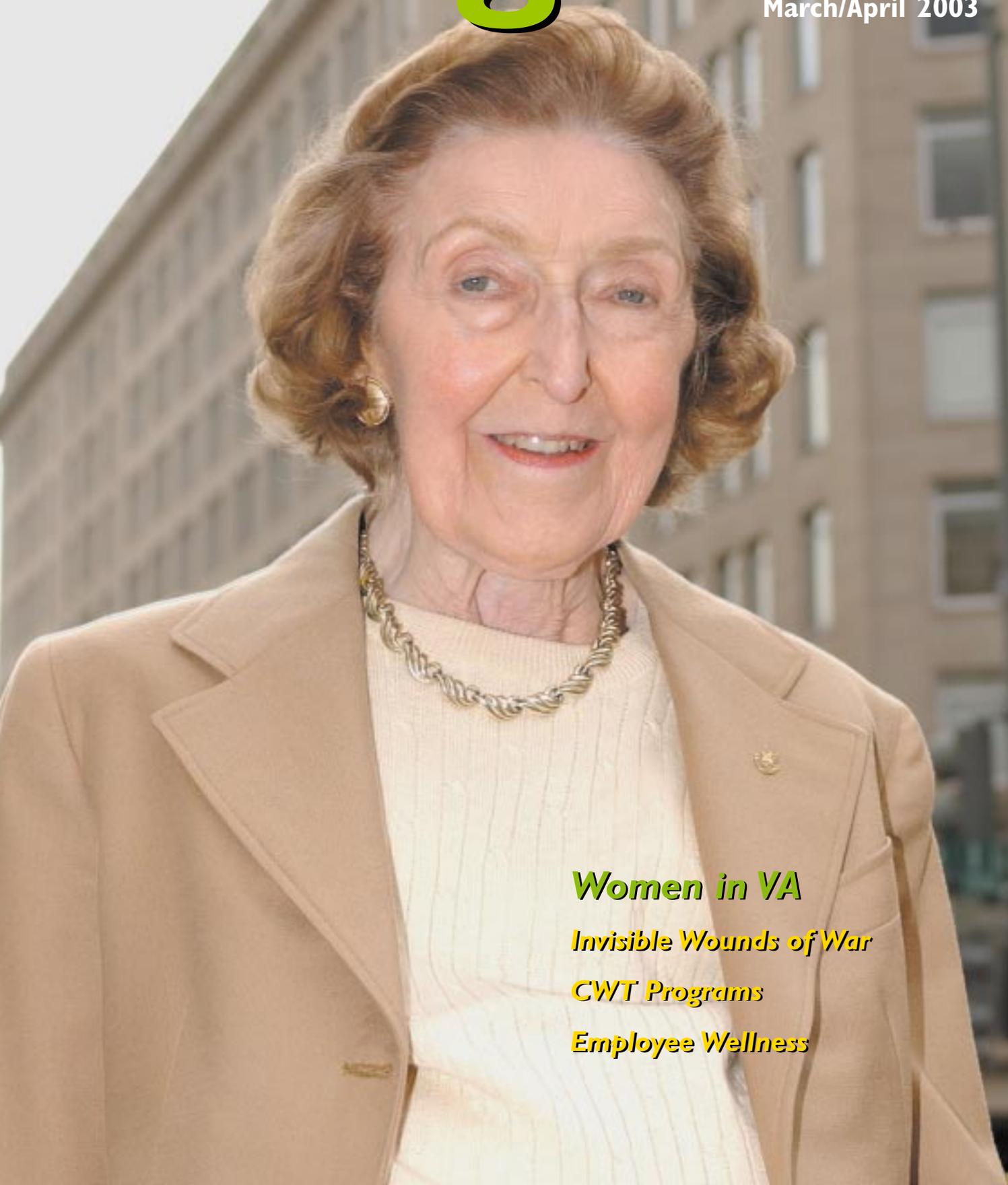


VAanguard

U.S. Department of Veterans Affairs

March/April 2003



Women in VA

Invisible Wounds of War

CWT Programs

Employee Wellness



Vanguard

VA's Employee Magazine
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On the cover

VA Central Office employee Vila (Vi) Hunter celebrated 60 years of federal service on March 12. She left the family dairy farm in Wisconsin shortly after graduating from high school and soon found herself working in wartime Washington, D.C. She's one of the employees featured in this issue commemorating Women's History Month.

We're Here to Serve

MANY TIMES I have heard co-workers complain about patients, and I have often heard the expression, "It is not in my job description." Although there have to be rules and patients need to understand, it is our job to do our best to serve that veteran. They deserve all the help we can give them, not only as employees but also as individuals who are part of a nation that was defended by these veterans.

I just got home from saying goodbye to my son, who was deployed. I don't know what his future will be or if I will ever see him again. A wonderful kid, 20 years old, he is on the Dean's List at Miami-Dade Community College and an E-4 in the National Guard.

Everything is different when it touches us personally. How often do we as employees stop to think how these veterans felt when they were called to duty? How many were 20 years old or even younger when they were pulled out of the comfort of their homes and the security of their environment to go fight a war they didn't even understand?

How much anxiety, fear, sadness and loneliness they must have felt. Nobody knows but those who lived through it and their loved ones. I would like for my son to be treated with the respect and honor that he deserves.

I have worked with some wonderful people here but for those who still have doubt about what is in their job descriptions, please tell them that the freedom we have in our nation thanks to our veterans is what best describes our jobs. Serving our veterans because they deserve

it and we appreciate what they have done for us.

*Mary E. Sarazen
Medical Clerk
Miami VAMC*

Editor's Note: Sarazen's comments originally appeared in a letter she sent to the director of the Miami VAMC.

Inclusion

JUST READ the January/February issue and have comments on the loose term "minority." I am a former Marine, female, Asian descent. I'm a bit perturbed that every article I read (e.g., "Preparing for the Long Road Ahead" and "A Youthful Approach to Succession Planning") uses the term "minority" from the angle of black versus white.

In case anyone hasn't looked, our country is a kaleidoscope. There are those of us "other" minorities that seldom receive inclusion.

I recall that as an undergraduate, upon checking into a minority scholarship, I was simply told, "You're not the right kind of minority." Those words still sting. So how about practicing the ideas of fairness and opportunity so many write about in the contents of your pages? Please address all minorities—we're here too.

*June M. Helligrath
Chief, IRM
Lexington, Ky., VAMC*

We devoted a significant portion of the content of that issue to African Americans because February is Black History Month, but your points about other minority groups being underrepresented on our pages are well taken.

Call to Service

I WAS especially interested

in reading the article "Answering the Call" in your January/February edition.

I noted in previous issues that VA members were looking for ways they could help during this critical time in our country. Many were calling the National Guard and Reserves, but they were running into age limits. I have joined a national organization where patriots may join and serve where they live. Veterans, civilians, retired military, husbands and wives, and there's no age limit: American Volunteer Reserves.

This organization was initiated by the Secretary of the Army several years ago and covers the entire nation, and brigades coincide with FEMA regions. Its mission is to assist in homeland security, backing up the military services when needed, emergencies when called upon to help by FEMA, and to provide military funeral honors to our veterans. Their Web site is www.amervolres.org or anyone who is interested can e-mail me at JPotterCS@aol.com.

*Col. Joseph V. Potter (ret.)
Colorado Springs, Colo.*

Priority Health Care

IT IS HARD to comprehend the comments of Mr. Michael Leary in the January/February issue concerning the proper place of service-disabled veterans in the VA health care system. Mr. Leary is in dire need of education about why the VA medical system was originally established—to take care of service-disabled veterans.

It is shocking to hear that a VA employee (albeit a veteran) does not understand why service-disabled veterans have a higher priority to care

over nonservice-connected veterans. I sincerely hope that Mr. Leary's lack of understanding on this matter is not widespread throughout VA. If it is, VA must undertake a serious education program to all frontline employees.

As a 50 percent service-disabled Vietnam veteran, I also wonder why I must go to the end of the line when seeking a VA clinic appointment. The VA system today is fair to all veterans. Veterans do comprise one group of citizens but within that group exists a hierarchy for priority VA health care. Myself, I would move aside for a combat-disabled veteran who has spent over half his life in a wheelchair. It's unfortunate that Mr. Leary believes that he has as much right to priority care as seriously disabled veterans.

*John Vitikacs
Management Analyst
VA Central Office*

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. 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.



Make Cyber Security Your Business

Bruce A. Brody

Associate Deputy Assistant Secretary for Computer Security

Computer security, now known as cyber security, is on the minds of a lot of people in VA. I hope it's on your mind.

If you work with or have access to a VA computer system, cyber security is part of your business responsibility.

Take a few moments to consider how important VA's computers are in conducting our business. Almost everything we do depends on our computers.

Unfortunately, the same computers that help us serve veterans can also be used for a wide range of illicit purposes, including theft and fraud. Viruses and other malicious software can attack our computers and cause massive disruptions to the services we provide our veterans. Cyber criminals and information warfare professionals can penetrate our computer systems and cause damage to our critical infrastructure.

Virtually every mission, function and service that VA provides to veterans and their dependents is reliant on computers, and cyber security incidents that disrupt or deny computing resources can prevent VA from performing its vital mission.

When you witness or become aware of a cyber security incident, it is important that you let your supervisor and Information Security Officer (ISO) know about it immediately. Your ISO will contact the VA Central Incident Response Capability in my office that

will provide guidance and assistance in dealing with the problem. Reporting cyber security incidents helps VA reduce the negative impact of these events and improve the Department's information processing ability.

Computer viruses and similar types of malicious software are some of the biggest causes of business disruption in VA. High-tech vandals create ever more dangerous infectious programs that sometimes overcome VA's sophisticated defenses. When that happens the com-

puting resources and data we depend on to fulfill our mission are compromised.

It takes time and money to defend against viruses. VA's defenses have stopped more than 3 million viruses in the past year, but the few that have penetrated our defenses each cost us millions of dollars in remediation activities. It requires a significant amount of employee time to recover from attacks. They make all our jobs more difficult and steal resources from our primary mission, serving veterans.

You can help prevent this loss. Take an active role in virus defense. Find out if your computer is protected. When antivirus programs are loading, let them run to

completion. Be suspicious of e-mail messages from people you do not know. Look for suspicious activity, like a constantly active hard drive. Make sure data files and programs you load on your computer are authorized and free from viruses. Talk to your ISO about viruses and steps you can take to deal with them.

The goal of our Enterprise Architecture program is to develop an integrated information technology system based on modern technology, common applications and

through consolidation, training and professionalization.

We are giving immediate attention to the VA ISO field force. Most perform those duties part-time or as collateral responsibilities. Within a few months, we will provide training opportunities and an ISO career path with defined positions, grade structure and certification requirements. Our VA Information Security Conference coming up June 23-27 in San Francisco will be the largest meeting of its kind outside the Department of

Computer viruses and similar types of malicious software are some of the biggest causes of business disruption in VA.

consolidated management. This means improved access to information, better communication of that information between administrations and, ultimately, better service for veterans.

It also presents security challenges. Cyber security cannot be done in different ways at different locations. It has to be done the same way across the entire enterprise. Enterprise Architecture is giving VA the opportunity to pull it all together and develop the best cyber security program in government.

Cyber security functions are now centralized at VA headquarters in the Office of Cyber Security. Our job is to eliminate IT security redundancies and create efficiencies

Defense and will include training and certification programs in a new VA ISO career path. This will open up IT career opportunities throughout VA and provide you the best information security support in federal government. **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.



Volunteers Are Integral to VA Care

Jim W. Delgado
 Director, Voluntary Service Office

Volunteers are one of our nation's most valuable resources, and in VA they are viewed as essential to VA care. The week of April 27, thousands of these dedicated men, women and young people will be saluted for their efforts and commitment to serving America's veterans.

We thank the VA volunteers for their unselfish and unwavering devotion to serving those who have served to maintain our country's freedom. The time and talents shared by VA volunteers are crucial to maintaining the services we provide and they are vital links to the communities where we work and live.

The VA Voluntary Service (VAVS) Program, the largest centralized volunteer program in the federal government, has provided more than 56 years of service to America's veterans seeking care in VA health care facilities. Since 1946, VAVS vol-

unteers have donated 521 million hours of service. With more than 350 national and community organizations supporting the program, VAVS also includes a National Advisory Committee of 61 major veteran, civic and service organizations.

In fiscal year 2002, 118,594 VAVS volunteers contributed a total of 13,063,451 hours of service. This equates to 6,259 full-time employee equivalent positions. The current monetary worth of these hours is \$209 million (Independent Sector formula estimates a calendar year 2002 volunteer hour at \$16.05).

VAVS volunteers and

that may not be fiscal priorities from year to year.

VAVS has been quick to respond to many challenges over the past few years. We have encouraged the design of contemporary and innovative volunteer assignments to meet the needs of changing health care delivery. Health care is now being delivered closer to where veteran patients reside; likewise, opportunities exist for individuals to volunteer closer to their homes or jobs.

We have felt a tremendous impact from the aging of the VA volunteer population, whose average age is 68. While still critical to the program's viability, volunteers

based timekeeping database in VA, which will be installed in all VA facilities by the end of this fiscal year.

You, the VA employee, play a critical role in the success of our volunteer program. How you interact with the volunteers you work with directly affects how they feel about volunteering and whether or not they recommend volunteering at VA to their relatives, friends and neighbors.

You, too, can actively recruit volunteers. Check with your local VAVS program manager and find out more about volunteer opportunities at your facility so you are ready to discuss them with

The time and talents shared by VA volunteers are crucial to maintaining the services we provide and they are vital links to the communities where we work and live.

their organizations annually contribute an estimated \$40 million in gifts and donations to VA facilities, which supplement congressional appropriations. These contributions enable VA to assist direct patient care programs, as well as support services and activities

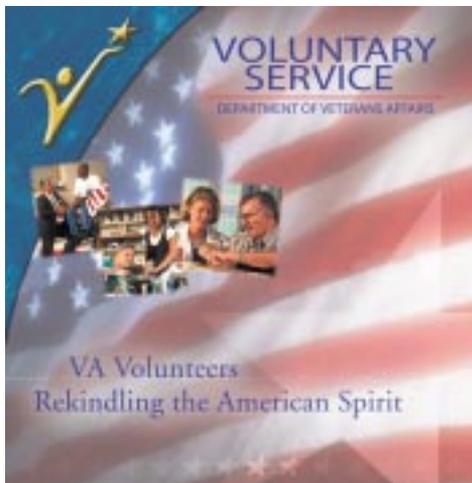
who have contributed five days a week for 45 years are no longer able to contribute in that capacity. This year, Voluntary Service Central Office and field staff developed an aggressive recruitment strategy to assist in the expansion of service to veterans through volunteerism.

