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On the cover
As an operations specialist with the Veterans Canteen Service, Craig Fishbein, shown here in the canteen store at the Battle Creek, Mich., VA Medical Center, travels the country taking on challenges at VA canteen sites. He estimates that he spends 80 percent of his time on travel “fixing things.” Fishbein represents today’s Veterans Canteen Service, which has continually evolved over its 60-year history to meet the changing expectations of veterans and VA employees. photo by Patrick Gault
Temporary Condition Leads to Permanent Understanding

Right after Thanksgiving, I fell on the first day of snow and, in a natural reaction, threw out my hand to catch myself. With some snapping of bones and my wrist twisted in a formation rather like a “Z,” I knew instantly I had broken my left hand. The emergency room confirmed a nasty break at the wrist, and shortly thereafter surgery was scheduled. In the interim and after surgery the arm was splinted, then cast, leaving me with the use of only my right arm.

A single person now confronted with a left arm and fingers that are totally off-limits. I challenge anyone to try being one-handed for just one day. The first priority was learning to dress and undress myself. New frustrations surfaced regularly, like getting caps off child-proof medicine bottles, using deodorant, combing hair, driving a car, changing linens, pushing buttons on a phone, folding clothes. Kitchens are full of screw, pop, or pull tops on containers, and everything took the strength of a weight lifter (or so it seemed).

Since I work at VA, I started thinking of all the veterans who return home wounded, some missing limbs. I tried to relate to their new way of living, the physical and especially mental adjustments they would face. Here I was despondent over a temporary one-handed situation that would last for several months. Exhausted each day from simple, everyday tasks—cooking, washing dishes, cutting up lettuce, or even peeling a hard-boiled egg or orange—and I was lucky enough to have a left elbow and two knees to assist me.

Every time I became depressed, limited by the use of only one hand, I thought of those veterans, past and present, who have learned to overcome and live with these situations every day. In my worst moments of frustration, I told myself if those men and women who fought for us can overcome, then so can I.

I recently met a veteran who was having his left hand splinted because of an injury. He had lost his dominant right arm, so temporarily he wouldn’t even have much use of his left hand. He even joked that his penmanship looked better with his left hand through practice. My temporary condition didn’t look so bleak anymore.

Lana J. Price
IT Specialist
Employee Education System
Salt Lake City

We Want to Hear from You

Have a comment on something you’ve seen in VAguard? We invite reader feedback. Send your comments to vanguard@va.gov. You can also write to us at: VAguard, 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.

Telling the VA Story on Capitol Hill

VA Deputy Secretary Gordon Mansfield explains the features of a display created to tell the VA story during the department’s 75th anniversary year to Senate Veterans’ Affairs Committee Chairman Larry Craig (R-Idaho) on Capitol Hill. Looking on is Bill Hester, designer of the display, who works in the VA Office of Administration’s Media Support Services in Central Office. The display was temporarily moved to the rotunda of the Russell Senate Office Building in March at the request of members of Congress, who saw it at VA Central Office. They wanted staff and visitors to better understand the selfless sacrifice of both veterans in service and VA employees in service to veterans.
A New Front in the War on Diabetes

Jim Nicholson  
Secretary of Veterans Affairs

It’s a real pleasure to appear in this issue of VAanguard. This is the first in a series of columns that will now be a regular feature in these pages.

In this and in future issues of VAanguard, I look forward to using this vehicle as a way of recognizing the fine efforts of VA employees across the nation and providing information about new initiatives we are undertaking as an agency.

You’ll be hearing more in the days and weeks to follow about our newest program—one that’s not only significant but also a lifesaving program in which many of you will play a key role.

The program is called HealthierUS Veterans, a newly forged partnership between VA and the Department of Health and Human Services. And it’s our entry into America’s fight against diabetes and obesity.

Nationally, 64 percent of Americans are overweight or obese, and 20.8 million have diabetes. But the situation is much more pronounced within the VA system. More than 70 percent of veterans receiving medical care from us are overweight or obese, and 20 percent of our veterans have diabetes. That compares with only 7 percent of Americans nationwide who suffer from diabetes. The difference is sizeable, but so is the opportunity to bring our VA resources to bear in battling one of the biggest preventable health threats.

Because VA has the nation’s largest integrated health care system serving more than 5 million patients, we routinely conduct groundbreaking research that benefits not only veterans but all Americans. That means the information learned by our doctors and researchers in the fight against diabetes can easily be shared across the entire nation.

By bringing together the assets of two great departments in a health-care partnership, VA and HHS improve healthy eating and physical activity, and expand awareness among veterans, their families and communities, slowing the spread of diabetes and obesity. Much of this can be accomplished through education and giving veterans healthy lifestyle choices they can incorporate into their daily lives.

When I was a kid growing up in a small town in rural Iowa, life was pretty lean during the Depression. Eating right meant eating sensibly, and my mother made do with very simple ingredients: eggs, milk, vegetables, cereal, and occasionally meat.

Things began to change about five decades ago, and many of our patients today were among the first to experience a significant dietary shift. The 16 million veterans who returned from World War II and the Korean War were the first veterans to experience the new fast-food joints that were springing up around our country. In the 1950s, supermarkets and convenience stores were selling an endless variety of prepared foods that, while easy to eat, were not necessarily the best things to eat from a nutritionist’s perspective. The truth is they were awash in large doses of sodium, sugar and fat.

With their increasing waistlines came health problems that would plague them in later years and would affect millions. The tragedies of blindness, limb loss, infections, immobility, and hardship and heartache to families were the grim course set by diabetes and obesity.

But it doesn’t have to be that way. The course can be changed, or never taken at all. And that’s what HealthierUS Veterans is all about. HealthierUS Veterans can help millions of Americans preserve the freedom and independence threatened by diabetes and obesity.

The program starts with MOVE! — Managing Obesity for Veterans Everywhere. It’s a patient-centered approach to weight management that tailors diet and exercise regimens to each veteran we see in our health facilities. Another part of this initiative is the group of veteran volunteers called the Fit for Life Volunteer Corps, who will encourage veterans to actively involve themselves in these activities.

Already, we’ve seen the senior leaders of the American Legion, the Veterans of Foreign Wars, the Disabled American Veterans, the Paralyzed Veterans of America, the Vietnam Veterans of America and the AMVETS belly up to the healthy life bar to challenge each other to a “Down With the Pounds” contest.

Our own Dr. Linda Kinsinger, director of Patient Care Services for VA’s National Center for Health Promotion and Disease Prevention, has written a terrific piece on HealthierUS Veterans on the facing page, and I urge you to read it and share it with your colleagues, friends and neighbors.

By working together and integrating the HealthierUS Veterans program into our daily routines, we can make a big difference in stemming the tide of an insidious disease and provide even better care for our veterans.
The twin problems of diabetes and obesity are significant health concerns for Americans today. Genetic, environmental and behavioral factors all play a role in why so many Americans are overweight.

As Secretary Nicholson points out in the accompanying column, the food environment has changed dramatically in recent years. We are eating more and moving less. Obesity isn’t a problem that lends itself to one easy solution, especially in our health care system alone. It will take a population-level public health approach.

The effect of obesity on our patients and the VA health care system is substantial. Those in the highest weight category (a body mass index of 40 or higher) are four times more likely to have diabetes as those in the normal BMI category (25 or lower). Total outpatient medical care costs rise as BMI increases over 30.

The prevalence of diabetes in the U.S. is also high and increases with age. Because our patients, on average, are older than the general population, the prevalence of diabetes within VA is higher than the overall U.S. rate. Approximately 1 million VA patients have diabetes and a substantial number of veterans without diabetes have metabolic syndrome, which places them at high risk for diabetes. VA patients with diabetes account for 80 percent of all amputations, 50 percent of all strokes, and 40 percent of those on kidney dialysis.

Clearly, bold action is needed to prevent diabetes and obesity, especially among high-risk individuals, by aggressively promoting physical activity and weight loss. Our goal is to improve health and decrease costs for both patients and the health care system.

The HealthierUS Veterans initiative is designed to do just that. By partnering with the Department of Health and Human Services, this new program will bring together two large federal agencies to address these problems. Through the agencies within HHS, an enormous amount of work has been done to develop excellent programs, strategies and events at VA medical centers in conjunction with visits by senior VA leaders. These events will focus on good nutrition and physical activity by sponsoring fitness rallies, “Walk and Roll (for those in wheelchairs)” events, and friendly competitions among administrators, staff, veterans and their family members. VA facilities can institute a variety of activities, such as establishing walking trails on facility grounds, marking distances along the way; posting reminders about taking the stairs near elevators and brightening stairwells; sponsoring “lunch & learns” with nutritional food and information about food choices; supporting healthy food options in the canteens; and or-

VA has developed a comprehensive, patient-centered weight management program called MOVE! (Managing Obesity for Veterans Everywhere) that is being implemented in VA facilities around the country. We will encourage health care providers outside VA to access program materials from the MOVE! Web site, www.move.va.gov, including the initial assessment questionnaire and the dozens of handouts and other resource materials available.

