Blood racing through his veins, gloved hands aching and cramped, former Marine Larry Foster struggled through a pelting rain to conquer the rolling hills of San Francisco. He shivered through the snow and frigid winds near Lake Tahoe and later survived searing temperatures as he crossed the rugged Nevada landscape.

Through it all, Foster never gave up. He was determined to complete the journey from San Francisco to Denver as a participant in an event called Face of America—a coast-to-coast trek by athletes of different ethnicities and physical abilities—and he did it on a hand cycle. “I thought I was in pretty decent shape,” he said. “But I had second thoughts after we left San Francisco. It was a real test of endurance, strength and guts.”

Foster’s journey began long before he was selected as a Face of America team member. It started when he began physical therapy at the Sepulveda campus of the VA Greater Los Angeles Health Care System shortly after losing a leg in a train accident. He now works there as a program assistant in the Medical Care Cost Recovery Department.

While in therapy, he met Suzan Rayner, head of Physical Therapy. She encouraged him to register for the National Disabled Veterans Winter Sports Clinic. “I didn’t know it at the time, but that would become a huge turning point in my life,” he recalled.

He remembers reaching the top of the mountain and being “scared to death” as he peered down the steep, icy slope. With the wind whipping at his clothes, he dug his poles into the snow and slowly pushed himself over the edge. Though he fell many times on that first day, he took home a gold medal and also learned a valuable lesson—life doesn’t end with the loss of a limb.

While at the Clinic, other veterans told Foster about wheelchair basketball and the National Veterans Wheelchair Games. As soon as he got back to Los Angeles, he started training for the Games. “I got a specially designed basketball wheelchair and went to the gym and practiced every day. It was the first time I felt the competitive urge since my accident,” Foster said. “After losing my leg I thought those days were long gone. Boy, was I wrong.”

At the Games, Foster won his second gold medal. When he returned home, he contacted the LA Stars, a division 2 team in the National Wheelchair Basketball League. It was through his involvement with the team that he learned about Face of America.

Billed as a “snapshot of our nation today,” Face of America involved two teams of athletes travelling across the country and meeting under the Gateway Arch in St. Louis, Mo. Along the way, both teams stopped at high schools and community centers to promote fitness and diversity. “We came together under the Arch to show the nation that no matter what your particular situation may be that we can put all physical and cultural differences aside and work together for a common goal,” Foster said.
Ensuring the Integrity of VA’s Research Programs

VA patients who enroll in our research programs have the right to expect that their welfare will be our highest priority. Six months ago, VA announced plans to create an independent and objective oversight office charged with ensuring that VA research is conducted with the appropriate respect for human subjects enrolled in projects—and the welfare of animals used in research.

The new Office of Research Compliance and Assurance (ORCA) is the primary VA component for promoting enhancements in the ethical conduct of research, as well as investigating allegations of research improprieties and scientific misconduct. ORCA also will be distinguished by an emphasis on quality improvement, with a specific interest in promoting the education and training of VA employees involved in conducting research. These include investigators and members of local VA medical center (VAMC) and academic affiliate Institutional Review Boards charged with approving research protocols and ensuring that the consent process for enrolling human subjects is handled ethically.

The Under Secretary for Health established ORCA to administer a program of assurances and compliance aimed at avoiding future problems associated with the shutdown of research programs because of violations of the “common rule,” which is the framework for conducting ethical research involving human subjects.

The headquarters component of the office will provide oversight to several regional offices. These regional offices will be the main operational components for ORCA and will be expected to develop the necessary working-level arrangements with the VAMCs and VISNs. Wherever needed, the regional offices, in coordination with the VISNs, will complete annual Mini-Assessment Program reviews, accompany site visits for accreditation of human studies and animal welfare, and investigate allegations of research improprieties and scientific misconduct. The regional offices also will promote opportunities for training and education.

Our office has taken on the responsibility of managing the assurance contracts signed by VAMCs committing them to abide by the regulations that govern research with human subjects. These Multiple Project Assurances (MPAs) contracts are similar to agreements issued by the Public Health Service through its Office of Human Research Protection (OHRP). ORCA has established close ties to this office as well as the comparable centers in the Food and Drug Administration (FDA). Through the various contacts at these agencies and with those involved in animal welfare, we anticipate an improved level of coordination and cooperation.

ORCA will be collecting much information on the performance of VA research and, as the office completes its staffing recruitment and assumes its full role, will be in an excellent position to advise VA on policy areas related to research activities that need to be strengthened. We will be working with several VA offices, including the Office of Research and Development and the National Center for Ethics as these issues emerge and need resolution.

As Acting Under Secretary for Health Dr. Thomas Garthwaite noted when I was appointed ORCA’s chief officer, “This office is a cornerstone of our efforts to continuously improve our high ethical standards in research, and it will provide independent and routine assurance that VA research is conducted legally, safely and with integrity.”

Acting Under Secretary for Health Dr. Thomas Garthwaite cuts the ribbon opening the new VA Office of Research Compliance and Assurance (ORCA) on June 30. Looking on are (from left): ORCA staffers Shannon McCormack, program assistant, Dr. David Weber, deputy director, and Dr. Joan Porter, associate director; Dr. Frances Murphy, Acting Deputy Under Secretary for Health; and Dr. John Mather, ORCA’s chief officer.
On the day it was announced I would again serve as Acting Secretary of Veterans Affairs, I made a commitment to all who gathered to hear the announcement. I promised that on each morning of my tenure as Acting Secretary, as soon as I got out of bed, I would be thinking of what I could do that day to help a veteran, or all veterans.

While some in attendance may have been surprised by the directness of that promise, I am sure all of you understand what I meant. For seven and one-half years, I have met with VA employees and with veterans and their families. I know that both veterans and employees want the same thing—simple, plain talk about issues that are of importance to them. As Acting Secretary, I pledge to provide exactly that.

