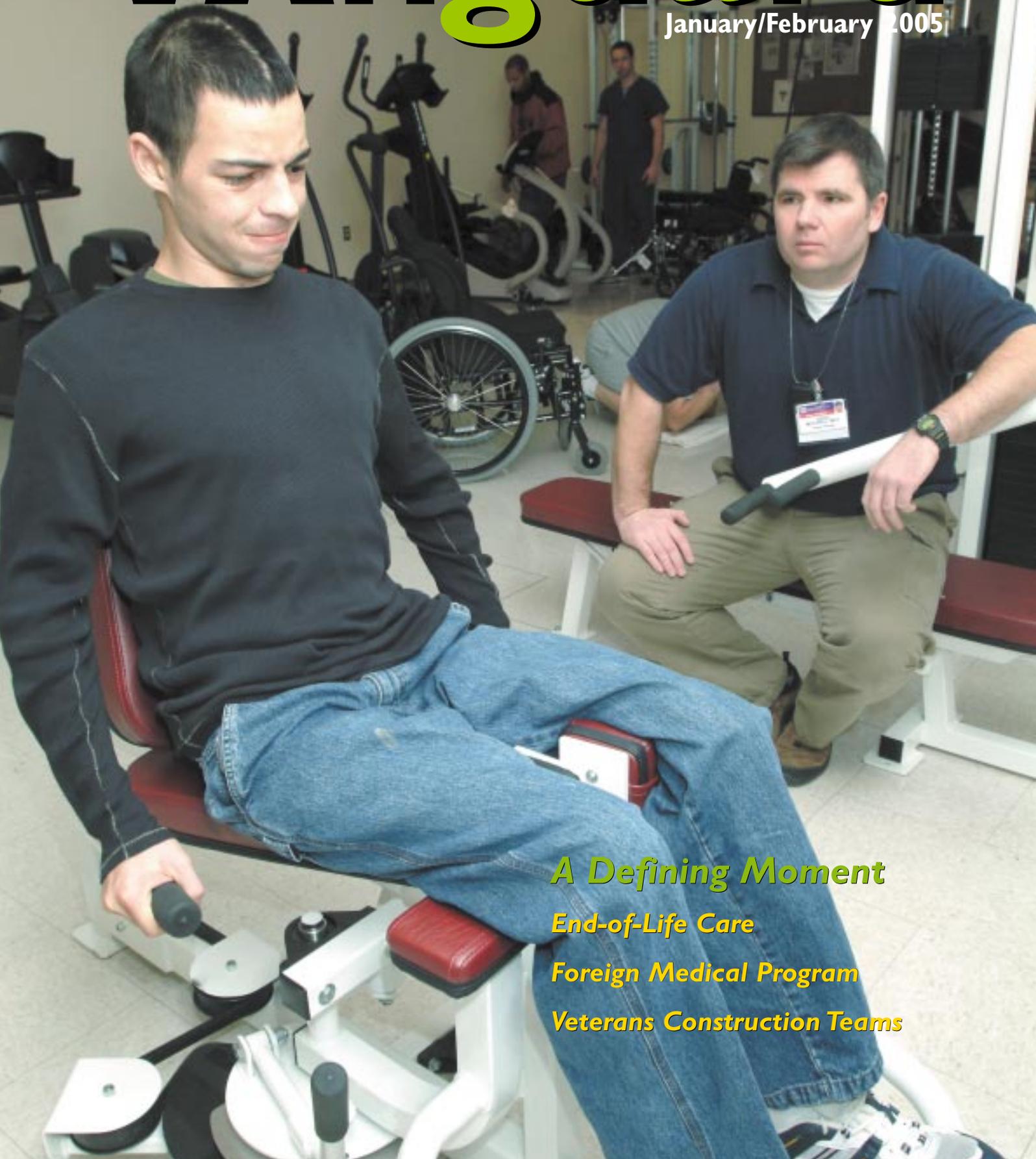


U.S. Department of Veterans Affairs

VAanguard

January/February 2005



A Defining Moment

End-of-Life Care

Foreign Medical Program

Veterans Construction Teams



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On the cover

Marine Cpl. Anthony Alegre, 21, works out with physical therapist Doug Mitchell on the Active Duty Rehabilitation Unit at the Augusta, Ga., VA Medical Center. Alegre, from Centerville, Ga., was wounded May 29, 2004, during combat operations in Ramadi, Iraq. He was admitted to the Augusta VAMC rehab unit in October 2004.
photo by Ann Hamilton

A Day in the Life

Just received and read your most recent publication. It was great and very touching reading and seeing the many pictures in the article “A Day in the Life of VA” (November/December issue).

Over the past year or so, *Vanguard* has significantly improved in quality and content. Good job!

Pamela J. Monroe
 Chief, Medical
 Administration Service
 Gainesville, Fla., VAMC

I enjoyed the recent issue of *Vanguard*, but was saddened by the lack of nursing representation in the “A Day in the Life of VA” article.

The VA health care system is one of the largest employers of advanced practice nurses, registered nurses and licensed practical nurses. Indeed, within this network

alone, almost 500 certified registered nurse anesthetists (CRNAs) provide anesthesia services for our veterans.

I can appreciate the difficulty in picking photos for the story but would hope for more than one photo. It is the dedication of our nursing professionals, as well as many others working within VA, that make A Day in the Life happen.

Uwe Klemm
 CRNA
 Indianapolis VAMC

I saw your very nice “A Day in the Life of VA” article, but after looking through all the pictures, for some unknown reason you forgot to mention probably the most important part of our VA system, the VA police. There is not a single picture of a VA police officer performing his or her duties at any of our

hospitals around the nation.

I believe that without the security and protection of their lives and property provided by the VA police, the rest of the staff would not be able to perform their duties. It was very nice to see cooks, maintenance personnel, nurses, doctors, etc., but your article forgot us.

We protect our facilities 24 hours a day, seven days a week. When others are sleeping we are on duty protecting staff, patients and VA property around the clock. Maybe since you forgot us you can consider an article about the VA police—our history, duties and commitment to VA.

Cyndia E. Ramirez
 Police Officer
 San Juan, P.R., VAMC

Proud VR&E Graduate

I would like to take a moment to thank you sincerely for taking the time to honor this country’s veterans by bringing the accomplishments of many of us to the forefront of the hearts and minds of those who support us. I truly appreciated the article published in *Vanguard* magazine (“Working Toward Recovery,” September/October issue).

I am proud to be a graduate of the VA’s rehabili-

tation program and will forever be an advocate. The program definitely made a difference in my life. In my ministry I see so many people who have been left to their own devices and are not aware that the VA provides such programs to help them succeed in the civilian world after dealing with the traumas of war. It can truly be a difficult transition.

Raymond C. Hart Sr.
 Pastor
 Washington, D.C.

If Disaster Strikes

I read with interest the recent article on disaster preparedness and the Grab-and-Go kits available for purchase from the canteen (September/October issue). I don’t know if these two items are included in the kit or not: plastic whistle and chain, and a chemical snap and shake light stick. The latter provides a light source for about 8 hours. If you need a container to hold these items, use a plastic wide-mouth water bottle, attach a “D” ring to the lid and secure it to a belt or belt loop.

Ted Benn
 VHA Mail Manager
 Health Administration
 Center
 Denver

VA News
 5 Times Daily
 on the
Communications
 CHANNEL

Or on the Intranet at:
vaww1.va.gov/opa/feature/vanews
 Check with your facility satellite coordinator.

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.



Transforming End-of-Life Care for Veterans

*Thomas Edes, M.D.
Chief, Home and Community-Based Care*

Our nation's veterans, in growing numbers, are facing one last hill to take under perilous conditions as they approach the end of their life spans. That fact should not be surprising, given the simple arithmetic that all of those who were old enough to join the armed forces in 1941 are now past age 80. But somehow the magnitude of our veterans' needs for end-of-life care comes as a surprise to many who hear the numbers for the first time.

And the sheer numbers are staggering. Eighteen hundred veterans die in this country every day, two-thirds of them from World War II and most of the rest from the Korean and Vietnam eras. In fact, more than a quarter of all deaths in this country in 2005 will be veterans.

Their needs for high-quality end-of-life care demand a bold and determined response from an appreciative nation. The Department of Veterans Affairs, in concert with dedicated staff in our medical centers across the country and in collaboration with community providers, is now leading the way.

Articles in this issue of *VAanguard* report on VA progress in establishing a successful and compassionate end-of-life care program, our achievements introducing hospice and palliative care into the fabric of the VA health care system, and VA's commitment to ensuring that veterans' care preferences are honored to the fullest ex-

tent possible at the end of their lives. I passionately share that commitment, and I have been proud to participate in the efforts of committed VA staff to create a comprehensive and seamless system of end-of-life care within VA.

VA is the nation's largest integrated health care system, caring for 6.8 million veterans. Clearly, we can't directly provide all of the services our aging and terminally ill veterans will need.

Working in concert with community providers is es-

sential to ensuring that all of our nation's dying veterans have the right care at the right time and in the right place, in accordance with their expressed preferences. And that is why the recent growth of partnerships between VA medical centers and community hospices is so exciting to all of us at VA Central Office.

Opinion surveys show that most Americans would rather be in their own homes, with their families, at the end of their lives. Unfortunately, far too many end up dying in hospitals, even in intensive care units where they receive technologically intensive medical interventions instead of the emotionally and spiritually intensive

support of hospice care.

To turn that trend around, we need effective hospice programs and palliative care consultation teams operating in all VA medical centers. We also need the ability to refer veterans to home-based hospice programs and, if necessary, to pay for that care. We must do a better job of documenting veterans' care preferences through mechanisms such as advance directives. And we need to raise the level of expectation that veterans are entitled to hospice and pal-

lative care. To turn that trend around, we need effective hospice programs and palliative care consultation teams operating in all VA medical centers. We also need the ability to refer veterans to home-based hospice programs and, if necessary, to pay for that care. We must do a better job of documenting veterans' care preferences through mechanisms such as advance directives. And we need to raise the level of expectation that veterans are entitled to hospice and pal-

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We have an obligation to recognize our veterans' needs for end-of-life care that is high quality and responsive to their expressed wishes and needs.

lative care. If such care is not forthcoming, we want to hear about it.

Our mandate is to honor each veteran's preferences for care at the end of life, and we are translating that mandate into action. For example:

- Hospice and palliative care are now covered benefits for all enrolled veterans.

- VA policy requires hospice and palliative care consult team and/or inpatient units at every VA health care facility.

- As standard practice, VA now purchases comprehensive hospice services from the local communities it serves.

- VA managers are institutionalizing hospice and palliative care within our opera-

department does not directly provide comprehensive home hospice services, it is critical to build solid working relationships with the hospice community in order to provide these services to veterans under our care. VA has established partnerships in a growing number of states and we anticipate partnerships in all states by the end of this fiscal year.

