

# **VA**anguard

U.S. Department of Veterans Affairs

November/December 2002



*Waiting for Care*

*Operation Early Intervention*

*Boosting Security*

*Veterans Day 2002*



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**Vanguard**

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Editor: Lisa Respass  
Assistant Editor: Matt Bristol  
Photo Editor: Robert Turtill  
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Department of Veterans Affairs  
810 Vermont Ave., N.W.  
Washington, D.C. 20420  
(202) 273-5746  
E-mail: [vanguard@mail.va.gov](mailto:vanguard@mail.va.gov)  
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**On the cover**

Veterans are coming to VA for health care in record numbers, a trend that has left about 265,000 veterans currently waiting for health care appointments. VA is tackling the backlog on a number of fronts. And while the goal is to eliminate it within six months, high demand for appointments is expected to continue.

## New Look

I WOULD like to compliment the staff on the best-looking *Vanguard* I've seen in a very long time. The front cover is striking. The articles are great, the new look is fantastic, the paper quality is the best, and the larger writing is very appealing to those of us whose eyesight has stepped down a peg. Even if you can't keep the paper quality, the overhauled look is a winner in my book. I will make this *Vanguard* a keepsake. Congratulations!



*Gail Buckner  
Program Support Assistant  
VA Central Office*

### POW/MIAs

I RECENTLY reviewed the September/October issue of *Vanguard* and was pleased with the substantive articles that were included, especially appreciating the memorial to Jesse Brown, a longtime friend and colleague. I also believe that it was very important to recognize where we are one year after the tragic and horrifying terrorist attack on our country.

It was unfortunate, however, that there was no mention of our nation's unreturned veterans—our POW/MIAs—despite the fact that National POW/MIA Recognition Day was on Sept. 20. This year, Secretary of Defense Donald Rumsfeld and Chairman of the Joint Chiefs of Staff Gen. Richard Myers addressed the national ceremony at the Pentagon, providing very high-level signals that our nation stands behind those who serve.

For the VA to fail to incorporate this important message is disappointing, as there are several ways in which this could have occurred. As an example, the rightful focus on contributions of our Hispanic veterans could have included honoring those still missing and unaccounted for from our nation's past wars and conflicts.

In the future, I hope that there will be greater attention to recognizing that our nation's POW/MIAs from all wars are *unreturned* veterans who need the help of all Americans to come home—alive or dead—to us and to our country.

*Ann Mills Griffiths  
Executive Director  
National League of Families*

### Active Duty Roster

I WAS touched to find my name and so many others on the "Called to Duty" roster in the September/October is-

sue. My unit was activated soon after my wedding in November 2001. While on active duty, I served as a social worker in Fort Drum, N.Y. I will never forget the soldiers and their stories about fighting in Afghanistan. I was proud to serve my country. Now I'm proud to serve America's veterans.

*Bill Sivley  
Chief Patient Advocate  
Washington, D.C., VAMC*

### 65<sup>th</sup> Infantry Regiment

KUDOS all around for a superb job on the September/October issue! Obviously, I had particular interest in the article that highlighted the Puerto Rican 65<sup>th</sup> Infantry and my father and son. I was

elated to see the story in print, and seeing it in Spanish made it even more personally rewarding. My father has 10 brothers and sisters, all but one living still in Puerto Rico. There are countless cousins, uncles and relatives. Veterans organizations operate in Spanish in Puerto Rico. I assure you all are keenly aware of the 65<sup>th</sup>.

Thanks to *Vanguard*, I will be able to share this with all my friends and family on the island. You have done a great honor to my family, but also to the men and the families of the valiant 65<sup>th</sup> Infantry Regiment.

*Francisco D. Maldonado  
Area Emergency Manager  
Miami VAMC*

### Corrections

The article in our June issue about the dedication of the L.A. National Cemetery chapel to Bob Hope incorrectly credited the entertainer with being the only private citizen to be granted honorary veteran status. While Hope was the first to receive that honor, he shares the distinction with the late Zachary Fisher, a philanthropist and lifelong advocate for the men and women serving in the nation's armed forces.

In the September/October issue, we identified Vincent Alvarez, M.D., as the chief of staff at the Nashville, Tenn., VA Medical Center. He is the chief medical officer for VISN 9.

Also in the September/October issue, we left Timothy J. Eichman, Phoenix, Ariz., and Noel Victoriano, Mather, Calif., off the list of VA employees called up for active duty after 9/11.

## We Want to Hear from You

Have a comment on something you've seen in *Vanguard*? We invite reader feedback. Send your comments to [vanguard@mail.va.gov](mailto:vanguard@mail.va.gov). You can also write to us at: *Vanguard*, Department of Veterans Affairs, 810 Vermont Ave., N.W., Washington, D.C., 20420, or fax your letter to (202) 273-6702. Include your name, title and VA facility. We won't be able to publish every letter, but we'll use representative ones. We may need to edit your letter for length or clarity.





## VA-DoD Sharing: We're Making Progress

*Leo S. Mackay Jr., Ph.D.  
Deputy Secretary of Veterans Affairs*

One of President Bush's top management priorities is improving sharing and cooperation between the nation's two largest cabinet departments—VA and the Department of Defense. Together, we spend more than \$40 billion in health care for current or former military personnel and their families.

President Bush is acutely aware of the need for a seamless continuum of service for Americans who wear our nation's uniforms. He knows that when the young men and women who are now defending freedom in Afghanistan and other areas of the world hang up their uniforms and assume the honored title of veteran, they have every right to expect VA to meet their health care needs seamlessly—moving records from active duty files to VA files; sharing critical medical information through coherent and timely transfers of health histories; and processing benefits claims as if DoD and VA were, for all intents and purposes, one shared system. This is what our servicemembers have earned and we are moving forward aggressively to see that they get it.

My colleague and friend Dr. David Chu, Under Secretary of Defense for Personnel and Readiness, and I have held a series of joint meetings to examine how our departments can collaborate on health care services. We are working together to analyze our dual needs, plan for future resources, and put

in place compatible technologies and clinical protocols. VA and DoD health care resources—and the systems that support them—have a common purpose: to field the most advanced medical capabilities our government owns to save lives and enhance the quality of lives.

We've made progress in our joint procurement protocols. We simply cannot continue to award and administer expensive, mutually exclusive health care contracts for pharmaceuticals, medical and

surgical supplies, inventory management systems, and high-tech medical equipment.

In January 2001, DoD converted its pharmaceutical pricing structure to VA's negotiated Federal Supply Schedule. Today our joint procurement protocols bring together VA's \$4 billion pharmaceutical purchasing program and DoD's \$2 billion program to save millions of taxpayer dollars in pharmaceutical purchases. Since December 2001, we have saved \$98 million from shared pharmaceutical contracts. Earlier this year, DoD began importing Federal Supply Schedule prices into their system for medical and surgical items, a move that will

undoubtedly show an increase in overall price reductions. We are making progress, but there is still work to be done.

Dr. Chu and I also are examining the coordinated use of capital assets—coordinating services in cities where VA and DoD maintain and operate separate medical facilities. In Chicago, we transferred land to the Navy earlier this year in exchange for the Navy's agreement to purchase electricity and steam from a VA power station.

More recently, our

records management. A veteran's health care record is an accumulation of information gathered from the moment that person puts on a military uniform until the day he or she comes to VA for health care or to file a claim. We must develop interoperable electronic medical records and adopt a transparent records exchange system that will allow us to meet the health care needs of active duty personnel and veterans.

The operative words in the VA-DoD sharing initia-

***We are intent on maintaining the integrity of our distinctive missions while achieving President Bush's goal of greater interoperability and transparency between our two systems.***

medical center in North Chicago strengthened its partnership with the Navy to improve coordination of health care operations. Under an agreement finalized in October, the Navy will use the North Chicago VA Medical Center for its inpatient and surgical needs. Additionally, Navy surgical teams will work at the VA hospital, providing veterans increased access to surgical care while maintaining their surgical proficiencies. We have similar agreements in several states.

Another potential opportunity for shared services—one that really goes to the heart of how VA and DoD can move cooperatively toward our mutual objec-

tive are cooperation and collaboration, not necessarily integration. We are intent on maintaining the integrity of our distinctive missions while achieving President Bush's goal of greater interoperability and transparency between our two systems. Our facilities have proven at the local level that by working together we can save taxpayer dollars while dramatically improving access and services to military beneficiaries and veterans. We are taking that effort to a new level that promises better use of taxpayer dollars and better service to those who have worn and those who now wear the military uniforms of the United States. **VA**



## Communicating Clear Objectives Key to Meeting Health Care Challenges

Robert H. Roswell, M.D.  
Under Secretary for Health

The Veterans Health Administration has become one of the nation's recognized leaders in quality health care, increasingly being cited as the standard to emulate. Employees at all levels of our organization can be proud of what they have accomplished.

At the same time, VHA has serious challenges that threaten the gains we've made. We face the complicated reality of too many patients and too few dollars. In order for us to assure consistent high quality health care for America's veterans, we have to face our challenges and overcome them.

Finding more efficient ways to deliver high quality care isn't a job only for our dedicated field staff. I've directed a reorganization of VHA's senior leadership structure, the National Leadership Board, and have given specific charges to its members to manage resources and develop plans that help field facilities continue to provide high quality care for the veterans we serve.

The NLB is made up of our 21 Veterans Integrated Service Network directors, VHA's chief officers, me, my chief of staff, and the three deputy under secretaries.

The reorganized NLB looks more like the governance structure of other health care systems, with committees to deal with operational issues. The NLB committees cover communications, finance, health systems, human resources,

informatics and data management and strategic planning.

Each committee has a chair and vice-chair and each has a specific charter and responsibility. There also is an executive committee responsible for assuring that activities of all the committees are coordinated.

The committees are intentionally aligned with the Malcolm Baldrige National Quality Program's health care criteria to give us a strong systems approach for improving leadership and management.

In 2001, VHA conducted an intense examination of our central leadership

system using the Baldrige criteria. This assessment identified the ways we work well—there are many—and areas in which we can improve.

The assessment showed we need to focus on simplifying and clearly communicating our national planning processes.

A major gap was that we didn't have our senior leaders effectively engaged in developing and clearly deploying strategic plans and policies in a coordinated, consistent manner. This led to the NLB reorganization and my charge that it develop ambitious, clear VHA strategies and

policies that reinforce and clearly articulate our mission and that align the plans, goals, and directions of headquarters, networks and facilities.

The NLB also will be focused on clearly communicating our vision, values and strategic objectives throughout the organization. This new leadership structure will increase consistency across our system and give us the best chance to overcome our budget and workload challenges.

When the full NLB approves its committees' initiatives, I will expect the initiatives to be effectively implemented systemwide. For this

sorry to say, has been missing.

I have the utmost confidence in VHA employees. We've had serious challenges in the past and our employees approached them with dedication and perseverance.

I also have confidence in our senior leaders. The new NLB will support field employees by providing consistent messages and steady guidance.

The threats and challenges we face are very real. But I'm committed to making sure we have the best team approach possible, our best assurance of managing workload, budget and all other challenges without

**My ultimate management goal—and it should be every VHA manager's—is to get all of our more than 180,000 VHA employees moving together with a full understanding of what we are trying to achieve.**

kind of consistency, we have to have a centralized leadership system that successfully engages leaders in decision-making. The new NLB will assure leaders are fully involved in developing and deploying effective strategies and plans.

Every field facility deserves clear, consistent directions as it moves forward. My ultimate management goal—and it should be every VHA manager's—is to get all of our more than 180,000 VHA employees moving together with a full understanding of what we are trying to achieve. That, I'm

compromising our commitment to provide high quality health care. Our veterans deserve it. [VA](#)

### 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.

# Operation Early Intervention

VBA has been stepping up efforts to help servicemembers engaged in the war on terrorism and their families



U.S. AIR FORCE PHOTO

Medics secure an injured American soldier for transport from Bagram Air Base, Afghanistan.

AS THE VA COUNSELOR AND THE VETERAN with whom she has been working review the veteran's aptitude test and interest evaluation, a vocational rehabilitation plan takes shape. The veteran

has some questions about disability compensation and concerns about who in VA he should contact when he relocates in a few weeks.

A veterans service representative meets with the veteran to an-

swer his questions. A typical occurrence in any VA regional office, with one difference. The "veteran" is still on active duty and recuperating from injuries received in Afghanistan while participating in Operation Enduring Freedom.

Since last December, counselors from the Washington, D.C., VA Regional Office's newly established Early Intervention Transition Assistance Service have provided vocational counseling and training, as well as benefits information and application assistance, to servicemembers at Walter Reed Army Medical Center who are undergoing treatment and rehabilitation for injuries sustained in the war on terrorism. Other regional offices near major military separation centers have developed similar early intervention programs to assist servicemembers facing medical discharges.

Yolanda Watkins, a veterans service representative from the Wash-

## The High Price of Preserving Freedom

The young sons of two VA employees lost their lives in separate military incidents that happened less than two weeks apart in October.