VAVS is changing with the times to recruit new volunteers through the use of information technology. Volunteer opportunities are listed on the Internet and potential volunteers are able to express their interest through the VAVS Web page. VAVS has developed the first Web-

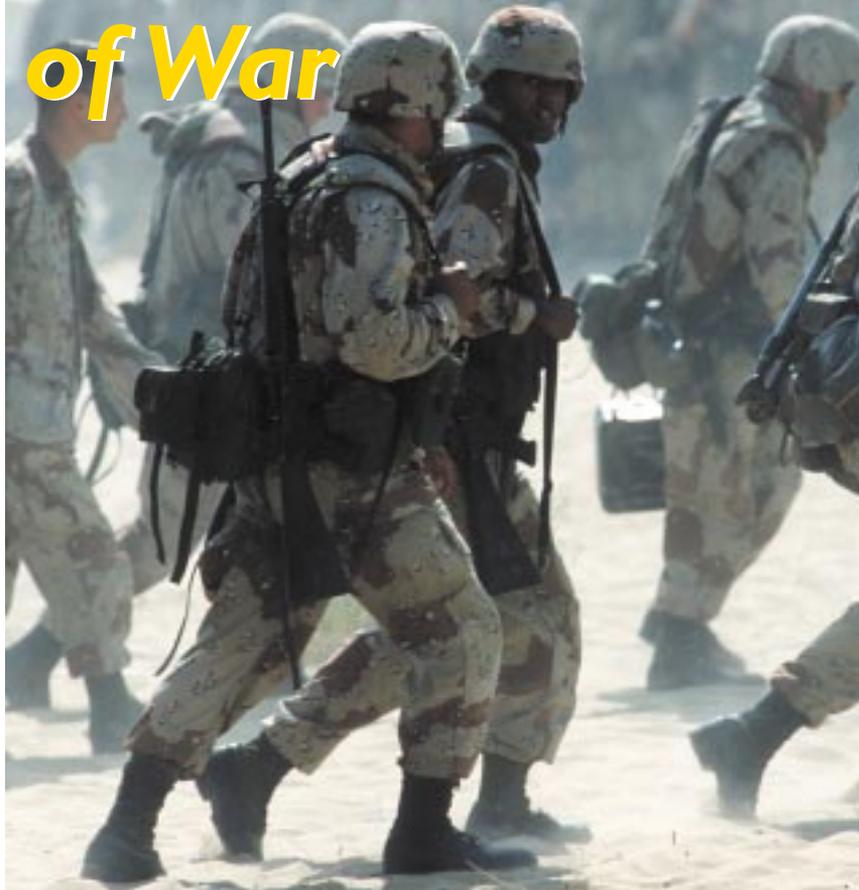
your friends and neighbors.

VAVS is an invaluable resource to VA. The caring and unwavering devotion to helping others that is demonstrated daily by VAVS staff and volunteers are incalculable.

Without volunteers, the quality of services and programs designed to enhance patient care would be compromised. Every day is Veterans Day for the staff and volunteers who, in the true spirit of community service, unite in their efforts to help veterans and promote the recognition and honor our nation's heroes deserve. **VA**



Treating the Invisible Wounds of War



DOD PHOTO

The mysterious illnesses that have plagued Gulf War veterans helped set the stage for in-depth study of postdeployment health concerns.

The department's two War-Related Illness and Injury Study Centers (WRIISCs, pronounced "risks") are now up and running, providing clinical care to combat veterans with difficult-to-diagnose illnesses and conducting focused deployment health research.

Located at the VA medical centers in East Orange, N.J., and Washington, D.C., these centers have a four-pronged mission aimed at enhancing the quality of care provided to veterans with postdeployment health concerns. The components of their mission are clinical care, edu-

cation, research and risk communication.

Historical Perspective

Health care providers throughout history have expressed concern for the health of combat veterans. Since the Civil War, there have been documented examples of illnesses believed to be combat-connected, but little medical proof.

Interest in the study of deployment health has grown over the years, particularly since the Vietnam War. The Gulf War and the mysterious illnesses that have plagued its

veterans helped create political motivation for in-depth study of the medical concerns of combat experiences.

The Institute of Medicine and other scientific bodies began looking into the under-studied field of deployment health. In response, Congress enacted the 1998 Veterans Program Enhancement Act that mandated the creation of centers to study war-related illnesses and postdeployment health.

In 1999, a joint National Academy of Sciences and Institute of Medicine committee supported the development of National Centers on War-Related Illnesses and Postdeployment Health Issues and recommended that VA proceed with establishing the centers. The NAS/IOM committee endorsed the VA

Applying lessons from the past, VA has opened two new centers specializing in the study and treatment of war-related illnesses.

plan to create a center program modeled after VA's successful Geriatric Research, Education and Clinical Centers.

In August 2000, requests for center proposals were sent to VAMCs throughout the country. In May 2001, following a peer-reviewed selection process, VA Secretary Anthony Principi announced the selection of the East Orange and Washington sites. The directors of the centers are Dr. Benjamin Natelson in New Jersey and Dr. Han Kang in D.C.

"We've learned that combat ca-

sualties do not always result in visible wounds. Inevitably, some veterans return with health problems that, while difficult to diagnose, are nonetheless debilitating,” said Secretary Principi in announcing the selection of the centers.

Clinical Care

One aspect of the centers’ mission is to provide clinical care for veterans suffering from unexplained illnesses. A veteran’s primary care physician refers the veteran to the WRIISC program after tests conducted at their home VAMC fail to provide any conclusive answers.

A multidisciplinary medical team at the WRIISC studies the veteran’s medical records and then either recommends treatment or requests that the veteran undergo further evaluation there. The evaluation may include a thorough history and physical exam, consultation with specialists, diagnostic procedures, physical and exercise testing, psychological evaluation, exposure consultation, risk communication and patient education.

Treatment recommendations are given to the veteran and his or her primary care provider for follow-up at the home VAMC. “Consistently, patients tell us they are happy with their evaluation at our center. They have the time to talk about their present health concerns and also about the risks of exposure,” said Dr. Drew Helmer, clinical director of the East Orange center.

Education

In addition to providing clinical care, the WRIISCs also educate both veterans and their primary care providers about the risks of combat exposures. Many health care providers may not fully appreciate the role that combat exposures can play in undermining a veteran’s health, even years after the experience. This lack of awareness has troubled veter-

ans. VA’s centers, together with the Department of Defense’s Deployment Health Clinical Center (DHCC), have begun to address these concerns.

The WRIISCs work closely with the DHCC and other DoD partners. Collaboration between VA and DoD resulted in the development of clinical practice guidelines for the care of veterans with postdeployment health concerns.

“Primary care providers are often the ones who see veterans with postdeployment health concerns first,” said Michelle Kennedy Prisco, research nurse practitioner for the D.C. center. For that reason, the guidelines were written to educate clinicians on how to identify and treat patients with combat health concerns.

The centers educate three main groups: veterans and their families, clinicians, and veterans service organizations (VSOs). This last group

serves an invaluable role as an intermediary between VA and veterans. By educating VSO representatives, the centers hope that information about their services will filter down to veterans. Similarly, the needs and concerns of veterans expressed by the VSOs can help improve the services provided by the centers.

Research

Research is another key focus of the WRIISCs. Because of the wide-ranging and elusive nature of the conditions that affect combat veterans, especially those who served in the Gulf War, research is a time-consuming and expensive process.

In the last decade, the government has spent \$213 million on 224 research projects studying Gulf War illnesses. But despite the intense efforts of VA and other members of the medical community, research into possible causes and treatments has largely been inconclusive.

More Information and Resources

- The Veterans Program Enhancement Act, which mandated the establishment of the centers, is also known as Public Law 105-368.
- Information on eligibility can be found in Information Letter 10-2002-018. (Web link: www.va.gov/pub/direc/health/infolet/10200218.pdf) The letter specifically outlines the criteria used by the DoD to determine who is a combat veteran. The rules are the same as those used to determine eligibility for readjustment counseling at VA’s vet centers.
- Patients should be referred to a WRIISC by their primary care physician. Veterans who live in VISNs 1-4 are sent to the East Orange, N.J., center. The Washington, D.C., center receives veterans who live in VISNs 5-8. Veterans from other VISNs are referred through a national referral program administered by VA’s Environmental Agents Service and are assigned on an alternating basis to one of the centers.
- Web resources:
 - WRIISC-NJ (www.wri.med.va.gov)
 - WRIISC-DC (www.va.gov/WRIISC-DC)
 - Deployment Health Clinical Center (www.pdhealth.mil)
 - VA/DoD Clinical Practice Guideline for Post-Deployment Health Evaluation and Management (www.pdhealth.mil/clinicians/PDHEM/toolkit/frameset.htm)
 - Environmental Agents Office (www.va.gov/environagents or www.va.gov/enviragents)

The research goals of each of the WRIISCs are very different. The East Orange WRIISC's research focuses on the pathophysiology of combat exposure—the study and understanding of the causes of unexplained illnesses. Its distinctive research focus is partly due to the staff of the center. “We have a lot of expertise as a group in studying Gulf War veterans,” said Helmer. “It is one of the strengths of our program—we have and have had a lot of research protocols that look at causes.”

The D.C. WRIISC focuses on population-based studies. “We study the big picture to answer long-term questions about combat populations,” explained Andrew Lincoln, research health scientist at the center.

Risk Communication

The fourth component of the WRIISC program is risk communication, a process that helps care providers and veterans develop close relationships through discussion of the veteran's individual experience. At the centers, risk communication enables clinicians to inform veterans of the latest available information about the scientifically accepted links between combat exposure and postdeployment health concerns.

The centers' risk communication model emphasizes open discussion with veterans and their families, clinicians, and VSOs. Simply put, “Risk communication is dialogue,” said Aaron Schneiderman, the D.C. center's risk communication specialist.

It delivers scientific information to an individual or community at risk. It's a two-way process, which ensures that the message is both properly delivered and correctly understood. The centers' messages help patients understand what type of risks they might have incurred due to combat exposures.

“Veterans have a lot of concerns,” said Schneiderman. “It is important to tell them what we know, but also to tell them what we don't know.” The centers conduct private inpatient and outpatient interviews in their Resource Room, which also houses a collection of printed information materials and a computer with Internet access.

According to the staff, WRIISC patients see a difference in the care they receive at the centers. The staff is keenly aware that illnesses now thought to be associated with combat were at first discounted by health care providers.

Veterans also see a difference in the intensity of care they receive at a WRIISC. “They see us as the experts and the best chance to get a reasonable answer,” said Helmer. “We have learned a lot since 1991, due to open communication, trust and a better understanding of the pathophysiology. We understand exposures better.” Still, he noted, “We say ‘I don't know’ a lot.”

“If we can give a veteran with a health concern, even a lingering concern, some reassurance about the outcomes—they just want to know why,” said Lincoln. **VA**

By Melissa Hebert



ANDREW WHITE

VA officials and guest speakers at a Dec. 6 Open House and Grand Rounds Presentation at the D.C. WRIISC, from left: Dr. Jonathan Pincus, chief of Neurology, D.C. VAMC; Sanford Garfunkel, director, D.C. VAMC; Laura Miller, VA Deputy Under Secretary for Health for Operations and Management; Dr. Linda Schwartz, former chair of the VA Advisory Committee on Women Veterans; Dr. Frances Murphy, VA Deputy Under Secretary for Health Policy Coordination; and Dr. Han Kang, director of the D.C. WRIISC.



DOD PHOTO

Toxic and noxious agents are among the dangers combat may expose veterans to.

Combat Vets and Their Health Concerns

- Combat veterans are those who have served in a theater of combat operations in any period of service from World War II to recent operations, including peacekeeping operations.
- Combat exposes veterans to a variety of possible dangers, including malnutrition, endemic infectious diseases, psychological stresses, climatic exposures, toxic and noxious agents, and poor hygiene.
- Common postdeployment complaints among Gulf War veterans include: headache, sleep that is not restful, fatigue, depression, and joint pain.



DOD PHOTO

Working for a Better Tomorrow

Last year, CWT programs reintroduced more than 13,000 veterans to the therapeutic value of work.

A job provides several benefits not listed in the employee handbook. It gives us a sense of purpose, belonging and personal satisfaction. Without work, we have no reason to get up in the morning and nowhere to go during the day.

Thousands of veterans across the country know exactly what it's like to be without work. But Anthony Campinell hopes to change that. As associate chief consultant for psychosocial rehabilitation in VA's Mental Health Strategic Health Care Group, he believes no veteran should be denied the opportunity to work.

Veterans who are homeless, former substance abusers, those with mental illnesses and spinal cord injuries all benefit from having a job. "The clinical literature is very clear," said Campinell. "These veterans are able to work, they want to work, and they benefit from work."

Compensated Work Therapy (CWT) programs are a major step in reintroducing veterans to the therapeutic value of work, ultimately helping to reintegrate them into their communities. Veterans in the program receive an individualized rehabilitation plan combining clinical

treatment or counseling and work-based therapy.

A Fresh Start

There are more than 100 CWT programs operating at VA medical centers nationwide. Some involve relatively small-scale projects, such as the Fresh Start Coffee Shop in the lobby of the Albuquerque, N.M., VA Medical Center, where five or six formerly homeless veterans serve up frothy lattes and cappuccinos to visitors and employees.

