people pass through security and the revolving door at 810 Vermont Avenue every day—rarely is anyone coming through that door given a second glance. But with a snowy-white beard accentuated by a bowtie, Congressional Liaison Officer James E. Van Zandt II has a presence that stands out in the crowd. Images of Santa Claus or Uncle Sam immediately come to mind.

Actually, Van Zandt first

tried on the role of Santa to assist with the Secretary's annual holiday reception at Central Office. The year was 2001, with Secretary Anthony J. Principi at the helm.

"The fellow that was doing it before me retired and it came Christmas time and they said, 'oh my gosh, who is going to do it this year,' and someone said, 'try Jim Van Zandt,'" Van Zandt said. "I guess it was the beard, but I've been doing it ever since."

Van Zandt was recruited the following year to portray Uncle Sam for a U.S. Savings Bond drive. Since then, he has performed at a countless number of functions and rarely refuses to help anyone that takes the time to ask.

"We (Uncle Sam and the Statue of Liberty) were out in front of the building pushing savings bonds and the character kind of stuck with me," he said. "Then the VA National Medical Musical Group asked me to participate in its Flag Day concert as Uncle Sam and I've been doing it with them ever since."

In addition to his charac-

ter roles, Van Zandt spends much of his free time as a volunteer and makes an annual trip to Altoona, Pa., to visit the staff and veterans of the James E. Van Zandt VA Medical Center, which is named in honor of his late father. The senior Van Zandt initiated legislation that led to the construction of the medical center while serving as a member of the House of Representatives.

Van Zandt's parents were major influences in his life. Both were veterans. His mother served as an Army nurse in the European theater during World War II and his father served in the Navy in the Pacific theater.

"I used to listen to their stories about the war when I was growing up. Mom used to talk about living in muddy foxholes and having food out of tin cans. Dad used to talk about living aboard the ship with hot meals and a nice warm bed. It didn't take me long to figure out which branch of the military I was going to serve in," he said with a laugh.

Following his parents' ex-

amples, he served in the military and then went on to lead a successful 33-year career as a civil servant with the agency where he felt most at home.

"It's been a great ride and I have really, really enjoyed my time here," he said. "I've gotten to know some tremendously talented and dedicated colleagues, amazing veterans, and people who have really turned a difficult time into some great results in their work for veterans."

Van Zandt, 60, plans to hop into his convertible and drive across the country soon after his July retirement. He said he wants to rediscover America and have a little fun before he gets too old, but he can't give up working with veterans.

"I'll probably always have some kind of connection to veterans and VA," he said. "It's been a great part of my life and it's hard to step back and walk away from it. The difference is I won't be coming in at 7 o'clock every morning and then collecting a paycheck. I'll help when I'm needed and when I can." **VA**

VA's Retirement Financial Literacy and Education Program

A kick-off ceremony for the VA-wide Retirement Financial Literacy and Education Program was held at Central Office July 16.

The program was developed by the Office of Human Resources Management (OHRM)'s Worklife and Benefits Service to inform employees and help them plan for the future.

VA's program strategy considers financial literacy education a career-long process and incorporates a broad range of information employees will need to know and understand to make informed retirement planning decisions throughout their careers.

The plan also recognizes that financial needs of employees change as they move through their careers, so employees will be targeted in three areas: new employees, mid-career and pre-retirement. Each VA facility is responsible for reaching out to these employees through financial fairs, Webinars, brown bag lunch training sessions, etc., to ensure the necessary information

is delivered accurately and on time.

OHRM has developed a Web site where employees can access important financial education materials and interactive education tools with additional Web links on a variety of topics, including investing, financial planning for retirement, estate planning and credit management, as well as information on the traditional federal benefits such as health and life insurance, long-term care planning and the Thrift Savings Plan.

For more information on VA's Retirement Financial Literacy and Education Program, contact your servicing Human Resources office or visit the Office of Human Resources Management's Worklife and Benefits Service Intranet site, at vaww1.va.gov/ohrm/Benefits/RFLERP/rflep.htm. **VA**



Employee Incentive Scholarship Program Marks 10th Anniversary

VA's Employee Incentive Scholarship Program (EISP) celebrated its 10th anniversary May 19 by honoring six VA clinical scholars and six facility education coordinators who reflect the program's decade of success in bringing the best to VA nursing during a ceremony held at Central Office.