Marine Lance Cpl. Antonio "Tony" Sledd, 20, died on Oct. 8 after being shot by two Kuwaiti gunmen while participating in an urban assault training exercise near Kuwait City in the Persian Gulf.

Sledd was the son of Norma Figueroa, a nurse manager at the James A. Haley VA Hospital in Tampa. The day after his death,

about 100 of his mother's fellow employees gathered in the hospital's chapel for a memorial Mass.

Sledd was buried at the Bay Pines National Cemetery in Florida. More than 350 people attended the service, including members of Florida's congressional delegation, Gen. James L. Jones, commandant of the Marine Corps, and Kuwaiti Ambassador Salem Abdullah Al-Jabr Al-Sabah.

A Purple Heart was presented to his mother during the service. Sledd's father, Tom, and twin brother, Michael,

also survive him.

Lt. Stephen N. "Nick" Benson was among four Navy pilots killed when two F/A-18F jets crashed about 80 miles southwest of Monterrey, Calif., on Oct. 18. Benson, 26, was the son of Acting Under Secretary for Memorial Affairs Eric Benson.

Memorial services for Benson were held at the Oceana Naval Air Station in Virginia Beach, Va., and at Arlington National Cemetery. His survivors also include his mother, Barbara, and two siblings.

ington, D.C., VARO, visits military installations in the Washington metropolitan area each week to assist hospitalized servicemembers who are likely to file VA disability claims upon discharge.

She explains what benefits are available and helps the servicemembers prepare their claims so they can be processed as quickly as possible once the members separate. Jeannie Lehowicz, a vocational rehabilitation counselor, also visits Walter Reed at least once a week to help recovering servicemembers develop a rehabilitation plan and to ease their transition to civilian life.

Lehowicz says most of the injured she has worked with as part of "Operation Early Intervention," as the program is sometimes called, have been cautious at first, reluctant even to hear about VA benefits or rehabilitation services.

"These soldiers are not ready to

talk about vocational rehabilitation. They want help coming to grips with these enormous changes that are occurring in their lives," she says. "They may not be ready to accept the reality that they need to prepare for life outside the military and that they need help preparing to enter the civilian job market or school.

"You just have to go slowly and gently and let them come to you," adds Lehowicz, a former social worker and USO program director. Some come around more readily than others. After 10 or 12 visits with one soldier, she told him, "You're not ready to talk about veterans' benefits yet and I don't want to be pushing you. If you change your mind and want to talk about the [VRE] program, call me—any time, night or day."

One evening about a month later, the servicemember called.

Lehowicz immediately drove to the hospital and has been working closely with him and his family ever since.

The vocational rehabilitation services Lehowicz provides include aptitude testing, interest evaluation and career counseling. The next step is to develop a rehabilitation plan that meets the separating servicemember's individual needs and goals.

Watkins, a member of the Washington, D.C., regional office's Benefits Delivery at Discharge team, assists the same servicemembers with whom Lehowicz works, along with many others preparing for separation. The BDD is designed to help servicemembers separating within 90 to 180 days who plan or expect to apply for disability compensation.

Fred Steier, Ed.D., the Washington, D.C., VARO's vocational rehabilitation and employment officer, says they already had agreements with local military installations to give VA counselors access to military facilities and servicemembers before Sept. 11 last year, but the program was not as well organized or fast-moving as it is now. "We upped the ante in terms of how fast we can help servicemembers," he says.

Although VA disability claims cannot be filed until servicemembers separate from active duty, Watkins makes sure those about to separate understand what benefits they may be entitled to, helps them prepare their applications and expedites handling of their claims when they are filed.

Lehowicz prepares a vocational rehabilitation plan that can be put into action quickly, no matter where the veteran is located. She and Watkins aren't just talking about geography when they say, "Our mission is to help them get to where they want to go."

**Continued on page 15**

## Free Medical Care for Combat Veterans

The newest generation of combat veterans, including those now serving in Afghanistan and the war on terrorism, are eligible for two years of free medical care from VA for most conditions. The policy is outlined in a directive issued by VHA's Environmental Agents Service (VHA Directive 2002-049) in September.

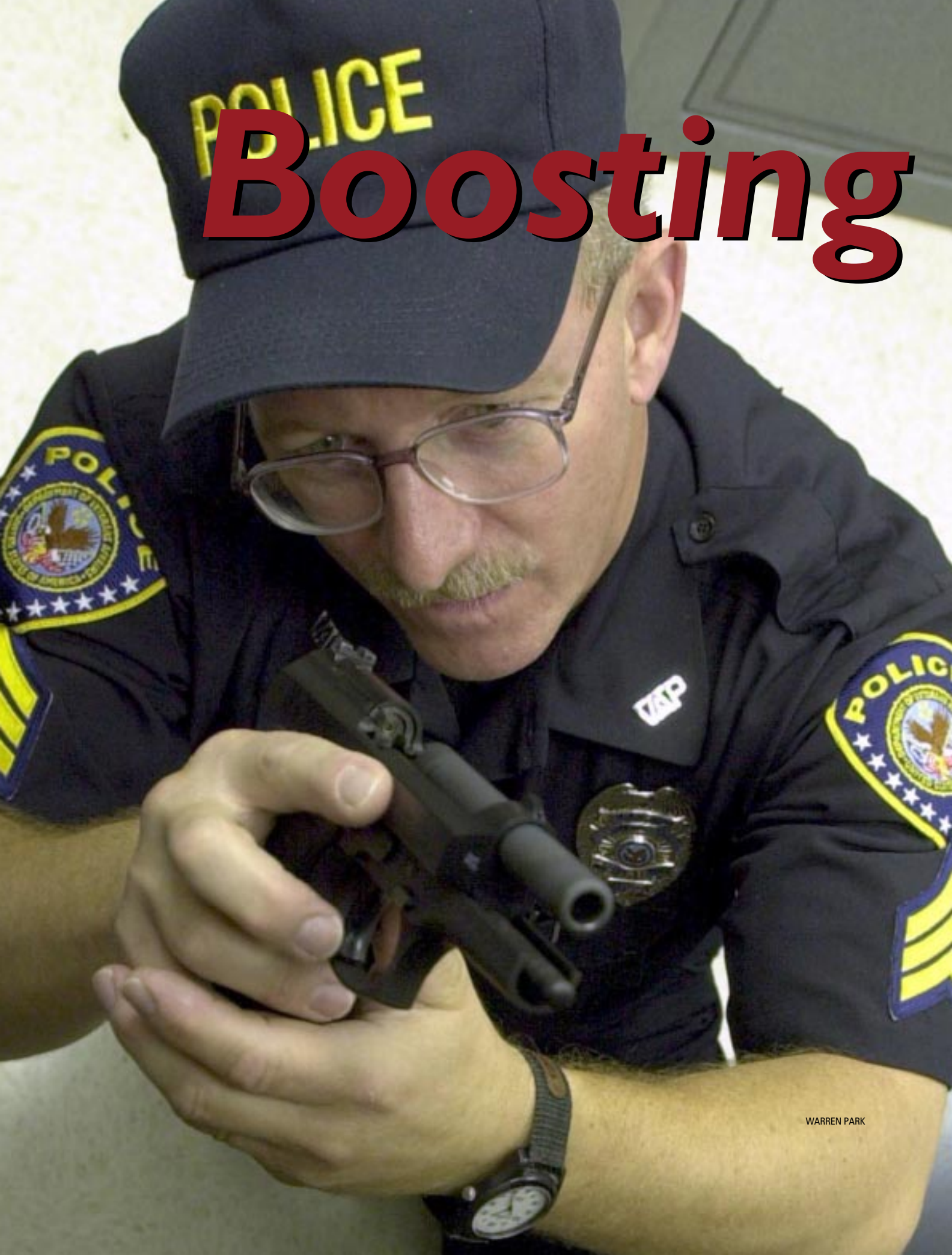
To receive free care, veterans must be able to show that they served in a theater of combat operations or in combat against a hostile force after Nov. 11, 1998. They do not have to prove that their health problems are service-connected, or have low incomes. The benefit does not, however, cover treatment for medical problems that are clearly not related to military service, like common colds, injuries from accidents that happened after they were discharged from active duty, or disorders that existed before they joined the military.

The coverage lasts for two years after discharge from active duty. It applies to VA hospital care, outpatient services and nursing home care. After two years, these veterans will be subject to the same eligibility and enrollment rules as other veterans. Most National Guard and Reserve personnel who were activated and served in a theater of combat operations or in combat against a hostile force are also eligible. According to Mark Brown, Ph.D., director of Environmental Agents Service, the policy came out of lessons learned from the undiagnosed illnesses of Gulf War veterans and Vietnam veterans exposed to Agent Orange. It is expected to improve VA's ability to track the immediate post-discharge health status of combat veterans.



POLICE

# *Boosting*





# Security

Put on the fast track following an increase in violent incidents at VA facilities, the arming of VA's police force is now nearly complete

A PLAN TO ARM ALL VA POLICE OFFICERS with 9-millimeter semiautomatic pistols was put on the fast track following an increase in violent incidents at VA facilities.

In the summer of 2000, less than 20 VA hospitals had an armed police force. Today, more than 1,900 of VA's approximately 2,200 police officers carry a firearm, according to Lisa Foster, a security specialist with the Office of Security and Law Enforcement. "We expect all officers to be trained and armed by the end of this fiscal year," she said.

It started slow and cautious. Officers at five VA facilities began carrying firearms in 1996 as part of a pilot study. Their police chiefs reported that they appeared more confident and visible. Most said there was a notable increase in both investigative and traffic stops. By 1999, a total of 12 VA facilities had armed their police forces. The plan was for 15 more to be added each year.

One of the first facilities to arm its officers in 2000 was the Salisbury, N.C., VA Medical Center. Just two months later, two of the hospital's officers had to use their weapons to subdue an 83-year-old veteran who shot a physician in the heart. The incident brought into sharp focus the value of a properly trained and

armed police force capable of protecting patients and employees.

A month after the shooting, the Secretary accelerated the firearms rollout program. At least 30 hospitals would be armed each year under the revised plan.

Before they are authorized to carry firearms, officers must pass a physical examination and a psychological assessment. They also have to qualify at the range. Foster, who is a former Marine firearms instructor, said VA police officers must pass a 40-hour qualification course before they receive firearms. And they need to re-qualify with their weapons every six months.

Hospitals must have a firearms policy and an approved armory before receiving weapons. They also need to have at least one of their officers certified as a firearms instructor through the 96-hour training course at the VA Law Enforcement Training Center, located on the grounds of the Little Rock, Ark., VA Medical Center. The center has an intensive firearms training plan that meets or exceeds the requirements for federal law enforcement agencies, according to a review by the head of the firearms school at the FBI Academy.

"We decided from the very outset that we wanted our officers to

have the best training and skills development so they can provide the best possible protection to our veterans, their families and VA employees. That's why our standards are so high," said Ronald R. Angel, an Army veteran and director of the VA Law Enforcement Training Center.

Deputy Secretary Dr. Leo S. Mackay Jr., visited the training center in September to officially dedicate a new 15-lane indoor firing range. The new range was a wel-

**Continued on page 10**



WARREN PARK

*Russell Eibrich, a pistol instructor from the Little Rock VA Law Enforcement Training Center, traveled to Pittsburgh to train VA police officers there.*



JEFFERY BOWEN

National Firearms Program Coordinator Leroy Jackson, right, instructs Conrad Hamp on the VA Law Enforcement Training Center's new 15-lane indoor firing range.

### Continued from page 9

come addition. In the past, officers had to go to an outdoor range at Camp Robinson, an Army National Guard base, to qualify with their weapons. Sometimes it took up to two hours to transport students and equipment to the range—time that could have been spent training. “By having this new range, we’re going to save time on travel and use it to intensify our training,” said Angel.

The new range is equipped with a high-tech computer simulator used to teach trainees how to react to stressful situations. As an officer walks into the simulator room, they see a life-sized image projected onto a screen. It could be a suspect with a knife, an uncooperative psychiatric patient, or any number of scenarios.

**“We want to make sure our officers get the training they need to be effective.”**

The officer must decide how to deal with the situation while being watched and graded by evaluators. “We evaluate everything from verbal skills used to deescalate a situation to how proficient the officers are if they fire their weapon,” said Angel. “We want to make sure our officers get the training they need to be effective.”

Police officers at all three campuses of the VA Pittsburgh Healthcare System began carrying firearms on Nov. 1. To prepare more than 50 officers for the transition, the health care system established an on-site firearms training facility complete with BeamHit laser guns and a firearms testing simulator.

“We wanted our officers to be very confident in their abilities,” said Terry M. Gerigk, the system’s associ-



WARREN PARK

Sgt. Thomas A. Miele, a police officer with the VA Pittsburgh Healthcare System (also pictured on p. 8), secures a firearm in the armory.

ate director. “We didn’t cut any corners in their training.” Gerigk even joined the officers as they carried out their training exercises. “I wanted to familiarize myself with this as much as possible,” she explained.