Since opening in 2001, Fresh Start has earned nearly \$200,000. The revenue covers the shop's operational expenses and the veterans' salaries, and supports a sister shop, the Jump Start, located in the mental health clinic and staffed by veterans with mental illnesses. It has also allowed Brian M. Pilgrim, Ph.D., a clinical psychologist who heads the medical center's CWT program, to extend vocational rehabilitation services to more veterans.

Last year, the Commission on Accreditation of Rehabilitation Facilities recognized the Fresh Start Coffee Shop as a fiscal best practice in program management. Since then, Pilgrim has received about eight telephone calls from CWT



DEBORAH OUTING

Veterans Construction Team members Marc Buchan, foreground, and Chad Robbins put the finishing touches on the renovation of the VA Inspector General Field Office in New England.



MICHAEL KLEIMAN

CWT program participants Dwayne Reid, left, and Gerry Smith work behind the counter at the Fresh Start Coffee Shop.

managers across the country interested in replicating his model. He makes sure to stress the program's primary goal. "This is not a business, it's therapy," he said. "When done correctly, this is probably one of the



better modalities of treatment in terms of getting veterans reconnected with their community and excited about life and their potential.”

Building a Brighter Future

Other CWT programs are more ambitious, such as the Veterans Construction Teams run by Bernie Cournoyer at the Bedford, Mass., VA Medical Center. Cournoyer actively seeks contracts from federal agencies to perform various construction projects. His teams recently renovated the Officer's Club at Hanscom Air Force Base, Mass., and are currently working on a project for VA's New England Office of the Inspector General.

Last year alone, these teams landed contracts valued at \$5.5 million. Revenue covers supplies, tools and equipment, but also helps support the cost of treatment, “which allows us to bring more veterans into the system,” said Cournoyer, a licensed rehabilitation counselor. There are currently about 80 veterans on the construction teams. Each earns between \$8 and \$15 an hour, depending on how well they meet their rehabilitation goals.

A major focus of the program is building work ethic. “These guys come in here really struggling. They are physically, emotionally and spiritually bankrupt,” said Cournoyer. “We teach them how to deal with others, how to handle supervision,

to be punctual and show initiative. We give them meaningful work, an identity and a sense of achievement.”

Veterans leaving the program often go on to jobs where they're earning \$40,000 or \$50,000 a year or more. They become self-supportive, productive members of their community. As a result, they develop a sense of purpose, pride and self-esteem.

And they appear to get healthier, as well. While reviewing the medical histories of veterans on the construction teams, Cournoyer found they averaged nine hospital days a year prior to joining CWT.

Once in the program, the average dropped to one day a year.

Cournoyer helped replicate the program at VA facilities in West Haven, Conn., East Orange, N.J., and Temple, Texas. He's currently trying to set up construction teams on several South Dakota Native American reservations where the unemployment rate is near 90 percent.

Transforming Lives on the Reservation

Dr. Camilla Madden, a psychologist who directs the CWT program at the VA Black Hills Health

Continued on page 15

Partnering with American Industry

Charles McGeough is working to create strategic partnerships that provide employment opportunities for veterans enrolled in VA's CWT program. His efforts paid off in December 2002 when Secretary Principi signed a partnership agreement formalizing a national alliance between VA and Bank of America.

“These partnerships lead to competitive employment for veterans,” said McGeough, national marketing director for CWT/Veterans Industries based at the Dallas VA Medical Center. “These corporations know they can look to us for a qualified labor source.”

The agreement complements existing partnerships between VA and companies such as Marriott International Inc., and the nonprofit Goodwill Industries International Inc. The Marriott alliance took root in 2000, when the Department of Labor provided a grant to a nonprofit group on the West Coast called U.S. Vets.

U.S. Vets used part of the money to fund a six-week hospitality course conducted in conjunction with Marriott. CWT program managers screen and refer veterans to the program. Of the second CWT class of 27 veterans who entered the program, 25 are now working for Marriott as conference room managers, audiovisual specialists, front desk staff, and in other hospitality positions.

“We demonstrate to businesses that we can match their needs with a veteran's strengths. This is not charity or a handout. Veterans have the skills and abilities; it's often just a matter of helping them overcome a spotty resume,” said McGeough.



COURTESY OF RALPH ZACCHIO

Veterans in the CWT program take part in a six-week hospitality program run by Marriott International.

Portland's Healing Garden Grows

Mother Nature sows seeds of remembrance and healing at the Vancouver Division of the Portland, Ore., VA Medical Center in a half-acre memorial garden dedicated to Vietnam veterans.

The garden, funded by a German widow who lived in the U.S. during the Vietnam era, was designed to symbolize the journey veterans made as they left military bases in the Pacific Northwest for war in Southeast Asia.

It is a journey that begins with familiar Douglas firs and broad-leaf rhododendrons and ends on a narrow trail amid strands of towering bamboo and elephant grasses. The trail leads to a shallow reflecting pool where the water's gentle ebb and flow creates soft ripples. It is a place of quiet contemplation. Framing the pool are memorial brick pavers purchased by area veterans and their loved ones. Each bears a personal inscription of service, sacrifice or loss.

One bears the name Ronald R. Righter, Bravo Co., 2/28, 1st Infantry Division. Righter said one of the reasons he purchased a memorial brick was to help release some of the anger and frustration he harbored about the way he was treated during and after the war.

Drafted in 1966 at the age of 18, Righter was on patrol near Phu Loi (about 30 kilometers northeast of Saigon), when an enemy soldier hiding in a tree detonated a land mine near his position. Metal shrapnel riddled his neck, arms, chest and legs. "I took about three or four steps and keeled over," he said. He spent three months recovering from his wounds before being reassigned to another unit.

Back in Seattle he paid \$68 for a cab ride to his parents' home in Ridgefield, Wash. The cab stopped at two restaurants along the way so he could get something to eat. But Righter, who has worked as a mechanic at the Vancouver Division of the Portland VAMC for the past 30 years, was refused service because he was wearing his military uniform.

The garden grew out of a chance encounter in Salzburg, Austria, between Lore Baak, a German-born widow, and Jeanie DeGraff, a U.S. Consular agent. Baak, who spent most of her life in America but moved back to Germany when her husband died in 1982, had al-



The garden's design symbolizes the journey veterans made to war in Southeast Asia.

ways wanted to establish a memorial to Vietnam vets. In 1999, she got her chance when she met DeGraff and they discussed her proposal to fund a memorial.

Later that summer, DeGraff returned to Portland to visit relatives and called the Portland VA Medical Center to relay Baak's offer of financial support. Anne Marie Murphy, chief of Community Development and Voluntary Service at the Portland VAMC, remembered taking the call. "She didn't have a clear idea of how much money we were

talking about, but I told her we could help," Murphy said.

It started with a check for \$10,000. Weeks later another one arrived, this time for \$14,000. By the time Murphy received a third check for \$50,000, she had established a separate General Post Fund to track the donations. She also began brainstorming ideas for a permanent memorial. A call to Susan Fishbein, regional public affairs officer in Los Angeles, provided a unique concept. "Why don't you build a garden?" Fishbein suggested.

Murphy liked the idea and put together a committee to guide the planning process. Committee member Peter Romano, a VA volunteer and Vietnam veteran, knew a local landscape architect, Bruce Johnson, who could help. Johnson, a Vietnam-era veteran, drafted a design and Murphy sent the final plans to Germany for Baak's approval. By this point, Baak had donated nearly \$300,000 to the memorial garden fund.

Since its dedication in November 2002, the garden has had a powerful impact on Vancouver-area residents. Hundreds have already purchased memorial bricks and Murphy carries applications everywhere she goes.

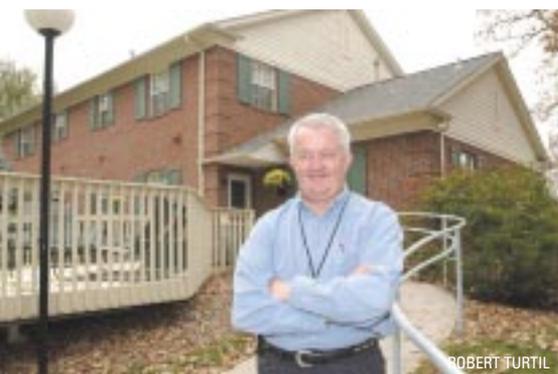
"The Voluntary Service office gets five or six contacts a day from people who want to buy them," she said, explaining that the \$40 sales fee is used to pay for the inscription service and help maintain the garden. New memorial bricks will be installed each summer until the plaza reaches its capacity of between 800 and 900 bricks. **VA**

By Matt Bristol



ROBERT TURTEL

Leta Cruse uses the house computer as Kathy Hessburg looks on.



ROBERT TURTEL

Jerry Hanson manages the Minneapolis VA Fisher House with Maggie Swenson.



ROBERT TURTEL

James Davis relaxes with a game of solitaire.

Sanctuary in a Time of Need

Patients, families find comfort and support at VA Fisher Houses.

The 10-bedroom brick colonial stands less than a quarter-mile from the main entrance of the huge Minneapolis VA Medical Center. It's not a straight shot—visitors must walk around heavy equipment and mud puddles from nearby construction. But to the residents who call it home for up to two months at a time, this Fisher House is a welcome world away from the bustling hospital.

On any given day of the week, Fisher House is home to between 20 and 30 people: veterans undergoing episodic, long-term treatment for cancer, heart disease and other chronic illnesses; family members giving care and support to veterans staying there; and family who need to be close to veterans confined to the hospital. All come from across the upper Midwest and beyond.

'Rules of the House'

Until recently, distance from home and loved ones could only be bridged by a hotel at the veteran's expense, or sometimes even the medical center lobby. Fisher House has changed all of that.

Fisher House residents are able to care for themselves, which is one of the "Rules of the House," and the facility has every amenity to support this. Up to 10 families at a time stay in comfortable bedrooms and suites furnished with televisions and private telephones. A shared kitchen, private and shared baths, laundry facilities, a comfortable and spacious living room, dining room and activity areas make this residence nothing less than a home for people who need a sanctuary in which to rest, gain strength, and find support and friendship.

Residents not only take care of themselves, but as they invariably will tell you, Fisher House creates an environment that encourages them to take care of each other. In the kitchen, family activity rooms, at mealtime, all through the day and into the evening, there are opportunities for residents to share their hopes, heartbreaks, home remedies, specialty therapeutic recipes and more to ease the burden of disease, and to bridge the abyss of pain, loneliness, isolation and fear.

Construction and Operation

There are currently six Fisher Houses (Albany, Bay Pines, Cincinnati, Denver, Minneapolis and West Palm Beach) on VA grounds. There are also 25 Fisher Houses located on military bases in the U.S. and Germany.

The houses are designed in the style of the local area. The Fisher House Foundation constructs and furnishes them; each costs about \$750,000. Though the Foundation provides the bulk of the funding, VA facilities are expected to raise a portion of the construction costs, usually through donations from community groups and veterans service organizations.

When completed, the building is turned over to the government, which then assumes responsibility for operation and maintenance. On military bases, a nominal charge is made, and often waived, for each day's stay. VA charges nothing.

The medical center's Physical Plant maintains the building and furnishings. Residents do their own shopping and cooking, though Canteen Service vouchers are offered to veterans receiving ongoing therapeutic care. Contributions from pri-

vate citizens, corporations, VA fundraisers, civic organizations, and VSO support help make the house a home. (See your CFC booklet, or visit www.fisherhouse.org for information on ways you can help.)

"A lot of people go home and tell their local VSOs about their stay, and then the VSOs follow up with donations. We are very happy about this wonderful donation," says Fisher House staff member Kathy Hessburg, motioning to the new computer in the foyer as newcomer Leta Cruse prints out a description of her husband's artwork posted on a Web site. Residents often use the computer to keep in touch with home, family and friends via e-mail.

Home Away From Home

Part housekeeper, concierge and mom, Hessburg has worked at VA for 29 years, the last seven at Fisher House. She has seen firsthand the

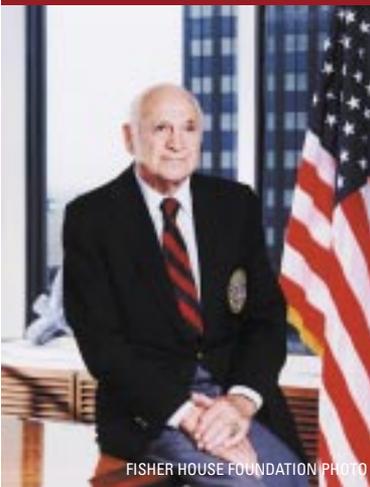
"huge support system" it provides. Many veterans come back for treatment of new or recurring illnesses, which Hessburg says is "like seeing family return." She regularly witnesses patients and family members talking amongst themselves, sharing treatments they've discovered during their own health battles.

Hessburg enjoys connecting with veterans and their families at Fisher House. "It's a second home to me," she says. "When I retire, I plan on sticking around, if just to bake cookies."

For Jerry Hanson, the most rewarding part of working there is "watching as a patient's sad face turns into a smile" when they first see the Fisher House. The 30-year VA employee manages the house along with his fellow patient representative Maggie Swenson.

Most residents arrive on Mondays and return home on Fridays,

The Fisher Family Legacy



FISHER HOUSE FOUNDATION PHOTO

Zachary Fisher

A leg injury kept him from serving his country in uniform during World War II, but Zachary Fisher didn't let it stop him from doing his part for the war effort. He put his construction skills to use

helping the U.S. Army Corps of Engineers build coastal fortifications.

It was a sign of things to come. By the time he died in 1999 at the age of 88, the prominent New York City real-estate developer and philanthropist was widely regarded as one of the nation's strongest supporters of the

men and women serving in the armed forces.

A native of Brooklyn, N.Y., Fisher donated millions of dollars to military and veterans' causes. He often explained that his generosity was his way of expressing gratitude to those who protected America's freedom and gave him the opportunity to succeed. "I'll never be able to pay the debt I owe all the members of the armed forces who sacrifice daily to preserve America's way of life," he once said.

His philanthropy towards veterans began after World War II, when he and his wife, Elizabeth, a former USO performer, helped finance the Veterans' Bedside Network, which gave hospitalized veterans the chance to write, direct and act in their own shows and broadcast them from one VA hospital to another.