EISP authorizes VA to award scholarships to employees pursuing degrees or train-

ing in difficult-to-recruit-and-retain health care disciplines.

"This morning we recognize six VHA employees who bring to our department a strong commitment to learning and academic excellence and an even stronger commitment to their profession," said Deputy Secretary Gordon H. Mansfield. "For men and women working in our health care disciplines, the two go

hand-in-hand."

Since the program's founding on May 22, 1998, more than 7,524 VA employees have received scholarship awards under it—resulting in new health care professionals such as registered nurses and licensed practical nurses, as well as providing enhanced qualifications for existing professionals such as pharmacists and physician assistants.

"The facility coordinators who are also being honored are the catalysts to academic success," said Mansfield. "As mentors, they provided program information and guidance, one-on-one coaching, and the encouragement so critical to the education process."

While EISP certainly provides substantial support to employees, meeting the rigors of a demanding academic program is no easy feat since most employees work full-time. The six employees recognized during the celebration symbolize the commitment, the courage, the academic excellence and the achievement of the 4,335 VA employees who have received their academic degrees in this program.

"VA attracts the best of the best across the spectrum of health care disciplines," Mansfield said. "That's a prime reason why VA is a leader in the nation's medical community. Our veteran patients enjoy a level of excellence that is marked by quality, compassionate care supported by leading-edge research and technology and enhanced by patient safety techniques that are the envy of the health care industry."

The scholarship program not only generates world-class health care and first-time li-

censure for VA health care professionals, it also supports the workforce succession planning needs of VHA.

As VA's chief operating officer, Mansfield is concerned about the generational wave of retirements VA is experiencing. The health care industry itself is one of the largest in the nation. According to the Department of Labor, seven of the 20 fastest growing occupations are health-related. And health care will generate more jobs between 2006 and 2016 than any other industry.

"Our heavy reliance on health care disciplines makes us particularly vulnerable to workforce turbulence such as retirements and makes us sensitive to the fact that we must hold a strong competitive edge in order to recruit and retain the best people we possibly can," Mansfield said. "To do that, we must ensure we have the optimal systems, programs and environment in place to attract and keep the best and the brightest. We must ensure that VA remains the employer of choice."

EISP helps VA be the employer of choice by giving employees the opportunity to tap into cutting-edge, 21st century health care practices, by credentialing new health care professionals, and by enhancing the qualifications of existing professionals.

EISP is administered by the Healthcare Retention and Recruitment Office with program coordinators at each medical center to assist employees in completing the application process and help them navigate through their individual academic programs.

Scholarship recipients and facility education coordinators

continued on page 30

VANDI: What Can the VA National Database for Interns Do for You?

The VA National Database for Interns (VANDI) made its debut in July 2007. VANDI is the brainchild of Audrey Oatis-Newsome, EEO manager with the Workforce Management and Consulting Office in the Veterans Health Administration.

Oatis-Newsome led a team comprised of Izel Cruz, management/program analyst, former intern and alumnus of the Hispanic Association of Colleges and Universities (HACU); Danita Brooks, management/program analyst and former National Association for Equal Opportunity in Higher Education intern; and Jennifer Jones, management analyst. The database is designed both for interns seeking employment with VA and for selecting officials looking to fill positions.

VANDI is a VA Intranet database that links VA management officials with participants in various internship programs who may be eligible for non-competitive conversion to a federal appointment. It tracks interns, thereby developing a qualified pool of applicants.

VANDI contains tips on resume writing and performance-based interviewing. Managers and supervisors are able to browse the database to view potential candidates for employment.

The database can be a useful tool for managers in succession planning, workforce planning and recruitment. VHA uses the internship programs both to provide interns an opportunity to gain work experience, and to add diverse, qualified potential employees to the applicant pool.

Internship programs that benefit from using VANDI include HACU, the Student Career Experience Program, and the Technical Career Field Training Program.

During Phase II of VANDI, which has now begun and is expected to be completed by September:

- other internship programs will be added, including the Graduate Health Administration Training Program, and Pharmacy Residents.
- the marketing plan will be expanded to increase VA officials' awareness of the database.
- focus groups will be conducted to assess the effectiveness of VANDI. **VA**

Luke Cassidy

Ten surgeries didn't save Marine Sgt. Luke Cassidy's leg. But losing that leg didn't keep him from the profession he loves.

