A Talk with the Secretary
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Melody Miles knows what it’s like to be hungry and homeless. Three years ago, she was living in a homeless shelter. That was the point where she took control of her life. She successfully graduated from a program for substance abusers and found a job at the Houston VA Medical Center.

“I always ran from situations,” she said, “but I’ve learned to deal with things without losing. I’ve learned about setting boundaries, learned to stand up for myself. I know there is a higher calling for my life. I’m living a life sober and clean today.”

At the medical center, a couple of her co-workers asked if she wanted to help with the annual food drive to benefit the hospital’s Health Care for the Homeless Veteran Program. She said “yes” and the rest is history.

“I’m married to a Vietnam veteran, and I wondered how we can live in a country and watch the men and women who fought for it stand in the middle of our streets holding signs saying ‘Vietnam vet – homeless – will work for food.’ I believed our community could do something about it,” said Miles.

In 1998, the National Nutrition Month Food Drive involved just a few people and brought in about 1,002 pounds of canned goods and other non-perishables. During her first year working the food drive, 1999, she alone brought in 1,046 pounds. In 2000, she spearheaded the effort to take the food drive outside the hospital and get the community involved. Since then, Miles and her small team of volunteers—Ben Lima, Renee Walker, Donald Tapscott, Jeff O’Neal, Danny Ray van Avery and Valsa George—have seen their hard work pay off. Each year, more people and more organizations recognize the importance of this program.

This year, the food drive brought the community together like never before: medical center employees, volunteers, and veterans; service organizations such as the Disabled American Veterans; high school ROTC cadets; local businesses; community leaders; media outlets; and celebrities. For the second year, a local radio station, KCOH, hosted a food drive and live radiothon to support the National Nutrition Month Food Drive. More than 1,350 pounds of food and nearly $4,186 in cash were collected in just one day.

At the medical center, the month-long food drive generated an additional 7,151 pounds of food.

“The amount of food and other donations to our Health Care for the Homeless Veteran Program this year is incredible—the equivalent of 12,687.66 pounds of food. This will provide food for hundreds of hungry veterans in the Harris County area,” said Lima, chief of Food Production Service.

Today, Miles is a program support clerk in the medical center’s Medical Care Line. She’s involved in prison ministry, is a regular speaker at the Star of Hope Women’s Shelter, and serves as a mentor for women struggling to get their lives back on track. “It is my prayer that everyone will always remember the plight of our homeless veterans,” she said.
VA’s Response to the National Nursing Shortage

It’s no secret that health-care organizations across the nation are facing a shortage of nurses. But the problem is expected to worsen dramatically in the coming years for a number of reasons, including the aging of the current nursing workforce, the decreasing number of nursing school graduates to keep the profession going strong, and an ever-increasing need for the services professional nurses provide.

Nationally, the average age of registered nurses (RNs) is 45. In VA, it’s 46. Nursing has traditionally been a profession dominated by women, but today’s young women have a much broader range of career options. Fewer and fewer of them are choosing nursing. And the aging of the Baby Boom generation will place greater demands on the nation’s system of health care.

The extent to which VA facilities are impacted by the nursing shortage varies geographically. However, shortages are more evident in certain nursing specialties such as critical care.

With a workforce that includes some 36,000 registered nurses, VA cannot afford to put this issue on the back burner. The Department must take strong action now to ensure that we will be able to attract and retain a qualified nursing staff well into the future.

VHA’s Nursing Strategic Healthcare Group has taken an important step in this direction with the release of “A Call to Action—VA’s Response to the National Nursing Shortage.” The report is the product of VA’s National Nursing Workforce Planning Group, whose multidisciplinary membership consulted with national experts in nursing, government and Academe, conducted an extensive review of the literature, and met with VA employees.

What emerged is a frank discussion of VA’s ability to compete in today’s nursing labor market and the barriers that impede nurse recruitment, retention and utilization. Recommendations for diminishing these barriers range from the need for legislative initiatives to greater flexibility, respect and recognition in the work environment.

The work group began its activities in August 2000 and, as a fortunate result of this early start, contributed information and data that is reflected in the recently enacted P.L. 107-135 “Department of Veterans Affairs Health Care Enhancement Act of 2001.”

One of the group’s recommendations established by that law is a National Commission on VA Nursing. This 12-member group has been appointed by Secretary Principi to advise him on issues affecting VA nurses. The panel is authorized to consider “legislative and organizational changes to enhance the recruitment and retention of nurses” and assess the future of the nursing profession within VA. A report on the commission’s findings is due in May 2004.

In its report on the nursing shortage, the National Nursing Workforce Planning Group writes that VA’s retention of nurses is dependent upon fostering professional work environments in which nurses are actively involved in decision-making. In some cases, legislative restrictions impede the ability of VA facilities to structure competitive pay/benefits packages or implement flexible work schedules that are offered in community hospitals and which nurses desire. This impacts VA’s ability to compete in local RN hiring markets.

The group also notes that nursing staff often are not optimally utilized, and technological support and the support of other patient care and ancillary personnel are inadequate.

Among the recruitment proposals, VA is encouraged to seek broader pay and hiring authorities and, just as important, to use existing authorities in a flexible and creative manner. The group recommended that successful programs such as the student-oriented Veterans Affairs Learning Opportunities Residency (VALOR) Program be expanded, and that the Health Professional Scholarship program be reactivated.

VA facilities are encouraged to link with local schools and community networks to emphasize nursing and health careers.

As the report clearly indicates, the solution to the nursing shortage must come from a Departmental commitment to providing quality care for veterans by maintaining adequate numbers of qualified nursing staff. An electronic copy of the report is available on the Nursing Strategic Healthcare Group Web page at www.va.gov/nursing.

June Event Brings History to Life at Milwaukee VAMC

The Milwaukee, Wis., VA Medical Center will be the site of a unique event next month celebrating its history as one of the original Soldiers Homes established by President Abraham Lincoln to care for returning Civil War soldiers.

The facility will host “Reclaiming Our Heritage,” a Civil War encampment/living history event, on its grounds June 1 and 2. A side-by-side comparison of field trauma care in the Civil War and in today’s military will be a featured attraction.

The event is being sponsored by the Soldiers Home Foundation Inc., a charitable organization charged with preserving and renovating the buildings built between 1868 and 1891 in the historic district of the VA campus.
“What we need are revised, updated and simplified human resources regulations,” concluded about 300 of the Department’s top leaders who met in Topeka, Kan., for a strategic meeting. Four years later, a job some called monumental and colossal is complete.

A new system of human resources regulations, accessible on the VA Intranet through the Office of Human Resources Management Web site at vaww.va.gov/ohrm, took effect on April 15. More than 100 old policy issuances were replaced with 14 subject matter directives and handbooks in areas such as pay, staffing and employee relations.

For years, HR policies were haphazardly compiled in gray, government-issue binders. Updates were marked with yellow Post-it notes, or penciled in the margins. Looking up a policy meant hours of sifting through various, sometimes outdated, policy issuances.

“It was time-consuming and very confusing,” explained Kenneth H. Quantock, associate director of the HR Consulting Division in VA Central Office. “There were VA policies, VHA policies, VBA policies and NCA policies; you were constantly switching between them and never knew if you had the updated version.”

A team of employees from all three VA administrations, the Office of Human Resources Management and other VA staff offices, as well as union representatives, took on the project of updating the regulations and saw it through to completion.

They reviewed, edited and converted all paper documents into Microsoft Word electronic files, and grouped the various policy issuances into 14 consolidated subject matter directives/handbooks.

“A four-year labor of love,” is how Terence Kahn, chief of Human Resources at the Indianapolis VA Medical Center, described the project.

Now, there is one HR manual system for the entire Department. It’s easier to read and navigate than the old binders—nearly 1,000 pages were eliminated from the paper files, and all information can be located through an electronic word search function.

“Some people may look at this as an end,” noted Dennis Curley, director of Human Resources Management and Policies and VA Central Office team leader for the project. “But, in many respects, it’s really a beginning.

“Information is power, and this gives our next generation of managers and HR professionals the ability to access information by themselves and make good use of it.”

