When she’s not busy restoring her historic 1908 farmhouse in Arlington, Va., Sara Amy Leach is laying the foundation for a new program to preserve and promote the rich history of the National Cemetery Administration (NCA). It’s a history rooted in makeshift burial grounds hastily established following Civil War battles, and later formalized when President Lincoln authorized national cemeteries “for soldiers who shall have died in the service of their country.”

It’s a history many NCA officials have long sought to foster. Now, the task falls squarely on Leach’s shoulders. In February, she became what many are calling NCA’s first official historian.

A few years after earning her bachelor’s degree in Journalism from Ohio Wesleyan University and beginning a career as a journalist, Leach said she felt the call to blend her fondness for writing with a longtime interest in history. “I’ve always had this underlying interest in the setting around me,” she said. “Historic neighborhoods and vanishing landscapes have always held tremendous appeal.”

To unite these two interests, she returned to school, earning a master’s degree in Architectural History and a certificate in Historic Preservation from the University of Virginia. She later joined the National Park Service in the Department of the Interior, as a historian and cultural resource manager.

Within the Park Service, she directed a number of research projects at the Historic American Buildings Survey, the oldest federal program devoted to historic preservation. She most recently worked at the Natchez Trace Parkway, a historic 450-mile route linking Natchez, Miss., to Nashville, Tenn., that evolved from a footpath to motor road.

Among her areas of specialization are 20th century American architecture, roadside commercial buildings, highways and parkways, and landscapes. She has written numerous articles for publication and has co-edited the Society for Commercial Archeology’s SCA Journal for several years.

Leach believes it is unusual for an agency as large as VA not to have an official historian, but she was drawn to the NCA position specifically because it offered the opportunity to build a program “from scratch.” Her program will include preserving employees’ oral histories, cemetery artifacts and archives, cemetery features and landscapes, and communicating the history and significance of national cemeteries.

This summer, she cements her new role with a history workshop, aptly titled, “NCA History, Not Necessarily A Deadly Subject,” at the all-NCA conference held in Arizona. She has also written a chapter on NCA history for the training manual used by incoming cemetery directors.

Bill Jayne, who was NCA’s unofficial historian and now directs the State Cemetery Grants Service, said he recognized the need for a professional historian soon after he joined NCA in 1990. “The entire mission of NCA centers on history,” he said. “It’s about remembering people, their service and significant passages in our nation’s history … without a professional historian, we risk losing that. Sara brings great background, enthusiasm and skills, and she’ll be a great addition to not only NCA, but VA as a whole.”

By Matt Bristol
VA’s Cyber Security Problems Can Be Overcome

Bruce A. Brody, Associate Deputy Assistant Secretary for Cyber Security

VA provides a unique combination of services to millions of deserving veterans and their dependents. No other single Department or agency has the mandate to provide such a broad combination of vital human services.

Health care, educational assistance, financial assistance and death benefits, to name a few, represent services that play a vital role in the everyday lives and well-being of the people we serve. Any disruption in our ability to provide these services would have an immediate and substantial negative impact across America and on our veterans around the world.

As the providers and enablers of these unique and vital services, VA employees hold positions of public trust. In the roughly two months since I was named the Associate Deputy Assistant Secretary for Cyber Security, I have been tremendously impressed with the dedication and good will with which so many VA employees approach their duty to uphold the public trust. So it has been surprising to me that, despite our history of dedication and good works in so many areas, we have failed to provide appropriate security controls to the computer networks and information systems without which we cannot provide vital services or protect the public interest.

In reviewing the critical reports of the General Accounting Office (GAO) and the Office of the Inspector General (OIG), there are common themes concerning the causes of our poor showing in the cyber security arena.

The attention of top-level executives has been focused on other issues. Funding for cyber security has been either inadequate or splintered. Cyber security awareness training has not kept pace with the need and, as a result, not everyone has been attentive to the consequences of the actions, or inaction, that impact on the security of our networks and desktop systems.

VA information systems and networks are today so deficient in basic security protections that they represent a material weakness in our ability to provide timely, reliable services to those who rely on our services. There is also a material weakness in our ability to protect the confidentiality, integrity and availability of the private information we maintain about those people to whom we provide services.

But all of this is changing. In congressional testimony on April 4, Secretary Principi made it clear that he intends to fix the computer security problems that have plagued us in the past. He has established the Office of Cyber Security and is following up aggressively to make sure that progress is being made.

Funding initiatives that cross administrations are being provided, as are the first wave of tools and capabilities to provide central support for the management of security capabilities, such as antivirus programs. And I’ve been impressed with the universal offers of support and assistance that have been made to the Office of Cyber Security by Chief Information Officers (CIOs) from throughout the Department.

When I was first appointed, some in the media referred to this position as being a security “czar.” Nothing could be further from the truth. No one person can succeed in correcting cyber security shortfalls—each member of the VA team must do their part. Our networks and the information they contain are only as secure as the lowest level of security on the network. But while our present situation is unacceptable, based on the tradition of dedicated public service I have seen within VA, I have no doubt that, working together, we can turn this situation around.

So where do we start? To begin with, there are six areas where each of us shares a statutory or regulatory requirement to comply with specified standards. First, we must be sure that we have policies and procedures in place that provide adequate security to our networks and systems. Second, we must be sure that only authorized users can access our networks and systems.

Third, controls must be in place to prevent the introduction of harmful computer code into the program applications that we use. Fourth, as is the case with prudent financial management controls, network and system duties and responsibilities must be segregated so that no one person holds all the “keys to the kingdom.”

Fifth, we must control the way operating system software is configured and modified. And sixth, we must have plans for continuity of operations of our systems and we must practice them at least annually.

As we move forward to address and correct existing cyber security shortfalls, I believe the Office of Cyber Security has two equally important priorities—priorities that I believe all of us share:

—we must provide services to the veteran in a way that protects the confidentiality, integrity and availability of their private information; and
—we must provide assurance to the taxpayer that cyber security controls are in place to protect automated information systems from financial fraud, waste and abuse.

I am pleased to have been allowed to join the VA team and to work with you to make the changes that are necessary to achieve those priorities.
President Creates Task Force on Health Care

President George W. Bush has commissioned a task force to recommend reforms in the delivery of health care to veterans and military retirees through better coordination between VA and the Department of Defense (DoD). “We must improve the way VA and the Department of Defense work together to provide care to those who have served in uniform,” the president said before announcing the creation of the task force from the White House on Memorial Day.

Heading up the 15-member task force are former New York Congressman Gerald B.H. Solomon, a longtime veterans’ advocate who served in the Marine Corps during the Korean War, and Dr. Gail R. Wilensky, a prominent expert on health policy who ran the Health Care Financing Administration under former President Bush. The other members will be health care experts, representatives from veterans and military service organizations, and officials who have worked in the VA and DoD health care systems.

Bush is giving the group two years to complete its mission and submit a final report; an interim report will be due nine months from the first meeting. The task force’s goals are to improve access to veterans’ benefits and to strengthen VA-DoD partnerships for health care services. Among the areas the group will examine are the two agencies’ budgeting processes, billing, reimbursement, procurement of supplies and services, data sharing and information technology.

“As our veterans age, many of the issues they will face are similar to the issues faced by our elderly population and the Medicare program,” said Wilensky. “At the same time, we need to be mindful that the nation’s younger veterans are being well served by an ever-changing health care delivery system. With the focus that a presidential task force can bring to these issues, I am confident we can accomplish the mission that the president laid out for us.”

Better coordination between VA and DoD is a key element of VA Secretary Anthony Principi’s agenda. “I think the walls separating the departments are too high,” he said. “Both departments spend millions of dollars that could be saved annually if VA and DoD pooled resources, equipment and medical services.”

One example he cited is the Benefits Delivery at Discharge (BDD) program, created through a 1998 memorandum of understanding signed by VA and DoD to establish standardized procedures for separation physicals given to service members who are being discharged from active duty. The BDD program provides a single standardized medical exam that satisfies the needs of both departments and allows VA to process service-connected disability compensation claims faster.

Unfortunately,” said Secretary Principi, “only about 10 percent of the approximately 215,000 military men and women being discharged each year receive their exams under this program. Although the program has had great success, we still have a long way to go.”

“It is imperative that we ensure that veterans health care will be available for every deserving veteran as long as they need it,” said Solomon. “It is vital because it is the right thing to do for those who served. Along with Co-Chair Wilensky, we intend to identify ways to make sure 21st century health care is readily available to these deserving men and women.”