Fisher devoted much of the late 1970s and early 1980s to saving the his-

toric, battle-scarred aircraft carrier *Intrepid* from the scrap heap. He founded the *Intrepid* Museum Foundation and later spearheaded the opening of the *Intrepid* Sea-Air-Space Museum in New York City, which is now the world's largest naval museum.

In the 1980s, he provided financial assistance to military families affected by the tragic bombing of the Marine barracks in Beirut and the gun turret explosion aboard the *USS Iowa*. Fisher Houses and scholarships for children of servicemembers are also part of his philanthropic legacy on behalf of members of the military and veterans.

President Bill Clinton honored Fisher's lifelong good works by presenting him the Medal of Freedom, the nation's highest civilian award, in 1998. And shortly after his death, Fisher became only the second private citizen, after Bob Hope, to be granted honorary veteran status by Congress.



ROBERT TURTIL

Brad Kletscher, left, visits his father Elvern, a Korean War veteran.

with an occasional patient staying over the weekend. The usual stay is up to one month, with veterans from as far away as Alaska taking up short-term residence.

Cancer, heart disease and Minneapolis' Brain Injury Center are not the only reasons people come to this Fisher House. Leta Cruse had never even heard of the facility, much less expected to be a resident, before visiting the Minneapolis area with her husband Michael, who was participating in the National Veterans Creative Arts Festival.

The Vietnam veteran was about to present the painted china he had created for the Festival when he felt severe pain in his abdomen. He was rushed to the medical center's ER, just a few floors from the artist gallery at the Festival, and diagnosed with a ruptured appendix.

For the Cruses, it was sheer luck that Michael was participating at the VA co-sponsored Festival, and even more that it was held at a facility with a Fisher House. Had they been at home in Alma, Ark., at the time of this crisis, doctors told them, Michael most likely would have died, given the distance to VA medical care from their hometown.

Surgery to remove his appendix was to be performed two days later, but as long as Michael lay in the medical center bed, Leta would stay at Fisher House. The couple had the

comfort of knowing that she would be at his bedside every day, and could get there in moments if the need arose.

Michael has suffered for years with numerous health problems, and Leta devotes all of her time to caring for him. Had it not been for Fisher House, she wouldn't have known what to do to stay close to her husband. "I wasn't expecting this," she says. "I can't believe it, this is incredible. I feel like crying."

Some Fisher House residents have the advantage of having relatives who live near the medical center, with children or grandchildren running around the house or in the yard adding to the homelike atmosphere. Seventy-two-year-old Korean War Army Veteran Elvern Kletscher is quick to show snapshots of his family. He's beaming with pride. His son Brad, an attorney, visits regularly from his home 25 miles away. Elvern is expecting his wife Arlene to arrive soon for a one-week stay.

This is Kletscher's second visit to Fisher House. He spent seven weeks here in 1996 for prostate cancer treatment. The 33 days of treatment he has just begun is for esophageal cancer. He is a retired dairy farmer, father of six, grandfather of 11. To him, the facility is "like home, one big family, everyone knows and looks out for each other. It's something great that Mr. and Mrs. Fisher did, especially for really sick people who have to come and go."

Kletscher's son Brad has stopped by for a half-hour visit after dropping off a child at an evening activity. He had shared his father's concerns about getting into Fisher House while undergoing treatment, explaining that his father "normally hates being away from home. Everyone was so relieved that he didn't need to stay in the hospital for seven weeks" for his daily radiation

treatments. For his dad, Fisher House is a home away from home, Brad says, and it's a nice place for visitors to come, including his kids, ages 3 and 5. "In the hospital, [the children] would be running all over." Elvern reports that the other residents welcome the kids. "They love to see them. It's so good to feel their energy."

James Davis, a 63-year-old Army veteran, felt he was successfully fighting prostate cancer when the FDA pulled his herbal treatment from the market. He lost his job of 38 years as a supervisor at a meat-packing plant just after being diagnosed at the Mayo Clinic, and was left with no insurance and no place to go. It was then that he looked to VA for help. The closest VA facility that could provide the six weeks of daily treatment he needed was Minneapolis, 100 miles and a four-hour round trip from his home in Albert Lea.

James' wife Helen sits in the dining room working a crossword puzzle while James moves back and forth from a game of solitaire to a program on Egypt airing on The Learning Channel. Fisher House isn't the Davis' home, but it fills an even greater need now as they head out from their temporary residence to where James receives his daily 45-minute treatment.

"Fisher House provides a much more relaxed atmosphere for treatment," James says. "Rest is so important, and there is absolutely no stress, no downers here."

More to Come

Secretary Principi has recommended five more VA sites (Houston, Brooklyn, Dallas, Palo Alto and Seattle) to the Fisher House Foundation for the construction of new homes. Using criteria set by the Foundation, VA chose these sites from 14 applications submitted by

Continued on page 15

CWT continued from page 10

Care System, invited Cournoyer to Eagle Butte, S.D., in February for the dedication of a newly renovated CWT workshop on the Cheyenne River Sioux Reservation. It is one of only two established CWT facilities on Native American reservations. The other, on the Standing Rock Sioux Reservation in McLaughlin, S.D., also operates under Madden's guidance. She said both workshops are the result of the joint efforts of the VHA Mental Health Strategic Health Care Group in VA Central Office and the VA Black Hills Health Care System.

Veterans at these sites recycle film for Polaroid Corp., assemble various wood products, and manufacture flag cases sold nationwide. At one point, the Cheyenne River workshop was the third largest employer on the 12,000-person reservation.

Work is only one aspect of Madden's holistic rehabilitation plan. "I use a broad-based systems approach to healing that includes working with the community as well as the individuals and their families. I find that works well with group-oriented cultures," she said. This encourages veterans to build "therapeutic communities," where they can find support from their families and one another.

Her approach has transformed the lives of men like Tim Swimmer, a Vietnam veteran who battled alcoholism and post-traumatic stress disorder for 30 years. A CWT graduate, he is now involved in a therapeutic work site at the Indian Health Service and serves as team leader for the Cheyenne River CWT workshop.

Local tribal leaders also have taken note of Madden's accomplishments. "She's like a shining light," Bryce In the Woods, chairman of veterans affairs for the Cheyenne River Sioux Tribe, told the *Rapid*

City (SD) Journal. "It was pretty inspiring, what Dr. Madden brought here and what she's doing for our vets."

Opportunities for work will improve significantly if Madden and Cournoyer succeed in establishing Native American Veterans Construction Teams. "There are almost always some sort of construction projects on the reservation," said CB Alexander, minority veteran program coordinator at the Fort Meade campus of the VA Black Hills Health Care System. "Often, because of the inability to find qualified workers, they bring in outsiders to do the work."

The Future of CWT

From coffee shops to construction teams, more than 13,000 veterans took part in CWT programs last year with nearly half landing competitive jobs after completing the program.

With a solid framework in place, Campinell, who is based at the Bedford, Mass., VA Medical Center, is examining ways to bring the program to its full potential. "There is enough capacity within the program to provide services to a much larger group of veterans," he said.

Topping his list are the approximately 50,000 veterans in the VA health care system diagnosed with schizophrenia who are under age 50 and not working. "Successful models show work-based rehabilitation can be closely integrated with existing mental illness treatment plans and provide tremendous benefits to veterans," said Campinell. He pointed to the Diagnostic and Statistical Manual (DSM) IV, to reinforce his message. "If occupational dysfunction is listed [in DSM IV] ... we have a medical responsibility to respond."

For more information about CWT programs, visit the Veterans

Industries Web site at www.va.gov/vetind. **VA**

By Matt Bristol

Fisher Houses continued from page 14

VA medical centers from across the nation. The criteria cover factors such as the availability of vacant land, the size of the proposed location and its distance and travel time to treatment facilities, the facility's commitment to provide one full-time employee equivalent to serve as Fisher House manager, and the treatment programs the medical center offers.

Letters of endorsement from VSOs, local, state and federal politicians, and information on applicable state grants or local financial/volunteer support are also considered in the selection process. Finally, the application must include signature approvals of the facility and VISN directors.

Completed applications are submitted to the Deputy Under Secretary for Health for Operations and Management and the Office of Patient Care Services for joint review. From there, a list of selected sites are provided to the Under Secretary for Health for concurrence and forwarded to the Secretary for approval.

Once approved by the Secretary, the list of recommended sites is sent to the Fisher House Foundation. The final decision on sites is made by the Foundation, which has committed to building one new VA residence each year. Construction on the latest sites could begin as early as next year. For more information on VA Fisher Houses and the application process, contact Jill Manske, VA Social Work Service director, at (202) 273-8549. **VA**

By Robert Turtill

The Legacy of VA Women Pioneers

To commemorate Women's History Month, *VAanguard* reflects on the lives of two women pioneers who dared to dream. One forged a trail straight to the top of a male-dominant bureaucracy of the 1970s. The other wanted to improve the safety of VA health care and worked tirelessly to make her dream a reality. Their dedication and compassion inspired those who knew them. Let their stories inspire you.

Dorothy L. Starbuck

It's been nearly 20 years since Dorothy L. Starbuck retired as Chief Benefits Director. But you can still hear her name from time to time in the corridors of VBA headquarters in Washington, D.C. Photos of her greet-



Starbuck

ing former presidents and other dignitaries grace the walls of the conference room named in her honor. Her rise from GS-4 adjustment clerk to head of the then-Department of Veterans Benefits is the stuff of legend. Six months after the Japanese attack on Pearl Harbor, Starbuck left her native Colorado for Army officer candidate school at Fort Des Moines, Iowa. She was named to Gen. Omar Bradley's staff and served in France and Germany. After the war, Gen. Bradley was named Administrator of the Veterans Administration. Starbuck followed and joined VA's Branch Office No. 7 in Chicago as a GS-4 adjustment clerk.

By 1962, she was appointed assistant manager of the Baltimore VA Regional Office. It was the first time a woman had been named to a VA managerial position. A year later, she was named manager of the regional office in Denver.

Starbuck led by example, often working late into the night. Her dedication to serving America's veterans led to her being named Chief Benefits Director, the same position as today's Under Secretary for Benefits, in 1977. She went on to hold the job longer than any of her nine predecessors, under three Administrators. When she retired in 1984, she was responsible for administering \$16 billion of the department's \$26 billion budget.

At her retirement, VA Administrator Harry Walters

praised her career accomplishments. He called her management approach "direct, compassionate, but forcefully persuasive" and said with her retirement the department lost a motivated, dedicated leader. "We all owe her our respect and gratitude," he said.

Starbuck died in July 1996. She was 78 years old. She is buried in Fort Logan National Cemetery in Colorado.

Sue Kinnick

Using scanners and bar codes to reduce medication mix-ups helped launch VA into the leading edge of patient safety. The core idea for the project can be traced back to 1992 when Sue Kinnick, a registered nurse at the Topeka, Kan., VA Medical Center, saw a Hertz rental car employee use a hand-held scanner to read a code in the trunk of the car she was returning. If Hertz can track cars nationwide this way, she thought, couldn't VA track patients' medications in the same way?

She shared the idea with supervisors at the Topeka VAMC, planting the seed for what would become VA's Bar Code Medication Administration (BCMA) program.

Kinnick died in 1997 after a prolonged battle with breast cancer, but not before working with a VA team developing a system to implement her idea in a 1994 pilot project at the Topeka

VAMC. The pilot project was so successful it was extended throughout the hospital and later within the Eastern Kansas Health Care System. Ultimately, it was adopted VA-wide. Now, it appears the rest of the nation may follow suit. Under a March 13, 2003, Food and Drug Administration (FDA) proposal, hospitals nationwide would be asked to adopt a medication bar code scanning system to help reduce medical errors.

News of the FDA proposal brings a smile to the faces of those who knew Kinnick. Colleagues say she worked on the project right up to her death and was concerned it might never extend beyond Topeka. Her last words were to "keep fighting to keep the project going," according to pharmacist Chris Tucker, national BCMA project manager at the Topeka VAMC, in a *VAanguard* interview. **VA**



Kinnick

Report on Employment of Women Released

Last Oct. 28, women VA employees GS-14 and above, representing all VA programs and organizations, met with Secretary Principi to discuss concerns and develop strategies to enhance the employment, advancement and training of women in middle and senior management.

That discussion convinced the Secretary that coordinated department-wide action was needed, and to get the ball rolling, he established the Secretary's Taskforce on the Employment and Advancement of Women.

Secretary Principi charged the task force with developing a comprehensive plan that would correct imbalances in the employment, advancement and training of women within VA. On April 2, the task force presented the Secretary strategies responding to his instructions to address the following:

- expand the Women's Executive Leadership Forum to field facilities;

- obtain best practices information from private and public sector employers;

- work with professional groups such as Executive Women in Government and the National Association of Female Executives to enhance VA's ability to recruit and retain highly skilled women and prepare them for executive positions;

- identify ways to publicize and recognize accomplishments of women in government;

- develop and implement mentoring programs; and

- conduct focus groups and surveys throughout the department.

The task force met twice and conducted focus groups (men included) in Washington, D.C., Little Rock, Ark., Los Angeles and New York City. After listening to the focus groups and looking at current

workforce data, the group told the Secretary that much has to be done.

Though nearly 61 percent of the VA workforce are women, 62 percent of these women hold positions at the GS-12 and below grade levels. At the end of fiscal year 2002, 52 of VA's 300 Senior Executive Service members were women. Why the imbalance? The task force reported these "common trends" across the department:

- lack of cohesive leadership development programs;

- lack of supervisory and managerial sensitivity;

- lack of managerial accountability for diversity;

- unwritten higher standards for women than for men; and

- lack of senior leader women.

To reverse those trends and ultimately increase the number of women at higher management levels, the task force presented the Secretary nearly 20 strategies designed to attract and retain women and recommended the establishment of a Secretary's Advisory Council on Diversity composed of VA and non-VA experts on recruitment and advancement of women, minorities and persons with disabilities. In addition, the group recommended consolidation of the VA annual EEO Awards Program into one centrally administered recognition program focused on accomplishments directly linked to standardized measurable performance targets.