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San Juan VA Medical Center Police Officer Shot, Killed on Duty

VA Police Officer José Rodríguez-Reyes was shot and killed last month while on duty at the San Juan, Puerto Rico, VA Medical Center. He was a veteran and 18-year VA employee. The Federal Bureau of Investigation and local police are investigating the incident.

At about 7:50 p.m. on April 24, Officer Rodríguez-Reyes was reportedly ambushed by two assailants while working at an outdoor gate at the VA facility. Witnesses reported hearing four shots. Colleagues raced to the scene and found Rodríguez-Reyes lying on the ground. They rushed him to the emergency room, where he died a short time later. “He was a loved man, a family man, and very popular among his colleagues,” noted medical center Public Affairs Officer Annie Moraza.

VA Deputy Secretary Dr. Leo S. Mackay Jr., was in San Juan at the time of the shooting visiting VA facilities. “On behalf of President Bush and Secretary of Veterans Affairs Principi, we offer our condolences and prayers for the family of VA Police Officer José Rodríguez-Reyes and his colleagues,” Mackay said during a press conference the next morning. “The Department of Veterans Affairs will do everything we can to support Rodríguez-Reyes’ family and colleagues.”

Mackay went on to commend the leadership provided by San Juan VA Medical Center Director Dr. Rafael E. Ramírez, and the response by staff and volunteers. About 350 employees attended a town hall meeting that morning, where they learned of the incident and were offered counseling and support.
Benefits Information Just a ‘Virtual’ Phone Call Away

How many times have you called an 800 number only to get a busy signal or be put on hold for what seems like an eternity? Chances are, at least once a week.

Aware of the frustrations people face every day with these types of calls, the Veterans Benefits Administration (VBA) is implementing its Virtual Information Center (VIC) program—practically eliminating long waits on VA’s toll-free benefits line and bringing customer service up to the benchmark levels followed in private industry.

“We are fundamentally changing the way we do business,” said Stan Sinclair, Deputy Under Secretary for Benefits. “Our VICS are changing a process-driven bureaucracy into a customer-focused organization.”

The “virtual” part of the VIC concept is that the veterans service representatives (VSRs) helping callers don’t have to be physically located in the same VA regional office. In fact, they don’t even have to be in the same state as the callers. Instead, technology links staff from several regional offices in a multi-state region to handle incoming calls. The VIC system first attempts to route a call by area code as usual, but if the call goes unanswered for more than 30 seconds, it’s then automatically routed to the next available VSR in the multi-state VIC area.

Leo A. Phelan, director of VBA’s Office of Access Management and Facilities, said VBA gets 22 million calls a year, 12 million of which are received through (800) 827-1000. “We get peaks and valleys during the day,” he explained, “so during peak call times, more VSRs are available to answer calls, and in less busy times they can work in other areas. We can balance the volume of calls with staffing—it gives us an economy of scale.”

The bottom line is less waiting for callers, and better use of staff for VBA. According to Phelan, the first VIC, established in the Northeast, allowed VBA the flexibility to redirect 17 percent of the telephone-answering staff to claims processing duties. As more VICS are added throughout the country, VBA expects to be able to free up more staff to work on processing claims.

To understand how dramatic the changes resulting from these innovations are, you only need to look at recent history. In 1998, 52 percent of the calls coming in to the toll-free number were unable to get through, or “blocked.” Even when a call did get through, the wait time to talk to a VSR was so long that 13 percent of callers would hang up.

A year later, the blocked-call rate dropped below 10 percent after an automated response system, or “phone tree,” was installed. About 21 percent of calls are now handled by this system without the assistance of a VSR. In 2000, the first VIC activation brought the blocked-call rate down to just 3.3 percent.

A second VIC recently went live, operating in the states of Georgia, North Carolina, South Carolina and Tennessee. Two more are planned—one covering central states due this fall, and another in the west targeted to be up in 2004.

Future plans include adding more options on the toll-free line’s automated response system and offering more self-service options through the Internet. “We’re improving service by making it easier, faster and more reliable for the caller,” said Sinclair. “It’s a radical change in customer service.”

Federal Savings Bond Campaign Runs Through the Month of May

The annual Federal Savings Bond Campaign runs from May 1 through May 31. VA Secretary Anthony J. Principi is the chair, and the Under Secretary for Memorial Affairs, Robin L. Higgins, is the vice-chair.

The savings bond campaign is an annual event to increase employee personal savings through investment in U.S. Savings Bonds. VA’s goals are to contact 100 percent of the Department’s employees to inform them about the benefits of investing in bonds, and increase employee participation this year by 5 percent.

In addition to the Series EE Savings Bonds, VA employees can now purchase Series I Saving Bonds by payroll deduction for the first time. During May, your local savings bond campaign representative will contact you with information about purchasing bonds or increasing your current allotment.

Savings bonds are attractive investments because they offer competitive interest rates, tax advantages, safety, affordability, accessibility and convenience.

Series I and EE Savings Bonds accrue interest monthly and are offered in eight denominations: $50, $75, $100, $200, $500, $1,000, $5,000 and $10,000. Series I and EE Savings Bonds can be redeemed after the first six months they are purchased; however, a three-month interest penalty applies to bonds redeemed during the first five years. For instance, if you purchase a bond and redeem it after two years, you’d only receive 21 months’ interest.

The I Bond is an “inflation-indexed accrual security.” The interest rate is composed of a fixed base rate and an inflation adjustment. The fixed rate remains the same for the life of an I Bond, and the inflation adjustment is tied to the Consumer Price Index. The Series I Bond is bought for full face value.

The EE Bond is an “accrual security.” EE Bonds earn 90 percent of the average yield on five-year Treasury Securities. The EE Bond is bought at half its face value. A $50 Series EE Bond, for instance, costs $25. For more information about savings bonds, visit the U.S. Treasury Department Savings Bond Web site at www.savingsbonds.gov.

VA employees can quickly and easily purchase new savings bonds or increase current allotments through HR LINK$. You can access HR LINK$ through desktop personal computers via the Internet at www.hrlinks.aac.va.gov, or an HR LINK$ Access Point, or by dialing (800) 419-5272 from any touch-tone phone, 24 hours a day, seven days a week.

You’ll need your Social Security number and your HR LINK$ personal identification number to access the system.
Secretary Anthony J. Principi sat down with VAnguard on April 9 in his office to reflect on his first year as VA Secretary. He addressed a variety of timely topics, including VA health care funding challenges, the claims backlog, meeting increased demands for burial services, and workplace succession planning.

He also touched on other more personal issues, such as his leadership style, his proudest moments of the past year, and the World War II veteran whose story is a constant source of inspiration for him.

Q: You devoted a lot of time during your first year as Secretary to visiting VA field facilities. What did you learn from your travels around the country?

A: I’m always inspired when I visit VA facilities and talk to VA employees and patients at medical centers or veterans at regional offices. I learn a great deal about the VA, about the work we do, and I’m inspired by the tremendous value we bring to people’s lives. We enrich veterans’ lives through the compassionate and professional care we provide.

Q: What was your proudest moment of the past year?

A: My proudest moment was receiving letters from World War II veterans whose claims for disability compensation had been languishing for many, many years. As a result of the Tiger Team, those claims were decided at a point in their lives when they had given up all hope, and they wrote to tell me how grateful they were that I had launched the Tiger Team and that they could now get on with their lives and not be a burden to their wives or children. It was very, very touching to get those letters.

Q: Were there any disappointments you’d like to share?

A: Well, I can be impatient at times, and if we don’t make as much progress as I’d like, I tend to get disappointed. The backlog of claims pending has not dropped as dramatically as I would have hoped, and that was somewhat of a disappointment, but we are on track and doing very, very well at making incremental steps to reducing that backlog.

Q: You’ve characterized the funding challenges facing the VA health care system as having the potential to reach crisis proportions. What options will VA explore to deal with this issue?

A: Clearly, veterans are coming to VA in record numbers, and I think that’s a tribute to the quality of care we provide. Also, opening outpatient clinics close to veterans’ homes provides greater access to VA health care. Our benefits package is one of the most generous in the country in terms of pharmaceutical coverage and extended care.

