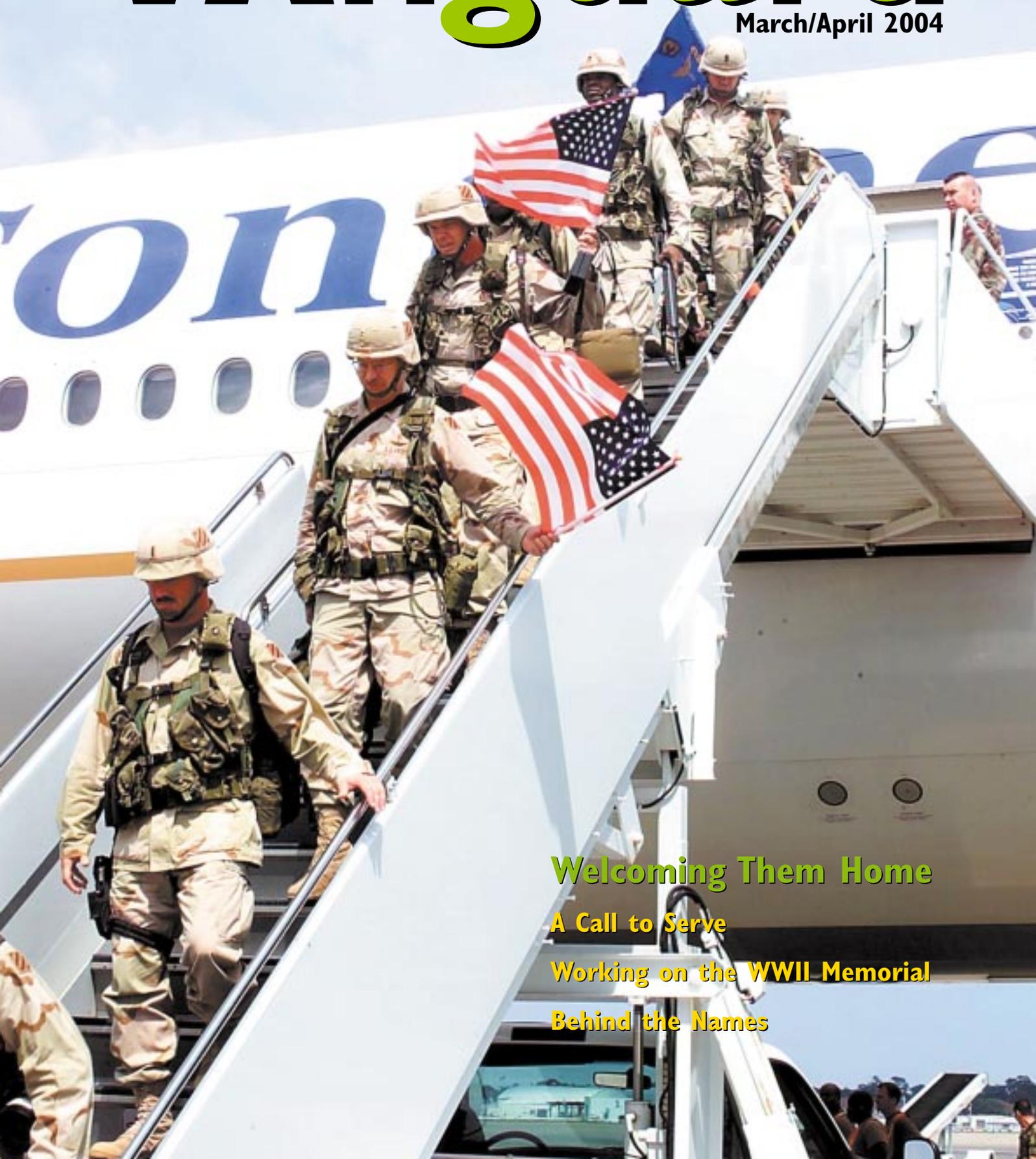


VA **Anguard**

U.S. Department of Veterans Affairs

March/April 2004



Welcoming Them Home

A Call to Serve

Working on the WWII Memorial

Behind the Names



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Vanguard

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On the cover

Soldiers with the Army's 3rd Infantry Division wave the flag as they descend the stairwell of the commercial aircraft that brought them home to Fort Stewart, Ga., from Operation Iraqi Freedom. They are part of the largest Army troop rotation since World War II. *DoD photo*

January/February Issue

I just wanted to take a moment to compliment you all on the recent issue of *Vanguard*. It is great. I enjoyed the focus on our veterans returning



home from war and how to help them cope, as well as VA-DoD changing the system in order to provide the very best care (“Mission Status: Not Business as Usual”). They stepped up to the call.

And thank you for highlighting all the hard work and dedication of one man whose

memory still exists in the VA because of his willingness to help in addition to give truly of himself to others (“One Man’s Legacy”). Now I will remember him, too.

I am proud to be a veteran and a VA employee. I know I am on the right team.

*Rene M. Stover
Program Assistant
Phoenix VA Medical Center*

Congratulations on a wonderful edition of the *Vanguard*. As a 32-year employee of the VARO in Salt Lake City, I’ve been reading *Vanguard* for as long as I remember it being in existence. I sure enjoyed this edition!

*Dave Phillips
Asst. Veterans Service Center Manager
Salt Lake City VARO*

Caring Co-Workers

I just started work at the VA in November 2003. My co-workers knew I had recently undergone a divorce and was concerned about my ability to provide my two kids a good Christmas because of the financial hardship that comes with divorce.

Led by Sandra Elkins, program support assistant for Special Procedures, they gra-

cially collected money to allow my kids and me to have a *great* Christmas.

And the *best* gift is to know that I just found the jackpot, to work with such wonderful, caring people such as the team at 3 South, Special Procedures!

*Annie Alvarez
Program Support Assistant
VA San Diego Healthcare System*

November/December Issue

Wow—excellent, excellent issue. Front cover great. All color photos (“Healing the Healers,” etc.) super. And the articles—very, very interesting. First time I’m actually reading *Vanguard* from front to back.

*Brenda O’Donnell
Program Assistant
Northampton, Mass., VA
Medical Center*

Wrong Direction

I guess you’ve heard from everyone here at Jefferson Bar-

racks already, but unless I am mistaken (which I’m not), I drive *south* of St. Louis to go to work, not north (“Behind the Names,” November/December issue). This place is where Generals Lee and Grant went to military school and Union and Rebel forces were medically treated and buried.

Thanks for the interesting article—maybe you should come down for a visit.

*Nick Ambrose
Accounting Technician
Veterans Canteen Service*



PAULA BERGER

Saluting America’s Heroes

This year’s chairman of the National Salute to Hospitalized Veterans, actor Joe Mantegna, visited patients and staff, including Sarah Jean Harvey, at the West Los Angeles VA Medical Center. He plans to visit other VA medical centers this year as his schedule allows.

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*, Office of Public Affairs (80D), 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.



Every Employee Has a Stake in the Strategic Plan

Gary Steinberg
Deputy Assistant Secretary for Planning

Who are we? Where are we going? Why are we here? A person asking these basic life questions might well turn to philosophy or religion for the answers. But VA employees can find them in the VA Strategic Plan for Employees 2003-2008. The Office of Policy, Planning and Preparedness recently released the five-year projection of VA's goals and objectives.

Research shows that organizations that effectively share their strategic plans with employees have a more informed workforce and more satisfied customers. That's why VA was the first federal department to share its strategic plan with employees. The VA Strategic Plan for Employees provides a line of sight for employees to see how they directly contribute to the achievement of our mission and goals.

The plan stresses VA's basic strategic goals and underscores them with specific objectives and performance targets.

Secretary Principi's introductory statement makes it clear that every employee has a stake in the strategic plan. "As our Nation proceeds with the war on terrorism, I place tremendous importance on meeting our obligations to veterans returning from combat or military operations," his statement reads.

"It will be difficult for any VA employee to be overzealous in serving the casualties of the war in which we are now engaged. Conversely,

we will have failed to meet our very reason to exist as a department if a veteran is poorly served—or because we are acting in a routine, 'business as usual' manner."

There is nothing "business as usual" about the VA Strategic Plan 2003-2008. Its 37 aggressive performance targets cover all critical service areas. Here are a few examples.

Under Goal 1 – Restore the capability of veterans with disabilities to the greatest extent possible and improve the quality of their

lives and that of their families:

- Coordinate with DoD to ensure that veterans or servicemembers returning from a combat zone with injury or illness have timely access to VA special health care services.

- Reduce average compensation claim decision appeal resolution time from 105 days (2004) to 90 days (2008).

- Increase percentage of veterans exiting the Vocational Rehabilitation and Employment Program who obtain and maintain suitable employment from 67 percent (2004) to 70 percent (2008).

Under Goal 2 – Ease the reentry of new veterans into civilian life by increasing

awareness of, access to, and use of VA health care, benefits and services:

- Increase the percentage of VA hospitals that provide electronic access to health information provided by DoD on separated servicemembers from 90 percent (2004) to 100 percent (2008).

- Increase the percentage of veterans who participate in benefits briefings prior to discharge to 85 percent in 2008.

Under Goal 3 – Honor and serve veterans in life and memorialize them in death

emergency management, socioeconomic well-being, and history of the nation:

- Increase percentage of emergency preparedness officials who receive focused training or participate in exercises relevant to VA's Continuity of Operations Plan from 95 percent (2004) to 100 percent (2008).

- Increase the percentage of procurement for the department from small business to a 2008 target of 35 percent.

Under Enabling Goal – Deliver world-class service to veterans and their families by

The VA Strategic Plan for Employees provides a line of sight for employees to see how they directly contribute to the achievement of our mission and goals.

for their sacrifices on behalf of the nation:

- Increase percentage of patients rating VA health care inpatient service as very good or excellent from 68 percent (2004) to 72 percent (2008).

- Increase percentage of primary care appointments scheduled within 30 days of desired date from 90 to 93 percent.

- Reduce average number of days to process pension rating-related actions from 91 (2004) to 78 (2008).

- Increase the percentage of veterans served by a veterans' burial option within 75 miles of their residence from 82 percent (2004) to 85 percent (2008).

Under Goal 4 – Contribute to the public health,

applying sound business principles that result in effective management of people, communications, technology and governance:

- Increase percentage of employees who respond favorably when surveyed about job satisfaction from 65 percent (2004) to 75 percent (2008).

- Increase the dollar value, usage and/or cost savings through joint contracting with DoD for pharmaceuticals from \$561 million (2004) to \$650 million (2008).

You can read the full VA Strategic Plan for Employees on the Intranet at vaaww1.va.gov/op3, and published copies are being distributed to all facilities. **VA**



Nurse Commission to Release Recommendations

*Linda Burnes Bolton
Chairperson, National Commission on VA Nursing*

On May 12, it will be my great pleasure to make public the findings and recommendations of the National Commission on VA Nursing. The commission was organized in 2002 and charged with making recommendations to Congress and the Secretary on the enhancement of recruitment and retention of registered nurses within VA.

Our 12 members represent the expertise and diversity of the nursing profession. The group included VA and non-VA nurses, an economist, VA health care managers and policy experts, and representatives of professional nurse associations, nursing schools and veterans' groups.