"Secretary Principi considers the employment and advancement of women critical to ensuring that we provide the highest quality of service to veterans, which includes women veterans," said Ventris Gibson, Deputy Assistant Secretary for Human Resources Management. "The task force recommendations provide him and top VA leaders the

ideas and direction that will achieve his goal."

And while the task force report underscores the need for action, it also noted VA accomplishments. Nearly half the candidates selected for VA's current SES candidate development program are women and a number of VA-wide programs aimed at increasing awareness of and sensitivity to women in VA are coming on line, such as the Women's Executive Leadership Forum, a new Web page and a monthly VA Knowledge Network talk show. **VA**

By Chris Scheer

Women in the VA Workforce

- VA ranks 5th in the employment of women among the 17 Cabinet-level agencies in the federal government.

- Women make up nearly 61 percent of the total VA workforce.

- As of fiscal year 2002, VA employed 116,420 women; 8,184 are veterans of the U.S. Armed Forces; 2,474 are disabled veterans.

- Women make up 58 percent of Veterans Health Administration employees.

- Thirty-seven percent of women employed by VA are between 41 and 50 years of age.

- The number of women employed by VA in grades GS-13 to 15 increased 13 percent from fiscal year 2001 to 2002.

Leadership Perspectives: Career

VAanguard asked some VA executives to reflect on their careers and offer words of wisdom to the up-and-coming leaders of tomorrow. Looking for some tips on how to make the most of your career? Read on.

Laura J. Miller joined VA in 1978 as a Presidential Management Intern at the GS-9 level. Today she serves as Deputy Under Secretary for Health for Operations and Management in VA Central Office. Best career advice she ever received: "Develop good relationships across the board and know the details." Her proudest moment as a VA employee: "[Standing] with other employees as we welcomed veterans returning from the Gulf War and subsequently were available to them for care." Her advice to others: "Put your work ahead of your career ... the career will follow."

MaryAnn Musumeci, R.N., joined VA as a staff nurse GS-7 equivalent in 1972. She is currently director of the Bronx VA Medical Center and the first woman to hold that position. Her most significant career challenge was making the leap from nursing to hospital administration. Best career advice she ever received: "If you continue to work hard (and long hours) and continue applying for administrative-type positions, something will eventually come along. Be innovative! Never despair and give up!"



Musumeci

Her advice to others: "You have to set milestones over your career with specific goals. Never lose sight of these goals, work hard and you will achieve."

Ventris C. Gibson joined VA as a GS-6 personnel clerk in 1980. She went on to become the first woman appointed Deputy Assistant Secretary for Human Resources Management in VA Central Office, a position she has held since 2000. Career advice she offers up-and-comers: "Do your best, take on the difficult projects, and remember, lions don't need to roar." Words from her father that have carried her far: "Make sure that the path you wish to travel is the one you truly desire. If you don't know where you're going, any road can take you there."



Gibson

Millie Hughes-Fulford, Ph.D., has nearly 30 years with VA. She started her career in 1973 and now serves as di-

rector of the Laboratory of Cell Growth at the San Francisco VA Medical Center. One of her proudest achievements was training as an astronaut with NASA while maintaining her laboratory. "I started working in the lab after astronaut training, which meant that I had a second shift from 6 p.m. to midnight. I wrote grants on the weekends, bought a copy machine for home to reproduce the grants to send in for peer review. After two years, I received my first independent grant and continued working at night and weekends until my flight in May of 1991." Best career advice she ever received: "Keep your mind on your goals and do not waiver from them." Her words of wisdom to those just starting out in VA: "Seek out mentors who will help you achieve your goals."

Nora Egan began her VA career in 1975 as a GS-9 staffing specialist in headquarters. Today, as VA Chief of Staff, she's one of the highest-ranking women in the department, working closely with the Secretary and Deputy Secretary in managing day-to-day operations.

Though not the first woman to hold that position, Egan achieved other "firsts" among women leaders as she rose through the ranks: Personnel Officer for VA Central Office, Deputy Assistant Secretary for Planning, and Deputy Under Secretary for Management in VBA.



Egan

The decision to leave Human Resources and take on other challenges was a difficult one for her. She'd spent much of her career there, enjoyed the work and the people, and was hesitant to leave.

But she took the career advice of those who encouraged her to "spread my wings and try something new. I made the transition and I'm glad I did, because as I moved through I developed different sets of skills and perspectives which I think have made me well-suited for the position I have now."

Her advice to those who aspire to leadership positions? "Anybody can give orders. The real trick to being a leader is to have a vision, to have the integrity to follow through with it, and to make people want to do what needs to be done to accomplish that goal. Leadership requires integrity, clarity of vision, and a willingness to listen and to support the people who work for you."

Advice from the Top

Geraldine Johnson joined VA in 1971 as a stay-in-school clerk. Today she is the Associate Deputy Under Secretary for Management in the Veterans Benefits Administration, the highest VBA position held by an African American woman. She completed her undergraduate college studies as a single parent. Deciding to become mobile “was crucial to moving up in VBA,” she said. Best career advice she ever received: “Always be willing to take on new and more challenging assignments. Be known as a finisher.



Johnson

Never forget your roots.” Her words of wisdom to those on the rise: “Do the basics, educate yourself, foster relationships, set your goals. Make a plan and work the plan.”

Dr. Sandra Gracia-López joined VA in 1986 as a fellow in Nuclear Medicine at the San Juan, Puerto Rico, VA Medical Center. She became the first woman chief of Nuclear Medicine there in 1989, and chief of staff in 2002. Among her proudest moments were when San Juan’s Nuclear Medicine Service was recognized as the most efficient in VA, and when she got the news she’d been selected as chief of staff. Best career advice she ever received: “To never say ‘no’ to administrative advancement.” Career advice she would give others: “To face all challenges with honesty and to continue studying and learning from experienced colleagues.”

Linda W. Belton is director of VISN 11 (Ann Arbor, Mich.), a position she has held since joining VA in 1995. “My first day of work in VA was also the first day of the government shutdown in 1995. I was unbelievably impressed with VA employees who continued to deliver care—and who found inspired ways to support their co-workers—not knowing when they’d receive their next paycheck.” The best career advice she ever received: “Your attitude is showing!” Career advice she offers those just starting or in the midst of VA careers: “Meet your own expectations (they’re usually the hardest). Be authentic. Be anchored to something greater than yourself. Be a quiet revolutionary.”

Cathy Smith started her VA career in 1976 as a GS-3 file clerk. She now directs the Denver VA Regional Office. “Mobility has contributed both to my career opportunities and to my stress level. Having gone through various moves with VA, I have had the joy of making friends across the country and the challenges that relocation naturally presents.” Her best career advice: “You never have to make a

decision at someone else’s pace.” To those on the rise, she recommends staying true to self. “Our organization will never have enough individuals with personal character. Know your ethical and moral standards. You will be repeatedly challenged to compromise. Having a good foundation will be invaluable, especially through the most trying times.”

Genie Norman retired in 1998 with 33 years of VA service. She started in 1965 as a medical record librarian and climbed all the way to Associate Chief Medical Director for Administration. Her advice to those on the rise: “Develop a career plan but always be flexible in trying to achieve your goals. Changes occur so rapidly that having a career vision too far down the road just isn’t practicable. Work on as many projects, task forces and committees as you can and never say ‘no’ when an opportunity to increase your knowledge or visibility presents itself.” She also offered a retiree’s perspective: “Set your goals at a level that you can comfortably achieve without sacrificing your personal and family life. When your career is finished, having family and friends as an integral part of your daily life is of extreme importance. Balancing career and personal life must be a priority and the formula is different for everyone.”

Jacqueline Parthemore is chief of staff at the VA San Diego Healthcare System, a position she has held for nearly 20 years. She started her VA career as a research associate in 1974. She advises aspiring leaders to seek out mentors. “Take advantage of the myriad of men and women who are willing to provide mentoring to you,” she said. “Though you may not ‘click’ with every one of them, they each have something to teach you.”



Parthemore

Kristine Arnold began her VA career 34 years ago as a GS-5 adjudicator trainee. She rose to become the first woman to serve as director of VBA’s Compensation and Pension Service. She’s now director of the Seattle VA Regional Office. Fear of the unknown once kept her from moving up from a lower-level position in which she’d grown comfortable and confident. The best advice she got at that time was to “look past my fears and my comfort zone and draw on my personal strength to seek new professional challenges.” Her advice to others: “Be yourself. Know your priorities for your personal as well as your professional path.” **VA**

Vi Hunter: Still Going Strong After 60 Years

Washington, D.C., has always been a magnet for people who want to work where the pace is set for the rest of the country. Perhaps at no time in history was this truer than during World War II.

Hundreds of thousands journeyed to and from the nation's capital, looking for opportunity as well as a way to serve their country. In that short period, Washington went from a sleepy, muggy, backwater town, to a bustling, still muggy, cosmopolitan center.

Like so many women who came to serve in newly burgeoning government offices, Vila (Vi) Hunter arrived as a teenager. Today, after 60 years in the federal government, she literally has her finger on the pulse of VA.

Shortly after young Vi Hunter graduated from high school in Stevens Point, Wis., the school principal came out to her family's dairy farm to suggest that she take the Civil Service Exam. "He sat down with my parents and myself and said, 'They need a lot of girls in D.C. to work,'" Hunter recalled.

She and a neighbor took the exam, and waited. Her neighbor was soon called for a position, but Hunter heard nothing. She moved instead to Chicago and began working in a war production plant, riveting tarpaulin covers for Army cargo trucks. This, she felt, was preferable to working on the farm or clerking in an insurance office back home. One Wednesday evening in August 1942, Hunter received a telegram from Washington requesting that she report for duty the following Monday. At the time she was training for a well-paying night job on

the production line. Her supervisor discouraged her from taking the position in D.C., warning of the dangers for a young woman in the city. But Hunter decided to take a chance on Washington. After briefly returning home to Wisconsin, where her parents bought her much-needed office clothes, she boarded a train bound for D.C.

The neighbor she had taken the Civil Service Exam with met her at the train station in Washington and had lined up a place for her to stay. In those days, it wasn't unusual for two or three "government girls" to

then seemed much more extreme than what D.C. suffers through on average. "I remember snow blowing into the office and under the doors," said Hunter, as well as "so much heat and humidity, there'd be [condensation] on everything, everywhere, all the time."

Evenings and weekends were spent volunteering at the local USO, where Vi worked at the information desk from 6 to 10 p.m. She'd often attend dances there, or host other events. She'd spend Sunday afternoons touring Washington with visiting servicemen and then cooking meals with them back at the USO. She would visit sick and wounded servicemen at Walter Reed and Forest Glen Hospitals. Vi worked 1,500 hours at the USO and remembers the thrill of being invited to the White House for a "thank you" lawn ceremony held by President Truman toward the end of the war.

Life in Washington during the war years was difficult, but not extremely so. Vi remembers that during her first year in D.C., there were air raid drills, blackouts, and searchlights constantly crisscrossing the sky, preparing and protecting the city from the possibility of attack. In a post-9/11 world, being reminded that D.C. has long been a potential target can be oddly reassuring.

Since Vi didn't have a kitchen to cook in, she usually ate at one of the popular low-cost D.C. cafeterias. And like most other American cities at that time, Washington was clean and safe.

Her work involved preparing statistics and historical records on airplane engine materials. She worked closely with officials from



Secretary Principi presents an award to Vi Hunter honoring her 60 years of federal service.

share a tiny one-bedroom or efficiency apartment. By comparison, Vi, staying in a room at the home of a family that was vacationing at the beach for the summer, lived in spacious luxury.

Hunter went to work for the War Production Board as a junior clerk-typist. She remembers working in World War I-era buildings with no air conditioning on the National Mall. "We'd have to weigh down stacks of papers so that they wouldn't be blown away" by the huge fans used to bring some comfort to the workers inside, Hunter recalled. Winters and summers back

Boeing, Chrysler and Ford, often arranging for their travel to D.C. meetings. All of this came to an end in mid-1947 when she received the pink slip that so many “government girls” got after the war.

After that first experience with government service, Vi returned to Wisconsin and the family dairy farm. Six months had passed when she got an unexpected telegram asking her to report back to D.C. to work for the Veterans Administration. Although it was at a pay rate lower than the job she had previously held, Vi was keen on returning to Washington. It was February 1948 when she started working for the Department of Insurance. Here she would take part in the sequencing of servicemen’s records. It was “very dull” work, Hunter said. But it wasn’t long before she moved into statistical work.

Over the next 55 years, Hunter worked through many changes of administration and reorganizations, rising steadily to the position of management analyst with the most recent incarnation of her section, VA Central Office’s Workforce Information Systems Team. Her area of expertise is understanding the PAID system and how to extract information from the database to produce statistical analysis for reports on the flow of human resources among VA’s 225,764 employees. This information is regularly used by OMB, OPM, and Congress, as well as for VA strategic human resource planning.

Hunter has no immediate plans to retire, none that she will talk about anyway. First she wants to “square away some reports and have some good people to train in this work.” She wants to make sure that the projects she has been responsible for “continue to fly right” before she lets go. **VA**

By Robert Turtil

The Women Behind the Names

There’s only one woman in the historic photo of President Franklin D. Roosevelt signing the GI Bill of Rights on June 22, 1944, but she’s front and center, looking right over the president’s shoulder. She’s Edith Nourse Rogers, a lifelong veterans’ advocate and one of two women who have had VA medical centers named in their honor.

Her commitment to the welfare of veterans began during World War I when she toured the battlefields of France and Great Britain while accompanying her congressman husband on an official trip. After returning to Washington, D.C., she worked as a Red Cross volunteer at Walter Reed Army Medical Center.

In 1922, President Warren G. Harding appointed Rogers as a dollar-a-year inspector of veterans’ hospitals. She toured the country visiting hospitals and communicating their needs directly to the Harding, Coolidge and Hoover administrations.

When her husband died in 1925, she was elected to serve out his congressional term. She went on to serve 35 years in Congress, chairing the Committee on Veterans’ Affairs in the 80th and 83rd Congresses.