Pittsburgh Police Chief Jack Crawford said most of his officers have had previous firearms experience through civilian or military training. He expects a smooth transition to an armed force. “This is just another tool to help them do their jobs,” he said.

The Beretta 9-mm carried by VA police has been modified to include a magazine disconnect feature that prevents it from being fired when the magazine is removed. Officers are required to remove their magazines when entering certain areas of the hospital. Using the magazine disconnect feature along with a special security holster reduces the likelihood of the firearm being taken and used by an unauthorized person.

As heightened security becomes the standard operating procedure at federal facilities, VA police officers stand ready to provide a safe and secure environment for employees and veterans. For more information about VA police, visit the Office of Security and Law Enforcement Web site at [www.va.gov/osle](http://www.va.gov/osle). **VA**

By Matt Bristol

## Historic Preservation at National Cemeteries Memorial Inventory Nearly Halfway Complete



*History teacher Paul LaRue and his students at Washington Courthouse High School record memorials at Camp Chase Confederate Cemetery in Columbus, Ohio.*

Last spring, the National Cemetery Administration began working on the first-ever comprehensive inventory of its memorials. Volunteers from all over the country are collecting data and photographs for all NCA memorial structures for historic and preservation purposes.

When the project began, NCA estimated that volunteers would catalog about 300 memorials or monuments in its 120 national cemeteries and 33 related soldiers' and Confederate lots. But according to NCA Historian Darlene Richardson, the project has been so well received that it has been expanded to capture an estimated 500 memorials or monuments, including more than 160 cenotaphs at Congressional Cemetery in Washington, D.C., where the government maintains some lots.

Information collected through the Memorials Inventory Project will be shared with the public through the Smithsonian Institution Research Information System as part

of its Art Inventories database.

NCA recruited volunteers for the project through announcements to veterans service organizations, VA employees, and a wide variety of other groups. Nearly 150 would-be volunteers contacted NCA, but many of them did not live near a memorial. As of November, however, 77 volunteers have begun or completed documentation of 174 memorials.

The volunteers come from a wide range of age groups, educational backgrounds, interests and professions. They include elementary through college-age students, active and retired military personnel, VA employees, state historic preservation office staff, archivists, historians, teachers, VSO members, Civil War history buffs and retirees.


A number of volunteers were parents who saw the Memorials Inventory Project as a way to create an educational and entertaining weekend activity for the whole family. Some asked to be assigned to cem-

eteries out of their area, giving them an excuse to plan summer or fall getaways.

Since many of the national cemetery memorials and monuments date to the Civil War and are considered historic cultural artifacts, the project appealed to some teachers who saw it as an opportunity to provide hands-on history lessons for their students. John Wilkes, a history teacher at the Maggie L. Walker Governor's School in Richmond, Va., is working with his senior history students to document the memorials at three Civil War-era national cemeteries in Virginia: City Point, Cold Harbor and Seven Pines. And Paul LaRue, a research history teacher at Washington Courthouse High School in Columbus, Ohio, volunteered his class to record the memorials at nearby Camp Chase Confederate Stockade.

Four officers stationed at Fort Leavenworth, Kan., are documenting memorials at Fort Leavenworth National Cemetery as part of a community affairs project.

Other volunteers were attracted by the chance to find out more about this aspect of military history located right in their own backyards. Most said getting involved with the project allowed them to contribute to the preservation of America's heritage resources and to honor fallen veterans.

NCA will continue recruiting volunteers until all memorials have been surveyed. A list of memorial locations still in need of volunteers is posted on the NCA Web site ([www.cem.va.gov](http://www.cem.va.gov)) under "History." For more information about NCA's Memorials Inventory Project, contact historian Darlene Richardson at (202) 565-5426 or by e-mail at [nca.memorials@mail.va.gov](mailto:nca.memorials@mail.va.gov). 



# Rx for the Future

THE ROOM PULSATED WITH ACTIVITY in every direction. At times, voices were barely audible over the constant hums and whines of machinery. Hundreds of tubs progressed on what seemed like miles of conveyor belts while robotic arms efficiently moved items from one area to another.

Though it seemed space-aged, this was not a tour of NASA—it was VA's own Consolidated Mail Outpatient Pharmacy in Leavenworth, Kan. Secretary Principi had taken National CMOP Director Tim Stroup up on his offer to familiarize him with what these facilities do and how they do it.

The Consolidated Mail Outpatient Pharmacies provide prescription services by mail to VA patients. Though the methods are constantly evolving, VA has been providing prescriptions by mail since the post-World War II era. In fact, VA was the first national health care organization to routinely provide this kind of service to its patients.

## A High-Tech Workhorse

Installation of a new workhorse began at the Leavenworth CMOP in October 2001—a Flexpick adopted from the cosmetics industry. Ron Boneberg, director of the Leavenworth CMOP, explained that the volume of the work was the main attraction for this piece of equipment.

“The machine was spitting out cosmetics orders at an amazing rate, and the products (nail polish, perfumes, makeup) were roughly the same size as a large number of the prepackaged drug products,” Boneberg said.

The Flexpick is an immense A-

frame machine, about 4 feet wide and 50 yards long. Approximately 840 sleeves (cells) drop product onto conveyor belts that run below. The machine can process prescription orders at the rate of 1,200 to 1,400 per hour. Two smaller units have since been installed, and these Flexpick machines now process about 80 percent of the prescriptions filled.

The Flexpick systems are bar code-driven. As a section of conveyor goes by a sleeve, the Flexpick reads the bar code on the tub and drops the required product for that zone. Each 8-foot section of conveyor equals one patient order.

Secretary Principi seemed most impressed with the safety of the CMOP systems. Stroup described some of the safety measures, including accountability software. “The software tracks the product from the time it comes in to the time it leaves the building,” he explained. “We can track where any product is at any given time.”

“Even if a mistake is made,” Boneberg added, “the bar code system prevents the machines from filling the mistake.”

Their record speaks for itself—the CMOPs have the lowest prescription error rates in the VA system. They even have machines that do the labeling and capping, and robotic arms that move completed bottles into sorters for processing.

Each CMOP effectively serves patient care needs by functioning as a transparent extension to the VA hospitals' outpatient pharmacy dispensing programs. After a patient has been seen by a VA physician, the patient prescription data is entered into a computer system at the

local VA hospital. The pharmacist reviewing the prescription provides appropriate medication-related patient education, and enters or verifies the prescription data into the system. If no problems are found, the original prescription is filled and dispensed to the patient.



ELAINE BUEHLER

*Dan Williams, a pharmacy technician at the Leavenworth CMOP, scans a product bar code.*

For patients who need to have prescriptions filled on a routine or ongoing basis for chronic medical conditions, medications can be marked for refill dispensing by the CMOPs. The local facility maintains control over what is sent to the CMOP and what is to be dispensed.

## Evolution of the CMOP

In the old days, prescription mail services were handled using manual processing systems directly from the VA hospitals. The function was typically carried out by pharmacists who could perform this service at rates ranging from 8,000 to 18,000 prescriptions per full-time employee per year. Studies indicated, however, that a centralized system offered tremendous benefits,

including lower costs and improved operational efficiencies.

Centralized mail pharmacy systems began in VA in the '70s and '80s at district and regional levels. These initiatives were based primarily on sharing agreements between interested local VA facilities. The potential benefits, such as lower costs resulting from improved operational efficiencies and volume purchasing power, were readily apparent.

Recognizing the potential, VA formed a task force in the late 1980s to review the processes and options. To maximize efficiencies, it was proposed that CMOPs operate as independent entities from the facility pharmacies at the VA hospitals. The primary function would be to provide refill prescription dispensing services by mail.

Leavenworth was the first site of a number of CMOPs to be strategically located across the country. The pilot program began in 1988 with the Leavenworth CMOP dispensing refill prescriptions for VA hospitals in Leavenworth and Topeka, adding Kansas City later. Although the processing systems were still manual, productivity improvements were evident, raising the average number

of prescriptions processed to more than 20,000 per employee.

That was just the beginning. The CMOP program began a comparison of other mass mailing industries, and adopted many of their ideas. Installation of the first automated equipment at the Leavenworth CMOP began in August 1993, and the first automated prescriptions were mailed from the CMOP on Jan. 4, 1994.

More automated systems have been added over the years, enhancing the program with each new addition. By March 1995, the Leavenworth CMOP's annual workload had grown to 3.5 million prescriptions with a staff of 80. By 1999, 51 percent of all VA prescriptions were being processed by CMOPs (40.3 million of the 78 million prescriptions).

Before the CMOP program was implemented, it was not uncommon for patients to wait two weeks or more to receive their prescriptions by mail. Through electronic transfer of information, and the consolidated processing power of the CMOPs, patients now typically receive their medications in three to five days virtually anywhere in the continental United States.

And once the prescription dispensing process for a patient's order is completed at the CMOP, electronic data verifying the dispensing activity is sent back to the local VA hospital to update their patient records.

### Uninterrupted Service

The terrorist attacks of Sept. 11 last year didn't disrupt the CMOPs. Although airline transportation had been brought to a standstill, VA mail prescriptions were still delivered to their destinations.

The CMOPs have a contract with consolidator RR Donnelly, the Postal Service's largest partner. RR Donnelly is equipped to deliver

packages far into the postal system, resulting in faster, lower-cost deliveries. All seven CMOPs are now using this contract, reducing costs even further.

Before Sept. 11, most of the mail was transported by airplane. When all flights were grounded, RR Donnelly simply shifted transportation to its trucks, moving the product to the post office responsible for delivery.

This transportation flexibility proved vital again during the anthrax scare. Since the CMOPs could get prescriptions so deep into the postal system, in many cases delivering to the appropriate post office and bypassing the postal processing centers, the potential for contamination by anthrax was dramatically lessened.

### The Value of CMOPs

The value of the Leavenworth CMOP, and the six others across the country, seems self-evident. CMOPs now fill about 70 percent of the more than 104 million prescriptions filled by VA. More than 70 million prescriptions valued at \$1.8 billion were filled by VA's mail-out pharmacies during fiscal year 2002. Combining volume-purchasing ability with automation, CMOPs saved VA more than \$70 million last year alone.

The improvements are staggering. The Leavenworth CMOP alone filled about 45,000 prescriptions per day in fiscal year 2002, totaling more than 12.4 million for the year (an increase of 1.8 million from fiscal year 2001). Prescriptions are now being processed at rates of 50,000 to 100,000 per employee per year.

Interest in the CMOP program also continues to grow. Pharmacy giant Merck Medco has benchmarked off the VA CMOP program, and partnerships are being explored with

**Continued on page 15**



ELAINE BUEHLER

*Robotic arms like this one efficiently move items from one place to another at the Leavenworth CMOP.*

## The Therapy of Self-Expression

# Fifty Years of Veterans' Voices



ROBERT PEDERSEN

*Veteran Harlan Hall, a participant in the Corona, Calif., Vet Center's writing group, discusses his writing with Kristine Wegman, a social worker who leads the group.*

Vietnam veteran Chuck Nesmith felt the throbbing of his heart as he crouched in the sweltering heat of a Southeast Asian afternoon. He was playing the waiting game—waiting for the Viet Cong soldier hiding across from him to make the first move and give away his position.

Both predator and prey, each man knew the other represented a modern-day grim reaper; his hood a helmet, his scythe a rifle. Shots shattered the silence. Nesmith shielded his face from shrapnel, while his opponent suffered direct hits.

That afternoon in Vietnam, Nesmith won the waiting game, but began to carry the guilt of his survival in the midst of death. He would not speak of the guilt for 20 years.

For veterans like Nesmith who have difficulty talking about their wartime experiences, writing allows them to express feelings that have been bottled up for years. "The

floodgate opened," said Nesmith, describing what happened when he began writing about his experiences in Vietnam. Now he writes because he has to.

Chuck Nesmith not only writes about his experiences, he also shares them with the world. His award-winning story, "The Waiting Game," is featured in the Summer 2002 edition of *Veterans' Voices*.

A publication comprised of pieces written by participants in the Hospitalized Veterans Writing Project, *Veterans' Voices* celebrates its 50<sup>th</sup> anniversary this year. The magazine has provided a forum for veterans to publish their memoirs, fiction, poetry and prose for the past five decades.

Some veterans write of recovering from the physical and mental wounds of combat. Others extol the beauty of foreign lands they saw and the pride they experienced while serving their country in uniform. The topics and styles of the pieces

featured in the three annual editions of *Veterans' Voices* differ, but each selection represents the unique experience of one veteran. They also highlight the efforts of VA employees and volunteers who organize writing groups and transcribe, edit and submit stories for veterans.

Nesmith wrote his story while participating in a writing group started by Max Greenwald, former team leader at the Riverside, Calif., Vet Center. The vet center has since moved to Corona, Calif., and Greenwald transferred to the Los Angeles VA Regional Office, but the writing group continues under the guidance of Kristine Wegman, a social worker.

Nesmith cannot speak highly enough of VA employees who facilitate writing groups. "It takes a special kind of person to take people who have been damaged and walk them out of the woods," he said.