We began our work in May 2002 and met eight times throughout the nation. More than 190 VA staff gave oral testimony at our hearings in New Orleans, Philadelphia, Chicago, and Long Beach, Calif., and we received nearly 1,800 comments and statements from VA employees through e-mail and fax.

We also heard from VHA leadership. We conducted a leadership forum to obtain feedback from nursing leaders and conducted telephone interviews at 10 facilities with each facility director, nurse executive and chief of staff.

Clearly, the recruitment and retention of nursing personnel are priority issues for every health care system, particularly VA, the nation's single largest employer of

nurses. Nurses comprise the largest percentage (32 percent) of VA's 180,000 health care workers.

They are a dedicated and accomplished group. The commission found that 34 percent of VA's 36,000 registered nurses hold bachelor's degrees, compared to 32.7 percent of non-VA registered nurses, and 19 percent hold master's or doctorate degrees compared to 10 percent outside VA. We found the VA nursing staff to be more diverse than that at non-VA facilities. However, VA nurses are getting older (average age 48.9 in September 2003) and are likely to retire over the next five to 15

Environment, and Research.

The commission report offers legislative and organizational recommendations to support the implementation of a model to attract and retain a quality nursing workforce to provide outstanding care to veterans now and in the future. To accomplish this, the commission proposes that VA:

- Create a nursing environment at all levels that enhances nursing staff involvement in making decisions affecting nursing practice, staffing standards, professional development and opportunities for career development.
- Develop, test, implement

Nurse leaders at each facility must be accountable and responsible for nursing practice, resource allocation, education and research. Partnerships and collaboration between local VA facilities and the broader nursing community must be developed to support the professional advancement of nursing personnel and recruit new and diverse individuals into the VA nursing workforce.

Finally, it is essential that staff nurses, managers, medical staff, employee representatives and veterans' representatives work together to assure a collaborative practice environment beneficial to veterans and nursing.

Recruitment and retention of nursing personnel are priority issues for every health care system, particularly VA, the nation's single largest employer of nurses.

years. VA must consider strategies to attract and retain nurses in a very competitive recruiting environment.

We reviewed recommendations previously submitted by the Office of Nursing, finding that some were being implemented, while others had not been addressed. The commission urged approval of the recommendations contained in the Office of Nursing Service's A Call to Action report. In addition, we made recommendations in seven areas: Leadership, Professional Development, Fair Compensation, Technology, Respect/Recognition, Work

and evaluate flexible systems for nurse staffing, professional development and advancement and delivery of evidence-based practice to achieve positive patient outcomes.

- Be fully engaged in evidence-based leadership development for nursing at all levels across the continuum of health care. Nursing must be led by professional nurses.

To support these overarching recommendations, VA and Congress must allocate resources to strengthen local facility capacity to attract and retain a qualified nursing workforce.

The first commission hearing I attended was exciting and intense. Nursing personnel from San Francisco to Florida told their stories. They spoke of their commitment to veterans and a desire to do anything to make it possible to deliver safe, quality patient care. I was touched by their sincerity and willingness to share their ideas with the commission. I hope our recommendations meet their requests. **VA**

Editor's note: The full report will be available on the commission's home page, at www.va.gov/ncvan.

Caring for Those Who Returned

As it does every year in April, the nation will recognize former prisoners of war with a few ceremonies, a speech or two, and the customary proclamation from the President. Despite all this, for most Americans April 9 is just another day and former POWs are the result of conflicts that happened long ago in faraway places.

For Phillip Elbaum, social work clinical manager at the Hines, Ill., VA Hospital and assistant professor of psychiatry at Loyola University, and Edward Klama, PTSD clinical team coordinator at Hines, POWs are real and April 9, and every other day, is a chance to pass on their stories and experiences to the next generation of Americans through the Former POW Living History Project.

Improving VA Care

Founded by the two Hines social workers, the Former POW Living History Project combines a survey of World War II, Korean War and Vietnam War veterans' long-term adjustment to captivity with a video documentary of their experience before, during, and after their capture. The project combines these elements to educate VA employees about the changing needs in health care for former POWs, to enable



JERRY MALONEY

Hines VA Hospital social workers Phillip Elbaum and Ed Klama, standing left and right, look at mementos with former POWs Harold Lasch, left, and Jesse Trexler. Lasch was a navigator on a B-17 in World War II. He was shot down and held captive for six months. Trexler, 84, served in World War II with the 3rd Army, 90th Division. He was captured after the Battle of the Bulge and held for three months.

The Hines VA Hospital's Former POW Living History Project is preserving the stories and experiences of ex-POWs and passing them on to the next generation of Americans.

former POWs to confront their past in a constructive way, and as a public act of remembrance.

Elbaum and Klama first met in 1971, when Klama retired from the U.S. Army. But it wasn't until 28 years later that they formed the idea for the Former POW Living History Project.

In 1999 Elbaum and Klama began to notice an increase in the number of War World II and Vietnam POWs coming to the hospital for care. "As [POWs] got older, they started coming to VA for services," said Elbaum.

While these men had once been held captive in a long-ago war, they had returned home to lead full lives. "You have to understand, these are successful men," said Klama. "Some are doctors and lawyers, others are clerks and mechanics, and they all are husbands and fathers."

In short, these weren't VA's typical PTSD patients. They had moved on with their lives, and only now were beginning to experience many of the symptoms and indications of PTSD. This meant that social workers, nurses, and even doctors at the Hines hospital had to re-examine how they cared for former POWs as they got older and faced new challenges.

According to Elbaum, "As POW veterans got older, they faced a new set of challenges—retirement, death of friends, and failing health. The Former POW Living History Project shows that with these new challenges comes a lot of stress, and with that stress comes PTSD."

While few POWs interviewed by Elbaum and Klama developed full PTSD, most began to exhibit symptoms such as recurring nightmares, daydreams and emotional trauma. According to Elbaum and Klama, these minor forms of PTSD can easily be overlooked in ex-POWs because when dealing with a veteran who has been living with little or no

trauma for so long, PTSD is not the first place you look.

So why look to mild forms of PTSD to explain former POWs' increased symptoms? Because according to Klama, "most POWs don't deal with their trauma so much as they replace it, with work, family, or friends. They keep busy." As veterans get older however, they can no longer maintain such a fast-paced lifestyle and must begin to confront their memories of captivity. This is especially true for POWs of the eastern fronts, who were tortured and treated far worse than those in the west.

Showing the videos to health care professionals and decoding former POWs' surveys, Elbaum and Klama have helped make the staff at Hines acutely aware of the dynamics of trauma in former POWs and its progression after retirement and in the face of aging.

Remembering Our Former POWs

Elbaum and Klama began the Former Living POW History Project not only to explore POWs' long-term adjustment, but also to help remind Americans of the price these men and women paid for our freedom. "America's former prisoners of war are national heroes; they fought for America and endured cruelties and deprivations in the defense of our nation we could never imagine. And yet we are losing that knowledge," said Elbaum.

America was losing that knowledge because it wasn't something that was talked about. "We remember those still missing in action, but we don't talk about those who've returned and what they went through," Elbaum added.

The experiences of former POWs are absent from the public discourse on purpose. POWs returned home looking to purge the atrocities of war, not to relive them, and as a result that history and their

stories were buried deep within them. "You have to understand, POWs experienced untold horrors and atrocities. They watched their friends shot right in front of them, were loaded onto death ships, starved, beaten and even tortured. They didn't want to talk about it," said Elbaum.

Former POWs didn't want to talk about their experiences then, but now they are ready to share. "We would sit down with a POW, and he would begin to tell us amazing stories of strength, courage and bravery," said Klama.

Elbaum and Klama decided to help former POWs share their stories with their families and the world. "Americans can learn a lot about freedom, patriotism, and courage from our living POWs. It's not just their history, it's American history," said Elbaum.

It's American history, all right. Recognizing the importance of Elbaum's and Klama's research, in March 2003 the Library of Congress requested copies of their interviews for inclusion in the Veterans History Project. For Elbaum and Klama, it was a natural fit, allowing them to share former POWs' experiences with the entire nation.

So far, Elbaum and Klama have videotaped more than 111 former POWs as they talked about their experiences in captivity, sharing their stories for the first time. A copy of the tape is given to the POW's family to keep as a reminder of the POW's sacrifice, while another copy is used to educate students, medical staff and volunteers about the true price of freedom. **VA**

By Antonio Mason Williams

Editor's note: VA is reaching out to some 11,000 former POWs who are not taking advantage of benefits they're entitled to. For more about the outreach campaign, see p. 27.



VA executives are helping rebuild Afghanistan's busiest women's hospital.

A Call to Serve

COURTESY OF CLYDE PARKIS

John Fears' introduction to women's health care in Afghanistan was unlike anything he could ever have imagined. A woman was giving birth on the front steps of the hospital the moment he arrived. A crowd gathered over her prone figure and spread their flowing burkas, creating a screen as he passed.

In the delivery room there were two women sharing a bed. A few feet away a woman was screaming and writhing in agony as doctors performed an episiotomy without anesthesia. Blood and amniotic fluid covered the floor.

"Overwhelming," is how Fears described that first day. "[The hospital] was unbelievably crowded, dirty, smelled badly and in incredible disrepair."

Fears, 62, director of the Carl T. Hayden VA Medical Center in Phoenix, was the first of several VA executives detailed to the Rabia Balkhi Women's Hospital in Kabul under the U.S. plan to help rebuild Afghanistan's health care system. After completing a

two-month tour, he turned things over to Clyde Parkis, director of VISN 10, based in Cincinnati, who served from Dec. 11, 2003, to March 1, 2004. Parkis in turn was replaced by Nathan L. Geraths, director of the Madison, Wis., VA Medical Center. Each man volunteered for the assignment.

The experience has had a profound effect on Fears and Parkis, who agreed to share their stories with *VAnguard*. Geraths was still on the ground in Kabul at the time of publication.

Fears saw the maternal death rate drop from 12 to just two during his first month, while Parkis watched the post-op infection rate fall from 16 percent to less than 1 percent before he left. The improvements, they said, resulted from implementing the most basic health

Above: Clyde Parkis, left, and Nathan Geraths with a newborn at the Rabia Balkhi Women's Hospital in Kabul.

care practices—establishing a triage system for expectant moms and fixing broken pipes that spewed sewage onto the operating room floor. Both men spoke of pride and satisfaction in knowing they made a difference during their tours in Kabul. “It’s very much a renewal,” said Parkis, 59, who became a grandfather shortly before he departed for Afghanistan. “I rediscovered skills I hadn’t used in a long time.”

Answering the Call

The story of how VA health care administrators wound up in Kabul began with a letter from Tommy Thompson, the Secretary of Health and Human Services, to Secretary Principi asking for VA assistance in the multi-agency effort. The Defense Department was rebuilding infrastructure, Thompson explained in his letter, and HHS physicians were training hospital staff and treating patients, but more help was needed.