Garthwaite to Step Down

Dr. Thomas L. Garthwaite has announced his intention to resign as VA’s Under Secretary for Health. He has agreed to Secretary Anthony Principi’s request that he remain in his post while a search committee looks for a replacement, a process that could take several months.

“It has been an honor and a privilege to serve in a leadership capacity for the past six years,” Garthwaite wrote in the May 15 resignation letter he sent to Secretary Principi. “However, I also believe the time has come for me to seek other opportunities in health care—a little closer to the patient. I also believe that you should have a chance to select your own Under Secretary.”

Garthwaite was nominated for his current position on May 15, 2000, after serving as the Acting Under Secretary and Deputy Under Secretary for Health since 1995. During that period, he played a key role in the transformation of the VA health care system. VA has gone from a hospital-based to an outpatient-focused health care system, and has become a recognized industry leader in such areas as patient safety, the computerization of medical records, telemedicine and preventive health.

“Dr. Garthwaite has much to be proud of,” said Principi. “During his tenure, VA increased access, treated more veterans, improved quality and patient satisfaction and reduced the cost of care per patient by more than 20 percent. His reputation as a public servant is impeccable.”

Garthwaite’s VA career began in 1976. He spent nearly 20 years as a physician and clinical administrator at the Milwaukee VA Medical Center. He served as the medical center’s chief of staff for eight years.

The nine-member Under Secretary for Health search committee has begun its work. Federal law requires the group to recommend at least three candidates for the position. The Secretary will forward the list, along with any comments he may have, to the White House.
Secretary Praises Nurses’ ‘Central’ Role in VA

Doris Jones, a licensed practical nurse in the Spinal Cord Injury Residential Care Facility at the Edward J. Hines, Jr. VA Hospital near Chicago, takes the time to sit down with spinal cord-injured veterans to talk about their fears, hopes and dreams.

She provides a special blend of physical, social and emotional care that enables her to get a thorough understanding of each patient’s mental and physical condition. And because she is so aware of her patients’ needs, she can detect even subtle, potentially destructive behavioral changes that might otherwise go unnoticed.

She works with registered nurses, psychiatrists and others to develop ways to modify patients’ behaviors, enabling them to reach their highest possible level of functioning. For her dedication and commitment to the nation’s veterans, Jones was among five employees honored during National Nurses Week with the Secretary’s Award for Excellence in Nursing. When asked what it takes to be a good nurse, Jones replied, “It’s all about having a good attitude. I look at my patients as if they were a brother, uncle or even my father, and treat them as I would want someone to treat my family.”

Award recipient Frieda Pankratz, R.N., a staff nurse at the Muskogee, Okla., VA Medical Center, became a nurse’s aid when she was 15 years old and has been a registered nurse for 25 years. Her knowledge and experience led her to become a core member of the medical center’s Green Team, a group charged with piloting and implementing a number of quality improvements, such as the Primary Care and Waits and Delays programs. She is team manager for more than 1,000 patients and keeps the clinic running smoothly by coordinating patient flow, handling follow-up calls received on the Helpline, and triaging patients who drop in unexpectedly.

During the May 8th ceremony held in VA Central Office to honor awardees, VA Secretary Anthony Principi credited nurses for being “central to our Department’s success.” It’s a statement to which Pankratz can readily attest. “We are the basis for care in the VA health care system,” she said. “We interact with patients, identify their needs, develop a plan of care, and work with providers on interdisciplinary teams to care for veterans.”

Imagine how difficult it must be to convince veterans who have smoked for more than 50 years to kick the habit. It’s an everyday challenge for award winner Dr. Bonnie Steele, an advanced practice nurse and expert in pulmonary disease at the VA Puget Sound (Wash.) Health Care System. Her smoking cessation and exercise programs have improved the quality of many veterans’ lives by convincing them to put down the smokes and focus on leading healthier lives.

A researcher and educator, Steele established the Lung Education Clinic to teach patients and their families about symptom management; she works with interdisciplinary teams to increase understanding of respiratory disease complications; and her research projects—among the first funded under VA’s Nursing Research Initiative—have appeared in publications such as Advances in Nursing, The New England Journal of Medicine and Respiratory and Critical Care Medicine. Speaking of her achievements, Secretary Principi said, “She is among the finest minds in our Department, and we’re honored that she has chosen to make a career of serving veterans.”

Colleagues say Catalina Maldonado, a nursing assistant in the Nursing Home Care Unit of the Northport, N.Y., VA Medical Center, “embodies the spirit, enthusiasm and dedication” of a nursing professional. She has brought a number of patients who were previously labeled non-communicative or considered to have no rehabilitation potential, to their highest level of functional ability. Some of them had been chair-bound for months or even years.

One of the ways she reached these unresponsive patients was through song. She selected songs from the veterans’ younger years, assigned one to each of them, and worked until they were able to sing the songs on their own.

“The results were amazing,” wrote Marla Palumbo, R.N., nurse manager, and Patricia Burke, R.N., of Extended and Geriatric Care, in Maldonado’s nomination. “In her they have found a friend, someone who enjoys them, someone to hang out with.” Maldonado said her inspiration comes from the veterans she works with each day. “There are just so many things to say about my guys,” she said. “Having them around is wonderful.”

(continued on page 7)
New IT Accessibility Regulations Take Effect

An amendment to the Rehabilitation Act of 1973 is making it easier for people with disabilities to use computers and other electronic equipment. The amendment, called Section 508, requires federal agencies to ensure accessibility to people with disabilities whenever they develop, procure, maintain or use electronic and information technology. Section 508 took effect June 21, a date Rosetta Screven, VA’s Section 508 coordinator, calls “a new beginning.”

“This is a dream come true for many in the disabled community,” said Screven, who has been preparing VA for Section 508 since last September. “We are opening the doors of opportunity to ensure they have equal access to VA Web sites, software applications and electronic devices.”

VA has made more progress toward meeting the Section 508 requirements than most other agencies. In April, teams of visually impaired VA employees evaluated 80 of the Department’s most frequently visited Web sites and recommended changes to get them up to standard. Those recommendations have since been implemented. And members of VA’s Section 508 Advisory Committee are training other agencies on how to meet the new law’s standards.

Patrick Sheehan, a computer specialist who works in the adaptive training program for the Office of Information Technology, said internal partnerships between VA’s three administrations, and external partnerships with veterans service organizations, have allowed VA to move forward in meeting the new Section 508 requirements. “Our challenge now is to extend that partnership to the vendor community,” he said.

One group affected by the new law is the roughly 500 visually impaired employees who work for the Department. Special adaptive software allows them to use the Internet by reading what’s on their computer screen. However, Web sites loaded with acronyms and poorly labeled images are of little use to those who rely on screen readers. Section 508 requires Web developers to create sites the visually impaired can navigate and understand, which in many cases involves merely “tagging” Web images with descriptive text—something VA Internet developers have done since last fall.

Another aspect of the new law affects where we place copy, printer and fax machines. Patrick Tucker, a program support assistant in VA Central Office, has gotten around on prosthetic legs for 25 years. “I’m pretty lucky,” said Tucker, “I can see the control panel on the copy machine. People who can’t get out of their wheelchairs have it much tougher.” Section 508 requires agencies to provide wheelchair-bound employees with copy and fax machines they can use. To learn more about Section 508, visit www.va.gov/accessible, or contact Rosetta Screven, via Outlook e-mail or at (202) 273-8049.

Disaster Exercise Tests Emergency Response Skills

The decontamination team works on an ‘unconscious’ mock victim as he passes along a conveyor line.

It was oppressively hot in Puerto Rico that day, as sports fans packed into the stadium. Intermittent tropical downpours fell from the dark skies. But the weather only added to the misery that ensued when the bomb exploded.

The blast blew away half of the stadium, trapping many fans under the rubble. Others stumbled through the smoke onto the streets, where they struggled to breathe, began vomiting, or collapsed. Many of the victims suffered crush injuries or lacerations.

Local authorities responded to the scene with protective gear, anticipating a weapons of mass destruction (WMD) incident. They were quickly overwhelmed by the scope of the disaster, and called for federal assistance.

Fortunately, this incident wasn’t real. Instead, it was a carefully planned emergency response exercise designed to test the island commonwealth’s ability to decontaminate, transport and treat large numbers of people who have been exposed to a potentially lethal agent.