Van Garner served in the Air Force during the Korean War, but by 1961 was hospitalized in the Murfreesboro, Tenn., VA Medical Center suffering from mental illness. During the first part of his two-year hospitalization, he reported being in a haze. He was unaware of his surroundings, lost in his own thoughts.

His journey back to mental health began with the Hospitalized Veterans Writing Project. He started putting his thoughts on paper, and was motivated to continue and improve his writing by the reward of having his work included in *Veterans' Voices*. "It feels like you're doing something important and that other people might like," he said.

Garner has contributed countless articles to *Veterans' Voice*, many of which explicitly deal with the

**Continued on page 15**



**Intervention continued from page 7**

“An important part of this program is that if we can make some progress here, then we can make a seamless hand-off of the claims folder, the VRE evaluation and the rehabilitation plan to counselors wherever the servicemember goes after separation,” says Steier. “And that’s important, because if they have this structure—and the smoother we can make their transition—the better it is for the veterans.”

Steier sums it up this way: “VA’s motto is to ‘care for him who shall have borne the battle’ and one of the four primary goals in VA’s Strategic Plan is to ensure a smooth transition for veterans from active military service to civilian life. I can think of nothing truer to VA’s mission than doing whatever it takes to help these severely battle-wounded soldiers come to grips with their situation and begin preparing for their post-military lives.”

Injured active-duty military members transitioning to civilian life aren’t the only ones benefiting from expedited service in the wake of the nation’s war on terrorism. So are the families of servicemembers who die on active duty.

Last October, *VAnguard* reported on the Joint Service Survivors Assistance Center set up near the Pentagon and staffed by personnel from the Department of Defense, VA and various relief agencies to assist families of those missing or killed in the Sept. 11 attacks. For 15 days, VA personnel at the assistance center provided information about VA benefits and programs and helped family members of servicemembers killed in the attack complete applications for survivors’ benefits.

Acting on the lessons learned during that experience, VA has streamlined the Dependents Indemnity Compensation claims process

for family members of servicemembers who die on active duty.

Since August, surviving spouses or dependent children of an in-service casualty no longer have to fill out lengthy, cumbersome forms. Working with DoD, the Veterans Benefits Administration has streamlined the claims process by using a DIC Worksheet combined with DoD’s Report of Casualty form to process each in-service death DIC claim within 48 hours of receipt.

Survivors’ and dependents’ education assistance, GI Bill refunds, Servicemembers Group Life Insurance and loan guaranty benefits are also being handled on an expedited basis for family members of servicemembers who die while on active duty.

“The overall mission of transition services delivery becomes even more important as America’s attack on terrorism continues,” says Robert J. Epley, VBA’s Associate Deputy Under Secretary for Policy and Program Management. “We are proud of what we are doing and what we have accomplished to assist servicemembers and their families involved in Operation Enduring Freedom.” **VA**

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By Willie Alexander

**CMOPs continued from page 13**

the Departments of Defense and Health and Human Services to potentially fill many of their outpatient prescriptions.

“CMOPs are an essential component in the pharmacy management system that has made VA a model for our nation,” said Secretary Principi. “The exciting technology we apply in our CMOPs, combined with on-site leadership, help VA control costs by dispensing pharmaceuticals effectively and efficiently.”

“They are still in their infancy

stage,” said Boneberg. “CMOP workload is growing at an average rate of 20 percent per year, and the potential to double that over the next five years would be a reasonable assumption.” **VA**

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By Elaine Buehler

**Voices continued from page 14**

healing power of writing. His piece in the Summer 2002 issue, “Can Writing Help Us?” addresses writing’s curative aspect, urging others to put their feelings down on paper. He depends on Mary Ann Aquadro, chief of recreation therapy at the Murfreesboro VAMC, to submit his stories.

Without the support of VA employees and volunteers who submit the stories, veterans could not have them included in the publication. “I’m happy to do whatever I can,” said Aquadro, explaining that it makes Garner so happy.

Hospitalized Veterans Writing Project President Ann Ogden credited volunteers with the success that HVWP and *Veterans’ Voices* has experienced throughout the last five decades.

“The ones who make the real contribution are those who work in the hospitals ... encouraging the writing and typing it, and seeing that it is submitted,” she said.

Through publishing their stories, veterans get the pride of receiving public recognition for their best work, and they help their readers, who may be experiencing some of the same feelings.

To submit stories for possible publication in *Veterans’ Voices*, write the Hospitalized Veterans Writing Project at: 5920 Nall, Room 105, Mission, KS, 66202, or call (913) 432-1214 for more information. **VA**

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By Andrea Strobel

# Waiting for Care

Can access improvements really lead to reduced waiting times for appointments and better care at VA clinics? The Buffalo primary care team's experience suggests they can

WHEN JOHN SANDERSON, M.D., PRIMARY CARE MEDICAL DIRECTOR for the VA Western New York Healthcare System, attended the Institute for Healthcare Improvement's Advanced Clinic Access meetings in 1999, he and his team at the Buffalo Primary Care Groups were already familiar with making major changes to improve the delivery of care.

In the early '90s, when the primary care movement came along nationally, Buffalo replaced the old system ("not a lot of emphasis on patient needs; not a lot of emphasis on continuity over time; and not a lot of emphasis on coordinating the whole package of services we could deliver," as Sanderson recalls it) with functionally integrated care teams composed of physicians, nurses, and an array of services like pharmacy, dietary, social work and psychology. "We used the birth of primary care to do a lot of good things many of us had always wanted to do," Sanderson says.

Yet the primary care movement came up short in some ways. Waiting times for appointments were often long, and the promise of continuity was difficult to keep if patients couldn't get in to see their own physician when they needed to be seen.

As he sat and listened to the explanation of Advanced Clinic Access, Sanderson soon recognized it as an avenue to even better primary care. "For me, it was the missing

link," he says. "We saw right away that it could only mean better things for the quality of services and what we can do for patients. If we could see them when they needed to be seen, by the person who knows them best, in the most proper venue within our system, it would be a definite improvement."

For the Buffalo team, Advanced Clinic Access wasn't just a matter of reducing waiting times; it was a way to further enhance care delivery. "Doing it for the patients was and still is the overriding reason and major hook for most of my provider staff," Sanderson explains.

The results of the work they undertook following their first introduction to ACA shows the strong link between improved access and greater continuity of care. In 1999, only 10 percent of patients who were triaged as needing an urgent care visit actually saw their own provider; by 2002, that figure had increased to 80 percent.

During the same time period, the time to next available appointment as reported on VHA's waiting times database improved from 44.9 days in January 2000 to 21.1 days in June 2002, while the number of enrolled patients per provider almost doubled.

## Getting Started

The first step for the Buffalo primary care team was to pull together a core planning and implementation

team. Having both the clinical and administrative primary care leaders participating worked well to drive this initiative vigorously from the staff. They were supported by a primary care social worker assigned to collect data a few hours a week. The project then went to the front-line treatment team for input on many occasions prior to and during rollout.



BARBARA J. SELLON

*Dr. John Sanderson, center, primary care medical director for the VA Western New York Healthcare System, escorts veteran Ullin A. Henry to the reception area, where Earnestine Parker, medical support assistant, is ready to check him out after his appointment.*

Each person had a decent grasp of their role, and also understood how behavior changes on the part of other disciplines complemented their own. Another key, according to Sanderson, was “freeing people up not only to talk, but to act. Empowering them—most love the heck out of that.”

### Matching Supply and Demand

The Buffalo primary care team undertook multiple changes at once. The first order of business was to measure supply and demand, and match the two. They knew their staffing supply, but didn’t know their demand, especially for urgent, same-day care.

To track demand, they measured the number of calls for same-day care, the number of patients they were able to see on the same day, and the number of patients they had to deflect to the emergency room or walk-in clinic—all on a provider-specific basis.

They quickly discovered that demand for urgent care was consistently higher on certain days of the week, particularly Mondays and Fri-

days. They then looked at provider schedules and matched supply to demand, leaving space in their schedules for urgent care appointments based on the data they had collected.

### Extending Intervals for Return Visits

Early on, the team saw that a large chunk of the demand was being created not by the patients, but by the providers’ own behavior. Providers were routinely scheduling patients for return visits in three months, because that was how it had always been done.

As Sanderson explains, those three-month visits added up: “If I had 1,000 patients and saw them all four times a year, then I’d need 4,000 visits. But if I had the same number of patients and saw them twice a year, then I’d only need 2,000 visits to do the same work. So in effect, we were creating our own return demand.”

The change? Simple: schedule return visits based on a careful as-

essment of patient needs, instead of old habits. Sanderson admits that he had to start by changing his own behavior. “Every patient who comes in, as they’re leaving, you take five or 10 seconds to make your own assessment as to what the most suit-

**“Doing it for the patients was and still is the overriding reason and major hook for most of my provider staff.”**

able follow-up interval should be. And you base that assessment, first and foremost, on how sick they are. Anyone who’s seriously ill should come back as often as it takes—every day or two if necessary.”

Sanderson admits he shared the VA mindset that most of his patients were old and sick and needed to be seen frequently. As time went on, however, he came to realize that a large number of his patients had chronic diseases and didn’t need to be seen that often.

“If people are doing accurate home monitoring of illness, such as blood sugars and blood pressures, and they’re able to recognize changes in condition and convey that information by phone or another means, we now feel very comfortable about spreading them out further into the future,” he explains, “particularly when you know they are reliable and will call you if something goes wrong.”

### Alternative Visits

Before Advanced Clinic Access, most Buffalo primary care patients ended up with a face-to-face provider visit. Today, triage nurses assess the clinical needs that arise between appointments and choose the most appropriate response. Some patients can be seen by the nurse or

## What is the Advanced Clinic Access Initiative?

VHA began a collaborative project with the Institute for Healthcare Improvement in July 1999 to reduce delays and wait times. Using best practices from the private sector, 132 teams from each of the 21 Veterans Integrated Service Networks began piloting an Advanced Clinic Access Initiative in November 1999.

Within six months, the median wait for an appointment for both primary and specialty care clinics decreased from 48 to 22 days. This collaborative project, scheduled to end in December, continues to spread ACA practices across the country.

VHA’s goal is to build an advanced access system that can achieve and sustain access levels and patient flow times that meet or exceed the current VHA performance standards in six clinics—audiology, cardiology, ophthalmology, orthopedics, primary care, and urology. The current standards are: new patient appointments within 30 days; appointments with a specialist within 30 days of referral; and patients see providers within 20 minutes of their scheduled appointment.

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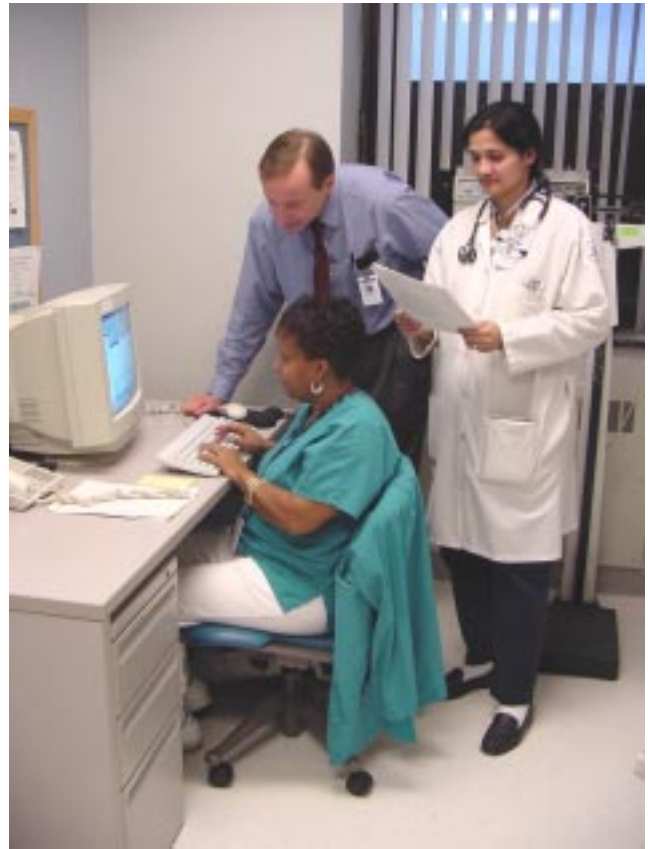
even treated over the phone. Nurse clinic visits are also used for such things as blood pressure checks, blood glucose checks, minor irrigation and immunizations. Clerks and nurses can link patients directly with dietary, psychology, social work and even pharmacy.

Support staff is encouraged to contact providers for a hallway consult or telephone advice if they're unsure how to handle a particular situation. Some providers also hold formal telephone clinics for routine follow-up of certain patients whose conditions do not require direct observation. The key is effective internal communication, a prerequisite for any team trying to respond, on any given day and at any time, in a way that is best suited to the patient's needs.