Most of all, as the articles in this issue of *VAanguard* reflect, we have an obligation to recognize our veterans' needs for end-of-life care that is high quality and responsive to their expressed wishes and needs. A nation grateful for their enormous sacrifices on our behalf can do no less. **VA**



Honoring the Nation's Veterans in Perpetuity

John W. "Jack" Nicholson
Under Secretary for Memorial Affairs

Editor's Note: Before departing VA for the position of Secretary of the American Battle Monuments Commission, Nicholson offered some parting thoughts on the past, present and future of NCA.

Birl Britton was a veteran of World War I who, in 1998, was awarded France's highest decoration, the Legion of Honor, in commemoration of the 80th anniversary of the armistice that ended the Great War. In his final years, this Army veteran was a nursing home resident at the VA Palo Alto Health Care System in California. Following his death at age 108 on Jan. 10, 2004, he was interred at San Joaquin Valley National Cemetery in central California.

The oldest veteran to be interred at a national cemetery in 2004, Birl Britton is among the many generations of Americans who willingly served to ensure the freedoms that we all enjoy today. The National Cemetery Administration honors veterans like him by providing a final resting place that commemorates their service to our nation, and by treating veterans and their families with compassion, dignity and respect in every interaction. NCA is committed to fulfilling this nation's promise of care and support for veterans in perpetuity.

The burial needs of America's veterans are changing and growing. Mirroring the entire nation, more veterans have moved to the South

and the West. Our challenge is to ensure that burial space is located where it provides reasonable access to veterans and their families.

Five new national cemeteries are under construction, all offering the option of columbarium as well as casket interment. Six new state veterans cemeteries opened in the past year, funded under the State Cemetery Grant Program. With state cemeteries providing burial options to increasing numbers of veterans, our partnerships through this program are more important than ever.

Looking to the future, NCA will fulfill the requirements of the National Cemetery Expansion Act of 2003, which directed establishment

mandated by Congress.

In 2003 and 2004, NCA focused on quantifying the standards for appearance and operations required to achieve National Shrine Status. This resulted in the publication of updated "Operational Standards and Measures," which then led to an ambitious program of self-assessment. In this highly successful program, best practices are identified for use throughout the system, and problem areas are addressed for improvement.

Also in 2004, the first-ever NCA Training Center opened in the vicinity of Jefferson Barracks National Cemetery in St. Louis to provide first-class training for cemetery directors, assistant directors, foremen and cem-

other types of work.

The ways our employees interact with veterans and family members in their time of need, combined with the appearance of our cemeteries, are the most meaningful measures of our mission accomplishment. And, you may ask, how is NCA doing with these goals?

In the 2004 American Customer Satisfaction Index survey, NCA received the highest rating ever achieved by a federal agency. VA's cemetery system scored a satisfaction rating of 95 out of a possible 100 points. The challenge is to maintain—and even improve—that level of service. NCA plans to meet that challenge by achieving National Shrine Status at every cemetery, and

America's national cemeteries provide lasting, visible tributes to our veterans and ensure their legacy of service will burn brightly in the centuries to come.

of six additional new national cemeteries in locations specific to the Act. These locations are: Philadelphia; Columbia/Greenville, S.C.; Jacksonville, Fla.; Sarasota County, Fla.; Birmingham, Ala.; and Bakersfield, Calif.

While annual interments will peak in 2008, NCA's inventory of gravesites is cumulative and will continue to increase every year. Additional resources will be required to bring all of our national cemeteries up to the shrine status appearance as

etery representatives, as well as others on the NCA team. In addition to technical instruction, the center teaches skills in helping veterans and their families cope with death and grieving, the role of spirituality, and other techniques related to serving veterans with genuine care and compassion.

These subjects help employees embrace their work as a calling—not as just another job. In fact, if employees lack this compassion, they are asked to consider

by delivering impeccably courteous and caring service to veterans and their family members every day.

In this century, as in the last, our young men and women serve with distinction in the armed forces to preserve America's freedoms. Some give their lives in that heroic cause. America's national cemeteries provide lasting, visible tributes to our veterans and ensure their legacy of service to our nation will burn brightly in the centuries to come. **VA**

Comfort and Compassion

There comes a time when all the cutting-edge medicine in the world can't cure the illness, treat the disease, or slow the aging process. As the largest integrated health care system in the country, VA is well-positioned to be a national leader in end-of-life care.

Stephen Pavon served in the Marine Corps Air Wing from 1963 to 1967, including a tour in Vietnam. While on active convoy duty, he was injured twice, patched up and sent back out. During the "times of turmoil" that followed his discharge, Pavon was a fireman, a college student, and a hippie in Berkeley, Calif. Later, he taught transcendental meditation, traveled the world, and worked overseas as an engineer before finally landing as a horse trainer on a ranch in Nevada.

Now Pavon, 57, is fighting another battle, one he will not win, against rectal cancer. He will spend his final days at the VA Palo Alto Health Care System in California, where Dr. James Hallenbeck, director of Palo Alto's Palliative Care Services, and his team are building

and refining a new model of expert, compassionate, supportive care for veterans nearing the end of their lives.

"I've never heard a 'no' here," said Pavon. "The support is so complete that it allows me to be comfortable and to live my final days in comfort. I get to personalize my room. I can still maintain control of my heart, my mind, and my intelligence."

When the 25-bed Palo Alto Hospice Care Center was created in 1979, it was at the vanguard of a national hospice movement that would transform care for dying people nationwide. Today, the center remains at the forefront of innovation. It received a 2001 Citation of Honor through the American Hospital Association's Circle of Life

Awards for exemplary end-of-life care. It is also the hub site for a network of six interdisciplinary hospice and palliative care fellowship training programs within VA.

The unit's staff includes psychologists, a half-time massage therapist, and 25 volunteers, in addition to the requisite hospice doctors, nurses, social worker and chaplain. Families, who often travel to be near a loved one, may stay overnight on rollaway beds or in free facilities on the hospital's campus, says Hallenbeck, who, in addition to his role at the hospice care center is assistant professor of medicine at nearby Stanford University.

A Systemwide Transformation

Hospice care, whether it is provided in VA medical centers or in

patients' private residences by partnering community hospice programs, combines expert symptom management and pain relief with compassionate attention to the psychological and spiritual dimensions and family dynamics that arise when confronting a terminal illness. Quality of life becomes paramount when its quantity is limited. Hospice also supports grieving family members for a year or more after the patient's death.

For the national VA health care system, recent advances in developing, refining and expanding hospice and palliative care, an approach aimed at bringing hospice's holistic, comfort-oriented care philosophy to seriously ill patients earlier in their disease progression, are not mere frills. That is because an estimated 1,800 veterans die every day in this country, most of them members of

the Greatest Generation who won World War II. Now in their 80s, they are nearing the end of their natural life spans. Veterans accounted for 28 percent of all deaths in the United States in 2004.

Through a national network of state and local Hospice-Veteran Partnerships, VA is sharing what it

has learned about such care with the community agencies that provide the majority of hospice care to terminally ill veterans.

Hospice-Veteran Partnerships are part of a systemwide transformation aimed at honoring veterans' preferences for care at the end of life, says Dr. Thomas Edes, who as



Right: Eileen Scheifer, a nurse on the VA Palo Alto Health Care System's hospice unit, with a nurse trainee; below: An Interdisciplinary Hospice Team meeting. Photos courtesy of James Hallenbeck, M.D.



chief of Home and Community-Based Care is VA's top administrator overseeing this transformation. In response to increasing and changing demands for end-of-life services, VA has issued a number of recent directives mandating hospice and palliative care.

"We now have a framework and a structure in place," Edes says. "All of the pieces are aligned. Hospice is now a covered benefit for all enrolled veterans, home hospice care is in the VA budget for the first time, and we have a national standard for purchasing hospice care from community providers. We can track hospice workload for resource allocation and planning, and we have a hospice point of contact at every VA facility. We want to elevate expectations and make it easy for veterans to access hospice and palliative care."

While the largely autonomous local VA medical centers are given flexibility to address end-of-life care according to their veterans' needs, national policy and standards stipulate that each VA facility have the following resources and services:

- a designated hospice contact person who is part of an integrated network for local and national communications and information dissemination;
- provision of needed hospice services in all settings;
- inpatient hospice beds or access to them in the community;
- an interdisciplinary palliative care consultation team;
- assistance with referrals to community hospices in its service area; and
- tracking of hospice and palliative care services provided to veterans in all settings.

In many cases, the local approach may include a dedicated hospice unit, such as at the Palo Alto VAMC, based in either a hospital or an extended care facility. Palliative

care teams may consult on pain and symptom management for outpatient clinics as well as throughout the hospital. VA's own home-based primary care or specialized geriatric services may also be involved in developing end-of-life care programs.

"We will institutionalize, in the best sense of that word, hospice and palliative care in the largest integrated health system in the nation, proactively creating an end-of-life care system while implementing permanent changes, making it an integral part of the fabric of what VA is," says Diane Jones, a palliative care consultant in headquarters. That kind of integration has not yet happened in the private sector, she

notes, even though U.S. hospices will care for 900,000 dying patients in 2004.

"We're doing a lot of things to bolster that institutionalization ... a lot of program development, a lot of action. The challenge now is to create an enduring network of skilled, trained, committed professionals," Edes adds. "It's our privilege and our responsibility to ensure that veterans receive comfort, support and care as they face their final days and that they have a choice of where they receive this care. Some don't. I am concerned that in the past far too many veterans have suffered quietly, graciously accepting far less than the services they rightly deserve."

Hospice and Palliative Care Are VA-Covered Benefits

Palliative care is a comprehensive approach to care in which the primary goal of treatment is comfort rather than cure in a person with advanced disease that is life-limiting and refractory to treatment. Palliative care provides symptom management and emotional and spiritual support, guided by individual preferences and generally provided by an interdisciplinary team. Palliative care can be a complement to conventional, disease-modifying medical therapies or it can be an alternative when such treatments are no longer effective or not desired by the patient.

Hospice, the most intensive form of palliative care, is provided to seriously ill patients who have less than six months to live and who have agreed to enroll in hospice services, rather than to pursue aggressive attempts for cure of their illness. Hospice focuses on comfort for both patients and loved ones, not cure. VA defines hospice and palliative care as a continuum of comfort-oriented and supportive services provided across settings, including hospital, extended care facility, outpatient clinic and private residence.

Hospice and palliative care are covered services, authorized in VA's Medical Benefits Package, on an equal priority with any other medical service. VA medical centers must provide or purchase hospice care when VA determines that an enrolled veteran needs it. VA medical centers must also provide palliative care services through consultation teams that include a physician, nurse, social worker and chaplain. Palliative care teams offer consultation throughout a medical center, assisting with planning and guidance on managing a patient's pain and other symptoms, especially when these are complex or difficult to control.



Clockwise from left: Vietnam veteran Stephen Pavon lived on an isolated ranch in Nevada until cancer forced him to move to the VA Palo Alto Health Care System's hospice unit; family room on the hospice unit; a wreath from the semi-annual memorial service for veterans who die on the hospice unit. Each ribbon, tied by a family or staff member, is in memory of one of the patients. Photos courtesy of James Hallenbeck, M.D.

