



U.S. DEPARTMENT OF VETERANS AFFAIRS

# Vanguard

APRIL 2000



## Former POW Support Groups

Helping ex-war prisoners cope with painful past — page 8

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### On The Cover:

Former POW Mike Wepsiec displays the cookbook he made during WWII from discarded paper sacks of cement his fellow prisoners unloaded to build an airfield for their captors. The makeshift cookbook grew out of conversations the hungry prisoners had about their favorite foods. Wepsiec is a member of a former POW support group at the Hines, Ill., VAMC. *Chuck Shubart photo*

### Vanguard

VA's Employee Magazine

April 2000

Vol. XLVI, No. 4

Printed on 50% recycled paper

**Editor:** Lisa Respass

**Editorial Assistant:** Matt Bristol

**Published by the**

**Office of Public Affairs (80D)  
Department of Veterans Affairs  
810 Vermont Ave., N.W.  
Washington, D.C. 20420  
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[www.va.gov/pubaff/vanguard/  
index.htm](http://www.va.gov/pubaff/vanguard/index.htm)**

# INTRODUCING

Frank Cimorelli

It all started because Frank Cimorelli needed money. As a recreation therapist at the Phoenix, Ariz., VA Medical Center, he was using weightlifting to help veterans in an inpatient PTSD treatment program pump up their self-image. And it was working. "We were building their bodies and at the same time, building their self-esteem," he recalled. But he needed to get the veterans out of the hospital and into a community setting, and to do that, he would need money to pay for memberships at a local health club.

So he went to the chief of Voluntary Service at the medical center to ask about funding. Although none was immediately available, he was invited to speak about his program at an upcoming fundraiser. "As soon as I finished my pitch, one gentleman said, 'I say we give him \$1000,'" recalled Cimorelli. "That's when I first realized that I could be effective at Voluntary Service." Six months later, he heard about a position opening for an assistant chief of Voluntary Service and decided to apply.

That was 1985, and since then, Cimorelli has flourished. He's now the chief of Voluntary Service and Public Affairs at the Northern Arizona VA Health Care System (Prescott, Ariz.), and was recently awarded the VA Voluntary Service Award for Excellence for his innovative approaches to enhancing the role of Voluntary Service.

One of the projects he introduced, the Guest Services program, is now in place throughout West Texas, New Mexico and Arizona (VISN 18). He got the idea while staying at a hotel during a Voluntary Service

conference. "Mrs. [Hillary Rodham] Clinton was really pushing health-care reform at the time, and I was thinking about how Voluntary Service could contribute," he said. "One morning at the conference, I woke up and saw that someone had slipped a newspaper under my door, and that's when it hit me. I looked through the hotel's guest services directory and decided that the hospital should also have a guest services program, but for veterans."

Now, veterans at the Prescott VA Medical Center have newspapers delivered to their rooms, along with fresh fruit deliveries, in-room movie selections, bedside flowers, free pre-paid phone cards and many other amenities. In the outpatient clinic, a concierge service offers free coffee, juice and sweet rolls. And the entire Guest Services program comes at no cost to

the facility — it's all run with donations and volunteers. Shortly after its inception, the Guest Services program received a Hammer Award from Vice President Al Gore.

Cimorelli is quick to point out that his success is a direct result of the support he receives from Prescott VAMC Director Patricia McKlem, Chief Operating Officer Charlene Ehret, Voluntary Service staff members Sally Fine and Brenda Autery, and the facility's VA Voluntary Service committee. "We've created a group of people who are committed and excited about coming to work and seeing what can happen. I may lead the team, but without the team, you aren't going to win any championships," he noted. ▣

**By Matt Bristol**



Toni Mitchell, M.D.,  
Chief Consultant, Acute  
Care Strategic  
Healthcare Group

## Organ Donation: A Family Decision That Saves Lives



April 16–22 is National Organ and Tissue Donor Awareness week. VA is joining the nationwide efforts of national and local organizations to expand

the number of Americans willing to save lives by donating organs and tissue for transplantation.

Organ and tissue transplantation is proven to extend and improve the quality of life. Medical and technological advances continue to make transplantation safer and more effective.

Unfortunately, donations have not increased at the same rapid pace. Employees, veterans and their families can help. Collectively, we can urge our family, friends, and co-workers to take two easy steps: 1) Carry a signed donor card or driver's license that indicates you are an organ and tissue donor; and 2) Discuss your decision to donate with family members so they can give their consent when the time comes.

Today, more than 64,000 patients nationwide await organ transplants. VA Transplant Centers have approximately 380 veterans who are part of that national waiting list. Each day, approximately 60 people receive an organ transplant, but another 15 on that same waiting list will die because there are not enough organs. Most Americans support organ donation and would carry out their loved one's wishes if they knew them. However only half of the families asked give consent. If families discuss and share their decision to donate, many more lives could be saved.

VA recently provided guidance to all of the VA medical centers nationwide regarding organ, tissue, and eye donation within VA facilities.

These guidelines will ensure that the Department is making every effort to work closely with the local organ procurement organizations to identify potential donors and help families make sensitive end-of-life decisions, including donation decisions.

One of the reasons for the donor shortage is that the families of potential donors are never approached about donation. VA has addressed this issue by requiring that all VA health care providers commit to a family-sensitive approach and encourage donation when it is appropriate to do so, making materials available at VA facilities, and improving the education of its providers on effective communication with patients and their families. We hope the entire VA transplant community — administrators, physicians, nurses, social workers, clergy, transplant coordinators — ensures that veterans and their families are offered the option of organ donation.

We also are encouraging VA employees and their families to participate in the national initiative and become organ donors themselves. Sign a donor card, identify yourself as an "organ donor" on your driver's license, and inform your family of your desire to be an organ, tissue and eye donor.

VA headquarters is joining this national endeavor and will promote organ donation by displaying brochures, posters, videos, and other materials in prominent locations throughout the building. We will also provide VA Central Office employees the opportunity to learn more about organ donation on May 3 at VA headquarters and also during Public Service Recognition Week with an exhibit on the National Mall, May 5–7 in Washington, D.C.

If your facility would like promotional information regarding organ donation, contact the Coalition on Donation at (804) 330-8620 or

[www.shareyourlife.org](http://www.shareyourlife.org). The Coalition is dedicated to educating the public about organ and tissue donation, correcting misconceptions about donating, and creating a greater willingness to donate. Remember, the loss of life for one can result in the gift of life for many. Tell your family your wishes during National Organ and Tissue Donor Awareness Week. □

### *VA Gets Clean Opinion in Annual Audit*

The results of the third annual government-wide financial audit are in, and the news for VA is good: the Department got a clean opinion on its finances for 1999 and had its 1998 opinion upgraded from qualified to clean.

The annual financial review, required under the 1990 Chief Financial Officers Act, is conducted by auditors in the Inspector General's office at each agency. VA missed the March 1 deadline by ten days, but the extra time allowed the Department to fix some isolated problems and get the clean opinion, according to Assistant Secretary for Financial Management Ned Powell.

VA is one of more than half of the 24 largest federal departments and agencies to receive clean opinions on their finances for 1999. In 1998, VA received a qualified opinion, which means that some segments of the financial statements were not reliable. But auditors were able to upgrade the 1998 opinion using information provided with the 1999 financial statements on how those problems were fixed.