Sgt. Cassidy is now Pittsburgh VA Healthcare System Police Officer Luke Cassidy—VA's first amputee police officer. His trip to VA began in September 2004 on a road in Iraq, near Ramadi, in a Humvee at the rear of a Marine convoy. Cassidy was driving as an improvised explosive device went off under him, destroying the vehicle's front axle. The Humvee crashed in a ravine and Cassidy was dragged out through a window minus a big toe and with two broken legs.

He was driven to Camp Ramadi, evacuated to the military medical center at Landstuhl, Germany, and then to the National Naval Medical Center in Bethesda, Md., for treatment—all within five days. Then the first of 10 surgeries began.

Finally, doctors told Cassidy they might save his badly injured left leg, but he would never have full mobility or be able to run again. Amputation was an option. A difficult decision, to be sure, but a visit by a Marine Corps veteran of Vietnam convinced Cassidy that amputation would work for him.

The veteran told the young sergeant how active he was and how he enjoyed his job as an electrician because it took him outside. Then he pulled up his pant leg and revealed that he was a below-the-knee amputee and had been for 30 years.

That clinched it for Cassidy. He transferred to Walter Reed Army Medical Center in Washington, D.C., for the amputation, followed by intensive rehabilitation. He was walking by November 2004 and running by January 2005, and hasn't stopped since. He runs an eight-minute mile.

"I'm a little slower than I was," said Cassidy, who ran a seven-minute mile before his injuries. "But I've never been a sprinter, so that wasn't a big deal."

That no-big-deal attitude characterizes his reaction to his amputation. His wife, Kimberly, soon to be a major in the Army Reserve, said neither she nor her husband is angry or bitter.

"When we saw that others at Walter Reed were much worse, we realized we were pretty fortunate," she said. "We could have another child. His face wasn't destroyed. His



GLENN HANGARD



COURTESY OF LUKE CASSIDY

Inset: Luke Cassidy is VA's first amputee police officer; the Humvee he was driving in Iraq when an improvised explosive device went off.

skin wasn't burned. My husband always says, 'if this is all I have to do for my country, this isn't bad.'"

Cassidy passed the Marine Corps physical fitness test in March 2005, but opted for retirement from the Corps soon after. He had spent six years as a patrolman with the Fairfax, Va., Police Department while serving as a Marine Corps reservist and discovered he dearly missed the challenge and activity of police work.

He pursued a police career and was quickly hired by the Air Force as a civilian police officer based in Minneapolis. The Air Force sent him to the VA Law Enforcement Training Center in North

Little Rock, Ark. While attending the eight-week course, he learned about VA's unique law enforcement and protection mission, and liked it so much that he applied for a job.

"When I decided to look outside of Minnesota for employment, I thought the VA police would be a great opportunity for me because not only did I have several years of police experience, but I was also a disabled veteran," Cassidy said. "I have to say the VA police in Pittsburgh were more than glad to take me aboard."

The fourth-generation Purple Heart recipient began his VA law enforcement career at Pittsburgh in September 2007. [VA](#)

Scholarship program cont.

honored during the ceremony were: Cassandra M. Gammons, staff nurse, Central Texas Veterans Health Care System; Paula Quindlen, clinical education coordinator, Central Texas Veterans Health Care System; Robert Given Jr., staff physician assistant, Louis A. Johnson VA Medical Center, Clarksburg, W.Va.;

Donna Tassos, education specialist, Louis A. Johnson VA Medical Center, Clarksburg, W.Va.;

Matthew B. Rogers, certified registered nurse anesthetist, Durham, N.C., VA Medical Center; Gwen H. Waddell-Schultz, associate chief for nursing education and medicine, and acting associate di-

rector for nursing programs, Durham, N.C., VA Medical Center; Elizabeth Patrick, staff pharmacist, Battle Creek, Mich., VA Medical Center and Grand Rapids Outpatient Clinic; Theresa Vlas, patient health education specialist, Battle Creek, Mich., VA Medical Center; Christy M. Tonetti, staff nurse, North

Florida/South Georgia Veterans Health System, Lake City Division; Donna Moore, nurse educator, North Florida/South Georgia Veterans Health System; Lisa M. Valetta, staff nurse, VA Pittsburgh Healthcare System; and Emily Klaczak, education program assistant, VA Pittsburgh Healthcare System. [VA](#)

VA Doctor Fishes Out Clots From Arteries

A cardiologist at the Birmingham, Ala., VA Medical Center is using a tiny surgical filter to fish out dangerous blood clots, improving the way doctors open arteries and implant stents.