Edith Nourse Rogers is the only woman pictured with President Roosevelt as he signs the GI Bill.

Of the more than 1,200 bills Rogers introduced during her long congressional career, more than half dealt with veterans’ and military affairs. She secured pensions for Army nurses, a permanent nurse corps in VA, and major

appropriations to build VA hospitals.

During World War II she sponsored legislation creating the Women’s Army Corps (WAC). She helped draft the GI Bill, which accounts for her prominent place at the signing of the landmark measure.

She died in Boston in 1960 during her nineteenth congressional campaign. The VA medical center in Bedford, Mass., was named the Edith Nourse Rogers Memorial Veterans’ Hospital in 1978.

The other VA medical center named in honor of a woman is Saginaw, Mich. That facility bears the name of Aleda E. Lutz, who never got the chance to lead a long and distinguished life. War cut it short.

More than 400 military women died during World War II, and Lutz was the first one to lose her life in a combat zone. As an Army flight nurse, she flew 196 missions, evacuating wounded soldiers and caring for them on the flights back to medical facilities behind combat lines.

During her last mission, an evacuation effort over Lyon, Italy, the plane went down. She was only 29 years old. On Dec. 28, 1944, she was posthumously awarded the Distinguished Flying Cross. In 1990, Saginaw became the only VA medical center named for a woman veteran.

Getting Healthy at Work

Detroit VAMC's new Employee Wellness Project is helping workers get fit and relieve stress in a convenient and supportive environment.



DAVID GRIFFITH

Annie Grubbs-Neal works out in an aerobics class; behind her are Nancy Gibson, R.N., left, and Bobbie Allen, M.D.

These are stressful times for employees working in the VA health care system. VA is treating more veterans with fewer staff and resources. In Detroit, 600 new patients applied for care in December, and that's been a relatively average number in recent months.

Employees get lots of questions from veterans about waits and delays. Customer service is more important now than ever before.

Recognizing that the only control employees have in this environment is over their own behavior and attitudes as individuals, AFGE Local

933 and management at Detroit's John D. Dingell VA Medical Center decided to take action to help them deal with stress and fatigue. They formed a Wellness Committee, and the group has created a morale-boosting program called the Employee Wellness Project.

Launched in January, the program offers free, on-site exercise classes and lectures on nutrition and fitness to employees who want to get fit and relieve stress in a convenient location and supportive environment. It was promoted through an enrollment handout encouraging

employees to sign a pledge to themselves to give the program a try and, more importantly, to stick with it.

The program began with a fitness screening conducted by two physicians and other volunteers. Weight, height, body fat percentage, flexibility, blood pressure at rest and after two minutes of activity, and heart rate at rest and after two minutes of activity were documented for each participant. Numbers were assigned to participants so that data collected during the screening would remain anonymous.

Staff members with expertise in personal fitness volunteer their own time teaching classes and offering encouragement to help co-workers become as healthy as they can be. Classes are available before work, during lunch breaks and after work.

The program includes activities



DAVID GRIFFITH

From left: Art Cordis, Annie Grubbs-Neal, Shawn Flaharty, Natalie Campbell and Russell Jones participate in a weight training class.

in which employees at all fitness levels can participate. Off-shifts can participate using videos. Offered are weight training and calisthenics; pilates; yoga; aerobics; meditation; walking (on their own or with co-workers in the medical center's basement); biking (on their own and in group outings during the spring and summer); and swimming (on their own).

Signs posted around the basement mark out distances for walkers and offer lighthearted motivation. Five-and-a-half laps equal one mile. "Only 1,530 laps to Chicago," one sign reads. "You need to do 18 laps to walk off a Snickers bar" and "A hot dog bun will cost you 27 laps," read others.

Each participant is asked to turn in a weekly activities log, with approximate equivalencies in laps, which allows the committee to gauge participation and benefits at each level.

A monthly lecture series provides information about nutrition and other fitness concerns. Confidential weigh-ins are done during the monthly meetings, and participants get encouragement and support for their efforts.

The Wellness Project costs little. The local union funded DVD and VHS equipment. Instructors work for free on their own time. T-shirts and other items for the program are being paid for through fundraising activities.

So far, the program has been a big hit with employees. "The Wellness Project has had such an incredible impact on my work and social life," said participant Lisa Olney, administrative officer in Pathology and Laboratory Medicine.

"Not only has it contributed to my 35-pound weight loss, but also to my positive outlook on how medical center management views employees by their concern for our well-being."

"I am so happy that the VAMC has implemented exercise programs for employees," said Natalie M. Campbell, ward secretary in Hemodialysis. "I can step away from my stressful day to enjoy yoga and pilates, and after work I get a good weight training workout." She added that she has worked at the medical center for 11 years, and the Wellness Project is the best employee program she's ever seen.

Arthur Cortis, a health technician in the Nursing Section, called the program "a refreshing, progres-

sive, outside-the-box thinking program that is proving to be an uplifting addition."

Fifty-five employees signed up for the initial health screening, and the committee expects interest to grow. **VA**

By Ann Talbot

Editor's Note: For more information about the John D. Dingell VA Medical Center's Employee Wellness Project, contact Talbot at (313) 576-3340.

Signing Up and Sticking With It

The Detroit VA Medical Center's Employee Wellness Project was promoted through an enrollment handout explaining the purpose of the program and encouraging employees to sign up, tailor it to their own goals, and stick with it. Here are some excerpts:

The John D. Dingell VAMC Employee Wellness Project was developed to encourage staff to become more physically and emotionally fit. The Wellness Project offers opportunities to exercise mind, body and spirit through physical exercise, meditation and lectures.

It is our hope that we will have your COMMITMENT to make a change in you, for you. NOW really is the time to do it. You will never have more support or a better opportunity than this one. It is our suggestion that you sign this pledge to yourself.

I will give the Wellness Project my best effort. If something interferes with my commitment, no matter what it is, I will keep coming back and starting over if I need to. This is a "one day at a time" venture. I will keep my attention focused on here and now and do what I have to do today to be the healthiest person I can be. I won't worry about what I did yesterday or how much I have to do to get really fit over the long haul. Today, I'll do the best that I can.

Signed: _____ Date: _____

Involvement in the program is free and purely voluntary, and while data will be collected, it will be anonymous. Only you need to know the statistics about your fitness. You will be assigned a number at the initial fitness check and that number will be used to track your progress throughout the program. We understand (from personal experience) that some of you may feel as though even you don't want to know your fitness data. This is temporary! What may feel embarrassing now will soon help you feel great when you see how much progress you make. Everyone has her or his own personal style for doing things. Pick and choose what you like from the program and if you don't like something, don't do it.

VA's Only Active Nobel Prize Winner Revealed

A Talk with Dr. Andrew Schally



Dr. Schally accepting the Nobel Prize in Medicine in 1977 for his research on brain hormones. That same year, the award also went to Dr. Rosalyn S. Yalow, of the Bronx VAMC, for her work in the development of the radioimmunoassay.

Dr. Andrew V. Schally and his work have added prestige and international recognition to research in VA for decades. Awarded the Nobel Prize in Physiology or Medicine in 1977, today he heads the Endocrine, Polypeptide and Cancer Institute at the New Orleans VA Medical Center, where he continues his scientific endeavor after 40 years of groundbreaking research in the area of peptide hormone chemistry, physiology and medicine.

Before becoming a Nobel Laureate, he authored 1,000 scientific and medical articles; since that time, he has added another 1,200 to his credit. In a Nobel presentation speech honoring Dr. Schally, it was noted that his work has “establish[ed] a firm basis for turning the fantasy and mystery [of hormones] into reality.” Through exploring peptide hormones, Dr. Schally “uncovered a substantial part of the link between body and soul.”

His research helped pinpoint several biochemical links between the brain and the pituitary gland. Dr. Schally laid the foundation of modern hypothalamic research and his work continues in the heart of the City of New Orleans, where VA's only active Nobel Prize winner excels as both dedicated VA researcher and professor of medicine at Tulane University School of Medicine. Given the rare opportunity to discuss his research and reflect upon his legacy, Dr. Schally took time out to offer personal reflections on his work and on being a Nobel Prize winner.

Q: What did receiving the Nobel Prize in Physiology or Medicine in 1977 mean to you then and now?

A: The Nobel Prize in Medicine is of course the highest recognition that can be bestowed upon a medical researcher, but frankly I did not have much time in 1977, nor since then, to reflect upon it. The Nobel Prize is certainly a highly emotional and proud event in the life of a scientist, but the ceremonies are linked to many duties and obligations that take all of a Laureate's time. Now I am so busy with my cancer research that, candidly speaking, I seldom think about the Prize. However, I am reminded about it during my trips, particularly abroad where the Nobel Prize is the source of much admiration and surrounds the Laureate with enduring honor, great prestige, and gives him a place in history.

Q: What has been or is your biggest challenge as an internationally known researcher?

A: There have been two main challenges in my medical research career. The first started in 1954-1955 when I was still an undergraduate in Canada, beginning my work on the hypothalamic control of the pituitary gland. The challenge was to prove that the hypothalamus (part of the brain) controls the pituitary gland and through it the other major endocrine glands such as the thyroid, adrenal, ovaries and testes. This could be proven only by the identification of specific neurotransmitter hormones in the hypothalamus. Since these neurotransmitters are present in the brain only in miniscule amounts, the work on the identification involved the extraction and purification of hundreds of thousands of fragments of hypothalami. My research group and I used pig hypothalami obtained from slaughterhouses, most of which were donated by Oscar Mayer & Company, the meat packers.

In 1969, we finally obtained in pure form the thyrotropin releasing hormone (TRH), and identified its structure. TRH controls the secretion of pituitary TSH (thyroid stimulating hormone), regulating the thyroid gland. Two years later, in 1971, we were the first to identify and synthesize the luteinizing hormone-releasing hormone (LH-RH, also called Gn-RH for gonadotropin-releasing hormone), which controls the secretion of pituitary gonadotrophic hormones LH (luteinizing hormone) and FSH (follicle stimulating hormone) and thus regulates the reproductive processes.

My second main challenge started about 1976-1978

after I realized that analogs (derivatives) of hypothalamic hormones could be used for cancer therapy because of their enormous biological activity. At that time, I decided to change my research field from neuroendocrinology to endocrine oncology. This new challenge became the development of new, improved methods for the treatment of cancers that represent major national and international health problems, such as prostate cancer, breast cancer, colorectal and pancreatic cancer and other malignancies.

These new treatment methods are based on hypothalamic peptide analogs—hence the name of the institute, Endocrine, Polypeptide and Cancer Institute. This challenge continues. Since the patients at VA represent a cross-section of the U.S. patient population, they would clearly benefit from these new therapeutic methods.

Q: What has been your most rewarding experience as an internationally known researcher?

A: Perhaps the most rewarding experience as a researcher occurred in June 1971 at the meeting of the Endocrine Society in San Francisco, at which I announced the structure of LH-RH. There was much drama surrounding that presentation because several groups were in hot competition.

The large Imperial Ballroom of the San Francisco Hilton, where I gave my paper announcing the structure, was very crowded. I listened with excitement and suspense during the preceding lectures in which my scientific competitors did not report the structure of LH-RH; when my turn came, I rose to my feet and announced it, winning the race with the other groups. This presentation was described by others in several articles and books. It was one of the most joyous moments in my life, to announce for the first time the solution to the problem which had fascinated me and others for so long, especially inasmuch as the discovery was expected to have a great scientific, clinical, and even social impact.

Of course, a steady source of personal reward is my research and constant small advancements we make at our cancer institute and especially the realization that thousands of patients are benefiting from my discoveries, particularly the prostate cancer patients. I am very proud that this work was done at VA, which has supported my work for 40 years.

Q: What do you hope your legacy will be?

A: It is difficult to delineate my legacy since my life's work is not yet finished. We have developed four new independent approaches to the treatment of various cancers based on at least seven different classes of anti-

tumor compounds. These antitumor peptides have been tested preclinically and shown to inhibit a variety of human cancers (prostate cancer, pancreatic cancer, gastric cancer, colon cancer, malignant brain tumors, lung cancer, renal cancer, bone tumors, osteosarcomas, melanomas, hepatocellular carcinoma, lymphomas, breast cancers, ovarian cancers and endometrial cancers) transplanted into nude immunosuppressed mice.

In 1982, we discovered a new method for the treatment of advanced prostate cancer, which is the most common cancer in U.S. men and the number two cause of cancer-related deaths. This novel approach, based on the use of LH-RH analogs, is today the preferred method for treatment of advanced prostate cancer.

Other methods we have developed still remain to be tested and implemented in the clinics. These new therapeutic methods could result in the reduction of side effects, prolongation of survival of cancer patients, and improvement in the quality of life. Many patients with cancer, perhaps millions of them, would benefit. I hope that some of these methods will be effective in a clinical setting.

Of course the Nobel Prize in Medicine for the discovery of hypothalamic (brain) hormones can be considered a legacy in its own right. However, I hope that in the next few years that I have allotted myself, some of these new methods for cancer therapy can be implemented clinically and would thus increase my legacy.

Q: What is your motivation to continue your work even after 40 years?

A: As I said earlier, my life's work is not finished. For more than 40 years, I have been working on hypothalamic hormones and with the help of clinicians including my wife Ana Maria Comaru-Schally, M.D., FACP, we have been able to convert our findings into diagnostic and therapeutic tools. Before I fade away, I want to further improve the methods for the treatment of various cancers. I believe that we are on the threshold of important new discoveries.

The most urgent and perhaps the closest to a scientific and medical solution is the therapy for relapsed, androgen independent prostate cancer. Every year 40,000 men die needlessly in the U.S.A. from this malignancy and double that number in Europe. Better therapies must also be developed for other cancers such as breast, ovarian, lung, brain, pancreatic, colorectal, gastric and renal cancer, which represent major national and international health problems and for which present therapies are inadequate. **VA**

By Stacie Rivera

National CARES Commission Named, Begins Its Work

Former VA Deputy Administrator Everett Alvarez Jr., is chairing the 15-member national CARES Commission. The independent commission will play a critical objective role in assessing proposed CARES initiatives that address the future health care needs of veterans, and how and where VA can best provide those services.