Clean audited financial statements are indicators of sound financial management. The government's audits are an attempt to match the annual reports corporations provide their shareholders. □

# Mobile Service Center Travels the Roads of Florida

**A** new VA medical and benefits service center on wheels is traveling the roads of Florida, providing immediate assistance to homeless veterans throughout the state.

VA and the Volunteers of America of Florida, a nonprofit organization that helps the homeless, teamed up to launch the Florida Veterans Mobile Service Center, a 43-foot mobile medical/dental clinic and veterans benefits office. In addition to a fully equipped dental clinic and medical exam room, the vehicle also has bathroom and shower facilities, a microwave, refrigerator and a wheelchair lift.

The vehicle travels caravan-style with eight to ten VA counselors and volunteers to areas where the homeless gather. They set up a tent offering food and clothing, as well as portable showers and toilets that hook up to the vehicle's generators.

Four cellular connections, two satellite links, two laptops and a color printer link the counselors with



From left: Kevin O'Donnell, VISN 8 Homeless Veteran Coordinator; Congresswoman Ileana Ros-Lehtinen; Kathryn E. Spearman, President/CEO, Volunteers of America of Florida; and Dan Robbin, Healthcare for Homeless Veterans Coordinator, Miami VAMC, with the new Florida Mobile Service Center for homeless veterans.

the state's VA medical centers and benefits offices, allowing them to access the veterans' records and medical histories. Video-conferencing equipment allows VA physicians to interview patients directly from the mobile unit.

The counselors and volunteers began their work in the Florida Keys, and are working their way up the state. After first identifying areas

where the homeless congregate, they will stay at each encampment two or three days in an effort to gain the veterans' trust.

The project was funded in part through a grant to the Volunteers of America of Florida from the VA Homeless Providers Grant and Per Diem Program. Veterans service organizations throughout Florida also donated funds to help purchase the \$311,000 vehicle, and will continue to help with operating costs, which are

estimated to be about \$180,000 annually.

The goal is to reach a segment of the veteran population that generally won't come to a VA facility, because they either don't trust the government or they can't travel long distances. Florida's homeless veteran population is estimated to be between 17,000 and 23,000. The Mobile Service Center is expected to serve more than 200 veterans a month. □

## Public Service Recognition Week

During the 16<sup>th</sup> annual Public Service Recognition Week (PSRW) May 1-7, VA will join more than 100 government agencies and private and non-profit organizations for a giant display on the National Mall dedicated to public service employees and the work they do.

The nation's capital is just one of many sites where VA will be on display that week. VA facilities and offices will participate in and host a variety of events recognizing outstanding employee service to the public and VA's emphasis on quality customer service. The Public Employees Roundtable (PER), a group of 32 management and professional organizations representing more than one million public employees and retirees, is the prime sponsor of PSRW. Check the PER Web site at [www.theroundtable.org](http://www.theroundtable.org) for free promotional materials to support observances, or call (202) 927-4926.



# Kiosks Help Veterans Get Questions Answered

**W**hat questions are in most veterans' minds when they approach a VA medical facility? Don't think too

long — here are the answers:

- ◆ Am I eligible for care?
- ◆ What am I eligible for?
- ◆ How much will it cost?

Right now, veterans visiting six VA medical facilities can get those questions answered, and much more information, at a kiosk in a lobby or clinic waiting room. Touch-screen displays tell them what health-care services they can receive and, in the future — with the swipe of an identification card — what medical appointments they have scheduled.

In an effort to make these medical center kiosks One VA points of customer service, the Veterans Benefits Administration will soon add information on VA benefits programs. Veterans will have Web-enabled access to compensation and pension, home loans, education benefits and vocational rehabilitation programs on the kiosks. Developed as part of a national health-care eligibility communications effort, the kiosks also give VHA service networks local control of information to provide to veterans, their family members and employees. When the kiosks connect to printers, for example, veterans will be able to print maps of the VA campuses.

For three months last spring, kiosks were tested at VA medical facilities in Dallas, Lexington, Ky., Orlando, Fla., Batavia, N.Y., and Baltimore. VHA's Health Administration Service (HAS) arranged to have kiosk users interviewed at three of the sites. About 80 percent thought the information offered was relevant and easy to understand. They also wished they could get information about their individual situations. The capability exists for medical centers to connect the kiosks to their local area computer networks to make individual records accessible through the use of a veterans identification card. Since the test, the Topeka, Kan., VA Medical Center has installed a similar kiosk. The West Los Angeles and San Diego VA medical centers have installed kiosks with some different functions.

VHA's HAS makes kiosks

available to VISNs for about \$8,000 each, plus shipping and installation charges, loaded with standard content, including a description of the uniform package of health benefits available to enrolled veterans. Internal tracking allows medical centers to know what information is used most on the kiosks. Besides touch-screen displays, a video narrator guides the user.

HAS Director Kent Simonis said since the machines are Web-enabled, standard information can be centrally updated. He said veterans like being able to access medical information on the Internet. Facilities receive a lot of centralized technical support, too. Diagnostic queries are done through the Web. If a malfunctioning printer is found, for example, a technical support specialist can call the site, where someone can fix it almost immediately.

Facilities using the kiosks are looking into expanding their capability. VHA Pharmacy Service hopes to develop applications that will allow veterans to order prescription refills and receive medication literature online with the kiosk. One eventual goal is to build in on-line capability to enroll veterans for health care. The



*Veteran Arthur McDowell uses a kiosk at the Dallas VA Medical Center.*

medical benefits information now in the kiosks is from VHA headquarters, based on inquiries veterans have made — nearly 500,000 since June 1998 — to a health-care eligibility toll-free phone center. Questions about the kiosks can be directed to Simonis at (202) 273-8398. □

By Jo Schuda

## Atlanta Vets Getting One-Stop Service

The Atlanta VA Regional Office embarked upon a "New Beginning in Serving Veterans" with the relocation of its operations to a new, state-of-the-art office building in Decatur, Ga., in February.

Located adjacent to the Atlanta VA Medical Center, the concept of One VA is a reality there. In addition to one-stop services for veterans, the new facility provides much-needed additional space and parking, improved layout and security, and enhanced technology for the third-largest VARO.

In addition to moving nearly 600 employees and representatives of several veterans service organizations, workers also moved more than 3,000 file cabinets, hundreds of

computers and a regionalized education claims imaging system.

"This move will allow us to increase the efficiency in which veterans' claims are processed and provide more accessibility to all VA services," said Patrick Courtney, the VARO director.

"The new building affords veterans ease of use and provides a quality work environment for our employees," he said. Courtney was appointed regional director in December.

Under terms of an "enhanced-use" lease agreement with the Development Authority of DeKalb County, the county will lease the building to VA for 30 years, and then it reverts to VA ownership. □

# Nurses Bring Unique Perspective to VA Research

**N**ational Nurses Week 2000 finds VA nurses conducting independent, VA-funded research in 19 Nurse Research Initiative (NRI) projects to identify health-care problems of veterans and seek approaches to improve their care. Many other VA nurses are conducting research supported by VA or other agencies that is not funded through the NRI.

In the four years since the initiative began, VA has sought the perspective of nurses to improve the care of veterans with a wide range of common health conditions. One investigation even seeks to reduce injuries to nurses and other caregivers.