**Adjusting to Change**

These changes weren't easy for all providers. At first, some were nervous about extending intervals for return visits. One provider, for example, wanted to be able to sit down and discuss lab results with his patients. "What you do," Sanderson explains, "is just say, well, not only is it possible for you to do that by phone without rebooking the patient, but 90 percent of your peers down the hall do it that way and do it very effectively." As providers looked around and saw the success others were having extending return visit intervals, it made it easier for them to change their own behavior.

Staff satisfaction is quite high and turnover low in Buffalo primary care. "The nurses like it because they feel even more invested in a given patient's care and outcome of that care," according to Sanderson. "In the old culture, a lot of people had a lot to offer, but were



BARBARA J. SELTON

*Members of the Buffalo primary care team Vivian Hokes, L.P.N., John Sanderson, M.D., and Chetana Shastri, M.D., review an electronic medical record to determine the patient's treatment options.*

shackled and unable to deliver. But this is a system where people are free to do what they're trained to do and what they really got into health care for. Compared

**What Else is Being Done to Reduce Waiting Times?**

The number of veterans enrolling in the VA health care system continues to grow at unprecedented rates. This unanticipated explosion in growth began after Congress made every veteran eligible for VA health care in 1996. Since then, the number of veterans VA treats has almost doubled.

In the past year, the number of veterans receiving health care from VA increased by 30,000 veterans per month. Currently, about 265,000 veterans are waiting for health care appointments. More than 164,000 new enrollees are waiting for their first clinic appointment to be scheduled, and another 100,000 veterans are facing a wait of six months or more for follow-up or specialized care.

VA's goal is to eliminate this health care backlog within six months, but the increased demand for appointments is expected to continue. Another 600,000 veterans are pro-

jected to enroll for VA health care in 2003. Besides the Advanced Clinic Access initiative, VA has been taking a number of other actions to tackle the problem, including:

- convening a task force to implement national strategies to reduce the backlog;
- asking Veterans Integrated Service Networks to identify local actions to eliminate the backlog;
- starting a nationwide system to track patients on wait lists;
- developing clear, concise national policy documents that identify the process each VISN will follow to enroll patients for clinical care and when to put patients on a waiting list; and
- asking the Office of Personnel Management for permission to re-hire retired health care personnel for up to a year without a reduction in their retirement benefits.

# Severely Disabled Vets Get Priority Access

## New policy means no more waiting for some veterans

The wait is over for veterans with service-connected disabilities rated 50 percent or more. They now have priority access to VA health care thanks to a new regulation signed by Secretary Principi.

"It is unacceptable to keep veterans with service-connected medical problems waiting for care," said Principi. "These veterans are the very reason we exist, and everything we do should focus first on their needs."

The new regulation took effect Oct. 1, 2002. It was brought on by the increase in VA health care enrollment, which has led to longer waiting times.

Frustrated that disabled veterans were waiting months for care, Secretary Principi ordered a covert operation. He sent one of VA's assistant secretaries, a 100-percent service-disabled veteran, to eight different VA clinics. His mission—try to en-

roll for VA health care.

At four clinics he was turned away. They were over capacity and could not care for him. At one clinic, he was told he'd have to go to a hospital more than 200 miles away to get care. At another, a clerk told him he was sorry, but all veterans were created equal and he would have to wait just like everyone else.

But he wasn't like everyone else. He was wounded in combat and has spent more than half his life in a wheelchair. Should he have to wait like everyone else? The Secretary didn't think so. He asked the Office of General Counsel to draft new regulations. He wanted severely disabled veterans to have priority access for hospitalization and outpatient care for both service-connected and non-service-connected treatment.

"Never again on my watch will a combat-disabled veteran be told

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### Continued from page 18

to the old days when we weren't able to see our people when they got sick because of crammed schedules, we now have opportunities and openings built in to see patients on the day they need to be seen."

Patients, too, had to adjust to the new system. At first, some didn't understand why they were coming back in six months instead of three. In addition to face-to-face education of patients by clerks, nurses, and everyone else on the care team, Buffalo primary care now includes an orientation to Advanced Clinic Access for all new patients.

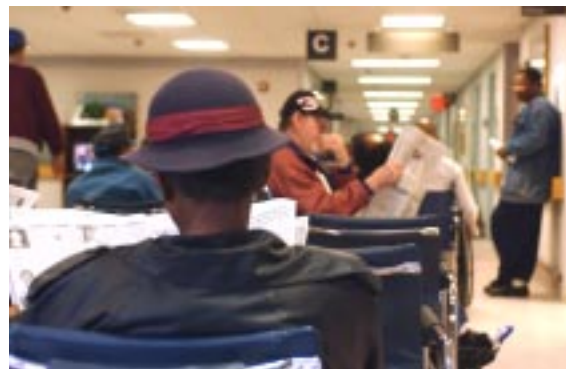
The message, Sanderson explains, is "this is not the old way of doing business anymore. If you're coming here, be ready for alterna-

tives to face-to-face visits, and be ready to have reappointment intervals extended. Be ready to see other team members and not just your doctor if your need so dictates."

Handouts reinforce the message: We're changing, always trying to make care better for you. But change does entail a new experience for you. Sanderson observes that, with his own patients, the "moment of truth" was the first time they called in with an urgent need and were told, yes, they could come in at 2:00 that afternoon. "Once that happened," he says, "you had a convert." **VA**

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By Jane Roessner, Ph.D.  
Institute for Healthcare Improvement



ROBERT TURTEL

*Veterans have been coming to VA for health care in record numbers since the system was opened to all eligible veterans who enrolled, jeopardizing VA's ability to care for those who needed it most.*

that he or she is no different than any other veteran," the Secretary said. The new regulations, outlined in VHA Directive 2002-057, were distributed to VA medical facilities on Sept. 26.

The new regulation is being implemented in two phases. The first phase provides veterans with service-connected disabilities rated 50 percent or more with priority treatment for service or non-service-connected conditions. In the second phase, which will be implemented next year, VA will provide priority access to other service-connected veterans for their service-connected conditions.

The VA mission is traced to the Civil War. President Lincoln made a commitment to care for wounded soldiers and the families of those killed on the battlefield. A 1996 law opened VA health care to all eligible veterans who enrolled.

They came in record numbers, jeopardizing VA's ability to care for veterans who needed it most. This new regulation allows VA to get back to its roots and give priority treatment to veterans who depend on us for care. **VA**



# Veterans

## 20<sup>th</sup> Anniversary of the Wall

# A Generation Comes of Age

Wayne Miller glanced to his left and right as he slowly nudged his wheelchair along the path at the Vietnam Veterans Memorial in Washington, D.C. Thousands of people were gathered there on Veterans Day to mark the 20<sup>th</sup> anniversary of the Wall. But Miller wasn't looking for Marines he served with in Vietnam. He was looking for signs of anguish and pain.

"You can usually tell because they'll be standing off by themselves," said Miller, team leader at the Silver Spring, Md., Vet Center, as he navigated through the crowd. "If they're with family then we know they've got support, but when they're by themselves, that's when we get concerned." He extended his hand to a stocky man wearing a Marine Corps hat and offered a greeting heard throughout the day: "Welcome home, brother."

Miller was one of about 30 vet center counselors who spent Veterans Day weekend at the Wall helping those in need. "The main thing is being non-invasive and building trust," he said. "We ask if they're OK and tell them about the vet center. We just want to let them know that we're here if they want to talk."

**Continued on page 22**



ROBERT TURTIL

*In a scene repeated many times over the Veterans Day weekend, Wayne Miller, right, team leader at the Silver Spring, Md., Vet Center, talks with a fellow Vietnam veteran. "Welcome home, brother," was a common greeting.*



*The heavy rains that soaked the Veterans Day ceremony at Arlington National Cemetery earlier in the day had slacked off by the time the annual ceremony at the Wall got underway at 1:00 p.m. Thousands braved the elements to be a part of it.*

ROBERT TURTIL



ROBERT TURTIL

*Some 30 vet center counselors stationed themselves at the Wall over Veterans Day weekend to offer their support to veterans gathered there for the 20th anniversary of the memorial.*



# Day 2002



EMERSON SANDERS



EMERSON SANDERS

*On a Veterans Day that found Americans bracing for the possibility of war, about 2,000 braved a steady rain to attend the annual Veterans Day ceremony at Arlington National Cemetery. President Bush addressed the crowd in the amphitheater, above, during a ceremony hosted this year by the Blinded Veterans of America, left.*



VIETNAM VETERANS MEMORIAL FUND PHOTO

*Neale Emerson, a respiratory therapist at the Iron Mountain, Mich., VA Medical Center, performs on the steps of the Lincoln Memorial during the musical tribute to Vietnam veterans on Nov. 6.*

## A Musical Tribute to Vietnam Veterans

Two Iron Mountain, Mich., VA Medical Center employees took part in a musical tribute at the Lincoln Memorial in Washington, D.C., on Nov. 6, to commemorate the 20<sup>th</sup> anniversary of the Vietnam Veterans Memorial.

Fran Rosenberg, administrative officer of the day at the medical center, and Neale Emerson, a respiratory therapist, were part of a line-up that included Paul Revere and the Raiders, Irish tenor John McDermott, and Scott McKenzie, who hit it big in 1967 by urging Americans to go to San Francisco, where they'd find lots of gentle people with flowers in their hair.

**Continued on page 22**

***“Veterans do not take life for granted. They know that duty and sacrifice are more than words. And they love America deeply, because they know the cost of freedom, and they know the names and faces of men and women who paid for it. ...Free nations are in debt to the long, distinguished line of American veterans, and all Americans owe our veterans our liberty.”***

***President George W. Bush***

**Wall continued from page 20**

A visit to the Wall can evoke many emotions—the pain of loss, the guilt of survival, or the anger of being spurned. Seldom is this more evident than on Veterans Day.

Visitors brought flowers, photographs, letters and other personal items as a tribute to the fallen. “Dear Dad, it’s Veterans Day eve and I’m here in Washington, D.C., for the first time,” began one letter. “I can feel your presence.”

A few feet away, Neil McKenna, a therapist from the Brockton, Mass., Vet Center, kept his finger on the emotional pulse of the crowd. “It’s been real intense,” he said. “It’s almost overwhelming to be a part of this.”

They came from across the country to mark the Wall’s 20<sup>th</sup> anniversary. Cecilia F. Graff, a social worker at the Dayton, Ohio, VA Medical Center, thought it’d be therapeutic for some of the hospital’s Vietnam veterans to visit the memorial.

She mentioned it to Dr. Arthur Aaronson, a clinical psychologist, and he agreed. Together with Greg Meriwether, team leader at the Dayton Vet Center, they raised enough money to bring 26 veterans to the observance. It was the first visit for many. “Going up to the Wall and finding the names of their fallen comrades ... I think a lot of them found healing,” said Meriwether.

As the ceremony came to a close, some of the veterans from Dayton split away from the group and sat down on nearby park benches. One first-time visitor was so overcome that he couldn’t speak.

Others shook their heads in disbelief as they described meeting President George W. Bush earlier in the day when he made an unannounced visit to the Wall. “The President shook my hand and thanked me for serving in ‘Nam,” said one veteran.

Aaronson didn’t overlook the impact of their encounter with the President. “They’ve always felt forgotten and here the President comes up and thanks them. It did a lot to help them feel like what they did in Vietnam was important,” he said.

About 50 veterans from Arizona visited the Wall as part of Operation Freedom Bird, sponsored by Southwest Airlines. Vietnam veterans Bob Digirolamo, homeless coordinator at the Phoenix VA Medical Center, and Don McKisson, vice president of the Freedom Bird Foundation, were with the group.

McKisson, a former Marine Corps corpsman and retired VA nurse, said about 700 veterans have visited the Wall since the operation began in 1987. “Most come away with a renewed sense of purpose,” he said. “It’s really a unique experience. The Wall is mystical. When you look at it, you’ll find whatever it is you’re looking for.”

The 20<sup>th</sup> Anniversary observance included the “Reading of the Names” ceremony. About 2,000 volunteers recited all of the 58,229 names inscribed on the memorial—a roll call of the fallen. Secretary Principi read the first ten names, starting a process that took 65 hours over four days.

Arto S. Woods, an associate manager in VA’s Readjustment Counseling Service Regional Office in Baltimore, spent the weekend at the Wall reaching out to those in need. He was there when the Wall was dedicated in 1982 and again at the 10<sup>th</sup> anniversary in 1992.

The combat-wounded Marine Corps veteran has seen some changes over the years. “In ‘82 there was lots of denial of the losses of friends, and also survivor guilt,” he said. “Now veterans are more accepting of their fates. Even though the psychological wars are not over for many, I think some finally found closure.”

Philip Hamme, regional manager in the Baltimore office, offered his own insight. “I think a generation has really come of age.” **VA**

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By Matt Bristol

**Tribute continued from page 21**

Emerson performed “Can You Hear the Wall Whisper?,” a poem Rosenberg wrote after visiting the “Moving Wall” in Kingsford, Michigan. (*Listen, Sshh ... Listen. Do you hear it? Do you hear the Wall whisper?*)

The “Moving Wall” is a half-scale replica of the memorial in Washington, D.C. It was developed in 1984 so those who couldn’t make it to the nation’s capital could still have an opportunity to view a replica of the memorial that has brought healing to so many. (*The war is over, The Blood is shed. Now it is time. We honor our dead.*)

“The entire poem is listening to the Wall in silence for those who did not come back from the war,” Rosenberg said. She took the poem to Emerson, who has been singing and composing since 1968.