For all of these reasons, we have seen a very profound increase in our workload that has caused some of us to have concerns as to how we can continue to maintain high quality in the future. Clearly additional re-
sources are, first and foremost, my highest priority. I will work with the Administration and Congress to ensure adequate funding for our programs.

But short of adequate funding, I would not hesitate to make the difficult decisions to suspend enrollment for new Priority 7 veterans or take other steps to balance our workload and budget. We really need to manage our workload. We cannot let it get out of control, and that has happened as a result of decisions to have open enrollment and to open such a large number of outpatient clinics. Now, we need to ensure there is some balance.

**Q:** You’ve made reforming the claims processing system your top priority. What reforms have already taken place and how satisfied are you with the progress that’s been made?

**A:** I’m extremely satisfied with the progress we’ve made. I give [former Acting Under Secretary for Benefits] Judge Guy McMichael and [Deputy Under Secretary for Benefits] Stan Sinclair enormous credit for bringing new leadership to the Veterans Benefits Administration during a very difficult time when we were without permanent leadership in that administration. And also Admiral Dan Cooper and members of the task force for their extraordinary work in providing me with hands-on recommendations to improve the claims processing environment. They really deserve the credit.

Of course the Tiger Team is an important initiative to address the needs of our aging veteran population. We have begun to look at triaging new claims that come into the VA so that those that can be decided immediately can be done and others that require claims development work can go into a different workflow.

We’re looking at specialization, so people can concentrate on areas where they have a great deal of efficiency and experience. We’re setting performance standards and holding people accountable for the quality and timely decisions on claims.

**Q:** The aging veteran population is increasing the demand for burial in our national cemeteries. How is VA meeting the challenge of giving all veterans who choose this option a dignified final resting place?

**A:** We certainly see issues relating to our aging veteran population and the number of interments we have in our national cemeteries. We’re almost at 100,000 interments a year in our 120 national cemeteries. The World War II population, of which only 5 million or so are still alive, are passing on in record numbers.

We are in the process of opening five new national cemeteries; two should be open within the next year or two. We’ve also started a new program called fast track, where we actually begin interments in new national cemeteries before the cemetery infrastructure is built.

So, we’re exploring new methods, we’re building columbaria in areas where our national cemeteries are full for casket interment. We’re working very closely with the states to expand the state cemetery grants program, which is a wonderful program between the federal government and state governments to share the cost of interring veterans.

Through the combination of new cemeteries, the state cemetery grants program, and innovations such as fast track, I believe we are maintaining our ability to provide interments to veterans who pass on.

Another issue is our national shrine commitment to ensure that our national cemeteries are viewed as honored places of rest for veterans, that they have the stature and beauty befitting a national cemetery. In years past, because of funding shortfalls, a number of our cemeteries had a backlog of maintenance and repairs that really undermined the beauty and the stature of the national cemetery and what it means. We are (continued on page 8)
investing millions of dollars to reduce that backlog of much-needed maintenance and to beautify our national cemeteries.

Q: VA has a history of developing stove-piped, non-connected, incompatible IT systems. A Department-wide Enterprise Architecture designed by a core group of VA leaders is now being implemented. Why is this important?

A: Historically, as you indicate, we’ve had stove-piped design, stove-piped development and stove-piped implementation without any view toward the need for commonality or uniformity across administration and staff office lines. In the process, we have expended billions of dollars on information technology modernization efforts, some of which have not provided us with the return on investment we would have hoped.

Shortly after becoming Secretary, I launched the Enterprise Architecture initiative to build commonality in both computing and telephony to ensure that we had a system-wide strategy for investing in new information technology that looked at the interaction between our administrations and ensured an appropriate return on investment.

We’ve made a lot of progress in establishing the blueprint for the Enterprise Architecture. We have brought on some excellent people to lead the effort and I am very optimistic that the Department, veterans and the taxpayers will be the winners as the result of this.

Q: Thirty-seven percent of VA’s workforce will be eligible to retire by September 2005, and another 13 percent will be eligible for an early out. How is VA planning to deal with this issue?

A: Well, I’m hopeful that not everyone will retire as soon as they become eligible. But it is a reality that we have an aging workforce. Many of our senior leaders and employees came aboard in the aftermath of the Vietnam War. Now, they’re in the 55-60 age range, where golf becomes a much more attractive option than handling a backlog of claims, and we need to plan for that.

We have been meeting frequently to discuss workforce succession, diversity in the workforce, developing new leaders, and education and training programs. It’s an issue of grave importance to us all and we need to build for the future.

I’m very proud that we have, in the past year-and-a-half, hired over 1,200 new employees in the Veterans Benefits Administration, mostly in the area of disability compensation. We need those people not only to help us with this enormous backlog, but as they grow and gain knowledge, they will be leaders of the future.

We need to develop a cadre of new people and new leaders. It’s a very important undertaking. I really don’t know of any more important initiative than to ensure we have a good workforce succession plan to build for the future or we will not be able to get the job done.

The issues are not going to lessen in the years to come. The issues and challenges will continue to expand and you can have all the bricks and mortar in the world, but without the right people, we will not succeed in our mission.

Q: Now that Dr. Robert Roswell and Admiral Daniel Cooper are on board as the Under Secretaries for Health and Benefits, your leadership team is mostly in place. How important is that to achieving your goals for VA?

A: Having the leadership team on board is tremendously important. I’ve been very gratified by the response I received from our interim leaders. As I indicated earlier, Guy McMichael has done a superb job and I’ve called upon him to undertake various assignments and he’s done so willingly and with a great spirit of enthusiasm and can-do attitude.

On the health care side, Dr. Tom Garthwaite, who left us a short time ago, and Dr. Fran Murphy have really done a tremendous job at leading the Veterans Health Administration. But now I’m grateful to have our permanent leadership team on board.

Dan Cooper is no stranger to VA,
Death March, and it’s extraordinary in the history of war that one-third of the Americans who were captured by the Japanese died after they were taken prisoner. After surviving the Death March and the hell ships Americans were placed on, he found himself in a slave camp in Manchuria for three years mining coal. His job was to install timbers in sections of the mine that were being mined. When one section was completed, they would remove the timbers and do another section.

Well, toward the end of the third year, when he was very weak and had lost close to 100 pounds, he couldn’t get out of the way of the timbers and they crushed his legs. The enemy gave no medical treatment, so his fellow servicemembers had to saw off his leg with a makeshift hacksaw and no anesthesia. And I remind you that this is World War II, not the Civil War.

But he survived and he got on with his life and he, along with 16 million other Americans from that period, built modern America and propelled it to greatness in the 20th century. Our mission is to care for the Joe Bigelows of the world. These people have really given extraordinary service to this country and we should never forget. That’s why I’m so proud and blessed to be Secretary of the Department.

A: I’ve been very fortunate in my life to have served under great leaders, both in uniform and government service. When I think back to my days in uniform, I think of Admiral [Elmo] Zumwalt, who, when I was a young skipper of a river patrol unit in the Mekong Delta, was a frequent visitor to my base camp close to the Cambodian border. He was a real inspiration and I’m a great admirer of Admiral Zumwalt.

In my years in the United States Senate, growing up as a young staffer, I think of people like Senator [John] Tower (R-Texas) and Senator [Jacob] Javits (R-N.Y.), who were ideologically different. Javits tended to be more liberal and Tower more conservative, but I found both to be great statesmen. They taught me the importance of being a subject matter expert, of truly understanding the issue I was responsible for.

In executive service, I look to the leadership of people like President Ronald Reagan, who to me really exemplified the meaning of the word leadership. So, there’s really no one person, but I’ve been very fortunate to have served under great leaders throughout my professional career and they are role models for how I want to be perceived as a leader and act as a leader.

Q: Is there a special message you’d like to send to VA employees?

A: I’d like to remind all employees how important our work is. I’m sure there are days when they become as frustrated as I do with the volume of work we have before us—the great challenges we have before us. But I remind them of the Joe Bigelows of the world. We have one focus, our nation’s veterans, and there cannot be a more important mission in government than to care for the people who have kept our nation free.

Once again, we’re calling upon young people to protect the values we cherish, and we need to be there for them when they come home as veterans. We need to be willing to make the difficult decisions to move our Department forward. We need to be willing to do the things that are necessary to propel the VA to greatness in the 21st century, just like the VA helped build modern America with the GI Bill in the 20th century.