Together, we have already accomplished a great deal on behalf of our nation’s veterans. We have made VA health care available to every veteran with an honorable discharge, and opened more than 400 new outpatient clinics. We have worked diligently to improve the ways veterans’ claims are processed; begun the process of insuring that our national cemeteries are maintained as national shrines; and accomplished hundreds of other initiatives on behalf of the men and women we serve.

But there is more for us to do. The recent series of “One VA” conferences have been a catalyst for many new ideas that will help us serve veterans and their families better. Each one of us must continue to search for innovative, new and creative ways to deliver the services we provide. We also must continue to make sure that every taxpayer’s dollar provided for veterans is spent wisely and well.

We should always remember that the great prosperity our nation now enjoys, and the freedoms that all Americans cherish, are ours thanks to the sacrifices of our veterans and their families. Until the day I leave office, I will be proud to work with you to provide those heroes with the benefits and services they have earned.

Hershel W. Gober
Acting Secretary of Veterans Affairs
New Nurse Standards Spur Educational Initiatives

ew performance standards and education requirements affecting the appointment and advancement of VA’s more than 36,000 registered nurses were implemented on June 18. The Nurse Qualification Standards replace those enacted in 1982 and establish the baccalaureate degree as a requirement for advancing to the Nurse II level and the master’s degree for Nurse III.

The new standards were established to ensure that VA nurses are educationally prepared to provide the highest quality health care across the full range of clinical roles and settings. They will also help prepare nurses for new and evolving roles as VA continues its transformation from a hospital-based system to one that focuses on care management in outpatient, home and community settings.

A transition period allows those currently employed by VA to progress to higher grades without having the required degrees until October 1, 2005. And after that date, those not meeting the educational requirements will still be eligible for promotion by waiver. In addition, a provision in the new standards states that current nurses will not lose a grade or step progression because they do not meet the education requirements outlined in the revised standards.

Audrey Drake, who oversaw the implementation of the new standards while serving as acting chief consultant in the Nursing Strategic Healthcare Group in VA Central Office, believes the new standards will provide tremendous benefits to nurses. “The education and experience that these standards require will enrich nurses’ practices and enhance their career prospects.”

VA has taken several steps to help nurses meet the new educational requirements. In December 1998, VA signed a Memorandum of Understanding (MOU) with the American Association of Colleges of Nursing committing both organizations to finding innovative ways of bringing nurses educational opportunities in settings convenient for them. Educational programs are now underway at many medical facilities.

A similar MOU is currently being developed with the Association of Community Colleges. This MOU commits both organizations to collaborate and assist associate degree nurses in meeting the criteria for the qualification standard and other career development goals.

At the Wilkes-Barre, Pa., VA Medical Center, 18 nurse practitioners are one semester closer to earning their bachelor’s degrees thanks to an agreement between the medical center and nearby University of Scranton. University faculty members are using telecourses and the Internet to teach nurses right in the medical center. The only time students may need to visit the university will be for certain classes that require a specialized laboratory.

The program is designed to offer students both continuity and flexibility; they enroll as a group and move through the degree program together, but also have some influence over the frequency and timing of their courses. According to Karen M. Wrublewski, associate director for Human Resources and Staff Development Services at the medical center, the first semester was a success. “Academically, they all had outstanding achievements,” she said. “By pursuing this degree as a group, they’re more supportive of each other. They realize they’re not alone in balancing a personal, professional and an academic life, and that’s very important.”

In VISN 8 (Bay Pines, Fla.), the Internet is bridging the distance between Florida registered nurses seeking their master’s degrees and St. Louis University. A group of 28 nurses from medical centers throughout Florida and Puerto Rico began the program in 1997. Many of their textbooks are on CD-ROM, streaming video lets them view lectures over a computer monitor, assignments are e-mailed to instructors and students can view a lecture or submit an assignment 24 hours a day.

“The students absolutely love it,” says Bernadette Spates, Ph.D., who coordinates the distance learning program out of the Gainesville Division of the VA North Florida/South Georgia Veterans Health Care System. “I held focus group sessions with all 28 students that showed all but two felt they were receiving a better education over the Internet.”

In addition to the on-site educational opportunities, VA has earmarked more than $50 million under the National Nursing Education Initiative (NNEI) to help nurses attain their baccalaureate or master’s degrees. Each VA medical center has a NNEI coordinator who works as a liaison between nurses interested in pursuing their degrees and the Office of Health Care Staff Development and Retention, which runs the program. To learn more about the new performance standards, visit the Nursing Strategic Healthcare Group Web site at www.va.gov/nursing/. To apply for a NNEI scholarship, go to http://vhacoveb1.cio.med.va.gov/humanres/Documents/EISP.htm.

By Matt Bristol

Top Nurse Executive Named

Catherine Rick has been named VA’s new top nurse executive. As the chief consultant for VA’s Nursing Strategic Healthcare Group, she provides leadership and guidance to VA’s 55,000 nursing staff members, who care for 3.6 million veterans each year.

Most recently, Rick served as associate chief of staff for nursing and primary care at the Milwaukee VA Medical Center, a position she took in 1997. Before joining VA in 1992, she worked in the private sector in a variety of clinical and administrative positions. Rick served as nurse executive consultant for a large Milwaukee home health care agency and assistant administrator for patient care at Northwest General Hospital, also in Milwaukee.
We will accept nothing less than full victory!” That was the final order General Dwight D. Eisenhower gave anxious troops as they departed for the Normandy coast of France during World War II.

As the onslaught of Allied troops descended on them by air and sea on June 6, 1944, the Germans struggled to maintain their positions. Despite the loss of more than 9,000 soldiers, the Allies ultimately prevailed, and the success of the invasion was a major turning point in the effort to liberate Europe from Nazi Germany.

Fifty-six years later, the accomplishments of the veterans who participated in that historic invasion known as D-Day were honored in New Orleans at the opening of the National D-Day Museum. In what was thought to be the largest U.S. gathering of World War II veterans since the war’s end, an estimated 10,000 of them converged on the city for the four-day celebration.

