Alzheimer’s Care

Salem VAMC unit offers a safe haven for patients — page 10
Ask Jimmy Johnson the secret to whipping up an authentic Cajun gumbo and he’ll tell you it’s all in the roux. “In the old days, we’d brown the flour in a hot skillet with grease from the sausage,” he said, describing how his mom prepared roux, or browned flour, to thicken her homemade gumbo.

Though he opts for a more heart-healthy approach these days, Johnson still enjoys cooking his mom’s Cajun favorites from time to time. So when he heard the United Way of Central Louisiana was holding a “Wild Cook-Off” to raise money for charity, the head cook at the Alexandria, La., VA Medical Center saw it as an opportunity to stir up some of his favorite recipes while showcasing the skills of the medical center’s chefs.

“This cook-off was right up our alley,” said Johnson, who’s been with the Alexandria VA Medical Center since his discharge from the U.S. Army in 1976 and with Food and Nutrition Service since 1990. “We wanted to go out into the community and show people what VA cooking is all about.”

He recruited chefs Bobby Smith, Tim Stafford, Nestor Reyes and Julia Fatheree, named the team “Captain Creole and the Culinary Cut-ups,” and entered two of the cook-off’s three categories. They decided to cook barbecue kabobs and a Cajun brisket, and treated hospitalized veterans to their culinary creations as they fine-tuned recipes in the medical center’s kitchen.

On the day of the cook-off, Johnson and his team got a surprise when they showed up with their 39-inch backyard grill. “These guys were pulling up with big barbecue pits on the back of their trucks,” he said, describing the shiny chrome smokers and direct-heat gas grills used by some teams in the cook-off. “I just told the guys, ‘Don’t worry, we’re going to show them that we’re the best cooks in town.’”

Of the 30 teams entered in the cook-off, Johnson’s team took top honors in the Barbecue category with their original beef and shrimp kabobs, and placed second in the Cajun category with a beef brisket spiced with cayenne pepper and Italian salad dressing. “We didn’t enter the Wild Game category, because it wouldn’t be fair to the other teams,” Johnson explained, laughing. “You see, I’m from the country, and wild game is my specialty.”

When he’s not dishing up favorites like fried catfish, baked beans and lemon pie for the 300 veterans hospitalized at the Alexandria VA Medical Center, Johnson can be found feeding the homeless at the Manna House, a local soup kitchen. He volunteers there every Sunday and Monday, his days off from the medical center, and feeds about 180 people each day.

“Jimmy and all the cooks have a lot of pride in what they do,” noted supervisor Theresa Louviere. “They went out in the community and represented us extremely well. I’m really proud of them.”

By Matt Bristol
One year ago, VHA began to systematically examine its management systems. Using the Malcolm Baldrige National Quality Award criteria, VHA started cycles of assessment and improvement. This process is known as VHA’s Quest. The organization’s goal is to be the recognized leader in quality health care and to even more efficiently fulfill America’s promise to veterans.

VHA’s Quest began in February 2001. By April, potential improvements were identified. Senior leaders took personal responsibility to improve communications and strategic planning, and to link mission and measurement. Jim Holley, Chief Communications Officer; Gregg Pane, M.D., Chief Officer for Policy and Planning (OPP); and Jonathan Perlin, M.D., Chief Officer for Quality and Performance (OQP), began improving these vital processes.

One Baldrige question asks: “How do senior leaders set and deploy organizational values, short- and longer-term directions, and performance expectations, including a focus on creating and balancing value for patients and other customers and stakeholders? Include how senior leaders communicate values, directions, and expectations through your leadership system and to all staff.”

According to Holley, effective communication is integral to the well-being and satisfaction of veteran patients and is core to the capability and productivity of the VHA workforce. VHA’s new, comprehensive communications plan and its more than 70 supporting actions, developed by a diverse group with a range of expertise, experience, background and knowledge, will encourage even greater ownership by stakeholders and support for the system.

VHA’s annual performance report to Congress was evaluated by the Mercatus Center and the Senate Government Affairs Committee and rated highest among government agencies. Dr. Pane views the Baldrige assessment process as an opportunity to address major planning challenges. He and John Dandridge Jr., director of VISN 9 (Nashville, Tenn.), co-chaired a Central Office/field team that examined planning processes. They identified improvements that have been incorporated into VISN planning guidance.

First, the language of the planning framework was adapted to more effectively link challenges to action planning. Second, the planning guidance includes a clear human resource component within VISN strategy. VHA gets feedback from the veterans we serve in many ways, including responses to surveys. The third improvement is a Veteran Service Satisfaction section that requires VISN analysis of feedback and improvement strategies and actions. The fourth improvement exploits the unique opportunity to use current employee survey results in VISN plans. Finally, OPP and OQP are collaborating on an approach to translate strategic objectives into performance objectives and measures.

Outcomes are proxies for quality of health care. With clinician input, OQP established evidence-based measures of treatment outcomes. Under Dr. Perlin’s leadership, VHA’s performance measures and treatment guidelines have moved the entire system toward the organization’s primary goals of “6 for 2006.”

The Baldrige assessment provides many insights for VHA. In Categories 1 (Leadership) and 2 (Strategic Planning), Baldrige identifies how we can bring greater clarity to the relationship of mission, strategy and measurement through better input of past performance into strategic planning, and better scanning for new and important improvement opportunities. Operationally, this translates into better data feeds to the Under Secretary for Health and VHA’s National Leadership Board, and reciprocally, greater clarity in articulating organizational priorities.

Regarding the focus on patients, for instance, Dr. Perlin notes that previous annual satisfaction surveys lacked the sensitivity to describe how veterans’ experiences might be different on the basis of age, gender, ethnicity, geography, or a particular medical condition.

A veteran’s experience is determined largely at the front lines of care. That is why OQP introduced the Patient Use Local Satisfaction Evaluator (PULSE) satisfaction toolkit, an easy-to-use, handheld, touch-screen computer for measuring satisfaction at the point of care. In a push-button fashion, PULSE records veterans’ responses to questions and produces charts managers can rapidly share with colleagues whose actions ultimately affect veteran satisfaction.

Improvements such as those described above began as soon as opportunities were identified. In 2002 and beyond, system improvements will involve all VHA employees. As employees at all levels learn about VHA’s Quest and become more involved in the challenging and important work of system improvement, VHA will be “… the recognized leader in quality health care.”

VHA’s Baldrige Quest Identifies Opportunities for Improvement

Outlook
Randy R. Taylor, Executive Director, Baldrige Program

VHA’s Baldrige Quest Identify Opportunities for Improvement
VA Patient Safety Center Takes Top Innovation Award

The VA National Center for Patient Safety was selected as a finalist in one of the most prestigious award programs dedicated to public service—the Innovations in American Government Awards. As one of five finalists nationwide, the center received a $100,000 grant during a Dec. 13 award ceremony.

“Winning this prestigious award validates VA’s dedication to patient safety,” said James P. Bagian, M.D., director of the National Center for Patient Safety. “I am deeply proud of all the VA medical workers who pioneered new ways of analyzing problems and preventing them from recurring.”

Created in 1998, the center encourages VA health care professionals to report errors and close calls so that medical centers can examine the causes and subsequently learn from these mistakes. Once potentially dangerous situations are identified, the center provides VA health care professionals with the information and tools they need to avoid these situations. As a result, system-wide problems are now being addressed and health care workers are no longer afraid to report medical mistakes.

One of the ways the center disseminates information on close calls is through a bi-monthly newsletter called TIPS, Topics in Patient Safety. A recent issue highlighted a suggestion from VISN 16 (Jackson, Miss.), on how to avoid errors when administering oral medication with a syringe called a “pipette.” This type of syringe has graduated markings unlike those on syringes commonly used in the United States.