"It's just like fishing," said Dr. Raed Aqel, who developed the technique with the interventional cardiology team at the Birmingham VAMC.

Aqel has taken a step toward solving a problem that has plagued American cardiology for years—blood clots that are knocked free when balloon catheters and stents are used to open clogged arteries. Doctors have been relying on a tiny filter to catch some of these dangerous clots, but Aqel is using the arterial filter like a net to capture and remove the clots before balloons and catheters are deployed.

Catheterization and Cardiovascular Interventions, a prominent journal that guides many of the nation's interventional cardiologists, published results in its June issue of a successful clinical trial involving 15 of Aqel's patients at the Birmingham VA.

An accompanying editorial said the technique "demonstrates the impact of creativity on solutions of important clinical dilemmas."

More than 1 million Americans now undergo balloon angioplasty and stent placement every year to unplug coronary arteries, and this development could improve long-term outcomes for a significant percentage of them, Aqel said.

One day three years ago, Aqel inserted a filter in a patient's clogged artery, and noticed on the monitor that as the operation proceeded a big piece of the clot was heading behind the filter. Instead of

watching and waiting, Aqel began pulling gently on the wire connected to the filter. "I just let the basket slip closer to the clot," he said. "And it worked."

VA Performs First Robotic Partial Nephrectomy at San Francisco VAMC

Urologic surgeons at the San Francisco VA Medical Center performed a robotic-assisted laparoscopic partial nephrectomy—the first such operation in the city of San Francisco and the entire VA system.

A partial nephrectomy is



Dr. Raed Aqel, left, and Earl Moore, radiology technologist, with the tiny filter Aqel is using to fish clots from the hearts of his patients at the Birmingham VAMC.

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the removal of a tumor and repairing of the kidney, which allows complete excision of the tumor and pathologic analysis of the tumor type, grade and stage. While the procedure is the most widely practiced, it's traditionally performed through a relatively large incision under or next to the ribs, which can result in postoperative pain and a slow recovery.

Laparoscopic partial nephrectomy allows the procedure to be done on a video screen through small incisions, but it is technically challenging and not suitable for all small tumors. The medical center used its vast experience

in robotic-assisted laparoscopy through the prostate cancer program to apply the techniques to partial nephrectomy.

The team uses a DaVinci robot to perform the procedure. The robot affords surgeons the ability to make a one-centimeter keyhole incision to perform operations. The surgeon is able to engage in minimally invasive surgery through this system, which also reduces the chance of infections.

The robot also improves their ability to remove the tumor precisely and to repair the kidney, especially when the tumor is in a location that is

challenging to reach with standard laparoscopic instruments.

As more kidney tumors are detected at small sizes due to widespread use of abdominal CT scans and ultrasounds, the hope is that this technology will enable more patients with small kidney tumors to enjoy the faster recovery offered by laparoscopy.

The surgical team included Dr. Badri Konety, chief of urology at the San Francisco VAMC, and Drs. Marc Dallera, Matt Cooperberg and Tom Chi. The surgical nursing team was Arsenio Villarimo, Thelma Vetvittoon, Allyson Kuppens and Criselda Navarro.

VA Physician Invents Antibacterial Envelope for Surgical Implants

Rabih O. Darouiche, M.D., staff physician with the Medical Care and Spinal Cord Injury Care Lines at the Michael E. DeBakey VA Medical Center in Houston, is one of the inventors of an innovative antibacterial envelope for surgical implants.

"This technology is designed to stabilize pacemakers and implantable cardioverter-defibrillators with the additional benefit of reducing the potential risk of infection associated with the implanted cardiac device," said Darouiche.

Recently, a patient at the Texas Medical Center became the first in the nation to receive a pacemaker using the new technology. His old pacemaker was replaced by one encased in an envelope made of standard surgical mesh. The envelope was embedded with two antibiotic agents that provide site-specific antibiotic protection for the pacemaker. This prevents the need for oral antibiotics.