Although much has been accomplished in the last few years, more must be done to consolidate and sustain the gains at every level. VA's newly established ability to measure and track the types of end-of-life care being provided in each facility—the workload—is a major step forward.

Changing the medical culture from top to bottom at each facility is another significant challenge. VA leaders aim to create an environment in which VAMC staff are comfortable referring patients to hospice and palliative care and bringing up death and dying during

routine advance care planning conversations with seriously ill veterans and their families.

"Is there a well-functioning palliative care team at every facility, as we have mandated? Are those teams adequately trained and staffed? At this point, probably not," Edes concedes. "But we are raising expectations at the national and local levels, so that a terminally ill veteran can go to any VA facility and obtain hospice care. If needed hospice care is not forthcoming, we want them to contact us. And we now have champions working in every VA facility, so we are getting closer to our target."

'The Underlying Theme is Comfort'

Stephen Pavon says he has encountered the VA health care system twice in his life, and both experiences were positive. The first time,

five years ago, he was referred to a PTSD program at the nearby Menlo Park VA Outpatient Clinic.

"That saved my life. The communication skills they gave me helped me clean up my life," he says. After five failed marriages and multiple job changes, "I had turned isolation into a profession."

More recently, Pavon was living on his isolated Nevada ranch, where a hospice team from Barton Memorial Hospital in South Lake Tahoe, Calif., visited and cared for him. When he could no longer manage living alone, even with the help of friends, "they had a room waiting for me here on the VA hospice unit." Before entering, Pavon wrapped up his personal business, found a good home for his horse, gave away his golf clubs and conga drums, and paid all of his bills—including a pre-paid cremation service.

When he came to the Palo Alto

VA hospice unit, he expected to find the same level of compassionate, spiritually oriented, medically expert hospice care that he had received from Barton Hospice—and he has. Sitting in his hospice room, wearing his black cowboy hat, Pavon reflects on a restless but full

life and on the cancer that has come to dominate but not define his final days.

Mellow and sanguine about his prospects, Pavon could be a spokesperson for the hospice philosophy. “The whole underlying theme here is my comfort. I’m under 24-hour

care and they’ve got me covered. If something isn’t working, they come in and fix it and I’m back on the road. Medically, they’re all up to snuff. They know how to give me the tools I need and they don’t stop until I’m in my comfort zone,” he says.

Pavon observes, “Sometimes, you find a simple word that explains you. I can relate my whole current existence, my spirituality, anything, to that concept of comfort.” People are born into this world in need of comfort, he says. Sometimes, at the end, they need more help to maintain a degree of comfort, and that’s where hospice comes in.

In Pavon’s case, a percutaneous infusion catheter (PIC) and portable pump deliver high doses of Dilaudid, a powerful synthetic form of morphine that keeps his pain under control without sacrificing his lucidity.

“I’ve had great adventures. Sometimes I wish I’d stayed a fireman—a nice, steady job,” Pavon says. “But I traveled all over the world. I was always trying to fit in—trying to find where I belonged.”

Epilogue: Stephen Pavon died on the VA Palo Alto Health Care System’s hospice unit on May 26, 2004, peacefully and comfortably. VA

Editor’s Note: VAguard thanks the National Hospice and Palliative Care Organization for its cooperation in producing this article, which appears in a 12-page monograph, “VA Transforms End-of-Life Care for Veterans,” by freelance writer Larry Beresford. The monograph is being distributed nationally to the organization’s members as well as to VA facilities and state veterans homes. The publication can be downloaded from NHPCO’s Web site at www.nhpc.org/veterans. Limited copies of the publication are available by contacting Chris Cody at Christine.Cody@va.gov or Pat Kelley at pkelley@nhpc.org.

Hospice-Veteran Partnerships Promote Access

With support from VA headquarters, the National Hospice and Palliative Care Organization, the national Rallying Points office in Washington, D.C., the Center for Advanced Illness Coordinated Care in Albany, N.Y., and other end-of-life advocates, Hospice-Veteran Partnerships are now forming at state and regional levels to increase access to appropriate end-of-life care for veterans. They promote access by strengthening partnerships between VAMCs and their community partners, and by expanding their mutual knowledge base.

Some states are already well advanced in this dialogue, while others are just starting to talk. A Hospice-Veteran Partnership “toolkit” developed by the VA Hospice and Palliative Care Initiative and published by Rallying Points is full of suggestions on how to do this. Partnerships often are co-sponsored by state hospice organizations while bringing together community hospices, community end-of-life coalitions, veterans service and alumni organizations, private service clubs, state Departments of Veterans Affairs, state veterans homes, the National Cemetery Administration, local military treatment facilities, and VA professionals at the medical center and VISN levels.

“So much can be accomplished just by sitting around the table and talking with each other,” says Kathleen Jacobs, Rallying Points Regional Resource Center coordinator based at The Hospice of the Florida Suncoast in Largo. From there, coalitions typically assess unmet local needs, develop a strategic plan for how best to serve veterans in the area, and then share information with veterans’ groups and the public. “Florida is a prototype of what can be done through partnerships,” Jacobs says.

The Florida state group designed Hospice-Veteran Partnership commemorative pins with a card that reads, “Thank you ... for your military service to America by advancing the universal hope of freedom and liberty for all.” It distributed 20,000 of these pins in November 2003 to VA facilities, community hospices, veterans’ organizations, and public officials, as well as at a number of commemorative events.

“These events helped to bring greater awareness to end-of-life issues and the need for advance care planning, without seeming morbid,” says Joanne King, director of social work for Hospice of Volusia-Flagler in Port Orange and a member of the Hospice-Veteran Partnership of Florida. The coalition also co-sponsored a February 2004 statewide professional education teleconference on end-of-life care for veterans.



Caring for Veterans Worldwide

A unique program administered by the Health Administration Center in Denver allows veterans living or traveling overseas to bill VA for service-connected medical care.

With an extensive network of medical centers and clinics throughout the United States, VA offers substantial health care opportunities for veterans, but what do they do if they're traveling or living overseas and find themselves in need of medical attention? Well, VA has that covered

too, under the Foreign Medical Program.

Managed by the VA Health Administration Center in Denver, the Foreign Medical Program gives veterans the ability to seek medical care related to their service-connected conditions in almost any country in the world, with VA pick-

ing up 100 percent of the medical bill.

"The department established the Foreign Medical Program to fulfill its responsibilities to our veterans who were temporarily or permanently living outside the United States," said Ralph Charlip, director of the Health Administration Cen-

ter. "While it is not possible to have a VA medical facility in every country or every city, through the FMP, service-connected veterans can still obtain the medical and vocational rehabilitation services they earned while serving our country, no matter where they are."

Here's how the program works. A veteran who currently lives overseas, or plans to travel overseas, sends a registration form to the Health Administration Center, preferably with a copy of their VA rating decision. After processing the form, the Foreign Medical Program office sends the veteran a letter confirming enrollment in the program and outlining the conditions that will be covered. If the veteran does not provide a copy of their rating decision, the Foreign Medical Program office will contact the veteran's VA regional office of record to confirm their service-connected status.

A Growing Program

A unique aspect of the program is that unlike disability compensation or VA medical center treatment categories, percentage of disability has no bearing on the payment for treatment; whether a veteran is rated 1 percent or 70 percent for a service-connected condition, payment will be made to the provider in full for treatment related to that

specific condition.

Once enrolled, if a veteran is traveling or living overseas and needs medical treatment related to a service-connected condition, they simply go to a health care provider and then send the bill to the Foreign Medical Program office in Den-

vers who seek treatment in Canada must go through the White River Junction VA Medical Center in Vermont, and veterans traveling or living in the Philippines are expected to go to the VA facilities in Manila.

"It is very important to remember that the treatment must be re-

lated to the veteran's service-connected condition outlined in the acceptance letter," said Ted Benn, plan administrator for the Foreign Medical Program. "For instance, if a veteran is traveling in Mexico and the prosthetic leg he received as a result of a service-connected condition breaks and he falls down and gets hurt, the Foreign Medical Program will pay for the related medical expenses. If the same vet becomes hospitalized in Mexico for food poisoning, the program will not pay for it.

"Unfortunately, due to the fact that we are such a small program, the vast majority of health care providers overseas have not heard of the program, so the vet-

eran more often than not has to pay for the medical care up front out of their own pocket, then send us the claim for reimbursement."

Currently 12,446 veterans are registered in the program and the



ver. The bill is translated, the exchange rate for the foreign currency is determined and the veteran is reimbursed.

In Canada and the Philippines, however, the rules are different. Vet-

Denver office has received claims from 131 different countries around the world, the most coming from Germany, Panama and Costa Rica, respectively.

Although the beneficiary population has grown steadily since the program's inception in 1973, compared with the number of veterans registered for VA health care domestically, that number is minute.

"VBA has told us that there are more than 15,000 veterans who live overseas and receive disability compensation," explained Charlip.

"We've registered just over 12,000, so we have at least another 3,000 to go. And that only accounts for the people living overseas. I imagine that thousands of veterans travel outside the United States every year. I expect to see continued growth from the traveling veteran community.

"We try to reach as many as we can each year. As part of the HAC's outreach effort, we try to inform

particularly well-organized group of veterans in Mexico, led by Vietnam veteran and cancer patient Don Adams, has even had their experiences with the program documented on several expatriate Web sites and publications. Their enthusiasm for VA has grown considerably since enrolling in the program, as evidenced by this letter Adams wrote to the Health Administration Center in January.

"It seems strange to be writing a fan letter to a government entity but everyone needs to know how much my wife and I appreciate everything that the employees of the Foreign Medical Program have done for us.

"We live in Mexico and are very thankful for the services you provide, but especially the easy access to the representatives who answer the phones in Denver. Each time I call I receive a polite, useful, and usable answer to my questions.

"And we and the Mexican doctors are both surprised and pleased

quick death. After much discussion Teresa and I decided I should apply to the FMP and stay at home in Ajijic for treatment until the end.

"As of today I have far exceeded the time the VA doctors believed I had left. My tumor is in full remission and I'm stronger and healthier than I've been for a long time. I've moved from the mountains of Jalisco State to a volcanic sand beach in Colima State, and Teresa and I literally have a new lease on life.

"Being able to receive treatment in my home, with a doctor of my choice, without tiring, expensive, and aggravating travel has been a major contributor to my present state of remission. We cannot adequately express our thanks for not only an excellent benefit for those of us who choose to live outside the U.S., but also the caring professionalism of all of you who make the FMP work the way it was intended to.

"We are both writers and have posted articles on several Mexico-based English language Web sites and are currently working on a piece for a U.S. newspaper with wide Mexico distribution. We're convinced that our good experience with the FMP is not unique and we want to help spread the word about this valuable program. Again, thanks to all of you."