The same challenges will be there as we go forward. So my message to VA employees is to remain dedicated, work very hard, and always bear in mind who we’re serving.
NCA Launches Comprehensive Memorials
Inventory for Historic Preservation Week

The National Cemetery Administration (NCA) has jurisdiction over 120 national cemeteries, as well as 33 government, soldiers’ and confederate lots embedded in non-federal cemeteries throughout 41 states, the District of Columbia and Puerto Rico. Although this sacred acreage of solemn headstones is the ultimate memorial to veterans interred there, over the past 140 years, many distinctive heroics, mass burials and commemorations have historically been marked with a sculptural monument. This spring, NCA is initiating the first comprehensive inventory of its memorials, up to 300 of them, scattered throughout 100 or so of its cemeteries.

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The debut of the yearlong project was timed to coincide with National Historic Preservation Week, May 12-18, since most of NCA’s memorials are historic. “Preserving the Spirit of Place” is the theme of this year’s weeklong celebration, sponsored annually since 1971 by the National Trust for Historic Preservation.

To capture both quantitative and historical information on so many far-flung structures, NCA will use a volunteer workforce based on the model developed by Save Outdoor Sculpture! (SOS!), a Washington, D.C.-based, nonprofit organization with 10 years’ experience using volunteers to survey public outdoor sculpture nationwide.

The liaison with SOS! is particularly valuable because the information gathered through the program is made accessible to the public through an online database managed by the Smithsonian American Art Museum (SAAM), SIRIS (www.siris.si.edu). NCA will make its inventory findings available to SOS! and SAAM as part of its history, education and outreach functions. The staff in NCA’s Communications Management Service-History Program is directing the inventory project, which will also provide essential information in support of the national shrine commitment’s objective of maintaining the “best in the world” cemeteries.

The type of memorials located in NCA cemeteries include modest rusticated stone blocks inscribed with the word “Confederate”; bronze tablets affixed to natural boulders; sundials; more sophisticated sarcophagi, obelisks and columns of all sizes; and the ubiquitous soldier standing atop a granite pedestal. More contemporary memorials have gone in two directions. Standardized 18” x 24” bronze plaques on a stone base are common. At the opposite end of the spectrum are virtual buildings in scale and structure, such as the Medal of Honor Memorial (1999) at California’s Riverside National Cemetery and the Pennsylvania Veterans’ Memorial (2001) at Indiantown Gap National Cemetery in Pennsylvania. Headstones and post-1960 text plaques are not included in the inventory.

Under Secretary for Memorial Affairs Robin L. Higgins is keenly interested in NCA’s memorials for both historical and practical reasons. “We have a great number of memorials—large and small—beginning with those installed after the Civil War. Most of them originated with a military support group or veterans’ organization. Cataloging the existing structures is NCA’s responsibility as steward of our properties, but the information about traditional memorial forms may also help guide how NCA manages new memorials in the future.”

In addition to former SOS! volunteers, NCA will solicit interest...
Memorials are intended to remind future generations of the significance of a certain group or act—and some anniversaries are attracting a public eager to remember. Other NCA memorials are as noteworthy for their designs as their associations.

■ "Ohio’s Tribute to the Andrews’ Raiders" commemorates the seizure of the engine known as “The General" by Union spies on April 12, 1862, in an effort to disrupt the railroad between Big Shanty, Ga., and Chattanooga, Tenn. The monument, erected in 1890 in Chattanooga National Cemetery, is a bronze train engine atop a three-tiered marble base; nearby are the graves of Andrews, another civilian, and six soldiers subsequently executed as spies. Some of these soldiers were among the first to receive the Congressional Medal of Honor. The 140th anniversary of the failed Union effort was observed last month by Cub Scout Pack 248 of Norcross, Ga., which stopped at the cemetery as part of an educational pilgrimage to related historic sites. Eagle Scout Conner Byers, who has written a historical guide to the cemetery, led the tour. Besides visits to the City of Kennesaw (formerly Big Shanty) to see the restored “General,” and the Cyclorama and the “Texas,” which pursued the General, the Cub Scouts viewed “The Great Locomotive Chase,” a commercial film that accurately portrays the events.

■ In the 1870s, the most prolific monumental form to find its way into national cemeteries was the cast-iron artillery monument. These “condemned" cannons typically sit upright on a concrete foundation, often joined by stacks of cannonballs and a bronze tablet identifying the cemetery and number of burials. Extant in many cemeteries, it is likely these once existed at all the Civil War-era cemeteries.

■ In St. Augustine National Cemetery in Florida, three large pyramids constructed of coquina (limestone containing shell matter) blocks with a plaster finish mark the underground vaults housing the remains of 1,460 soldiers killed during the Seminole Indian War in 1836. The pyramids were constructed in 1842 by troops living at St. Francis Barracks next to the cemetery.

■ Indiantown Gap National Cemetery’s massive Pennsylvania Veterans’ Memorial, dedicated in 2001, incorporates many landscape elements into a complex design that includes ornamental trees, fountains, amphitheater seating, flags, lighting, pavers inscribed with donors’ names, and restrooms. It is the newest and largest memorial in the national cemetery system, and it will be maintained through a Memorandum of Understanding with the state of Pennsylvania.

Noteworthy NCA Memorials

Memorials are intended to remind future generations of the significance of a certain group or act—and some anniversaries are attracting a public eager to remember. Other NCA memorials are as noteworthy for their designs as their associations.

■ “Ohio’s Tribute to the Andrews’ Raiders” commemorates the seizure of the engine known as “The General" by Union spies on April 12, 1862, in an effort to disrupt the railroad between Big Shanty, Ga., and Chattanooga, Tenn. The monument, erected in 1890 in Chattanooga National Cemetery, is a bronze train engine atop a three-tiered marble base; nearby are the graves of Andrews, another civilian, and six soldiers subsequently executed as spies. Some of these soldiers were among the first to receive the Congressional Medal of Honor. The 140th anniversary of the failed Union effort was observed last month by Cub Scout Pack 248 of Norcross, Ga., which stopped at the cemetery as part of an educational pilgrimage to related historic sites. Eagle Scout Conner Byers, who has written a historical guide to the cemetery, led the tour. Besides visits to the City of Kennesaw (formerly Big Shanty) to see the restored “General,” and the Cyclorama and the “Texas,” which pursued the General, the Cub Scouts viewed “The Great Locomotive Chase,” a commercial film that accurately portrays the events.

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Some of Baseball's Greatest Were

Alex Rodriguez says he has no qualms about changing uniforms. The all-star shortstop for the Texas Rangers isn’t, however, talking about free agency or a trade.

Like many players before him, Rodriguez and others say they would trade in their ball caps for combat helmets if their country needed them in the war against terrorism.

If called upon, they would join the ranks of many Hall of Famers and other marquee players who put aside their careers and personal ambitions to serve their country during wartime.

Perhaps the most notable of these ballplayers was the legendary Ted Williams. Williams served in both World War II and Korea. His involvement cost him five seasons during the prime of his career.

Today, with the U.S. engaged in an all-out effort to combat terrorism, many wonder if some of today’s premier players will be asked to exchange their game jerseys for camouflage fatigues. And how would they respond?

With a renewed spirit of patriotism in the wake of last year’s terrorist attacks, many in baseball believe today’s players are as patriotic as their former peers. They would willingly leave the fields of dreams for the fields of battle.

Said Rodriguez, who was born in New York: “What happened September 11 put everything into perspective. I would have been willing to do anything.”

In the past, baseball sent some of its biggest names to war. Indeed, 44 Hall of Famers served in the military during wartime, as did more than 500 baseball players overall.

World War I saw many of the game’s finest take up arms, including Ty Cobb, Christy Mathewson, Casey Stengel and others. Cobb was a captain in a chemical warfare division. Mathewson was gassed in the trenches during the war and never fully recovered.

Because of the war’s devastation on humanity, many had hoped and envisioned that World War I would be “The War to End All Wars.” For a while, it was. Baseball players returned to the diamond once again to play the national pastime.