In the close call example cited, a nurse using a pipette nearly administered 2.5 milliliters of a medication when she intended to administer just .25 milliliters. “Do not use them,” is what the article recommends, referring to the pipette syringes. For information on receiving TIPS, e-mail ncps@med.va.gov, or call (734) 930-5890.

In the center’s first 16 months of operation, the rate of adverse events reported showed a 30-fold increase, and the rate of close calls reported showed a 900-fold increase on an annualized basis. These increases do not indicate actual increases in the number of adverse events and close calls, but rather an increased willingness to disclose events that have traditionally been underreported in all health care systems.

A 1999 report by the Institute of Medicine (IOM), the research arm of the National Academy of Sciences, indicated an estimated 44,000 to 98,000 deaths occur in U.S. hospitals each year as a result of preventable medical errors. The IOM report recommended specific changes in the health care industry to improve patient safety, many of which were already underway in the VA health care system. This latest honor affirms the center’s status as a model for the health care industry. For more information, visit their Web site at www.va.gov/ncps.

The Innovations in American Government Awards program is funded by the Ford Foundation and administered by Harvard University’s John F. Kennedy School of Government and the Council for Excellence in Government.

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Garthwaite Accepts Job in L.A.

After 27 years as a physician and administrator with VA, Dr. Thomas L. Garthwaite has left the Department for a position as director of the Department of Health Services for the County of Los Angeles. He began work there on Feb. 1.

Garthwaite had announced his intention to resign as VA Under Secretary for Health last May. He agreed to Secretary Anthony Principi’s request that he remain in the post while a search committee looked for a replacement.

President Bush announced in October his intention to nominate Dr. Robert H. Roswell, director of VISN 8 (Bay Pines, Fla.), to succeed Garthwaite. Roswell has headed VA’s health care network for Florida and Puerto Rico since 1995.

In his new job, Garthwaite heads the second largest county health system in the nation, with an annual operating budget of about $2.9 billion and nearly 24,000 employees. He also serves as the department’s medical director, a position that had been vacant since August 2000.

“Dr. Garthwaite is an agent for change,” the L.A. County Board of Supervisors said in a statement commenting on his selection. “He was a key member of the team that turned around health services at the Department of Veterans Affairs, and we are fortunate to have a man of his caliber and experience here. These are times that cry out for change and reform in L.A. County’s health system, and we believe that Dr. Garthwaite is the right man at the right time for this challenging job.”

“I am excited by this incredible opportunity to extend my career in public service,” Garthwaite told VHA’s National Leadership Board in a farewell message. “I see this as a continuation of the efforts we made in VA to improve both the quality and efficiency of care.”

Garthwaite had been Under Secretary for Health since September 2000. He previously served as Deputy Under Secretary for Health from 1995 to 1999. During his tenure, Garthwaite played a key role in the dramatic transformation of the VA health care system from an inpatient model of care to an outpatient system focused on disease prevention, early detection, health promotion and easier access to care.

His VA career included 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.

Garthwaite’s last day with VA was Jan. 31. VA Deputy Under Secretary for Health Dr. Frances M. Murphy is serving as Acting Under Secretary for Health.
**Agreement Helps VA Recruit, Retain Hispanics**

A new partnership is underway between VA and the nation’s largest association of Hispanic physicians, the Interamerican College of Physicians and Surgeons (ICPS), which will help the Department recruit, train and retain Hispanic physicians.

Secretary Anthony Principi and ICPS President Dr. Rene Rodriguez signed the partnership agreement Jan. 17 during a ceremony in VA Central Office. The agreement establishes a direct link between VA job vacancies and qualified Hispanic applicants from among the association’s 39,000 members.

As part of the agreement, ICPS will distribute VA vacancy announcements to its members and provide VA access to its membership database for recruitment purposes. They will also work with high schools and universities to encourage Hispanic students to pursue careers with VA.

“I appreciate the opportunity you are giving Hispanic youth in our country,” Rodriguez told Principi prior to signing the partnership agreement. “It is important that [Hispanics] are part of our government.”

Secretary Principi agreed, saying, “This is a win-win situation for VA, ICPS, high school students and most of all, America’s veterans.”

One of VA’s roles in the agreement is to seek qualified Hispanic candidates for occupations in which they are underrepresented, which, according to the FY 2000 Affirmative Employment Annual Report, available at www.va.gov/dmeo/annualreports.htm, include social workers, nurses, physician’s assistants and medical technologists.

“This partnership is an tremendous opportunity for VA to make a difference in the Hispanic community,” said Jacob Lozada, Ph.D., Assistant Secretary for Human Resources and Administration.

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**Safely Rest**

The first American casualty of enemy fire in the war in Afghanistan was laid to rest at Tahoma National Cemetery in Kent, Wash., on Jan. 11. Sgt. 1st Class Nathan Ross Chapman, a member of the Army’s Special Forces, had been stationed at nearby Fort Lewis.

More than 500 people joined Chapman’s family, above, for his special graveside committal service. Attendees included active and retired members of the Special Forces, senior military officers, and members of veterans groups.

As the funeral procession made its way from Fort Lewis to Tahoma, firefighters waving American flags stood outside their parked trucks on freeway overpasses. Local residents also lined the street from the freeway to the cemetery, saluting and waving flags as the procession passed.

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**Innovative Public-Private Partnership Will Benefit Durham VA Medical Center**

The largest public-private partnership of its kind in VA will add a 15,000-square-foot clinic to the Durham, N.C., VA Medical Center next year and up to 40,000 square feet of research and lab space by 2005.

The agreement, signed with a Pennsylvania real estate development company in early January, will also add up to 650,000 square feet of shops, apartments, offices and a hotel to the VA property in the coming years.

The company will develop the “City of Medicine” private complex on VA-owned federal land under a 75-year ground lease with VA.

In effect, Durham VA Medical Center gets new clinical and research space in return for allowing the company to build and operate private office and retail space on its campus.

Construction of the $160 million project will begin in July. The plans call for eventual construction of nine buildings on an 18-acre space beside the VA medical center, including three medical office and research buildings, retail space for 25 stores, an eight-story hotel and 200 apartments.

VA’s enhanced-use leasing program allows private uses of VA property that enhance a VA facility’s programs. The Durham proposal had to be approved by both Congress and the White House before VA could sign the master development agreement.
The 2001 Robert W. Carey Quality Award program marks a decade-long quest for quality improvement that has propelled VA facilities to the forefront of government service. Like those who have won in previous years, this year’s top Trophy winner, the VA Healthcare Network Upstate New York, VISN 2 (Albany, N.Y.), set out to provide top-quality service to America’s veterans. Though it took a total transformation to reach that goal, the network now serves 53 percent more veterans and has achieved the greatest improvements in patient satisfaction among VA networks nationwide. They were the first network to completely integrate their computer database, the first to seek and achieve accreditation from the Committee on Accreditation of Rehabilitation Facilities, and the first to be accredited by the National Committee for Quality Assurance. Their efforts have won the praise of veterans throughout Upstate New York and northern Pennsylvania. “We are humbled by the award, which represents the combined efforts of many people within our network,” Director Frederick Malphurs told attendees gathered Jan. 10 for the 2001 Carey Award ceremony. “It was our belief that the best way for us to transform our organization was to radically change the structure—to cultivate new leaders and to view the health care world differently … to redirect the focus away from the individual medical center, toward a network continuum of care.”