The San Juan VA Medical Center, in conjunction with VISN 8 (Bay Pines, Fla.), took the lead in the interagency, intergovernmental exercise. Conducted May 21-24, “Consequence Island 2001” was the third in a series of training exercises hosted by VA’s Emergency Management Strategic Healthcare Group, and the largest mass casualty exercise ever conducted in Puerto Rico.

Other participating federal agencies included the Public Health Service, Justice Department, Federal Emergency Management Agency, and Environmental Protection Agency. Local commonwealth agencies and the military were also active participants.

For the first two and a half days of the event, more than 300 participants received clinical, emergency management and decontamination training. VA provided most of the training staff.

The event culminated in the full-scale disaster exercise on the fourth day. Soldiers and local residents volunteered to play “victims.” Planning for Consequence Island 2001 began more than a year ago, according to Frank Maldonado, who directed the training exercise.

Maldonado is San Juan VAMC’s director of Emergency Services.
Cheryl Waldow recently took a break from her war on gobbledygook to explain the meaning of “new and material evidence.” Almost everyone in the Veterans Benefits Administration (VBA) knows what it means, she said, and she even put new VBA Associate Deputy Under Secretary Bob Epley on the spot by asking him for a definition. He knew what it meant. The problem, Waldow explained, is that most people outside of VA don’t.

As project manager for VBA’s Reader-Focused Writing Program, Waldow is hoping to erase obfuscation, or language you need an advanced degree to understand, and replace it with wording that is jargon-free and easily understood. She said about 9,000 VBA employees whose jobs require writing have had Reader-Focused Writing training, which teaches principles, tools and techniques on how to make documents more readable.

Collaborative writing teams have re-written about 75 percent of VBA’s pattern paragraph and letter library, a collection of paragraphs and letters frequently sent to veterans. Waldow expects the re-write process to be complete by next year. VBA sends out millions of decision letters each year. Of the enclosures to these letters, VA Form 4107, was recently transformed.

Formerly known as “Notice of Procedural and Appellate Rights,” the form now has the user-friendly name “Your Right to Appeal our Decision.”

Gone is the legalese—words like hereinafter and appellate. Gone is the microscopic print, and gone are the words “new and material evidence.” That phrase was replaced by, “give us evidence we don’t already have that may lead us to change our decision.”

VBA’s Legal Team, a group of employees representing each of the administration’s major offices, drew the assignment to re-write VA Form 4107. And it was no simple task. They began in October 1999. Working with employees from the Board of Veterans’ Appeals (BVA), they toiled over the enclosure until it was free of jargon and other potentially confusing terms. Their draft was tested with veterans who, when given a choice between the two forms, chose the new version 99 percent of the time.

This April, the new enclosure passed its final test—approval by the Chairman of the Board of Veterans’ Appeals. It has since been distributed to all appropriate VBA facilities, where it will be programmed for use in decision notification letters.

Those involved with the VA Form 4107 re-write gathered recently in VBA headquarters, where their efforts were recognized by Under Secretary for Benefits Joe Thompson and BVA Acting Vice Chairman Steve Keller. “This was a difficult form to understand,” Thompson acknowledged. “We had to say things we were legally obliged to say, and re-writing it was a daunting task. But through collaboration between our colleagues at the Board and our Reader-Focused Writing team, we got it done.”

With words like promulgate, compensable and accorded vanishing from VBA letters and forms, Waldow hopes it will be easier for veterans to understand letters they receive from VA. “Veterans shouldn’t need to get a lawyer to understand what we’re telling them and they shouldn’t need to call for an explanation. It is every veteran’s right to understand what we send to them.”

By Matt Bristol
Sunlight bathed the light-colored sandstone bricks of the Hot Springs, S.D., VA Medical Center in a gentle spring warmth. A crowd had gathered in the medical center’s inner circle courtyard, where a large teepee had been erected at the main entrance. The rhythmic sounds of beating drums and Native song brought a hush to the crowd as the nation’s colors were advanced by the VA Black Hills intertribal color guard. This is the ceremonial “grand entry,” signifying the start of a powwow. Northeast Indian Americans have held powwows for hundreds of years. Long before the United States was formed, Native people danced in a circle around the drum for celebration, fellowship, renewal and healing. It is a time for Native Americans to reflect on their traditions, honor the past and celebrate the future.

Every powwow begins with a grand entry. An eagle staff carrier leads the procession, followed by the flag bearers (usually veterans or tribal elders). Dignitaries, tribal leaders, veterans and royalty follow the flags. Everyone is asked to stand during the grand entry, and men remove any head coverings that do not contain eagle feathers.

When the procession has completed the circle, a flag song is sung to honor the eagle staff and flags, followed by a prayer. A victory song, sung during the posting of the eagle staff and colors, completes the grand entry.

Sharyn Richards, an Oglala Sioux (Lakota), said the VAMC’s inner circle was the natural place to host the powwow. “It’s like it was built for a powwow,” she said. She described the radial design of the facility as being “like the spokes of a medicine wheel.”

Richards is a patient representative at the VAMC, and she’s also the facility’s Native American Special Emphasis Program coordinator and organizer of the powwow. She believes it’s important for VA to reach out to minority veterans—not to place them in categories, but to bridge the gaps. “Being more receptive to the culture and understanding is important so that the Native American veterans feel comfortable, feel welcome here,” said Richards. “If Native American veterans feel that they are well received by VA, they would be more likely to come for their health care. We want to let them know that VA is for them too.”

Clayton Quiver, an Oglala Sioux, Army veteran and Patient Advisory Council president, agrees with Richards’ analogy of the inner circle. “The concept of circles is important to Native peoples,” he explained. “Although there are a large number of tribes across the country, they all have basic shared beliefs in the ‘great mystery’ that is higher power, creation and life. The sacred church is circular, with no beginning and no end. The greatest powers in the universe are circular—the hurricanes, tornadoes, down to the smallest dust devil.”

Quiver said powwows are part of Native American spiritual and social culture. “Powwows are a traditional gathering, where all the bands (local tribes) would come together,” he explained. “There are seven bands of Lakota Sioux, and the bands aren’t related to each other. We come together, we pray, we feast, we celebrate, we dance. People who didn’t see each other all winter could gather and renew.”

Several of the powwow participants commented that for many years, Native Americans across the nation were not allowed to practice their spiritual traditions. They were forced to take their religion underground, but managed to hang on to their culture. “The United States has many cultures living side by side, yet too often we don’t take the steps to learn about each other,” said Quiver. “The minorities are required to learn about the dominant society, but little is learned about the minority. Learn our culture. Gain understanding. Understanding will help break down stereotypes, and maybe will help make things better for the Native American.”

Stephen Becker, EEO manager at the Hot Springs VAMC, believes VA is coming into the circle. “We’re not just talking about [Native American outreach], we’re doing it, because it’s the right thing to do,” he said. Becker spoke of the 1973 occupation of Wounded Knee on the Pine Ridge reservation, where the American Indian Movement (AIM) staged a 71-day standoff in protest of poor living conditions and atrocities committed against Native Americans. The standoff ended with the deaths of two Indians and the serious wounding of a U.S. marshal, and...
sparked a movement to see cultural and spiritual sovereignty as a realistic goal.

Richards pointed out that many people living in the Hot Springs area were on both sides of that conflict. "Hosting a powwow in this town helps to open communication, and get past old wounds," she said. Hosting a powwow in any other city would probably have been easier, she added. "Because of the history and prejudices in this area, there was a lot more to overcome. There has been a lack of trust, from both sides. The success of the event shows that the trust is building."

Eleven-year-old Lisa Bearrobe agrees. Bearrobe, a student at the Loneman School on the Oglala reservation, believes the annual VA powwow is an important part of the spirit of community. “I want to show our culture to different people, and any kind of people can join the circle,” she said.

Bearrobe was one of the local schoolchildren garbed in feathers and traditional robes who participated in the dance demonstrations. She and other dancers, together with world champion hoop dancer Jasmine Lunderman, led a special veterans honor dance with all veterans in the audience participating. Lunderman treated spectators to fantastic dance feats with up to thirty hoops at a time, creating such symbolic formations as an eagle, a sweat lodge and a flower.

Hot Springs, considered a “border town” by area Native Americans, is surrounded by reservations. VA’s outreach to Native Americans is believed to be the first such effort in the town. Assistance programs and Indian organizations have traditionally been located on the reservations or in other cities, with the closest Native American community program an hour’s drive away.