The commission held its first public meeting Feb. 19 and 20 and will continue to hold public hearings both in Washington and across the country. The group is expected to present its findings and recommendations to the

Secretary this fall. The Secretary must accept or reject the recommendations as a whole.

Alvarez, best known as the first American aviator shot down over North Vietnam, was taken prisoner of war in 1964 and held in North Vietnam for more than eight years. He was deputy director of the Peace Corps from 1981 to 1982, deputy administrator of VA from 1982 to 1986, and has held numerous posts in the private sector. He is now owner of a McLean, Va., consulting firm.

The CARES Commission will operate as a federal

advisory committee, composed of people with expertise in various aspects of health care and particular interest in the efficient delivery of benefits and services to the nation's veterans.

The members are: Charles Battaglia, former staff director of the Senate Committee on Veterans' Affairs; Dr. Joseph Binard, former VA physician and specialist in spinal cord injury treatment; Raymond Boland, Wisconsin secretary of veterans affairs and president of the National Association of State Directors of Veterans Affairs; Chad Colley, former national commander of the Disabled American Veterans and a triple amputee from the Vietnam War; Vernice Ferguson, former executive in the VA nursing program; Dr. John Kendall, dean emeritus and professor of medicine emeritus at Oregon Health and

Sciences University;

Dr. Richard McCormick, former director of mental health care with the VA Health Care System of Ohio; Richard Pell Jr., former VA chief of staff; Robert A. "Bob" Ray, former American Legion commander in Ohio; Sister Patricia Vandenberg, former president and chief executive officer of Holy Cross Health System in South Bend, Ind.; Raymond John Vogel, former VA under secretary for benefits; Jo Ann K. Webb, director of federal relations for the American Organization of Nurse Executives; Maj. Gen. Michael Wyrick, former deputy surgeon general, U.S. Air Force; and Al Zamberlan, former VA health care regional director.

Vogel will serve as vice-chairman of the commission, and Richard E. Larson, a 29-year federal executive, will serve as executive director. **VA**

VA Honors African-American Medal of Honor Recipients



ROBERT TURTEL

An exhibit honoring the more than 80 African Americans who have received the Medal of Honor was unveiled in Washington, D.C., as part of VA's observance of Black History Month.

Secretary Principi kicked off VA's observance of Black History Month on Feb. 11 by dedicating an exhibit honoring African Americans who received the Medal of Honor.

In a ceremony held during a workshop on diversity sponsored by the VA Office of Diversity Management & Equal Employment Opportunity, the Secretary also honored Clarence Sasser, a former VA employee who received the Medal of Honor for his courage under fire in Vietnam.

The exhibit honors more than 80 African Americans who are among 3,400 recipients of the nation's highest award for valor in action against an enemy force. **VA**

New Agreement Will Improve Care For American Indian Vets

Rural American Indians and Alaska Natives who served in the military will receive enhanced medical care through a new agreement between VA and the Department of Health and Human Services.

The agreement, signed in February by VA Deputy Secretary Dr. Leo S. Mackay Jr. and his HHS counterpart, Claude A. Allen, at the National Congress of American Indians Executive Council's winter session in Washington, D.C., will encourage cooperation and resource sharing between the two agencies to make sure veterans who are American Indians or

Alaska Natives get quality health care.

"VA and HHS are setting the stage for an ongoing collaboration to provide optimal health care for more than 165,000 American Indian and Alaska Native veterans," said Secretary Principi. "We are combining our strengths and expertise to improve health care for these veterans, particularly to increase access and enhance services."

While there have been local efforts between VA health care facilities and Indian Health Service clinics in the past, this agreement will

encourage more agency-wide cooperation, affecting all Indian nations.

“Our two departments have a history of working together to care for America’s veterans and underserved communities,” said HHS Secretary Tommy Thomp-

son. “Under this new agreement, the Indian Health Service and VA will work to improve health care for our American Indian and Alaska Native veterans by sharing information, developing health promotion programs and allowing for joint ap-

pointments, financial reimbursements and provider certification.”

The agreement will also improve communication between the agencies and tribal governments and create opportunities to develop strategies for sharing information

and information technology. The technology sharing will include VA’s electronic medical record system, bar code medication administration and telemedicine. VA and IHS will co-sponsor continuing medical training for their health care staffs. **VA**

Secretary Honors VA Central Office Reservists, Guard Members



ROBERT TURTEL

Assistant Secretary of Defense for Reserve Affairs Thomas F. Hall, center, joined Secretary Principi to honor VA Central Office employees who serve in the National Guard and military reserve forces.

VA Central Office employees who serve in the National Guard and U.S. military re-

serve forces were honored during a Feb. 12 ceremony in VA headquarters. The cer-

emony occurred during a week in which the Department of Defense activated nearly 40,000 military reservists in preparation for possible war with Iraq.

Secretary Principi, along with the Pentagon’s Thomas F. Hall, Assistant Secretary of Defense for Reserve Affairs, thanked the honorees for their service to veterans and commitment to America.

“We are honored to count men and women such as you among our VA employees,” Principi said. “You continue the proud tradition of citizen-soldiers who stand ready to answer our nation’s call to defend America against those who seek to harm us.”

He presented a commemorative pin to the employees and assured them that if they are called to active military duty, their jobs will still be there when they return. About half of the 115 VA Central Office employees who serve in the reserves and National Guard attended the ceremony.

Nationwide, about 15,000 VA employees are reservists or Guard members subject to activation. The Secretary encouraged VA field facilities to hold similar events locally.

A wealth of information for VA employees who are reservists or Guard members is available at www.va.gov/ohrm/reservist. **VA**

Emergency Preparedness Officials Plan for Future Terror Attacks

Emergency preparedness efforts in Washington, D.C., are a hot topic these days. Reporters from *The Washington Post* and *Federal Times* called VA Central Office recently to interview officials about what they’ve done to protect employees in the event of future terrorist attacks.

“Sounds like you folks are very thorough,” said the *Federal Times* reporter as the interview came to a close. “You bet we are,” responded Mick Kicklighter, Assistant Secretary for Policy, Planning and Preparedness, “because

we take this very seriously.”

Serious was the tone as officials from VA’s offices of Policy, Planning and Preparedness, Human Resources and Administration, and Cyber Security came together for the March 13 interview. “We’ve had emergency plans for many, many years,” said Robert Schultz, Principal Deputy Assistant Secretary for Human Resources and Administration. “We used to focus on evacuating the building in case of a fire. Now the plan includes taking shelter in place.”

Shelter in place means

staying put if it’s unsafe to go outside. To prepare for that possibility, officials have stockpiled enough medical supplies, food, drinking water, soap, toilet paper, and even glow sticks, to allow employees to remain in VA Central Office for up to three or four days.

Approximately 4,000 employees in seven or eight different buildings make up what’s called the Washington, D.C., VA campus. Keeping them informed with real time, accurate information in the event of an emergency is one focus of the VA head-

quarters emergency plan.

Currently, a public address system would be used to alert employees to a terrorist attack. But with most workers using desktop computers, another option may soon be in place. “It’s called CENS, Computer Emergency Notification System,” explained Kevin Hanretta, executive assistant in the Office of Policy, Planning and Preparedness. CENS is a software application that would be installed on each employee’s computer.

In the event of a terrorist
Continued on page 28

Hector Ocasio

Hector Ocasio accomplishes more before 9 a.m. than many people do all day. He routinely rises at 4 or 5 a.m. and completes online coursework. He earned his MBA in Health Care Management online through Touro University International. He has made computer-based learning a habit.

A supply technician at the Ponce, Puerto Rico, VA Outpatient Clinic, Ocasio got special recognition from Secretary Anthony J. Principi recently when he received an award for completing more VA Learning Online (VALO) courses than any other employee since the program went national.

Ocasio puts the honor of receiving his Outstanding Scholar Award on a par with the pride he felt when awarded the Combat Infantry Badge for his Army service during the Gulf War. "It

was surreal," he said of his trip to Washington, D.C., on Jan. 29. He spoke with the Secretary and made remarks to the audience. "I was floating," he recalled. "I had goose bumps."

Ocasio didn't begin taking online courses for recognition, but for personal growth. "You do things because you think that's the right way. It doesn't make you deserving of an award," he insisted.

Dedication to doing things "the right way" has helped him progress within VA from his beginnings as a student intern at the San Juan VA Medical Center in 1993, to his current position. Professional mentors taught him that education provides the edge in seeking promotions. He would like to use his recently acquired graduate degree and the skills he learned through VALO to

further his VA career in health care management or acquisitions and contracting.

In pursuit of his goals, Ocasio's enthusiasm for online coursework has continued unabated since his award. He has completed 12 courses since the ceremony, bringing to 40 the number he has taken since September 2002.

"I highly recommend it," he said. "Employees at Microsoft and other big corporations are taking the same courses and [VA employees] get them for free." The courses offer something for those with all career paths and interests. Because VALO course design integrates audio and visual elements, its courses are more interactive than online alternatives and should appeal to people with many learning styles.

Courses facilitate self-development and professional



Ocasio

advancement, according to this award-winning VA employee. They are available online at www.vcampus.com/valo, 24 hours a day, 7 days a week. "Learning is there to take. Just get on and try it—it's good!" he said. So instead of counting sheep the next time you can't sleep, follow Hector Ocasio's lead and begin advancing your career for free, from home, and in your spare time through VA Learning Online. **VA**
By Andrea Strobel

Continued from page 27

ist attack, the headquarters Crisis Response Team would use the system to send a pop-up message to the computer of each employee. "It puts an emergency screen right up front on their desktop and allows us to type in the exact nature of the threat," said Hanretta.

Part of being prepared means knowing how to respond should the Office of Homeland Security raise the national threat level. "We review our plan several times a week to make sure we know what the threat is and where we stand in terms of being prepared," said Kicklighter.

As part of that plan, VA issued guidelines for indi-

viduals, families and managers recommending specific actions based on the threat level. With the current threat level at code orange—denoting a high risk of terrorist attacks—the guide recommends exercising caution when traveling, reviewing your personal disaster plan, donating blood if a need is announced, and observing all precautions listed under lesser threat levels, such as confirming personal emergency telephone numbers, practicing alternate routes to and from work, and watching for strangers or unusual activity.

Don't have a personal disaster plan? It's not too late to start one. Dorothy R.

Hartung, a health system specialist in VA's Office of Public Health and Environmental Hazards, wanted to make sure everyone in her office knew how to respond to an emergency. In the weeks after 9/11, she asked supervisor Dr. Susan Mather if she could prepare a brochure outlining what to do in the event of another terror attack. Mather agreed and Hartung went about seeking input for the brochure. "It was the right thing to do at the right time," she said.

Though it was originally intended for her office, word of the brochure spread quickly. She started getting phone calls and e-mail messages from people across the

country asking for copies of the brochure. The Washington, D.C., Board of Education asked for copies; so did the Smithsonian's National Portrait Gallery and the U.S. Postal Service.

The tri-fold brochure was ultimately adopted by the VA Crisis Response Team and called the Family Emergency Plan for VA Employees. "I think people like it because it's so simple, everyone can understand it and it's not intimidating," said Hartung. To download a copy, visit the VA Intranet Web site at vawww.vhaco.va.gov/pubhealth/terror.htm and click on personal emergency preparedness. **VA**

Ephedra Should be Restricted or Banned

Use of the popular diet and bodybuilding supplement ephedra should be restricted or banned, concluded researchers at the San Francisco VA Medical Center in a study published in the March 18 issue of the *Annals of Internal Medicine*. They found the risk of an adverse reaction to ephedra is 200 times greater than all other herbal supplements combined.

"It comes down to a risk-benefit ratio," lead author Stephen Bent, M.D., a staff physician at the San Francisco VA Medical Center, told the *Newark (NJ) Star-Ledger*. "The benefits for ephedra are not at all well established. It is a minimal benefit that goes away when you stop using the product. And the risks are really substantial."

Ephedra has been linked to high blood pressure, irregular heartbeat, stroke, seizure and nearly 100 deaths.

In February, a supplement containing ephedra was associated with the death of 23-year-old Baltimore Orioles pitcher Steve Bechler, who died of heatstroke after collapsing during a workout at training camp.

Bent and colleagues analyzed data from the American Association of Poison Control Centers and found products containing ephedra were responsible for 62 percent of adverse reactions among all herbal-related incidents in 2001. During that same period, these products accounted for less than 1 percent of total herbal supplement sales in the U.S.

Senior study author Michael Shlipak, M.D., a resident at the San Francisco VAMC, said ephedra is unsafe for routine and unsupervised use. It has been banned by the National Football League and the International Olympic Committee, among others.

HIV Drugs Not Causing Rise in Vascular Disease

Potent HIV drugs are not causing a rise in cardiovascular and cerebrovascular problems, reported researchers at the VA San Diego Health Care System in the Feb. 20 issue of the *New England Journal of Medicine*.

Researchers studied the outcomes of 36,766 patients treated for HIV in the VA health care system from 1993 to 2001. They found a steady decline in the rate of deaths and hospital stays due to vascular disease, even as the use of highly active antiretroviral therapy (HAART) increased. The finding may reassure doctors and patients who see benefits from HAART but worry about vascular complications as a side effect.

The study also found a 75 percent drop in the overall death rate among VA's HIV patients between 1993 and 2001, consistent with other evidence that HAART—which became available in 1996 and was quickly adopted by VA practitioners—may prolong survival. "Fears about vascular disease as a side effect of these drugs shouldn't keep patients and their doctors from using the best treatments available, consistent with guidelines," said study leader Samuel A. Bozzette, M.D., Ph.D., an infectious disease specialist with the VA San Diego Health Care System, University of California, San Diego, and the RAND Corporation.

Though the study is the largest of its kind to date, it analyzed data only from an eight-year span and may not reflect the rate of serious vascular disease with longer-term use of HAART.

Multiple Sclerosis Centers will Improve Care, Promote Research

VA will establish two new centers to improve care and promote research into multiple sclerosis, a chronic neurological disease. The two centers will be located at the Baltimore VA Medical Center and jointly at the Portland and Seattle VAMCs.