A Decade of Quality Improvement

On the 10th anniversary of the Robert W. Carey Quality Award program, VAnGuard takes a look at how the program began and what it means for VA.

The Carey Awards emerged in 1991, during the quality improvement craze hitting American businesses and government agencies. Congress actually started the movement a few years earlier, in 1987, by establishing the Malcolm Baldrige National Quality Award to recognize organizations that delivered increased value to customers by improving overall performance.

It didn’t take long for federal agencies to catch on and initiate their own quality improvement programs. In VA, the job fell to what is now called the Office of Policy and Planning’s Management Improvement Service.

Using the Baldrige and President’s Quality Awards as models, a core group of planners crafted the Carey criteria. They designed the criteria to serve as a self-assessment tool, or a framework from which organizations could examine the key “drivers” within their operation. The criteria are built upon an interrelated set of core values found in high-performing businesses and include such concepts as visionary leadership, organi-
According to Darine Prok, a program analyst who has worked on the Carey Award program for five years, most of the original planning group has since retired. Carstine Thompson, who retired in 2000, and Enar Sanders, who retired in 1997, were the award’s primary architects.

Gwendolyn Young joined the team shortly after the first Carey Award ceremony, and has been involved ever since. She most recently served as a Carey application examiner and said the work, though tough, was a fulfilling experience. “To see the excitement in the winner’s eyes as they talk about their accomplishments just makes it all worthwhile to me,” she explained.

The award was named to honor the memory of Robert Carey, former director of the Philadelphia VA Regional Office & Insurance Center. He began his career with VA in 1971 as a benefits counselor after serving in the U.S. Army. In 1985, he became director of the Philadelphia office.

Carey encouraged employees to commit themselves to providing top-quality service to veterans and provided special incentives such as a day care center, exercise facilities, athletic leagues and after-hours computer classes. Robert Carey died in 1990; he was 44 years old. But his philosophy of quality service to America’s veterans lives on. His Philadelphia office received the first Carey Trophy in 1992.

It was our belief that the best way for us to transform our organization was to radically change the structure ...

-Frederick Malphurs, VISN 2 Director

By Matt Bristol

Past Carey Trophy Winners

2000 — Erie, Pa., VA Medical Center
1999 — Grand Junction, Colo., VA Medical Center
1998 — Denver Distribution Center
1997 — James A. Haley Veterans’ Hospital, Tampa, Fla.
1996 — Calverton, N.Y., National Cemetery
1995 — White City, Ore., VA Domiciliary
1994 — Muskogee, Okla., VA Regional Office
1993 — Samuel S. Stratton VA Medical Center, Albany, N.Y.
1992 — Philadelphia VA Regional Office & Insurance Center

zational and personal learning, agility, and valuing employees and partners.

In the Health Care category, the top spot went to the Clinical Research Pharmacy Coordinating Center located in Albuquerque, N.M. Part of the VA Cooperative Studies Program, the center conducts national and international clinical trials on the effectiveness of new drugs. The only pharmacy of its kind in the nation, the center has come a long way since its establishment in the early 1980s. What began as a handful of pharmacists has evolved into a fully automated clinical trial service run by nearly 70 specialists. The 46,000-square-foot facility is registered with the Food and Drug Administration and approved to manufacture, store and ship clinical pharmaceuticals.

The Fort Custer, Mich., National Cemetery received the Achievement Award in the 2001 Carey Awards program for excelling in certain aspects of the award criteria. At 770 acres, Fort Custer is the fourth largest site in the National Cemetery Administration. The cemetery is operated by 18 full-time employees and receives the support of more than 100 volunteers who perform a number of critical functions, including providing full military funeral honors and maintaining the Avenue of Flags.

During the Carey Award ceremony Secretary Anthony Principi, who, while serving as VA Deputy Secretary in the early 1990s, was a major proponent of the award’s inception, spoke about what the quality improvement process means to VA.

“I remember hoping that the Carey award process would stand the test of time; that the award would be eagerly sought by VA organizations; and that its prestige, inside and outside of VA, would continue to increase in years to come. Eleanor Roosevelt once said, ‘The future belongs to those who believe in their dreams,’ and I have been given the rare opportunity to see my dream come true.”

To learn more about the value of organizational self-assessment using the Carey criteria, contact Martin Reiss, director of Management Improvement Service, at (202) 273-5131, or Darine Prok, a program analyst with the Carey Award, at (202) 273-6784.

By Matt Bristol

The following are excerpts from the interview, which was broadcast in its entirety on the VA Knowledge Network, combined with portions of Gen. Running’s prepared response.

**Q:** What is the purpose of the Korean War Commemoration? How long will the commemoration period last?

**A:** The purpose of the Korean War Commemoration is to identify, thank and honor the veterans of the Korean War and their families, especially those who lost loved ones, to recognize and remember prisoners of war and those whose remains have not been recovered … and to provide the American public with a clear understanding of the lessons learned from the war. The Korean War Commemoration started on June 25, 2000, marking the 50th anniversary of the invasion of South Korea, and lasts until Veterans Day, November 11, 2003.

**Q:** How do you and your organization plan to educate Americans about the war?

**A:** We partner with organizations like schools, businesses, universities, military bases, and veterans organizations across the nation to educate Americans about the Korean War. I travel personally, send members of the committee and informational displays to functions and events around the nation to teach people about the war. We also produce public service announcements, a monthly newsletter, news releases, a Web site, posters, booklets, bookmarks, fact sheets, and many other items that tell the story of the Korean War.

**Q:** As a primary partner with the Department of Defense, how would you characterize VA’s role in the commemoration?

**A:** Veterans Affairs is a natural partner. It is mandatory that we have Veterans Affairs as a partner in this because for many veterans, contact with Veterans Affairs is their only official contact with the United States government. And we, through our cooperative efforts, are working to reach out to these veterans who have not made any contact. One point eight million Americans fought in that war and they or their next of kin are entitled to the recognition, the thanks and the gratitude our nation owes them.

**Q:** Does the commemoration of the Korean War have a personal significance for you?

**A:** Well, yes, and for two reasons. My older sister, her husband is a Korean War veteran and from reading his letters and reading the newspapers in the days of the war as a school child made an impression on me. I also served three tours of duty in Korea for a total of six years.

**Q:** A lot of people refer to the Korean War as “The Forgotten War.” Why is that?

**A:** I say it’s a great mistake. … How can you forget something you never knew? The Korean War was fought to stop overt Communist military aggression and is one of the pivotal events of the 20th century. It is often referred to as “The Forgotten War” because of the neglect it has suffered in print, television, radio, classrooms, movies, universities, and many other areas. One reason for this is that the Korean War began only five years after WWII, a much bigger conflict in terms of participants, and the Vietnam War, a much more politically controversial war with much more television coverage, followed it. One
of Congress’s requests was that we inform Americans of the important lessons and history of the Korean War.

**Q:** How many Americans fought and died in the Korean War?

**A:** The total number of casualties during the war was very high. After 37 months of combat, total United Nations casualties reached more than 550,000, including 95,000 dead. American losses included 36,558 killed and 103,284 wounded. The bulk of these casualties occurred during the first year of fighting. The estimate of enemy casualties, including prisoners, exceeded 1,500,000, of whom 900,000 were Chinese.

**Q:** Why is the Korean War important to us today?

**A:** As the United States of America commemorates the 50th Anniversary of the Korean War, our committee is working to ensure Korean War veterans receive the proper recognition they so rightly deserve. An essential part of our effort is dedicated to educating Americans and giving them an understanding and appreciation of the lessons, history, and legacy of the Korean War and the contribution that those veterans made to maintain world peace and freedom. Today, more than ever, we should honor such service to our country. … With your help, we can change the legacy of the Korean War from "The Forgotten War" to the triumph for world peace and freedom that it was.