Mellitta Maddox, MSN, is conducting a nurse-managed clinic for dementia patients and their spouse caregivers at the **Minneapolis VAMC**. So far, 75 patients in early to moderate stages of dementia and their spouse caregivers have enrolled in a three-year study of whether detailed advance information for caregivers produces better outcomes in the patients' functioning at home and the spouses' coping ability. One of the clinic's goals is to prepare caregivers for the levels of functioning expected at various stages and present strategies for handling problems. Caregivers receive education at the beginning of the year and are interviewed about their difficulties at intervals. In small groups, some receive the traditional, generalized information about what to expect and how to respond. Others receive information specific to their spouses. Patients are assessed every six months during clinic visits.

At the **Manchester, N.H., VAMC**, Margaret Carson, Ph.D., has led a study that provides the first physiologic evidence that witnessing death and injuries to others can cause post-traumatic stress disorder (PTSD). Investigators have finished collecting data in the three-year study and are now analyzing it. From across the U.S., 172 nurses who served in the Vietnam War theater came to VA's psychophysiology laboratory for two days of tests. Participants were studied in three equal groups: those who, in testing, were found to have PTSD; those who

did not; and those whose self-reporting indicated they had suffered it in the past but not in the present.

The nurses were asked to compose narratives describing life experiences, including their two most traumatic Vietnam situations. Most identified nursing-related events as their worst Vietnam experiences rather than situations that threatened their own safety. Based on the narratives, Carson wrote and recorded imagery scripts. Participants listened to the scripts while their physiologic reactions were measured.

The psycho-physiologic response of the group with PTSD was significantly different than the group not suffering PTSD. These results support the notion that individuals can develop PTSD without a direct threat to their person. More information on the study will appear in an upcoming issue of the *Journal of Consulting and Clinical Psychology*.

At the **San Diego VA Healthcare System**, Martha Shively, Ph.D., is studying the effect of nurse-led behavioral management on the quality of life of patients with medically managed heart failure. One group of outpatients receives standard care while another group also participates in a special 15-week program. These participants establish goals with nurses related to diet, exercise, smoking cessation and activities. Patients in both groups are assessed for physical and psychological symptoms and functioning at the end of four months and again months later. Shively is midway through the four-year project.

At the **Tampa, Fla., VAMC**, Audrey Nelson, Ph.D., associate chief, Nursing Service for Research, aims to redesign patient handling to prevent nursing back injuries. She has evaluated 11 tasks that put nurses at risk by videotaping nursing assistants performing them on patients. In a biomechanics laboratory, the postures involved were replicated and studied. Researchers developed ways to reduce potential injury in all of the tasks through engineering, work method changes and combinations such as workplace redesign.

Next, half of the nursing staff

participants will continue to perform those "at risk" tasks as they have, but in a laboratory setting where their physical stress levels will be measured. The other half will adopt the redesigns. All participants will have their spinal forces assessed and compared with a national occupational health threshold. Nelson expects that the proportion of participants following the redesigned practices who exceed the threshold will be lower than that of the control group.

Another Tampa nurse, Susan Hagan, MSN, is studying whether training nurses in pain management will reduce pain and improve daily function for cancer patients. At two sites, the experimental hospital, Tampa VAMC, and the control site,

## Recent VA Research Advances

The past achievements of VA researchers — pioneering tuberculosis treatment, developing the cardiac pacemaker, and contributing to the development of the high-tech diagnostic procedures of computerized axial tomography (CAT), magnetic resonance imaging (MRI) and magnetic source imaging — are widely known in the VA community.

Two VA researchers won the Nobel Prize for Medicine, while others pioneered the first successful drug treatments for high blood pressure and schizophrenia. And the VA-developed Seattle Foot allows amputees to walk, run, and even jump. But what have VA researchers achieved recently? As the Department celebrates VA Research Week April 16-22, here are some recent VA research advances:

◆ Researchers at 12 VA medical centers are working with scientists throughout the United States and Canada to compare the effectiveness of angioplasty with medical therapy to medical therapy alone in the treatment of heart

disease, the leading cause of death in America.

◆ In a study that may lead to relief for millions of chronic pain sufferers in the United States, VA doctors in Minneapolis have discovered a way to deplete the spinal nerves that transmit chronic pain signals to the brain. A natural neurotoxin successfully targeted the pain-associated neurons, leaving all others intact.

◆ A new family of therapies is greatly increasing the use of extremities affected by stroke. The treatment, developed by VA researchers, involves restriction of the unaffected limb for up to 90 percent of waking hours, and intense training on the affected limb. Patients following this program have met with 100 percent treatment success.

◆ Scientists at the Syracuse, N.Y., VAMC have made great strides in deciphering the language used by the brain to direct bodily movement. Their findings may be the first step in advancing the treatment of movement disorders, such as spinal cord injury and stroke.

◆ VA researchers in San Diego have discovered a genetic "on-off" switch that may offer a way to encourage liver cell growth in people with liver damage, or block cell growth of liver tumors.

◆ In a national multi-center trial, VA researchers are testing a promising new vaccine for its ability to prevent or lessen the severity of shingles. Shingles is caused by the herpes-zoster virus, the same one that causes chickenpox in young people, and its effects can be extremely painful and disabling.

◆ VA researchers are among leaders in research examining the relationship between heredity and alcoholism. One VA team recently reported that genetically engineered mice without a certain cell receptor consumed less alcohol than unaltered mice. In earlier studies, researchers found that mice without a gene containing the receptor for serotonin consumed twice as much alcohol as unaltered mice. Eventually, these studies may lead to new pharmacological treatments or gene therapies for alcoholism. □

nearby Bay Pines VAMC, 124 nurses and 50 patients are participating. Twelve Tampa nurses who received training in pain assessment and treatment serve as educators and consultants to other Tampa nurses.

Outcomes include nurses' knowledge and behaviors and patients' pain intensity, constipation and functioning. Hagan is about halfway through her data collection, which is done at both hospitals during and after patients' treatments.

Tampa investigator Gail Powell-Cope, Ph.D., hopes to find ways to persuade HIV-infected adults to take their medication, called "highly active antiretroviral therapy" (HAART). Her first objective is to develop a survey to measure patient attitudes and beliefs that explain their adherence to therapy or lack of it. Later she plans to design a study to test interventions that target those beliefs and barriers to adherence. In the first completed phase, patients were interviewed to identify prevalent beliefs about the results of antiretroviral therapy and factors that facilitate taking the medications. A questionnaire will be used to measure attitudes. □

By Jo Schuda

## *Pulitzer Prize-Winning Play Raises End-of-Life Care Issues*



*Actress Kathleen Chalfant, in cap, participates in a discussion group after she and fellow cast members conducted a reading of "Wit" in the West Los Angeles VAMC's Wadsworth Theater.*

The cast of the Pulitzer Prize-winning play "Wit" conducted a reading for 300 employees of the VA Greater Los Angeles Healthcare System and UCLA in February.

and audience members formed groups to discuss the play. Actress Kathleen Chalfant played the title role, and the supporting cast included Walter Charles, Alec Phoenix,

The play tells the story of a terminally ill cancer patient and English professor, Dr. Vivian Bearing. Delving deeply into the interactions between a cancer patient and her doctors, it gives the audience a peek at real-life issues confronting patients in end-of-life situations.