The VA Black Hills Health Care System (HCS) has been making great strides to address this issue. During the May powwow, HCS Director Peter Henry talked about the need to remind people of the contributions Native American veterans have made to the nation. “There’s a real strong tradition of military service among the Lakota peoples, and we feel a special obligation toward their health care,” he said. The HCS has implemented a transportation service to the reservations—even donating a few vans—and has opened an outpatient clinic on the Rosebud reservation.

The HCS has also developed “sweat lodges” at both the Fort Meade and Hot Springs VAMCs. Richards described a sweat as a healing or cleansing ceremony. The HCS supports sweats as part of its mental health programs.

The HCS is now turning its attention to pain management issues. Although the initiative is only in the earliest stages, the HCS staff is beginning to look at language barriers that can hinder communications between patients and healthcare providers. Becker noted that the EEO program has even begun working with the local community college to offer interested staff courses in Lakota language.

Communication efforts are important to Orlando Morrison, Tribal Service Officer for the Rosebud reservation. “Working with veterans’ special needs improves overall care for the veteran,” he said. “[Care] has gotten a lot better, and the atmosphere is better.”

Morrison noted that Henry is the first director of the Black Hills VA facilities to visit the reservation. “Programs should not be just while you’re on VA grounds,” he said. “VA should come out into the community and become a part of it.”

By Elaine Buehler
Denver OPA Regional Office

VA Performance Report Rated Government’s Best

VA got the top score in an independent study of performance reports from the twenty-four federal agencies required to submit them under the Government Performance and Results Act. It’s the second year in a row that VA’s performance report has been rated one of the best in the federal government.

Last year, the Department was ranked third in the same study. The annual performance reports inform the public and Congress about the agencies’ work.

A research team from the Mercatus Center at George Mason University in Virginia conducted the study. The team evaluated each agency’s performance report using twelve criteria under three broad categories: Does the agency report its accomplishments clearly? Does the report focus on tangible benefits? Does the report show evidence of leadership that used performance information to devise strategies for improvement?

The goal of the study, according to the team, was not to evaluate the quality of the results the agencies achieved, but to determine how well the agencies’ performance reports informed the public about the results they achieved.

“By assessing the quality of agency reports, we seek to ascertain which agencies are supplying the information that Congress and the public need to make informed funding and policy decisions,” the team wrote in its report.

VA was cited as a role model for other agencies in five of the twelve criteria rated, including linking planning to results, explaining improvements and having good veteran-oriented goals. The Department scored a total of 49 points out of a possible 60. The maximum score in each category was 20. The Department of Transportation was second with 47 points.

For a number of years, federal agencies have developed strategic plans, performance plans, and more recently performance reports to explain their accomplishments, measure their performance and report on their results. But beginning with the upcoming fiscal year, policymakers will start taking performance information into account when they make budget decisions.

President Bush’s fiscal year 2002 budget proposal requires the federal government to produce better results for citizens by enhancing accountability. And later this year, the administration will begin using information on agency performance to develop fiscal year 2003 budgets. For more information on VA’s performance report, visit www.va.gov/Partnersstrate/index.htm.
The last thing Sergeant Michael Van Horn remembers was climbing out of his squad’s armored personnel carrier in Zagreb, Croatia. Everything else is blank. Doctors told him the locking pin for the carrier’s 200-pound top hatch had failed, causing the solid steel door to come crashing down on his head. The resulting closed-head injury erased all traces of his pre-accident life.

As he tried to cope with his injury, Van Horn slowly began to withdraw from life. He didn’t understand his role as a father or husband. He was afraid to leave the house, scared he might run into someone he no longer remembered. He lost his self-confidence and was unable to grasp the concept of money. Doctors held little hope for his recovery. Thankfully, there was Anne.

Even before her husband received his medical discharge, she was calling VA offices in Tucson—near Van Horn’s hometown of Sierra Vista—to learn about rehabilitation programs. She was referred to Larry Brimm, a counseling psychologist from the Phoenix VA Regional Office who works in a Vocational Rehabilitation & Education (VR&E) office on the grounds of the Tucson VA Medical Center. Brimm knows first-hand just how difficult it can be to recover from traumatic injuries. He’s a combat-disabled Marine grunt who served 13 months in Vietnam.

After speaking with Anne, he reviewed her husband’s medical file and immediately scheduled a meeting in the VR&E office. Though no one knew it at the time, that first meeting would prove to be a turning point in Van Horn’s recovery. “I just had this counselor’s gut feeling that he would take any opportunity we could provide,” Brimm later recalled, referring to benefits VA provides service-connected veterans under Chapter 31 of Title 38, U.S. Code.

“I just had this counselor’s gut feeling that he would take any opportunity we could provide.”

He drafted an elaborate rehabilitation plan sprinkled with stints at Bridges—a top-rated contract facility specializing in psychosocial adjustment and behavior management; cognitive retraining by a closed-head injury specialist; and classes at nearby Pima Community College. As is the case with all new counselors, he had to submit the plan to his supervisor for review. The response he got was a shock.

“My supervisor, who is no longer employed by VA, told me that Michael was infeasible for competitive employment,” said Brimm, his voice a mix of disbelief and exasperation. “My philosophy is that every veteran who walks through my door and asks for help can be assisted in some way and I am willing to take whatever steps are necessary to see that they get the help they need.”

Much has changed since that day in 1994 when a new counselor took the bold step of disregarding his supervisor’s advice. Van Horn diligently followed his rehabilitation plan, sometimes visiting a psychologist several times a month. He earned his bachelor’s degree in electronics, graduating with honors from ITT Tech, and now works for Hitachi Instruments, an international electronics firm.

Once in his new job, he was selected from a worldwide applicant pool to receive specialized training in Japan. He traveled there last month to learn the latest advances in electron microscopes and will return later this summer to teach his fellow engineers about this emerging technology.

In an e-mail message to Brimm, Van Horn shared his excitement at what he has accomplished. “I’m very proud of who I have become, especially after what I had to overcome to get to this point in my life. My hope is that others will see my life’s story, with all my struggles and eventual successes, as a road map to their own recovery,” he wrote. “I am who I am today because you saw a potential in me and were able to provide the education and assistance that was so desperately needed.”

Working with veterans like Van Horn and getting them on the road to recovery is what makes his job so rewarding, Brimm said. “This position gives me so much satisfaction, not only in assisting veterans return to employment in the occupation of their dreams, but also by perhaps providing them with a reason to believe in themselves, their government and the VA again.”

By Matt Bristol
The Senate has confirmed several of President George W. Bush’s nominations for key positions at VA. The Department has a new Deputy Secretary, General Counsel, Under Secretary for Memorial Affairs, and Assistant Secretaries for Public and Intergovernmental Affairs, and Human Resources and Administration.

Leo S. Mackay, Jr., Ph.D., has been named Deputy Secretary of Veterans Affairs. Most recently, he was vice president of the Aircraft Services Business Unit at Bell Helicopter Textron, Inc., in Fort Worth, Texas.

A graduate of the U.S. Naval Academy, Mackay is a former F-14 pilot, and previously served as military assistant to the Assistant Secretary of Defense for International Security Policy. He left active duty military service in 1995, joining Lockheed Martin as Director of Market Development.

VA’s General Counsel is Tim S. McClain. Before his appointment, he was a partner in a La Jolla, Calif., law firm, where he specialized in military administrative law, medical licensing, civil litigation and government administrative hearings. The Naval Academy graduate previously served in the Judge Advocate General’s Corps. He entered private practice after retiring from the Navy in 1990.

Robin L. Higgins, who most recently served as director of the Florida Department of Veterans’ Affairs, has been appointed Under Secretary for Memorial Affairs. She served as Deputy Assistant Secretary for Veterans’ Employment and Training at the Labor Department under former President Bush.

The retired Marine’s final active duty assignments included serving as chief spokesperson for the Commandant and head of the Public Affairs Division’s media branch at Marine Corps headquarters in Washington, D.C. Higgins is the widow of Col. William R. (Rich) Higgins, a Marine officer taken captive by terrorists in Lebanon in 1988 and later murdered.

Maureen P. Cragin has been named Assistant Secretary for Public and Intergovernmental Affairs. She comes to VA from Raytheon Company, where she served as Director of Congressional Relations. She was responsible for advocacy efforts in support of Raytheon’s Navy and Marine Corps programs.

She served for five years as Director of Communications for the House Armed Services Committee. Cragin is a Naval Academy graduate and served seven years on active duty.

Jacob (Jake) Lozada, Ph.D., has been appointed Assistant Secretary for Human Resources and Administration. Lozada has more than 25 years of senior and executive-level experience in both the Army and the private sector.