Events included a USO Show and Swing Dance, a World War II Re-enactment and Living History Encampment, a Flags of Honor ceremony and musical tribute to World War II veterans, and “Conversations with Veterans,” a group discussion with World War II veterans led by historian and D-Day Museum founder Stephen Ambrose.

On June 6, a parade featuring marching bands from the U.S., Great Britain and France, military aircraft flyovers and many of the veterans who participated in the invasions of World War II, made its way through the city to a Grand Opening Celebration at the New Orleans Arena. Tom Brokaw, NBC News anchor and author of The Greatest Generation, served as master of ceremonies for the opening celebration, which featured speakers including Ambrose, actor Tom Hanks, film director Steven Spielberg, and Secretary of Defense William Cohen.

VA employees in New Orleans worked closely with ceremony planners in supporting museum events. More than 50 VA employees volunteered to work at various venues throughout the week.

The New Orleans VA Medical Center loaned 30 wheelchairs to the museum during the opening celebration and subsequent weeks for use by elderly veterans and their families touring the museum. The medical center also provided ten electric wheelchairs for use during the week at hotels and ceremony venues.

In addition, VA pledged to provide any eligible veteran visiting the city for the opening priority care at the medical center, and donated all supplies and equipment needed to establish first aid stations along the parade route and at ceremony locations.

The $25 million, 70,500-square-foot museum, housed in a converted warehouse, is the first U.S. museum dedicated to World War II. The museum’s collection of artifacts includes two World War II fighter planes (a British Spitfire and an American Avenger), a Sherman tank, a German staff car, and a full-sized replica of a Higgins landing craft.

The New Orleans location of the museum honors the designer of the landing craft, local boatbuilder Andrew Higgins. Area workers built the more than 20,000 crafts used during World War II.

When complete, the museum will offer a full history of the war’s invasions in Europe and the Pacific. For more information, visit the museum’s Web site at www.ddaymuseum.org.
A jointly-sponsored Department of Veterans Affairs (VA) and Department of Defense (DoD) initiative is helping servicemembers file for and receive VA service-connected disability compensation benefits more quickly than in the past.

VA’s Pre-Discharge Program, which began with a pilot test in 1995, was established to provide transition assistance and continuity of care to servicemembers who are retiring or being medically separated from the military. Military personnel can now complete claims development and physical examinations prior to discharge and reduce the average number of days necessary to process a claim.

“We wanted to assist these servicemembers by getting them examined prior to discharge and also have their examinations conducted under the VA disability examination protocols,” said Bill Lanson, VBA’s Pre-Discharge Program Project Manager in VA Central Office. “In this way, the servicemember isn’t lost between the two systems.”

Prior to 1995, all military personnel had to deal with the system’s gaps as they transitioned from the military to civilian life. VA accepted an individual’s claim after he or she left the service. It often took months to secure records from the National Personnel Records Center in St. Louis, Mo., and then additional months to rate the claim.

“Many times treatment was interrupted because records were lost transitioning from one organization to another,” said Michael Kilpatrick, M.D., Deputy Director of Medical Outreach and Issues in the Defense Department’s Special Assistant’s Office for Gulf War Illnesses.

“The new program is really a major step forward in the Department of Defense and Department of Veterans Affairs relationship. They are now focusing on the individual with the single purpose of making it easy to receive the proper attention, counseling and advice at a very stressful time in a servicemember’s life,” said Kilpatrick.

Although the Navy and the Marine Corps mandated a separation exam prior to the new initiative, there were problems with matching VA requirements for disability evaluations. Lanson said he conducted a study in 1994 of the Navy and Marine Corps separation exams and found that while they met the services’ needs for a separation physical, 75 percent of the exams’ findings were insufficient for the purpose of disability ratings. Often the diagnosis or findings were not in line with the requirements of the VA rating schedule, he said. Lanson explained that VA needed an exam that followed the findings of the nation that would be useful for both VA and DoD purposes. VA and DoD finalized a memorandum of understanding in May 1998 for the completion of a single separation physical examination that would improve program efficiencies and service.

Today there are 34 VA regional offices in 32 states and 81 military installations actively participating in the pre-discharge program, including 31 Air Force, 25 Navy, 17 Army, four Marine Corps and four Coast Guard sites.

Lanson said there are several ways a servicemember may become aware of the program. Notification is often provided through military publications and the Transition Assistance Program, through which servicemembers are briefed prior to discharge about VA benefits and services available to smooth their transition to civilian life. Each of the service branches has issued instructions for separating servicemembers to complete a DD Form 2697 and to indicate if they have a desire to claim VA benefits, he said.

The pre-discharge claims development, examinations, and ratings initiative is organized locally through negotiations and memorandums of understanding between VA regional offices, VA medical centers, and DoD facilities. At 27 of the 81 locations, VA personnel are located at or near the military installation to register claims and perform the rating work. Lanson said that when office space was not available at a couple of installations, VA erected a trailer at the site for staff to take and rate claims and make disability compensation awards.

“There has to be leeway for local circumstances,” said Lanson. “That’s why much of the program has been developed at the local level through agreements that fit the local circumstances for both VA and DoD.”

In fiscal year 1999, approximately 10,000 pre-discharge claims were finalized. This is out of the annual (continued on page 9)
The Department of Veterans Affairs (VA) is testing a software application designed to help speed up the Compensation and Pension (C&P) claims process. It’s called CAPRI, and no, it isn’t named after a compact Ford. It stands for Compensation and Pension Record Interchange and the new program is raising quite a few eyebrows within the Department.

Part of the excitement stems from how the software came about. It started when a group of VBA and VHA employees got together to figure out how to improve the exchange of information between the two administrations.

“We were aware that VHA had developed a new Windows-based database known as the Computerized Patient Records System (CPRS),” said Jack E. Hudson, assistant director of Systems Development in C&P Service. “And in C&P Service, we needed a Windows interface to provide standardized access to medical center information systems.” How could VBA staff use CPRS to speed up the claims process?