The stats spoke volumes: one in four Afghan babies die before their 5th birthday. Afghanistan has the second-highest maternal mortality rate in the world. Forty percent of deaths among women of childbearing age are caused by preventable complications related to childbirth. Was there any way VA could help, Thompson asked? Secretary Principi knew there had to be and directed VHA to determine how the department could best assist in the reconstruction effort.

The answer, though, wasn’t immediately clear. “There were so many things that needed addressing,” said Dr. Frances M. Murphy, Deputy Under Secretary for Health Policy Coordination in VA Central Office. The Rabia Balkhi hospital had no medical records sys-

tem, no infection control procedures, no triage system, no emergency room and no system to register patients. What they needed was an administrator who could help establish a basic hospital management system. Certainly VA staff had the expertise, but would anyone volunteer for the assignment? Murphy raised the question during the weekly VHA directors conference call on Sept. 17, 2003. “We had about 20 people volunteer right away,” she said.

John Fears was one of the first. He didn’t mind the fact that he’d be leaving in less than three weeks. He didn’t mind the dicey security situation—assailants fired rockets at two Kabul compounds used by international peacekeepers the week he volunteered. His decision was driven by “an inner moral tugging that urged me to do something that we as Americans need to do,” he said.

Conditions in Kabul

Rabia Balkhi is a small, crowded hospital with no budget and substandard equipment expected to care for an illiterate and high-risk population. Many of the problems were simply beyond his control. Yet there were conditions he could improve. Identifying them was an important first step.

Working with a team of U.S. government volunteers, non-government organizations, and staff from the Ministry of Health, Fears helped identify areas they could target for improvement: the high mortality rate, inadequate plumbing and electrical distribution, lack of management experience and a poorly trained staff.

One of their first steps was to recruit an obstetrician/gynecologist to mentor staff and interns, a move that immediately reduced the number of women who died during childbirth. Since many of the pregnant women who came to the hospital were pre-eclamptic, a condition that can cause the kidneys to shut down and lead to seizures and death, they also established an emergency room and trained staff in admitting and triaging patients. This saved the lives of four women the first week. “It was a simple procedure to screen these women, get them stabilized, hydrated and into the operating room,” said Fears.

After lowering the death rate, Fears focused his efforts behind the scenes “working with the military to plan and evaluate what we needed to do and how to do it.” He spent a lot of time at the military compound where he lived. The gated compound consisted of a few older Afghan homes leased by the military. Two were used as chow halls that served up American-style cafeteria food. The others were for working and sleeping. Fears had an 8-by-10 room with an Army cot, a sleeping bag and a couple of empty MRE boxes he used for storage. It wasn’t much, but it was home for 60 days.



COURTESY OF JOHN FEARS

John Fears wore a bulletproof vest when he accompanied military personnel outside their compound.



COURTESY OF CLYDE PARKIS



COURTESY OF CLYDE PARKIS



COURTESY OF CLYDE PARKIS

Above left: It's three babies to a bed in the hospital's nursery; left: Parkis focused on fixing plumbing problems that were causing raw sewage to spill on operating room floors; above: an Afghan crew works to fix the sewage system.

Quick Stat

The Rabia Balkhi Women's Hospital in Kabul averages 40 deliveries a day, according to a Health and Human Services Department press release. By contrast, the busiest hospital for births in the Washington, D.C., metro area, Inova Fairfax Hospital, averaged 33 deliveries a day in 2003.

By the time Parkis arrived in mid-December, things were looking up at the hospital. But there was still a lot of work to do. Most of the sinks and toilets were broken. Surgeons in the first-floor operating rooms wore rubber boots because there was raw sewage on the floor. Water dripped from the ceiling in the nurses' station nearby. Most of the lights didn't work. "My goal was to get it clean, dry and well-lit," said Parkis. He formed a plumbing crew to fix leaky pipes and snake the drains, and helped write contracts for janitorial services.

As environmental conditions began to improve, the team turned to establishing antibiotic protocols. It

wasn't uncommon for Afghan doctors to prescribe three different medications simultaneously to treat an infection. The idea was to fire all your guns at once and hope you hit the mark. The downside was that if the drug cocktail didn't work, there were few remaining options. After an American doctor showed them how to target an infection with the most effective medication, the all-or-nothing method fell out of favor. "They're looking for us to help them do their jobs better, not do it for them," said Parkis.

A Five-Year Plan

The Health and Human Services Department has committed to a five-year rebuilding plan at the Rabia Balkhi Women's Hospital. VA will continue to help by providing health care administrators as needed on a voluntary basis, according to Murphy, who is coordinating the effort. She said the experience offers volunteers both personal and professional growth. "Our staff are really making a difference over there ... [and] when they return to VA, the level of knowledge and experience they bring back benefits our entire health care system," she said.

Parkis has no reservations about returning for a second tour. "It's important that we win the peace. Somebody has to work with the Afghan people to improve the situation over there—why not me, why not us?" **VA**

By Matt Bristol and Paula Pedene

Welcoming Them Home

Their war may have some similarities with Vietnam, but their homecoming will be much different.

The largest rotation of U.S. Army troops since World War II is now underway. Thousands of combat-weary soldiers have already returned from duty in Iraq. More are expected in the months ahead.

About 130,000 soldiers will return to the states by early summer. Though many will stay in the service, an estimated 10 percent of active duty soldiers, along with 28,000 National Guard members and reservists now in Iraq, will return to civilian life.

For some, the transition won't be easy. They've spent the past 12 months fighting an elusive enemy—many reported difficulties identifying friend from foe. They may have experienced the pain and helplessness of losing fellow soldiers. And some have witnessed the killing of women and children through indiscriminate suicide attacks and roadside bombs.

"It's become a different type of war. A lot of the wounded [soldiers] say they were shot at by the very people they were there to help. It's very much like what we experienced in Vietnam," said Dr. Alfonso R. Batres, chief officer of VA's Readjustment Counseling Service, who served with Military Assistance



A soldier with the Army's 3rd Infantry Division returning from Operation Iraqi Freedom gets a warm greeting from his wife and daughter.

DOD PHOTO

Command in Vietnam from 1969 to 1970.

Their war may have some similarities with Vietnam, but their homecoming will be much different. Soldiers left Vietnam alone and were often on the streets less than 24 hours later. Some were taunted or spit at if they wore their military uniforms. They were confused and isolated, with nowhere to turn.

Early Intervention

Much has changed since Vietnam. For one, PTSD is now recog-

nized as a serious medical condition. The military services try to detect and treat combat trauma as early as possible. The Army deployed combat stress teams to Iraq to help troops cope with the war. Last year nearly 600 Army soldiers from Iraq were sent to mental health treatment facilities, according to a Feb. 19 *Washington Post* report.

Returning troops also receive comprehensive physical and psychological evaluations. There are family counselors and support groups at military installations. Guard and re-

Critical Incident Stress Management on the Battlefield

Through a partnership between VA and the Department of Defense, three mental health professionals from the Palo Alto, Calif., division of VA's National Center for Post-Traumatic Stress Disorder traveled more than 2,000 miles to train members of the 785th Combat Stress Company at Fort McCoy, Wis., in January.

The 785th, from Fort Snelling, Minn., is an Army Reserve unit of mental health professionals who specialize in critical incident stress management. Their mission is to treat soldiers on the battlefield who are stressed or who have stress-related mental health issues. The unit was activated and reported to Fort McCoy in December, where they prepared for deployment to Iraq in early February.

The 85 members of the 785th are psychiatrists, psychologists, social workers, psychiatric nurses, occupational therapists, chaplains and other mental health clinicians. After arriving in Iraq, they divided into teams of four embedded with combat units throughout Iraq. Their job is to get to know the soldiers and do as much preventive intervention as possible to help keep them mentally healthy while in Iraq and prevent the onslaught of PTSD in the years to come.

The team from the National Center for PTSD—Fred Gusman, director of the education and clinical laboratory division; Joe Ruzek, Ph.D., associate director of education; and Gregory Leskin, Ph.D., director of clinical services—was invited by the 785th's commander, Maj. David Rabb, who works for VA as executive assistant to the Under Secretary for Health's Diversity Advisory Board.

VA established the National Center for PTSD in 1989 in response to a congressional mandate to address the needs of veterans with military-related PTSD. Its mission was, and remains today, the advancement of clinical care and social welfare of America's veter-



Fred Gusman, standing, was one of three PTSD experts from the Palo Alto division of VA's National Center for PTSD who provided training to a Combat Stress Company before the unit's deployment to Iraq.

serve forces receive one month's paid leave so they have time to decompress and reconnect with loved ones. Once discharged, combat vets can tap into any number of VA resources right in their communities, like vet center counseling or health care, for up to two years following their discharge.

Nearly 10,000 in-theater Iraqi Freedom vets had already turned up at VA medical centers as of Feb. 24, according to a report by VA's Office of Public Health and Environmental Hazards. Most of them left the combat theater last May when President Bush declared an end to major hostilities.

Another 4,535 returning veterans had received help through VA's 206 vet centers as of March 1, either in a vet center or during outreach activities. Approximately 16 percent of those seen at a vet center reported symptoms consistent with combat stress, according to Batres.

Diagnosing PTSD in Iraqi Freedom veterans is tricky business. Dr. Harold Kudler, coordinator of the VISN 6 (Durham, N.C.) mental health service line and co-chair of the Under Secretary for Health's Special Committee on PTSD, cautions against putting too much emphasis on medical diagnoses.

"Rather than focusing on whether they have PTSD, we need to focus on whether they're making a good readjustment, because that's really what we're talking about—readjustment, not sickness," he said.

To help clinicians assess and treat returning war veterans, trauma experts from the VA National Center for PTSD have developed an Iraq War Clinician Guide. Read it online or download a copy at www.ncptsd.org/topics/war.html. One section of the guide, entitled "Treatment of the Iraqi War Veteran," notes that, "It is important that VA and vet center clinicians recognize that the skills and experience that they have developed in working with veterans with chronic PTSD will serve them well with those returning from the Iraq War."

"They don't want to think about [combat trauma] being a problem. It's fresh, like a wound, and they're not sure if it's going to heal or fade away."



ROBERT TURTIL

Dr. Harold Kudler, co-chair of the Under Secretary for Health's Special Committee on PTSD, says the focus should be on whether Iraqi Freedom veterans are making a good readjustment, not whether they have PTSD. He testified before the House Veterans' Affairs Committee in March.

Demobilization Centers

Often, the first contact with returning troops occurs at major military demobilization centers, where VA employees are actively conducting transition briefings.

At Fort Carson, Colo., staff from the VA pre-discharge office have briefed thousands of Guard members and reservists rotating out of Iraq and back to their home states on the West Coast, according to Andy Ross, a veterans service representative assigned to the office. Though they generally have a lot of questions about VA benefits, he said, most are "very tired and just want to go home." His office is gearing up for the return of 12,000 active-duty troops from the 3rd Armored Cavalry Regiment.

Another major demobilization center is Fort Stewart, Ga., home of the Army's 3rd Infantry Division. Laura L. Cox, a social worker at the Savannah, Ga., Vet Center, visits Fort Stewart once a week to conduct demobilization briefings for Guard and reserve forces. She

ans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. The center developed an Iraq War Clinician Guide to help VA clinicians recognize symptoms of stress in returning soldiers from Iraq.