After retiring from the Army with the rank of colonel, he served as Principal in the Global Healthcare Practice of Booz-Allen & Hamilton, Senior Healthcare Planner at SHERIKON, Inc., and Managing Consultant for Electronic Data Systems Web Universities & Training.

### Military Leave Changes

Are you a member of the Armed Forces Reserves or National Guard? A number of changes have been made in how military leave for VA employees is charged and accrued.

You will no longer be charged military leave for non-work days (typically weekends and holidays) that occur within the period of military service. Hourly Title 5 and Title 38 employees will be charged military leave only for hours they would otherwise have worked and received pay.

Military leave will be credited to a full-time employee on the basis of an eight-hour day. A full-time employee working a 40-hour workweek will accrue 120 hours of military leave in a fiscal year, or the equivalent of three 40-hour workweeks. For an employee who works part-time or an uncommon tour of duty, military leave will be prorated based proportionally on the number of hours in the employee’s regularly scheduled bi-weekly pay period.

For Title 38 employees who are on 24/7 schedules, like physicians, dentists, podiatrists and optometrists, 15 days of military leave will continue to be charged on a daily basis. Part-time employees appointed under 38 U.S.C. 7405 (a)(1)(A), not limited to one year or less, will continue to accrue military leave at the rate of 15 days annually, which will not be prorated. However, part-time employees will be charged military leave on an hourly basis.

Questions about military leave can be directed by e-mail or phone to Katie McCullough-Bradshaw at (202) 273-9836 or Julie Mosteller at (202) 273-9704.
American flags in the making roll off the machines of one of five VA contract flag manufacturers.

The nation celebrates Flag Day on June 14, but every day is Flag Day at VA. “VA is to flags as veterans are to the military. You can’t have one without the other,” said VA Deputy Assistant Secretary Gary Krump, whose Office of Acquisition and Materiel Management oversees the purchase, manufacture and distribution of more U.S. flags than anyone.

Since 1962, when VA began providing burial flags to families of deceased veterans in recognition of honorable service to the nation, the Department has distributed more than 8.5 million flags. Last year alone, VA distributed more than 635,000. In fact, the average number of flags the Department has distributed over the past few years is more than 600,000. That average rate, which translates to more than 1,500 flags a day, is expected to hold firm for at least the next five years because of the current death rate among veterans.

No other organization comes close to distributing that many flags. The Architect of the Capitol, which provides an average of 100,000 per year to Congressional offices to honor constituent requests, comes closest.

Members of Congress must pay for the flags they request and seek reimbursement from constituents if they so choose. VA burial flags are gifts from a grateful nation.

“But the flags provided by Congress have no real specifications,” said Domenico Ventura, the VA contracting officer who oversees the Department’s contracts with the five vendors that manufacture the burial flags. “The flags flown over the Capitol are smaller, and are cotton or polyester/nylon. They have even purchased from our vendors some of the flags we reject because they don’t meet stringent VA specifications.”

A VA burial flag is a guaranteed entitlement. The Department must have a flag for every memorial service or funeral for an eligible veteran. “That is no small feat, given the rising number of flags that VA puts out every year,” Krump said. With more than 12 million of the nation’s 25.5 million veterans over the age of 60, the death rate is expected to remain above 500,000 a year beyond 2015. By then, another 8 million will be between 60 and 75.

The flags are presented during graveside ceremonies and mailed to veterans’ survivors all over the world. Many families donate the flags to VA national cemeteries and medical centers, which display them for special observances, often along the Avenues of Flags at the entrances to many VA facilities.

It’s because they are guaranteed entitlements often displayed in public places that VA burial flags must meet high standards. The standards are set by the U.S. Army Institute of Heraldry. Page after page of specifications spell out the thousands of details required to make a VA flag.

By law, each flag must be completely manufactured in the United States from raw domestic materials. Each flag must measure exactly five feet by nine feet, six inches. It must be made from domestic cotton bunting, with precisely-sized white and Old Glory red stripes and a blue star field. The stars are embroidered to make them more durable and attractive. The entire flag is constructed with a specified number of stitches and yarns per square inch.

VA burial flags must pass other stringent tests by qualified inspectors, including size and weight, material content, yarn ply, weave, colorfastness, flag design, colors, grommets, breaking strength and stitching. Half the burial flags are made by the National Institute for the Severely Handicapped. Small businesses make the rest.

By Ken McKinnon
As U.S. Marines demonstrated the proper method of disassembling the M16A2 service weapon in a large tent housing Department of Defense exhibits, VA nurses, benefits counselors, and Agent Orange and Gulf War specialists spoke with curious tourists, federal employees and the occasional politician about the variety of services VA offers eligible veterans and dependents during the 17th annual Public Service Recognition Week on the National Mall in Washington, D.C.

Richard Hong, of VBA’s Compensation & Pension Service, was one of several employees who volunteered to staff the VA exhibit. The former benefits counselor from the Honolulu VA Medical and Regional Office Center said he helped several veterans and family members during his two days on the mall. “If we can help just one veteran, then it’s a success,” he said.

Similar scenes unfolded across the country, as VA employees in national cemeteries, regional offices, medical centers, outpatient clinics and other locations hosted open houses and other special events to draw public attention to the VA mission and the roughly 220,000 employees who carry it out. In many cities, Federal Executive Boards, business associations and other federal councils honored exemplary VA employees during recognition ceremonies with “Federal Employee of the Year” awards.

Brenda Rodriguez, R.N., an emergency room nurse at the Miami VA Medical Center, was selected as the Miami Federal Employee of the Year and national winner of the VA 2001 Hands and Heart Award. Colleagues say she has a positive attitude and is well suited to the “demands of a very active emergency room.” She has also set a positive example for young people and touched the lives of many through her volunteer efforts in the community.

A pipefitter at the Muskogee, Okla., VA Medical Center won the Trades and Crafts category in the Muskogee Federal Executive Board awards ceremony. David “Dusty” Campbell went up against employees from federal agencies throughout the state to win the facility’s first Employee of the Year award.

And a Loan Guaranty team out of the Jackson, Miss., VA Regional Office received Employee of the Year awards in the Team category. Team members Lyndal J. Denson, Jo Ann Higgs, Mary R. Landis, Diane F. Stearns, Herbert L. Smith and Dorothy E. Westbrook are credited with taking the initiative to redesign the way they do their jobs. Their efforts improved office efficiency and customer service, and enabled them to exceed nationally established performance goals.

These are just a few of the VA employees recognized for their commitment and dedication to public service during Public Service Recognition Week, May 1-7:

Donald Brooks, a medical clerk at the Northport, N.Y., VAMC;
James D. Ray, a police officer, and Peter Rearick, a pipefitter, at the Kansas City VAMC;
Mark Gottsacker, a program analyst at the VA Debt Management Center in St. Paul, Minn.;
Carol Barnard, Dani Terrell, Bruce Newton, Howard Currier, Dawn Warner and Paula Jesse from the Denver Regional Loan Center;
Steve Judish, Linda Mechura, Joe Birge, Jessie Hopkins, William O’Connor and Russell Telandier from the Denver VARO;
Valerie Stein, a patient representative at the VA Hudson Valley Healthcare System;
Robert M. Walton, chief of Facility Management at the Bronx VAMC;
Sandra Aldi, Judy Powers and Fran Peters from the Buffalo VARO;
Michael Clayborne, Vets Program coordinator at the Providence, R.I., VAMC;
Nelson Boggs, a contract representative, Arlen Klarenbeek, a supervisory loan specialist, and Bill Panknin, a rating veterans service representative, at the St. Paul VARO;
Thelma Norton, R.N., from the New Mexico VA Health Care System;
Betty J. McDoyle, a contract specialist, Rogers Duplessie, a supervisory inventory management specialist, and Mary E. Ware, a program support assistant, at the Houston VAMC;
Kimberly M. Divis, a supervisory physical therapist at the Fayetteville, Ark., VAMC; and
Bob Whitmore, a rating veterans service representative, Quinn Allen, a veterans service representative, and Veron “Josie” Joseph, a computer specialist, from the Houston VARO.
Instead of hitting the beach to work on their tans this summer, some of the nation’s top graduate students will kick-start federal careers through the Office of Personnel Management (OPM)’s Presidential Management Intern (PMI) Program. The two-year internship draws some of the brightest graduate students from across the country, providing a jolt of energy and enthusiasm to the heartbeats of some sleepy federal agencies.