With more and more radio broadcasts, baseball grew in the 1930s. Colorful, talented players like Babe Ruth, Hank Greenberg, Lou Gehrig, Joe DiMaggio and Williams made the game even more popular.

Then came 1941, one of baseball’s greatest years. But 1941 would be remembered not for what happened on the baseball field, but for what happened late that year at Pearl Harbor. The surprise Japanese attack on that December Sunday morning brought the U.S. into World War II.

The heroes of the American pastime were called on to be heroes of a different sort. There was an exodus of players, led by Cleveland’s Bob Feller, who said at the time of his enlistment that he hoped to “throw a few strikes for Uncle Sam.”

Feller, an anti-aircraft gunner, served aboard the USS Alabama, a battleship that shot down 474 Japanese aircraft and sank four carriers.

One of the first major-league players inducted into the military, Detroit’s Hank Greenberg, was discharged two days before the attack on Pearl Harbor. Following the tragedy, however, he immediately enlisted as an officer candidate in the Army Air Corps.

“My losing streak is over for the country to keep baseball going.”

In 1944, with the war at full force, baseball teams were being depleted of their biggest stars and promising young players. Many teams placed job announcements in their local papers in search of ball players.

Unlikely prospects found their way into the majors.

With one arm, Pete Gray roamed the outfield for the St. Louis Browns. With a prosthetic leg Bert Shepard threw fastballs for the Washington Senators. (During the war, Shepard’s plane was shot down behind enemy lines and he was taken prisoner. German doctors later amputated his wounded foot.)

The Cincinnati Reds used 15-year-old pitcher Joe Mazwell on June 10, 1944, the youngest player ever to
Once Heroes of a Different Sort

appear in a major-league ball game, while Babe Herman, Pepper Martin, Jimmy Foxx and others came out of retirement to help teams in need.

But many players would never again set foot on a baseball diamond. Two major-leaguers were lost in combat during World War II. Elmer Gedeon of the Washington Senators was killed in France in 1944, while Harry O’Neill of the Philadelphia Athletics died at Iwo Jima in 1945.

Other players, however, made remarkable comebacks. Pitcher Lou Brissie, who reportedly had 30 pieces of shrapnel in his leg, begged doctors not to amputate. “I want to play baseball,” he told the doctors. Brissie returned to the mound and pitched in more than 200 games for the Athletics and Indians.

Baseball returned in full force in 1946 following World War II. After four years in the Navy, Feller celebrated his return to the Indians by pitching a no-hitter against the Yankees in his first month back. Williams’ bat showed no sign of slowing down as he hit .342 and connected for 38 home runs that year.

The heroes were back. World War II had threatened the bedrock of civilization and with it the pastime of the world’s oldest democracy. Like so many of America’s venerable institutions, the game not only survived but also prospered and grew in the wake of that conflict.

Still, other military operations would leave their mark on major-league baseball. The game was interrupted by overseas conflict once more in 1950, this time in Korea.

Williams again put his Hall of Fame career on hold to don combat gear. He flew 39 combat missions and was shot down over enemy territory and later rescued.

“I have been around teams of all kinds—fishing teams, shooting teams and baseball teams, but the greatest team I was ever on was the Marines,” said Williams. “The proudest thing in my life is that I was a Marine pilot.”

Another World War II veteran called up to serve in Korea was Yankees infielder and the current radio voice of the San Diego Padres, Jerry Coleman. Coleman, who played on some of New York’s World Series clubs, commented that he was “going from one championship team to another.”

Willie Mays, Whitey Ford, Don Newcombe, Curt Simmons and Don Larson were also called up to serve in the Korean War.

“It was something special for me to serve my country,” said Mays.

Baseball Commissioner Bud Selig, in a ceremony honoring the Korean War veterans, said that these ballplayers “served with distinction, prepared and willing to go wherever their country asked in defense of freedom.”

During the Vietnam conflict, many major-league players served in the National Guard or reserves. Some, however, saw action in Southeast Asia.

Baseball fans can only speculate about the contributions lost to the game by those whose lives were sacrificed on the battlefield.

That war delayed the major-league career of pitcher Jim Bibby. “I did my time and served my country,” he said.

Major-leaguers Al Bumbry, Phil Hennigan and Jim Holt also saw time in Vietnam.

The war in Vietnam derailed the prospective major-league career of Arizona State star infielder Jay Vargas, who had been scouted by the Dodgers. “I guess my services were needed elsewhere,” said Vargas.

“Besides, the players coming to Arizona State behind me—Reggie Jackson, Rick Monday, Sal Bando and Gene Tenace—were all future major-leaguers.”

For his heroic actions in Vietnam, Vargas received the Congressional Medal of Honor. He now works for VA as a regional veterans service organization liaison appointed by Secretary Anthony J. Principi and based at the San Diego VA Regional Office.

Baseball fans can only speculate about the contributions lost to baseball by those whose lives were sacrificed on the battlefield.

“The peace and prosperity that is ours today have been secured by Americans—many of them professional athletes—who time and again sacrificed their careers and well-being to defend a cause, a belief larger than themselves,” said Principi. “In protecting the principles, ideals and values we hold sacred, many of our baseball heroes, along with their fellow comrades in arms, have ensured both our freedom and our future.”

That freedom and future were threatened again on Sept. 11, 2001. Just like in 1941, the year 2001 had been an exciting one for baseball.

But again like 1941, the year 2001 would not be remembered for the many accomplishments on the baseball field but for what happened on an early September morning in downtown New York, a Washington, D.C., suburb, and a field in rural Pennsylvania.

A surprise terrorist attack on this country shocked the nation. Baseball stopped for a week. Later, President Bush encouraged the American people to resume their normal schedules, and major-leaguers returned to finish the season.

The game came back to a strong atmosphere of patriotism at the nation’s ballparks. Players and umpires proudly displayed the American flag on their uniforms, and “God Bless America” replaced the familiar seventh-inning rendition of “Take Me Out to the Ball Game.” People in the stands exchanged their team’s colors for the Red, White and Blue.

And players like Rodriguez were prepared, if asked, to serve their country in any capacity.

By Ozzie Garza
Dallas OPA Regional Office
Joe and Harry are as close as brothers. They both joined the U.S. Air Force to serve their country during World War II. They trained together in Colorado Springs before shipping out to Europe, where they drew assignments on the same B-24 Liberator bomber.

They were streaking high above the green fields of Belgium during one mission when their aircraft was hit by enemy fire and spiraled to the ground in a trail of wispy black smoke. Of the 10-man crew, only four survived, Joe and Harry among them.

Yet their ordeal had just begun. They were taken captive by Nazi sympathizers, interrogated and turned over to a Nazi camp, where they were held prisoners of war. After months of captivity, they were freed when advancing Russian forces liberated their camp.

As the years passed, Joe moved west to San Diego; Harry stayed back east in Massachusetts. But they kept in touch, calling each other regularly, especially on “Shot Down Day,” the anniversary of their aircraft being shot down. During these conversations, they talked, laughed and sometimes cried.

While on the phone one day, Joe heard something in Harry’s voice that sent shivers up his spine. His old buddy was having medical problems and mentioned something about giving up on life, about throwing in the towel. After all they’d been through, Joe had to do something to help, but what could he do? Here he was in California, more than 3,000 miles away.

That’s when he thought of Bob Daniels. Though they’d never met, he’d heard of Daniels through a former POW support group and decided to give him a call at the Lowell, Mass., VA Community Clinic, where he works as chief of mental health and former POW coordinator.

A Korean War veteran, Daniels is a social worker who has been involved with former POW outreach efforts, support groups and service organizations since the early 1980s. Over the years, he’s developed a reputation as someone vets can turn to when they’re in need. “These fellows have suffered tremendously,” he explained. “I try to let them know that we care for them, that we have resources for them, and they are important to us.”

Daniels said he was very concerned after speaking with Joe and immediately called Harry in nearby Rockport, Mass. “I spoke to his wife and introduced myself. She put her husband on the phone and I told him Joe had called me. … We talked, and after a little while, he started talking about his POW experiences and his medical problems.”

He said that by the end of their conversation, Harry perked up and seemed to be feeling better. After calling Joe to let him know his buddy was going to be OK, Daniels called the VA clinic in Gloucester, near the former POW’s home, to alert them to Harry’s medical conditions.