For more information, visit the Korean War Commemorative Committee Web site at www.korea50.mil/. Or call toll-free 1-866-KOREA50.

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**Korean War Service Medal**

U.S. Korean War veterans, or their next of kin, are eligible to receive the Korean War Service Medal. To qualify, the veteran must have served between June 25, 1950 and July 27, 1953; been on permanent assignment or on temporary duty for 30 consecutive days or 60 non-consecutive days; performed duty within the territorial limits of Korea, Korean waters or in aerial flight over Korea in actual combat operations or in support of combat operations.

Veterans or next of kin can request the Republic of Korea Service Medal by sending a copy of the service member’s discharge papers, the DD 214 (or equivalent paperwork), to:

Air Force Personnel Center
HQ AFPC/DPPRA
550 C Street West Suite 12
Randolph Air Force Base, TX 78150-4714

If a veteran, or relative, needs to request a copy of the DD 214 he or she should write to the National Personnel Records Center in St. Louis at: Military Personnel Records, 9700 Page Avenue, St. Louis, MO 63132-5100. Forms are also available online at www.nara.gov/regional/mpr.html.

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**Are You Watching?**

Don’t miss your weekly helping of “VA News”—news for and about VA employees delivered each week in a digestible 10-minute video shown daily at 4 a.m., noon, 4 p.m. and 10 p.m. (Eastern Time) over the VA Knowledge Network satellite link to your facility. Check with your facility satellite coordinator for local times and viewing locations. For more information about “VA News,” call the VA Office of Public Affairs at (202) 273-5730.

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**Distribution Center for Homeless Vets Reaches Milestone**

As the cold winter winds whisk through America’s cities, the homeless can be found huddling near open fires in Detroit, sleeping above subway vents in New York City, and crowding soup kitchens in the nation’s capital. The cities may change, but the stories of substance abuse, mental health disorders, and hopelessness are the same.

VA is working to rewrite that story, by providing an opportunity for the estimated 250,000 homeless veterans on America’s streets to get back on their feet and on the road to self-sufficiency.

The Department operates the nation’s largest integrated network of homeless programs. One of those, the Excess Property for Homeless Veterans Initiative, Operation New Hope, has distributed more than $100 million in clothing and other items to homeless veterans since its inception in 1994. But what makes Operation New Hope so unique is not the amount of clothing distributed, but rather, how it’s distributed.

Former homeless veterans who are enrolled in the VA New Jersey Health Care System’s Compensated Work Therapy program distribute the clothing from the Somerville Asset Management Service, a VA facility in Hillsborough, N.J. Aside from receiving job training in warehousing, shipping and distribution management, veterans enrolled in the program have an opportunity to experience the therapeutic value of work.

That’s not a new concept; it’s just something many take for granted. But for homeless veterans, work provides a daily purpose, a mission. It fosters pride, self-esteem and a sense of accomplishment, and is often the first step toward recovery.

Under Operation New Hope, the distribution center obtains clothing, footwear, sleeping bags, blankets, personal hygiene items and other materials for homeless veterans. Most of the items are excess military clothing collected from the Department of Defense, but donations of
Dressed out in his U.S. Marine Corps uniform, 6-foot-6-inch Claude Heldreth must have been an imposing figure. The artillery officer served 23 years with the Corps, drawing assignments in both Korea and Vietnam. But his toughest battle lay years ahead.

At age 67, he was diagnosed with Alzheimer’s disease. Carolyn, his wife of 46 years, tried to care for him at home, but as his condition deteriorated, she turned to a local hospital for help. They too were unable to handle Heldreth, who often did the opposite of what hospital staff wanted. Desperate, she turned to the Salem, Va., VA Medical Center for help. It’s a decision she doesn’t regret. “I think this is probably the best care we could ever get,” she said, as she gently stroked her husband’s hand in the lobby of the Salem Alzheimer’s unit.

The 29-bed unit specializing in the sustained treatment and rehabilitation of veterans with Alzheimer’s and other forms of dementia is a haven for vets labeled difficult, unresponsive or untreatable. It is staffed by a interdisciplinary team of health care professionals, from psychiatric nurses to music therapists and dietitians, who use their combined skills to stabilize erratic behavior and return veterans to their communities.

Psychiatric Nurse Manager Reba Keene has been on the unit for nine years and helps coordinate the team of caregivers. “Alzheimer’s will take anyone in its path. It cuts across every socioeconomic status and impacts the entire family,” said Keene. “It’s just a devastating disease.”

Over the years, she’s pushed for a number of improvements to make life a little easier for patients, their families and the medical and support staff working there. Some of these are environmental changes such as the wall-size mural of a mountainous view, or the indoor garden in the unit’s lobby—complete with benches, lush ferns, a 20-gallon fish tank, soothing miniature waterfall.
a Safe Haven for Vets with Dementia

Carolyn Heldreth, at left with her husband, Claude, doesn’t regret her decision to seek help with the former Marine’s care from the Salem VAMC.

Gabriel the cockatiel perches on patient James B. Pruitt’s finger as volunteer Bill Owens watches.

Psychiatric Nurse Manager Reba L. Keene feeds a patient.

and a lively cockatiel named Gabriel.

Volunteers like Bill Owens, a newlywed who met his wife, Virginia, while volunteering in the medical center, help out by watering the plants, sweeping up birdseed, brewing coffee and bringing in plenty of the veterans’ favorite snacks—RC Colas and chocolate Moon Pies. “This has been the most rewarding thing I’ve ever done,” said Bill, a 22-year Navy veteran. Virginia knows the feeling well—she’s been volunteering at the Salem VA Medical Center for the past 30 years. Other improvements range from the open layout where patients and caregivers can interact without physical barriers, to the latest equipment like whirlpool tubs, chairlifts and shower stretchers, so vets can get regular baths.

Keeping patients clean and treating them with dignity and respect is important to Cynthia Brown, R.N., who has been on the Alzheimer’s unit for more than a year. She decided to become a nurse after visiting her father in a nursing home. “He was just filthy,” she said, vowing never to let that happen to her patients. As she pushed the medication cart from patient to patient, Brown said she likes to bring a “bright, cheerful attitude” to work each day, with the hope that it will “rub off” on her patients.

Veterans in the Alzheimer’s unit attend exercise classes to increase their strength and cardiovascular conditioning. They go on field trips to baseball games, local parks and the zoo. There are twice-weekly visits from a music therapist who encourages the vets to sing or clap along as she plays old favorites on her acoustic guitar. And a registered occupational therapist works at making the veterans more independent, like giving them weighted spoons to reduce the shaking in their hands so they can learn to feed themselves.

Of all the various elements within the Alzheimer’s unit, perhaps the most significant is the program’s reliance on family involvement. Most families visit their loved ones often, spending time together in the garden-like lobby. They also participate in activities like gardening, picnics, ice cream socials and other special events. There’s a six-week grief counseling program where family members learn about the different stages of Alzheimer’s and how to cope with the loss of their loved one, and bi-weekly meetings where families receive updates on their loved one’s progress.

“The treat it as a family disease,” noted Scott Wright, a registered nurse who’s been with VA about six months. He sees a big difference between the level of care staff provide on the Alzheimer’s unit and the way patients were treated at his former job with a private hospital. “This is a lot better,” he said.

(continued on page 13)
Olympic torchbearers carried an international symbol of hope and peace into the heartland of a nation at war and in mourning when they left Atlanta on Dec. 4 on their journey to Salt Lake City, host of the 2002 Winter Olympics.