The envelope, approved by the Food and Drug Administration in January, contains the antimicrobial agents rifampin and minocycline, which have been shown to reduce infection by organisms responsible for the majority of infections that result in cardiac rhythm medical device-related endocarditis, including the "superbugs" such as Methicillin-resistant *Staphylococcus aureus* (MRSA).

Darouiche, a VA Distinguished Service Professor, is the founder and director of the Center for Prostheses Infection at Baylor College of Medicine, and also the creator of the national Multidisciplinary Alliance Against Device-Related Infection. VA



DOUGLAS WAGNER

Iraq war veteran Fred Davis meets his boyhood hero, Cincinnati Reds superstar Ken Griffey Jr., at a June 5 "Salute to Veterans" game in Philadelphia against the Phillies.

A childhood dream comes true

Fred Davis, a Native American Marine and Iraq war veteran, was raised on the Hoopa Valley Indian Reservation, 270 miles north of San Francisco. Like a lot of boys growing up, he enjoyed playing soldier with his friends. But his real love was baseball. Davis said as long as he can remember, he always wanted to go to a major league baseball game and maybe, just maybe, step out on the field to meet his childhood hero—Ken Griffey Jr.

After two tours in Iraq and a life-saving operation at Hershey Medical Center in Pennsylvania to remove a brain tumor, those dreams seemed far away. Davis continued his rehabilitation at the Lebanon VA Medical Center, where he shared his dream with Recreation Therapist Robert Black. Black called the Philadelphia Phillies front office and got Davis to a big league game and much more. Davis led the stadium in the Pledge of Allegiance prior to the June 5 game between the Phillies and the Cincinnati Reds and then met his boyhood baseball hero Griffey in front of the dugout.

A perfect game for blind World War II vet bowler

On May 10, Dale Davis, a 78-year-old, 115-pound, blind World War II Navy veteran, bowled a perfect game during the last night of the U.S. Bowling Association-sanctioned league playoffs in Alta, Iowa. Davis can't see the lanes or the pins but relies on a foggy spot of peripheral vision in his right eye to get his bearings with the dots on the lane. Taking a four-step approach, he knows by the crack if it's a strike. If he doesn't throw a strike, friends tell him what pins are left so he can adjust his feet.

Blind from macular degeneration since 1996, Davis resumed bowling in 2004 after a 23-year hiatus. A patient of the Hines, Ill., VA Hospital's Blind Rehabilitation Center since

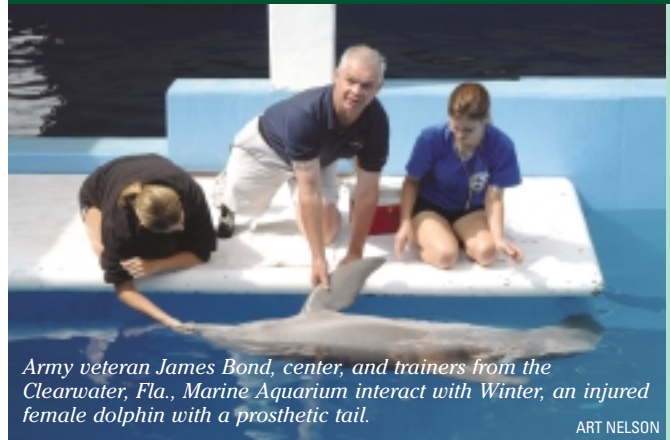
2001, Davis credits VA for much of his remarkable achievement, stating, "I'm glad I could do it for bowling and for handicapped people."

Habitat for Humanity partnership in Georgia

Employees from the Office of Equal Employment Opportunity and Diversity Committee at the Carl Vinson VA Medical Center in Dublin, Ga., formed a partnership with Habitat for Humanity to provide an Air Force veteran and her three children a new home in Macon. The four-bedroom, two-bath home includes a front and back porch, yard and large kitchen. VA employees Dr. Jo-Ann Hayward, Genetta Johnson, Nannette McClendon, Ilo Castleberry, Donald Butler, Violet Freeman, Roxcene "Vanessa" Perry, Elizabeth Hill and Shataya Taylor volunteered to paint the home's interior windows, window sills, baseboards and doors. They also helped with the landscaping.

The medical center hopes to develop a working partnership with Habitat for Humanity to help homeless veterans and low-income veterans obtain homes. The organization plans to add more than 35 new homes by 2012 for families in the area.