Another aspect of this new program is something old for VA providers—a paper prescription. Called a “Prescription for Health,” it recommends a walking program and a pedometer for veterans who are overweight or obese and are able to walk. The intent is for health care providers to send a powerful message to encourage physical activity. For those in wheelchairs, there’s a slightly different prescription that recommends attaching an odometer to the wheel to measure distance rolled.

More details on this initiative are available at www.healthierusveterans.va.gov. We hope veterans, their families and VA employees will find a way to get involved in this initiative and stay ‘Fit for Life.’
What do you consider VA’s most important accomplishments over the past year?
I think probably the single most important thing is the way we are taking care of our newest veterans who are coming to us after serving in the combat zone. A main priority of ours is for them to have a seamless transition from active duty in the military medical system to the VA system and then to home and into their civilian life. We want that to be hassle-free.

Many of them have made their sacrifice, and so have their families, and they shouldn’t have to sacrifice more by getting lost in the bureaucracy or having their questions go unanswered and the anxiety that goes with that. We want that transition to be smooth and we are working hard with the Department of Defense to ensure that this happens.

I am also very proud of the continuing improvement in our health care system. Last year, we had over 55 million patient visits, and numerous independent agencies and periodicals rate the VA at the very top in terms of quality of care. That doesn’t just happen—it takes competence and compassion and dedication on the part of our workforce. They really love what they are doing, which is taking care of veterans.
What inspires you and gives you the energy to work the long hours you do to lead VA?

One of the biggest inspirations I get is from the 235,000 employees of the VA. We have a tremendous team of people here at the VA, from those here in VA Central Office to those out in the hospitals and the regional offices and the cemeteries. They are a committed group of people. And as I move around and visit them, I am inspired every day by their dedication and their commitment. I have the privilege of being the leader of this great agency, so it’s a wonderful thing to be able to get up every morning and go out and serve veterans.

Looking ahead, what goals do you have for VA in the coming year and are there any special initiatives you are going to pursue?

First of all, we want to continue to do things as well as we are doing them now. We also have some very exciting things going on in research. We are working on a vaccination for shingles. We are working on an artificial cornea implant. We have some very exciting research going on in Parkinson’s disease. And we are close in the clinical tests with some of those.

We want to perfect our seamless transition efforts for our folks coming home from the combat arena.

And we want to help veterans and their families lead healthier lives. Our studies show that veterans are particularly susceptible to diabetes, one of the major complications associated with being overweight. That’s why I joined Secretary of Health and Human Services Mike Leavitt recently in announcing a new VA-HHS program called HealthierUS Veterans. It’s a campaign to promote healthy eating and exercise among veterans, their families and their communities. Our medical centers will be educating veterans about diabetes and obesity, providing diet advisories and walking prescriptions and getting them to spread what they learn to their families and communities.

We are also still in the midst of our 75th anniversary year. I think it’s important that Americans know more about the VA. I gave a speech in Arizona when I first started this job and a guy wrote me a letter and said the VA is the greatest story never told. I find there is truth in that statement. We are the second-largest agency in government. Our budget for the current fiscal year is over $70 billion. That’s more than the budgets of 24 states combined. Our budget proposal for ’07 calls for over $80 billion, a record budget for the VA, and I want Americans to know that we are providing world-class care and services to our veterans.

Most importantly, we just want to keep doing a good job in fulfilling our basic mission of providing health care and benefits and dignified burials for veterans.

You mentioned taking particular care of our newest generation of veterans coming back from the wars in Iraq and Afghanistan. What can military members coming back today expect from the VA?

World-class health care and compassionate treatment. All of them, whether they are reservists or National
Guard members or separating active force, can come in for VA health care services. They are eligible, regardless of whether they have a service-connected disability or not, for a period of 24 months. And if they have any service-connected problems we’ll continue to treat those indefinitely.

We also are working to give them transition physi-
cals even before they leave active duty. So if they have an impairment it is noted in their records while they are still on active duty, and when they come into the VA system they are immediately eligible for evaluation for any disability claims they may have and of course for the health care system.

Last year everyone in the country was shocked by Hurricanes Katrina and Rita and the damage they caused. The facilities and people in the Gulf Coast area suffered tremendously. What was your take on how VA responded to that crisis?

I recently awarded over 70 commendations to people who worked for VA in the devastated area. These are real significant acknowledgments of their heroic efforts. We had people in the New Orleans hospital that had been in there for days that were looking out the window at their own homes and all they could see were the roofs and the chimneys. They didn’t know where their families were. They knew their house and all of their personal possessions had been destroyed. Yet they stayed with their patients and treated and evacuated them. They went with the patients, got on airplanes and flew out of New Orleans not even knowing where they were going. And that is representative of the kind of selfless, committed service that our people give to our veterans, and that is what went on during Katrina where we evacuated hundreds and hundreds of patients. We saved countless lives, and they are heroes.

The U.S. Senate and American Legion agree. The Senate passed a resolution in October commending VA employees and volunteers who risked life and limb to assist veterans affected by Hurricane Katrina. And just recently, I accepted the American Legion’s Public Spirit Award on behalf of the entire VA for its effective and compassionate response to the hurricane relief effort.

What kind of future can Gulf Coast veterans look forward to in terms of VA support in the months and years ahead?

That is an important question because our hospital in Gulfport was destroyed. We had to evacuate our hospital in New Orleans and probably will not be able to use that hospital again because it was flooded and has some major problems. So we are in a study mode to figure out what to do and where and what size to be in the New Orleans area.

We’d like to collaborate with the other hospitals in the area. What are they going to do? What is the population of New Orleans going to be? What is the veteran population of New Orleans going to be?

These are still unanswered questions, but I think it’s fair to say we will have an acute-care medical facility in the New Orleans area as we have had for a long time. I just can’t tell you where or quite yet when we will commence construction of it.

But we have restored health care to veterans in New Orleans. Last December we opened a primary care clinic in a building adjacent to the closed New Orleans
medical center. In March, the ninth floor of the medical center opened to provide some specialty care. We now serve New Orleans area veterans through the newly named Southeast Louisiana Veterans Health Care System, composed of six outpatient clinics and our downtown clinics.

In the Gulfport area we are going to expand our hospital at Biloxi, which is just eight miles away, and we are going to work closely with Keesler Air Force Base, which is adjacent to it. And I might add that we have supplemented the area with additional community-based outpatient clinics, so for primary care there is good access for our veterans who are still there. Those that need acute care we move to hospitals that are nearby such as Alexandria, Louisiana.

You mentioned the 75th anniversary of VA, a milestone that we have been celebrating since the kick-off ceremony held at DAR Constitution Hall here in Washington last July. Do you have any special plans for activities and recognition during the second half of our anniversary year?

We are going to have an event in the Capitol Building, in the Rotunda or Statuary Hall, with members of Congress, who are VA's partners in caring for our veterans.

We will continue to have activities throughout the country. We have created a beautiful display, a continuous feed video presentation that we are going to put in the halls of the congressional buildings on the Hill for members and their staffs to see, on both the Senate side and the House side.

We have smaller displays to go on the road to enrich people's understanding and appreciation of the history of the VA and the contributions of the VA to our veterans and the country as a whole.

How can VA's 235,000 employees be better advocates for the department so our story does not go untold?

The best way for them to be advocates is to keep doing what they are doing, which is to do their jobs well. There's no better way to honor and promulgate the awareness of the VA than by doing a good job and having others recognize us for doing that job. And so to our VA employees I say, “kudos.” I travel all of the time around the country visiting with them. They are doing a terrific job and they believe in what they are doing. They are taking care of veterans, a very prized, valued group of people in our society today.

That has not always been the case. I am a veteran of Vietnam, and when I came back the Army sent me to graduate school at Columbia University in New York City. Four days after I got there, student anti-war protesters took over the college and closed it down, but graduate classes still met. I was wearing civilian clothes so we stepped around them to go to class. But if I'd had my uniform on they would have spit on me.

That is not the case today. America is very grateful for the service of its veterans. Some disagree about the war but not about the warrior. And our job, all of us on this great team at the VA, is to take care of those warriors when they return. I think we're doing a magnificent job of that and that is the best thing that any VA employee can do.
Just outside the Starbucks coffee shop, a handful of veterans are checking e-mail while sipping mocha lattes. On the patio, a group of medical students are clicking away on their laptops while munching on paninis.

No, this isn’t some stuffy bistro on Rodeo Drive. This is the Cyber Cafe, part of the canteen service at the Greater Los Angeles VA Healthcare System on Wilshire Boulevard.

Clearly this isn’t your father’s canteen. “Not even close,” said Robert J. Abbott, chief of the canteen at the Los Angeles VA.