Organizers from Coca-Cola, Chevrolet and the Salt Lake City Olympic Committee selected about 11,500 torchbearers from the 210,000 nominations submitted nationwide. They chose Americans who best exemplify the Olympic spirit and serve as inspirations to their communities. Among those selected were several VA employees, volunteers and family members.

On Dec. 9, Debbie Livingston-Barr, a veterans service representative who works at the New Orleans VA Regional Office, carried the torch as it weaved through the Big Easy. For the past 13 years, she has volunteered at the YWCA Battered Women’s Program, where she co-facilitates a weekly support group that empowers women to create lives free of abuse. She said she was proud to have been selected, and carried the torch for all battered women and victims of domestic violence.

Rebecca Johnson, an Army veteran and volunteer at the Houston VA Medical Center, carried the torch on Dec. 10. Like other torchbearers, her story is one of strength and triumph. Though an auto accident left her without the use of her arms or legs, she has logged almost 2,000 volunteer hours over the past nine years. Her assignments include duty in the medical center’s Psychiatry Service and in the Spinal Cord Injury Unit. Friends strapped the torch to her wheelchair as she joined gold medalists Tara Lipinski and Mary Lou Retton-Kelley in the city’s torch relay.

Don Racster, a Disabled American Veterans volunteer driver for the Evansville, Ind., Outpatient Clinic, carried the torch Dec. 15 in Louisville, Ky. Racster, who is in the final stages of open-heart surgery rehabilitation, was nominated to carry the torch by his daughter. He has driven veterans to appointments at the Evansville clinic for the past five years.

In West Virginia, Martinsburg VA Medical Center Director George Moore carried the Olympic torch Dec. 20 for the second time in his life. After pushing his wheelchair the final two-tenths of a mile, Moore lit the traveling cauldron, sending orange flames flickering in the cool evening air.

A former Air Force F-100 Super Sabre fighter pilot, Moore lost his legs, right arm and permanently injured his left hand when his jet crashed at a Navy air base in Chulai, Vietnam. He was 26 years old.

He was nominated to carry the torch by Stephen Boykin, associate director at the medical center. “George embodies the Olympic spirit,” explained Boykin. “He’s an inspiration to us all.” He said Moore, who also carried the torch in Pittsburgh during the 1984 Olympics, dedicated his run to victims of the Sept. 11 terrorist attacks and those killed by terrorists during previous Olympics.

As the torch made its way through the nation’s capital, Wayne Miller, team leader at the Silver Spring, Md., Vet Center, held it high as he ran down Pennsylvania Avenue wearing his above-the-knee prosthetic leg.

Miller has served as a counselor and manager at the Vet Center since 1989 and was nominated by Kerry Severn, of the American Legion. “I consider it an honor to be selected to represent some of our greatest athletes, especially the paraplegics,” said Miller, a former Marine who lost his leg in Vietnam on the Fourth of
July in 1969.

On Dec. 22, the day after carrying the torch, Miller and other torchbearers met with President Bush at the White House. Joining Miller at the White House that morning was torchbearer Kate Rooney, wife of Michael Rabdau, the Washington, D.C., liaison officer for the Veterans Canteen Service. A mother of three, Rooney carried the torch on its way through Arlington, Va.

After a tour of D.C., the torch moved up the East Coast to New York. On New Year’s Eve, Gulf War veteran Julie Snodgrass, a human resources specialist in the VA Western New York Health Care System, laced up her jogging shoes and braved the cold as a support runner for a 1.5-mile stretch through the snow-lined streets of downtown Buffalo.

She said her role was to support torchbearers as they ran their routes. In one case, she carried the torch for a woman who was recovering from injury and didn’t have the strength to hold the 3.5-pound torch on her own.

Joe Arrascada, a social worker in the VA Sierra Nevada Health Care System, carried the torch through Reno on Jan. 21 as colleagues from his patient care team cheered him on.

Also carrying the Olympic flame that day was Richard Fender, a Navy veteran, former VA volunteer and Nursing Home resident. Jim Wallace, a physical therapist, nominated Fender for his history of volunteer work and for his advocacy on behalf of all the nursing home’s residents.

When the torch arrives in Utah, Brett Bevan, 23-year-old son of VA Salt Lake City Health Care System employee Dee Simonich, will be waiting. Bevan was diagnosed at birth with Down syndrome and born with a hole through all four chambers of his heart, plus a damaged heart valve. He has participated in the Special Olympics since the age of 8 and was nominated to be a torchbearer by his mom.

On its way to Salt Lake City, the Olympic torch will travel an average of 208 miles every 12 hours through 46 states before its scheduled arrival on Feb. 8. The flame’s arrival signals the start of the 2002 Winter Olympics, and marks the end of a historic journey across America.

Distribution Center (cont.)

“We have steadily increased. Civilian clothing is especially useful as homeless veterans seek stable housing and employment. VA’s Office of Acquisition and Material Management initiated the program and coordinates it, working closely with the VA New Jersey Health Care System, the Mental Health Strategic Health Care Group and the Office of Homeless Veterans Programs. Individual VA facilities across the nation turn to the distribution center for clothing and other items for homeless outreach activities.

For information on how to receive items from the distribution center, contact Linnie Baker at (202) 273-6109, or e-mail linnie.baker@mail.va.gov.

Somerville Asset Management Service workers sort excess military clothing for distribution to homeless veterans. From left are supervisor Pat McCarthy, Hazell Tyler, Jim Doughty and (on forklift) Melvin Cureton.

Salem VAMC (cont.)

Deloris Keeling, R.N., has been on the unit for 20 years. She was a clinical instructor in her native Philippines and worked in several hospitals before discovering the Salem Alzheimer’s unit. She said the staff interact “just like family,” and are ready to lend a hand whenever necessary. “That makes it very rewarding because we all contribute to producing these outcomes,” she said.

One of the fastest-growing groups of veterans is those age 80 and older. As their numbers continue to increase, so will the need for psychogeriatric treatment programs and the multi-disciplinary teams who make them effective. Dr. Kye Y. Kim, a geriatric psychiatrist who oversees the Salem unit, affirmed the value families place on Alzheimer’s treatment and rehabilitation programs. “These symptoms are very difficult to manage at home,” he said. “Our goal is to stabilize their symptoms and return these patients to the community. And we’re very good at that.”

By Matt Bristol
Jim March didn’t know it at the time, but a 1996 tornado that ripped through his Carroll County, Md., neighborhood would become a defining moment in his family’s life. The storm blew apart his home, and threw his two young sons, Ethan and Christian, into the yard from the second-floor bedrooms where they were sleeping. Both boys were hospitalized at the Johns Hopkins University Children’s Center.

While staying with his sons in the hospital, March met the families of children battling terminal cancer and other life-threatening illnesses. It was an experience he’ll never forget. “It just made me realize how fortunate we were,” said March, an attorney with Decision Team III in the Board of Veterans’ Appeals. “I wanted to do something to help those kids, to give something back.”

Once his boys were released from the hospital, he and his wife, Laura, decided to do something to help the children they’d met. “The Children’s Center was like their home away from home,” said March, describing how many are in and out of the center for months or even years at a time. “We just wanted to do something to make it more comfortable for them.”

For the past four years, he and his wife have participated in the annual telethon and other fundraisers to help raise money for the Children’s Center. All the money raised in the telethon is used to benefit the children and their families. They also started raising money for cancer research by participating in the American Cancer Society’s Walk-for-Life. Each year, March puts together a team of walkers who lace up their sneakers and hit the track for the all-night fundraiser. He said each team member collects about a hundred dollars in pledges and together they typically raise more than $1,000 for cancer research.