Each center will conduct research covering basic biomedicine, rehabilitation, health services delivery and clinical trials. They also will coordinate activities of existing programs for MS patients at other VA sites. The centers will facilitate access to care for veterans regardless of their location through advances in telemedicine.

"Taking advantage of

VA's strengths as a system of medical facilities linked through technology with superb academic affiliations will result in significant progress toward an understanding of MS," said Dr. Robert Roswell, VA Under Secretary for Health. MS affects 350,000 Americans, 22,000 of whom are veterans enrolled in VA's health care system.

Detroit VA Researcher Patents Protein to Block Cancer

Adhip Majumdar, Ph.D., a research scientist at the John D. Dingell VAMC in Detroit and Wayne State University, received two patents and expects a third that offer new protein-therapy and gene-therapy options for cancer. He also has discovered a prognostic marker for cancer progression.

Majumdar has focused his research on aging and the increase in gastrointestinal (GI) cancer. He is particularly interested in a receptor with demonstrated connections to cell proliferation and cancer called the epidermal growth factor receptor. He hypothesized that blocking the epidermal growth factor receptor might help halt the spread of GI cancers.

By cloning a small protein associated with aging cells, he produced epidermal growth factor receptor-related protein, or ERRP. Inserting the protein's cDNA into colon cancer, breast cancer and prostate cancer cells significantly inhibited their growth. Majumdar and his team are currently attempting to determine whether putting ERRP into a cancerous tumor would cut the receptor's activity and stop the cancer from spreading. **VA**



ROBERT TURTEL

Ephedra has been linked to nearly 100 deaths.

A Seat at the Table



COURTESY OF JULIE GOUGH

Julie Gough, second from left, was one of four fans of the ABC daytime show "The View" picked to appear on a special Fan Day episode with hosts Meredith Viera, third from left, and Joy Behar, third from right.

Millions of Americans watching ABC's daytime show "The View" on Feb. 4 saw lucky fan Julie Gough take a seat at the table with hosts Meredith Viera, Star Jones and Joy Behar. Gough, a program analyst in the Office of Policy and Planning in VA Central Office, was one of four fans selected to appear on the special Fan Day episode.

Her road to "The View" began in October when she entered a contest to take the place of host Barbara Walters for a day. Though she wasn't selected, the producers invited her back for the Fan Day episode. She hosted a couple of segments, discussed some of her favorite products, and won a trivia contest based on her knowledge of the show. "I had the best time and won a trip to Disney World," she said.

Employees from the VA Central California Health Care System joined several community organizations and businesses to help raise money for the United Way by pulling a Boeing 727 jet. The inaugural event pitted teams of 25 members against the clock in an attempt to pull the 86,000-pound jet a distance of 12 feet. Al Perry, director of the health care system, and his team placed a close second in the standings. But VA won the day by placing first in participation for yielding two full teams and

raising the most money, \$8,000. Organizers are anticipating more than 30 teams for next year's competition.

A new 292-acre national cemetery is coming to Washington County, Pa., near Pittsburgh. A local architectural and engineering firm, Marshall-Tyler-Rausch, is developing a master plan for the facility's design and VA hopes to award a construction contract in early 2004. Plans call for a small portion of the cemetery to open for

burials in late 2004. About 19,000 grave spaces will be available when the first phase of construction is completed in 2006. VA's 2003 budget includes \$16 million to build the cemetery.

Two VA employees were directly affected by the loss of the space shuttle Columbia on Feb. 1. Former astronaut Dr. Millie Hughes-Fulford, director of the Laboratory of Cell Growth at the San Francisco VA Medi-

cal Center, and her team spent a week with astronauts and technicians at the Kennedy Space Center prior to the Columbia's launch. They directed the crew through a series of experiments designed to study the effects of microgravity at the cellular level. Following the disaster, NASA called Jim Bagian, also a former astronaut, now director of VA's National Center for Patient Safety, to help with the investigation. [VA](#)

The 'Stars' Fall on Dallas



NANCY GRAY

Cong. Sam Johnson greets Tonia Hatchett, chaplain and Air Force reservist, as (from left) Cong. Martin Frost, Director Alan Harper, and Mrs. Johnson look on.

The VA North Texas Health Care System held a Valentine's Day ceremony honoring 22 employees who are military reservists and National Guard members. Cong. Sam Johnson (R-Texas), who had just marked the 30th anniversary of his release from a Hanoi prison cell, Cong. Martin Frost (D-Texas), and retired military brass were on hand to greet the honorees and thank them for their service.

A poster listing the names of seven employees who had already been deployed was displayed at the ceremony, and will remain in the Dallas VA Medical Center chapel until all of the deployed employees have returned. Yellow ribbons holding individual name cards for each deployed employee have also been placed in the atrium, and will be removed only after each has returned. The local tribute was in keeping with the example set by Secretary Principi two days earlier when he honored headquarters employees who are reservists and Guard members.

The National Association of Clinical Nurse Specialists named **Ann M.**

Busch, R.N., of the Portland, Ore., VA Medical Center, Clinical Nurse Specialist of the



Busch

Year. Busch, who has been with the medical center's Liver Transplant Program for seven years, is the first recipient of this award. In her role with the transplant team, she leads clinical rounds, provides follow-up information to referring physicians, researches how to manage resources more effectively, and helps train physicians and nurses in the clinical care of transplant patients.

The Southeastern Michigan Society of Health-System Pharmacists presented their Innovative Practice Award to **Mary E.**

Burkhardt, a program manager for the **VA National Center for Patient Safety** in Ann Arbor, Mich. She was recognized for being one of the first pharmacists in the nation to work on patient safety issues full time. Burkhardt has worked with the American Society of Health-System Pharmacists designing an educational module for medication safety officer training and developing medication safety learning sessions for their national meetings.

Morris Weinberger, Ph.D., a nationally noted health-services researcher with the **Durham, N.C., VA Medical Center** and the Uni-

versity of North Carolina, Chapel Hill, received VA's 2003 Under Secretary's Award for Outstanding Achievement in Health Services Research. The award, VA's highest honor for investigators in this field, was presented Feb. 13 at the VA health services research national meeting in Washington, D.C. A medical sociologist, Weinberger has conducted numerous studies aimed at improving care for chronic health conditions.

Fred H. Rodriguez Jr., M.D., director of Pathology and Laboratory Medicine at the **New Orleans VA Medical Center**, was named secretary of the American Society for Clinical Pathology (ASCP). ASCP is the largest organization for pathology and laboratory medicine in the world.

Gregory T. Howard, a licensed practical nurse at the **Tuscaloosa, Ala., VA Medical Center**, was elected president of the National Federation of Licensed Practical Nurses. He is only the second man to serve as president in the organization's 54-year history.

VA Deputy Secretary **Leo S. Mackay Jr., Ph.D.**, presented the first Secretary's Group Award for Exceptional Accomplishments to the **Cleveland VA Regional Office's "Tiger Team"** during a Jan. 31 ceremony. The team was recognized for processing more than 21,000 disability claims from veterans age 70 and older. Most of the claims had been pending for more than a year. Their efforts reduced the national backlog of such claims by more than 50 percent during a 15-month period.

At the ceremony, Mackay presented team leader **Phillip J. (Jack) Ross**, director of the Cleveland VARO, with the Exemplary Service Award.

The Federal Library and Information Center Committee named the library at the **James A. Haley Veterans' Hospital** in Tampa as the small federal library of the year. The Tampa library has been a nationally recognized leader in the field of patient education for many years, thanks to the dedicated efforts of Library Chief **Nancy Bernal** and the library staff.

The International Personnel Management Association appointed **Marisa W. Palkuti**, director of **Human Resources Development Service** in **VA Central Office**, to the Publications Advisory Board for *Public Personnel Management*. The association's professional journal is published quarterly for human resources managers and executives in the public sector. Members of the board review articles submitted for publication and suggest future story topics.

Kenneth A. La Faso, principal senior attorney in the **Los Angeles Regional Council** office received the 2002 Distinguished Service Award from the Department of Justice, United States Attorney's Office for the Central District of California. He is the first federal agency civil attorney to receive the award in that district. La Faso was recognized for providing excellent written legal work, witness interviews, medical records reviews, and other litigation assistance to the U.S. Attorney's office.

Dr. Irene Trowell-Harris, director of the **VA Center for Women Veterans**, received the third annual James D. Weaver Society Award during the Association of Military Surgeons of the United States 108th annual conference in Louisville, Ky., Nov. 11, 2002. A retired Air Force/Air National Guard major general, Trowell-Harris was recognized for her distinguished military career. The award is named for a former Pennsylvania congressman and Air National Guard surgeon.

VA presented the "Enterprising Veteran" award to **James E. Jardon II**, president and chief executive of Jardon &



Jardon

Howard Technologies, Inc., headquartered in Orlando, Fla., during a

Feb. 14 ceremony in VA Central Office. The company earned more than \$40 million in 2002 and employs more than 700 people.

Two VA experts were appointed to an advisory committee for an international symposium on the diabetic foot. **David G. Armstrong**, director of podiatry research at the **Southern Arizona VA Health Care System**, and **Benjamin A. Lipsky**, director of the General Internal Medicine Clinic at the **Seattle VA Medical Center**, are the only Americans on the eight-member committee. The symposium is scheduled for May 22-24 in the Netherlands. VA

Plans for a relaxing Saturday afternoon outing at a go-cart track quickly changed when **Minneapolis VA Medical Center** Medical Support Assistant **Erica Gysland** observed a crowd standing around a fallen man who didn't appear to be breathing.



Gysland

Although none of the other bystanders attempted to help, Gysland and another patron performed CPR until the ambulance arrived. Two weeks later, Gysland was invited to meet the man she had saved. Flanked by the victim's daughter and his cardiologist, Gysland was informed that without her assistance, the man would almost certainly have died.

Terry A. Ducote Sr., a 20-year veteran of the Louisiana National Guard and volunteer at the **Alexandria, La., VA Medical Center**, was making his rounds on the 2nd floor last fall when he came upon an elderly patient in the hallway who was choking, gasping for breath and about to pass out. Ducote immediately performed the Heimlich maneuver and successfully cleared the patient's airway.

Reuben G. Pinkson, area emergency manager at the **Oklahoma City VA Medical Center**, was driving home after a Saturday round of golf with some friends when he saw a small Dodge Neon whiz through a stop sign and collide with a pickup truck. The occupants of the Neon, a mother and

daughter, were ejected from the vehicle. Pinkson described it as a "horrible" sight. For 30 minutes, he and his friend attempted to resuscitate the victims. When emergency personnel arrived, the mother was declared dead. Her daughter died later during surgery. "These were needless deaths," wrote Pinkson in an e-mail describing the incident. He offered this lesson learned: "Please buckle up and live life to the fullest!"

Fred Contreras, a nurse practitioner at the **VA Santa Rosa (Calif.) Community-Based Outpatient Clinic**, was driving home from work when he witnessed a head-on collision involving three cars and six victims, including two young children. He rushed to the scene and pulled a 3-year-old child from the wreckage. He began to triage the victims and directed paramedics to those with the most serious injuries while continuing to care for a 7-year-old girl who was in shock.

Vietnam veteran **Frank Dekle** couldn't believe his eyes when he read a *Honolulu Advertiser* story suggesting remains found in Laos might belong to Jack C. Rittichier, a Coast Guard pilot whose "Jolly Green Giant" helicopter was shot down during a rescue mission over Laos in 1968. For the past 13 years, Dekle, who also served in the Coast Guard, has worn an MIA bracelet inscribed with Rittichier's name. The newspaper story announced a Valentine's Day repatriation ceremony open to the public at Hickam Air Force Base in Hawaii. Dekle wanted to attend, but has limited mobil-

ity after suffering a stroke two years ago. He is currently in rehabilitation at the **Spark M. Matsunaga VA Center for Aging** in Honolulu. When Assistant Director **James Carilli** and four employees, including a nurse from the Center for Aging, heard about the ceremony, they got a van with a special lift and made other arrangements so Dekle could attend. Their efforts gave him an experience he said he'd never forget. Dekle plans to retire his bracelet and return it to Rittichier's family if the remains are positively identified as his.

VA Police Officer **Marc Lafeniere** and Agent Cashier **Gloria Johnson** came to the aid of a jogger who got hit by a car on the street outside the **Manchester, N.H., VA Medical Center** on the morning of Dec. 13. As they initiated first aid, **Susan George, R.N.**, stopped to assist. Officer Lafeniere asked a bystander to get help from a nearby fire station and started directing traffic away from the scene. Johnson and George continued to provide first aid until paramedics arrived to take the victim to a local hospital.

VA Hudson Valley Health Care System Police Officer **Josie Graham** had just gotten off duty at the Montrose campus on the morning of Dec. 18 and was traveling up Route 9 when she came upon the scene of a motor vehicle accident. Officer Graham called the VA Police, who contacted the State Police for assistance and an ambulance. Officer Graham remained at the scene of the accident, set up flares and assisted with vehicle traffic

until local police and EMS personnel arrived.

Sue Harris, decision review officer at the **Montgomery, Ala., VA Regional Office**, made one Vietnam veteran very happy. John Miles filed a disability claim back in 1969, which was denied. He reopened it in 1975, 1990, 1994, 1997 and again in 2001, but the denials continued. Harris took a good hard look at his claim and found that he clearly should not have been denied service-connection for his disability. Thanks to her dedication, Miles finally received his long overdue benefits.

While taking a break on the morning of Dec. 5, Housekeeping Aid **Bobby Shaw** of the **Dorn VA Medical Center** in Columbia, S.C., noticed a patient weaving as he walked the grounds. Shaw was about to ask the veteran if he needed assistance when the man fell to the ground and began turning blue. Using his CPR training, Shaw quickly placed the man on his back, elevated his head and checked for breathing and a pulse. Finding none, he began CPR while another veteran ran into the hospital for help. By the time medical staff arrived, the victim had regained a pulse. Sadly, despite Shaw's heroic efforts, the patient's condition was too critical and he could not be saved. **VA**



Shaw