The Cyber Cafe has three computer terminals for veterans as well as a wireless network that allows up to 200 users to access the Internet through their own laptops, PDAs and other devices. When it opened in May 2005, it was the first of its kind at VA medical facilities. Abbott started the project to enhance services for his canteen customers. So far, he’s been pleased with the outcome. “Every time I go by there, it’s full,” he said. He is now

As the Veterans Canteen Service prepares for its 60th anniversary this summer, VAanguard takes a closer look at how it has evolved over the years to meet the needs of veterans and VA employees.

Robert J. Abbott, chief of the canteen at the Greater Los Angeles VA Healthcare System, started a Cyber Cafe to enhance services for canteen customers. It has three computer terminals for veterans and a wireless network that allows up to 200 users to access the Internet.
planning to add three or four more computers for employees to shop online at www.vacanteen.va.gov and take training courses at www.vcampus.com/valo/index.html.

Abbott's canteen isn't the only one undergoing changes. Over the last few years, canteens at VA facilities across the country have begun offering special order sales programs, healthy dining options and other initiatives designed to make canteens more appealing to employees and veterans.

Keeping pace with customer expectations has been a hallmark of the canteen service's 60-year history, according to James B. Donahoe, who has directed the canteen service since 1991. "In this line of work, you can never stop improving," he said. "Customers have expectations and if we don't meet them, they'll go elsewhere."

Donahoe described the canteen service's history and pivotal moments that illustrate the evolving nature of canteen operations.

Congress formed the Veterans Canteen Service on Aug. 8, 1946, at the request of VA Administrator Omar Bradley, who was hearing complaints from veterans about poor service and price gouging at VA hospital concession stands operated by private contractors. The idea was for canteens to become the VA company store—a self-sustaining organization that would provide quality, service and value for veterans and employees.

In the early days, canteens consisted of dime stores and lunch counters serving 15-cent tuna sandwiches and soda pops for a nickel. By the 1970s, they had grown in size and scope, particularly in the dining operation, where the lunch counter gave way to a full-service cafeteria. Over time, the cafeteria layout evolved into the food court, which offered customers a variety of menu options and shorter waiting lines. But something was missing.

Donahoe thought the food court venues—from Country Cooking to the Fifth Avenue Deli—lacked a quality image. "We needed to jump-start our operations, and we felt a brand name could do that," he said. In 1993, he contracted with Burger King to place kiosks in various canteens. They were an instant hit and ended up in 38 locations.

Though they offered a brand name, the kiosks lacked the options of a full-service venue. After about a decade of use, the kiosks' luster began to fade. Customers wanted more variety and healthier choices.

Donahoe let the Burger King contract expire in 2005 and introduced the Fresh Choices Bistro, which touted healthier options like fresh fruit, omelets made with Egg Beaters and fries cooked in canola oil.

One of the biggest tests in the canteen's history came not in the food service, but in the retail stores and their decision to stop selling cigarettes. With their high profit margins, cigarettes were big business.

Yet, as awareness of the dangers of smoking became widespread in the '80s, a decision was made to eliminate cigarette sales at VA hospitals.

Quitting such a profitable market wasn't going to be easy, according to Donahoe. "We had to find another way to be self-sustaining, and many people didn't think we
would survive,” he said.

Stamping out cigarettes was one of Donahoe’s first tests when he joined the service. His strategy to replace lost revenue would help transform the canteens into what they are today. “We were losing a very profitable item, so to remain self-sufficient we had to increase total sales and that meant expanding our retail and dining operations,” he said.

Today the retail stores no longer resemble the dingy hospital gift shops of yesteryear. They are modern, brightly lit and well stocked, and range in size from the average 1,800-square-foot operation to the massive 7,000-square-foot store at the VA hospital in Richmond, Va. And sales—once thought to be in jeopardy—are at an all-time high.

That’s not to suggest canteens are awash in cash. The food venues—considered a benefit for veterans and employees—operate at no profit margin, and the retail stores pump earnings back into the VA system.

In a recent interview with the industry magazine Exchange and Commissary News, Dr. Jonathan Perlin, Under Secretary for Health, spoke about the service’s contribution to the VA mission. “I’m real proud of the fact that the Veterans Canteen Service returns every single dollar it earns to VA and VA programs, and its promotional funds program returns earnings to medical centers and is an incredible contributor to morale,” Perlin said.

The figures are impressive. In 2006, the canteen service will donate more than $300,000 to VA’s National Rehabilitation Therapy Special Events, which include the Wheelchair Games, Winter Sports Clinic, Golden Age Games and Creative Arts Festival. Last year the service donated more than $100,000 in coupon books to families who were visiting OIF/OEF inpatients in VA facilities, primarily at the major polytrauma centers, while their loved ones were receiving care and rehabilitation.

Giving back is what makes working for the canteen service so rewarding, according to Peter Richardson, who directs the canteen at the San Diego VA Medical Center and has been with the service since 1967. “It makes you feel real good to be a vital part of the team,” he said. }

By Matt Bristol
As the Department of Veterans Affairs celebrates 75 years of service to America’s veterans and their families, several individual VA medical facilities are also marking the milestone with their own 75th anniversaries.

These hospitals trace their origins to a period of growth following World War I, when about 50 VA hospitals were constructed using the same floor plan, structural layout and overall health care design strategy. Visit www.va.gov/facmgt/historic for more on the rich history of these facilities, often referred to as VA’s “Architectural Set.”

In this special installment, VAnguard profiles one VA hospital that has already celebrated its 75th anniversary and another that is planning its observance for this summer.

**Lyons, New Jersey: ‘Unsung Heroes’**

The Lyons Campus of the VA New Jersey Health Care System celebrated its 75th anniversary on Nov. 22, 2005. Hundreds of employees, volunteers, retirees and veterans attended the event, which included a ribbon-cutting ceremony to dedicate a new $22.6 million ambulatory care building on the hospital grounds.

After the ribbon cutting, VA Secretary Jim Nicholson praised the staff for their abiding commitment to fulfilling the promise of a grateful nation. “Wars have beginnings and endings, but our responsibility to care for those who fought them never ends,” he said.

Several veterans in the audience echoed the Secretary’s praise. “When you come here, the people treat you like a member of the family,” World War II veteran Albert Straka told the Newark Star-Ledger. Fellow World War II veteran Lester
Gale said the new building was nice, but it wouldn’t mean a thing without the caring staff. “The building is gorgeous, but it’s the people in the building that matter,” he told the Courier News.

Gale’s comments weren’t lost on Kenneth H. Mizrach, director of the VA New Jersey Health Care System, who said he feels fortunate to lead such a great group of employees. “There are a lot of unsung heroes here and it’s a real privilege to be their director … and I sincerely mean that.”

Planning for the 75th anniversary took 10 months, according to the facility’s public affairs officer, Sandra Warren, who co-chaired the planning committee. All the effort was well worth the outcome, though.

“Everyone was so excited to have the Secretary come visit us and to showcase our beautiful grounds and the outstanding services that we provide for New Jersey’s veterans,” she said.

The original Lyons hospital was built to care for about 400 long-term patients, with the first admissions transferred from the Montrose, N.Y., VA Medical Center on Nov. 12, 1930. Within a decade, the hospital grounds covered 864 acres and included a working farm, vast fields of crops and fruit orchards. Working the farm was a common form of therapy in the days before drug treatments, according to Warren.

In 1996, Lyons integrated with the East Orange VA Medical Center to become the VA New Jersey Health Care System.

Lexington, Kentucky: ‘Walking Back Through Time’

The Leestown Division of the Lexington VA Medical Center will mark its 75th anniversary this summer. Kentucky native Heather French Henry, who championed veterans’ issues during her reign as Miss America in 2000, is tentatively scheduled to emcee the observance.

Though the final plans are still being worked out, several activities are already on the agenda, including a “Juke Box Daze” ice cream social and a musical concert by employees performing hits from the 1930s, ’40s and beyond.

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The original Lyons hospital was built to care for about 400 long-term patients, with the first admissions transferred from the Montrose, N.Y., VA Medical Center on Nov. 12, 1930. Within a decade, the hospital grounds covered 864 acres and included a working farm, vast fields of crops and fruit orchards. Working the farm was a common form of therapy in the days before drug treatments, according to Warren.

In 1996, Lyons integrated with the East Orange VA Medical Center to become the VA New Jersey Health Care System.
For the observance, Jonathan L. Lewis, a sign painter who has worked at the facility since 1978, volunteered to paint four murals depicting the facility in the 1930s. "It’ll be as if you were walking back through time," said Lewis. He is also painting a collage with up to 100 portraits of employees who served in the military and their loved ones. "I've been a painter most of my life, so this was just my contribution," he said.

Much of the anniversary's focus will be on employees and the veterans they serve, according to Sandy J. Nielsen, the medical center's director. "This will very much be a celebration of our employees and all of their contributions to our success. Seventy-five years is quite a milestone and we owe it to our veterans and our employees to take the time to celebrate," she said.