After the reading in the Wadsworth Theater on the grounds of the West Los Angeles VA Medical Center, cast

Paula Pizzi, Christian Anderson, Jose Mercado, Holly Ricciuti and Cheryl Smith.

Cast members were given flowers and a plaque from Philip Thomas, director of the VA Greater Los Angeles Healthcare System, at the end of the production. The plaque is inscribed with the message: "To the cast and crew of 'Wit' for your caring, compassion and intelligence in presenting a riveting performance and sending a powerful message to the medical staff of the VA Greater Los Angeles Healthcare Center."

Kenneth Rosenfeld, M.D., director of the Pathways of Caring Palliative Care Program, was instrumental in bringing "Wit" to the Wadsworth Theater. This VA program is funded by the Robert Wood Johnson Foundation through the Brentwood Biomedical Research Institute in West Los Angeles. The play, which won the 1999 Pulitzer Prize for drama, is the first effort of playwright Margaret Edson. □

# Coping with Wartime Horrors



Armed with fixed bayonet, a Japanese soldier guards American and Filipino prisoners of war during the Bataan Death March of World War II.

**O**n April 9, 1942, after months of fierce fighting amid the steamy jungles of the Bataan Peninsula in the Philippines, Japanese forces overwhelmed and captured more than 76,000 Allied troops, including nearly 12,000 Americans. With drawn swords and fixed bayonets, they summarily executed some 350 U.S. Army officers. Witnesses to the execution could never imagine the horrors they would face during what would become one of the most notorious episodes of the war in the Pacific — the Bataan Death March.

Prodded by honed bayonets, the captives were forced to march day and night, often without food or water and under a scorching tropical sun. Sword-wielding guards beheaded those who begged for water; trucks crushed those unable to keep up. Thousands were killed.

The surrender at Bataan marked the largest single capture of American troops in World War II, and to commemorate the date, April 9 was designated National Former POW

Recognition Day. As of January 1, 2000, there were nearly 50,000 living U.S. former POWs, 93 percent of whom were interned during WWII.

As a young soldier from Chicago, Mike Wepsiec survived not only the Bataan Death March, but also more than three years in Japanese prison camps. During his years as a prisoner of war, he carried the burdens of forced labor, swallowed the empty pangs of hunger, and battled recurring bouts of malaria. How did he survive? “Willpower,” he says. And through it all, Wepsiec also found a way to boost the spirits of his fellow POWs — with a cookbook.

Each night, after finishing their meager rations of watery rice, the hungry prisoners would get together and talk about their favorite foods. “When you’re hungry, your stomach is growling,” he recalled. “You couldn’t go out and get it [food] no place, so you sit there and you talk about it.” The men seemed to feed off their mouth-watering conversations, so Wepsiec began to write down their favorite recipes on old concrete sacks.

Recipes for tender meats, salty soups and sugary-sweet candies, all documented in 107 pages of neat, precise lettering.

The cookbook survived the war and then sat forgotten in a drawer in Wepsiec’s Chicago home, until the 84-year-old veteran brought it to the Hines, Ill., VA Medical Center. He meets there regularly with about a dozen other veterans in a former POW support group. “I didn’t think it was that important,” he explained.

But Kristin Lopez, a clinical social worker and facilitator for the support group, thinks otherwise. “This cookbook is such a remarkable coping mechanism,” she noted. “When he brought it in, it was almost as if he had just rediscovered it. And when the other guys marveled at it, his efforts were validated ... he felt recognized for his adaptiveness, not just his victimization.”

Many former POWs, who have suppressed the painful details of their ordeal for up to 50 years, are now coming face-to-face with those memories. “These are the tough children of the Depression who went to war, won it and came home to build fresh lives, always reinforcing the idea that hey, any trouble, you simply push it down out of sight, push it down,” said Dr. Kenneth E. Reinhard, a clinical psychologist who runs support groups for combat veterans and former POWs at the VA Hudson Valley (Montrose Campus) Health Care System in New York.

About six years ago, Reinhard noticed an increase in the number of WWII ex-POWs and combat veterans seeking treatment for delayed PTSD symptoms. “It may have been stirred up by the enormous coverage of the 50th Anniversary of significant World War II combat invasions,” he said. “This is added to advancing age, the growing likelihood of losing friends and family, and the added time to think due to retirement.”

He also points to the release of the motion picture *Saving Private Ryan*. “All of the veterans I spoke to that saw the movie were visibly shaken by it and emotionally



drained." In response to the film, he used newspaper, television and radio appearances to reach out to those struggling with post-traumatic symptoms, encouraging them to seek assistance through VA. Reinhard now facilitates several support groups for former POWs and combat veterans. During weekly meetings, he encourages the groups' members to release the pain and guilt associated with their experiences. "Most of them never had a chance to talk about it and now they're getting that chance," he said.

Rick Harry, an ex-POW coordinator at the St. Petersburg, Fla., VA Regional Office, says former POWs typically don't ask for much from the government, and that's unfortunate, because they may be entitled to more than they know. "In captivity they develop the survivor mentality," he explained. "They don't complain and they learn to get by with what they're given." He says many ex-POWs that received a 20 or 30 percent disability rating in the late 1940s and early 50s may now be entitled to increased benefits. "An appreciative government has made it easier for them to receive benefits and we're going to make sure they know that," he said.

To get the word out, he conducts outreach seminars throughout the state of Florida. Closely coordinated with local VA medical centers, these seminars provide a clear example of

One VA service. Some have attracted as many as 300 ex-POWs and their wives. At the seminar, ex-POWs learn about the many legislative changes that affect their VA disability rating and can receive on-the-spot health care registration and screenings, and request examinations for any one of the 20 POW presumptive disabilities. These range from Beriberi or any other residual of nutritional deficiency to ischemic heart disease and traumatic arthritis, and can be presumed to be related to captivity if diagnosed in those held for 30 days or more.

Filing a claim is easy, thanks to an abbreviated claims form Harry designed. If an ex-POW is diagnosed with a presumptive disability, he can receive an increased disability without further evidence or proof. The seminars are successful — 70



*Kristin Lopez, POW support group facilitator at the Hines, Ill., VA Medical Center, with the cookbook former POW and Bataan Death March survivor Mike Wepsiec created during his captivity in World War II. Lopez believes Wepsiec's creation served as a coping mechanism.*

percent of all the claims he receives are from his target groups, ex-POWs who have never filed or those with low-rated disabilities that are entitled to an increased rating.

VA studies show the physical deprivation and psychological stress POWs endured have lifelong effects on not only physical health, but also social and vocational adjustment. Consequently, former POWs are not subject to VA's health-care eligibility assessment and are entitled to disability compensation for injuries and disease presumed to be caused by indentment.

POW coordinators have been assigned to each VA regional office and medical center. Former POWs can contact VA regional offices by calling the toll-free number, 1-800-827-1000, which will automatically connect them to the nearest VA regional office. □

**By Matt Bristol**

## Sensitivity Tips

In addition to facilitating support groups for former POWs at the VA Hudson Valley (N.Y.) Health Care System, Dr. Kenneth Reinhard also conducts sensitivity seminars to help VA Hudson Valley Health Care System employees gain a better understanding of the concerns and needs of these veterans. "I tell them about some of the issues that ex-POWs are very sensitive about and try to help them understand what these guys have been through," said Reinhard. What should employees know?