Rabb wanted the PTSD experts from Palo Alto to provide his unit the latest information on the disorder and help prepare the members of the 785th for war.

In addition to taking care of the soldiers on the battlefield, the professionals of the 785th also need to take care of themselves and each other, explained Rabb. "They can get what is called secondary PTSD just by listening to the stories, the grief, the sadness, and the traumatic experiences the soldiers have," he said, "so my goal is focusing on that, as well as the mission of taking care of the soldiers."

The training provided by the VA team of PTSD experts is the first of its kind to be conducted with a combat stress unit prior to deployment. "The 785th has its own internal training but they brought us here to bring in newer information about what's being learned regarding preventing the development of PTSD and they are drawing on us because of our long experience with Vietnam veterans," said Gusman.

According to Gusman, there are some similarities between the Vietnam War and Operation Iraqi Freedom. Vulnerability is the first. Daily reports of bombings and other attacks in Iraq confirm that soldiers there don't have a "front line" as their predecessors did in the two world wars and Korea; likewise, soldiers in Vietnam never had a "front" from which to leave. And with the upcoming elections, job market, and opposing views of the war, the nation is facing similar societal issues. Gusman is quick to point out the soldiers in Iraq are well aware of the number of Americans questioning the country's involvement in this war and the stress it causes.

There are differences between the two wars, as well. There are more women in today's military, more middle-aged soldiers, and more reservists serving in Operation Iraqi Freedom. Those differences create additional stressors, according to Gusman.

One important difference, though, is the vast store of knowledge gained about PTSD since Vietnam and the work that is being done to prevent it from developing in this new generation of veterans. "If we can save just one soldier from developing PTSD and save that one veteran's family and friends from the pain of PTSD, then I will consider our mission a success," said Lt. Troy Feisel, one of five members of the 785th who are VA employees. —By Laura Bishop



EUGENE O. EUBANK

Sherrill Valdes counsels families of returning veterans to expect some things to be different.

also provides trauma counseling for soldiers referred from Winn Army Hospital and the 3rd Infantry Division headquarters.

“The Iraqi Freedom vets are not sure what PTSD is all about, they just know something happened over there,” explained Larry Hayes, Ph.D., team leader at the Savannah Vet Center. “They don’t want to think about it being a problem. It’s fresh, like a wound, and they’re not sure if it’s going to heal or fade away.”

Sometimes, they won’t talk about it with someone who wasn’t there. To reach these veterans, Batres is recruiting about 50 combat vets who served in Iraq and Afghanistan to perform outreach activities. They will be hired for a three-year period to work on or near military installations and demobilization centers. “Their job will be to go out and make contact [with returning vets], welcome them home, and tell them about VA services. It can be a tough transition, psychologically. But we’re going to be there to help them through it,” Batres said.

The Homecoming

Iraqi Freedom veterans will return to a hero’s welcome. And that’s a good thing, because their perception of the homecoming will have a powerful impact on how they view their wartime experience.

“The welcome home is extremely important,” said Sherrill Valdes, a licensed clinical social worker at the Oakland Park VA Outpatient Clinic in Broward County, Fla. “When we welcome someone home, we’re saying to them, ‘I know something happened to you and I care,’ and that validates their experiences to begin the process of adjustment.”

Nearly 2,000 National Guard members and reservists began returning to South Florida in February. Valdes attended her first family demobilization briefing in early January, a few weeks before the first wave

of soldiers started trickling home. “The families have been through a lot and it’s important that we recognize what they’ve endured,” she said.

During the briefing, she counseled anxious husbands, wives, parents and siblings to expect some things to be different. “There is a tendency to jump back into life as though nothing has changed. But things have changed and the adjustment may be difficult. The families need to focus on important bonds in their relationship because they really need each other’s support,” Valdes said.

Thirty miles south on I-95, Fidel Gonzalez is directing a special clinic for returning vets at the Miami VA Medical Center. He said he sees a couple of new Iraqi Freedom veterans every day in his office near the emergency room.

Some have injuries sustained on

Starting a Dialogue on Combat Trauma

Most returning Iraqi Freedom vets don’t want to talk about PTSD, according to Larry Hayes, Ph.D., team leader at the Savannah, Ga., Vet Center. “These guys are going to try as hard as they can to avoid dealing with it,” he said. One icebreaker he finds helpful is simply to list a few of the typical combat stress responses. “I stress that these are normal responses to trauma and that takes a little of the pressure off them. It makes it easier for them to ask for assistance if they’re having difficulties,” he said.

Mental health experts emphasize that it’s normal for returning Iraqi Freedom vets to experience some of the PTSD criteria listed in DSM IV (Diagnostic and Statistical Manual of Mental Disorders). But it’s also normal for them to fade with time. When the symptoms don’t fade, it’s important that they know where to turn for help. Normal responses to combat trauma, according to DSM IV criteria for diagnosing PTSD, include:

- Recurring or intrusive distressing recollections of an event
- Recurring and distressing dreams
- Avoidance of thoughts or memories or feelings associated with the trauma
- Diminished interest in significant activities
- Feels estranged or distant from others
- Sense of a foreshortened future
- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Hyper-vigilance
- Exaggerated startle response



DOD PHOTO

Returning from war, says Dr. Alfonso Batres, "can be a tough transition, psychologically."



EUGENE O. EUBANK

Iraqi Freedom veteran Vilamarie McDougall, with Fidel Gonzalez, is now a patient at the Miami VAMC. Her mother, Jenny Aviles, works on Miami VAMC's Spinal Cord Injury Unit.

active duty. Others are struggling with what may turn out to be PTSD. He recommends taking it slow when first meeting with returning veterans. "You need to allow for a reasonable amount of time for that initial visit," Gonzalez said. "You don't want to make them feel rushed. If they feel you're interested and care about their experience,

then they're more likely to open up."

Welcome them home and show them we care is the message spreading throughout VA. Medical centers and clinics in VISN 8 (Bay Pines, Fla.), for example, opened their doors to returning troops on March 27 for a Homecoming Open House. The goal, according to Miami

Comings and Goings

- 1st Cavalry Division from Fort Hood, Texas, will replace 1st Armored Division, based in Weisbaden, Germany.
- 1st Infantry Division from Germany will replace 101st Airborne Division, out of Fort Campbell, Ky., and the 4th Infantry Division, headquartered at Fort Hood, Texas.
- 1st Marine Expeditionary Force and an Army brigade will replace 82nd Airborne Division, based at Fort Bragg, N.C.
- Two National Guard units, the 39th Infantry of Arkansas and the 30th Infantry from North Carolina, will deploy with the 1st Infantry and 1st Cavalry Divisions. Both Guard units will be augmented by other National Guard forces: the 39th by a battalion from Oregon's 41st Infantry Brigade and the 30th by a battalion from the 27th Infantry Brigade out of New York. A third Guard brigade, the 81st Armor from Washington, will replace the National Guard 53rd Infantry Brigade, based in Tampa, Fla., and the 76th Infantry Brigade out of Indianapolis, Ind.
- The 25th Infantry Division, from Schofield Barracks, Hawaii, will replace the 10th Mountain Division, Fort Drum, N.Y., in Afghanistan.

VAMC Director Stephen M. Lucas, is to get the word out to veterans, servicemembers and their families about the wide range of VA benefits and services available to returning combat vets. "As a Vietnam veteran, I remember the reception my generation received after the war," he said. "We're not going to let that happen this time." **VA**

By Matt Bristol

Working on the WWII Me

For many of the workers, it's not just a job, it's personal.

Since construction began in September 2001, hundreds of workers have labored on the memorial that honors the 16 million Americans who served in uniform during World War II, more than 400,000 of whom gave their lives. A number of those construction workers are veterans, and many had relatives who served in World War II; others have no strong personal connection. All, however, share a sense of pride in their work on the memorial as it nears completion.

On March 28, the American Battle Monuments Commission and Tompkins Builders Inc. held a worker appreciation celebration at the memorial site. The keynote speaker was ABMC Chairman Gen. P.X. Kelley, former commandant of the Marine Corps.

In his address to the workers and their families, he said, "This is not a memorial to stand back and look at. This is a memorial, as you will see, that you *feel*. When you walk down into it, it encompasses you. And you see the history of what went on during World War II. And that is what we hoped would be the message."

The workers already knew of what Kelly spoke. Here are some of their thoughts.



Benson



Nick Benson

Nick Benson is the owner-operator of the John Stevens Shop, the Newport, R.I., stonecutting company that won the contract for the memorial. His firm was founded in 1705 and has since cut stone for such projects as the Iwo Jima Memorial, the JFK memorial at Arlington National Cemetery, the FDR Memorial and the National Gallery of Art.

"The memorial has gotten a lot of bad press, but it's

Memorial: A Labor of Honor



nice to see the initial reaction of veterans who have come to see it,” Benson said. “They are really blown away. It’s nestled beautifully in the trees and it fits the landscape. [Ray] Kaskey’s sculpture and [Friedrich] St. Florian’s heavy form work well together. I chose a bold letter to complement their work.”

Christine DeMarco

This is the first large-scale memorial Christine

DeMarco has worked on. She works for Nick Benson. “It’s rather unfair that I get to do the final glory work after all the hard work is done,” said DeMarco. “I find it an apt memorial. It has a Teutonic War-like feel, strong classical references, regal in its description of serious times.”



DeMarco

Pat Bizzell

Pat Bizzell is the electrical superintendent for the project. He quit his job as a project manager with another firm to work on the memorial, to honor members of his family who fought and died in the war.

His grandfather was a medic who was wounded on D-Day. One uncle died after his ship was torpedoed in the Pacific. Another uncle fought in Europe, and a third was a Marine in the Pacific.

“We just tested the lights and it’s really amazing,” said Bizzell of the 50,000 watts of power used to light up this section of the National Mall. “During the day, the memorial is beautiful, but at night it’s really spectacular.

“We owe a great debt to those who fought and sacrificed, and it’s really a shame that it’s taken so long to

build it. It's long overdue. This should have been the first on the Mall, before the Vietnam Wall or the Korean Memorial. Without their sacrifice, this country wouldn't be the same today."

Bizzell has spent more than two years on this project, "through cold, cold days and hot summers. As an electrician, I've been involved with many projects, but this [one] is really special to me."

Frank Rainey

Electrician Frank Rainey's father survived the attack on Pearl Harbor. "My dad said that [his ship] the Oklahoma took seven torpedoes, while the official version is five," said Rainey. His dad climbed out of a port-hole of the capsized battleship and swam 200-300 yards underwater to escape the burning oil that covered the water's surface. "He said that the whole harbor was on fire, not like that movie ("Pearl Harbor," released in 2001). They gave him a hamburger that was burned on one side and raw on the other and ordered him on board another ship to go look for the enemy.

"I wanted to be a part of this for my father," Rainey says as he assembles walkway light fixtures before permanently placing them. Though the memorial comes too late for his dad, who died 10 years ago, "none of them fought to get a memorial," he says of his father's generation. "I'm surprised at just how good it is."