Florida's inspirational dolphin



Army veteran James Bond, center, and trainers from the Clearwater, Fla., Marine Aquarium interact with Winter, an injured female dolphin with a prosthetic tail.

ART NELSON

Winter, a female Atlantic Bottlenose dolphin at the Clearwater, Fla., Marine Aquarium, has become an unorthodox national symbol of overcoming disabilities. After losing her tail to a crab trap line in 2005, she now sports an artificial, prosthetic tail designed by the Hanger Prosthetics and Orthotics company. After hearing about the soft sleeve she uses to hold her prosthetic in place, several veterans have contacted the company, wanting to use the same gel padding technology that will allow them to wear their own prosthetics all day without pain.

In April, members of the Amputee VA Support Team from the James A. Haley Veterans' Hospital in Tampa visited the aquarium to better understand marine life rehabilitation. The VA hospital and the aquarium have formed a partnership for future visits by patients, hoping Winter can help more injured veterans cope with their own loss of a limb.

Helping earthquake responders



ED CABALLERO

VA researchers Hui Qi Tong, M.D., left, and Wang Zhen, M.D., were involved in disaster relief efforts following the recent earthquake in China.

Two VA research fellows, Hui Qi Tong, M.D., and Wang Zhen, M.D., were key players following the earthquake disaster in Sichuan, China, on May 12. The fellows, from the San Francisco VA Medical Center's post-traumatic stress disorder lab, had been doing collaborative research in Shanghai and knew that China's first responders needed to provide psychological first aid to victims and relatives.

A day after the 7.9 quake, they helped organize a translation of the 152-page 2006 Psychological First Aid (PFA) Manual, developed by the National Child Traumatic Stress Network and the University of California, Los Angeles' National Center for PTSD. The manual is designed to aid children, adolescents and adults in the immediate aftermath of disasters and terrorism. Through the cooperation of more than 40 volunteer translators from both sides of the Pacific, the translation was completed in four days and quickly made available for mass distribution.

Volunteering to treat wounded servicemembers

Dr. Christian Bianchi, a vascular surgeon at the Jerry L. Pettis Memorial VA Medical Center in Loma Linda, Calif., recently returned from Germany after volunteering his services to the military doctors stationed there. For two weeks, Bianchi worked at the hospital on Ramstein Air Force Base in Germany, where he treated injured soldiers from Iraq. Vascular surgeons are needed to repair arteries and veins damaged when soldiers are injured by blasts from explosive devices.

Bianchi joined 26 other members of the Society for Vascular Surgery and served through May 11. "Our members understand how important expert surgeons are to the military in saving the lives and limbs of these young military heroes," society President K. Wayne Johnson said in a news release. "I am proud to represent a specialty that unselfishly contributes where they are needed."

New bed tower at Chicago's Jesse Brown VAMC

Moving day at the Jesse Brown VA Medical Center in Chicago came with a flurry of activity as employees transported patients into the new bed tower, replacing the center's current inpatient facility. The seven-floor, 224,000-square-foot addition includes 200 inpatient beds, seven operating rooms, a cystology room, an inpatient dialysis center, an outpatient surgical center and a chapel. Designed by two premier architectural and design firms—Skidmore, Owings & Merrill and Ellerbe Beckett—the building incorporated ideas from 17 VA employee user groups.

The medical center was among the first facilities to undergo the Capital Asset Realignment for Enhanced Services (CARES) process, which resulted in the consolidation of the two VA medical centers in Chicago and funding for the new tower. "Our patients deserve the very best care and this new addition will help us provide world-class service to our veterans," says the medical center's director, James S. Jones. VA



The dedication ceremony for the Raymond G. Murphy VA Medical Center included the unveiling of a statue honoring Murphy in front of the facility.

JIM JAMIS

A new name for Albuquerque VA

The VA medical center in Albuquerque, N.M., was recently re-named in honor of Raymond G. Murphy, a decorated war veteran and longtime VA volunteer. Known to friends and colleagues as "Jerry," the former Marine passed away in April 2007 at the age of 77. Hundreds of attendees, including Murphy's widow and former Presidential candidate Ross Perot, attended the dedication and unveiling of a statue of Murphy.