◆ **Be approachable and personable.** Introduce yourself; make eye contact and demonstrate warmth, concern and interest.

◆ **Be sensitive to individual differences.** All ex-POWs are not alike — allow them to express their ideas about their illnesses while promoting mutual feedback and questions.

◆ **Be patient.** If the veteran seems angry, give them a chance to vent. Avoid a power struggle.

"The bottom line is when you're dealing with ex-POWs who suffered loss of dignity, loss of identity, loss of power, felt helpless, hopeless and insignificant — it is essential to give them mutual respect, show genuine empathy and acknowledge their identity and concerns," said Reinhard.

# Sacramento Medical Center to Get New Addition

Ground was broken last month for the construction of a new five-story inpatient bed tower at the VA Northern California Health Care System's Sacramento Medical Center at Mather Field. The \$39.5 million, 55-bed tower will be added to the existing hospital building at the former Mather Air Force Base.

Although the existing hospital, built in 1971, was transferred to VA in 1998, services have been limited. The new tower will more than double the number of inpatient beds, and will include a radiology department with new magnetic resonance imaging (MRI) and computerized tomography (CT) scan



Keynote speaker Secretary West joins other officials in Sacramento breaking ground for the construction of a new inpatient bed tower.

facilities, a 24-hour urgent care center, four surgery suites, a clinical research department and an endoscopy center.

A nine-bed clinical research

center with 16,000 square feet of laboratory space will occupy the fifth floor. Construction of the 120,000-square-foot building is expected to be completed by April 2002. The existing facility will be renovated after the tower is completed.

The Sacramento area is home to the second-largest number of military retirees in the United States. A total of more than 200,000 veterans and retirees live in the area, making Sacramento previously the largest city in the nation

without a VA medical center. Secretary of Veterans Affairs Togo D. West, Jr., was the keynote speaker at the groundbreaking ceremony on March 7. □

## Purchase Savings Bonds Through HR LINK\$!



Secretary of Veterans Affairs Togo D. West, Jr., and Acting Under Secretary for Memorial Affairs Robert M. Walker check out how to purchase Savings Bonds using HR LINK\$.

This year's Federal Savings Bond campaign will run throughout the month of May. Secretary Togo D. West, Jr., is the chair of VA's campaign and Acting Under Secretary for Memorial Affairs Robert M. Walker is the vice chair.

The Savings Bond Campaign is an annual event that promotes the purchase of U.S. Savings Bonds as an investment opportunity. Savings Bonds help promote thrift and increase personal savings. By encouraging personal savings, we help our

will be no sign-up cards. "Using HR LINK\$ makes starting or increasing your allotment easier than ever," noted Walker. "With HR LINK\$ there are no paper transactions for employees."

There are three ways to access HR LINK\$ to start or increase your Savings Bond allotment. You will need your personal identification number (PIN) and social security number (SSN) for each. The first way is through the desktop application on your workstation computer or on the

co-workers, VA, and our country. Bonds offer a safe vehicle for investment, tax advantages and market-based interest rates from the date of purchase.

A big difference between this year's campaign and previous ones is that Savings Bond allotments are now started or modified using HR LINK\$. There

computers located at one of the HR LINK\$ Access Points. Simply double-click on the HR LINK\$ icon and then click on the Self Service icon.

You can also use the Interactive Voice Response (IVR) system through a touch-tone telephone from work or home. Dial the toll-free number (1-800-414-5272), and follow the directions. The desktop application and the IVR system may be accessed 7:30 a.m. to midnight, Eastern Time, seven days a week.

The third way to access HR LINK\$ is through the Shared Service Center (SSC). Simply call the SSC (1-800-414-5272), and the SSC staff can answer your questions or initiate transactions on your behalf. The SSC is open from 7:30 a.m. to 8:00 p.m. Eastern Time, Monday through Friday.

The goals of the VA campaign are to increase the number of employees participating by five percent, achieve a 10 percent increase in new participants or current participants who increase their level of savings, and to have 50 percent of employees participate through payroll deduction. A volunteer canvasser from your organization will contact you soon about starting or increasing your allotment. □

## VA Gaveliers

# Finding the Courage to Conquer a Common Fear



Clarence E. Featherson, an attorney with the Environmental Protection Agency, was a guest speaker at the VA Gaveliers' 40th anniversary celebration. The three-year Toastmasters Club member has won many Washington, D.C.-area speech contests.

**S**tanding before a large audience of co-workers, you rub your palms nervously against your thighs. Your throat tightens and your mouth feels incredibly dry as you begin to speak. A strange, quivering voice echoes through the dark room. Words slowly drift away and you find yourself overcome with fear.

If the thought of speaking before a large audience brings feelings of anxiety or apprehension, don't worry, you're not alone. In a poll of 3,000 Americans, public speaking ranked as the top fear, higher than the fear of snakes, heights, disease or even death.

But there is hope. Clubs like the VA Gaveliers provide a warm, supportive environment for those seeking to master the art of public speaking while developing fundamental leadership skills.

Founded in VA Central Office's Omar Bradley Conference Room in 1959, the VA Gaveliers is the VACO chapter of the Toastmasters Club, an international organization with 180,000 members in 70 countries. The Gaveliers recently celebrated its 40th

anniversary and has seen some significant changes over the years.

It started as an all-male club, and it wasn't until the early 1970s that women were allowed to join. But now, Julie Gough, a program analyst in the Office of Planning and Analysis, is the club's president. She's been with VA for 20 years and the Gaveliers for two, and she firmly believes that the skills she developed

***In a poll of 3,000 Americans, public speaking ranked as the top fear, higher than the fear of snakes, heights, disease or even death.***

at the club's meetings were partially responsible for her career advancement. "I was able to make presentations to senior staff without fear," said Gough. "Your confidence level really soars, and now I stand up and speak up whenever I can."

Some things have remained the same. The club still meets at noon twice a month. Members still prepare and deliver speeches, participate in peer evaluations, and conduct table topic presentations to sharpen their extemporaneous speaking skills. They still begin by tackling the

*Communication and Leadership* manual, a workbook containing a series of ten speech projects, each one tougher than the last. Completing the assignments earns the title of Competent Toastmaster. But the challenges don't stop there. An advanced program helps members polish their new-found skills, ultimately leading to the title of Distinguished Toastmaster.

People join the Gaveliers for different reasons. Last year, Rhonda Wilson, a program analyst with the Office of Information Technology, had to give several big presentations while working on Y2K-related projects.

Although her colleagues applauded her efforts, Wilson really wasn't satisfied with her performance. So in February 2000, she joined the Gaveliers. Why? "I want to be confident in my performance and more comfortable when speaking in front of large audiences," she explained. Her first speech is scheduled for May 11, and while she admits to being a little apprehensive, she says that she is definitely looking forward to it.

A co-worker invited Shelton Pope, a program assistant with the National Cemetery Administration, to join the Gaveliers. It's a move he doesn't regret. "I was approached several times," he recalled. "And I knew that I needed to improve my speaking skills, but my fears outweighed my natural instinct to speak." Pope has since conquered his fears, and he recently

stood before the group and gave his tenth speech, completing his first workbook and earning the title of Competent Toastmaster. Now he's ready to move on to the Advanced Toastmaster program. "I think it will be very challenging, but I have no more fear."