When Secretary Anthony J. Principi was in San Diego in early March 2002 for a rotary club luncheon, Joe was there. He waited in the back until the event was over before introducing himself and sharing his story. He expressed his gratitude for employees like Robert Daniels—someone he’d never met, but whose reputation for helping ex-POWs had spread across the country.

Daniels pointed out that he was just doing his job. “I like working with these guys … they keep me going,” the 69-year-old said. ❏

By Matt Bristol

**WWII Memorial Construction**

Construction of the National World War II Memorial is progressing on schedule for completion and dedication in the spring of 2004, according to Mike Conley, memorial spokesman. Work began at the memorial site on the National Mall in late August 2001. The first phase in building the foundation of the memorial involves constructing a concrete cutoff (slurry) wall extending from ground level down to bedrock. That work, shown above, began in early February and will continue for several months. Granite for the memorial architectural elements should begin arriving early next year.

The memorial has now received more than $182 million in total cash and pledges, Conley said, of which about $25 million is from the federal government or earned interest. Although the American Battle Monuments Commission wrapped up major fund-raising activity, individuals continue to support the current and future needs of the memorial with financial contributions.
Last year at age 32, Judith LaVoie, a program analyst with VA Rehabilitation Research & Development in Baltimore, had to confront a frightening diagnosis from her doctor. The mole on her thigh was melanoma, a deadly form of skin cancer. With May designated Melanoma Awareness Month, she shares her personal story and what she’s learned about the risk factors, prevention and warning signs.

In February, Maryland Governor Parris N. Glendening was diagnosed with melanoma, the fastest-growing cancer in the U.S. and a deadly form of skin cancer. The governor’s diagnosis arrived near the one-year anniversary of my own melanoma diagnosis and brought back the fear and anxiety of learning that cancer had invaded my body.

Gov. Glendening’s diagnosis also renewed my resolve to educate people about the danger of overexposing your skin to the sun’s ultraviolet (UV) rays.

In 2001, 51,400 people were diagnosed with melanoma, according to the American Cancer Society. The rate of melanoma is on the rise, up about 6 percent per year since the 1970s. Although only 4 percent of all skin cancer cases are melanoma, it accounts for 79 percent of skin cancer deaths. An estimated 7,800 people died in 2001 from melanoma skin cancer.

I was one of the 51,400 people newly diagnosed with melanoma in 2001. On the day set aside for romance, Feb. 14, 2001, I sat in the impersonal exam room of my primary care physician digesting the news. The mole on my right thigh looked irregular and needed to be biopsied to check for cancer. I left the office thinking cancer happened to other people, older people, not me. I was 32 years old, much too young to be confronting cancer.

A week later, a simple excision removed the mole and a small area of normal skin. This was sent to the lab for examination and staging. After six sleepless nights, my worst fears were realized. Lab results from the biopsy confirmed that the mole was melanoma, 1 millimeter thick. I had Stage I skin cancer, deep enough to have spread to my lymph nodes and beyond.

At the time, I couldn’t believe my incredibly bad luck. One year later, I realize luck had nothing to do with it. My physical characteristics combined with sun exposure had resulted in cancer.

Risk factors

What I know now that I didn’t know then is that I met nearly all the risk factors that placed me at a high risk for skin cancer. Freckles and moles cover my face, arms and most of my body, increasing the risk for melanoma. I have fair skin, blue eyes, and light brown hair.

The risk of melanoma is about 20 times higher for whites than for African Americans. The melanin of darker skin offers some protection from the sun. Family history of melanoma also increases the risk of skin cancer. People who have been treated with medicines that suppress the immune system, such as organ transplant patients, also have an increased risk.

Protect your skin

Approximately 80 percent of skin cancers are preventable. Don’t just think about putting on sunscreen while at the beach or pool. The effects of the sun are cumulative. One or more serious burns before age 20 puts you at an increased risk.

Use a sunscreen with an SPF of 15 or higher each time you go outside. Also wear a hat, sunglasses, and protective clothing regardless of the activity. Avoid the sun during midday. Don’t be fooled by a cloudy day. Yes, the UV rays will penetrate the cloud cover and bake your skin: it happened to me. Sunlamps and tanning booths also contain UV light and may double the risk of developing melanoma, so avoid them too.

ABCDs of moles

If detected and treated in its earliest stages, melanoma is often curable. The American Cancer Society recommends a skin examination every three years for people between 20 and 40 years old and every year for anyone over age 40. However, you are your first defense. In men, melanoma is most often found on the area between the shoulders and hips or on the head and neck. In women, it often develops on the legs.

There are four characteristics of an abnormal mole. The mole is asymmetrical; one half of a mole or birthmark does not match the other. The edges are irregular, ragged, notched, or blurred. The color is not uniform and may contain shades of brown or black, sometimes with patches of red, white or blue. The area is larger than the size of a pencil eraser. The mole may be itchy or scaly. The most important warning sign for skin cancer is a mole that is changing in size, shape or color. Contact your physician immediately.

If I had been sun-savvy, I could have avoided the surgery that removed two lymph nodes and a larger area around the cancer site. I now have two scars, 4.5 and 1.5 inches long, to remind me that the sun’s ultraviolet rays are damaging. Protect your skin today, for a healthy tomorrow.
Thunder Rolls from Santa Fe to Nation’s Capital

Ismael “Milo” Garcia made a run for the Wall on three separate occasions, but never made it all the way. This year, he vows, will be different.

On May 17, the Santa Fe, N.M., Vet Center therapist fires up his Harley-Davidson Ultra Classic and hooks up with a group of riders making the cross-country trip to Washington, D.C., as part of Run for the Wall, an annual ride to the Vietnam Veterans Memorial. Once in the nation’s capital, they’ll join hundreds of thousands of people gathering on Memorial Day weekend between the Lincoln Memorial and the Washington Monument for the 15th annual Rolling Thunder parade.

“I’m doing this to be part of the Run for the Wall family, to represent the Santa Fe Vet Center, and in some small way, help promote healing among veterans,” explained Milo, who holds master’s degrees in social work and counseling. “I want to get the word out to as many vets as possible about Vet Center services, VA benefits and, if needed, to make myself available to those in need as a trained trauma therapist.”

Since 1988, thousands of motorcyclists have ridden in Rolling Thunder. Some ride to promote healing among Vietnam veterans, others to draw attention to the number of U.S. military servicemembers still missing from Vietnam. Many ride simply to honor the memories of those killed in action. According to the National League of POW/MIA Families (www.powmiafamilies.org), 1,932 Americans are still missing and unaccounted for from the Vietnam War.

Rolling Thunder was started as a way to promote healing, but the process can also spark long-suppressed emotions—depression, anger, pain, loss. As Milo explained, “Many vets may not even realize that they’ve been living for years with PTSD. They normalize these behavioral symptoms and accept them … I just want to be there and be available for brothers who are in need and to welcome them back.”

Milo, a U.S. Army veteran who served from 1967-1969, is getting some support for his cross-country trip from a local Harley-Davidson dealership. On the road, he’ll be conducting outreach activities, providing veterans with information on VA benefits, and referring veterans he meets to vet centers in their communities.

Voice of Democracy Winners Visit VA Central Office

More than 50 high school students, all winners in the Voice of Democracy national essay competition sponsored by the Veterans of Foreign Wars (VFW), paid a visit to VA Central Office on April 5 for a behind-the-scenes look at the federal agency responsible for caring for democracy’s defenders.

Gordon Thorson, who has served as VFW’s national director of the program since 1989, explained what it was all about. “Voice of Democracy is a wonderful program,” he said. “It’s a patriotic essay competition designed for 9th to 12th grade high school students that gives them a chance each year to speak out on a patriotic theme and hopefully win some scholarship money.” He added that the VFW plans to give out a total of $141,500 in scholarships to competition winners this year.


It works like this: students write a short essay on a patriotic subject, record their essay onto audiotape, and submit it to the VFW. Last year, about 86,000 students participated in the competition. A panel of judges selects winners to represent each state, and from them, a national winner is chosen for the top prize, a $25,000 scholarship.