He put the words to music and recorded it on a compact disk. “The catalyst for the song is the fact that the Wall won’t go away. It continues to be there and we can’t ignore it,” Rosenberg said.

They submitted the CD to the Vietnam Veterans Memorial Fund and were selected to perform at the Lincoln Memorial as part of the Wall’s 20<sup>th</sup> anniversary observance. (*50,000 plus are honored here. Where our greatest gift is a touch and a tear.*)

Standing at his keyboard on the steps of the Lincoln Memorial, Emerson softly encouraged the crowd to experience the Wall’s healing power. (*To walk the Wall. And say Good-Bye. Cherish the memories, take time to cry.*) **VA**



## Title 38 Course for HR Specialists Debuts on the Web

VA human resources management specialists are logging on to a new Web-based Title 38 Personnel Management Development Series curriculum. Launched on Oct. 9, this curriculum is accessible on the Internet at <http://208.34.95.200/T38> and on the Intranet through the Office of Human Resources Management Web site at [vaww.va.gov/ohrm](http://vaww.va.gov/ohrm) and the Employee Education System Web site at [vaww.ees.aac.va.gov/t38](http://vaww.ees.aac.va.gov/t38).

The curriculum offers a series of courses designed to help HRM specialists develop and enhance their knowledge of the complex Title 38 system.

The first curriculum in the series is "The Fundamen-

tal of Title 38 Personnel Management," which includes two courses on history and background, and key attributes of the Title 38 Personnel System. Courses on staffing, pay, employee relations, work life, labor relations and staffing adjustments will soon be available.

This Web-based curriculum is a departure from the traditional e-learning experience in that it uses a scenario-based learning approach to make the learning experience as realistic as possible. Course designers created a scenario featuring a virtual medical center, Central City VA Medical Center, which mirrors the work environment of a VA medical center and the executive

team that manages the day-to-day HR functions.

Novice HR specialists are introduced to the fundamentals of the Title 38 Personnel Management System as they study alongside Chris Poplar, a virtual HR intern. Participants learn along with Chris how to research rules, regulations and VA policies. They assume Chris's role to complete a number of activities that demonstrate what they've learned.

More experienced HR specialists study and are mentored by Central City VAMC Senior HR Specialists Brian Lighthorse, Alan Bills, Larry Chung and Mary Alan Blake as they focus on skills development. Senior HR specialists solve advanced

problems with Mark McBride, HR director, and his staff of HR specialists.

A planning committee made up of staff from the Office of Human Resources Management and Employee Education System collaborated with a team of HR subject-matter experts from the Office of Human Resources Management, VHA Management Support and VA medical centers in Biloxi, Miss., Denver, Memphis, Tenn., and West Los Angeles to develop courses for the curriculum.

Their goal is to ensure the continued viability of the Title 38 system. Retirements and turnovers have cost VA much of its expertise in this area. The initiative is designed to train and support career development for VA's experienced HR specialists, as well as provide new hires the training they need to do their jobs.

"I've been waiting for this for years," said Sandra Willoughby, HRM officer at the Cheyenne, Wyo., VAMC, after logging on to the Web-based curriculum. "Seems like the most cost-effective and far-reaching way to be sure the VA HR community is well trained."

Course developers hope this Web curriculum will eventually serve as an anchor for a blended learning experience incorporating face-to-face, satellite, and other learning opportunities on Title 38 personnel management.

For more information on the Title 38 Web-based curriculum, contact Marianne Gray at (202) 273-9759 or by e-mail at [Marianne.gray@mail.va.gov](mailto:Marianne.gray@mail.va.gov).

## Learning Catalog Passes One Million Hit Mark

The VA Learning Catalog is changing the way employees get information about educational opportunities, products, satellite broadcasts, and online learning available to them. From January to September, the online catalog had more than 1.3 million hits.



"The catalog is being visited by VA staff 24 hours a day, seven days a week," said Melissa McCanna, VA learning resource group coordinator for the Employee Educa-

tion System. "That is important to meet all employee training needs in a large, performance and customer service-oriented organization like VA."

Of the more than 1,700 offerings in the catalog, some 500 have been developed in coordination with VA clients by the Employee Education System. You will find educational opportunities and products entered by the Veterans Benefits Administration, the Office of Public Affairs, the Office of General Counsel, and the Office of Human Resources Management.

"Courses are being added to the catalog daily," McCanna said. "This is a one-stop shop for all VA

learning. We've recently added 993 courses offered through VA Learning Online. These are very popular commercial courses offered to all VA staff through an Internet connection."

New offerings for 2003 include satellite broadcasts from Training Systems Network covering professional development, leadership, supervisory, and business skills training that have been added to the VA Knowledge Network schedule. To find these broadcasts, type TSN in the search box on the VA Learning Catalog.

Visit the VA Learning Catalog at [vaww.sites.lrn.va.gov/VACatalog/](http://vaww.sites.lrn.va.gov/VACatalog/). For information on how to add nationally available products or programs from your VA staff office, contact McCanna at [melissa.mccanna@lrn.va.gov](mailto:melissa.mccanna@lrn.va.gov).



## Fifteen Senior Executives Win Presidential Rank Awards

Three VA leaders received Distinguished Executive Awards in the 2002 Presidential Rank Awards program. It's an honor bestowed on only 1 percent of career senior executives in the entire federal government.



*Batres*

They are: Alfonso R. Batres, director of VHA's Re-adjustment Counseling Service; D. Mark Catlett, principal deputy assistant secretary for management in VA Central Office; and Patricia A. McKlem, director of the Prescott, Ariz., VA Medical Center.

Another twelve VA career senior executives were honored in the Meritorious Executives category. Only 5 percent of career senior executives are chosen for this honor.

They are: James B. Donahoe, director of VHA's Canteen Service; John J. Donnellan Jr., director

of the VA New York Harbor Health Care System; George H. Gray, director of the VA Central Arkansas Health Care System; Thomas R. Jensen, VBA's Southern Area director, Nashville,



*Catlett*

Tenn.; Kenneth H. Mizrach, director of the VA New Jersey Health Care System; Michael E. Moreland, director of the VA Pittsburgh Healthcare System; Jimmy A. Norris, VHA's chief finance officer;

Y.C. Parris, director of the Birmingham, Ala., VA Medical Center; George T. Patterson, executive director/chief operating officer of the National

Acquisition Center in Hines, Ill.; Thomas R. Wagner, di-



*McKlem*

rector of the Houston VA Regional Office; Julius M. Williams Jr., director of VBA's Vocational Rehabilitation and Employment

Service; and Timothy B. Williams, chief executive officer of the VA Puget Sound Health Care System.

Chosen through a rigorous selection process, Presidential Rank Award winners are nominated by their agency heads, evaluated by boards of private citizens, and approved by the President. The evaluation criteria focus on leadership and results. A total of 348 career senior executives received Presidential Rank Awards this year. About 6,100 federal employees are career members of the Senior Executive Service. **VA**

## Sixteen Picked for SES Development Program

Sixteen employees were selected for VA's Senior Executive Service Candidate Development Program. They made it through a rigorous application, interview and selection process that began in the latter part of 2001 and was affected by the Sept. 11 terrorist attacks and the anthrax scare.

Nearly 300 employees applied for the program. Thirty-nine candidates were interviewed, and 16 of those were selected by the Secretary to participate.

SES candidate development programs are competitive programs designed to create a pool of qualified candidates for SES positions. Candidates participate in a variety of activities aimed at preparing them for success in the SES, including developmental assignments, job

shadowing, working with an SES mentor and executive coach, creating an individual development plan, and getting at least 80 hours of training on five Executive Core Qualifications that apply to all SES positions. These programs typically last 12-18 months, depending on individual development. They are open to GS-14s/15s or employees at equivalent levels from within or outside the federal government.

Employees selected to participate in VA's program for 2003 are: Lou Ann Atkins, West Palm Beach, Fla., VA Medical Center; Ronald Bednarz, Veterans Health Administration, VA Central Office; Ernesto D. Castro, Office of Information Technology, VA Central Office; Jeannette Diaz, San Juan, Puerto Rico, VA Medi-

cal Center; Lily Fetzer, Houston VA Regional Office; Willie Hensley, Office of Human Resources Management, VA Central Office; Joy W. Hunter, Veterans Health Administration, VA Central Office; Sonia Moreno, San Juan, Puerto Rico, VA Regional Office;

Steve L. Muro, National Cemetery Administration, Oakland, Calif.; Ricardo Randle, Jackson, Miss., VA Regional Office; James R. Sandman, Denver Distribution Center; Linda D. Smith, Cleveland VA Medical Center; Rebecca Wiley, Augusta, Ga., VA Medical Center; Suzanne C. Will, Regional Counsel, San Francisco; Sally Wallace, Office of Information Technology, VA Central Office; and Keith Wilson, New Orleans VA Regional Office. **VA**

## Shared Service Center Realigned

The name has changed, but the services available to VA employees nationwide through the Shared Service Center in Topeka, Kan., have not.

Now called the Health Revenue Center, the former Shared Service Center has been realigned from the Office of Human Resources Management to VHA's Business Office. None of the center's workers will lose their jobs from this move. Matt Kelly has been named acting director of the center

Employees can still ini-

**Continued on page 25**

## Toby Johnson

Toby Johnson will do whatever it takes to get his clients motivated for life. Sometimes that involves a couple of sets on the bench press.

The 33-year-old kinesiologist and personal trainer is helping the Veterans Health Administration meet its core goal of building healthy communities. He's doing it one veteran at a time in the domiciliary at the Olin E. Teague Veterans' Center, part of the Central Texas Veterans Health Care System.

His clients are recovering from traumatic injury, depression or addiction.

Some are trying to get back on their feet after years on the streets. Others are learning to adjust to prosthetic limbs or maneuvering a wheelchair. All live in the domiciliary.

He gets them started by designing individual exercise programs that emphasize their abilities. After setting specific short-term goals, he and Rehabilitation Assistant Barbara DeLaCour provide a steady dose of encouragement as the veterans work toward achieving them.

"We get some folks in here who are depressed or trying to get over addictions

to alcohol or drugs," Johnson said. "I introduce them to weight training and try to get them addicted to weights. Once you get those endorphins going, it's a natural high and perfectly legal."

Johnson leads by example. His 6-foot-2-inch frame is sculpted into 220 pounds of lean muscle. He sets strict guidelines and holds his clients responsible for putting in the effort. Some need a little motivating, others don't.

John Davis, a 52-year-old Vietnam veteran who lost both hands in a natural gas explosion, wanted to compete in a national bodybuilding contest sponsored by Experimental Applied Science Corp. He had the drive, but the injury to his hands made it impossible to do some of the upper body exercises.

Or so he thought. Johnson fitted him with special-order hooks for weightlifting and adapted exercises so he could work his chest and back.

By the end of the 12-week program, Davis had gained 25 pounds of lean body mass, dropped his body fat by 10 percent, and increased his bench press by



BOBBY POFF

*Toby Johnson works with veteran Kevin Eric Mosely.*

125 pounds. He submitted his before-and-after photos and measurements and was named first runner-up in the inspiration category.

Though Johnson trained him during the contest, he's reluctant to take any credit for helping Davis reach his goal. "John has a lot of guts and determination," he said.

An Army veteran, Johnson joined VA after graduating from the University of Southern Mississippi in 1993. He did stints at the VA hospital in Lyons, N.J., and the nursing home in Marlin, Texas, before taking on the Temple assignment in 1999.

The first thing he noticed when he got there was the need for some modern equipment. "We needed to

get some new equipment that would be more beneficial for the patients," he said.

He did, with help from Chief of Staff Dr. Valerie H. Van Wormer, Domiciliary Administrator Jay S. Butala, and his supervisor Barbara Sanders.

Today, the health maintenance program looks more like a mini health club, with mirrors lining the walls and veterans working out on the latest exercise equipment. More than 100 veterans work out each day as part of Johnson's program. Others have seen the results he gets and are waiting to join.

"I have a mission for the future," he said. "I want to get rid of the waiting list and make this the best health club VA has to offer." VA

### Continued from page 24

tiate transactions such as health insurance or CFC enrollments, payroll deductions, and updating personal information through the center. Use the Employee Self Service application page at [www.brlinks.aac.va.gov](http://www.brlinks.aac.va.gov), or call 1-800-414-5272.

The center has about 220 full-time employees who answer calls, research benefits

cases, process transactions, and provide retirement information. In fiscal year 2002, they answered more than 240,000 calls and processed more than 350,000 transactions.