Finding the courage to conquer fears — that is precisely why people join the Gaveliers. Want to learn more about the club? Contact Julie Gough at (202) 273-5048. □

By Matt Bristol

# NPR Survey Finds Job Satisfaction Varies Widely

**T**hough most federal employees said they were happy with their jobs, levels of satisfaction vary widely across government, according to the second annual federal employee satisfaction survey administered by the National Partnership for Reinventing Government (NPR).

The results are based on a questionnaire mailed to a sample of employees in 47 federal agencies last year. Sixty percent of the 13,000 employees who responded said they are satisfied with their jobs overall, while 27 percent said they were dissatisfied. Another 13 percent expressed no opinion.

The survey was administered to three separate "agencies" within VA: the Veterans Benefits Administration, the Veterans Health Administration, and "other" which included staff offices and the National Cemetery Administration. Of the 736 questionnaires randomly mailed to VBA employees, 235 responded; for VHA, 162 out of 733 responded; and for all other, 120 out of 200 responded. Overall job satisfaction for the three groups ranked in the medium response range of 56 to 69

percent satisfied, where most agencies (38) ended up.

VBA responses showed marked improvement over the first survey conducted in 1998, particularly in areas such as satisfaction with rewards for teamwork, productivity and training. VBA responses were significantly stronger than government-wide averages in satisfaction with labor-management cooperation and use of plain language.

VHA responses were higher than government averages regarding training and guidance to improve customer service, but fell off 1998 satisfaction ratings in a number of areas, such as teamwork, productivity and reward for innovation.

VA all-other employee satisfaction responses showed general stability and some improvement, particularly regarding management-union relations and work quality. This group's satisfaction with linking customer feedback to employee action was markedly higher than the government average.

VA and the other agencies surveyed responded to the results with an "improvement strategy" outlining short- and long-term steps

planned to address low-satisfaction areas. VA's strategy calls for redesign of an employee orientation program and improved internal communications with a focus on employee recognition and rewards. Long-term actions call for development and use of the High Performance Developmental Model for performance management throughout VA; further streamlining of personnel services through HR LINK; a new One VA Employee Strategic Plan to match staffing at all levels with VA strategic goals and objectives; ensuring access to mediation services by all employees; and increased employee development through the VA Learning University.

NPR said that the survey showed a direct correlation between those agencies that had made reinvention a priority and the satisfaction of their employees. NPR noted that 84 percent of employees who believe reinvention is a priority in their agency are satisfied with their jobs. Survey results are available on the Internet at [www.employeesurvey.gov](http://www.employeesurvey.gov), and VA's improvement strategy is at [www.va.gov/onevaactivities/empisuro.htm](http://www.va.gov/onevaactivities/empisuro.htm). □

## Actor James Woods Thanks Helpful VARO Employees

**M**arch 2 started out as an typical day on the job for Beasley Lindsey, Jr., a veterans service representative (VSR) at the St. Petersburg, Fla., VA Regional Office. His duties include handling a portion of the 4,000 calls the facility receives daily from Florida veterans or family members who need VA benefits information.

Then came the call from the son of a veteran's widow. He had questions about the entitlement of widows to Dependency and Indemnity Compensation (DIC) benefits, and was impressed with the quick and accurate responses Lindsey gave him. That's when Lindsey's day took an unusual turn — he had no idea the caller was a well-known actor.



Actor James Woods signs autographs at the St. Petersburg, Fla., VA Regional Office.

James Woods, star of such films as "The Onion Field," "Salvador," "Ghosts of Mississippi" and "Any Given Sunday," is also the son of a military hero, and he had called the VARO on behalf of his widowed mother. His mother had seen the

letter on widows' entitlement to DIC benefits sent to advice columnist Ann Landers recently by Secretary of Veterans Affairs Togo D. West, Jr. Woods' father died when the actor was 12 years old.

Woods brought his mother to the VARO to meet with staff members. The actor took the opportunity to personally thank Lindsey for his assistance, and he also met several veterans who were visiting the office that day. Woods returned the next day to autograph 100 photos for employees, and then stayed to pose for photos with employees.

"Congratulations of the highest sort for your great staff," Woods told St. Petersburg VARO Service Center Manager Barbara Harker. "Thank you, forever." □



Vascular surgeon Dr. John Marek, foreground, examines a patient's X-ray with fellow vascular surgeons Dr. Michael Tullis and Dr. Mark Langsfeld, and vascular research nurse Diane Robertson.

## VA Surgeons First to Perform New Procedure for Abdominal Aortic Aneurysm

Last fall, vascular surgeons at the New Mexico VA Health Care System became the first in the country to operate on an abdominal aortic aneurysm (AAA) using the new endoluminal graft procedure. Since then, thirteen additional patients at the Albuquerque VA Medical Center have undergone the minimally invasive surgery. "Everything has gone pretty well," concluded Dr. Mark Langsfeld, a vascular surgeon who teamed with Drs. John Marek and Michael Tullis to perform that first operation. An abdominal aneurysm is a weakening and subsequent ballooning of the walls of the aorta, the primary blood vessel in the abdominal region. If the aneurysm ruptures it usually proves fatal — 80 percent of those with a ruptured abdominal aneurysm die before reaching the hospital. Approximately 15,000 people die from AAA annually in the United States.

For decades, surgeons have performed the operation by cutting open the patient's entire abdomen and moving aside the intestines to gain access to the aorta. The aorta was then clamped both above and below the aneurysm and sliced open. Finally, a supportive Dacron sleeve was inserted. The patient would then be stitched back together. "If all went well, you would go home in five days. You'd feel like a truck had hit you. You couldn't work for another month. It would be four to six weeks before you could resume a reasonable level of activity," said Langsfeld. Using the new procedure, surgeons make just two small incisions in the groin area to access blood vessels in the legs' circulatory system that connect to the aorta. They then thread a catheter mounted with self-expandable grafts up the blood vessel to the damaged portion of the aorta. Once released from the catheter, the grafts expand to fill the blood vessel and stabilize the weakening walls of the aorta. The best part is that patients can usually go home the day after surgery.

## VA Pilot Study Shows Magnet Ineffective at Relieving Lower Back Pain

An estimated five million Americans wake up each morning to share a hot cup of coffee with an old nemesis — lower back pain. And, despite a lack of scientific backing, many are turning to magnets for relief. The growing popularity of magnet therapy led researchers from the Prescott, Ariz., VA Medical Center to study their effectiveness. Their findings: the bipolar type of magnet they studied did nothing to alleviate patients' low back pain. To conduct the study, Dr. Edward A. Collacott and colleagues at the Prescott VAMC selected 20 patients whose X-rays showed signs of spondylosis, a condition characterized by degeneration or deficient development of the articulating part of the vertebra. The patients involved in the study reported suffering lower back pain for an average of 19 years. Researchers took patients' range of motion measurements and had each complete a standard back pain questionnaire.

Patients were then provided with therapeutic bipolar magnet devices. However, only ten of the devices had any magnetic properties; the others had been demagnetized and would act as placebos. All of the patients followed a two-week treatment program that involved wearing the magnetic device six hours a day for three days a week — one week with the actual magnet and one week with the placebo. After the two-week period, researchers concluded there was no significant difference between the patients wearing the placebo magnets and those wearing the real ones.