Veterans who would like to learn more about the Foreign Medical Program and how to enroll can go the Foreign Medical Program Web site at www.va.gov/hac/fmp. They can also e-mail the Health Administration Center at HAC.FMP@med.va.gov; call FMP offices at (303) 331-7590; or write to: VA Health Administration Center, Foreign Medical Program, P.O. Box 65021, Denver, CO, 80206-9021, USA. 

"While it is not possible to have a VA medical facility in every country, through the FMP, service-connected veterans can still obtain the medical and vocational rehabilitation services they earned while serving our country, no matter where they are."

those veterans who travel about the program. In FY 2004, we visited with 648 members of veterans service organizations and more than 1,100 state and federal veteran service officers and provided them with FMP information."

Spreading the Word Abroad

Word of mouth between veterans living or traveling overseas has also been an effective avenue for getting the eligible veteran population to sign up for the program. One

with the speed with which your claims people process my submissions and issue checks. Being able to fax my claims to you is both safe and fast, and one more indicator of the high degree of efficient service you provide.

"I was diagnosed with a fast moving small-cell cancer of the lung (in addition to my existing metastasized prostate cancer) and spent months traveling back and forth to Texas for treatment. The tumor kept growing and my prognosis was for a

By Glenn A. Johnson

Holiday Heroes



DEBORAH F. EIRING

When it came time to decorate the large tree that adorns the rotunda of the Hot Springs, S.D., VA Medical Center each holiday season, the Employee Association knew they wanted a red, white and blue theme. But to add more meaning to the tree this year, they asked employees to submit the names and photos of loved ones serving in the military. Telephone operator Mandy Fleming, above, then volunteered to make ornaments for the tree, each featuring the photo and name of an employee's loved one in the military.



MICHAEL L. MOORE

Employees of the VA Office of Inspector General have participated in the U.S. Marine Corps Reserve Toys for Tots program for the past six years. Most years they collected more than 100 toys, and last year's total was around 250. But this year's donation of more than 350 toys for needy children in the D.C. metropolitan area topped them all. Shirley Landes, left, chief of the Freedom of Information Act section, and Adrienne Mitchell, a management analyst, coordinated the toy drive, and Secretary Principi was on hand when they presented the gifts to the Marines at their holiday party.



MOLLY REYNOLDS

Cold temperatures didn't dampen the spirits of 16 veterans from the Alvin C. York campus of the Tennessee Valley Healthcare System who got to ride on the VA float or carry the banner in the Rutherford County Christmas parade through downtown Murfreesboro. The float, with its theme, "Thank a Veteran," won first place for a business/industry entry, and drew lots of smiles, salutes and shouts of "Thank you!" from the crowd. The float was made possible by donations from the Employee Associations, Voluntary Service, and the Veterans Canteen Service, and by the after-hours work of several employees.



ROBERT TURTIL

The holiday spirit was alive and well at the Veterans Benefits Administration headquarters. Employees collected 425 pounds of food, \$285 in grocery store gift cards, plus several boxes of clothing and toiletry items and donated them to local organizations that work with homeless veterans, including two VA vet centers. Left to right: James Harr, Frank Bryceland, Domenic DeStefano and Shana Brown pack up boxes ready for delivery. "Creating VBA Care Bags was just an additional way to show our veterans they are not forgotten," said Brown.



JOHNSON CITY (TENN.) PRESS PHOTO

The Domiciliary Residents Advisory Council at the Mountain Home, Tenn., VA Medical Center works all year to raise money for the Christmas party they throw in the domiciliary's recreation hall for 30 needy children from the community. Local businesses help out with donations of food, toys and other items, and the residents buy each child a \$20 Wal-Mart gift card. Domiciliary resident Charles E. Cable played Santa at this year's 11th annual party.



CECTRIA ASHLEY

Each year, all services and sections at the Overton Brooks VA Medical Center in Shreveport, La., are invited to sponsor a family for the holidays. Some choose a veteran and family, while others pick a family at the facility's adopted school, Creswell Elementary. Thanks to the generosity of 25 services, the facility was able to brighten the holiday season for more than 30 families this year. Vin Joseph, president of the medical center's Employee Association, George M. Moore Jr., director, and Dock Voorhies, chief of Social Work Service, left to right, pose with boxes of food and gifts ready to be delivered to the families.



A Defining Moment

ANN HAMILTON

Outgoing VA Secretary Anthony J. Principi can count seamless transition among his successes.

Defining moments are unexpected and unrehearsed. They test our resolve and reveal our character. For VA Secretary Anthony J. Principi, a defining moment came in August 2003, when two veterans of the wars in Iraq and Afghanistan got lost in the transition from military to VA care.

Rather than take the easy road by applying a quick fix based on their individual circumstances, he resolved to enact fundamental changes in how the department cares for those wounded in the line of duty. His response reinvigorated a workforce and may ultimately define his term as VA Secretary.

Principi set the tone in a September 2003 message to all employees. “Let me make it clear that every military man or woman wounded, injured or ill from training for or fighting our war on terror receives priority service at VA. None of these heroes can ‘fall through the cracks,’” he wrote.

He established a Seamless Transition Task Force in VA Central Office and sent social workers and benefits counselors to military hospitals across the nation. Their job was to meet up with recovering servicemembers, introduce them to VA benefits, help them file claims, and facilitate their transfer to VA medical facilities where they could be closer to their families.

The impact was immediate. Wounded troops and their military case managers now had face-to-face contact with a VA representative. From their perspective, VA became a warm smile and a caring touch.

The seamless transition program has made a huge difference, according to Brian Austin, an assistant national service director with the Disabled American Veterans in Washington, D.C., who works with

wounded soldiers. He said the troops are “ecstatic and overwhelmed that someone is there to take care of

Marine Cpl. Anthony Alegre, 21, takes his first steps since suffering a traumatic brain injury on May 29, 2004, in Ramadi, Iraq. He is assisted by physical therapist Barry Dye, left, and occupational therapist Jason Vital on the Active Duty Rehab Unit at the Augusta, Ga., VA Medical Center. The unit exemplifies the creativity of VA employees who have embraced the seamless transition concept.

them and help submit their benefits packets.”

It also helps VA, according to his colleague Marc Burgess, who heads up DAV's transition service program. “It's going to save the VA

wounded troops first started coming to VA hospitals, the emphasis was on a smooth admission and top-quality care. Little emphasis was placed on the environment of care. It soon became apparent, however,

tals, reality sets in. “It's a major cultural transition for them. And we might need to reevaluate the environment of care we provide these patients and their families,” said Kussman, noting that unlike typical VA patients, these veterans may be accompanied by young children or even their own parents.

As the new Seamless Transition Coordination Office continues to evolve, staff can look to the ideas of VA employees across the country, many of whom have come up with unique ways of reaching out to our newest generation of combat veterans. There have been open houses and health fairs, benefits seminars and welcome home parades. *VAnguard* took a closer look at two seamless transition activities that truly reflect the flexibility and creativity of the VA workforce.

Active Duty Rehab Unit

Much of the seamless transition work involves greater cooperation between VA and the military. This can lead to tough decisions about the best use of resources. One of those decisions fell to Jim Trusley, director of the Augusta, Ga., VA

“These are the veterans of the future. We want to bring them in and let them know they're welcome at the VA.”

a tremendous amount of man hours down the road” by reducing appeals and remands. “All injuries are being documented before the discharge so a favorable decision can be rendered the first time around,” he said.

Task Force Evolves

When Principi started the Seamless Transition Task Force in the summer of 2003, American troops had suffered about 2,500 combat casualties in Iraq. By Jan. 7 of this year, that figure had risen to 10,252. As casualties mounted, Principi transformed the original task force into a permanent Seamless Transition Coordination Office in VA headquarters.

A single office was necessary to keep track of all the transition activities, according to one of the task force's original co-chairs, Dr. Michael J. Kussman, who now serves as acting deputy under secretary for health.

“There are so many joint activities [between VA and DoD] and so many people involved, sometimes it's hard to get your arms around it all,” he said. Kussman hopes the new office will become the central clearinghouse for all joint VA/DoD ventures and serve as the primary interface with DoD.

By delegating responsibility to one office, the department will be able to coordinate transition activities with a systematic, organized approach. For example, when

that the environment would be a major factor.

The current environment in military hospitals borders on the surreal. Politicians, movie stars and professional athletes regularly roam the wards. There are news cameras and swarms of reporters. Troops get free tickets to sporting events and dinners at fancy restaurants. Goody bags stocked with Red Bull energy drinks, DVDs, and the latest games for Sony PlayStation and Microsoft X-Box are handed out to them. They also have the support of their peers—other young soldiers who lost limbs, eyesight or suffered disfiguring burns.

When they come to VA hospi-



Outgoing VA Secretary Anthony J. Principi addresses members of the original Seamless Transition Task Force in his office. The task force, which was made up of employees from the Veterans Health Administration and Veterans Benefits Administration, has since evolved into a new office.

Medical Center, during a telephone conversation with VISN 7 medical director Carter Mecher, M.D., in November 2003.

The Army wanted VA rehabilitation therapists to come to Fort Benning in Columbus, Ga., to work with soldiers wounded in Iraq. But Mecher reasoned it made more sense to send the troops to the VA hospital in Augusta, where rehab specialists were already in place. He asked if Trusley could set up a rehab unit for active-duty troops.

"I loved the idea," Trusley later explained. "These are the veterans of the future. We want to bring them in and let them know they're welcome at the VA." But there was a catch. He'd have to do it within his existing budget—there was no seed money.

Trusley turned to Rose Trincher, M.D., chief of spinal cord injury at the hospital. "She's a progressive thinker and I knew she could pull it off," he said. Trincher didn't disappoint. By early February she had carved out enough space for a few patients. Her plan culminated in June 2004 with the official dedication of the new 30-bed inpatient rehabilitation unit.

The unit accepts patients from all military branches. Most have suffered multiple traumatic injuries—amputations, burns, loss of eyesight, brain injuries, PTSD—according to the unit's director, Dr. Dennis Hollins. Their average age is 24.

In the beginning, Hollins wasn't sure how the troops would like being at the VA hospital or how the traditional patients would respond to the active-duty troops. His uncertainty soon vanished, however. "The local veterans' groups were so supportive—they just embraced the idea," he said. As for the soldiers, it's just like a military environment for them, he explained, yet they have access to all the VA services: neurosurgery, mental health, blind rehab,



ANN HAMILTON



WILL TULLIS

Top: Alegre talks with Dr. Dennis Hollins, director of the Augusta VAMC's Active Duty Rehab Unit, and occupational therapist Becky Bonin; above: Helping servicemembers regain function and mobility is a priority on the unit. Here occupational therapist Lisa Dowling, right, works with patient Cleotha Williams, a member of the National Guard. Across the table, therapist Jason Vital monitors the progress of Army reservist Ashley Brown.