Decisions are still being made about which HR and payroll functions will remain at the center, and what staff will be dedicated to Business

Office work. The decision to move the center under the Business Office stemmed in part from the need to centralize some business office processes and accounts receivable work within VA.

Through a pilot program with the Medical Care Cost Recovery Office for VISN 11 (Ann Arbor, Mich.) that began last May, about

30 center staff members have been calling veterans to remind them about their appointments and update their health insurance and billing information. Preliminary results show this team's efforts are making a difference in the amount of money that is being collected from health insurance companies and veterans. VA

## Carey Quality Award Trophy Goes to Philly Insurance Center



EMERSON SANDERS

Philadelphia VA Insurance Center Director Joseph McCann, far left, holds the Carey Trophy while Secretary Principi talks with Robert Carey's brother Leo, second from left, and widow Jean.

Secretary Principi presented the top honor in the 2002 Robert W. Carey Quality Award program to the Philadelphia VA Insurance Center during a Sept. 12 ceremony in Washington, D.C. It's the second time since the award's inception in 1992 that Philly received the Carey Trophy.

"It really shows the quality of people we've got working here," said Grace Parker, chief of Policy and Procedure at the Insurance Center, who coordinated the Carey application. "Many of us knew Robert Carey and it's an honor to be recognized like this because we know that's what Bob would have wanted."

The Insurance Center won the Benefits Category in the 2000 and 2001 Carey Award programs and capitalized on past success to take this year's top spot. "The feedback we received helped us focus on where we needed to go," Parker said.

About 420 people work in the Insurance Center. They are responsible for managing all aspects of government life insurance pro-

grams for veterans, members of the armed services, and their reserve components.

For the second year in a row, the Clinical Research Pharmacy Coordinating Center located in Albuquerque, N.M., swept the Carey Award program's Health Care category.

Dr. Mike R. Sather, director of the center, set the quality improvement ball rolling in the 1980s. Today, the center runs on communication and teamwork.

Project managers meet each Thursday in front of the Strategic Awareness Wall to talk about upcoming activities for the next three months. "Everybody knows what we're doing and where we're going," said Thelma Salazar, assistant director for administrative operations.

The Fort Custer, Mich., National Cemetery won an achievement award in last year's Carey program and made good on their promise to be back. They stepped it up a notch to take the top spot in the National Cemetery category.

Fort Custer has strong

community support and an active volunteer network. Five different honor guard squads, one for each week-day, perform full military honors for every veteran interred.

Honors in the Unified Health Care and Benefits category went to the Spark M. Matsunaga VA Medical and Regional Office Center in Honolulu.

The center maintains long-standing VA/DoD joint ventures with Tripler Army Medical Center that have led to the formation of the Hawaii Federal Healthcare Partnership. By leveraging resources with the Army hospital, the center has improved service delivery to 130,000

veterans living in the Hawaiian Islands.

Several VA facilities received achievement awards for excelling in at least one aspect of the Carey Award criteria. Past achievement award winners have gone on to excel in the program.

This year's achievement winners are the Riverside, Calif., National Cemetery; Loma Linda, Calif., VA Medical Center; Prescott, Ariz., VA Medical Center; and the White River Junction, Vt., VA Medical and Regional Office Center.

For more information on the Carey Quality Award process, contact Darine Prok at (202) 273-6784 or Marty Reiss at (202) 273-5131. [VA](#)



Amy Nicholson and Michael Chavez, both production controllers at the Clinical Research Pharmacy Coordinating Center in Albuquerque, N.M., flood fill blister cards.



## Former POWs and Families Share Stories of Conquering Stress



ROBERT TURTEL

*Dr. Larry Lehmann, VHA liaison to the Secretary's Advisory Committee on Former POWs, greets Harold Coleman, a Korean War POW from Jacksonville, Fla.*

The Congressional Black Caucus Veterans Braintrust presented a program featuring panels of African American former POWs and their wives on Capitol Hill Sept. 13. Sponsored by Cong. Sanford Bishop (D-Ga.) and Cong. Corrine Brown (D-

Fla.), "The High Price of Freedom" brought together former POWs from World War II, Korea and Vietnam, including Robert Fletcher, a Korean War veteran who is a member of the Secretary's Advisory Committee on Former POWs.

While the former POWs' war experiences were part of the discussion, their main focus was how they had adapted to stress and gone on to become active contributors to their communities after they got home. Their wives described the impact of their POW status, including the medical problems the men have experienced, on family life.

"It was clear that these veterans continue a pattern of minimizing their physical complaints and often suffer in silence," said Dr. Larry Lehmann, VHA liaison to the Secretary's advisory committee, who provided information to the group about benefits and services available to former POWs. Staff from VAMCs and vet centers also attended the program. **VA**



EMERSON SANDERS

*Joyce Bounds, left, and Charlotte Beason, center, talk with the translator for the Russian group.*

## NCA's Roger Rapp Retires

Longtime National Cemetery Administration leader Roger Rapp retired on Oct. 3. He'd



Rapp

been Deputy Under Secretary for Operations since March 2000. In that position, he was in charge of operations and construction at VA's 120 national cemeteries.

He was also responsible for the State Cemetery Grants Program, which provides federal grants to help

states establish, expand and improve state veterans cemeteries.

During Rapp's 20-year career with NCA, 13 new national cemeteries opened, and VA is positioned to open five more. Last year, NCA scored a 93 percent customer satisfaction rating, the highest achieved by any government entity included on the American Customer Satisfaction Index.

Rapp began his VA career with the Veterans Health Administration in 1972. He joined NCA as director of the Philadelphia area office before moving to headquarters in 1987 as director of field operations. **VA**

## VA Hosts Russian Nurses

Forty Russian nurses visited VA Central Office on Oct. 24 to learn how the nation's largest "nurse force" takes care of U.S. veterans.

Speaking through a translator, Charlotte Beason, Ed.D., R.N., program director in the Office of Nursing Services, welcomed the group and discussed the leadership role of nurses in VA. "Our nurses are caregivers, but they are also leaders," she said. She highlighted VA nurse initiatives in research, clinical innovation, and administration.

Joyce Bounds, R.N., VHA Office of Special

Projects, introduced the visitors to the VA Virtual Learning Center ([www.va.gov/vlc](http://www.va.gov/vlc)), and encouraged them to register with the site to receive automatic e-mail notices of the latest lessons learned. "They're trying to advance their nursing practice and they are looking to VA for examples," said Bounds. "This is a way to share ideas internationally."

In recent months, VA has hosted delegations from many countries, including the Czech Republic, China, Jordan, Japan, Romania, Russia, the United Kingdom and Vietnam. **VA**

## Irish Tenor McDermott Speaks Out on His Veterans' Advocacy



ROBERT TURTEL

Deputy Secretary Dr. Leo S. Mackay Jr., looks on as John McDermott talks about his commitment to veterans' causes.

VA Deputy Secretary Leo S. Mackay Jr., Ph.D., joined other VA officials, National Press Club members and guests at a luncheon featuring Irish tenor and veterans' advocate John McDermott in Washington, D.C., on Nov. 6. In pre-Veterans Day remarks at the Press Club, the

Scottish-born resident of Canada explored his personal commitment to American veterans' issues.

"The veterans population is virtually ignored outside of one day a year, but I hope that recent events will change that," McDermott said. "So much of the music

I sing really speaks to the veterans' experience and I feel a great deal of respect for the men and women who put their lives on the line for the sake of their country."

His work as an advocate for homeless veterans is well known. The Hope McDermott Day Program Center at the New England Shelter for Homeless Veterans in Boston opened in 2000. Named for his mother, it's the first of what he hopes will be many program centers across the country to help veterans make the transition from homelessness to self-sufficiency. In 1999, he attended groundbreaking ceremonies in Washington, D.C., for the McDermott House, a transitional housing cooperative for up to 40 D.C. area veterans.

McDermott considers Veterans Day 1999 a high-

light of his career. He attended the Veterans Day Breakfast at the White House and ceremony at Arlington National Cemetery as a guest of VA.

Later that day, he performed the song, "The Wall," written by Vietnam veteran Tim Murphy, at the annual commemoration ceremony at the Vietnam Veterans Memorial. He earmarked the royalties from his recording of that song to support homeless veterans.

Last year, the Congressional Medal of Honor Society presented McDermott their Bob Hope Award, given to entertainers who distinguish themselves through outstanding service to or positive portrayals of the U.S. military. Earlier that year, he received the Chapel of Four Chaplains' Humanitarian Award. [VA](#)

## Entertainer Wayne Newton Honored for Service to Veterans



ROBERT TURTEL

Wayne Newton greets Anita Major, a program assistant in the Office of Intergovernmental Affairs, during his visit to VACO. Looking on is Inez Proctor, a program analyst.

Las Vegas entertainer Wayne Newton stopped by VA Central Office on Sept. 17 to re-

ceive an award from Secretary Anthony J. Principi honoring the time and effort he

has devoted over many years to supporting the men and women who have served the nation in uniform. "We are grateful for all he has done to honor our nation's heroes," said Principi. "I invited him here to express the appreciation of all VA employees and to personally thank him for his efforts."

The Secretary presented Newton with a plaque that read: "From a grateful nation to a great patriot who has given a lifetime of service to America's veterans, from Vietnam to Afghanistan. Your heart for, and dedication to, those who have served our nation in uniform exemplifies the very spirit of America."

Newton's commitment to America's veterans dates to Vietnam, where he did two tours with the USO. The entertainer, who is chairman of the USO Celebrity Circle, has visited troops in the Mediterranean, Persian Gulf, and most recently, Afghanistan.

While in VA headquarters, Newton also met with VA Deputy Secretary Dr. Leo S. Mackay Jr., toured the building, and spoke with VA employees about their service to the nation's veterans. "I am humbled to be here among those who have given so much more than I have given," he said. "What I have given pales, but what I gave was my best." [VA](#)

## D.C. VA Hospital Ahead of Latest Hand-Hygiene Recommendations

Guidelines released Oct. 25 by the Centers for Disease Control and Prevention touting the advantages of alcohol-based gels or foams over hand washing ([www.cdc.gov/handhygiene/](http://www.cdc.gov/handhygiene/)) came as no surprise to the infection control team at the Washington, D.C., VA Medical Center. They've been using the quick-drying hand rubs for the past couple of years.

disinfect their hands, and it's effective," said Maureen Schultz, R.N., infection control coordinator.

Preventing the spread of germs in the hospital is vital, as patients may have weakened immune systems making them vulnerable to infection. Studies show the main way germs spread from patient to patient is on the hands of health care providers. The CDC estimates as many as 2 million patients get an infection each year in

and water. The hand rubs aren't always appropriate, however, such as when hands are visibly dirty. In these cases, a thorough washing with soap and warm water is the only way to go.

## Lack of Natural 'Antibiotics' May Explain Dermatitis Infections

People with the most common form of eczema are vulnerable to skin infections because they lack certain germ-killing peptides, according to a study published in the Oct. 10 *New England Journal of Medicine*. The finding may lead to a new type of antimicrobial cream based on the body's own chemicals.

"This may explain why people with atopic dermatitis get infections," said co-investigator Richard Gallo, M.D., Ph.D., a dermatologist with the VA San Diego Healthcare System and the University of California, San Diego. Gallo, who in 1994 was the first to discover antimicrobial peptides in mammalian skin, worked on this study with investigators at the Denver-based National Jewish Medical and Research Center and other sites.

When the skin is penetrated by pathogens, white blood cells attack the invader to prevent infection. However, this immune response does not appear to happen readily in atopic dermatitis patients, who often suffer recurring skin infections.

Atopic dermatitis is an inherited disease usually accompanied by asthma and allergies. It is marked by red, itchy, swollen skin.

Researchers analyzed skin samples from six healthy adults, eight patients with atopic dermatitis, and 11 patients with psoriasis, another

common inflammatory skin disease.

The normal skin contained almost no antimicrobial peptides, as these compounds are made only as needed. The psoriatic skin showed high levels, as is typical for many inflammatory skin conditions. But the skin with dermatitis contained much lower levels, almost like the normal skin.

## Arkansas VA Endocrinologist Makes HRT Breakthrough

Scientists have identified a synthetic estrogen-like compound that reverses bone loss in mice without affecting the reproductive system, as does conventional hormone replacement therapy. The finding, reported in the Oct. 25 edition of *Science*, could lead to new and safer therapies to prevent osteoporosis.

"We are developing a new class of pharmaceutical agents with the potential for bone-building, sex-neutral hormone replacement therapy," said lead investigator Stavros C. Manolagas, M.D., Ph.D., an endocrinologist with the Central Arkansas Veterans Healthcare System and the University of Arkansas for Medical Sciences.

The new study is the first time scientists have demonstrated in animals how synthetic hormones can build bone without affecting reproductive organs. Conventional hormone replacement therapy with estrogen or progesterin has been shown to increase the risk for breast cancer and cardiovascular disease. The new compound, estren, is still years away from human testing but represents a promising advance in hormone therapy. **VA**



ANDREW WHITE

Maureen Schultz, R.N., infection control coordinator at the Washington, D.C., VAMC, uses a hand-disinfectant dispenser at the facility.