Hudson began by contacting Steven Brown, M.D., chief information officer at the Nashville VA Medical Center. The two originally met during a Leadership VA class and hit it off right away. Hudson knew that in addition to Brown’s duties as chief information officer, he was also a physician and had first-hand experience with the AMIE II software application currently used by C&P personnel.

He asked if Brown had any ideas on how to build a better program for accessing CPRS. “I knew how CPRS was built,” explained Brown, “so we wanted to use that framework to build a custom program specifically tailored to VBA’s needs.”

Their next step was to recruit Mick Worstell, a rating specialist from the St. Petersburg, Fla., VA Regional Office. Worstell was working on a cross-functional VHA leadership team in VISN 8 (Bay Pines, Fla.) and had already looked into re-creating AMIE II in a more user-friendly format.

The team was almost complete. They just needed to find someone who could actually write the program. Brown knew a computer whiz from Murfreesboro, Tenn., VAMC who might be able to help. In comes Shawn Hardenbrook, a Delphi programmer from Murfreesboro. Hudson and Worstell flew to the Nashville VA Regional Office to meet Hardenbrook and Brown and discuss the type of program they wanted to create.

“After a demonstration, we held a joint application design (JAD) session,” explained Worstell. “JAD sessions are a structured process in which key users, managers, and programmers work together to specify and review system requirements.” The four developed a plan. It was January 2000.

By April, their new CAPRI software was being tested in VISN 8 and also being demonstrated for top management and staff from VA Central Office at the final One VA conference in Tysons Corner, Va. It couldn’t have come at a better time. Employees at each of the four previous One VA conferences—Phoenix, Atlanta, Pittsburgh and St. Louis—had voted for an integrated computer system for veteran data as the number one national priority for making One VA a reality.

Their display booth at the One VA conference help cast the spotlight on CAPRI and the team as a clear example of what can be accomplished by working as One VA. Acting Secretary Hershel Gober saw the exhibit and praised the team’s efforts during his closing remarks.

“When the AMIE II interface was developed several years ago, it was an extremely important breakthrough in providing VBA employees online access to VHA information,” said Hudson. “But it works on a character-based interface which the user may have trouble navigating.”

He also said variances in computer system configurations among medical centers require staff at most regional offices to keep several different versions of AMIE II in order to interface different medical center systems. For example, if a rating...
specialist needs to track down medical evidence for a veteran’s claim, but doesn’t have a version of AMIE II that will grant access to the medical center where the veteran’s records are maintained, the entire process could be delayed by months.

CAPRI solves that problem by providing VBA users with standardized access to VHA computer systems in order to obtain information maintained within CPRS. This includes patient-specific clinical data, progress notes, discharge summaries, lab reports, imaging, appointment lists, demographics and more. That way, if a veteran’s C&P claim is incomplete, the rating specialist can use CAPRI to access CPRS and instantly retrieve the missing documents.

Some medical center personnel were concerned that VBA employees could potentially alter medical information. But Hardenbrook took care of that. “I just linked the program with existing CPRS functionality,” he explained. “That way you can only view information and not change it.” Staff can also use CAPRI to easily add, track or cancel C&P exam requests. And thanks to the efforts of Kathleen Black, a computer program analyst at the Nashville VAMC, CAPRI stores C&P exam results in the VistA Text Integration Utility file where, along with other clinical documents, they can be viewed by clinicians and even pulled up via CPRS.

With the AMIE II configuration, C&P exam results are stored in a separate AMIE II file, which many clinicians weren’t even aware of. And once in the AMIE II file, the exam results are purged two to three months later. Brown says that’s a disadvantage, because C&P exams contain data describing a veteran’s service-connected condition and should be readily available for physicians. “If you pull up that exam and review it prior to seeing a veteran, it gives you much more insight into their condition.”

CAPRI enhances the interdepartmental exchange of information while contributing to the strategic goals described in the Department’s draft 2001 Performance Plan. Strategic goal number five reads: “Provide One VA world-class service to veterans and their families through the effective management of people, technology, processes and financial resources.” That’s exactly what CAPRI was designed for—to allow VA employees to utilize the latest technology to improve the C&P claims process and enhance the delivery of benefits to veterans and their families.

By Lisa Gates
DoD Public Affairs

Pre-Discharge Program (cont.)

average number of original claims of 120,000 and the 80,000 claims normally received during the first year after separation from active duty. During the three-month period between January and March 2000, nearly 4,000 pre-discharge claims were finalized. Of that number, there were only 13 known appeals, or “notices of disagreement” filed. The regional offices involved in the program report that veterans have been very satisfied with the improved service and note the low appeal rate.

VA has plans for future expansion. Since the program’s initiation, facilities from all service branches have worked with VA regional offices to develop additional pre-discharge cooperation. These proposals are now under consideration.

The agency’s field operations office is also currently considering pre-discharge claims processing for servicemembers stationed overseas. Last year, staff members conducted a pilot test of 100 examinations performed by contract physicians for servicemembers stationed in Germany. The test was conducted to determine the feasibility of providing the program to servicemembers stationed in Germany, South Korea and Japan, which is now under consideration.

Lanson believes the pre-discharge program is one of the most successful examples of joint cooperation between VA and DoD. “For many years VA and DoD were really at arm’s length with each other. The more we cooperate and become aware of our processes, the better off the servicemember is,” he said.

By Matt Bristol

Flags Have Special Meaning at VA Cemeteries

Perhaps more than other VA sites, national cemeteries had good reason to celebrate Flag Day on June 14. They display avenues of flags and place thousands of flags on gravesites for special occasions. National cemeteries also have the distinction of flying Old Glory at half-staff daily on the main flagpole at their assembly areas in honor of the veterans who are being buried.