According to Max Collier, the PMI coordinator for VA in the Office of Human Resources Management, recruiting these interns is like being an NFL scout going after a star quarterback. “These are extremely high-level students,” he said. “They are eager to take on challenges and responsibilities, and have a tremendous amount of initiative. Being selected is a real honor—there are thousands of students applying for this.”

Each applicant is nominated by the academic dean of his or her university and must pass a grueling, daylong interview before a panel of three OPM judges. Competition at the interviews is stiff. Some 1,400 students were nominated last year, and while each was invited to the interview, less than 400 were chosen.

Abe Rabinowitz, who received his master’s in Public Affairs from the University of Wisconsin, is one of five interns from the PMI class of 2000 to join VA. He said the interview process was pretty rigorous, but in the end, it was exactly what he trained for in his master’s program. “We had to do concise writing, individual policy recommendations and group briefings, just like in grad school.”

He works in VA’s Office of Policy and Planning, directly supporting development of the Department’s strategic plan. “We work with administrations and staff offices to coordinate all of the activities VA is involved in and present how the Department as a whole intends to improve its service to veterans over the next five years,” he explained. “We’re also looking at what VA might look like in the future and planning to meet those challenges.”

From strategic planning and budget proposals to loan guaranty and insurance operations, PMIs are applying their knowledge and enthusiasm to assignments throughout VA. Sandy Logan, a service-connected Navy veteran and the first PMI out of Marymount University in Virginia, is working on budget forecasts for VA research and medical administration accounts in the Office of Budget.

She earned her master’s degree in counseling psychology under VA’s Vocational Rehabilitation program and said getting accustomed to the world of financial management was a real challenge. “The learning curve is long and steep, but it’s well worth the effort,” she said.

Also crunching numbers in the Office of Budget is Josh Woodyard, a graduate of West Virginia University. He reviews capital asset proposals from throughout VA and has enjoyed his first year as a PMI. “My supervisor, Jim Sullivan, was also a PMI,” he said. “It’s great to work for him because he’s been there and he knows what it’s like.”

Though he’s had a positive experience, Woodyard did see some gaps in VA’s PMI recruiting plan. “In VA Central Office, it’s up to individual offices to do their own recruiting—there is no centralized process,” he said. “I interviewed with other agencies that had year-round PMI recruiting offices, and their approach really showed that they valued these PMI finalists and were very interested in hiring them.”

Recruitment efforts are on the rise at the Philadelphia Regional Office & Insurance Center. Ruth Berkheimer, of the VA Insurance Service, has been actively involved in recruiting PMIs there for the past three years. “We got involved in this primarily for succession planning,” she said, “and we’ve brought in some really bright people.”

The center’s first recruit was Kristan Hoffman, who graduated from Rutgers University with a master’s in Public Administration in 1999. Hoffman said she interviewed with the IRS, the Department of Labor and the Social Security Administration but chose an internship with VA because “the Insurance Service offered me the opportunity to utilize a wide range of my skills, take on new challenges and provided the potential for future career growth,” she said. Her two-year internship concluded this May and she was approved for conversion to career status.

Last year’s recruit, Navy veteran Paul Kranick, used the GI Bill to get
his law degree from Temple University Law School, where he was nominated for the PMI program. He said he enjoys the challenge of tackling legal issues at the Insurance Center, but also likes having the opportunity to work on projects outside of law. He too hopes to convert to career status when his internship ends.

The Insurance Center’s recruiting team has learned some successful strategies since getting involved in the program three years ago. This year, they produced a video on CD-ROM that outlined the mission and history of VA and the Insurance Service, and included a virtual office tour and testimonials from PMIs currently on staff. “This has enhanced the entire interview process,” said Berkheimer. She believes it was also instrumental in helping the team recruit three new PMIs from the class of 2001.

In the VBA Loan Guaranty Service, Elysium Drumm is overseeing the rollout of information technology projects, analyzing loan policy and programs, learning loan management operations and “basically trying to absorb everything,” she said. Colleagues say she has been instrumental in several projects, including working on a team charged with conducting the first comprehensive redesign of the loan administration operation in nearly 50 years.

“She’s been a terrific addition to the Loan Guaranty Service,” said service Director Keith Pedigo. “She’s brought a fresh view to our operation, and her analytical and financial management operations and “basically trying to absorb everything,” she said. Colleagues say she has been instrumental in several projects, including working on a team charged with conducting the first comprehensive redesign of the loan administration operation in nearly 50 years.

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By Matt Bristol

Allison Didn’t Keep Houston VA Employees Down

Texas Medical Center to deliver their second child. They drove to the VA medical center, where surgeons and support staff delivered a healthy baby girl, only the second birth at the hospital in half a century. The grateful parents named her Asia VA Keithera Young to honor the staff who welcomed her into the world.

More than 100 other hospital patients were transferred to the VA medical center from community hospitals and the Disaster Medical Assistance Team (DMAT). The DMAT was mobilized by the Office of Emergency Preparedness and U.S. Public Health Service through the National Disaster Preparedness Medical System.

DMAT ambulatory care facilities were set up throughout the affected area at the height of the flooding to meet community medical needs. Patients requiring hospitalization were referred to VA.

Nearly 30 VA medical personnel from across the country—critical care nurses and respiratory therapists—responded to VA’s call for volunteers to work up to two weeks as part of the National Emergency Medical System response. The federal response under the emergency medical plan augmented the existing community medical structure until Houston was back on its feet.

It wasn’t only medical care that kept Houston VA employees busy during and after Allison’s visit. Before the water receded, Houston VA National Cemetery staff and VA medical center engineers were surveying flooded areas of the cemetery, including the administration building, and developing plans to keep operating while repairing the damage. As grave markers were being reset, sod replaced, and administrative offices cleaned, VA staff kept the cemetery going and conducted six burials the day after the rains subsided.

The VA Regional Office, co-located with the VAMC, escaped the flood, but benefits counselors staffed the FEMA information center to work with affected veterans on home mortgage and other related benefits issues.

Many VA employees were, themselves, victims of the 36 inches of water Allison dumped on their city. Several lost their homes and virtually all their personal possessions. Yet, even some of these employees showed up for work during the emergency.

The Houston VARO and VAMC Employee Associations quickly established an emergency relief fund for VA victims of the storm. VA employees can send their tax-deductible donations to: Key Federal Credit Union, c/o VAea Relief Fund, 8580 Katy Freeway, Suite 100, Houston, Texas 77024.
President George W. Bush prepares to lay the traditional wreath at the Tomb of the Unknowns at Arlington National Cemetery. “Every Memorial Day, we try to grasp the extent of this loss and the meaning of this sacrifice, and it always seems more than words can convey,” Bush said during the ceremony that followed. “All we can do is remember and always appreciate the price that was paid for our own lives and for our own freedom.”

VA Secretary Anthony Principi rides on the back of a Harley-Davidson steered by Under Secretary for Benefits Joe Thompson. The two participated in Rolling Thunder, an annual Memorial Day weekend event in Washington, D.C., which pays tribute to veterans and POWs of the Vietnam War, and those still missing in action. An estimated 300,000 bikers rode their Harleys from the Pentagon to the Vietnam Veterans Memorial.

VA Secretary Anthony Principi joined U.S. Postal Service officials and members of Congress on the National Mall in Washington, D.C., on May 23 to unveil the new Honoring Veterans commemorative postage stamp. The stamp salutes veterans and those who continue to serve in veterans service organizations and other veterans groups. The national first day of issue ceremony kicked off local stamp dedication events at postal facilities across the country. The 34-cent self-adhesive stamp is now available at post offices nationwide.
Burn and will still be susceptible to throat cancer. Surgery will still have to take medication to control their heart-related injuries at work and in traffic accidents.

As your mouth. It also causes burning pain and may place those with the condition at an increased risk for throat cancer. As many as 35,000 Americans with gastroesophageal reflux disease will have surgery this year with the hope of reducing their reliance on medication and their risk of cancer. Yet a new study conducted by researchers at the VA North Texas Health Care System shows nearly two-thirds of those undergoing surgery will still have to take medication to control their heartburn and will still be susceptible to throat cancer.

Reported in the May 9 issue of the Journal of the American Medical Association, the study was the first long-term, follow-up, randomized trial comparing patients who have received only medication with those who have undergone surgery to treat the condition. Led by Dr. Stuart Spechler, chief of Gastroenterology at the Dallas VA Medical Center and professor of Internal Medicine at the University of Texas Southwestern Medical Center, researchers examined the records of 247 patients who were part of a VA Cooperative study conducted in the 1980s comparing medication and surgical treatments for chronic heartburn.