He and Laura now have four sons, and all of them share their father’s love for sports. As his boys began playing in community youth leagues, he decided to take an active role in their teams. He coaches basketball, soccer and baseball, and is a sports instructor with the Carroll County, Md., YMCA.

“I was big into sports in high school,” he explained, “and I enjoy watching the younger kids succeed in it as well; just seeing their expressions and how they respond, it’s a lot of fun.” He is also commissioner of a local instructional baseball league and treasurer for his son’s youth football league.

Beyond his work in the community, March is making a name for himself at the Board of Veterans’ Appeals. He joined the Board in 1992, after graduating from the University of Maryland School of Law, and is one of about 250 attorneys who draft preliminary decisions for the Board’s 57 members. Board members decide more than 31,000 appeals of veterans’ claims annually.

Colleagues say that since joining the Board, he has demonstrated a superior work ethic and been consistently among the team’s leaders in the number of tentative decisions prepared and submitted for review. “Jim is able to handle every assignment with skill, tact and efficiency … and has established himself as a leader and role model,” noted March’s supervisor, Deputy Vice Chair Nancy R. Robin.

For his stellar workplace performance, professionalism and commitment to community service, he was selected to receive the Board’s 2001 Howard J. Schlegel Memorial Award. The annual award was established to honor the memory of former Board member Howard “Jim” Schlegel and to acknowledge current attorneys who demonstrate the high standards of citizenship, character, job performance and zest for life that were considered Schlegel’s hallmarks.

“Selection for the award was based upon his demonstrated superior work ethic and his continual striving for excellence at the Board, in combination with his significant community involvement and volunteerism,” Chairman of the Board Eligah D. Clark told attendees at a Dec. 14 award ceremony.

Schlegel’s daughter, Jeanne, who is an associate counsel at the Board, and son, Jon, presented the award. After the ceremony, March spoke with Jeanne about the award. “I know how much this means to your family and the Board family—this is truly an honor,” he said. Her reply: “You deserve it.”

By Matt Bristol
Dr. George Sarosi, chief of medicine at the Indianapolis VA Medical Center and professor of medicine at Indiana University School of Medicine, was selected to receive the American College of Physicians-American Society of Internal Medicine 2002 Distinguished Teacher Award. He will receive the award on April 11, 2002, during the organization’s Annual Session in Philadelphia.

Sarosi said the award has “enormous” personal significance. “The previous recipients have all been my idols, including my mentor Dick Ebert … to be listed on the same page is very humbling.”

With the award, Sarosi was conferred Mastership in the College. It’s an honor extended only to a small group of highly distinguished physicians. To be eligible for Mastership, physicians must have exhibited pre-eminence in medical practice or research, or made significant contributions to medical science.

A 1964 graduate of Harvard Medical School, Sarosi began teaching at the University of Minnesota Medical School in 1967. He taught there until 1983 and has held subsequent appointments at the University of Texas at Houston, University of Arizona, Stanford and Indiana. He is the recipient of 18 teaching awards.

Sarosi has written extensively on the clinical diagnosis and treatment of fungal disease and held editorial positions with medical journals such as CHEST and Seminars in Respiratory Infections. He is a reviewer for publications such as the Annals of Internal Medicine and the New England Journal of Medicine, and editor of clinical reference books including “Fungal Diseases of the Lung” and “Respiratory Infections.”

His work on the epidemiology of blastomycosis has shaped current understanding of the disease. Blastomycosis is an infection caused by breathing in particles of the fungus Blastomyces dermatitidis, which is thought to be a soil-dwelling organism. The disease occurs more often in men and is geographically limited to areas of the south-central and mid-western United States and Canada.

Sarosi first joined VA in 1971 as assistant chief of medical service at the Minneapolis VA Medical Center. He became chief of medical service in 1974 and served in that capacity until 1982. In 1996, he joined the staff of the Indianapolis VAMC. His son, George Jr., is a surgeon with the VA North Texas Health Care System. He is the single recipient of this annual award. Past VA recipients include William S. Middleton (Madison, Wis., 1975); Saul J. Farber (New York, N.Y., 1986); Paul B. Beeson (Redmond, Wash., 1990); and Robert G. Petersdorf (Seattle, Wash., 1993).

The American College of Physicians-American Society of Internal Medicine is the nation’s largest medical specialty organization and the second largest physician group. Membership encompasses more than 115,000 internal medicine physicians and medical students.
To mark the three-month anniversary of the Sept. 11 terrorist attacks, President George W. Bush asked Congress, the American people and nations of the world to hold remembrance ceremonies at 8:46 a.m., Eastern Standard Time, on Dec. 11—exactly three months after terrorists piloted American Airlines flight 11 into the World Trade Center’s North Tower in New York City.

In VA Central Office, employees gathered the morning of Dec. 11 to remember victims of the attacks. Computer specialist James L. Falwell, who has been a member of the VA Gospel Choir since 1987, opened the ceremony with a solemn rendition of the national anthem. Following a prayer from Chaplain Clarence L. Cross, chief chaplain at the Washington, D.C., VA Medical Center, Secretary Anthony Principi reminded employees of the impact the Sept. 11 terrorist attacks has had on America. “Our lives changed; our nation changed; our world changed,” he said.

“VA employees across the nation lost friends in New York, in Washington, and in Pennsylvania—and if we did not know any of the victims personally or professionally, we were nonetheless touched in some way by the sacrifices of the men and women who fell that morning, and we will honor their memories always.”

Looking up from his prepared remarks, Secretary Principi went on to describe his personal loss; how a cousin, a New York City firefighter, had rushed to the World Trade Center to aid victims of the attacks. He ran into one of the burning towers to help others escape and was killed when the building collapsed.

Many employees, even those who work with the Secretary on a daily basis, were surprised to learn he had lost a relative in the attack. “I started crying right there,” said Debi Bevins, special assistant to the Secretary. “He just never talked about it before. He was always helping others—our people in New York, Washington, and the families of veterans who died. He put others before himself and that really moved me.”

The Secretary closed his remarks by thanking employees for their role in responding to this national tragedy. “To every VA employee who was involved in the rescue or recovery efforts, and to every VA employee who donated blood or contributed to the several September 11 funds, or in any other way reached out to the victims—thank you,” Principi said. “You define the American spirit of selflessness.”

Lapel Pin Brings in Money for Sept. 11 Victims

Employees at the VA Nebraska-Western Iowa Health Care System, Omaha Division, designed a lapel pin to raise money for victims of the Sept. 11 terrorist attacks. “The idea was conceived by a team of employees who wanted to do something to help the families and relief workers,” explained Gary N. Nugent, chief executive officer.

He described the pin as being in the shape of the Pentagon, with a U.S. flag flowing in the background. On the pin is an image of two “broken” towers, which form the number 11, and four stars to represent victims in the four hijacked airplanes.

They sold the pins for $3 each, with proceeds going to Secretary Principi’s “VA Remembers Sept. 11 Fund” and the American Red Cross. After a local television station aired a story about the lapel pin on the nightly news, the Omaha VAMC was flooded with phone calls from people who wanted to purchase the pins.

On Dec. 11, the three-month anniversary of the terrorist attacks, the Omaha Patriotic Pin Board presented a $25,000 check to the American Red Cross at a special remembrance ceremony. VA Canteen Service agreed to carry the lapel pins nationally and they were sold in VA facilities across the country.
Number of HIV Patients Resistant to Drug Therapy Higher than Estimated

More than three-quarters of identified HIV patients who are receiving care in the United States are resistant to all classes of drug therapy used against HIV, according to findings of a study headed by Douglas D. Richman, M.D., an infectious disease specialist. Richman directs the Research Center for AIDS and HIV Infection at the San Diego VA Medical Center and the Center for AIDS Research at the University of California, San Diego.