The history of the Leestown Division can be traced to the purchase of 291 acres for a veterans' hospital on April 19, 1929. The first patient was admitted on April 1, 1931. At that time, the hospital consisted of five buildings and had about 350 beds.

In addition to its medical mission, the hospital played a major role in the community, according to Desti Stimes, the facility's public affairs officer. “This place was like a social club, with baseball games, dances, outings. It was really the place to be when you came back from the war and needed to recuperate,” she said.

Today, the serene setting and airy tranquility make Leestown well suited for its role as a nursing home with hospice and respite services, an inpatient PTSD treatment unit and a substance abuse program. Its sister facility, Cooper Drive, is located adjacent to the University of Kentucky Medical Center and provides acute medical, neurological, surgical and psychiatric inpatient services.

Diamond Jubilee
Several other VA medical centers have recently celebrated 75th anniversaries. Among them are:

- Alexandria, La., VA Medical Center – Staff celebrated their 75th anniversary with special events throughout 2004 and held a rededication ceremony in January 2005.
- Coatesville, Pa., VA Medical Center – Employees kicked off their 75th anniversary observance on June 2, 2005, with an all-employee picnic. They also held a series of special events such as an ice cream social and five-kilometer run/walk. The anniversary observance culminated on Nov. 12, 2005.
- Lincoln Division of the VA Nebraska Western Iowa Health Care System – Employees at the Lincoln VA celebrated their 75th anniversary last year. During the observance, they held several special events, including a contest to design an anniversary logo and a community open house. The observance concluded in December 2005 with an employee luncheon.
Each year during the week of Valentine’s Day, the halls of VA medical facilities all over the country fill with schoolchildren, celebrities, political and sports figures, all there to honor veterans.

This page, clockwise from bottom left: Steamer, the Altoona Curve baseball team mascot, visits Altoona, Pa., VA Medical Center nursing home resident Blaine Szwast; Washington, D.C., VA Medical Center patients (left to right) Harry James, Alyce Dixon and Robert Harkins enjoy Casino Day in the facility’s auditorium. Local military personnel manned the blackjack, poker and roulette tables; Clowns from SouthernCare Hospice’s Ambassadors of Goodwill program entertain veteran Michael Agee in an outpatient waiting room at the Robert J. Dole VA Medical Center in Wichita, Kan.; Miss USA 2005 Chelsea Cooley, of North Carolina, and students from PS 14 of Bronx, N.Y., greet veteran Edward DeMeo during their visit to the Bronx VA Medical Center; Students from Trail, Ore., arrive to deliver valentines to patients at the VA Southern Oregon Rehabilitation Center & Clinics in White City.
Hospitalized Veterans

This page, clockwise from bottom left: Maryssa Rosado, a third-grader at Holloway Elementary School in Tucson, Ariz., hands a valentine card she made to Virginia Brennan, a patient at the Southern Arizona VA Health Care System’s Southwestern Blind Rehabilitation Center; At the Sheridan, Wyo., VA Medical Center, third-graders handed out valentines and sang songs for nursing home residents; Veteran Ron Blihar is surrounded by state pageant winners of all ages as he opens a valentine card at the John L. McClellan VA Medical Center in Little Rock, Ark.; Keesler Air Force Base personnel handed out valentines to nursing home residents, including Edward Sellard Jr., at the VA Gulf Coast Veterans Health Care System; Pennsylvania Governor Ed Rendell greets nursing home resident James Banner during his visit to the Philadelphia VA Medical Center.
In 2001, President Bush issued Executive Order 13148, a policy intended to improve federal agencies' management of environmental programs, reducing the toll their operations take on the environment. The order, Greening the Government Through Leadership in Environmental Management, contains many environmental requirements, but none more important than the order that federal facilities develop and implement environmental management systems by Dec. 31, 2005.

An environmental management system is a management tool, an organizational structure, a system for examining and addressing an organization’s impact on the environment. How do VA functions impact the environment? As one of the largest public or private entities in the world, VA’s need for land, buildings and infrastructure, energy, water, paper, furniture, computers, consumer goods, fuels and industrial chemicals, fertilizer and pesticides is nothing less than enormous. Each of these necessary products has the potential to despoil the environment through production, use, storage or disposal. And it’s the VA employee who orders, uses, stores or disposes of these products who holds the key to environmental management.

The Veterans Health Administration’s response to the executive order was to create the Green Environmental Management System, or GEMS, program. The “Green” was added to differentiate it from other VA programs and services.

From the start, GEMS program development was a collaborative effort. Arnold Bierenbaum, director of

Members of VA’s “Green Team” include (left to right) Freddy Martinez, Barbara Matos, Arnold Bierenbaum and Jack Staudt.
Safety and Technical Services in VHA’s Office of the Deputy Under Secretary for Health for Operations and Management, led a Professional Advisory Group consisting of representatives from VA Central Office, the Center for Engineering & Occupational Safety and Health, Veterans Integrated Service Networks, VA medical centers, the National Cemetery Administration, and the Office of Acquisition and Materiel Management, which has department-level responsibility for EO 13148. Additionally, experts from the Environmental Protection Agency played a key partnership role in assisting VA staff with developing GEMS technical guidance.

To prepare for the development of environmental management systems at VA’s 154 medical centers and more than 800 clinics, EPA was asked to conduct environmental management reviews at 17 facilities. “These environmental management reviews helped show where the regulatory risks were. They differed from facility to facility, illustrating the need for flexibility throughout the system,” Bierenbaum said. “We saw that local GEMS committees at medical centers and VISNs would need the ability to set their own priorities and objectives.”

With environmental challenges identified, VHA developed two guidebooks to provide direction to field facilities in meeting the requirements of the executive order. The Environmental Compliance Guidebook is a ready reference with detailed information on environmental requirements and regulations for the operation of a VAMC. The GEMS guidebook, as Bierenbaum describes it, “a collection of best practices” that medical centers can use to identify strengths, weaknesses and gaps in their existing environmental programs, and it provides proven improvement strategies.

Most significantly, the GEMS guidebook addresses EO 13148 directly, providing detailed guidance on how to build and implement a GEMS program, laying out a nine-step process for each facility: 1) appoint a GEMS coordinator and form a GEMS committee; 2) Train the members of the GEMS committee; 3) Conduct a GEMS gap analysis; 4) Identify significant environmental aspects; 5) Establish operational controls; 6) Set objectives and targets; 7) Train staff on GEMS policies and standard operating procedures; 8) Conduct environmental compliance baseline and periodic follow-up audits; and 9) Issue an annual program effectiveness review and report.

This nine-step GEMS process emphasizes the “Plan-Do-Check-Act” model, focusing on continual improvement; pollution prevention; employee involvement; top management visibility and leadership; and the integration of environmental consideration in day-to-day operations and long-term decision-making processes.

Jack Staudt, a VHA environmental engineer and member of the GEMS Professional Advisory Group, says that this is a familiar approach for VAMC employees, since it is used by all health care facilities in maintaining compliance with Joint Commission on Accreditation of Healthcare Organizations requirements. “We felt it best to create a cookbook approach to the system, one that employees could get their arms around.”

To facilitate communication among facility GEMS coordinators, Bob Matthes, VHA’s national GEMS program manager, established an e-mail distribution group and holds monthly GEMS conference calls. Freddy Martinez, chief of materiel policy, training and operations staff with the Office of Acquisition and Materiel Management, and Barbara Matos, who manages that office’s Environmental Affairs Program, use these calls to convey department-level policies and guidance.

The two have discussed hazardous waste and green purchasing issues during the calls. According to Martinez, “There are so many products where life cycle analysis shows that buying the cheapest item is likely to cost you the most with disposal. We talk about product comparisons, costs over product lifetime, recycling and disposal fee issues.”

Matos is enthusiastic about the forum and credits the GEMS coordinators with blazing the trail for VA’s environmental programs. “GEMS coordinators must be leaders as well as team players and think outside the box,” she says. “They work top-down, bottom-up and sideways to ensure that all VA services, programs and activities consider their impact on the environment.”

Training is another key element in a successful GEMS program, and resources are specifically outlined in the GEMS guidebook. Many facilities have used the GEMS brochure, Nine Steps to a Successful Green Environmental Management System (GEMS), and the GEMS awareness PowerPoint training presentation.
The VHA Employee Education System has produced and broadcast a number of training videos on the VA Knowledge Network, including the GEMS Briefing for VAMC Top Management, and GEMS Implementation, a course designed to train VA staff responsible for the deployment of the GEMS program using case studies and exercises.

For a complete list of GEMS-related Web sites, links and training materials, contact the Center for Engineering & Occupational Safety and Health at 314-543-6700, or go to their Web site at vaww.ceosh.med.va.gov.