Rather than waiting for returning troops to come to the VA hospital, teams from the Tuscaloosa, Ala., VA Medical Center visited National Guard armories to meet with members of the 877th Engineer Battalion and welcome them home from Iraq. Jane Billings, director of primary care (top), and Regina Toth, R.N., help soldiers with VA health care enrollment and case management intervention.

spinal cord injury, and physical and occupational therapy.

The unit has treated 91 active-duty patients as of January. Of those, 25 recovered well enough to return to active duty.

Outreach Intensifies

Outreach has also been a major element of seamless transition activities. For John Goldman, acting

director of the Tuscaloosa, Ala., VA Medical Center, that meant coming up with a plan to reach the 1,600 reservists and National Guard members in his service area returning from combat tours in Iraq and Afghanistan.

Sure, he'd send each a personal letter welcoming them home and reminding them of their VA benefits, but he knew he could do more.

"This is a very patriotic area and we're real proud of what our soldiers did over there. We wanted to go to their towns and let them know we were there for them," he said.

Goldman set up an outreach committee to figure out the best way to reach these returning troops. Committee member Scott Martin, a social worker, suggested that instead of asking the soldiers to come to the hospital, outreach teams could visit their armories during weekend drills. That way they'd have a captive audience. "I'm in the reserves myself, so I know how the system works," Martin said.

On Nov. 6 and 7, 2004, they put their plan into action. Martin and his teams visited four armories used by the Alabama National Guard's 877th Engineer Battalion, which had more than 700 soldiers who served tours in Iraq. That weekend they helped about 200 with enrollment and case management intervention.

In all, the outreach teams have brought in more than 600 returning combat veterans, more than a third of the soldiers who deployed from their hospital's 12-county service area. The entire effort is done on a voluntary basis, with team members giving up their weekends for the mission. "Our teams really love what they do and it shows," said Goldman.

Moving On

Secretary Principi may be moving on, but his seamless transition initiative is here to stay. Perhaps this is the true measure of a defining moment: it transcends time and leaves a lasting impression. Principi once noted, "Our treatment of these newest veterans over the coming months will define VA for their lifetime and ours." It also just might define his term as VA Secretary. **VA**

By Matt Bristol

In Memoriam: Joseph O. Behnke

VA lost the first member of its “family” in the war on terror—Sgt. Joseph O. Behnke, an employee of the Manhattan division of the VA New York Harbor Healthcare System. He was killed Dec. 4 when he was thrown from a Humvee that crashed into a barrier while escorting a convoy north of Baghdad.

Behnke, 45, from the Park Slope section of Brooklyn, was assigned to the Army Reserve’s 258th Field Artillery Regiment. Initially sent to Iraq in April 2004, he had just completed a two-week leave for R&R when he returned to Iraq shortly before his death.

According to friends and family members, his heart went out to the barely clothed Iraqi children that he often saw begging for scraps of food. Wanting to do something to help, he collected clothing and toys for the children of Iraq.

The son of a Navy man, Behnke joined the Army at 17, serving in the 82nd Airborne Division from 1976 to 1980. Two years later, eager to serve again, he joined the National Guard, where he served for several years. After 9/11, compelled by patriotic zeal, he once again joined the National Guard.

He started working for VA in 1985 as a carpenter at the New York campus, progressively moving up to his last position as a maintenance mechanic.

“His love of country and family outshone all else,” said his brother-in-law Nelson Torres when asked how Behnke would be best remembered. Tributes by friends and family members painted the life of Sgt. Joseph Behnke as soldier, citizen, fellow employee, true friend, faithful husband, loving father and grandfather—a car-

ing person in all respects.

On Dec. 18, Secretary Principi, along with New York Harbor Healthcare System Director John J. Donnellan Jr. and Chief Chaplain Andrew Sioleti, went to the Behnke residence in Brooklyn to personally offer their condolences to the family.

A memorial service honoring Behnke was held at the New York campus on Dec. 22, attended by the family and hundreds of friends. The service also was attended by Acting Under Secretary



The Fort Hamilton Army Garrison Color Guard lowered the flag at the Manhattan campus to half-staff in honor of Behnke; inset: Behnke serving in Iraq with the Army Reserve’s 258th Field Artillery Regiment.

for Health Jonathan B. Perlin, M.D., who concluded his remarks by saying, “May God rest the soul of Joseph Behnke; may God send comfort to Joe’s family and to all who mourn him; and may God continue to bless America, this great country that Joe defended.”

Sgt. Joseph Behnke made the ultimate sacrifice for the country he loved and honored with his service. A devoted husband and family man, he leaves behind five children, five grandchildren and his wife of 25 years, Miriam. He will be missed, but not forgotten.

By Peter Juliano

VA loses a family member in the war on terror.

Working for a Better Future

VA, Army partnership helps homeless veterans get back on their feet.

A 40-foot rappelling tower is one of a dozen construction projects underway at Fort Devens, an Army Reserve training site located about 40 miles west of Boston. But the work isn't being done by Army engineers. It's being completed by military veterans, under a partnership between the fort and nearby Bedford, Mass., VA Medical Center.

The Veterans Construction Teams are operated through the medical center's Compensated Work Therapy program, which helps veterans return to work while receiving medical and mental health services.

Veterans who join the construction teams undergo visible changes, according to the team's director Bernie Cournoyer, of the Bedford VAMC. They hone work-related skills such as problem-solving, decision-making and interpersonal communications while learning construction trades. More importantly, they gain self-confidence by overcoming personal and career obstacles and achieving project goals. "You can see their enthusiasm grow, both individually and as a team," said Cournoyer.

The relationship with Fort Devens has developed into a valuable and ongoing partnership, according to project manager Dave Di

Rienzo. He said there are currently about 40 veterans working on roofing, fencing and interior renovation projects at the fort. The rappelling tower is a particular source of pride



Lt. Col. Anthony Kanellis, Fort Devens Reserve Forces Training Area commander, and Bobby Griffis, Fort Devens Engineering Office, review progress on a roofing project being completed by members of the Veterans Construction Team based at the Bedford, Mass., VA Medical Center.

among team members. When completed, it will be used by military personnel, as well as local, state and other federal agencies.

Fort Devens commander Lt.

Col. Anthony Kanellis is supportive of the Compensated Work Therapy program and veterans on the construction teams. "It's the kind of partnership the Army finds most advantageous ... and a smart way for Devens—and ultimately the Army—to have quality construction work at a good price," he said.

The program's ultimate goal is to help veterans get back on their feet. "That's what the Army is doing for them," said Cournoyer. "Homeless veterans aren't much different from any of us who served the country. They came home, and for whatever reason, lost their way for a while." Most program "graduates" have gone on to compete for and win jobs with commercial firms. One even started his own construction company.

Work therapy programs are in place at more than 100 VA medical facilities nationwide. They work best in partnership with other federal agencies, particularly the Department of Defense. "The continued commitment of these organizations sends a message to those who served the country that they will not be left behind," said Cournoyer. He noted that the program's success has led VA medical centers in Texas, Oregon, New York, Ohio and Kentucky to explore the potential for establishing their own veteran construction teams. **VA**

Nicholson Takes the Helm as Secretary of Veterans Affairs

R. James “Jim” Nicholson was sworn in as Secretary of Veterans Affairs on Feb. 1. President Bush nominated him to the position on Dec. 9, and he was confirmed by the Senate on Jan. 26.

During testimony at his confirmation hearing before the Senate Veterans’ Affairs Committee on Jan. 24, Nicholson said a background in the military helped prepare him for his new job. The West Point graduate served eight years on active duty, including combat duty in Vietnam, and 22 years in the Army Reserve.

“I have had the privilege of wearing the uniform of the United States Army in combat,” he told the committee, “so I have seen both the horrors of war and the heroes of America making the greatest sacrifices of military service on behalf of their comrades and our nation.

“One cannot leave a battlefield without having profound respect for the courage and cool of all who have served there,” he continued. “Their example of unwavering commitment to their mission, no matter how dangerous and uncomfortable, will always reverberate with me, and readies me for a mission of service to those veterans.”

Nicholson emphasized that he will continue to work closely with the Department of Defense to ensure a seamless transition for servicemembers returning from the wars in Afghanistan and Iraq. “The manner in which the VA supports the transition of today’s servicemembers into veterans, especially those who are



WHITE HOUSE PHOTO



ROBERT TURTEL

Top: “I marvel at America, that a boy from Struble, Iowa, may serve in the President’s Cabinet. How could this happen?” said Nicholson, as President Bush announced his nomination. “For me, it is because of the opportunities that my country gave me as a cadet at West Point and as a soldier.” Above: Nicholson testifies at his confirmation hearing on Jan. 24.

injured or became ill as a result of their service in combat areas, will define the department for them,” he said.

Nicholson praised his predecessor as “a man who has provided outstanding leadership and tireless dedica-

tion to the welfare of this nation’s veterans.” He pledged to build on the “terrific strides” VA made in

health care, benefits delivery and memorial affairs during Secretary Principi's tenure. "I will strive to move the department to another level, by building on all that has been put in place and improving upon those areas that remain a challenge," he said.

He also told the committee he would focus much of his attention on VA's 230,000 employees. "I am

deeply committed to earning the respect, trust and following of the men and women of the VA who have made service to veterans their life's calling. The VA workforce represents an enormous reservoir of dedicated, committed talent that must be put to its best possible use," Nicholson said.

"I will hold myself and my leadership team account-

able for ensuring and harnessing our employees' best efforts. It will be my job and my privilege to lead and harness this awesome force of talented people so that all of us have the same focus: our veterans. It is critical that we honor's America's debt to those who have served us so faithfully."

Nicholson most recently served as U.S. ambassador to

the Vatican. Prior to that, he was chairman of the Republican National Committee from 1997 to 2001. He has also been a housing developer and lawyer in his home state of Colorado.

The new Secretary, 66, is a native of Iowa. His older brother, Jack, served as VA Under Secretary for Memorial Affairs from 2003 to 2005. **VA**

Bidding a Fond Farewell to Secretary Anthony J. Principi



VA Secretary Anthony J. Principi said goodbye to employees at a farewell ceremony held Jan. 19 in headquarters.

"I am privileged to call you my colleagues," he told the crowd gathered in the new G.V. "Sonny" Montgomery Veterans Conference Center. "The great progress in service we have made, the initiatives we have begun, the awards and accolades we have received, and the good name we have perpetuated speak eloquently of your character, as it does the enduring character of our department. The legacy I leave is, in truth, *your* legacy—a testament to strength of purpose and commitment to excellence."

Principi's nomination by President Bush as Secretary of Veterans Affairs was confirmed by the Senate on Jan. 23, 2001. His four-year term was characterized by a reduction in the benefits claims backlog and processing times; decreased waiting times for health care appointments; record increases in health care funding; the Capital Asset Realignment for Enhanced Services, or CARES, plan to modernize the VA health care system; and an unprecedented expansion of the national cemetery system.