Ken Terry

Ken Terry is the project manager and lead on-site supervisor for the memorial's builder, Tompkins/Grunley-Walsh. Although not a veteran himself, he comes from a military family.

His dad was a career Marine who served in Vietnam. His paternal grandfather was a Marine who defended Wake Island, was captured by the Japanese with the rest of the garrison and held for more than three-and-a-half years. His other grandfather commanded an anti-aircraft battery in the Pacific. Both of his grandfathers continued their careers in the military long after the war ended.

His maternal grandfather died recently. "In the final years of his life, all he talked about was the memorial," said Terry. "He was thrilled and immensely proud that his grandson was at the right place at the right time to make this contribution. He did have one visit to the site and he thought it was just marvelous. He was very excited that it was finally being built."

Even though the memorial won't be dedicated until May, "people have been coming out in droves and it's sad to turn them away," said Terry. "They are getting up in years and it's hard to hear them say that they doubt they will be able to come back." Admitting that he has



Bizzell



Williamson

broken some rules on occasion, he said he “actually got a hug from one veteran.”

Heath Williamson

Both of Heath Williamson’s grandfathers served in the war, one as an Army corpsman and the other as a Navy Seabee. Williamson served in the Navy as well, logging eight years operating nuclear reactors on missile and fast attack submarines.

Today he works as a tooler for Valley Bronze Foundry of Wallowa, Ore., the metal work company that produced the 4,123 gold-plated stars, 112 twin wreaths, monumental bas-relief medallions, four water fountains, flagpole pedestals and decorative drainage grates at the memorial.

“My grandfathers were pretty quiet about their war experiences,” he says. “I do know they’d feel that it’s about damn time this memorial was built.” He hopes his one surviving grandfather comes to the dedication in May.

Darren E. Zehner

As project architect for the Leo A Daly architectural firm, Darren Zehner has guided the memorial from artist’s sketch to reality. “It’s a great honor to work on it,” he said. “It’s a highlight of my career.”

After this project, Zehner has a new appreciation for stone. “One block of stone was used to create this entire section [encompassing the South and Central Pacific struggles] and it pushed the limits of fabrication. I visited the cutting factories and shook the hands of some of the workmen. You could feel such strength in their grip,” he said, pointing out stone from North and South Carolina, Georgia, California and Brazil.

Zehner’s family took part in World War II. He remembers seeing aircraft models liberated from a German military flight school that his grandfather’s company overran. His great-uncle served in the war as well. “It’s a shame that so many soldiers were not recognized for their efforts,” he said. “This memorial has taken a long time to get to this point. With more than 1,000 of them dying every day, it’s sad that so many won’t see it. Those who come to the dedication should be given seats at front row, center.” [VA](#)

Story and photos by Robert Turtill



Terry



Rainey



Zehner

Editor’s note: The World War II Memorial on the National Mall in Washington, D.C., will be dedicated on May 29. For more about the dedication, see p. 25.



Behind the Names

VA facilities all over the country bear the names of great Americans. Who were they? The second installment of a series looks at the historical figures behind the names of four VA medical centers.

Field facilities all over the country bear the names of Americans who made significant contributions to their country. Who were they? The first installment of this feature series profiled the people behind the names of some of VA's oldest national cemeteries. In this

second installment, *VAnguard* takes a look at the historical figures behind the names of four VA medical centers.

Two great American heroes, both Medal of Honor recipients; a world-class physician, dean of a medical school and one of VA's most

influential chief medical directors; and a popular U.S. Congressman and veterans' advocate. These four

Cong. Clement J. Zablocki was a frequent visitor to Milwaukee's VA hospital, which now bears his name.

men earned the honor and respect of their countrymen, and VA honored them by naming medical centers in their memories.

Audie L. Murphy

The Audie L. Murphy Veterans Hospital in San Antonio, Texas, honors the most decorated U.S. combat soldier of World War II. He



Murphy

earned every decoration for valor this country could offer, as well as similar honors from Belgium and France. His life began in a family of poor Texas sharecroppers, and after the war, his achievements and contributions touched millions.

In January 1945, near Holtzwihr, France, 2nd Lt. Murphy's company was attacked by six tanks and waves of infantry. He ordered his men to withdraw to protective woods, but remained at his forward post ordering close-in artillery strikes to support the withdrawal, a move that devastated the advancing Germans.

A U.S. tank nearby had taken a hit and was burning, threatening to explode. With the enemy closing around him, Murphy climbed onto the burning vehicle and used its machine gun to kill dozens of Germans,

ultimately stopping their advance. The Germans tried to eliminate Murphy, only to be destroyed as they approached his position. He was wounded, but continued to fight until he exhausted his ammunition. He withdrew to his squad and organized a counterattack, causing a full withdrawal of the Germans. These actions earned him the Medal of Honor.

Murphy spent three years in active military service. He entered as a private, rose to the rank of staff sergeant, and was given a "battlefield" commission of second lieutenant. He was wounded three times and survived nine major campaigns in Europe.

He was released from active service in September 1945. Actor James Cagney invited him to Hollywood to try his hand at acting, but the succeeding years were tough, with the movie industry offering only small parts.

Then in 1949, Murphy played himself in the Hollywood release of his autobiography "To Hell and Back." The film was a big hit, holding the box office record until the 1975 release of "Jaws." Murphy's place in Hollywood was assured and he went on to star in 26 films, mostly westerns, over the next 15 years. In 25 years of acting, he made a total of 44 films.

Murphy owned ranches throughout the Southwest, where he bred and raced horses. He was a prodigious gambler, betting on horses, sporting events and cards. It's reported that he won and lost fortunes.

He is also known as a successful poet and songwriter. His compositions have been recorded by Dean Martin, Eddy Arnold, Charley Pride, Jimmy Bryant, Porter Wagoner, Jerry Wallace, Roy Clark, Harry Nilsson and many others.

Murphy suffered bouts of depression, insomnia and substance

abuse as a result of his war experiences. Recognizing his addiction to prescribed sleeping pills, he broke the habit by locking himself in a motel room for a week.

Audie Murphy suffered from what is today known as PTSD. Until the 1960s, "battle fatigue" and other war-related mental illnesses weren't discussed publicly. He was the first to do so, bringing national attention to veterans' mental health issues and making a lasting contribution to their treatment.

Audie Leon Murphy died in a Memorial Day weekend plane crash in 1971 while on a business trip. He was 46.

Clement J. Zablocki

The Clement J. Zablocki Veterans Affairs Medical Center in Milwaukee, Wis., honors the Democratic congressman who served his constituents for more than 40 years in the Wisconsin state house and the U.S. House of Representatives. He represented the 4th U.S. Congressional District for a record 18 consecutive terms.

"Clem," as he preferred to be called, was born into an immigrant Polish-American family on Milwaukee's south side. Catholic- and public school-educated, with a degree in philosophy and advanced training from Marquette University, he became a high school teacher. He was also an accomplished organizer and choir director.

The dapper Zablocki was a short, squat man with a dark, Thomas Dewey-like mustache and a reserved demeanor. Remarkable for how unnoticeable he was, his style and physical stature endeared him all the more to the public. Above all, he was much loved in his community and a friend and advocate for veterans, though he wasn't a veteran himself.

Defeated in his first attempt at state politics in 1939, he was elected



Ralph C. Zablocki and his wife Betty pose in the replica of his brother Clem's Washington, D.C., office, which is displayed off the east lobby of Milwaukee's VA medical center as a tribute to the late congressman.

to serve two terms as state senator for Wisconsin's 3rd district beginning in 1942. In 1948 he began his career in the U.S. Congress, and was reelected to each succeeding term for the remainder of his life, sometimes garnering as much as 80 percent of the vote.

His political views mirrored those of his hard-working Eastern European immigrant constituency, embodying working-class patriotism, staunch anti-communism and religious conservatism. Yet he was held in high regard by liberals on economic and foreign policy matters.

He was a frequent visitor to Milwaukee's VA hospital. In Congress, he rose through the ranks of the House Committee on Foreign Affairs and ultimately became chairman, one of Congress's highest-ranking posts, in 1977.

His leadership style was one of reason and persuasion. Zablocki helped guide the passage of the War Powers Act of 1973 through Congress with enough support to override a presidential veto. This law, written in response to America's Vietnam experience, requires that a

President obtain the consent of Congress before sending American troops abroad for more than 60 days.

Cong. Zablocki died in his Washington, D.C., office in 1983. The VA medical center in Milwaukee was rededicated in his honor in May 1985.

Alvin C. York

The Alvin C. York VA Medical Center in Murfreesboro, Tenn., is named in honor of "Sergeant York," a reluctant World War I

draftee whose inner struggle and strength led him from near-conscientious objector to American hero.

He was born in the hills of Tennessee in 1887 and gained little more than a third-grade education. Up through his twenties, he was known as a backwoodsman with a deadly accurate shot, and a hellraiser who spent his time drinking, smoking and gambling.

In 1914, after a particularly hard night of drinking and fighting, his mother somehow convinced him to give up his way of life. Religious conversion soon followed. He joined the church and became an elder.

As he followed America's involvement in the war, he feared that "we were only fighting for a bunch of foreigners." York later wrote that he received assurance from God himself that the fight was a righteous one and that he would come out unscratched.

York was drafted at the age of 30. His church pastor prepared papers to exclude York from combat on religious grounds, but York refused to sign them. He was willing

to serve, but refused to fight and kill.

Basic training gave York his first glimpse of the world beyond the mountains of Tennessee. He trained with the masses of urban draftees, but stood out as an expert shot, though he objected to firing at human silhouette targets.

After discussion and counsel with his superiors, York relinquished his pacifism. He was shipped to France in May 1918, and by the end of September, his unit had suffered many casualties to combat, artillery and gas attacks.

In October 1918, while fighting



York

in the Argonne Forest, York's division was ordered to take a strategic hill and a nearby rail line. At zero hour, his unit went over the top of the trenches and, despite casualties, proceeded to take the hill.

They moved on to their next objective, the railway, but many in his company fell to withering German machine-gun fire. His unit was pinned down, surrounded on three sides by enemy machine-gun nests.

York and a few of his squad quietly moved around the German gun

emplacements and ran into the headquarters of the enemy unit. They quickly took the entire command of largely unarmed Germans as prisoners.

York and his men planned to take their prisoners right through the enemy front line. Soon enemy gunners pinned them down again, but York found himself at a vantage point where he could see the German emplacements, but they had difficulty locating him.

As his men and their captives took cover, York began picking off the gunners one by one until he had killed more than 20 Germans. One of the German officers who had previously surrendered witnessed York's one-man assault on the German machine-gun nests and told him he would order their total surrender if York would just stop killing his men. York agreed and soon had nearly 100 prisoners marching back to friendly lines.

York was awarded the Medal of Honor for his actions, including killing 25 of the enemy, destroying 35 machine guns, capturing four officers and 128 men.

Upon York's return to New York City, he was singled out as America's greatest fighting hero. His hometown tried to build a new home for him, but left him with a half-finished house and a huge mortgage. He was wooed by big business searching for his endorsement of their products. He declined, saying, "This uniform ain't for sale."