GEMS progress is being measured in several ways. Matthes coordinates monthly GEMS Program Tracking Reports, and sends results to VHA senior managers for review and action. In addition, VHA has developed an annual environmental survey administered by the VHA Healthcare Analysis and Information Group. The survey serves multiple purposes, including as a data source for the annual EO 13148 progress report.

Successful GEMS implementation depends on top to bottom ownership throughout a facility. Each employee must be aware that their actions have an impact on the environment. The GEMS programs at facilities are very local programs dealing with very local environmental concerns, requiring individualized priority and goal setting. Collective assessment and decision-making is the recognized route to success.

Edward Piñero, the White House Federal Environmental Executive, recognizes the role of senior management in GEMS success. “Top level management commitment sets the tone for implementation and use of the environmental management system,” he said. “Success depends on the ability of senior management to communicate support for the goals of the EMS, and maintain the organization’s focus during the implementation process.”

The VHA GEMS Program has earned both VA’s top environmental award and accolades from the federal community. At a ceremony held in conjunction with the VACO celebration of Earth Day in April 2005, the GEMS Professional Advisory Group was recognized for their initiative and leadership efforts with a 2005 VA Environmental Excellence Award in the Environmental Management Systems category.

To be successful, GEMS coordinators “must be leaders as well as team players,” says Matos.

By Robert Turtil
Bringing Employee Ingenuity to the Marketplace

Through technology transfer, life- and labor-saving employee inventions can be developed as commercial products, reaping financial rewards for both employee inventors and the department.

A better test for prostate cancer. An easier way to handle caskets at graveside. The ingenuity of VA employees is as varied as the VA mission, and the department is making a concerted effort to put the life- and labor-saving inventions of employees to work not only for veterans, but for the public, and make a profit, too.

VA’s technology transfer program brings together the technical, legal and business talent of the department to support the innovative spirit and entrepreneurial interests of VA employees. The Veterans Health Administration Technology Transfer Program within the Office of Research and Development translates VA research discoveries into clinical applications. The program evaluates findings and inventions, works with the Office of General Counsel on obtaining patents, fosters collaborative agreements with the parties involved and supports commercialization of new technology to bring it to the marketplace.

A method devised by a Bay Pines, Fla., VA Medical Center research chemist to measure levels of a protein that can signal prostate cancer led to VA licensing the protocols to a company that will market a new test kit. The National Cemetery Administration has applied for a patent on a carrier developed at the Rock Island, Ill., National Cemetery that eases the movement of a casket from the committal shelter to a gravesite.

VA considers such workplace innovation as intellectual property and is asserting its right to “own” employee inventions. To protect employee innovation from outside expropriation, the department seeks patents that can lead to licensing and possible royalties from future sales. Protection of VA and employee rights to VA work is the immediate goal; royalties are a long-term possibility. Three VA medical inventions have been licensed thus far with no commercial products yet developed, according to Jeffrey Moore, Ph.D., a program analyst with the technology transfer program in VHA, but if and when products are developed and sold, VA will benefit.

The technology transfer process begins when VA employees disclose inventions conceived and developed during VA work time as required by regulation. VHA reviews medical innovations for scientific merit, relevance to VA health care and commercial value. The technology transfer office then recommends whether or not to assert VA’s right to an interest in the invention to the Office of General Counsel. General Counsel decides if the inventor...
should retain value, if it should go to VA or if the inventor should retain title with VA getting a non-exclusive license to use the invention.

Though VA can assert ownership rights for inventions of its employees, it works closely with educational institutions that may be involved when the VA inventor holds dual appointment with an affiliated university. The VA Cooperative Technology Administration Agreement recognizes both VA and university interests in jointly developed intellectual property. The agreement allows ownership to remain with VA while giving the university patenting and marketing authority.

After VA or an affiliate secures a patent, the marketing process begins. VA technology transfer staff contact companies that might be interested in licensing the VA patent. If there is interest, licensing negotiations determine the royalties VA and the inventors receive from future sales.

In the case of the Bay Pines research, VA licensed the right to develop technology invented by Katherine Meyer-Siegler, Ph.D., to a Maryland-based biotech company, Global Therapy, LLC. The researcher created the protocol (steps) to measure macrophage migration inhibitory factor (MIF), an inflammation-promoting protein associated with several diseases.

Using MIF along with measurements of prostate-specific antigen (PSA) and other risk factors can help to quickly identify patients with aggressive prostate cancers and reduce the need for biopsies. Meyer-Siegler is optimistic about her invention. “Serum MIF is elevated in many cancers,” she says, “so it may end up part of routine health screenings.”

The National Cemetery Administration has applied for a patent with joint ownership by VA and a small fabricating firm, hoping for commercialization of an invention by Rick Anderson, former director of the Rock Island National Cemetery, aided by Lester White, caretaker supervisor. The “swivel hearse” is a covered casket carrier with rollers that the driver of a light utility vehicle pivots to maneuver around headstones and to easily and safely move a casket from a vehicle onto a lowering device over a gravesite.

“We designed the casket carrier to minimize the labor intensity of transferring a casket to a grave,” explained Anderson, who said all of his field staff presented ideas for the product. “Two people can handle the casket rather than the four or six we needed in the past.”

Turning the carrier to line it up with a grave makes it easier to lift and lower the casket. The size and maneuverability of the carrier allow it to move between headstones, reducing damage to the stones and cemetery turf.

NCA has another patent application under review by the U.S. Patent and Trademark Office on an employee invention to reduce the time and labor needed to trim turf around headstones. Several years ago, the maintenance staff at the Calverton National Cemetery in New York modified a riding lawn mower to cut and trim turf simultaneously, substantially reducing the number of hours spent in routine trimming. Ron Cheich, who handles technology transfer in NCA’s Business Process Improvement Service, is working with a lawn equipment manufacturing company to perfect the machine and make it marketable for the company and one day available for NCA to purchase for nationwide use.

Most VA inventions are early-stage technologies not ready for manufacture, which explains why it may take years before a commercial partner can bring the patentable product to market.

When that does happen, says Janet Lemons, a VA General Counsel attorney who handles negotiations and legal review of contracts related to technology transfer, “It’s wonderful to work for the federal government because the employee inventor can reap financial rewards when VA begins to get royalties from the product’s sales. In the private sector an employee hired to conduct research typically does not share in royalties.”

When an invention is co-owned with an affiliated university, the university distributes royalties according to its policy and forwards VA’s portion to the VHA Technology Transfer Program. If an invention is solely owned by VA, the employee inventor receives the first $2,000 that comes to VA and 35 percent of any additional royalties up to $150,000 a year—the federal cap. The majority of the remaining royalties (85 percent) is distributed to the inventor’s VA medical center: 50 percent to the inventor’s laboratory, 25 percent to the facility research budget and 10 percent to the medical center. The Technology Transfer Program receives up to a maximum of 15 percent to cover any administrative costs.

The VHA Technology Transfer Program Web site at www.research.va.gov/programs/tech_transfer/default.cfm lists VA medical technologies in early research stages that require more development before being ready for the marketplace. VA is searching for companies that might be interested in licensing and further developing these technologies through Cooperative Research and Development Agreements with the goal of one day transforming these initiatives to commercial products available to benefit veterans and others, and perhaps help fund future research.

By Jo Schuda
From Novice Skier to Paralympic Medalist

Veteran who learned to ski at the first Winter Sports Clinic is selected as flag bearer for the 2006 Winter Paralympics.

Paralympic athlete Chris Devlin-Young thrives on success. He has won two gold medals and one silver in Paralympic competition, and in March added another silver medal at the 2006 Paralympic Winter Games in Torino, Italy.

Despite his numerous achievements in competition, Devlin-Young said the greatest honor was being selected to carry the flag representing the United States team. “Being chosen as flag bearer is an honor I never expected and didn’t even dream of,” he said. “I represented my country in the purest form. This experience has been more special than just winning a medal.” The Coast Guard veteran was chosen for the honor by the team captains of the winter Paralympic sports because of his exceptional leadership.

Injured in a 1982 plane crash that left him paralyzed from the knees down, Devlin-Young struggled with his disability, feeling, as he put it, “like half a man.” Now, he says that skiing helped lessen his disability in his own eyes.

He was introduced to skiing and racing at the very first National Disabled Veterans Winter Sports Clinic in 1987. He recalls that one day, while watching TV in a lounge at the VA Palo Alto Health Care System, a chance meeting with a recreation therapist changed everything. The therapist invited him to participate in the Winter Sports Clinic and, although Devlin-Young had never skied, he gave it a try. By his own admission, he was hooked on his very first run with a sit-ski.

This year, he was back at the 20th Clinic in April as part of a new program developed by VA and the U.S. Olympic Committee that provides formal race training and development for disabled skiers. Those successful in the program could be candidates for the U.S. Disabled Ski Team, of which Devlin-Young has been a member for 14 years.