Prior to being appointed VA Secretary, the combat-decorated Vietnam veteran held a number of executive-level positions in the federal



Clockwise from left: Principi shares a laugh with VA Deputy Secretary Gordon Mansfield at the farewell ceremony; the outgoing Secretary tries out his chair from the White House Cabinet Room. The chair was among several gifts he received during the ceremony; the new G.V. "Sonny" Montgomery Veterans Conference Center was filled to capacity for the Jan. 19 event.

government and business, including VA Deputy Secretary during the administration of

former President Bush. He was also a partner in a San Diego law firm. **VA**

Law Gives VA Flexible Pay for Physicians, Schedules for Nurses

The President signed a bill on Dec. 3 that will improve VA's ability to recruit and retain top-quality physicians, dentists and nurses.

"Thanks to this legislation, we'll have the flexibility to adjust salaries for market pressures and reward performance so VA can meet the needs of a growing number of patients," said Secretary Principi.

He said the current pay system doesn't adequately consider regional differences in pay among private-sector medical specialists. As a result, VA depends heavily on contract medical specialists. These contracts often are more expensive than the costs of employing the same specialists as VA physicians and dentists.

Under the new law, the VA Health Care Personnel Enhancement Act of 2004, beginning Jan. 8, 2006, VA's pay system for physicians

and dentists will consist of three elements—base pay levels matched to years of VA service, regionally based market pay and performance pay.

No current employees will have their pay decreased. The new pay levels create a base pay for current employees and future hires that won't be decreased even if market pay levels for their specialties go down. The "market" portion of pay levels will vary from time to time for new employees.

Determination of market pay for a physician or dentist will consider several criteria, including length of experience in the specialty, degree of need for certain specialists at a facility, the labor market in the area, board certifications of the professional and prior VA service.

Performance pay will clearly link a portion of each physician and dentist's compensation to quality and per-

formance outcomes, rewarding such things as quality of care, timeliness and patient satisfaction.

"This new system retains the most positive feature of the old—assurance of regular salary increases with continued VA service—and adds rewards for performance as well as market sensitivity so VA can maintain a competitive stance in serving veterans," said VA Acting Under Secretary for Health Dr. Jonathan Perlin.

"The current system only marginally considers market-rate salaries," said Perlin. "This will give facility and regional executives the flexibility to meet their local needs."

VA officials said within a few years the added cost of the salary increases will actually decline as higher-cost

contracts for medical and dental care are eliminated.

The law also authorizes VA to offer registered nurses flexible work schedules in which longer workdays could be selected in exchange for fewer total working hours. Nurses would receive the same pay. Congress will receive VA certification annually that facilities have policies to prevent nurses in direct patient care from working longer than 12 consecutive hours or more than 60 hours in a week.

Additionally, the law allows VA to approve special pay to the top nurse—nurse executive—at each VA medical center. The added pay will range from \$10,000 to \$25,000 per year to bring the executives' salaries closer to that of their private-sector counterparts. **VA**

New Law Allows Higher Limits in VA Home Loan Program

Legislation recently signed by President Bush makes home ownership more affordable for many veterans.

Changes under the law mean veterans will be able to get no-downpayment loans of up to \$359,700. The previous ceiling was \$240,000.

VA-guaranteed home loans are made by banks and mortgage companies to veterans, servicemembers and reservists. With VA guaranteeing part of the loan, veterans can get a good interest rate without having to make a

downpayment.

The changes took effect Dec. 10 when the President signed into law the Veterans Benefits Improvement Act of 2004. The law also allows for loan limits to keep pace with rising home values.

The new law allows VA to guarantee one-year adjustable rate mortgages (ARMs) and it extends, through 2008, VA's "hybrid ARM program," which allows veterans to lock in a favorable interest rate for at least three years. **VA**

Contract Awarded to Complete CARES Plan Studies at 18 sites

VA has awarded a contract to PricewaterhouseCoopers to complete studies required by the Capital Asset Realignment for Enhanced Services, or CARES, plan. The \$9.6 million contract calls for completing studies at 18 sites throughout the country over a 13-month period.

Study recommendations, including those from stakeholders, will be reviewed by VA's Under Secretary for Health and the CARES Implementation Board, made up of senior VA officials, who will make recommendations to the Secretary. The studies will be completed by February 2006.

CARES is designed to provide greater access to quality care closer to where most veterans live. It allows VA to expand outpatient services and provide more of the care veterans want and use.

Talk Show Host Montel Williams Leads 2005 National Salute

Popular television talk show host Montel Williams is chairman of the 2005 National Salute to Hospitalized Veterans.

He will lead VA's annual patient recognition program inviting the public to visit and honor hospitalized veterans during National Salute Week, Feb. 13-19, and serve as national spokesperson for nearly 100,000 volunteers serving veterans at VA facilities across the nation.

Williams enlisted in the U.S. Marines in 1974 after graduating from high school. While attending the Desert Warfare Training Center at Twenty-nine Palms, Calif., he was recommended for, and accepted to, the Naval Academy Preparatory School at Newport, R.I.

Williams went on to attend the U.S. Naval Academy at Annapolis, graduating in 1980 with a degree in general engineering and a minor in international security affairs. He was the first black enlisted Marine to graduate from both the Naval Acad-

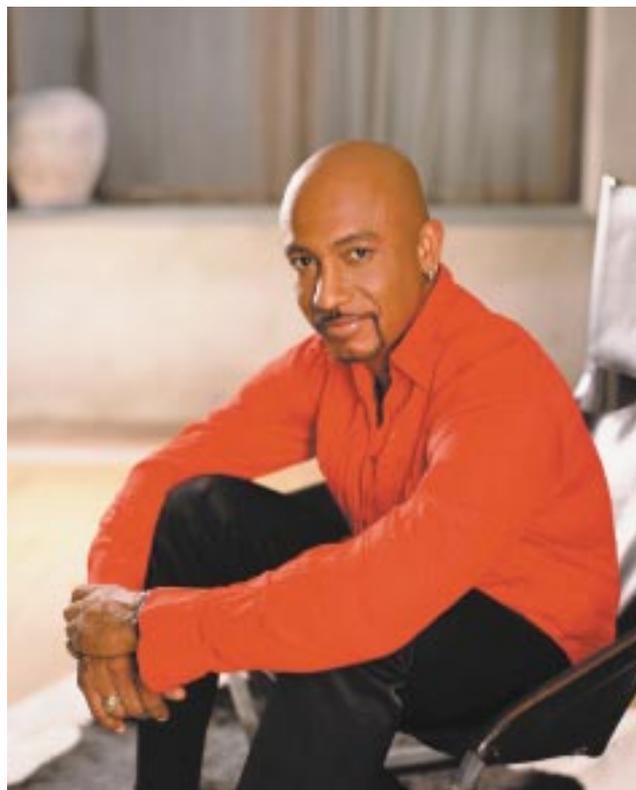
emy Prep School and U.S. Naval Academy.

While serving as supervising cryptologic officer at Ft. Meade, Md., Williams discovered a gift for public speaking. He ultimately gave up his naval commission to pursue speaking full time, leaving the Navy with the rank of lieutenant commander.

As a public speaker, Williams encouraged thousands of parents, educators and business leaders to work together to address issues affecting America's youth. These efforts ultimately led to the Montel Williams Show.

Now in its 14th season, the Montel Williams Show received the 1996 Daytime Emmy Award for Outstanding Talk Show Host and has also been honored with Daytime Emmy nominations for Outstanding Talk Show in 2001, and Outstanding Talk Show and Outstanding Talk Show Host in 2002.

In 1999, Williams was diagnosed with Multiple



Williams

Sclerosis (MS). He established The Montel Williams MS Foundation to further the scientific study of MS, provide financial assistance to

select organizations and institutions conducting research, raise national awareness, and educate the public about the disease. [VA](#)

VA National Cemeteries Score Highest in Satisfaction Survey

Can you guess which federal agency rates the highest among Americans when it comes to satisfaction with government services? It's the system of 120 national cemeteries run by VA. In fact, VA's cemetery system recently received the highest rating ever achieved by a federal agency in a nationwide customer satisfaction survey.

"These results tell us our cemetery employees are providing the services veterans

and their families deserve," said Secretary Principi. "Honoring our heroes in perpetuity and providing compassionate service to their families are among VA's highest callings. Our cemetery staffs have always met that challenge superbly."

The survey was the 2004 American Customer Satisfaction Index, and VA's cemetery system scored a rating of 95 on ACSI's 100-point scale. That's two points

higher than in 2001, the last time the cemetery system was reviewed.

Scores of 80 or higher on this survey are considered strong; those near 90, excellent. The ACSI is produced through a partnership between the University of Michigan Business School, the American Society for Quality and the CFI Group, a consulting firm.

The survey polled next of kin or others who had ar-

ranged for the interment of a loved one in a VA national cemetery within the past six months to a year. More than 2,800 people received the survey and nearly 500 responded. A total of 93,000 burials were conducted at VA national cemeteries last year.

In addition, ACSI's index for "user trust" produced a rating of 97 out of a possible 100 for the cemetery system. That score, two

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Ray Dutra

An article in the September/October 2004 issue of *VAnguard* highlighted the role of VA's Vocational Rehabilitation & Employment program in helping disabled veterans rebuild their lives. One question the story didn't address, however, is why the program puts so much emphasis on employment.

To answer that question, we turn to Navy veteran Ray Dutra, who has been in the program off and on since 1987. Last year, he landed his first job as an emergency room greeter at the Providence, R.I., VA Medical Center and immediately discovered the therapeutic value of work. The following is his account of how a new job has given him a new outlook on life.

"I have worked in the E.R. for a little more than six months alongside the paid medical employees. In that time I have blended my tasks of greeting incoming patients and stocking shelves to the point that I feel part of the medical team, while my job is not essential to the care of the veterans, per se.

"The day I received my identity badge I had no idea what an impact the small piece of plastic would have on my life. My badge speaks volumes to hospital staff that recognize me as a volunteer and a part of the emergency room team. Doors to labora-

tories, departments, and various offices open to me; the occupants welcome me with amiable camaraderie and I dare say equality. Working with the emergency room staff has been one of the most rewarding experiences in my life.

"Like keys to the kingdom, my badge, a required identity card on a clip to be shown at all times by every hospital staff member, has allowed me to walk with unsung heroes of America's military. The warriors of yesterday's battles come to the VA medical center in droves, seeking treatment of pain of all types. I have been both staff and patient, and I know that no one understands a veteran more than another veteran. That makes my job as a greeter and hospital staff more important than I sometimes realize. It is important for vets to be with other vets for the simple reasons of sharing concerns and commiserating together.

"As a volunteer, my contribution is only slightly remunerated with a stipend, but the rewards are far greater than I can say, being unable to find words that surpass miraculous; the sense of well-being cannot be measured. [Rising] from the doldrums of clinical depression to performing regular acts of kindness and bringing happiness to more than deserving



Dutra

JAMES BURROWS

heroes fills my sails with revitalizing wind. It is a lucky person who can find pride in what one does for a living. I consider myself a lucky man.