The study's authors noted that their pilot study was not intended to prove or disprove the effectiveness of magnet therapy in general, and that additional studies using different magnets (unipolar and bipolar), treatment times, and patient populations are needed. The study appeared in the March 8 issue of the *Journal of the American Medical Association*.

## San Francisco VAMC Introduces Bay Area's First Digital X-Ray Machine

The San Francisco VA Medical Center has replaced the old analog X-ray with the Bay area's first digital X-ray machine. The digital technology reduces the time doctors must wait to see the images from 10 or 20 minutes to just a few seconds. But that's not the only benefit of going digital. The new technology also allows doctors to zoom in on hairline fractures or use computer enhancement to clarify a shady image. "You can squeeze a lot more information from these images," said Dr. Charles Anderson, a doctor of radiology at the medical center. "You can bring out more details than you can with film." And unlike X-ray film sheets that take up storage space and are easily lost, digital X-rays are always accessible through the hospital's computer network or the Internet, he added.

Conventional X-ray machines use invisible bursts of electromagnetic radiation to produce images of bones and internal organs on special film. The film must then be developed using chemicals that require special handling. The digital X-ray machines avoid the entire film development process by simply capturing the image with a digital camera. The image will then appear on a computer monitor within seconds. The major roadblock to going digital is cost. The \$450,000 price tag for a digital machine soars above the conventional X-ray price of \$170,000. □

# HONORS and awards



The Government Information Technology Services Board's Center for Information Technology Excellence recently selected the **VA Austin Automation Center** as an "IT Best Practice" award winner. The Automation Center was recognized for developing the Consolidated Co-payment Processing Center Lockbox system. Designed to improve the collection and handling of all first party medical debt co-payments, Lockbox also eliminates much of the labor-intensive tasks required in debt collection. The Lockbox is expected to process an estimated 5.2 million payments in FY 2000, accounting for approximately \$120 million in VA collections.

**Gerald B. Bacon**, a vocational rehabilitation counselor at the **St. Paul, Minn., VA Regional Office**, was recently selected as the 1999 Veterans Small Business Advocate of the Year for Minnesota. Bacon's supervisor, Barbara Quade, chief, Vocational Rehabilitation and Employment Division, and John Sparling, director, Small Business Development Center in Pine City, Minnesota, jointly nominated Bacon for his work with severely disabled veterans. A Veterans' Small Business Advocate works with disabled veterans interested in starting their own small business. Working as partners in a "One VA" effort, the veteran, VA, and the Small Business Administration (SBA) develop a business plan and assist the veteran in obtaining initial supplies, equipment and capital needed

to get the business started. Throughout the process, VA ensures that the veteran has needed support in the areas of training, counseling, education and medical care.

**Martin H. Steinberg, M.D.**, associate chief of staff for Research and Development at the **Jackson, Miss., VA Medical Center**, has received the Founders Medal of the Southern Society for Clinical Investigation (SSCI). Steinberg has published more than 200 articles as well as two books and is considered an expert in sickle cell anemia and other hemoglobin disorders. The Founders Medal is awarded annually to a SSCI member who has made distinguished contributions in clinical investigation. The medal depicts Pierre Louis, who introduced the statistical analysis of clinical experience and is considered the founder of modern clinical investigation.

**P. Hunter Peckham, Ph.D.**, director of the **VA Rehabilitation Research and Development Center in Cleveland**, has been named engineer of the year by the readers of *Design News* magazine. He appears on the cover and is the subject of a feature story in the March 6 issue. Peckham's many achievements include development of the Freehand System that allows quadriplegics to use their hands again with the help of a pacemaker-like device that stimulates paralyzed forearm and hand muscles with electrical impulses. The impulses allow the hand to open and close as

if it were still receiving signals from the brain. In 1997, Freehand became the first system of its type to be approved by the Food and Drug Administration.

The Angleton Rotary Club in Angleton, Texas, has established an annual scholarship honoring Medal of Honor recipient **Clarence E. Sasser**, a decision review officer at the **Houston VA Regional Office**. In a letter written to Sasser, the Rotary Club's president said the scholarship was created "to not only recognize your service, but to also keep your story in the minds of our children, who so desperately need positive role models." Sasser will present the \$4,000 scholarship to a graduating student at Angleton High School.

**Annetta Laye**, Visual Impairment Services Team coordinator at the **Shreveport, La., VA Medical Center**, has been selected to receive the Guy E. Lund Service Award by the Louisiana Group of the Blinded Veterans Association. "Annetta has made a tremendous difference in the lives of blinded veterans and we are extremely proud of her and the many things she has done to improve their quality of life," said Michael R. Winn, acting medical center director. She will be recognized during the association's annual awards banquet in New Orleans.

**Larry Young**, chief file room and release of information officer at the **Nashville, Tenn., VA Medical Center**, was recognized by the State of Tennessee Department of Human Services for his contribution to the Welfare to Work program. Young was commended for employing five individuals from the Welfare to Work program in

the medical center's file room and supervising their progress from initial training to temporary employment.

**Mouris Ibrahim**, chief of construction at the **Houston, VA Medical Center**, was named an "Energy Champion" by the Federal Energy Management Program. Ibrahim was awarded this honor by the Department of Energy for installing a chilled water storage system that saved \$1.4 million in energy costs. But that's not all he has done. Since 1991, Ibrahim has achieved recurring annual savings of \$140,000 from sewer utility credits. And in 1996, he accomplished recurring annual savings of \$85,000 by using underground water for the facility's irrigation system instead of city water.

**Cindy Jones, R.N.**, an oncology clinical nurse specialist, and **Brian Dahl**, a pharmacist, both employees of the **VA San Diego Healthcare System**, received Excellence in Cancer Pain Management awards during the Southern California Cancer Pain Initiative.

At the 76th annual meeting of the American Urological Association Western Section, **Martha K. Terris, M.D.**, of the **VA Palo Alto Health Care System**, gave 16 scientific presentations, winning the best of session award for her presentation titled "Sensitivity and Specificity of Transrectal Ultrasound Guided Sextant Biopsies." She also received the Bodner-Stegemann Award for her work on identifying cost-cutting techniques such as applying tissue marking ink to prostate needle biopsies, allowing them to be combined in a single pathology specimen container for processing. □

# HAVE you heard

For the 10th straight year, patients in the **Northern Arizona VA Health Care System's Domiciliary** collected aluminum cans to help support the Arizona Nurses Association's Dress-a-Child Project. And through their efforts, they raised about \$828 to purchase complete outfits for needy children in the area. Veterans in the domiciliary are among the main contributors to the Dress-a-Child Project.

A group of VA managers and specialists from VBA and VHA facilities in Providence, R.I., Boston, Brockton, Mass., and New Bedford, Mass., gathered at the **Providence VA Regional Office** to discuss the concerns of Native American veterans with Glen Marshall, veteran representative of the Wampanoag Tribal Council.

**Dr. Thomas Ruzicka**, Minority Veterans Program coordinator and counseling psychologist at the Providence VARO, planned the event as the kick-off of an active VA outreach program to Native American veterans.

The Employee Association's Care and Share Committee at the **Washington, D.C., VA Medical Center** is demonstrating its commitment to the community by sponsoring several "community neighbor" projects throughout the year. In the spring, employees hold a contest to see who can make the most creative Easter basket. The baskets are then given to sick and hospitalized children. Employees also donated nearly \$1,000 for the Back-to-School project, a project that provides school supplies for an inner-city

elementary school located two blocks away from the medical center. And the Thanksgiving Basket project collects between \$700 and \$1,000 each year to purchase Thanksgiving meals with all the trimmings for families living in transitional housing.