Their results showed two-thirds of the surgical patients still used antireflux medicine regularly and there was no significant difference between the two groups in the rate of developing esophageal cancer. “Patients may elect to have surgery expecting never to take the medicines again and that they are protecting themselves from esophageal cancer,” said Spechler. “Neither of these perceptions is strongly supported by our long-term study.”

Additional findings show there was no difference between the two groups regarding the degree of esophagitis, frequency of treatment for esophageal stricture, frequency of subsequent antireflux operations, or degree of satisfaction with their therapy. One unexpected outcome, researchers noted, was that patients in the surgical group had lower survival rates due largely to deaths from heart disease.

“The apparent increased risk of heart disease was an unexpected outcome of this research and requires further study,” noted Spechler. “It appears, however, to be more than just a statistical quirk.”

Arkansas Researchers Reveal Findings on Brain Development

At what age does the human brain stop developing? For years, many believed the brain reached full development around the age of 20. But a new study, led by Dr. George Bartzokis, associate chief of staff for mental health in the Central Arkansas Veterans Healthcare System, shows part of the brain continues to develop until nearly age 50.

The study, published in the Archives of General Psychiatry, shows the area of the brain we call gray matter—the cerebral cortex—does in fact reach full development at the end of adolescence. Yet, what is known as white matter—the area of the brain involved in transmitting signals—continues to develop into adolescence. Yet, what is known as white matter—the area of the brain involved in transmitting signals—continues to develop.

People who are unable to get about six hours of uninterrupted sleep risk functioning during the day with less than optimum alertness. They often suffer significantly higher risk of depression, anxiety, substance abuse, and incurring fatigue-related injuries at work and in traffic accidents.

VA North Texas Study Shows Medication Best Treatment for Chronic Heartburn

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The study, published in the Archives of General Psychiatry, shows the area of the brain we call gray matter—the cerebral cortex—does in fact reach full development at the end of adolescence. Yet, what is known as white matter—the area of the brain involved in transmitting signals—continues to develop in the frontal and temporal lobes until age 48. “If your brain is the Internet, gray matter is your computer and white matter is the telephone lines that connect your computer to all the other computers on the planet,” said Bartzokis, describing the significance of white matter. The findings could help researchers gain a better understanding of certain brain disorders like Alzheimer’s disease, schizophrenia and drug addiction.

Using magnetic resonance imaging, researchers measured development in the brain’s frontal and temporal lobes in 70 normal men between the ages of 19 and 76. Bartzokis said he chose to focus on these areas of the brain because they control our memory, higher reasoning and impulses. Plus, abnormalities associated with brain disorders appear in these areas of the brain. With this knowledge, researchers can use magnetic resonance imaging to track developmental and degenerative changes in the brain and possibly identify factors influencing brain disorders.
Dr. James P. Bagian, director of the VA National Center for Patient Safety, was selected to receive the American Medical Association’s 2001 Dr. Nathan Davis Award for outstanding public service in the advancement of public health for a federal government executive. VA Under Secretary for Health Dr. Thomas L. Garthwaite nominated Bagian for the award. Bagian has drawn upon his background as a NASA astronaut, engineer and physician to launch a comprehensive program to reduce adverse medical events throughout all of VA’s 173 medical centers. He has embarked on creating a new culture of safety within VA by using an approach that emphasizes prevention, not punishment.

Asa Alexander, a 14-year-old volunteer at the Muskogee, Okla., VA Medical Center, was named one of “Five Who Care” by the Muskogee Daily Phoenix and the Muskogee Chamber of Commerce for amassing 500 volunteer hours in his service to veterans. He donated the award’s $500 honorarium to the medical center’s Social Work Service to aid their efforts in serving homeless veterans. Alexander has been volunteering with the medical center’s Supplies, Processing and Distribution Service since he was 12. His mother Molly Alexander is a computer assistant in Engineering Service.

The New Hampshire Nurses Association presented the Manchester VA Medical Center with its “Supportive Nursing Environment Award” during the association’s annual conference. The award is presented each year to a medical facility for contributing to the professional development and job satisfaction of registered nurses. New Hampshire nurses who are members of the association nominate their employers for the award. “The Manchester VA Medical Center is proud to help foster the development of present and future nurses,” said Director Marc F. Leveson, M.D. “We are extremely thankful and honored to receive this prestigious recognition.”

VISN 8 (Bay Pines, Fla.) was recently selected as VA’s second demonstration site for the National Chronic Care Consortium (NCCC), an organization that helps health networks establish prototype systems to better serve people with chronic conditions. VA first joined NCCC in 1996, when VISN 2 in upstate New York was chosen to participate. VA is still the only federal member among the more than 40 participating health care systems in the consortium. NCCC activities include “Best Practice Labs” for Alzheimer’s care, congestive heart failure, diabetes, advanced illness/end-of-life care, frail elderly, geriatric primary care clinics, and Internet applications in chronic illness care.

The Social Security Administration (SSA) honored Laraine Borden, an assistant veterans service center manager from the St. Louis VA Regional Office, for being a key member on a task force organized to study methods for sharing information, improving customer satisfaction and increasing productivity for both agencies. She was awarded SSA’s Regional Commissioner’s citation for her commitment to customer service training and continuous improvement of service to the public.

The Riverside, Calif., National Cemetery was selected as one of California’s top employers by the state’s Employment Development Department. The cemetery was honored for demonstrating continued support of veterans’ employment through the Compensated Work Therapy (CWT) Program, which helps vets get job training and permanent employment. As of this May, 125 veterans have gone through the cemetery’s CWT program. Currently, the cemetery employs nine permanent and two temporary employees who successfully transitioned from the program.

Thomas H. Weaver, director of the Bay Pines, Fla., VA Medical Center, received one of only ten Outstanding Leadership Achievement Awards for 2000 from the Florida State Emergency Response Commission for Hazardous Materials. He was recognized for his efforts to improve community hospital awareness of casualty treatment and decontamination capabilities relating to hazardous materials and weapons of mass destruction.

The distinguished career of Millie Hughes-Fulford, Ph.D., a scientific investigator at the San Francisco VA Medical Center, was outlined in the Science category of the annual publication Feminine Fortunes—Women of the New Millennium, a book that offers an in-depth look at some of the world’s most successful and admired women. In 1991, Hughes-Fulford was selected by NASA to join the crew of the space shuttle Spacelab Life Sciences, the first Spacelab mission dedicated to biomedical studies. Acceptance into the publication puts her in the company of women like Maya Angelou, Donna Shalala and Sandra Day O’Connor.

Al Perry, director of the VA Central California Health Care System, received an “Image Award” and was named Executive of the Year by the Central California Chapter of the Public Relations Society of America for enhancing the public image of VA through “outstanding leadership and facility activities that help make a difference in the health and well-being of the community.” The award cited active and consistent participation in food/clothing/blood drives, high school mentoring programs, community beautification efforts and health improvement projects.

George H. Gray, Jr., director of the Central Arkansas Veterans Healthcare System, received the University of Arkansas for Medical Sciences Chancellor’s Award at the university’s commencement ceremony in May. He was honored for fostering a strong partnership between VA and the medical school. A Vietnam veteran, Gray began his VA career in 1972 and has filled leadership roles at many VA medical centers. His efforts have advanced the stature of the Central Arkansas Veterans Healthcare System within the state and across the region.
A new workbook, Your Life, Your Choices, helps patients and family members develop clear instructions for how to proceed during a medical crisis or how to respond to a long-term disabling illness. These instructions, called advanced directives, provide information that will help family members and health care professionals understand a person's medical care wishes, even when that person can no longer communicate. The workbook was funded by a research project sponsored by the VHA Health Services Research and Development Service. It provides guidance about a living will, describes certain health conditions and treatments, explains how to create an advanced directive, and gives advice on how to discuss these issues with family members and health care providers. The complete text of Your Life, Your Choices is now available on the VA Intranet at www.va.gov/resdev/programs/hsrc/yljc.htm and on the Internet at www.va.gov/resdev/programs/hsrc/yljc.htm.

Vietnam veterans with questions about health care benefits for children with spina bifida can now pick up the telephone and call the new VA national toll-free hotline at 1-888-820-1756. Callers can speak to a benefits adviser Monday through Friday, from 10 a.m. to 1:30 p.m., and from 2:30 p.m. to 4:30 p.m., Eastern time. An after-hours phone message allows callers to leave their names and telephone numbers for a return call the next business day. The hotline is managed by VA’s Health Administration Center in Denver.