But public waving of the American flag is only part of the key role the flag plays at national cemeteries across the United States every day. Nearly every veteran burial at a national cemetery includes a solemn handing of a folded flag to the veteran’s next of kin after it has draped the veteran’s casket during the interment service. More than 50,000 flags were presented to family members of deceased veterans last year. Whether the honor of the presentation belongs to a cemetery representative or a military honor guard member, the ritual never ceases to instill in the presenter and the veteran’s loved one a sense of the value that the nation places on that veteran’s service and sacrifice.

Quantico, Va., National Cemetery observed Flag Day by retiring worn-out flags that children and veterans collected in the community. School children winners of an essay contest on “the meaning of patriotism” read their essays during the ceremony. In Sitka, Alaska, the national cemetery program also included a reading of U.S. flag history and the San Joaquin Valley, Calif., National Cemetery provided printed materials about the flag at the visitor center.
VA Sponsors National Women Veterans Summit

Acting Secretary Gober speaks to the more than 350 participants at the second National Summit on Women Veterans Issues in Washington, D.C.

VA’s Center for Women Veterans sponsored the second National Summit on Women Veterans Issues in Washington, D.C., in June. Co-sponsored by the White House Office for Women’s Initiatives and Outreach and the Disabled American Veterans, the event drew more than 350 VA women veteran coordinators, women veterans, community partners and federal agency representatives from across the country.

In his remarks to the group, Acting Secretary Hershel Gober reinforced VA’s commitment to women veterans and guaranteed their place on the national VA agenda for health care and benefits delivery.

Participants attended sessions on such topics as homelessness, the impact of wartime service on women in the military, the legislative process, the role of veterans service organizations (VSOs) and VA’s health care and benefits delivery systems. Summit participants also met in working groups with agency officials, VSO and program representatives to discuss issues of concern to the women veteran community and develop suggestions to address and improve programs and services for women veterans.

When the first national summit was held in 1996, it marked the first time a group of women veterans’ advocates was brought together to identify concerns of the women veteran community and to provide an opportunity to suggest ways in which their concerns could be addressed.

Hawaii VAM&ROC Dedicates New Home at Tripler

A three-story ambulatory care clinic is the final addition to the new Spark M. Matsunaga VA Medical and Regional Office Center (VAM&ROC) located on the grounds of the Tripler Army Medical Center in Honolulu. More than 1,500 veterans, family and community members attended a dedication ceremony for the $63 million facility in May.

Last year, benefits and administrative offices moved from the VAM&ROC’s former downtown location to what had been Tripler’s E-Wing hospital ward. The ward’s four floors were gutted and renovated, doubling the square footage of space available for the facility’s administrative and benefits processing operations. Named for the late U.S. senator and decorated World War II veteran, the center also includes a 60-bed nursing home, rehabilitation center and primary care offices. A 600-space parking structure was constructed on the site in 1997, easing the parking problem the VAM&ROC had faced at its previous location in the federal building downtown.

“It is eminently fitting that Spark Matsunaga’s name be forever associated with a veterans medical center,” noted U.S. Senator Daniel Akaka (D-Hawaii). “Aside from the fact that it is his advocacy that made the Hawaii veterans hospital a possibility, it is suitable that the war hero who preferred to be remembered as a peacemaker be recognized in this way.”

More than 1,500 people attended the dedication ceremony in May.
Thank You Veterans 2000
National Campaign Has Simple But Meaningful Aim

The Department of Veterans Affairs (VA) Voluntary Service is dedicating this year to thanking the men and women who preserve our freedom by serving in the United States Armed Forces.

The concept behind the Thank You Veterans 2000 campaign developed after a chance encounter between former VA employee Kathleen Harvey and a veteran in her neighborhood. When she learned the gentleman had served in North Africa and Italy during World War II, Harvey thanked him for his service. She was astonished by his response. His eyes misted over and he said, “That’s the first time anyone has ever thanked me.”

Following that experience, Harvey approached Sandra Christiansen, lead Voluntary Service officer for the VA Nebraska-Western Iowa Health Care System, and other members of a VISN 14 (Lincoln, Neb.) marketing committee to ask about starting a VISN-wide thank a vet campaign. An action plan was created, activities outlined, and on Memorial Day 1999, the Thank You Veterans campaign got underway:

◆ Each VISN facility held a special Memorial Day program and created an “Honor Roll of Deceased Veterans” in a VA chapel. Community members, family and friends were encouraged to attend the program and add the name of a deceased veteran to the honor roll.

◆ A VISN-wide essay contest among 6th, 7th, and 8th grade students was held. The contest was designed to raise awareness of the many sacrifices veterans have made.

◆ Posters and signs were displayed at each facility and employees wore name badges adorned with a red, white and blue ribbon that read, “VA Says, Thank You Veterans.”

◆ Special medals were presented to each veteran hospitalized in a VISN facility on Veterans Day.

◆ Special activities were planned in conjunction with national days of remembrance—POW/MIA Recognition Day, Independence Day, VE Day, Veterans Day, Memorial Day and Pearl Harbor Recognition Day. According to Christiansen, the campaign “caught fire” within the VISN—not only with VA employees and veterans, but entire communities, schools, veterans service organizations, civic associations. “The campaign had such a tremendous impact that we talked to Jim Delgado [director of the VA Voluntary Service office] about taking it nationwide.”

“When we learned of the program, we contacted our Voluntary Service officers at each medical center and our National VAVS Advisory Committee and asked them to support this special initiative,” recalled Delgado. “This is an opportunity to say ‘thank you’ to one of the most important, most deserving segments of the population—the nation’s veterans.” A national campaign was developed and earlier this year, Thank You Veterans 2000 was launched.

Voluntary Service officers at medical centers across the nation received a tool kit with a fact sheet, field speeches, school curriculum for grades K-12 and other activities that can be conducted to support the campaign. The tool kits were printed and distributed with the support of the Benevolent and Protective Order of Elks of the USA and the Elks National Veterans Service Commission. “We’ve already received a tremendous amount of assistance from civic organizations such as the Elks and from our volunteers,” said Delgado. “They want to contribute simply because they care.”