The **Minnesota Obesity Center** at the **Minneapolis VA Medical Center** is joining forces with seven other medical institutions from around the nation to form a training program aimed at educating physicians on the management and treatment of obesity. According to **Dr. Charles Billington**, associate director of the Minnesota Obesity Center, obesity is becoming an "epidemic" in the United States, with one in four Americans considered overweight or obese. And many physicians are not properly trained on how to help people reduce their weight and thereby minimize the health risks associated with obesity, he said. "There's a real gap in knowledge. It's important to have something in place that tells

physicians that we have both programs and treatments and that they are becoming more and more effective." Physicians interested in participating in the training program should contact Brenda Tisdale at (612) 725-2000, ext. 5698.

Employees of the **Washington, D.C., VA Regional Office** sponsored a "Cookies for Coats" drive for the homeless. Employees received cookies and a beverage when they donated a coat for the homeless. Mike Chase, a local radio personality, was on hand to greet employees who participated. After work, a team of three VARO employees — **Jeryle Dorsey, Diana Hannah** and **Phyllis McPherson** — personally delivered 13 coats and other clothing they collected to the homeless on the streets. They gave away two women's coats, and donated the remaining 14 to the House of Ruth, an organization that helps women, children and families affected by domestic violence, homelessness and extreme poverty. □



## WWI Veteran Starts 21st Century as a New VA Pension Recipient

Last November, Eugene A. Lesesne marked his 102<sup>nd</sup> birthday by becoming the first African American World War I veteran in Western Pennsylvania to receive the French Legion of Honor medal. Jean-Pierre Collet, French counsel for the Pittsburgh region, presented the medal in front of an audience that included members of local veterans service organizations, congressional representatives, and local government officials.

**Art Gray**, Minority Veterans Program coordinator at the **Pittsburgh VA Regional Office**, was among the VA representatives in attendance. As he talked with Lesesne at the ceremony, Gray realized that the veteran had never applied for VA benefits. Preliminary information indicated the Lesesne was probably entitled to pension benefits, so Gray later returned to his home to help him complete an application and to obtain medical documentation to support a claim. Thanks to Gray's efforts, Lesesne began the new century not only in good health and with a distinguished honor from France, but also as a new recipient of VA pension benefits. At left, Gray greets Lesesne during the medal presentation ceremony.

# HEROES



Three **VA Puget Sound Health Care System** employees were recently recognized for their life-saving actions. The three sprang into action when a motorist called for help. A passenger in the motorist's car was unconscious and not breathing. After assessing the situation, **Lisa A. Kinney, DDS**, called 911 to report the medical emergency. Meanwhile, **Daryl Detwiler, DDS**, and his wife **Elaine Detwiler**, a nurse manager in the Spinal Cord Injury Unit, began performing CPR while waiting for the paramedics to arrive. Thanks to their swift response, the passenger's life was saved.



The University of Iowa's Carver-Hawkeye Arena was packed for the Northwestern vs. Iowa wrestling match. Among the crowd was **Kristin Janssen**, an advanced cardiac life support instructor and clinical manager at the **Iowa City VA Medical Center**. When the roar of the crowd was abruptly replaced with screams of panic, Janssen sprang into action. Just a few sections away, a woman was screaming, her husband lay collapsed at her feet. Janssen rushed to help and with other rescuers discovered the man had no pulse. "Once we determined that we couldn't find a pulse, I knew exactly what he needed," she recalled. What he needed was an Automated External Defibrillator (AED). The device is used to electrically shock the heart and get it pumping again. While others began performing CPR,

Janssen went to track down an AED. Luckily, the University of Iowa had bought four of the devices in early 1999, and one was stored in the arena. Using the defibrillator, Janssen and the other rescuers shocked the man's heart back into action a full three minutes after it stopped. Paramedics arrived and rushed the victim to the hospital, where he underwent triple-bypass surgery and is now on the road to recovery.



While attending a Lion's Club convention, **Marlys Landmark, R.N.**, a unit manager at the **Fargo, N.D., VA Medical and Regional Office Center**, stepped up when someone yelled, "is there a doctor in the room?" A woman had collapsed and no one seemed to know what to do, until Landmark took control of the situation. The woman did not appear to be breathing, so Landmark immediately began performing CPR. By this time, another nurse came forward to help. When the other nurse admitted to never having actually performed CPR in an emergency situation, Landmark calmly walked her through the procedure. Thanks to her heroic efforts, the woman survived and received a pacemaker and defibrillator to regulate her condition.



When crooks robbed a small market near the **Murfreesboro, Tenn., VA Medical Center**, local law

enforcement authorities called on the medical center's security office for assistance in apprehending the suspects. Officer **Steve Sweet** responded to the call and began patrolling the hospital grounds in search of the suspect's vehicle. To his surprise, he came upon a vehicle that fit the description of the alleged getaway car parked near the flagpole. He quickly called local authorities and apprehended the vehicle's occupants. During a search of the vehicle, officers found not only the items reportedly stolen, but also drugs. Officer Sweet's actions made clear that the Murfreesboro VAMC is not a good place for crooks to hide.



While on her way to work at the **Salisbury, N.C., VA Medical Center**, **Susan Blume, R.N.**, was the first person to come upon the scene of an accident. The car was lying on its roof, its wheels slowly spinning in the air. Blume comforted the driver, who had hit her head and was badly shaken, until emergency personnel arrived.



**Dorri Branch**, an Administrative Support assistant at the **Bakersfield, Calif., Community Based Outpatient Clinic**, always took fire and safety training seriously. She just hoped that she would never have to use it. But that's exactly what happened while she was grocery shopping one day with her husband. As they stood in line, someone in the store yelled, "Fire!" Customers and employees in the vicinity stared in shock at a blazing pile of cardboard boxes. That's when Branch sprang into action. One employee handed her a fire extinguisher, but when she

pressed the handle, nothing came out — it was empty. Another employee tried to douse the blaze with water, but missed, drenching Branch instead. A frustrated Branch quickly grabbed the bucket and used it to scatter the burning boxes and snuff out the flames. Afterwards, she spoke with the store manager and suggested he improve employee fire training. "I plan to encourage others to take the training they receive as seriously as I do," she said.



**Kenean Harper, R.N.**, and **Deb Heskett, R.N.**, of the **Leavenworth, Kan., VA Medical Center**, were shopping in a local store when they noticed a pale, elderly woman suddenly fall to the floor. They rushed to aid the woman and were about to begin performing CPR when she became partially responsive. After calling emergency personnel, they stayed with the 84-year-old woman, calming both her and her 89-year-old husband, until Emergency Medical Technicians arrived.



**Patricia Collogan**, and **Alisa** and **Frances Birkholtz**, Nutrition and Food Service employees at the **Hot Springs, S.D., VA Medical Center**, were preparing to take their pregnant friend to the hospital when the expectant mother suddenly doubled over in pain. The trio had just enough time to lay the woman down before she began to give birth. They successfully delivered the child and were on hand when emergency medical personnel arrived. But the woman was still in pain. Her contractions were coming even stronger and she later delivered a second baby. □