To many Clinic participants, Devlin-Young is not only a world-class athlete, but also an innovator in disabled ski equipment and wheelchair accessible furniture. “Chris has shown a tireless dedication to the advancement of monoskiing and the continual improvement of his own racing,” said Sandy Trombetta, director of the Clinic. “He really wants to give back and make it easier and better for vets who will come after him.”

By Lana Shuman

Devlin-Young’s Accomplishments
- First U.S. athlete to win gold medals in two disability categories
- Ski Racing magazine’s 2003 Disabled Athlete of the Year
- Four-time Paralympic medalist (two gold, two silver)
- Flag bearer for 2006 U.S. Paralympic team during the Opening Ceremony of the IX Paralympic Winter Games
- 2005 World Cup Super-G champion
- 2005 World Cup Grand Slalom runner-up
- 2005 X Games Sit-Skier Mono-Cross champion
VA and HHS Target Diabetes, Obesity Among American Veterans

With deadly diabetes and obesity at significantly higher levels among America’s veterans, VA and the Department of Health and Human Services are teaming up to educate veterans and their families about how to combat these health issues.

“Inactive lifestyles and unhealthy eating habits can cause needless suffering for America’s veterans,” said VA Secretary Jim Nicholson. “Diabetes and obesity are major threats to the health and lifestyles of our veterans, deserving a robust campaign to better educate them on healthy habits.”

Veterans are more likely than the general population to have diabetes, one of the major complications associated with being overweight. According to the American Diabetes Association, 7 percent of the U.S. population has diabetes, and the rate increases with age. Among veterans receiving VA health care, who are on average older than the general population, the rate is 20 percent.

“Central to our goal of controlling the cost of health care is the promotion of wellness, fitness and the prevention of chronic disease. We are working to encourage Americans to adopt a healthy lifestyle and to take responsibility for making wise choices to improve their fitness and health,” said HHS Secretary Mike Leavitt.

VA medical centers will promote nutrition and exercise with local groups in 40 communities that receive grants from HHS through a program called Steps to a HealthierUS.

“Our servicemen and women are known for their extraordinarily high levels of fitness,” said Perlin. “We want our veterans to be identified the same way.”

Overweight patients receiving VA health care may participate in weight loss programs tailored to their needs. They may also receive pedometers, diet advisories and “prescriptions” suggesting how much to walk, or, in the case of wheelchair users, how much to roll.

The two secretaries also plan to kick off regional educational campaigns this spring in four cities where VA and HHS Steps programs collaborate. Local celebrities and members of veterans service organizations will be invited to participate.

In May, the Healthier US Veterans program will participate with the President’s Council on Physical Fitness in the council’s annual rally in Washington.

American Legion Auxiliary Honors VA for Katrina Aid

The efforts of VA employees in the wake of Hurricanes Katrina and Rita were recognized Feb. 27 when the department received the prestigious Public Spirit Award from the American Legion Auxiliary.

“My VA colleagues responded to that epic tragedy with selflessness and heroism,” said VA Secretary Jim Nicholson, who accepted the award on behalf of the department. “VA employees acted heroically even in the face of catastrophic personal loss.”

The Public Spirit Award is traditionally given to individuals, but American Legion Auxiliary National President Carol Van Kirk nominated the entire department for being what she called “an example of a true success story.”

Past recipients of the award include Ronald Reagan, Madeleine Albright and Colin Powell.
Center for Veterans Enterprise Celebrates 5th Anniversary

For five years, VA’s Center for Veterans Enterprise has been going to bat for veterans who want to be their own bosses. The center has helped thousands of veterans start or grow small businesses and secure government contracts. It has also helped federal agencies meet goals for awarding contracts to businesses owned by service-disabled veterans.

“We have a whole array of services,” said Scott Denniston, the center’s director. “We understood from the very beginning that we couldn’t do business development from Washington, so we have engaged a whole network of partners around the country that can help veterans grow small businesses, get financing or work with the federal government.”

The center’s staff celebrated the milestone on March 14 by hosting an open house at VA Central Office. Veteran entrepreneurs like Danny M. Cobb were there to find out more about services the center offers. The Marine Corps veteran started his Maryland-based business, Meridian Solutions, in February.

For more information about the center, go to www.vetbiz.gov.

WorkLife4You: Help is a Mouse Click or a Phone Call Away

Looking for a summer school program for the kids, a fitness program for you, adult day care for an aging parent? Help is a mouse click or phone call away thanks to WorkLife4You, the employee support service sponsored by the VA Office of Human Resources Management and Labor Relations. This employer-paid benefit, available to VA organizations that choose to participate, provides comprehensive educational materials, personalized referrals and an interactive Web site to assist employees with work and life responsibilities.

WorkLife4You is available 24/7 by telephone (800-222-0364) and the Web (www.worklife4you.com) to assist you with the following issues:

- child care and parenting — care options, centers, in-home care, child safety, parenting resources, etc.
- adult care and aging — short- and long-term care options, caregiving resources, retirement, etc.
- daily needs — home improvement, pet care, relocation, travel, time/stress management, etc.
- pregnancy and adoption — prenatal care, birthing options, breastfeeding, domestic and international adoption resources, etc.
- health and wellness — exercise programs, weight loss, nutrition, safety, etc.
- education — pre-K to college, financial aid and scholarships, special needs programs, etc.
- financial/legal — free consultations with financial counselors (for credit repair/debt management) and free attorney consultations on up to three new legal topics per year.

Management officials interested in obtaining further information or having their organizations participate in the WorkLife4You Program should contact Worklife and Benefits Service Director Maxcine Sterling at 202-273-9924 or by e-mail at Maxcine.Sterling@va.gov.

Participating employees simply log on to the WorkLife4You Web site at www.worklife4you.com or call 800-222-0364 (TTY 888-262-7848) to personally discuss their needs with a WorkLife4You specialist. New users need only enter the following registration code: dva. Questions about access to the site? Call the help desk at 888-604-9565.
Americans Asked to Unite in Remembrance on Memorial Day

Monday, May 29, at 3 p.m. local time, Major League Baseball games will stop, Amtrak train whistles will blast across the nation and hundreds of other nationwide participants will ask Americans to pause for the Memorial Day National Moment of Remembrance. The “Moment” was established by an act of Congress to honor those who died in service to our country.

Other participants include military installations, veterans service organizations, schools, hospitals, shopping malls, national parks, airports and bus lines.

All citizens, alone or with family and friends, wherever they happen to be at 3 p.m. that day, are asked to pause for a moment of reflection and re-dedication to give something back to the country in memory of the nation’s fallen. The goal is to put “Memorial” back into Memorial Day. A Gallup poll revealed that only 28 percent of Americans know the meaning of the holiday.

“We want Americans to contemplate those things that bind us together. The legacy of those who died to make this country better—from the Revolutionary War to the present—is something that strengthens and unites us. We want every child to say, ‘I know why I am free and I know who died for my freedom,’” said Carmella LaSpada, director of the White House Commission on Remembrance.

Congress passed Public Law 106-579 in 2000, establishing the White House Commission on Remembrance. Its purpose is to promote the “Moment” and the values of Memorial Day through acts of remembrance throughout the year. VA is a partner with the commission in this cause. VA

National Memorial Day Concert

On the eve of Memorial Day, an annual tradition honors the bravery and sacrifice of America’s servicemen and women. The National Memorial Day Concert, broadcast live on PBS from the West Lawn of the U.S. Capitol, is dedicated to all Americans who have served or made the ultimate sacrifice for their country.

This year’s concert, airing May 28 at 8 p.m. Eastern Time, will focus on two major themes: honoring the contributions of the citizen soldiers serving in the National Guard, and paying tribute to the brave pilots who flew with the Air Force during World War II—including the more than 90,000 combat casualties and more than 30,000 men who lost their lives.

Co-hosted by actors Gary Sinise and Joe Mantegna, the concert will feature performances by actors Charles Durning, Peter Gallagher and Dianne Wiest; country singers Big & Rich and Lee Ann Womack; and opera singer Frederica von Stade, who will be joined by the National Symphony Orchestra under the direction of maestro Erich Kunzel.

VA Receives Major Award for Electronic Information Sharing

The continuing success of its industry-leading electronic medical records system has earned VA a prestigious national award in information technology.

The award cites VA’s collaboration with the Department of Defense on shared electronic medical records for patients receiving care from both departments. The award was given by the American Council for Technology, an organization of industry and government executives who work together to improve the government’s computerized programs.

“VA patients see the benefits of our electronic patient records every time a lab test isn’t repeated because the results were lost, when health care professionals can see X-rays on their laptops, when pharmacy prescriptions don’t conflict with other medications,” said VA Secretary Jim Nicholson. “The VA-DoD partnership will provide the same high-quality records for all the patients treated by both departments.”

Called the Bidirectional Health Information Exchange, the VA-DoD system permits the secure exchange of medical records, thereby avoiding duplicate testing or even surgeries. Currently, nine military medical centers are able to accept data from VA. All VA facilities can receive the military’s health care information electronically. The kinds of data exchanged so far include demographic information on patients, outpatient pharmaceuticals, laboratory and radiology test results and drug and food allergies.