They installed hand-disinfectant dispensers in all inpatient and outpatient clinic rooms in August 2000 as part of a two-year study.

During that time, the number of new cases of resistant staphylococcus aureus decreased by 21 percent, and the number of resistant enterococcus decreased by 43 percent. Both of these bacteria are associated with serious, hospital-acquired infections.

"It's a quick, easy way for health care workers to

U.S. hospitals, and about 90,000 die as a result.

In its hand-hygiene report, the CDC announced that alcohol-based hand rubs kill more bacteria than soap and water and are more likely to be used by busy health care providers. Traditional hand washing takes time, a valuable commodity in a hectic emergency room. The CDC estimates in an eight-hour shift, an intensive care nurse can save one hour of time by using a hand rub instead of washing with soap



## Blind golfers TEE off



*A record turnout of 131 golfers participated in this year's TEE Tournament.*

Blind golfer Doug Mason shot 91 for 18 holes on his way to winning the 9<sup>th</sup> annual TEE Tournament for Blinded Veterans. The golf tournament is open to legally blind veterans receiving VA visual impairment services. It gives them an opportunity to develop new skills and strengthen their self-esteem.

More than 270 community volunteers helped make the tournament possible. One of those, Mike Owen, VIST coordinator for the Iowa City VA Medical Center, received the Vonnie Gould TEE Volunteer Award for the effort he put into making the event a success. A record turnout of 131 golfers participated in the tournament. It is sponsored by the Iowa City VAMC and the Blinded Veterans Association.

Two VA hospitals celebrated 50<sup>th</sup> birthdays in September and October. The **East Orange Campus** of the **VA New Jersey Health Care System** held a rededication ceremony on Oct. 8 to mark its 50<sup>th</sup> birthday. **Secretary Principi** joined about 250 people gathered for the celebration. VA New Jersey Director **Kenneth J. Mizrach** singled out nine employees and recognized them for 35-plus years of service at the hospital. The **Salt Lake City VA Medical Center** turned 50 on Sept. 4. Hundreds of employees, veterans, volunteers and community members turned out to mark the occasion. When it opened on Sept. 4, 1952, the Fort Douglas VA Hospital Building, as it was originally named, had an inpatient bed capacity of 546. Today, the hospital is

part of the **VA Salt Lake City Health Care System**, which last year served nearly 30,000 veterans in 300,000 visits.

The **VA Southern Nevada Healthcare System** in **Las Vegas** opens its doors four times a year to care for needy children through a partnership with Los Angeles-based **Zelzah Shriners Hospital**. VA Las Vegas provides office space, X-ray equipment, technicians, and other support to visiting doctors from Shriners who spend the day providing free health care to needy kids. "It is a heartwarming scene to see kids getting the invaluable care and treatment they may not have been able to receive [otherwise]," said **Mike Agricola**, administrative officer to the chief of staff at the Las Vegas VA hos-

pital. The children seeking care come from throughout Southern Nevada. For more information, contact **David Martinez**, public affairs officer, at (702) 636-3010.

Employees of **Turner Classic Movies**, a division of Atlanta-based **Turner Broadcast Systems, Inc.**, volunteered at the **Atlanta VA Medical Center** as part of **Turner Volunteer Day**, Sept. 14. They painted a mural in the dining room; planted trees, shrubs and flowers in the rooftop garden of the nursing home; played bingo, scrabble and other games

with patients; and set up arts and crafts booths. **Molly Reynolds**, public affairs officer at the Atlanta VAMC, said it was a day the hospital won't soon forget.

About 60 guests packed the chapel at the **McGuire VA Medical Center** in **Richmond, Va.**, to celebrate the marriage of a heart-transplant patient. The hospital staff had a big role in preparing for the wedding. They decorated the chapel, provided the cake, set up the reception area, and made sure the groom was properly attired in a tuxedo. **VA**

## A new cemetery for Florida



GARY DALE

*Secretary Principi announces the newly acquired site for a national cemetery in South Florida on Sept. 4 at the West Palm Beach VA Medical Center.*

A much-needed new cemetery is coming to South Florida. On Sept. 4 Secretary Principi signed a sales contract for VA to purchase 313 acres in southern Palm Beach County near Boca Raton. VA studies showed South Florida has a large number of veterans not served by a national or state veterans cemetery.

National Cemetery Administration officials evaluated thirteen potential sites for the new cemetery. The final site was chosen for its many positive characteristics, including a high capacity for casketed gravesites, mature trees, and a location within five miles of Florida's Turnpike and Interstate 95. President Bush's fiscal year 2003 budget requested \$23.3 million for VA to build the cemetery.

The **Lexington, Ky., VA Medical Center** received a John M. Eisenberg Patient Safety Award on Oct. 1 in Washington, D.C. The award's sponsors, the National Quality Forum and the Joint Commission on the Accreditation of Healthcare Organizations, commended the Lexington VA hospital for its long-standing "Honesty Policy" of openly disclosing medical errors. According to Chief of Staff **Dr. Steve Kraman**, families are receptive to the candor. "By receiving a genuine apology and learning what has been done to prevent others from becoming victims, families see this as something good that has come out of their misfortune," he said.

**Clark T. Sawin, M.D.**, medical inspector for the **Veterans Health Administration**, was elected to serve as president of the American Thyroid Association for 2003-2004 during the first competitive election in the association's 79-year history. The U.S. Army Medical Corps veteran served as chief of the Endocrine-Diabetes section at the **Boston VA Medical Center** for more than 30 years before moving to **VA Central Office** in Washington, D.C.

**Gerald F. DiBona, M.D.**, chief of medical services at the **Iowa City VA Medical Center** and professor at the University of Iowa College of Medicine, received the Novartis Award for Hypertension Research on Sept. 26 at an American Heart Association meeting in Orlando. DiBona has conducted research for VA since 1969. He shared the award

with John Hall, Ph.D., of the University of Mississippi



DiBona

Medical Center. The work of both researchers has challenged the long-held view that high blood pressure causes kidney disorders. DiBona's and Hall's findings suggest, rather, that increased nerve activity to the kidneys limits their ability to excrete salt and water, which results in hypertension.

**Lawrence Dolecki, Ph.D.**, chief of the domiciliary at the **Martinsburg, W.Va., VA Medical Center**, was elected to a two-year term as chairperson of the West Virginia Traumatic Brain and Spinal Cord Injury Rehabilitation Fund Board. The Board consists of 23 representatives from state agencies, public and non-profit organizations, and disability advocacy groups. It is responsible for administering the state's rehabilitation fund and developing an ongoing system of services for people with traumatic brain or spinal cord injuries.



Dolecki

*Healthcare Informatics* selected **Gail L. Graham**, director of information assurance in **VA Central Office**, as one of the nation's top ten "IT Innovators" in their September 2002 issue. She was one of only two women to make the top-ten list. The

group of IT innovators included Donald Berwick, M.D., president of the Institute for Healthcare Improvement, and Michael R. Cohen, president of the Institute for Safe Medication Practices. The list represents "the best that human potential has to offer" in the health care IT community, according to editors.

The New York Women's Agenda and United Federation of Teachers announced that **Pedro Perez**, medical media manager at the **Bronx**



**VA Medical Center**, was selected as the winner in their logo competition for the New York Reads Together program. His logo will be featured on all the program's materials. His design was chosen because it embodies the program's goals—to foster community spirit, a love of reading and show the uniqueness of New York. Perez has been with the Bronx VA since 1984.

The Association of VA Psychologist Leaders presented a Special Contribution Award to **Terence M. Keane, Ph.D.**, chief of psychology in the **VA Boston Healthcare System**, during the annual meeting of the American Psychological Association in Chicago. He was recognized for "sustained and significant career contributions to VA psychology."

**Teresita R. Larican**, chief of VA's **Office of Acquisition and Materiel Management Fiscal Division** in **Hines, Ill.**, was awarded the



Larican

National 2002 Federal Asian Pacific American Council Outstanding Achieveme- ment Award. Nominations for the award were solicited from all federal departments and agencies. Larican was honored for her contributions to the advancement of Asian Pacific Americans and for promoting diversity and equal employment in the federal workforce. Her many accomplishments include developing and supporting internships and job training opportunities for Asian Pacific students. Throughout her 24-year VA career, she has championed diversity and equal opportunity, mentoring employees of all races and backgrounds.

The Leadership VA Alumni Association presented its 2002 Honorary Leadership awards to **Timothy J. Stroup**, national director for the **Consolidated Mail Outpatient Pharmacy** program in Leavenworth, Kan., and **James J. Farsetta, VISN 3** (Bronx, N.Y.) director. The annual awards honor two VA executives for their leadership and accomplishments. **VA**



Farsetta



Stroup

Firefighters and police officers at the **Battle Creek, Mich., VA Medical Center** were the first responders on the scene when a chemical vapor buildup caused an explosion and flash fire at Johnson Controls Inc., a company adjacent to the facility. Seven employees and several firefighters were treated for minor injuries and chemical exposure. Due to the quick response of the VA staff, the firefighters were able to start extinguishing the fire and assisting injured employees before local emergency officials arrived.

**Richard MacDonald**, a vocational rehabilitation counselor at the **Spark M. Matsunaga VA Medical and Regional Office Center**, was sitting in front of the First Hawaiian Bank on Maui when he heard a bank teller shouting they had just been robbed. MacDonald joined other citizens chasing the suspect and spotted him jumping into his getaway car. He ran up to the vehicle, smashed the window and tried to pull the suspect from the car. The suspect put the car in reverse and dragged MacDonald across the pavement, scraping his arms and legs and throwing him away from the vehicle. He stepped on the gas and sped from the scene but was apprehended a short time later. The Maui Police Commissioner honored MacDonald with a certificate of merit for his efforts to try to stop the suspect.

**Barbara Perkins, R.N.**, helped a woman suffering a Grand Mal seizure while riding the Metra train one morning. She is one of a group of registered nurses who rate veterans' disability

claims at the **Chicago VA Regional Office**. She was riding the train to work when the operator got on the intercom and asked if someone with medical training could come to the second car. Perkins responded and could tell the woman was suffering a Grand Mal seizure, characterized by loss of consciousness, falling down and rhythmic convulsions. She comforted the woman and checked her purse for identification or medication. The woman had three more seizures before the train reached the station, but Perkins was there all along, doing what a trained professional is supposed to do. She never mentioned the incident when she got to work that morning, but a colleague riding the same train saw it all and told managers what she did. They presented her with a dozen roses for her actions.

Police officers from the **Iowa City VA Medical Center** nabbed a murder suspect when he dropped by the outpatient pharmacy to refill a prescription. The **VA Office of the Inspector General** contacted Police Chief **Nick Cappussi**



Cappussi

and asked him to alert his force that the suspect was wanted by detectives in New York City on charges stemming from a double homicide. He was considered armed and dangerous. Cappussi and his officers worked with the FBI and other law enforcement agencies to set up surveillance at

the hospital. A month later, the suspect was spotted at the pharmacy. Chief Cappussi, along with Sgt. **Randy Smith** and Officers **Merle Kelley** and **Mike Barry**, took the suspect into custody and called detectives to let them know they had their man.

Returning from routine security checks on a public road just outside the grounds of the **Bath, N.Y., VA Medical Center**, Police Officers **Frank Judd** and **Harry Adler** came upon the

scene of a vehicle accident. The driver was bleeding heavily from a hand injury that had severed his index finger. Officer Judd immediately took control of the scene, alerting local authorities and directing traffic around the accident. Officer Adler stabilized the victim, controlling his bleeding until local police and ambulance crews arrived. The officers stayed on the scene to assist as needed. The victim was airlifted to a nearby hospital. **VA**

## Dangerous fugitive captured

Debbie Fowler stayed cool when she discovered the homeless man sitting in her office was wanted in four states for multiple sexual assaults on women and children.

He had walked into Fowler's office at the VA clinic in Colorado Springs, part of the Southern Colorado Healthcare System, in search of a pair of shoes. They didn't have his size, so she told him to come back.

He came back four days later, still looking for shoes, but also seeking a refill on his prescription. "Call the VA in Tucson," he told her, "they have my file." Staff at the Tucson VA had more than his medical records—they also had the scoop on his crime spree.

As she hung up the phone, Fowler knew she had to call the police and keep the fugitive in the clinic until they arrived. She sent him upstairs to check the donation room one more time while she put in a call to the U.S. Marshal's office. He came back empty-handed, but Fowler had another trick up her sleeve. She told him her husband wore the same size shoe and he had an extra pair he could have.

Take a seat, she told him, and she'd call her husband and have him bring a pair. Fifteen minutes later, officers with the Colorado Springs Police Department burst in and took the man into custody. The arrest came as producers from "America's Most Wanted" were preparing a segment on the fugitive, who was wanted for multiple sexual assaults, kidnapping, attempted homicide and two burglaries.

Fowler isn't sure how she managed to stay calm during all this. "I don't know how I did it," she said. "I just asked the Lord to give me strength."