In 1997, Murphy retired as director of veteran services at the Albuquerque VA Regional Office after serving 23 years. He then became a volunteer at the medical center for eight years, continuing his dedication to serving fellow veterans. Per his wishes, Murphy was buried wearing his VA volunteer jacket. A Korean War veteran, Murphy was the recipient of the Medal of Honor, the Silver Star and the Purple Heart.

Ladies Home Journal awardee

Paula P. Schnurr, Ph.D., deputy executive director of VA's National Center for PTSD in White River Junction, Vt., received the Marianne J.



Schnurr

Legato Gender-Specific Medicine Award from *Ladies Home Journal* magazine. The award is part of the magazine's third annual Health Breakthrough Awards, which recognize medical professionals who have transformed their area of health with results that dramatically benefit women and families. Four doctors and researchers were chosen following a search of

more than 80 medical organizations, medical schools, teaching hospitals, universities and government agencies.

Schnurr was nominated for her work on CSP 494, a randomized clinical trial of psychotherapy for treating PTSD in female veterans and active duty personnel. Schnurr and her team found that PTSD symptoms were twice as likely to decrease in those treated with prolonged exposure therapy. Schnurr is featured in the August issue of the magazine.

Top honors for consumer-focused health care

My Health_eVet received a Gold Award from URAC for its consumer-focused health care. URAC, an independent, nonprofit organization, is a leader in promoting health care quality through its accreditation and education programs. My Health_eVet, one of only 22 organizations recognized by URAC, took the top honor in the Health Information Technology category.

Winners were honored for their ability to measurably demonstrate an impact on consumer empowerment and/or protection, as well as the potential for widespread implementation of the program by other organizations. My Health_eVet was a winner of the 2007 "Top 5" Excellence.Gov Awards for innovative technology from the private sector Industry Advisory Council.

Medical organization honors for N.J. physiatrist

Dr. Joel DeLisa, who has been affiliated with the VA New Jersey Health Care System since the late 1980s as a without compensation physiatrist, has been appointed chairman of the board of directors of the American Board of Medical Specialties. The board is the pre-eminent medical organization that oversees the certification of physician specialists in the United States.

DeLisa, who is also president of the Kessler Medical Reha-

bilitation Research and Education Center, most recently served as the medical specialties board vice chairman and also has served as its treasurer. As a member of the board's executive committee, he represented the American Board of Physical Medicine and Rehabilitation, an ABMS board that he served on from 1987 to 1999, including five years as chairman. DeLisa is also a professor and chairman of the Department of Physical Medicine and Rehabilitation at the University of Medicine & Dentistry of New Jersey-New Jersey Medical School.

Web site honors for VA Mid South Health Network

The VA Mid South Healthcare Network (VISN 9) is a 2008 Web Manager Best Practice Award winner. This year's winners and finalists were recognized by their peers as federal Web sites that did an outstanding job of making it easy for their customers to complete tasks online. The winners and finalists were honored at a ceremony held during the 2008 Government Web Managers Conference in Arlington, Va., sponsored by the inter-agency Web Managers Advisory Council.

The Mid South Healthcare Network Web site was one of six sites federal Web managers voted for to determine the top sites in federal government. Check out the VISN's award-winning nomination and the other finalists at www.usa.gov/webcontent/index.shtml. The network constructed its site using a VHA prototype site and high standards to achieve an enhanced Internet presence. **VA**

Opportunity for the disabled

Peggy Thames, deputy chief prosthetics and clinical logistics officer in VA Central Office, received an Alley

Award from the Committee for Purchase from People Who Are Blind or Severely Disabled (formerly Javits-Wagner-O'Day, or JWOD) for her long-term dedication and outstanding support of the AbilityOne Program. The Alley Award recognizes individuals for extraordinary achievement and sustained effort in using the federal procurement system to create employment and training opportunities for people who are blind or have other severe disabilities.



Thames

ART GARDINER

Under Thames' guidance, 11 contracts worth more than \$24 million annually have been awarded to AbilityOne participating nonprofits that employ more than 55 people. The Alley Award is the committee's highest honor and is presented to only one individual each year.

Thwarting a robbery while on official travel

Three VA employees successfully thwarted a robbery while on official travel in San Antonio. **Orin Hatton**, a Memorial Service Network (MSN) coordinator with the National Cemetery Administration in VA Central Office, **Donna Reesman**, from the MSN II office in Atlanta, and **Hank Schemitz**, the Northport, N.Y., VA Medical Center chief of police, were headed to dinner on the River Walk on May 6 when they heard a woman screaming.