“An integrated health technology system that allows for the real-time transfer of patient information is the future of medicine,” said VA Under Secretary for Health Dr. Jonathan B. Perlin. “We will continue to collaborate with DoD and all our federal health care partners until that future becomes reality.”

The Excellence.Gov award is for collaborative technologies proven effective in meeting objectives in business and service improvements and using accepted best standards and practices for shared information. VA
VA Teams With National Guard to Train State Benefits Advisors

VA and the National Guard Bureau have teamed up to ensure Guard members returning from active-duty deployments are aware of the benefits available to them.

The Guard has hired recently returned combat veterans to work as State Benefits Advisors in each state and territory. The 54 new SBAs are graduates of a special training program conducted in February at the Veterans Benefits Academy in Baltimore to increase their knowledge of VA benefits and services.

The training focused on preparing them to assist their fellow returning combat veterans and building coalitions among state veterans affairs offices, veterans service organizations, VA and community groups.

“As advocates for veterans, these new advisors will ease the transition for newly discharged veterans back to their home communities,” said VA Secretary Jim Nicholson. “We’re proud to have our newest generation of heroes join with VA to help their fellow combat veterans.”

In addition to advising their state’s adjutant general and governor, the SBAs will serve as statewide points of contact for Guard members and their families, employer support groups and military personnel. They will also participate in the mobilization and demobilization process for Guard and Reserve units in their state, providing information materials on VA benefits and services.

PMF Program Helps VA Recruit Potential Future Leaders

When the phrase “cream of the crop” comes up in federal recruitment discussions, the Presidential Management Fellows Program is usually part of the conversation.

After 27 years, this program still attracts outstanding young men and women from a variety of academic disciplines to federal employment by providing a direct path from academic achievement to a federal management career.

Each year the Office of Personnel Management (OPM) determines the number that will be accepted into the program. Graduate students are nominated by accredited colleges and universities for a fellowship that promises “a rigorous two-year paid program, including up to 80 hours of classroom training per year, challenging assignments, accelerated promotions, developmental learning and networking opportunities” with a federal agency that can select them on-the-spot without job announcements, ratings, registrers and long waits. After successful completion of the two-year fellowship, the fellow can convert to federal career status, giving the fellow a promising career and VA a future leader.

VA has hired more than 100 fellows through the years and many are now successful senior executives within the department. The program helps VA meet workforce and succession planning needs by providing a source of emerging leaders in all functional management areas. Facilities like the Pittsburgh VA Medical Center incorporate the program into their formal succession and recruitment plans.

Instant access to outstanding graduate students from diverse social and cultural backgrounds is the program’s primary appeal to federal agencies hungry for talent. OPM makes it even easier for agency recruiters by holding an annual PMF job fair in Washington, D.C. The job fair offers agencies the opportunity to meet and interview PMFs interested in their missions and career fields.

Job fair PMFs are pre-screened and qualified by OPM at the GS-9 level. An agency may appoint at the GS-9 level, and if qualified, a fellow may be appointed at the GS-11 or GS-12 levels. Prequalification means managers can hire fellows immediately, but employers have the opportunity to hire fellows up to one year after they have been selected as a PMF finalist.

So, for those who were

(continued on p. 28)
Craig Fishbein

“I live on the road,” Craig Fishbein says while rotating stock at the Fort Wayne, Ind., VA Medical Center canteen store. Or is he 85 miles away at the Battle Creek, Mich., VAMC? He looks around and laughs at his own confusion. It’s understandable; Fishbein calculates he’s on travel 80 percent of the time.

This dual assignment in the nation’s upper Midwest follows a one-month detail to the Memphis, Tenn., VA Medical Center canteen. He’s been hopping between sites “fixing things,” as he puts it.

There are 181 Veterans Canteen Service (VCS) cafeterias and retail sites at VA facilities nationwide, supported by some 3,000 employees. When challenges crop up at any location, canteen service managers turn to Fishbein.

Michael Rabdau, VCS Washington liaison officer, says Fishbein goes wherever he’s needed as a goodwill ambassador and fix-it man. “In the past few years, he’s managed more operations than anyone else in the service. It’s understandable; Fishbein calculates he’s on travel 80 percent of the time.”

Fishbein’s bachelor’s degree in hotel and restaurant management from Widener University in Chester, Pa., led to accounting and management positions with Holiday Inn, IHOP, Denny’s and Philadelphia’s Wanamaker’s department store.

He came to the Tuscaloosa, Ala., VAMC 11 years ago as a certified dietary manager. “It was total culture shock for me,” Fishbein says. “I’d heard of grits, but I’d never seen them, never ate them. I didn’t know a black-eyed pea from a crowder pea, wasn’t sure if a rutabaga was fruit, vegetable or animal.”

For the next six years he soaked up experience as a management trainee, cafeteria assistant chief, associate canteen chief and office manager.

“Travel began to be part of the job in 1996 when he moved from Tuscaloosa to the Birmingham VAMC. Then it was on to VA medical centers in St. Louis, Shreveport, La., North Little Rock, Ark., and Waco, Texas. “I liked Waco, my first stop in Texas. I’m a Texan-by-transfer,” he laughs, betraying a slight Philly accent. Fishbein’s last permanent duty station was Houston, where he served as assistant chief, supervising 34 employees, with average sales of $5,000 per day. He left that site as office manager.

Fishbein’s life on the road started in earnest in October 2003. First stop was Brockton, Mass., for a five-week program that lasted a year. “It’s November, I’m in the Northeast, do I need to buy a coat?” he recalls asking himself at the time.

Brockton led to Pittsburgh, then to Central Office in Washington, D.C. Promoted to operations specialist, his responsibilities have taken him to VA canteen sites in Manchester N.H., Albany N.Y., and 10 other cities, with the next scheduled stop in Chillicothe, Ohio. “If Craig ever makes it to your neck of the woods,” says Rabdau, “welcome him, greet him and thank him for the great job he’s doing for us.”

By Robert Turtil

PMF cont. from page 27

not able to participate in this year’s job fair April 10-12, there is still time. Just check with the VA Office of Human Resources Marketing and Veterans Employment Outreach Service.

In that office the PMF coordinator is responsible for the recruitment and hiring of PMFs, and serves as a point of contact with OPM. The office works with VA’s three administrations and staff offices to determine how many PMFs the department will bring on board each year.

The Human Resources Development Service (HRD) provides program guidance for PMFs and PMF supervisors about their roles and responsibilities, and support for leadership development, orientation and mentoring. HRD staff monitor fellows’ progress in meeting program completion requirements, review the Individual Development Plans and performance plans, and manage the certification process for VA’s Executive Development Committee.

For more information about the PMF Program, contact Debra Walker at debra.walker@va.gov or 202-273-8922 or Janice Lucas at janice.lucas@va.gov or 202-273-9819 in Marketing and Veterans Outreach, or Cynthia Leach at cynthia. leach@va.gov or 202-273-9761 or Anna Doroshaw anna.doroshaw@va.gov or 202-273-9466 in Human Resources Development.

Complete details about the PMF program are available on the OPM Web at www.pmf.opm.gov.
Genomic Medicine Initiative Underway

VA formally launched a new genomic medicine initiative in March by naming an advisory panel composed of scientific and medical experts, ethicists and veterans service organization representatives to help the department establish policies for using genetic information to optimize medical care of veterans and to enhance development of tests and treatments for diseases particularly relevant to veterans.

“VA is moving to a model of care in which care is tailored specifically to the needs and challenges of individual patients,” said VA Under Secretary for Health Dr. Jonathan Perlin. “Genomic medicine will help us move from providing medicine that is preventative to medicine that is predictive.”

Pharmacogenomics, using analysis of a patient’s DNA to customize drug treatment, will be at the center of the new program.

Research shows that variations in a person’s DNA can affect response to a particular drug. A University of Washington team showed last year that variations in a gene called VKORC1 can predict, to a significant extent, how a patient will respond to the anti-clotting drug warfarin. Too little of the drug can result in clots, too much cause bleeding. It can sometimes take doctors months to determine the ideal dose for a patient. With DNA testing, the right dose could be set with one office visit and complications avoided.

According to VA chief research and development officer Dr. Joel Kupersmith, genomic data will be integrated into VA’s electronic medical records system.

“Starting a genomic medicine program may be the most significant initiative for VA health care since the computerized medical record,” he said. “And this can build on the success of VA’s computerized medical record, so this is a very exciting project.”

Kupersmith also noted that discussions on ethics and privacy issues will be an important focus as the program begins.

The Veterans Health Administration Office of Research and Development has already issued requests-for-proposals for a pharmacogenomics analysis laboratory to spearhead work on this initiative.