York went on speaking tours to raise money for education, roads and job training in his native Appalachia. He considered running for public office, supporting Herbert Hoover in 1932 in opposition to FDR's promise to repeal prohibition. Roosevelt's New Deal policies brought him back into the democratic fold.

Alvin C. York died in 1964 after suffering a cerebral hemorrhage.

William S. Middleton

William S. Middleton Memorial Veterans Hospital is physically connected to the University of Wisconsin (UW) Hospital in Madison, Wis. William Shainline Middleton, M.D.'s connection to both institutions goes back to at least 1955, when he left his post as dean of the university's medical school to become VA's chief medical director.

Middleton was known as an accomplished educator, physician and scientist. His service to medicine, veterans and the country spanned more than 60 years, beginning in 1911 when he earned his medical degree from the University of Pennsylvania. The following year, he began teaching at the University of Wisconsin Medical School, becoming a full professor in 1933, followed by his appointment as dean of the medical school, a seat he held for the next 20 years.

Middleton served with distinction in both world wars. As a captain with the British and American expeditionary forces in France during World War I, he was awarded the Victory Medal with seven battle clasps.

Between wars, he returned to UW, where he continued to teach, as well as consult for the U.S. Public Health Service and the Veterans Bureau, which became the Veterans Administration in 1930.

In World War II, Col. Middleton was assigned to the Office of the Chief Surgeon for the European Theatre of Operations, serving as chief consultant in medicine. He taught medical officers at military field schools at various locations. For this service he was awarded the Distinguished Service Medal, the Legion of Merit with Oak Leaf Cluster, the order of the British Empire and the French Croix de Guerre with Palm.

After the Second World War, Middleton returned to his position



William S. Middleton, M.D.

as dean of the UW Medical School. He also acted as special advisor to the Surgeon General of the Army during the Korean Conflict.

Public service called again in 1955. Middleton took a leave of absence from academia and was sworn in as chief medical director for the Veterans Administration.

He was a member of the VA Special Medical Advisory Group, advising on the care and treatment of disabled veterans. He improved access to rehabilitation services, mental health and hypertension treatment. He also guided the development of VA research programs and he initiated the establishment of long-term patient care. He retired from VA in 1963.

His career led to many professional positions, including presidencies of the American College of Physicians, the Central Society for Clinical Research and the American Association for the History of Medicine. Dr. William S. Middleton died in 1975. **VA**

By Robert Turtul

Editor's note: Look for a third installment of this feature in a future issue.

Independent National CARES Commission Releases Its Report

The independent commission charged with studying VA's proposal for realigning its health care system released its report Feb. 13, recommending to Secretary Principi that VA invest billions of dollars over the next 20 years to enhance and modernize an aging health care infrastructure and improve access to care for veterans throughout the country.

The report of the Capital Asset Realignment for Enhanced Services (CARES) Commission culminated a two-year effort—the most comprehensive in VA history—to measure, study and analyze VA's aging health care system and plan its strategic development to meet projected health care needs of

veterans through the mid-21st century.

It is now up to the Secretary to accept or reject the report's proposals.

The Commission based its analysis of the National CARES Draft Plan developed by VHA around six crosscutting issues: facility mission change, community-based outpatient clinics, mental health services, long-term care, excess VA property and contracting for care.

The CARES study was driven in large part by congressional concern over VA and GAO studies indicating the department was spending millions each year to maintain excess facilities and property, and VA efforts to direct resources to regions of

highest demand for services.

News reports covering the report's release highlight facility "closures." Only a few actual facility closures were recommended, though there were significant mission changes proposed that would reduce some locations and increase activity at others. Despite the recommended changes in these regions, the report emphasizes that no health care services to veterans will be diminished. Their care will be provided through a mix of local providers and other VA facilities.

The commission endorses a new VA hospital for Orlando and the possibility of one in Las Vegas.

Commission Chairman Everett Alvarez's March 2

statement before the Senate Committee on Veterans' Affairs outlined the highlights of the commission report recommendations. Those recommendations also focus on other major issues, such as infrastructure safety and seismic strengthening, medical education and training, special disability programs including spinal cord injury and blind rehabilitation, VA collaboration with the Defense Department, enhancement of space for VA research programs, and recommended health care delivery innovations such as telemedicine.

You can find the complete report on the CARES Commission Web site at www.carescommission.va.gov. **VA**

MediaNet: The New, Easy-to-Use Digital Media Resource



VHA's Employee Education System (EES) has introduced a new resource for VA employees who need to create educational, informational and recruitment products like brochures, presentations

and Web sites. MediaNet is a Web-based library of more than 10,000 digital media files: photographs, illustrations, logos, animations, audio files, small video files, text and templates. New files

are added to the collection every day, and the entire collection is available for use by any VA employee.

VA Medical Media Production Services, EES, the Office of Public Affairs and other public and private sector entities make contributions to the library. The collection includes high-quality, high-resolution images covering every aspect of VA activity. MediaNet also has more than 1,600 historical photos from the National Archives that can be used freely. Most files in MediaNet have no copyright restrictions.

MediaNet has advanced search capabilities, enabling the user to get precise results by combining search parameters, such as type of file (photo, illustration, audio),

description and/or producer. You can add items to your basket and download them individually or as a group.

In addition to the large selection of files, there are resources on media restrictions and releases, including General Counsel guidelines on the VA Consent for Use of Picture and/or Voice Form (10-3203), copyright issues, and Section 508 (accessibility compliance requirements) of the 1998 Rehabilitation Act. There are also links to other free non-VA sources of media files, and VA design guides.

You can log on to MediaNet at vawww.mam.brn.va.gov. For assistance using it, contact Deborah Sher at (631) 261-4400, ext. 7240, or Morgan Bantly at (202) 745-8521. **VA**

Secretary Honors High-Achieving Group of WWII Veterans



Secretary Principi presents a certificate of appreciation and letter from President Bush to WWII veteran Glenn Bell, founder of the Taco Bell restaurant chain. Bell was one of more than 60 men and women honored for participating in the Veterans History Project.

Rancho Santa Fe is a wealthy community in southern California, but the veterans Secretary Principi honored there recently showed him that their proudest accomplishments came as young soldiers, sailors and airmen during World War II, not as

businessmen and entrepreneurs. The Secretary recognized more than 60 men and women, all World War II veterans, for participating in the Veterans History Project, a national Library of Congress initiative intended to preserve the stories of our

nation's war veterans.

"Because of the Veterans History Project, students, historians and families will be able to visit the Library of Congress and the National D-Day Museum in New Orleans to learn about these stories and experiences that are an integral part of America's history," says Fran Foley, curator and archivist of the Rancho Santa Fe Historical Society. "Generations to come will marvel at their courage, their determination, and their sacrifices."

Secretary Principi recognized the veterans at the historic Sammis estate in El Rancho, Calif., and presented each a certificate of appreciation and letter of personal greeting from President Bush.

"Your stories are more than personal testaments of another time and another place or affirmations of bravery, dignity, and honor," the Secretary told the group. "They tell of America's deep

and abiding heritage, an enduring tale of patriots who for more than 225 years have been willing to stand to the last man to defend American soil. Your stories speak to the essence of what it means to be an American."

Secretary Principi said later, "This was a rather unique group. They have led lives of accomplishment and accumulated considerable wealth. Yet, my presentation of a simple certificate and thank-you from the President brought tears to their eyes. Many told me that it was the most meaningful recognition they could recall. That's how much their World War II experience means to them."

VA is an organizational partner with the Library of Congress's Veterans History Project. For more about the project and how you can participate as a volunteer or veteran storyteller, contact your local VA medical center's Voluntary Service or go to www.loc.gov. **VA**

Live Broadcast of World War II Memorial Dedication Planned

On May 29 at 2 p.m., the World War II Memorial on the National Mall in Washington, D.C., will be dedicated and the President will accept the memorial on behalf of the nation. Well over 150,000 people will be in attendance at the ceremony. Many national leaders and well-known supporters of the WWII Memorial construction, including Bob Dole, Tom Hanks and Tom Brokaw, will participate.

The American Battle Monuments Commission (ABMC) is responsible for the dedication program. All available free tickets to view the program—some 85,000—have been issued and D.C.-area hotels are virtually filled for that weekend.

ABMC has arranged for live video coverage of the event. VA will transmit that video signal live via satellite

over the VA Knowledge Network to all VA medical centers for their local use. VA medical centers capable of receiving the broadcast signal are being encouraged to show the dedication ceremony to patients, staff and volunteers at the facility and use the event as an opportunity to honor World War II veterans.

The dedication will likely be the last mass gathering of World War II veterans in Washington and in locations across the country. It offers VA facilities an opportunity to recognize the WWII veterans they serve directly and those in the community.

Learn all about the monument and its dedication on the American Battle Monuments Commission Web site at www.wwiimemorial.com.

Tuskegee ‘Red Tails’ Revisited During Black History Month



ROBERT TURTIL

Buddy Archer spoke about his experiences as a Tuskegee Airman.

Retired Air Force Lt. Col. Lee “Buddy” Archer Jr. visited VA Central Office on Feb. 19 to talk about his experiences as a Tuskegee Airman during World War II.

Born in 1919 in Yonkers, N.Y., Archer said he

dreamed of flying the moment he saw his first airplane as a young boy. But he almost never got a chance. “At the time I didn’t know about discrimination in the service,” he said.

Outraged at the Dec. 7,

1941, bombing of Pearl Harbor, thousands of young Americans flocked to military recruiting stations in anticipation of war. Archer was no exception. “I was with a bunch of young guys, some African American like me and some white, and we were talking about what we could do for our country,” he explained.

He decided to enlist in the Army Air Corps. After signing his name on the dotted line, however, he discovered there were no air squadrons for people of color. Instead of flying, he was assigned to an infantry unit at Camp Wheeler, about 10 miles outside of Macon, Ga. “There I got my first real shock of being a person of color,” he said.

Archer never abandoned

his dream of flying and by May 1942 the Army Air Corps began accepting African American candidates for the “Tuskegee Experiment.” He applied and went on to graduate first in his class.

According to his biography, posted by the Air Force on the Gathering of Eagles Web site at www.au.af.mil/au/goelstart.htm, Archer shot down a Messerschmitt Me 109 over Memmingen, Germany, on July 18, 1944. He destroyed another on July 20, and six more on the ground during a strafing mission in August.

He added three more victories in a single air battle over Lake Balaton, Hungary, on Oct. 13. By the end of the war, he had flown 169 combat missions over 11 countries. **VA**

Chief of Staff Kicks Off Women’s History Month Activities

Before Secretary Principi named her VA’s chief of staff in 2001, Nora Egan held leadership positions in Human Resources, VBA and Policy and Planning. On March 17, she shared her perspectives as a top executive in the federal government with VA Central Office employees at a town hall meeting kicking off headquarters’ observance of Women’s History Month.

Egan talked about her 30-year career with VA and answered lots of questions. The VACO Federal Women’s Program—sponsor of the Women’s History Month events—presented her with a hand-made afghan and a certificate of appreciation from the Secretary.