The high proportion of HIV drug resistance surprised members of the research team, since earlier HIV research had focused on smaller groups of highly selected HIV-infected patients. Richman said the study findings stress the importance of drug resistance testing to identify drugs that will not be effective for a patient. This approach has become the standard of care for VA and for many states. He emphasized the need for new drugs that are effective against drug-resistant virus infections.

Durham VA Study Shows Benefits of ‘Opportunistic’ Diabetes Screening

Performing diabetes tests on people visiting the doctor for other health concerns may be a helpful and cost-effective screening strategy, according to researchers from the Durham, N.C., VA Medical Center. This so-called “opportunistic” screening can easily be incorporated into a patient’s care and offers advantages including a better chance for follow-up care.

The findings, published in the January issue of the Journal of General Internal Medicine, show that among 1,253 VA outpatients without recognized diabetes, 4.5 percent were found to have the disease. Of these, 61 percent required a change in treatment for conditions including undesirable blood sugar levels and hypertension, based upon their newfound status. According to lead author David Edelman, M.D., the study shows opportunistic screening is likely more cost-effective, with the added benefit of being easily dovetailed into a typical office visit.

The opportunistic approach also takes advantage of a doctor-patient relationship that doesn’t exist in community testing, such as health fairs. This relationship promotes a greater likelihood that patients will follow up on their medical care upon discovering a significant risk of diabetes.

“Theoretically, the screening methods studied could be adopted by VA medical centers all over the country almost immediately. What we have here is a very practical way of discovering previously undiagnosed cases of diabetes,” Edelman said. He also noted that another aspect of opportunistic screening is the use of a non-fasting test, where patients are not required to refrain from eating prior to screening. “The downside to fasting tests, while more direct with a better sensitivity and specificity than any non-fasting tests, is that patients don’t always fast,” Edelman said. “There are significant benefits in not having to worry about that. The non-fasting test also gives us important information on how severe the diabetes is, so you know right from the beginning what the urgency of intervention is.”

Although this study does not prove that opportunistic screening for diabetes is the more effective or more cost-effective alternative, it demonstrates that there is little downside to this type of screening within medical centers, compared to community-based screening. This study was funded by the VA Cooperative Studies Program.

Connecticut VA Researchers Find Alcoholism Drug No Better than Sugar Pill

A popular drug used to treat alcoholism worked no better than sugar pills for long-term heavy drinkers, according to the findings of a VA study published in the New England Journal of Medicine. A research team led by Dr. John H. Krystal, of the VA Connecticut Health Care System, examined the effects of the drug, naltrexone, on 600 veterans.

The veterans participating in the study, whose average age was 49 and who started drinking regularly in their 20s, reported that they drank about three days out of four. They consumed an average of 13 drinks on the days they drank. Some were given naltrexone for three months; others took the drug for a year. Still others were given sugar pills. In all three groups, the patients went an average of four-and-a-half months without drinking. More than a year later, patients in all three groups were drinking less and on fewer days.

In an editorial accompanying the report, Dr. Richard K. Fuller and Dr. Enoch Gordis, of the National Institute on Alcohol Abuse and Alcoholism, noted other studies had found naltrexone to be moderately effective and the results of the new study may apply just to severe alcoholics.

Researchers at Odds on Whether Brain Works During Sleep

Two similar studies published in the November issue of Science magazine drew opposite conclusions on whether the brain processes information during sleep.

On one side is Jerome Siegel, a researcher in the Center for Sleep Research in the VA Greater Los Angeles Healthcare System and professor at the University of California at Los Angeles. Siegel examined dozens of studies on dreaming and whether the brain processes information during sleep. He found no evidence to indicate that the brain is working while we sleep.

“Since the beginning, there have been all sorts of theories about what happens when we sleep and dream,” he said. “Hundreds of years ago, people said we dreamt to get in contact with our ancestors. The latest theory gaining some acceptance is that our brain is solving problems and helping us learn. There is no evidence of that.”

Robert Stickgold, a professor of psychiatry at Harvard Medical School, disagrees. His research suggests that dreams are created from memories and part of the brain analyzes new information during sleep. “The brain is taking information and helping us put it into a form that we can understand,” he said. “Understanding the complexity of the world is one of our brain’s most difficult tasks. It needs more than our hours of awake time to get the job done.”
The VA Office of General Counsel received the Outstanding Ethics Program Award from the office that oversees all federal agencies’ employee ethics programs. VA is the largest agency ever to receive the award. The Office of Government Ethics, an executive branch agency that examines the ethics of all federal agencies, found the complexity and scope of ethical issues facing VA’s employees made the Department’s track record particularly impressive. Amy Comstock, director of the ethics office, presented the award Dec. 13. Comstock praised VA’s “ethically active leadership” and cited a “multitude of complex and difficult ethics issues” that face VA lawyers, especially arising in VA’s health care system. VA’s ethics programs are managed by the Office of General Counsel, which includes 23 regional offices that share responsibility to review financial disclosure reports from 5,000 employees, provide training, and counsel employees personally on ethical conduct. VA has the largest centralized ethics program in the federal government. While other agencies also received the award this year, Comstock emphasized that the scope and complexity of VA’s programs far exceed others.

John E. Ogden, director of VA Pharmacy Service, is the first recipient of the American Society of Health-System Pharmacists’ (ASHP’s) newly established Award for Distinguished Leadership of Health-System Pharmacy Practice. The ASHP Award recognizes Ogden’s distinguished VA career of more than 25 years, emphasizing his noteworthy achievements and wide recognition for transforming the practice of pharmacy within VA. He led the massive re-engineering of the VA outpatient prescription refill process that allows pharmacists to provide more direct patient care. He has published many scientific articles and has participated in high-level health care leadership groups, including the White House Roundtable on the National Pharmaceutical Supply Year 2000 Initiative. During the award presentation, Ogden was cited as a leader to emulate in adapting to the changing health care environment.

Dr. Frances Selsnick, a surgeon at the Reno, Nev., VA Medical Center, was selected for the 2001 Mark Wolcott Award for Excellence in Clinical Care Delivery. She is an outstanding bedside clinician who has devoted more than 38 years to providing compassionate care to veterans. In 1956, she was the first American woman to become a Fellow of the Royal College of Surgeons. She achieved successes in medicine when women in the field of medicine, particularly surgery, were rare. Dr. William Blaisdell, chief of Surgery at the VA Northern California Health Care System, was chosen for the 2001 Mark Wolcott Award for Excellence in Clinical Care Leadership. Blaisdell is a world-renowned surgeon; a leader, mentor, and patient advocate who has made major contributions to the advancement of American surgery, patient care, surgical education, and the mission of VA. He has had a long and distinguished career in the surgical field, with special emphasis in vascular surgery, trauma care and surgical education. He was the first trained cardiac surgeon in VA; initiated the first formal open-heart surgery program on the West Coast; and was instrumental in developing the country’s first trauma program. The Wolcott awards are the highest honor bestowed upon clinicians in the Veterans Health Administration.