Interested in planning a Thank You Veterans event in your community? Contact the Voluntary Service office at the nearest VA medical center or visit the Thank You Veterans 2000 Web site at www.vacentralplains.org.

By Matt Bristol
New York Student Wins National Veterans Day 2000 Poster Contest

Eighteen-year-old Colin Fullam, a recent graduate of Sayville High School in Sayville, N.Y., is the winner of the Veterans Day 2000 National High School Poster Contest. His computer-generated artwork will become this year’s national Veterans Day poster distributed to veterans service organizations, military installations and schools throughout the country.

Fullam, who plans to join the ROTC program at the New York Institute of Technology when he begins classes there in the fall, said he was surprised to learn that he had won. “I just put my thoughts into pictures and tried to use pictures that describe Veterans Day most accurately,” he said. He added that he “wanted people to think about what those who served in the military have done, because there’s more to serving than just what we see.”

Transit Benefit Program Available Soon

VA employees who use mass transit to get to work will soon get some help with their commuting costs. President Clinton signed an executive order in April requiring all federal agencies to implement a transit benefit program for their employees by October 1, 2000.

The Department will offer a direct transit subsidy of as much as $65 a month to employees working in the National Capital Region who use public transportation or authorized vanpools, and a pre-tax deduction of up to $65 monthly for employees using mass transit throughout the rest of the country. The National Capital Region includes the District of Columbia; Montgomery, Prince George’s and Frederick Counties in Maryland; and Arlington, Fairfax, Loudon and Prince William Counties in Virginia.

Field employees can use the pre-tax deduction from their paychecks to purchase mass transportation vouchers in their areas. A full transit subsidy for field employees is expected to be available in one to three years.

Employees interested in participating in the program were asked to complete applications and return them to their organization’s transit program manager by August 1. The Department of Transportation, which has offered the Transit Benefit Program to its employees nationwide for the past eight years, will implement and manage VA’s program.

The program is designed to improve air quality, reduce traffic congestion, and conserve energy by encouraging employees to commute by means other than single-occupancy vehicles.

Alabama Teen Wins Youth Award

Anna Marie Richardson, an 18-year-old volunteer at the Tuscaloosa, Ala., VA Medical Center, is this year’s recipient of the James H. Parke Youth Award. The national award, named for VA’s first director of Voluntary Service and founder of the VA Voluntary Service National Advisory Committee, is given annually to an outstanding VA youth volunteer.

The recent high school graduate has been an active volunteer at the Tuscaloosa VAMC since age 12. Over the years, her duties have included running errands in the director’s office, and helping out in the medical center’s canteen and in Social Work Service. But Richardson said she most enjoys volunteering with the elderly and disabled residents of the Nursing Home Care Unit.

The youth award was established by the VA Voluntary Service National Advisory Committee after Parke’s sudden death in 1971. VA medical centers from across the country nominate youth volunteers who demonstrate such qualities as outstanding dependability, innovation, leadership, acceptance of responsibility and devotion to the care of veterans.
Coffee Drinking Linked to Reduced Risk for Parkinson’s Disease

Worried about drinking too much coffee? Relax. Researchers from the Honolulu VA Medical and Regional Office Center (VAM&ROC) determined that drinking coffee may actually reduce the risk of getting Parkinson’s disease. “So much so,” said Dr. G. Webster Ross, staff neurologist at the Honolulu facility and lead author of the study, “that non-drinkers had five times the risk of Parkinson’s disease as individuals who drank 28 ounces or more per day—about five cups of coffee if you think of a six-ounce cup.”

However, he says, this doesn’t mean people should drink more coffee to prevent getting the disease. “This is just a clue that environmental factors alter the likelihood of getting the disease.” Their discovery, appearing in the May issue of the Journal of the American Medical Association, is the result of a 35-year study of more than 8,000 Japanese-American men.

Parkinson’s disease is a chronic neurological condition associated with aging that affects between one and one and a half-million Americans, according to the Parkinson’s Disease Foundation, Inc. Primary symptoms include muscle rigidity, tremors, slow movements and difficulties with walking and balance. Although the exact cause of the disease is unknown, many researchers suspect it is the result of a combination of a genetic predisposition and an environmental trigger. This new study confirms the significance of environmental factors. Ross says that caffeine from chocolate, tea and other beverages has the same effect as coffee in lowering the incidence of Parkinson’s in study participants.

New Orleans VAMC & Tulane University Scientists Discover “Magic Bullet” for Kidney Cancer Treatment

Scientists from the New Orleans VA Medical Center and Tulane University have identified a promising new treatment for renal cell carcinoma (RCC), the most common form of kidney cancer. Using a laboratory-developed analog of somatostatin, a hypothalamic hormone that inhibits the release of growth hormone, researchers were able to target specific receptors on tumor sites and actually reverse cancer growth. This analog compound could be the “magic bullet” needed in the fight against a form of cancer particularly resistant to therapy.

“This analog is super potent,” says lead researcher Andrew V. Schally, Ph.D., a medical research scientist at the New Orleans VAMC and professor of medicine at Tulane University. Schally received the Nobel Prize in Medicine in 1977 for his research on brain hormones. The analog used in the study, called AN-238, has previously proven effective in the treatment of prostate and breast cancers and brain tumors, but this is the first time it has been used to treat kidney cancer. It consists of a super-active cytotoxic (cell destroying) agent called 2-pyrrolinodoxorubicin.