“I am very proud to have been a part of the VA as it has grown, and continues to grow, into an organization that is supportive of one another, that is focused on our mission, that is a One VA organization, and fortunate enough to serve America’s heroes,” Egan said.

“Women Inspiring Hope and Possibility” was this year’s Women’s History Month theme. Nearly 58 percent of VA employees are women.



ROBERT TURTIL

Nora Egan talked about her 30-year VA career and answered lots of questions at a town hall meeting in headquarters.

Marketing VA: Meeting the Future Workforce Challenge

One of the biggest challenges facing VA and other federal agencies is how to recruit adequate numbers of qualified new employees to replace the baby boomers who will be retiring over the next few years. The challenge is magnified by the need to conduct this search for fresh talent in today's highly competitive job market.

The Office of Human Resources Management in VA Central Office is tackling these issues through an increased focus on marketing and outreach to help VA attract prospective employees.

Its Office of Workforce Planning and Office of Marketing and Recruitment have launched several new initiatives, and more are planned.

In August 2003, the Office of Workforce Planning instituted the use of voluntary online entrance and exit surveys for newly appointed and separating employees. These surveys provide valuable information on why employees choose VA as an employer and why they decide to leave. Results are available at all organizational levels for analysis and appropriate follow-up action.

The entrance surveys have produced some interesting results that will play a major role in guiding VA's marketing efforts, according to Mel Sessa, director of the Office of Workforce Planning and acting director of the Office of Marketing and Recruitment. As of Jan. 31, almost 5,000 entrance surveys had been submitted, a 50 percent response rate among new hires since the survey process began.

One significant finding is that 36 percent of respondents learned of VA job opportunities from a VA em-

ployee. "This finding makes it clear that each of us can make a difference by making friends and colleagues aware of job opportunities," said Sessa. The second most frequently cited means of finding out about vacancies was the VA Job Opportunities Web site, www.va.gov/jobs, which was cited by 18 percent of respondents. Survey results show that the following factors were cited by respondents in rank order as key to their decision to join VA: retirement benefits; salary; VA's mission; health benefits; promotion potential; and flexible hours/worklife programs.

VA's Job Opportunities Web site was redesigned in November 2002. The focus of that effort, said Sessa, was on making it "a more user-friendly site promoting VA's mission of service to veterans. Entrance survey results confirm that our mission is a major factor in attracting new employees." Since the site was redesigned, the average number of visitors per month has increased from approximately 50,000 in November 2002 to 121,000 in January 2004.

The Job Opportunities Web site has also played a significant role in enhanced outreach to veterans leaving military service. Current marketing initiatives have expanded outreach efforts to every branch of the military services, with the ultimate goal of establishing direct links to Military Transition Centers (MTCs) around the world. This effort has made it possible for veterans leaving military service to access

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Former POW Outreach Effort Underway

Secretary Principi has directed the department to make one last effort to reach American veterans who are former prisoners of war with a vital message: "Check your benefits eligibility with VA!"

This could be their last chance. VBA's Compensation and Pension Service estimates the number of former POWs not on VA rolls at 11,000. "Since this group is largely composed of World War II veterans with an average age of 82," said American Ex-Prisoners of War National Commander Paul Dallas, "the window of opportunity for bringing them into the system is rapidly closing. We must all act quickly."

On April 9, National Former POW Recognition Day, VA formally kicked off an outreach campaign aimed at these most difficult-to-reach veterans. In recent years, C&P Service has double-checked VA, DoD and Social Security records searching for ex-POWs, particularly those who had not filed disability claims. The record search produced contact information for roughly 27,600 ex-POWs, but that left another 11,000 of the estimated 39,000 living ex-POWs in limbo. To reach them, this new campaign is relying on VA employees, veterans service organizations, the news media, the Internet and grassroots communication.

VBA has upgraded its former POW Web site, www.vba.va.gov/bln/21/Benefits/POW, and issued an updated brochure, "Keeping the Promise" (VA Pamphlet 21-01-1) outlining the benefits and special eligibilities available to former POWs. A new video has been produced that will be used to orient VA employees and others to the special needs of and benefits for ex-POWs. And POW coordinators at each VA regional office and medical center are working with veterans groups and other local organizations to contact former POWs.

"Former prisoners of war sacrificed their freedom to protect ours," said Secretary Principi. "Now it's our turn to serve them and to help them determine if they are entitled to compensation, health care and other services before it's too late."

Dianne Dooley

Many federal agencies were reunited on Dec. 19, 2003, when they began moving into the new federal building in downtown Oklahoma City.

Dianne Dooley, a vocational rehabilitation specialist with VBA, survived the Oklahoma City bombing and, almost nine years later, had no qualms about moving to the new federal building, located just blocks from where the Murrah building once stood.

Dooley began her VA career as a clerk in the loan guaranty division nearly 20 years ago before transferring to the vocational rehabilitation division in 1990. She, like many moving into the new federal building, experienced the tragedies of that day firsthand, but instead of feeling fear she views the move as a positive step toward reclaiming her life and the job she loves.

Dooley was on her way to a 9 a.m. meeting at the federal credit union located two floors below her fifth-floor office when co-worker Dennis Jackson called to tell her he was running late. He

was three blocks away. As soon as she hung up the phone, Dooley headed downstairs to her meeting.

"The very second I hit the bar on the stairwell door to enter the third floor I felt the explosion," she said. "The door came back at me and threw me to the ground. I remember thinking that it must have been that door that triggered the explosion because I felt it the instant I hit that bar on the exit door." Of course she later learned that it was not a door that was rigged with explosives but a rental truck parked in front of her building.

"My first thought was that I needed to go back upstairs to my office; then the stairwell started filling up with black smoke, so I walked down one flight of stairs to the ground level, where I exited the building," Dooley recalled. "I was one of the first out of the building. Within minutes I was in a police car, and by 9:20 a.m. I was at the hospital. I was in shock and I just went into a very calm state of 'this is what needs to be done' sur-

vival mode. The magnitude of what had happened didn't really hit me until about two weeks later."

Dooley credits that phone call from her co-worker with saving her life. The credit union where her meeting was to take place was completely demolished. The two ladies she was planning to meet with that morning were not found until 10 days later.

The majority of the damage occurred on the northeast side of the building—the explosion completely demolished that portion of the structure. VBA's offices were located on the far northwest side of the building and remained intact.

Dooley injured her foot and underwent six surgeries on her wrist. Even though she was out of work for seven months, she says she never really considered not coming back. "I'll never have a job that is more rewarding than this one," she said. "I made a conscious decision shortly after the bombing that I would not let Tim McVeigh take that from me." Two other



Dooley in her new office in downtown Oklahoma City.

VBA employees were injured in the bombing and have since retired.

Dooley says she never had any anxiety about moving into the new building. "I view it as a positive step," she said. "It's symbolic having the agencies back here together. It's almost like we've come full circle and we're right where we're supposed to be. I saw a gentleman in the hall the other day from the Department of Agriculture that I was acquainted with when we were both at the Murrah building. We just sort of nodded at each other as if to say 'we made it, and here we are right back where we should be.'" VA

By Yvonne Kieilty

Marketing continued from page 27

VA's Job Opportunities Web site from a link on the MTC Web site.

A number of other marketing initiatives are currently underway. The Office of Marketing and Recruitment recently completed a successful one-month pilot radio ad campaign in the District of Columbia and North Carolina promoting health-care careers in VA.

This office is also developing a multi-purpose tri-fold brochure and CD-ROM that will be available to all VA organizational elements for use at job fairs and other recruitment events. The CD-ROM will feature interviews with veterans talking about the positive difference VA has made in their lives and with VA employees discussing their reasons for choosing ca-

reers with VA.

The brochure and CD-ROM project is the first step in a multi-phased effort to take a more corporate and consistent approach to marketing VA, according to Sessa. Modifications will be made to the VA Job Opportunities Web site and exhibits used at job fairs and other recruitment events to incorporate the same design, mes-

sage, brand and themes used in the brochure and CD-ROM. "This approach is typical of that used by many highly successful companies in marketing their products or services, and enhancing name recognition with the general public," Sessa said.

Share your ideas or suggestions on VA's marketing efforts at marketing_and_recruitment@mail.va.gov. VA

Scientists Study Genetic Effects of Microgravity

A Russian rocket carried brewer's yeast into space on Jan. 29 in an experiment that will allow researchers to study the effects of microgravity on the yeast genome, the benchmark microbe for studies involving complex gene sets like those found in humans. Researchers hope to gain insight into how human genes respond to the low-gravity environment of space.

"This will answer the question of which genes give a cell a survival advantage in space," said Dr. Timothy Hammond, assistant chief of staff for research at the New Orleans VA Medical Center and co-director of the Tulane/VA Environmental Astrobiology Center. Hammond and Dr. Cheryl Nickerson, from the Tulane University Health Sciences Center, are collaborating with NASA on the study.

The yeast cultures arrived at the International Space Station in early February. There, astronauts mixed the yeast cells with a growth solution to begin the growth period.

Later, they added a fixative to preserve the cells. The experiment will remain in space for up to a year before the cells are returned to earth and compared with control groups, one of which is maintained in Hammond's laboratory.

Gene May Hold Promise for Osteoporosis Treatment

Researchers have identified a gene in mice that may hold promise for treating osteoporosis, the bone-thinning condition that affects an estimated 10 million Americans,

80 percent of them women. The study findings were published in the Jan. 9 issue of *Science*.

The gene, *Alox15*, was isolated from a chromosomal region known to influence bone mineral density in mice.

"This is a major step forward," said the study's lead author, Dr. Robert F. Klein, a staff physician at the Portland VA Medical Center and associate professor of medicine at Oregon Health and Science University. Between 60 and 80 percent of natural variations in bone density are genetically determined, he explained.

The findings were of interest to pharmaceutical companies, one of which has already begun working on drugs aimed at altering *Alox15* activity, according to a HealthDay report posted on the popular Dr. Koop medical Web site, www.drkoop.com. Dr. Eric S. Orwoll, the study's co-author, cautioned that science is years away from a cure for osteoporosis.

But the discovery of *Alox15* heightens understanding of the bone density loss process and increases awareness of the specific receptor pathway activated by the gene. "It points the way toward potent, useful human therapies," explained Orwoll, who is also a staff physician at the Portland VAMC and professor of medicine at OHSU.

VISN 16 is Tops in Diabetes Care

VA care for diabetes is better than private sector care, according to a study published in the January issue of the *American Journal of Medical Quality*. The study compared

performance measures for veterans being treated for diabetes at VA medical facilities in VISN 16 with those of non-veterans at private hospitals. Results ranked VISN 16 higher than the private sector national average on all diabetes measures.

Researchers compared VA measures with similar data from private sector HMOs found in the State of Health Care Quality 2002 report, produced by the National Committee for Quality Assurance. The study was conducted by J. Kalavar, M.D., and Hardeep Singh, M.D., of the Michael E. DeBakey VA Medical Center in Houston.

OCT Debuts at Iowa City Eye Clinic

Eye care at the VA Iowa City Health Care System got a boost with the introduction of optical coherence tomography (OCT) imaging equip-

ment back in December. The \$60,000 instrument, called "Stratus," uses an infrared laser to measure dimensions of the retina and optic nerve.