The Association of Nurses in AIDS Care selected Cassandra Miller-Hardwick, HIV/AIDS coordinator at the Birmingham, Ala., VA Medical Center, for their 2001 HIV Nursing Fellowship Award-Master’s Degree Fellow in HIV Nursing. Miller-Hardwick is highly regarded for her leadership, dedication and compassion in caring for patients with HIV. She was selected from a national pool of applicants.
The San Francisco VA Medical Center is saving almost 3 million kilowatt-hours of electricity, more than 70,000 therms of natural gas, and more than $500,000 annually by taking advantage of Energy Savings Performance Contracts (ESPC) developed by the U.S. Department of Energy’s Federal Energy Management Program. With 28 buildings accounting for 1 million square feet, the medical center requires a considerable amount of energy. In 1997, the facility’s energy costs totaled almost $1.8 million. To make the most energy savings was the lighting retrofit. More than 250,000 light bulbs were exchanged for high-efficiency bulbs and lamps. Light controls were installed in areas where the need for light was not continuous. The next energy-efficient move for the medical center is to address water cost-saving measures that include cooling coil replacement, steam distribution system improvements, low-flow fixtures, and irrigation system controls. These measures are expected to save an estimated $173,000 in energy, water and related operating expenses annually.

National Football League (NFL) record holder and former New Orleans Saint Tom Dempsey visited with residents of the Lindy C. Boggs Transitional Care Unit at the New Orleans VA Medical Center while he was in town to support the American Diabetes Association’s Walk-a-Thon. Dempsey was born with a deformed right foot and suffers from diabetic foot ulcers and diabetes. He entered the NFL record book in 1970 when he kicked a 63-yard field goal to give the Saints a 19-17 victory over Detroit. According to Stacie M. Rivera, public affairs officer at the medical center, many veterans in the unit remembered Dempsey’s field goal and were surprised by his visit. The New Orleans VAMC has an aggressive Amputation Prevention Program that has reduced amputations by 60 percent over a two-year period.

Jon Cruikshank, a computer specialist from the VA Central Iowa Health Care System, was in Northport, N.Y., for a training conference when he met a young man, a desk clerk at the hotel, who was recently discharged from the U.S. Air Force. The veteran noticed Cruikshank’s VA name badge and asked if he could help him with VA benefits. Cruikshank called eligibility staff at the Northport VA Medical Center to enroll the veteran for his primary health care. Next, he contacted staff at the regional office to obtain information on veterans’ benefits, as the veteran needed a compensation and pension examination for injuries suffered on military duty. They arranged for a compensation and pension exam within three weeks. The veteran told Cruikshank that his actions had changed his life in just a matter of hours. He went on to say how proud he was of his family’s military history. Cruikshank returned to Des Moines, Iowa, knowing he had made a difference in one veteran’s life.

Former Senator Robert Dole has been busy visiting veterans and staff at VA medical centers across the country. During an appearance on the “Tonight Show with Jay Leno” late last year, he praised the quality of VA health care and encouraged Americans to visit hospitalized veterans over the holidays and throughout the year. In December, Dole attended a holiday party for former prisoners of war at the Washington, D.C., VA Medical Center, and while in Texas to give a speech at Southern Methodist University, he paid a visit to veterans at the Dallas VA Medical Center.

When Tom Brokaw wrote The Greatest Generation, he devoted a chapter of his book to Mary Louise Wilson, a combat nurse who was the first woman to receive the Silver Star during World War II for heroism under fire. After her wartime experience, Wilson served 26 years as an operating room nurse at the Dallas VA Medical Center. While visiting the medical center late last year as a guest speaker for a Veterans Forum entitled “Nurses in the Combat Zone,” Wilson took part in a ceremony dedicating a conference center in Nursing Service in her honor. Sadly, she passed away just two weeks later.

The final public ceremony honoring American veterans who landed at Normandy and helped liberate France during World War II was held Dec. 13 aboard a French helicopter carrier docked in Boston. About 200 World War II veterans received Special Diplomas from the French Consul General. VA Deputy Secretary Leo S. Mackay Jr., Ph.D., above, represented the United States at the ceremony.
John Greer was on his way home from the Mountain Home, Tenn., VA Medical Center, where he works as a pharmacy technician, when he saw an 18-wheeler overturned in an intersection. The big rig was hooked up to a tanker filled with more than 8,000 gallons of gasoline, and the gas was seeping onto the highway. Together with some other motorists who stopped to help, Greer pulled the stunned driver from the overturned truck and carried him a safe distance away. He stayed with the driver and provided care and comfort until emergency medical and fire personnel arrived on the scene.

Jody Kennedy, a supervisor in the Eligibility Office at the Omaha division of the VA Nebraska-Western Iowa Health Care System, was attending a family gathering at a local hotel when she saw two men pull an unconscious 8-year-old boy from the hotel pool. She ran to see if she could assist the boy, who had been found floating face down in the pool. She’d taken a CPR class several years ago, but had never performed the procedure. Still, she recalled, “instinct just set in.” Kennedy gave breaths to the boy, while another hotel guest did chest compressions. After a few moments, the boy began breathing, but was unresponsive when he was taken to the hospital. The boy, who had been celebrating his birthday at the pool that day, was hospitalized for a few days but has since made a full recovery. Kennedy later visited the boy and his family, and she received a commendation from the American Heart Association for her heroic efforts.

Eligibility clerk Don Angerame, from the Northport, N.Y., VA Medical Center, was staffing the VA booth at the New York City Family Assistance Center in late October when a woman stopped by to inquire about burial benefits. She explained that her husband was killed in the attacks on the World Trade Center and she wanted to have a funeral service for him at Arlington National Cemetery, even though his body was never recovered. As she spoke, it was clear to Angerame that she was very upset and in need of his support. The center’s telephone lines were down, so he used his personal cell phone to call Arlington National Cemetery to ask about arranging a service. He then called a funeral home in Washington, D.C., to obtain a funeral permit. After several hours of cutting through red tape, he arranged the funeral service in Arlington National Cemetery for the following week.

While vacationing at Canyon Creek Resort, a motor home park in the backwoods of Northern California, Joe Borba helped vacationers evacuate after a mudslide blocked roads in the area. The resort had a backhoe to clear the roads, but no one was trained on how to use it. Borba, an automotive worker at the San Joaquin Valley National Cemetery, knew exactly how to use the backhoe and quickly volunteered his skills to clear the roads. Thanks to his actions, approximately 75 families were able to leave the resort area affected by the mudslide.

After finishing her shift in the Surgical Unit at the Fargo, N.D., VA Medical and Regional Office Center, Cindy Bartholomay heads off to the Holiday Inn restaurant, where she moonlights as a server. One day at the restaurant, she knew something was wrong when a colleague hurried past her with a worried look on her face. Bartholomay, a licensed practical nurse, ran into the dining area and saw an unconscious man. Checking his vital signs, she discovered he had no pulse and wasn’t breathing, so she immediately started CPR. As she attempted to revive the man, a local physician identified himself and assisted in the recovery efforts. By the time the ambulance arrived, the victim was conscious and breathing on his own. After the incident, she called the man’s family to check on his progress. His wife, thankful for Bartholomay’s quick response, answered the phone and told her, “He is alive because of you.”

Northampton, Mass., VA Medical Center Police Officer Ronald Shepard was driving his police cruiser to the medical center when he noticed a man lying face down in front of a local nursing home. He immediately radioed VA police and asked the dispatcher to call 911. He left his vehicle and stood by the man and a nursing home employee until assistance arrived. The man had apparently fallen to the pavement after suffering a seizure. He has since recovered.

New Wing at D-Day Museum

Actor Tom Hanks greets VA Deputy Secretary Leo S. Mackay Jr. at a ceremony opening a new wing of the National D-Day Museum in New Orleans honoring Americans who fought in the Pacific during World War II. The ceremony was held on Dec. 7, the 60th anniversary of the Japanese attack on Pearl Harbor.