Turning toward the commotion, they saw a man running out of a parking garage with the woman in hot pursuit. The man had just stolen her wallet. "We saw the guy ditching some of the evidence in the street and on the sidewalk," said Hatton. Schemitz and Hatton chased and apprehended the suspect while Reesman called 911. The suspect was handed over to police and, after freshening up, the trio went on to enjoy a nice dinner on the River Walk.

'I didn't think about it, I just jumped in.'

On Easter Sunday, **Steven Glynn** and two other veterans who receive their care at the **Hot Springs, S.D., VA Medical Center** were fishing when they noticed a nearby canoe had capsized. They could see that the occupant of the canoe was struggling in the water and called to see if he needed help. The person in the water called back that he didn't think he was going to make it and without hesitation, Glynn peeled off his clothes and jumped into the water.

Glynn, a Navy veteran who had life-saving training in the military said, "When it was time to act, I didn't think about it, I

A passerby who got involved

Rochelle Walker, a registered nurse with the Medicine and Extended Care Service Line at the Tuscaloosa, Ala., VA Medical Center, was driving home from work recently when she saw an elderly man fall to the ground in his yard. Walker jumped out of her car and ran to him just as he produced a long knife. As he prepared to stab himself with the blade, Walker called for help. A woman quickly came out of the house and together they disarmed the man. An ambulance was called and he was taken to the hospital. The man's daughter later called Walker to thank her for saving her father's life.



Walker

APRIL JONES

A caring voice on the phone



Stephens

CHARLES CLARK

Recently, **Kenneth Stephens Jr.**, work supervisor for the VA national cemeteries in Bath and Woodlawn, N.Y., received a phone call from an obviously agitated and distraught man who had misdialled while attempting to call the suicide hotline at the Syracuse, N.Y., VA Medical Center, where he was a patient. Stephens

quickly jotted a note alerting cemetery director **Walter Baroody** to the nature of this misdirected call. With continued updates from Stephens, Baroody contacted the Bath VA Medical Center for guidance. While Stephens compassionately kept the individual on the line, Bath VAMC authorities contacted security at the Syracuse VAMC, which quickly summoned police to the patient's room. After a brief, final exchange between Stephens and the caller, hospital professionals assumed responsibility. Although shaken by the experience, Stephens exhibited the concern and professionalism that led to a potentially lifesaving outcome.

just jumped in." And he rescued **Jerry Smith**, a carpenter at the Hot Springs VAMC. Glynn was honored at a ceremony at the medical center in April, where he received a director's commendation, a gift certificate courtesy of Veterans Canteen Service, a letter of commendation from South Dakota Gov. Michael Rounds, and many expressions of gratitude from his fellow veterans and the staff of the Hot Springs VAMC.

Just in time to save a choking veteran's life

On May 13, **Tony Ford**, a social worker at the VA Tennessee Valley Healthcare System's **Alvin C. York Campus** in Murfreesboro, heard the call for a medical emergency team to respond to a dining area near his office. Ford rushed to the scene and found a patient choking on a piece of food. The victim's face was turning blue as two nurses struggled to assist the man. Ford acted quickly, positioning the man on his knees where he could perform the Heimlich maneuver. Moments later, Ford's efforts dislodged the food, saving the veteran's life.

Ford had recently attended the Basic Life Saving training course and said he is thankful to have been in a situation where he was desperately needed and was able to help. "I'm very excited knowing I could help someone by saving their life," Ford said. "I really never thought that I would be in a position to do that ... to see someone that close to dying and then see them just come back to life really wakes you up." VA

Capitol Hill Honors for the Last Living Doughboy

Frank Woodruff Buckles poses on the steps of the U.S. Capitol Building with a group of students from Alaska on June 18. The students were at the Capitol to visit Sen. Lisa Murkowski (R-Alaska). Buckles was there to be honored as America's last known living veteran of World War I. Senate Majority Leader Harry Reid (D-Nev.), Sen. Robert Byrd (D-W.Va.), and former Kansas Republican Sen. Bob Dole were among the notables on hand at the ceremony to honor the 107-year-old West Virginia resident.