The students, all state-level winners who were visiting Washington, D.C., as part of a ceremony in which the national winner would be announced, stopped in for a tour of VA Central Office. They rode the elevators up to the 10th floor, strolled through the glass doors of the Secretary’s suite, and took seats at the long mahogany table in the Omar Bradley Conference Room.

They met with Deputy Secretary Dr. Leo S. Mackay Jr. and listened as he spoke about the VA mission and the significance of public service. Later, they snacked on box lunches and took a tour through the Secretary’s suite.

Kenneth M. Butcher, a high school senior from Fairmont, W.Va., said he enjoyed his visit to VA. “It’s interesting to see behind the scenes of a Cabinet agency,” he said. “I didn’t really know what VA did.”

Butcher admitted that he learned a lot during his Voice of Democracy experience. “It was definitely a learning experience as far as knowing how much veterans have contributed to our society and freedom and how much they fought for us.”
Constraint-Induced Therapy Allows Stroke Victims to Regain Lost Abilities

For years, physical therapists thought they had a limited time frame in which to rehabilitate stroke victims who had lost the use of their arms or legs. But research conducted by investigators at the Birmingham, Ala., VA Medical Center and the University of Alabama shows stroke victims can regain use of their limbs even years after the stroke occurred through Constraint-Induced (CI) Movement therapy. The therapy enhances the brain's ability to heal itself by retraining regions of the brain responsible for motor function, a process called cortical reorganization.

Edward Taub, Ph.D., an investigator at the Birmingham, Ala., VA Medical Center and professor of psychology at the University of Alabama at Birmingham, invented the CI approach. “Converging data from four experiments has shown that CI therapy produced massive alterations in brain organization and function correlated with the large improvements in motor ability,” wrote Taub, in a summary of his research.

When the brain is damaged by stroke, victims often lose some mobility in an arm or leg on one side of their body. Over time, they tend to accept the loss and attempt to use the affected limb less frequently.

Consequently, the region of the brain that controls the limb begins to shrink. In addition, chronic stroke patients are susceptible to developing psychological barriers that inhibit their ability to re-learn motor function. CI therapy allows stroke patients to overcome these challenges.

Taub and colleagues discovered that by constraining, or limiting, a patient’s ability to use their “good” arm, they are forced to use their affected arm. The brain responds by expanding the region that controls function in that arm. In CI therapy, patients with limited use of an arm are forced to use the affected arm for 90 percent of their waking hours for a period of two or three weeks. They also perform intensive physical training with the affected arm seven hours a day for 10 consecutive weekdays.

According to Taub, CI therapy has been used to significantly increase the functional independence of 75 percent of chronic stroke victims with residual motor deficit. He pointed out that the basic CI therapy technique has also been used successfully to improve upper extremity function in young children with cerebral palsy and after traumatic brain injury, with patients suffering loss of lower extremity function or aphasia after stroke, and patients with spinal cord injury or fractured hip.

New Device to Measure Heart’s Pumping Ability Developed at San Francisco VAMC

Patients in the operating room or ambulance will be able to have their heart monitored more safely with a new device developed at the San Francisco VA Medical Center that measures the heart’s pumping ability with sensors placed on the surface of the patient’s windpipe. To diagnose problems such as shock or cardiac arrest, doctors need to measure the heart’s ability to pump blood, or cardiac output. Until now, the only option for an accurate measurement was to insert a catheter into a major vein and risk damaging the heart or blood vessels.

“The new device provides real-time monitoring of cardiac output, which allows you to detect and diagnose a whole range of problems,” said Art Wallace, M.D., Ph.D., an anesthesiologist at the San Francisco VAMC and an associate professor of anesthesiology at the University of California, San Francisco. “It is safer and less invasive than other options,” he added.

The device uses a network of electrodes to measure the heart’s output. The electrodes are attached to the endotracheal tube inserted into the patient’s windpipe, or trachea.

“It sends an electrical signal into the trachea, and since the aorta is right nearby, the electrodes can detect changes in the signal caused by the flow of blood,” Wallace said. These variations are used to calculate cardiac output, he added.

Wallace and colleagues developed and tested their device at the San Francisco VAMC and have demonstrated its accuracy in more than 150 patients. Their device, known as an Endotracheal Cardiac Output Monitor, will be undergoing review by the Food and Drug Administration for approval as a commercial product. If approved, doctors should be able to use it for patients in the emergency room, intensive care unit and operating room.

Previously, doctors have used pulmonary artery catheters to measure the heart’s output, but studies have shown that these catheters can lead to serious complications due to damage to the cardiovascular system.

Other devices have attempted to measure cardiac output through electrodes on the patient’s chest, but were less accurate because of interference from the lungs and other organs.
Phil Forbes, the area emergency manager at the Washington, D.C., VA Medical Center, was commended by The Attending Physician of the Congress of the United States for his performance during the anthrax crisis on Capitol Hill in October and November 2001. John F. Eisold, M.D., noted that Forbes personally delivered large antibiotic caches needed by the Office of the Attending Physician on four occasions over a three-week period. His timely response was crucial in managing the crisis. Forbes credited Sgt. Richard Williams and the members of the VAMC police force with playing a vital role in the delivery of pharmaceuticals.

The Leadership VA Alumni Association presented its 2001 Exemplary Service Awards to two employees. Rosa Linda McCarthy, an administrative support assistant in the South Texas Veterans Health Care System, was recognized in the GS 1-8 category for her work as co-chair of the Women Veterans Expo. Through her efforts, the expo served as a benchmark for pursuing status as a Clinical Center of Excellence for women’s health care.

James M. Galkowski, a physician assistant at the Durham, N.C., VA Medical Center, was recognized in the GS 9-12 category for his ability to bridge the clinical and managerial aspects of medical care. He was originally hired to plan, organize, implement and lead the new Primary Care Mental Health Clinic Service Line. Through his diligence and that of his teammates, enrollment has increased by 350 percent and the new clinic was highlighted as a “best practice” model. They each received an engraved crystal plaque and $500 award.

Alex Spector, director of the Anchorage VA Health System & Regional Office, accepted the 2002 Astra Zeneca National Managed Health Care Congress Partnership Award on behalf of the Alaska Federal Health Care Partnership during an April 16 ceremony in Baltimore. The partnership consists of VA, the Department of Defense, the U.S. Coast Guard, the Alaska Area Native Health Service and the Alaska Native Tribal Health Consortium. Through their collaborative efforts, a major telemedicine health care system has been implemented to improve health care services in Alaska.

The Rocky Mountain Network Decision Support Team received a Best Practice Award from the Health Ethics Trust during a March 14 ceremony in Washington, D.C. The team was recognized for “Integrating Audit and Internal Controls with Ethics and Compliance” by developing an internal audit system for inpatient and outpatient medical records. They were the only federal agency group to receive the honor. The Health Ethics Trust is a division of the Council of Ethical Organizations.

Sara Nell King symbolizes the spirit of a generation that grew up in the Great Depression and came of age during World War II. She joined the Army after the bombing of Pearl Harbor and served in Italy, Germany and Japan, where she met her future husband. He was an airplane mechanic and had been stationed at Pearl Harbor when the Japanese attacked.

More than 30 years after their wedding in Japan, her world fell apart when her husband died of a brain tumor in 1977. He was a patient at the Lake City Division of the North Florida/South Georgia Veterans Health System. Two years after his death, she started volunteering at the hospital “to pay the VA back for being so good to him,” she said.

Since becoming a VA volunteer in 1979, she has logged more than 50,000 hours of service. Ron Joyner, voluntary service coordinator at the hospital, did the math. “That’s an average of eight hours a day, 23 days a month for the past 23 years,” he calculated, “more than a full time job.”

But King, who serves as Veterans of Foreign Wars representative on the Voluntary Service council, sees it not as a job, but a reward. “To help my comrades and hear them say ‘thank you,’ it just makes my day … it gives me something to live for.”
VA recently submitted its FY 2001 Annual Performance Report to the President and Congress. The report shows the quality of claims processing has improved, going from an accuracy rate of 59 percent in 2000 to 78 percent for rating-related actions in 2001. In health care, VA continues to receive higher satisfaction ratings than the private sector. And VA’s system of national cemeteries received a rating of “excellent” from 92 percent of respondents who received cemetery services recently. Additional highlights in the report include: use of the Montgomery GI Bill is up; foreclosure rates on home loans is down; and more than 65 percent of service-disabled veterans who completed a vocational rehabilitation program acquired and maintained suitable employment. View the report at www.va.gov/budget/report/. 