The equipment was purchased with VA research funds for a study of optic nerve disorders conducted by Dr. Randy Kardon, director of the medical center's eye clinic. But it's also available to improve eye care for veterans at risk for glaucoma, eye tumors, diabetes or retinal diseases.

In the past, clinic staff would perform a Humphrey visual field exam to measure peripheral vision or send patients to the University of Iowa for an OCT test. Having the new equipment cuts down on paperwork and saves time, according to Terry Harkins, a health care technician who operates the OCT instrument. "All of us are learning how to use it," she said. VA



UNIVERSITY OF IOWA PHOTO

Dr. Randy Kardon and the University of Iowa's Susan Anderson review data on the new optical coherence tomography equipment at the VA Iowa City Health Care System's Eye Clinic.

Showing their support



Members of the VA Lady Troopers team (left to right) Rosalind Boles, Tammie Ellison, Robin Stripling and Sandra Macias.

Employees at the VA Central California Healthcare System in Fresno are showing their support for troops in Iraq by adopting paratroopers of Charlie Company, 1st Battalion, 505th Parachute Infantry Regiment, 82nd Airborne Division. Once a month, a group of 55 employees get together to pack candy, CDs, magazines and other items into care packages personally addressed to 55 soldiers in Charlie Company. They bear the full cost of purchasing and shipping the items. Their reward, according to Dwight D. Stadler, acting chief in Environmental Management Service, is reminding the soldiers that they are not forgotten.

The Clement J. Zablocki VA Medical Center in Milwaukee, Wis., will host the third annual Reclaiming Our Heritage event June 5 and 6. The weekend activities include a patriotic parade, a Civil War skirmish re-enactment, WWII exhibits, concerts and activities commemorating the 60th anniversary of D-Day. The VAMC is one of three original Soldier's Homes. More information is available at www.soldiershome.org.

Staff at the Alexandria, La., VA Medical Center helped arrange a special viewing of the movie "Seabiscuit" for a nursing home patient who used to train horses.

Louis M. Davis, a Vietnam veteran and Bronze Star recipient, has lived in the nursing home since 1997. When the movie came out, his old college roommate, Joe Sloan, contacted Alexandria VAMC Director Barbara Watkins to ask if she could arrange for Davis to see the film. Though they couldn't make a trip to the movie theater, employees in Recreation Therapy Service got a copy of the DVD when it was released and held a special viewing for Davis and 45 other residents.

Veterans who distinguished themselves in combat are being honored in the Chillicothe, Ohio, VA Medi-

cal Center's Hall of Heroes. The program began in 1999 at the urging of Dr. John Hofer, a dentist at the medical center at the time, as a way to honor veterans who received the Silver Star or higher military decoration. The concept was to recognize veterans for their gallantry in battle in the presence of family and friends, something that may not have occurred when the award was initially presented. The inaugural program got a big "thumbs up" from the local press. It has since been incorporated into Veterans Day activities. Last year's inductees included Air Force Maj. William Hamm, whose daughter,

Cathy Hathaway, is a nurse manager at the medical center.

The Warwick Vets Memorial High School in Rhode Island has a special relationship with the Providence VA Medical Center. Students recently held a fundraiser that netted \$1,000 to help the medical center buy new television sets for inpatients. The school principal then got in on the effort by matching what the students raised, for a total donation of \$2,000. The fundraiser was so successful that the school plans to do it again next year during the National Salute to Hospitalized Veterans in February. VA

Taking time to say thanks



Several recent episodes of the CBS television series "Hack," a drama about an ex-cop turned taxi driver, have included scenes shot at the Philadelphia VA Medical Center. Portions of the medical center were used to simulate a patient waiting room, an emergency room, a lawyer's office and a rehabilitation unit.

David Morse, above right, who plays the principal role in "Hack," took a break from filming to visit patient Edward Williams, a Korean War veteran. "I'm honored to have the opportunity to visit with hospitalized patients and thank them for serving our country," said Morse.

Nurse excellence in Salem

The Nursing Organization of Veterans Affairs will present their Professional Nurse Award for Clinical Excellence to Barbara Zicafoose, R.N., an advanced practice nurse at the Salem, Va., VA Medical Center, during an April 22 ceremony in Tucson. The award recognizes Zicafoose for initiating innovative health care practices and serving as a role model and mentor for other nurses during her 32-year career at the Salem VAMC. Cited among her achievements were helping develop the medical center's Surgical Intensive Care Unit and Women's Health Clinic.



Zicafoose

ANN BENOIS

The Disabled American Veterans, Department of Georgia, recognized **Linnie Baker**, an inventory management specialist in the **Homeless Veterans Clothing Program** in VA Central Office, for his work providing clothing and other items for homeless veterans in Georgia. "It's a good feeling to know organizations recognize and appreciate the services we provide to them," said Baker, who has been with VA's homeless veterans program since 1996.

The **White River Junction, Vt., VA Medical and Regional Office Center** received the Governor's Award for Excellence from Gov. James Douglas during a Feb. 18 award ceremony at Norwich University. White River Junction VA Director Gary DeGasta credited the entire workforce for their commitment to quality improvement and pledged to "... remain

committed to improving our systems and processes to better serve America's heroes."

The **Alexandria, La., VA Medical Center** is featured under the "Donor Group Spotlight" on LifeShare Blood Center's Web site, www.lifeshare.org. The spotlight recognizes medical center staff for donating 360 life-saving units of blood—enough to save the lives of 1,440 needy patients. Director **Barbara Watkins** received a special award during LifeShare's annual appreciation luncheon on behalf of all the facility's blood donors.

Dr. Ross Fletcher, chief of staff at the **Washington, D.C., VA Medical Center**, received the Excellence in Clinical Care Leadership Award as part of the 2003 Mark Wolcott Awards program. The award credits Fletcher with being an "exceptional leader" who has contributed to improving the

quality and delivery of health care for veterans at the local, network and national levels.

Dr. Andrew H. Kang, a researcher at the **Memphis VA Medical Center**, received VA's highest scientific honor, the 2003 William S. Middleton Award, for his contributions to understanding and treating rheumatoid arthritis. The award includes a three-year, \$150,000 research grant.

Joshua Lee Norris, a senior at Jackson Prep and youth volunteer at the **G.V. (Sonny) Montgomery VA Medical Center** in Jackson, Miss., was named VA youth volunteer of the year and received the \$12,000 James H. Parke Memorial Youth Scholarship. Norris, whose parents John and Mitzi both work

for VA in Jackson, has logged nearly 400 volunteer hours over the past four summers. Voluntary Service chief **Deborah P. Thomas** called him the ultimate volunteer. "He has passion," she explained.

In an interview with the *Clarion Ledger*, Norris reflected on why he volunteers. "There's something special about serving those people that served us and helped protect our freedom. It made me more thankful for what they did," he said. **VA**



Norris

International honors

Merrill Benson, M.D., a staff physician at the Richard L. Roudebush VA Medical Center in Indianapolis and professor at Indiana University School of Medicine, received the prestigious Pasteur-Weizmann/Servier International Prize in Biomedical Research Award in Paris last December. The award is presented every three years to a researcher who has gained international recognition for a major biomedical discovery that has led to a therapeutic application.

Benson was honored for his pioneering work on protein deposits called amyloids, which play a role in the development of a variety of diseases, including Alzheimer's, Huntington's and multiple myeloma.



Benson

ANGELA TAYLOR

Julie Hoffman, R.N., staff nurse with the Salem, Va., VA Medical Center's Medical Care Service Line, was staying at a hotel in Durham, N.C., when she noticed a man wandering into the pool area who appeared intoxicated and unsteady on his feet. Later, Hoffman overheard someone say, "Wow, he can hold his breath a long time." Hoffman realized that the man had fallen into the pool, and she shouted to some bystanders to help pull him out. She checked for pulse and respirations; finding none, she guided a bystander in helping her perform CPR. The man regained consciousness before the ambulance arrived.

A recent workout at her fitness center was far from routine for **Heidi McNally**, a primary care nurse practitioner at the Manchester, N.H., VA Medical Center. While in the middle of her session, she saw a 31-year-old man on a treadmill collapse. Luckily for the young man, McNally was there to swing into action. She successfully resuscitated him before the emergency medical team arrived, intubated him, and transported him to an emergency room. The young man is recuperating.

As an elderly widow and her son waited to see a veterans service representative at the Milwaukee VA Regional Office, she began feeling faint and collapsed to the floor. Fortunately, the VARO has a plan for such emergencies. **Tim McCormick**, a veterans service representative, assessed the woman's vital signs and began mouth-to-mouth resuscitation as **Kim Michalowski**, a veterans service representative, calmed

her son. When **Kathy Friedl**, **Adrienne Waters-Fechter** and **Joyce Kaltenbach**, all registered nurses working in the rating board, arrived and found the woman unresponsive, they began CPR. Since the widow had no pulse, Waters-Fechter used the defibrillator that had recently been installed at the VARO. Her pulse did not return, and the unit indicated it should not be used again. At that point, two-person CPR was restarted, with the nurses taking turns. **Beth Lambert**, team supervisor, counted for the nurses doing CPR, and **Tracy Kukla-Lewis**, a veterans service representative, went to meet the emergency responders. Paramedics arrived

and were able to restart her heart. She was transported to a hospital and released about three weeks later. Both the paramedics and the ER team at the hospital credited the VARO staff with saving the woman's life.

Mountain Home, Tenn., VA Medical Center employee **Clara Burrough**, R.N., was driving home when she saw a child run into the street. The 6-year-old had left home without his parents' knowledge. The child ran onto a busy highway and was struck by a hit-and-run driver. Burrough immediately went to see what she could do for the young victim. She assessed the injured youngster and adminis-

tered first aid while waiting for EMS to arrive. The child was taken to a hospital and treated for his injuries. VA

Answering a cry for help



SCOTT R. SNELL

Antoine Bracy, above, a police officer at the Lyons Campus of the VA New Jersey Health Care System, was returning home one rainy morning when he heard cries for help. Crossing the street to investigate, he found 79-year-old WWII veteran **Anthony DeCrappeo** lying in water nearly covering his face. DeCrappeo had fallen almost a half-hour earlier while retrieving his morning paper. His new artificial leg came off during the fall and he could not pull himself to safety.

Bracy helped DeCrappeo get up and reattach his leg, and got him back into his car. The veteran now has a strap that keeps his prosthesis in place.

First on the scene

Two Central Alabama Veterans Health Care System employees were first on the scene of a fatal auto accident involving five teenagers. **Bernard L. Nunley**, who works in Prosthetics and is a retired military medic, and his wife **Marty L. Nunley**, a certified nurse practitioner and basic disaster life support instructor, helped treat the critically injured. Two of the victims were ejected from the vehicle and one died immediately.



Bernard and Marty Nunley

Marty helped the second ejected victim, keeping her airway open and maintaining cervical support. Bernard assessed the three victims in the vehicle, noting that one had died. He helped care for the other two until paramedics arrived. He assisted paramedics by applying traction by hand while two paramedics placed a splint on one victim, who had suffered a fractured femur.