The initial laboratory tests were promising. Schally and colleagues implanted two types of human RCC tumors (one called SW-839, the other 786-0) in nude mice. They then injected the mice with AN-238 at intervals of one, eight and twenty-one days. After just five weeks of treatment, the volume of SW-839 tumors had decreased 67.2 percent, while the 786-0 tumors had decreased 78.3 percent. The findings represent a giant stride in the treatment of a form of cancer that is typically resistant to both chemotherapy and radiation, and has a very low survival rate. RCC is diagnosed in an estimated 28,000 Americans each year and nearly 12,000 died from the disease in 1999. Schally cautions that further research is needed to determine the toxicity of AN-238 in RCC treatment, yet he does not anticipate any complications in receiving Food and Drug Administration approval.

VA-funded Study Highlights Extent of Alcohol’s Grip on Brain Function

It’s no secret that excessive alcohol consumption can significantly decrease cognitive ability—the more you drink, the less your brain can do. But what functions of the brain are most susceptible to booze and how do years of heavy drinking affect the brain? These are the questions researchers from the Boston VA Healthcare System, and Boston and Stanford Universities, set out to answer when they examined men released from a 30-day VA inpatient alcohol detoxification program.

“We knew they hadn’t had a drink in about a month, they were receiving good nutrition and they were in relatively good condition,” explained Edith V. Sullivan, Ph.D., the study’s lead author and associate professor of psychiatry at Stanford University. Nevertheless, she was surprised to discover years of alcohol abuse had a lasting influence on the men’s cognitive abilities. Motor functions such as gait and balance were most noticeably affected, closely followed by cognitive functions like problem-solving and working memory. Sullivan notes the significance of her discovery lies in the fact that it was previously thought that gait and balance would recover following a period of abstinence from alcohol.

“When we challenged them with elements of a typical road-side sobriety test, we found that they were really quite unstable,” she explained. “They had a hard time walking a line with their eyes open, as well as closed. They also had a hard time standing on one foot, or standing still in one position.” Most couldn’t pass the roadside test, even after 30 days without a drink.

“This study gives us in-depth coverage of the neuropsychological decline that is associated with alcoholism,” says Marlene Oscar-Berman, Ph.D., a research scientist in the Boston VA Healthcare System and professor of neurology and psychiatry at Boston University School of Medicine. She points to the link between this study’s findings and what she calls the “premature aging hypothesis.” This hypothesis is based on a 50-year-old discovery that the brains of alcoholics appeared similar to those of much older people who were not alcoholics. “Their brains were smaller, reduced in size,” said Oscar-Berman, referring to those of alcoholics. “That is, if you have been an alcoholic, when you get to be about 50 years old or so, all of the things that are supposed to happen to you when you get older instead can happen earlier and faster.” Their findings appear in the May issue of Alcoholism: Clinical & Experimental Research.
Ann Betting, a registered nurse at the Altoona, Pa., VA Medical Center, put her lifesaving skills to the test when she came upon an accident while driving with her husband. She noticed a woman standing in the middle of the road, screaming for help. Looking around, Betting saw a motorcycle lying on its side. Its driver appeared to have serious head wounds and was in respiratory distress. She wasted no time clearing the driver’s airway so he could breathe. She stayed with him and continued to monitor his vital signs until paramedics arrived and airlifted him to a local trauma unit.

When a conference attendee suddenly collapsed to the floor before hundreds of startled VA employees at the VHA Consensus Congress in Las Vegas, Dr. Kristi L. Koenig rushed to the scene. The victim, also a VA employee, was suffering a seizure. Koenig, chief consultant for the Emergency Management Strategic Health Group located at the Martinsburg, W.Va., VA Medical Center, provided the appropriate care. In another incident, Koenig was travelling from Martinsburg to Washington, D.C., when she noticed a vehicle parked on the side of the road engulfed in bright flames. It looked like there was someone trapped inside, so Koenig pulled over to help.

With the help of another person, she pulled the victim from the burning vehicle and stayed on the scene until emergency personnel arrived.

Minerva Lane works the night shift as a domiciliary technician at the Highland Drive Division of the VA Pittsburgh Healthcare System. When she learned that her colleague Willa Robinson’s daughter had kidney disease and needed a transplant, she decided to give the gift of life by donating a kidney to the child. The operation was a success.

Lindsey Ward, a secretary in the Veterans Service Center at the Manchester, N.H., VA Regional Office, may have saved the life of a veteran recently. She noticed the man was choking and appeared to be having difficulty breathing, so she performed the Heimlich maneuver to dislodge a Tootsie Roll that was obstructing his airway.

Police Officer Duane Lewis of the Togus, Maine, VA Medical and Regional Office Center, was bass fishing at a local lake when two men in a small aluminum boat approached and asked if he could help in the rescue of two fishermen whose canoe had overturned. Lewis hit the throttle and raced up the lake to where the incident had occurred. Nearing the scene, he saw two rescuers in wetsuits padding a small rowboat toward the overturned canoe. As he motored alongside their rowboat, the two men jumped on board and Lewis continued toward the canoe. As they approached, they noticed one man clinging to the overturned vessel. They quickly pulled him from the water and began searching for his friend. Unfortunately, the other fisherman could not be found. When the Marine Warden Service arrived, Lewis stayed on the scene and helped them locate the drowned victim.

Employees, Volunteers Go Above & Beyond to Help Patient

Veteran Kerry Scriber with service dog George.

Employees of the West Palm Beach, Fla., VA Medical Center recently proved that caring for patients isn’t just about checking blood pressure or prescribing medications. Disabled veteran Kerry Scriber was taking his service dog, George, for a walk around their neighborhood when two pit bulls suddenly ran out and attacked them. George was severely injured in the attack, and Scriber suffered a wound to his hand when he tried to separate the dogs.

As word of the attack spread through the West Palm Beach VAMC, where Scriber is a patient, employees and volunteers were quick to react. A group of employees collected money to cover the overwhelming cost of George’s treatment, while other employees and volunteers arranged transportation for Scriber to visit his four-legged companion at the veterinary hospital. The local ABC television affiliate, WPBF, aired stories over three evenings covering the attack, the efforts of VA employees to help Scriber, and George’s ride home in a convertible with the top down.