Two New Mexico VA Health Care System physicians were recently recognized, Linda Macdonald, M.D., a physician in Medicine Service, received a two-year grant for $300,000 from Take Care to Learn. This initiative, funded by the Robert Wood Johnson Foundation through Partnerships for Quality Education, supports the development of chronic illness management programs in asthma and diabetes. She serves as the chairperson of the health care system’s Diabetes Advisory Committee and the University of New Mexico’s Internal Medicine Residency Curriculum Committee. Her research experience is in the areas of diabetes clinical care and diabetes patient education. Larry E. Davis, M.D., chief of Neurology Service, received the 2002 A. Earl Walker Neuroscience Research Award in recognition of his work exploring the pathogenesis of various viral and bacterial infections of the brain. Davis is an internationally recognized neurologist. The pathogenesis of Reye’s syndrome represents his most recognized work. Since 1975, he has served with the New Mexico VA Health Care System, as well as worked as a faculty member at the University of New Mexico.

More than 250 people attended the funeral of U.S. Army World War II Medal of Honor recipient Clarence B. Craft on April 2 at the Fayetteville, Ark., National Cemetery. Craft was a volunteer at the cemetery and raised money with a cemetery-improvement corporation to purchase land for a recent expansion. He also volunteered at the Fayetteville VA Medical Center, where a new wing was named in his honor.

Dr. Steven J. Harwood, chief of Imaging Service at the Bay Pines, Fla., VA Medical Center, served as a technical consultant to the Bioptics Corp., a subcontractor to NASA, in a research project involving radioisotope experiments on astronauts immediately after they returned from the International Space Station. The radioisotope experiment was one in a series of tests conducted at

Researchers tested whether astronauts within two to four hours of returning from zero gravity weightlessness retain their normal gravity-dependent vascular reflex that stops blood from draining from the head when they stand or sit up. These experiments are also scheduled to be performed on astronauts returning from the space station in May and Sept. 2002.

The Iowa City VA Medical Center celebrated its 50th anniversary with a small ceremony on March 16. When it opened in 1952, the block-long hospital was the largest building in Iowa City. Nearly 12,000 people toured the facility during its dedication.

Chris Kirkwood, a public affairs specialist who has been with the medical center for about 30 years, spoke with local reporters about the facility’s history and the significance of the golden anniversary. “We have seen a lot of changes, and this anniversary really is special for those of us who have been here for a long period of time.” It was the first VA facility in the Midwest to run a kidney treatment unit and collaborated with the University of Iowa to perform the state’s first kidney transplant.

When World War I veteran Lester Holman arrived at the VA Chicago Health Care System for his monthly geriatrics appointment, he was in for a warm surprise. Dozens of employees gathered around him to applaud and sing birthday greetings as VA Chicago’s oldest active patient celebrated his 107th birthday on April 14. Holman, who retired only four years ago from the legal profession, remains well-read and articulate.

The West Palm Beach, Fla., VA Medical Center hosted a birthday celebration for World War I veteran Al Ross, above, who joined the Navy when he was 16 and served aboard the USS Richmond. Ross, who turned 100 late last year, is still an active member of the community. He founded a color guard unit that takes part in community events, such as the annual Veterans Day parade, and is a frequent guest speaker at schools and civic groups where he talks about the meaning of patriotism.
The VA Loma Linda Transport Team was transferring a veteran from a regional hospital to the Loma Linda, Calif., VA Healthcare System when they came upon a freeway accident involving a semi-tractor and three vehicles. There were multiple injuries at the scene. While one team member stayed with the veteran, the others jumped out of the van to aid victims. They immediately took charge of the accident site, evaluating injuries and providing direction to volunteers who had stopped to help. One victim was unconscious and not breathing. The team cleared his airway and administered oxygen, ultimately saving his life. The other victims were stabilized until the ambulance arrived 20 minutes later.

Thanks to the skills and quick response of team members Drew Crissman, a registered nurse, Del Watkins, a licensed vocational nurse, and Darryl Palmer, a nursing assistant, there were no fatalities in the accident.

Norma Washington, a veterans service representative in the Houston VA Regional Office, saved a life over the telephone on March 14 when she received a call from a veteran who was threatening to commit suicide. When the veteran asked, “How much will my daughter get if I commit suicide?” she knew he wasn’t kidding around. She kept him talking on the phone and tried to keep him calm. At times, she sobbed so hard that she couldn’t understand what he was saying, but she continued to listen and respond in a calming voice. Through the course of their conversation, she determined that the veteran was on a pay phone in a restaurant in San Antonio, more than 200 miles away. Once she had his exact location, she got the attention of a co-worker, who advised a veterans service center coach of the unfolding situation. The coach immediately contacted the San Antonio Police Department. Washington continued talking with the veteran, discussing things they had in common, such as children and music. Her soothing demeanor calmed the man and kept him on the telephone until help arrived. When the San Antonio Police arrived, Washington was still on the telephone with the veteran. He was taken to the San Antonio VA Medical Center for care and treatment.

Last Veterans Day, Bryant Cannon, a licensed practical nurse at the North Chicago VA Medical Center, was on his way home from work when he saw a VA police officer involved in a violent struggle. He slammed on the brakes and jumped out of his car to help Officer Lonnie Jeffrey. Together, they restrained the attacker until help arrived. In recognition of Cannon’s actions, the Fraternal Order of Police Lodge 5F, the North Chicago VA Police Lodge, awarded him a certificate of appreciation and $50.00 gift certificate.

During the attack, Jeffrey sustained serious injuries to both arms and is still recuperating.

Kathy Helmick, a licensed practical nurse at the Clarksburg, W.Va., VA Medical Center, was meeting her son and family at a gas station in Cumberland, Md., and found herself in the middle of a robbery. When she arrived at the gas station, she went inside to use the restroom and buy a soda. As she came out of the bathroom, a tall, lanky man wearing glasses approached her. He was dressed as if he was going hunting, so she asked if he was. “Yeah, I’m going hunting,” he replied. As she got in line to pay for her soda, the would-be hunter got in line behind another customer who was with his young daughter. “I headed out the door and the man shoved me and yells, ‘He’s got a gun!’ He put his daughter in my arms and says, ‘Take her,’” recalled Helmick. She ran to the side of the building with the girl in her arms and knelt to the ground. Suddenly, she looked up and the robber was standing over her. “I said, ‘Everything’s cool isn’t it?’ and he said, ‘Yeah, everything’s cool.’” As he walked away, a retired police officer pulled out a gun and yelled, “Drop down to the ground or I’ll shoot!” Though the robber urged him to shoot, the retired officer held his fire, and the robber walked off into the woods. He apparently got away with close to $4,000, a can of chips and a soda, but the police eventually caught up with him.

While walking to his car, Dr. Robert Owen, a physician at the San Francisco VA Medical Center, saw an unopened letter lying on the curb. It was addressed to a woman living in San Francisco, so he decided to drop it in the mail. That’s when he noticed the stamp on the letter had been canceled in 1945. Nearly 60 years had passed, but he decided to try to find the writer and addressee. He discovered that the letter was written by a U.S. Army soldier stationed in Japan during World War II. It was written to his sister in California and mentioned a younger brother, also a soldier, who was stationed in the Philippines. Though the sister was no longer at her old address, Owen found the younger brother and wrote to him about this long-lost letter. The brother was amazed to hear about the letter and told Owen how to reach his sister, who was married and still living in San Francisco. He explained that his brother had passed away and the letter would hold a very special place in the hearts of those who knew and loved him. After the letter was delivered, the family wrote Owen to express their deepest appreciation.

Correction

An item in the Have You Heard section of the January/February 2002 Vanguard stated that the last public ceremony by the French government honoring American WWII veterans who participated in the Normandy invasion and the liberation of France was held in December aboard a French helicopter carrier docked in Boston. While it was the final public ceremony in New England, there are many more scheduled by other French consulates throughout the U.S.