"My position as a volunteer started by meeting a vocational rehabilitation counselor at the Department of Veterans Affairs who enrolled me in the Veterans Resource Center (Compensated Work Therapy program), a place where disabled veterans receive counseling, guidance, and some work therapy. I almost turned my back on the center when I thought I was more in control of my life than the people I met there.

"I was wrong in more ways than one. The men and women at the center are some of the bravest people I have ever met. They taught me that respect and honor should not be held in reserve for those who seem worthy by their outward appearance.

"I know that I can't escape all the demons that seek to take away my happiness, but I have found that I can slay many through the act of serving others—the VA medical center provides me that opportunity. In thinking of others I have saved myself.

"Today the word 'hero' has been bandied around a great deal, but let us not forget that once those heroes come home or get injured and seek treatment, the VA health care system's 'heroes' will be there, ready to serve them." VA

Editor's Note: Ray Dutra has since taken an assignment in the hospital's Supply, Processing and Distribution section. He "continues to do terrifically wherever he is assigned," according to James Turner, chief of the Veterans Resource Center.

Cemeteries continued from p. 25

points above overall satisfaction, indicates that respondents are exceptionally willing to say positive things about VA's cemeteries.

The ACSI survey echoes

a recent VA survey that showed 97 percent of next of kin were satisfied with their experience.

ACSI is the only uniform measure of customer

satisfaction for government and industry in the United States. It produces satisfaction scores for seven economic sectors, 41 industries, 200 private-sector companies

and some local government services. ACSI allows benchmarking between the public and private sectors and between one year's results and the next. VA

Tablet-Splitting Saves Millions

The VA health care system saved \$46.5 million in 2003 by having eligible patients split their tablets of a popular cholesterol-lowering drug, researcher David Parra, PharmD, of the West Palm Beach, Fla., VA Medical Center, announced on Nov. 10, 2004, during the American Heart Association scientific meeting in New Orleans.

Tablet-splitting saves money because many pills are available in a higher dose for the same price as the lower dose. By splitting higher-dose tablets in half, patients can get their usual dose for about half the cost.

Parra also shared findings from a study that tracked 3,787 VA patients in Florida, Puerto Rico and Georgia who were taking simvastatin, commercially sold as Zocor, in 1999. Half the patients were converted from whole to split tablets, maintaining the same daily dose, while the other half continued on their whole tablets. Tablet splitters and instructions were provided to those on the split tablets.

After 12 months, both groups dropped roughly eight points from their LDL, or "bad," cholesterol scores. No difference was seen in liver function, a common measure of drug toxicity, or in the percentage of patients who stuck to their prescription. Based on this and other research, VA doctors and pharmacies are progressively widening the tablet-splitting program.

Splitting doesn't work with all medications, such as time-release tablets or those with a special coating. Statins are good candidates for it be-

cause the dose doesn't have to be as exact as with some other drugs. The drugs, while hugely popular, are relatively expensive. Parra offered the example of one pharmacy chain that sells 40mg and 80mg tablets of simvastatin for the same price, \$147.79 per one-month supply. He said the annual savings for one patient on 40mg who splits an 80mg tablet could be \$850. "While this is a significant amount of money, patients should not take it upon themselves to start splitting any medication without first consulting their health care provider," cautioned Parra.

VA Care Beats Private Sector

A team of researchers found veterans treated at VA medical facilities received better care than non-VA patients for 26 conditions, ranging from depression to coronary care. Researchers examined the medical records of nearly 600 VA patients and about 1,000 non-VA patients with similar health problems. They found VA patients received 67 percent of recommended care, compared to 51 percent for the non-VA patients. For preventive care, such as pneumonia vaccination and certain cancer screenings, 64 percent of VA patients received the appropriate care, compared to only 44 percent in the private sector.

Researchers attributed the difference to technological innovations, such as VA's computerized patient records, and to policies holding top managers accountable for standards in preventive care and the treatment of long-term conditions. "This study confirms that VA's

computerized patient records and our ongoing performance measurement of patient care ensure that veterans receive the highest quality health care," said Dr. Jonathan Perlin, VA's acting under secretary for health.

The study was conducted by the RAND Corporation, an independent think tank, in cooperation with the University of California at Los Angeles and the University of Michigan. It was published in the *Annals of Internal Medicine*.

The Dirt on Anti-Bacterial Soaps

Antibacterial soaps are no more effective than regular soaps at killing germs that cause diarrhea and vomiting, according to a study on acute gastrointestinal illnesses published in the Dec. 2, 2004, issue of the *New England Journal of Medicine*.

Researchers Daniel M. Musher, M.D., from the Michael E. DeBakey VA Medical Center in Houston, and Benjamin L. Musher,

M.D., from the University of Pennsylvania, conducted the study. They examined the bacterial, viral and protozoal causes of gastrointestinal illnesses and recommended the best ways to avoid getting sick. "In nearly all instances, transmission of acute gastrointestinal illness is due to organisms that are present transiently on the hands," the researchers noted.

Therefore, washing your hands with soap and warm water for 30 seconds is the best way to avoid transmission. "Hand washing reduces by about 95 percent the numbers of bacteria or viruses that are applied to the hands experimentally or that are acquired exogenously under natural conditions, and hand washing clearly reduces the spread of acute gastrointestinal illness in day-care and family settings." And don't get fooled into paying more for antibacterial soaps. The researchers found these soaps do not prevent acute gastrointestinal illnesses. **VA**



GARY DALE

Tablet-splitting saves money, but patients shouldn't do it without consulting their doctor, says researcher David Parra, of the West Palm Beach, Fla., VAMC.

A familiar face at the bedside



Denzel Washington visits Marine Corps veteran Jose "Joe" Cepeda at San Antonio's Spinal Cord Injury Center.

Oscar-winning actor Denzel Washington visited spinal cord-injured patients at the Audie L. Murphy Memorial Veterans Hospital in San Antonio, Texas, on Dec. 17. Accompanied by his wife Pauletta and three of their four children, the actor also met with Eric Alva, a Marine injured in Operation Iraqi Freedom, and Wendall B. Rivers, a World War II POW. Lorraine J. Dawson, an Army veteran and patient at the hospital, was delighted when the actor stopped to chat with her during his visit. "He came straight to where I was when he walked in the room," she said. "We had a long conversation. He even called over his wife to meet me. He is so nice and easygoing."

Washington, who has starred in a number of films with military themes, said the visit was a moving experience for him and his family. "All we have to give is our time—to be here to listen and to hear whatever people have to say, to encourage, and, as we've been doing all day, to say thank you." His visit was arranged by Rudi Gresham, senior advisor to the Secretary.

The wife of a New Orleans World War II veteran called it a "Christmas miracle." **New Orleans VA Regional Office** decision review officer **Marlene Pittari** called it just doing her job. Pittari read a newspaper article about the couple's intention to publicly renew their wedding vows to show that love conquers all, including their financial and health

problems. The wife's wedding ring had been stolen at gunpoint earlier in the year and financial difficulties arose after her husband's stroke in 2001. The article mentioned that the husband's military records had been lost in the fire at the National Personnel Records Center in St. Louis years ago and that he was having trouble establishing

service-connected disability with VA. After reading the article, Pittari found the veteran's case file, which was pending review, and got a rating started right away. On Dec. 30, the regional office notified the veteran and his wife that he will receive monthly payments at the 100 percent disability rate, as well as a sizeable retroactive payment.

It took more than half a century, but Army Staff Sgt. William H. "Shorty" Ross finally received his Purple Heart for wounds suffered while bailing out of his stricken B-17 during his crew's sixth bombing mission over Nazi Germany in 1943. The aerial gunner was hit by shrapnel as his plane was attacked by German fighters

and ordered to bail out at 12,000 feet. He was unconscious when he hit the ground and hospitalized by German captors for 11 days. He was among the first American prisoners of war repatriated in 1944 because of his medical condition. When he got home to Ohio, he made a point of contacting the families of fellow prisoners to give them messages and reassurance. **Cleveland VA Regional Office** Veterans Service Center manager **Duane Honeycutt** also presented Ross the newer but no less deserved Prisoner of War Medal during a special Veterans Day ceremony.

New York VA Regional Office counseling psychologist **Art Bass** couldn't get the story out of his mind. His

Retiring worn-out flags



What to do with a worn-out U.S. flag? It's a frequent question, for which the Aleda E. Lutz VA Medical Center and DAV Chapter 117 have just the right answer—a drop-off box. Cong. Dale Kildee (D-Mich.) presided over dedication of the medical center's new Flag Retirement Drop-off Box, above, in which Saginaw, Mich., citizens and groups are invited to deposit their worn-out flags. DAV members collect the flags and ensure their dignified disposal in accordance with flag etiquette.

A new American citizen



CURT CAMPBELL

Marine Cpl. Jason Poole raises his right hand to be sworn in as an American citizen at the VA Palo Alto Health Care System. Poole, a native of England, was injured in Iraq.

Marine Corps Cpl. Jason Poole is a patient on the VA Palo Alto, Calif., Health Care System's traumatic brain injury unit and, as of November, a citizen of the United States. Born in Bristol, England, Poole came to the United States as a boy and graduated from Cupertino High School near Palo Alto. He enlisted in the U.S. Marine Corps and was sent to Iraq—not once, not twice, but three times. Ten days before he was due to come home from his third tour, a booby trap exploded and the young corporal was very seriously injured.

When he arrived at Palo Alto, he couldn't walk, could barely talk and breathed exclusively through a tracheotomy. Four weeks later at his citizenship swearing-in ceremony, he talked non-stop, thrilled to have his family, girlfriend and friends there to congratulate him. Poole's mother, Trudy, and twin sister traveled from England to be with him. "My son has come so, so far since his injury and much of that is due to the tireless and dedicated staff at this hospital," said Trudy Poole. Under Secretary of Homeland Security Eduardo Aguirre administered Poole's oath of citizenship.

son-in-law had told him of an elderly couple in New Jersey he knew of whose home of 52 years was being foreclosed on. The husband, a veteran, had suffered a number of heart attacks and all they were living on was Social Security. Bass called the

couple and learned that the husband was captured during the Battle of the Bulge 60 years ago and was a POW for six months. He recalled a VA news release announcing expansion of benefits to former POWs and the Secretary's decision to service-connect

former POWs for stroke and heart disease. He contacted a local American Legion service officer for assistance in completing the veteran's application for disability compensation as a former POW and called the foreclosing bank to explain that forthcoming VA benefits would allow the couple to make necessary payments to keep their home.

The congressionally-authorized Open World Program opened the **Robert J. Dole VA Medical Center** in Wichita, Kan., to Russian

community health policy leaders who toured the facility and learned about veterans health care. The group was particularly interested in the center's substance abuse program and astounded by the swing-out concealed toilets in the center's new Urgent Care area. Do they have similar equipment in Russia? "That's a big nyet," was the reply. Many Russian health care professionals and administrators have developed significant partnerships with U.S. counterparts through Open World. **VA**

Hoofprints across Amarillo



CAROLYN KINGHAM

Pat Lewallen, a volunteer at the Amarillo VA Health Care System who has a son who served in Iraq, poses with "Freedom."