While George convalesced at home, plans were made to install a doggy door to allow the 11-year-old Labrador Retriever to venture out into the yard on his own. Like the veterinary bills, the door is being paid for through donations of approximately $2,500 from VA employees and members of the community. And George may soon get the ultimate reward for his years of hard work—plans are underway to find a young, new service dog for Scriber, clearing the way for George to retire and spend the rest of his life as a hound of leisure.
The Department of Veterans Affairs Advisory Committee on Cemeteries and Memorials met in early May with VA Secretary Togo D. West Jr., to discuss the National Cemetery Administration’s mission, budget and National Shrine Commitment. The agenda also included discussions on the Department of Defense Funeral Honors Kit, the Veterans Millennium Act and other topics. Later, the committee traveled to Arlington National Cemetery to participate in a wreath-laying ceremony at the Tomb of the Unknowns. Acting NCA Under Secretary Robert M. Walker, retired director of the Pennsylvania Bureau of Veterans Affairs and committee Chair Joe Clelan, and longtime committee member Ms. Frankie Sears, represented VA and the committee in the ceremony.

With the motto, “Veterans Serving Veterans,” the Veteran Employees Program at the Salisbury, N.C., VA Medical Center is encouraging veterans working at the facility to take the lead in providing quality and compassionate care for veterans. The program was developed by Timothy May, medical center director, to ensure employees and the community understood that, “We are not only treating veterans, but we are veterans.” To determine the number of veterans employed by the medical center, Electric Shop Supervisor Bob Lee started a survey. His questionnaire received responses from more than 340 veterans working at the facility. The program has blossomed—veteran employees routinely participate in special parades and help raise awareness of historical military dates and facts.

On June 3, National Trails Day, a dedication ceremony marked the opening of a hardwood-forested trail between the Finn’s Point, N.J., National Cemetery and nearby Fort Mott State Park. The ceremony, attended by Beverly, N.J., National Cemetery Complex Director Dee Blake and Foreman William West, was dedicated to the memory of William Reese, the late caretaker at Finn’s Point. Reese was fatally shot while on duty at the cemetery in 1997. The half-mile trail, accessible to people with disabilities and part of the New Jersey Heritage Trail, is expected to generate increased visitation and interest in the history of the fort and cemetery.

The quiet grounds of the VA Greater Los Angeles Healthcare System’s Sepulveda Ambulatory Care Center and Nursing Home were replaced this spring by the roaring excitement of hundreds of Cub Scouts, Boy Scouts and Explorer Scouts taking part in Scout Camp-O-Ree 2000. The small army of 5- to 18-year-old scouts gathered on the facility grounds for three days of competitive and educational events. They tested their aim in an archery shootout, took on a wall-climbing challenge and even faced off against the nursing home patients in heated wheelchair races. They also learned CPR, map reading, compass and other survival skills. Jointly sponsored by the VA Greater Los Angeles Healthcare System and the Boy Scouts of America, Scout Camp-O-Ree helped bridge the gap between the young scouts and the seasoned veterans.

In recognition of the 50th anniversary of the start of the Korean War, the Lone Star chapter of the Korean War Veterans Association dedicated a new memorial honoring the 290,000 Texas soldiers who served in the Korean War. A dedication ceremony featuring a rifle salute and the playing of taps took place at the Houston National Cemetery.

Interments began at VA’s 119th national cemetery on June 19. When fully developed, the 274-acre Ohio Western Reserve National Cemetery will provide 106,000 burial spaces for veterans and their families in northeast Ohio. A formal dedication ceremony is scheduled for September.
A 16-member VA team received a Hammer Award in June recognizing its work in creating the Bar Code Medication Administration System, software that uses bar codes to ensure hospitalized patients are given the right medicine. Initial reports from VA medical centers that have initiated the system show that it has eliminated two-thirds of medication errors. Nationwide implementation of the system will soon be complete.

VBA’s Outstanding Customer Service Awards Program recognizes the efforts of employees committed to providing the highest level of customer service to veterans. Winning the individual award is Kathryn J. Duncan, a legal instrument examiner in the Veterans Service Center at the North Little Rock, Ark., VA Regional Office. She works in the Fiduciary and Field Examination Unit, where her duties include processing awards for veterans and VA beneficiaries, completing annual accountings on 254 court-appointed guardianships, and coordinating activities of VA field examiners, attorneys and bank trust officers. During the period covered by the award, she completed 100 percent of the required accountings according to the timeliness standards mandated by Arkansas law. In addition to the individual award, VBA also presents an award to a team of employees providing outstanding customer service. And that award goes to the “Dream Team,” from the Muskogee, Okla., VARO. They are: Greg Adams, Paul Altman, David Antal, Tracy Brewer, Dave Briskey, John Cosby, Margaret Ellen, Alicia Fowler, Melissa Gassaway, Willie Griffin, Shirley Melton, Joe Morton, Jay Quesenberry, Tim Schinkoeth, Judy Sikes, Rene Smith, Barbara Stiger, Abe Tiger, Linda Webster and Kim Weeks.

Members of the Battle Creek, Mich., VA Medical Center’s Employees’ Association won the People’s Choice Award for their Canned Sculpture Exhibit entitled “Hunger is unBEARable” at the spring food raiser for the Food Bank of SouthCentral Michigan. The exhibit, shaped as an eight-foot bear and filled with jars of peanut butter, boxes of Teddy Grahams and honey bear jars, was on display at the Lakeview Square Mall where it helped the employees’ association raise $697 for the food drive. Nancy Wozniak, a program support specialist, and Jill Holden, a kinesiotherapist, co-chaired a group of 24 employees, friends and family members who helped organize the exhibit.

The Syracuse/Onondaga County Chapter of the National Association for the Advancement of Colored People (NAACP) honored the Syracuse, N.Y., VA Medical Center with the NAACP Community Service Award for holding its Annual City-Wide Free Health Screening Fair. Now in its 6th year, the health fair developed out of conver-