Denver VA Regional Office staff played the role of health care providers for a day by hosting a community-wide health fair sponsored by the local NBC affiliate television station. B.J. Scott, a staff assistant at the regional office, proposed the idea to Director Cathy Smith, who thought it was a way to “not only reach out to the community but to each other as well.” It was the perfect way to bring together each of the building’s VA offices—the Denver Distribution Center, Regional Counsel, Memorial Service Network 3, Regional Office of Public Affairs, and an outpatient clinic managed by the Denver VA Medical Center. Employees from each of the offices volunteered their time on a Saturday afternoon to staff the health fair. More than 400 community members attended the event.

For 20 years, Judy Walters searched for information about her husband’s biological father, Capt. Donald Charles Cole, who was killed January 5, 1944, when his B-17 was shot down near the French village of Nieuil-Les-Saintes. In the mid-1980s, she finally gave up. “He was just an unknown,” said Walters, now director of Quality Management at the Asheville, N.C., VA Medical Center. Imagine her surprise when a newspaper editor from California contacted her husband, Donald Walters, and told him French officials had been searching for him. Last January, the Walters traveled to the French village where Donald’s father died to attend a dedication ceremony for a monument and street named in his honor. French officials credit the young pilot with steering his bullet-riddled aircraft past the sleepy village and crashing in an empty field, giving his nine crewmembers time to bail out and possibly saving the lives of villagers in the plane’s path. “He gave the turret gunner his parachute and finished piloting the plane,” recalled crewmember Richard Gatesman, now 81. “When he saw it was going to hit a town, he veered away and crashed into a field.” The monument and street name ensure Capt. Cole will be remembered as a hero in the village.

In spite of the fact that it’s the second largest federal agency, VA can still be a small world. Timothy May and Dr. Fred Lippien didn’t know just how small until a chance phone call allowed them to rekindle a friendship begun more than 30 years ago during the Vietnam War. Lippien, a psychiatrist at the West Palm Beach, Fla., VA Medical Center, recently called the W.G. “Bill” Hefner VA Medical Center in Salisbury, N.C., to confer with a fellow psychiatrist about a patient who was previously treated in Salisbury. While he waited for his call to go through, he heard a familiar voice on the automated message that greets callers. Then he recognized the name of the Salisbury VAMC director, Timothy May. He wondered if that voice and name belonged to the same person who left Vietnam, went to Fort Bragg, and served a stint in the 525th Military Intelligence Group with him 30 years ago. After Bonnie Cauble, in the Salisbury mental health office, forwarded Lippien’s name and number to May, all doubt was removed. “I knew who it was as soon as she said his name,” May said. The two men have chatted several times since that chance phone call and plan to get together this summer.

In some states, veterans get free or discount hunting licenses, nursing home care, or even personal property tax exemptions. Though these benefits are administered by state veterans’ offices and vary state-to-state, VA has developed a computerized inventory of state benefits to help front-line VA employees link veterans with these state services. For now, veterans must contact the nearest VA regional office to learn about state benefits. However, VA will soon provide access to the new computerized inventory to the national headquarters of major veterans service organizations and hopes to offer the information to the public through VA’s Web site later this year. A national task force developed the system that all VA counselors could use to help veterans.

It’s time to submit your team’s outstanding acquisition project or contract for the Achievement in Contracting Excellence (ACE) Award. The ACE Award recognizes VA Acquisition Teams or program officials for creating more efficient and effective contracting practices that enhance the VA mission and result in lower-priced procurements. Go to the ACE WebPages, at www.va.gov/oa&mmm/acquisition/ace.htm, for the nomination and narrative forms and more details on the award. E-mail your questions to Paulette.Creighton@mail.va.gov.
Dr. Kilmer S. McCully, chief of Pathology and Laboratory Medicine Service at the Providence, R.I., VA Medical Center, was featured in the May edition of Men’s Journal, which names him as one of its “Heroes.” In 1969, McCully discovered the relationship between elevated levels of the amino acid homocysteine and atherosclerosis, or the build-up of fatty deposits on the inner arterial lining. His theory that heart disease was triggered not by high cholesterol but by elevated levels of homocysteine was discounted at the time. But today, homocysteine levels are routinely screened as a risk factor for heart disease. McCully found that homocysteine levels might be reduced by eating less animal protein and by taking inexpensive vitamin B supplements containing folate, B6 and B12, instead of taking cholesterol-lowering drugs.

When a concerned mother called police to tell them her son was threatening to take his own life, officers were dispatched to the man’s home. But when they arrived, the man jumped in his car and led cops on a 35-mile chase. He had several plastic jugs of gas in the car and threatened to set them on fire if police tried to stop him. At the Northampton, Mass., VA Medical Center, Police Officers Theodore Celatka, Jennifer Prowell and Joshua Harris, and Ambulatory Care staff members Bernard Laflam, R.N., and Wendy McCurdy, heard the chase on the police scanner and determined the man may have been heading for the medical center grounds. Their hunch was confirmed when the car came barreling through the medical center’s entrance. They channeled the driver to the safest possible area, where police surrounded the car and attempted to negotiate. Instead of talking, the man lit the gas and the car burst into flames. Officers quickly grabbed fire extinguishers from their vehicles, smashed the car’s windows and pulled him to safety. He suffered second-degree burns and was transported to a local hospital.

The day started out as usual for Mike Scheibel, but turned into a near medical emergency when he went out to lunch with co-workers Adrienne Becnel-Taylor, Brian Ward, Tom Kastner and Woody Middleton, from VBA’s Office of Field Operations in headquarters. During lunch, a piece of food became lodged in his throat. He tried to clear it, but when he realized he needed help, he tapped Middleton on the shoulder and pointed to his throat. Realizing his friend was choking, Middleton jumped to his feet and performed the Heimlich maneuver. After a couple of thrusts, he was able to clear his friend’s airway.

A nurse from the Columbia, S.C., VA Medical Center, who wished to remain anonymous, helped stop a woman from taking her life, and the life of her 3-month-old baby, by jumping off the Lake Murray Dam. While driving across the dam, the nurse noticed a car swerve from one side of the road to the other and slam into the guardrail. The driver, a teenage girl, got out of her car with a baby strapped in a carrier and climbed over the guardrail toward the dam’s edge. Stopping her minivan, the VA nurse raced toward the girl. She grabbed her by the arm as the two struggled for the baby. A second motorist stopped to help and managed to pull the baby to safety and call police. Without the nurse’s intervention, the teenager and her infant child may have plunged to their deaths.

Albert Villa hit the brakes and pulled to the side of the road when he saw pieces of broken fencing scattered near a banged-up car sitting on an embankment near the entrance of the San Joaquin Valley, Calif., National Cemetery. As the cemetery caretaker got out of his car to help, a UPS truck stopped and the driver also offered assistance. They needed to call an ambulance, but neither had a cell phone. So Villa jumped back in his car and raced to the cemetery building to call police. When he reached the main building, he told Foreman Troy Hulsey about the accident. Hulsey hopped in his vehicle and called 911 while he drove to the crash site. When he arrived, he tried to calm the driver while they waited for emergency personnel. Meanwhile, Maria Jones, a program assistant at the cemetery, arrived with water and a first aid kit. The cemetery staff comforted the victim and directed traffic around the accident scene until emergency crews arrived.

While driving through downtown Columbia, S.C., Ken Holt, chief of Medical Media at the Columbia VA Medical Center, saw thick clouds of smoke rising above a home. He pulled to the side of the road to see if he could help and immediately realized an elderly man was still inside the house. Disregarding his own personal safety, he charged into the building to rescue the 80-year-old man. He guided the man to the door and outside to safety, but the man wanted to go back into his house to get some money left on the table. Holt calmly convinced the man it wasn’t worth risking his life for a few dollars.

Exemplifying the “Volunteer State” spirit, several employees from the Mountain Home, Tenn., VA Medical Center sacrificed their time, resources and expertise to help needy families in Honduras. VA ophthalmologists Janet Brown and Jadaun Alison, along with surgical registered nurses Sue Colley and Carol Dubay, spent a week in San Pedro Sula, performing cataract and glaucoma surgery and corneal transplants on villagers. They split into two teams and conducted some 58 surgical operations and about 150 eye exams during their week-long visit. The group paid for some of the supplies they needed to perform the surgeries with their own money. Without the aid of volunteers and the support of charitable organizations, these villagers would receive no health care.