Nothing represents freedom like the power and grace of a horse, and that's just what's on display at the Amarillo, Texas, VA Health Care System—a life-sized replica of an American Quarter Horse. It's part of a citywide public art project celebrating the history and spirit of the Quarter Horse. With funding to purchase the horse donated by a local businessman, a task force of VA volunteers and employees came up with a design painted onto the fiberglass structure by a local artist with a grandson serving in Iraq. The chestnut-colored horse, named "Freedom," is blanketed by a U.S. flag and features the VA seal surrounded by the seals of the five military branches. This labor of love was placed near the center's main entrance and dedicated on Veterans Day.

Top honors in social work



JAMES GLEISBERG

Terry Harbert, left, chief of social work at the VA Eastern Kansas Health Care System, received the VHA Social Work Pioneer Award, the most prestigious service award for a VA social worker. Among Harbert's many achievements during his VA career are implementing innovative programs, developing new models of service delivery and establishing strong community/government partnerships to aid in patient recovery. Craig S. Howard, right, associate director of the VA Eastern Kansas Health Care System, presented the award.

The **Central Alabama Veterans Health Care System** won the Alabama Excellence Award, the top award in a three-tier quality awards program administered by the Alabama Productivity Center. The award is given for superior efforts in productivity and quality as measured by Alabama Quality Award Program examiners. The examiners use a variety of quality measurements including on-site visits to assess a facility's leadership and commitment to productivity. Last year CAVHCS won the sec-

ond-tier Progress Towards Excellence Award.

The Jefferson Awards, sponsored by the American Institute for Public Service (AIPS), honors the unsung heroes who volunteer their time across America. This year AIPS chose a **VA Pittsburgh Healthcare System** volunteer as one of 2004's regional honorees. **William "Mr. Bill" Vaupel** has volunteered at VA Pittsburgh for 15 years, escorting patients to medical procedures, cleaning beds and stocking supplies. A veteran himself,

Vaupel is best known for his ability to put patients at ease with jokes, stories and a large dose of compassion.

Paula Pedene, public affairs officer at the **Carl T. Hayden VA Medical Center** in Phoenix, Ariz., won the Innovation Award in Institutional Programs from the Public Relations Society of America (PRSA), Health Academy Section. The award honored the Strategic Public Affairs Plan she created for the medical center. The plan focused on improving the hospital's relationships with employees, patients, volunteers, congressional members and the community. The plan also earned PRSA's prestigious Silver Anvil Award, the Phoenix PRSA Chapter's Cooper Anvil Award and the VA Under Secretary for Health's Communications Award.

Biykem Bozkurt, M.D., a physician at the **Michael E. DeBakey VA Medical Center** in Houston and associate professor of medicine at Baylor College of Medicine, was awarded the W. Proctor Harvey Young Teacher Award by the American College of Cardiology for her dedication and excellence in teaching. Bozkurt teaches medical students and residents as well as specialty fellowship trainees.

With the Destroyer DD-886 USS Orleck in the background, **Maurillo Garcia-Maldonado, M.D.**, **Beaumont VA Outpatient Clinic** executive, received the Heritage Freedom Award at a ceremony in Orange, Texas. Presented by the South East Texas War Memorial Historical Foundation in partnership with the Orange Naval Reserve Center, the award recognized Garcia-Maldonado's dedication to

veterans. The USS Orleck's keel was laid in Orange on Nov. 24, 1944, and after restoration the destroyer will be open to the public as a memorial.

The **VISN 2 Homeless Team of Albany, N.Y.**, has won Modern Healthcare Magazine's 2004 Spirit of Excellence Award for outstanding work by a homeless program. Their selection for the

Excellence in teaching



Keith Armstrong, above, director of social work for San Francisco VA Medical Center's Mental Health Service, received the Excellence in Teaching Award from the University of California, San Francisco, for his work with psychiatry residents. The award is voted on by the psychiatric medical residents themselves rather than by experts or others in the field. Armstrong received more votes than psychologists and psychiatrists who had also been nominated.

award was based on improvements in providing access to health care and services through the Homeless Team's continuum of care program. The team credits the hard work, dedication and commitment of team members, support from senior leadership, and community partnerships that support their efforts.

Sharon Rounds, M.D., chief of pulmonary/critical care at the **Providence, R.I., VA Medical Center** and professor of medicine at Brown University, was elected president of the American Thoracic Society. ATS, with more than 13,500 members worldwide, is an independent educational and scientific society which focuses on respiratory and critical care medicine. The society's members help fight and prevent respiratory disease around the globe through research, education, patient care and advocacy. Rounds studies cell injury and dysfunction, which are early symptoms of acute lung injury.

The **VA Maryland Health Care System** received the 2004 Grace Hopper Government Technology Leadership Award, Scientific Advancement category, for exceptional service to the public, mission accomplishment and cost effectiveness. Their submission, the MUE (Medication Use Evaluation) Initiative, was selected from among 260 applicants from all branches of government by the Academy of Government Technology, consisting of 250 leading experts on the federal government's use of technology. The MUE Initiative, a software tool that helps health care providers choose and review their patients' medications wisely,

has been in place at the VA Maryland Health Care System for more than three years and has been implemented for several medications. Due to its success, plans are underway to extend it to other medications and to other VA facilities throughout the country.

Mary E. Burkhardt, a program manager with the **VA National Center for Patient Safety** in Ann Arbor, Mich., was named a Distinguished Alumnus by Wayne State University's Pharmacy Alumni Association. She holds a bachelor's degree in pharmacy and a master's in hospital pharmacy administration from the university. Burkhardt was one of the first pharmacists nationwide to work on patient safety issues on a full-time basis.

The Colegio de Farmacéuticos de Puerto Rico (Puerto Rico Pharmacists Association) has named **Dr. Giselle Rivera**, pharmacy clinical coordinator at the **San Juan VA Medical Center**, as recipient of the Abigail Robles Award for 2004. It is the organization's most distinguished honor. Rivera is a leader in the pharmacy profession in Puerto Rico. She currently supervises 15 pharmacists and coordinates the medical center's anticoagulation clinic.

Fred H. Rodriguez Jr., M.D., director of pathology at the **New Orleans VA Medical Center**, was recently installed as president-elect of the American Society for Clinical Pathology. He has served the society in various capacities through the years, including as vice president, secretary, and on the board of governors. Founded in 1922, the society is the oldest

and largest nonprofit medical specialty organization for pathologists, medical technologists and other laboratory professionals.

Joy W. Hunter, dean of the **VA Learning University** in Washington, D.C., received an industry leadership award at the Learning in Practice Awards competition sponsored by *Chief Learning Officer* magazine. Hunter won the bronze award in the Learning Innovation category for her role in supporting technology-based training opportunities for VA employees.

Robert H. Weiss, M.D., a nephrologist with the VA

Northern California Health Care System in Sacramento, received the Joan Oettinger Memorial Award from the University of California Davis, School of Medicine. The award recognizes contributions to research in cancer disease. Weiss investigates growth control in cancer and atherosclerosis, a condition that causes lesions and limits blood flow in arteries.

The Pharmacy Society of Wisconsin selected **Lynnae M. Mahaney**, chief of pharmacy at the **William S. Middleton Memorial Veterans Hospital** in Madison, Wis., as Pharmacist of the Year. **VA**

A new frontier in psychiatry

Nick A. Kanas, M.D., below, associate chief of mental health at the San Francisco VA Medical Center, was awarded the prestigious Royer Award for San Francisco Bay-area physicians who have made significant contributions to the fields of psychiatry and neurology. Kanas, who is also a professor of psychiatry at the University of California, San Francisco, is the founder of the new field of space psychiatry.



He has worked with astronauts for more than 35 years, studying the psychological effects of space travel, including assessing cultural factors in crewmember and crew-to-ground interactions

during missions with the International Space Station. Kanas' work has previously been recognized both in 1999, when he won the Aerospace Medical Association's Raymond F. Longacre Award, and in 2004, when his book *Space Psychology and Psychiatry* won the Life Sciences Book Award from the International Academy of Astronautics.

A calm voice on the line



DAMON A. STEVENSON

Cynthia Hall, above, telephone operator at the Montgomery campus of the Central Alabama Veterans Health Care System, recently received a desperate cell phone call from a veteran experiencing chest pains while driving from Mississippi to Michigan. Hall contacted the CAVHCS Life Support Unit (LSU) and then forwarded their recommendation that the veteran stop at the nearest hospital. The veteran responded that the VAMC was his only choice because he didn't have insurance. Hall then asked the veteran to give her his cell number, a vehicle description, and his present location, and to remain in contact with her.

The veteran soon indicated that he was closing in on the medical center's proximity, but did not know how to reach its exact location. Hall notified CAVHCS police that the stricken veteran was inbound, requesting they notify the LSU and emergency treatment staff of his arrival. She then provided real-time directions that enabled the veteran to drive up to the LSU entrance. Hall's calm, hands-on involvement led to a successful conclusion to this desperate situation.

"I'm glad I didn't park in my usual space," said VA social worker **Cynthia Herndon**. On Dec. 28, Herndon heard strange noises as she walked to her car in the **Miami VA Medical Center** parking lot. Following the "swooshing sounds," she peered into a

manhole to find a manatee mom and her year-old son stuck in a three-and-a-half-foot wide drain. Herndon hoped the animals would somehow free themselves with that evening's incoming tide. But when she arrived the next morning, the manatees were still there.

Herndon then called the Miami Seaquarium and the Florida Fish and Wildlife Conservation Commission for assistance. It took about four hours for the small army of five professional animal rescuers, VA police and assorted hospital personnel equipped with two large construction cranes to rescue the animals. After a quick veterinary checkup, the animals were released into the Miami River. Experts suspect that

momma manatee followed her wandering baby into the storm drain on the Miami campus through a nearby creek. These endangered mammals, also known as "sea cows," number only around 3,200. They lack the proper fins to move backwards, so they were unable to escape. "I'm ecstatic and kind of choking on tears," Herndon said. "I'm an advocate for vets and now for mammals, too." **VA**

Right place and time to help



CHRIS BAROODY

As VA police officer **Johnnie Scott**, above, made early morning rounds on Nov. 16 at the **Ralph H. Johnson VA Medical Center** in Charleston, S.C., his attention was drawn to a car with its door slightly open. "When I opened the vehicle door I knew that this was a medical situation," said Scott. He found the driver nearly unconscious, his left hand crumpled into a fist, his right clutching a bottle labeled "Nitro Quick." Scott realized that the man could be having a heart attack and called for an EMS response. He asked the driver if he needed the medication and the man nodded. Scott handed him a nitro tablet, enabling him to self-medicate.

The driver had indeed suffered a heart attack, but has since returned home and is doing well thanks to Scott and the VA medical team. "I just was glad to be in the right place at the right time to help," said Scott.