Pregnancy Complications May Lead to Heart Disease, Early Death

An analysis of health data on pregnant women by a Durham, N.C., VA Medical Center/Duke University research team indicates that pregnant women who experience numerous complications, such as preeclampsia, gestational diabetes or preterm birth, may also be at increased risk of developing heart disease and early death.

The study associated pregnancy complications with an independent 60 percent risk for development of cardiovascular disease and a more than two-fold increased risk of death from any cause. The researchers also concluded that women who continue to smoke during pregnancy not only harm their fetus, but more than double their risk of all-cause death and nearly triple their risk of cardiac death. Smoking also almost doubles a woman’s risk of developing coronary artery disease.

The study’s author noted that pregnancy complications can have lasting effects on the cardiovascular system and may be seen as early warning signs of future heart disease and mortality risk. The findings were presented in March at a meeting of the American College of Cardiology in Atlanta.

Telephone Counseling Helps Smokers Quit

Smokers who received telephone care and counseling had higher rates of quitting the habit than those who received routine smoking cessation care by health care providers, according to a study conducted by a Minneapolis VA Medical Center/University of Minnesota research team.

The researchers studied 837 daily smokers who received care at five VA medical centers. All participants committed to quit smoking within 30 days.

The 420 smokers in the standard care group were mailed self-help materials and had continued access to smoking cessation services through their medical centers. The 417 in the telephone care group received counseling sessions using a telephone care protocol consisting of seven calls over a two-month period, with additional calls at the counselor’s discretion.

After three months, 39.6 percent of the telephone care group had not smoked in the previous seven days, compared with 10.1 percent in the standard care group. At the one-year mark, 13 percent of the telephone group and 4.1 percent of the standard care group had abstained from smoking for the previous six months. Compared with the standard care group, those receiving phone counseling were more likely to use other techniques to stop smoking, including smoking cessation counseling programs and medications. They also made more attempts to quit smoking than those in the control group.

“At a minimum, telephone care for smoking cessation should be made available to veterans who are interested in stopping smoking,” concluded study lead Lawrence C. An, M.D. He said the study supports recommendations for a national network of “quitlines” that would make telephone counseling available to all tobacco users in the U.S.

This study was reported in the March 13 issue of Archives of Internal Medicine.
Steeped in history at the Milwaukee VA Medical Center

Working at the Milwaukee VA Medical Center campus steeps employees in history. The buildings and mission of the campus date to the end of the Civil War when President Lincoln signed the National Asylum for Disabled Volunteer Soldiers Act. One of those original “asylums” was built in Milwaukee and became today’s VA medical center.

Inspired by their facility’s history, a group of Milwaukee VAMC employees came together a few years ago to research and recognize the contributions of African American volunteers who fought in the Union Army during the Civil War. They formed Company F, 29th Infantry Regiment, United States Colored Troops, a unit originally composed of free black men from the upper Midwest.

Each June, Company F, outfitted in authentic-style uniforms and equipment, march at the Reclaiming Our Heritage event on the medical center campus (to be held June 3 and 4 this year). They show and tell their story at local schools, and perform in community parades, reenactments and camp life portrayals throughout the area. VA Research Service employee Jack Tomlinson, co-founder of the historic unit, said, “One of our primary aims is to educate Americans that freedom is not free. We must never forget the many battlefields that have been saturated with the blood of black American manhood.”

‘These heroes could be your neighbors’

The VA regional office in Winston-Salem, N.C., now has a large four-panel mural by local artist Patti Hricinak Sheets entitled “Honor” dedicated to the men and women serving in the armed forces throughout the 20th century. A dedication ceremony featuring the artist was held in March as part of the regional office’s VA 75th anniversary program. The mural depicts veterans served by VA who defended the nation from World War I through Operation Iraqi Freedom.

The artwork focuses on faces of servicemembers presented slightly larger than life size at eye level. “I wanted this to be personal, to create an intimacy with the viewer,” said Sheets. “I focused on those who served in conflicts this century, where the individuals or their spouses and children are still alive. These heroes could be your neighbors.”

Sheets approached the VA regional office in 2005 and asked to donate a mural for display in the building. She not only donated her time over the last nine months, but also most of the materials. A few small businesses and some individuals made donations to Sheets to cover part of her expenses.

“We were thrilled to be asked to host this mural,” said John Montgomery, director of the Winston-Salem VA Regional Office. “We serve tens of thousands of veterans and dependents every year through our various benefit programs at this office, but we try to never lose sight that each of them are individuals who have served their country. Patti’s mural really captures that spirit. It is a tribute to her patriotism.”
Health Care Ethics. The award, sponsored by the VHA National Center for Ethics in Health Care, was established to recognize VHA employees whose careers exhibit the highest standards of excellence, dedication and accomplishment in the field of health care ethics. Throughout his career, Casarett has promoted ethical health care practices through his focus on end of life care issues. He was instrumental in developing a palliative care program at the Philadelphia VAMC and worked to provide hospice services for veterans there and throughout the VA health care system. The award, presented Feb. 14 by VA Under Secretary for Health Jonathan Perlin, M.D., is named in honor of a retired VA ethics consultant and educator.

Kristin Nichol, M.D., received the 2005 Minnesota Hospital Association’s Caregiver of the Year Award. Nichol is chief of medicine, director of the primary care and subspecialty medicine service line at the Minneapolis VA Medical Center, and a professor in the Department of Medicine at the University of Minnesota. The award recognizes her contributions in the delivery of patient care, patient satisfaction, and community health improvement efforts.

Nicholas Vano shared the Prudential Spirit of Community Award as one of two top Arkansas state youth volunteers. The awards program, sponsored by Prudential Financial and the National Association of Secondary School Principals, recognizes a high school and middle school student from each state and the District of Columbia for outstanding volunteer work. The eighth-grader received his honor for volunteering three days a week at the John L. McClellan Memorial Veterans Hospital in Little Rock. He assisted veterans at the Adult Day Health Care Unit, escorting them to different clinical units, delivering meals and helping with activities. The Central Arkansas Veterans Healthcare System nominated Vano for the honor.

South Texas Veterans Health Care System Chief of Social Work Milton Ayala was awarded the Legion of Merit for his service in the Kansas Army National Guard. Two Guard officials presented the award to him at the VA medical center in San Antonio. The citation reads, in part: “For exceptionally meritorious service ... while serving in positions of increasing responsibility, culminating in his assignment as Brigade Commander, 130th Field Artillery Brigade, Kansas Army National Guard ...”

Aiding Katrina victims

Anthony Beazley, right, a chaplain at the G.V. (Sonny) Montgomery VA Medical Center in Jackson, Miss., who ministered to hundreds of people affected by Hurricane Katrina, has been named a recipient of this year’s Distinguished Service Award from the Military Chaplains Association. Beazley was recognized for his tireless efforts and spiritual guidance in aiding employees, veterans and family members who were displaced because of Katrina.

A 21st century leader

Irene Trowell-Harris, above, director of the VA Center for Women Veterans and retired Air Force general, has been named one of Women’s eNews’ 21 Leaders for the 21st Century and will be honored along with her 20 fellow awardees at a gala presentation event at Tavern on the Green in New York City on May 16. Women’s eNews is an independent news service using the Internet to distribute high-quality journalism to other media outlets and opinion leaders as well as to a general audience.
Alert response saves a life

Pam Cantor, R.N., right, home/telehealth care coordinator at the Mountain Home, Tenn., VA Medical Center, recently went to a veteran’s home to install equipment and orient the patient to a telemessaging system. When she arrived at his door, she could see him sitting on the sofa, but he didn’t respond to her knocks on the locked door.

Concerned, Cantor considered using an axe she found lying on the front porch to break through the glass door. The presence of two dogs on the porch dissuaded her from taking that action.

She tried dialing the veteran’s phone number, but her cell phone couldn’t connect. The veteran’s estranged wife arrived, and seeing that the man was unresponsive, she told Cantor she would break through the back entrance with the axe.

Cantor went back to her vehicle and called 911 using her car’s “Onstar” system. That call was routed to the appropriate authorities. The wife was able to gain access into the home and rushing in, Cantor quickly ascertained that the veteran was in trouble, breathing just six times per minute. Paramedics finally arrived at the scene and transported the man to the hospital, where he was treated and survived.

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President’s Day Weekend took an interesting turn for employees at the Atlanta VA Medical Center. Early Saturday morning, a woman drove to the first hospital she could find and gave birth to a healthy baby boy in the hallway of the VA. “I really didn’t have time to be scared,” said VA police officer Quintin Dozier, who was conducting her hospital rounds when she heard a man yelling for help: “She’s having a baby, and I think she’s having it now.” Although the man spoke little English, it was clear that the woman with him was giving birth at that very moment. Dozier instructed the woman to lie down as she helped deliver the baby. “The baby was already born, so I just continued to guide the baby down her leg and turned him over, which is when he started coughing and crying on his own.” Medical staff rushed to the scene and transported the woman and newborn to the emergency room for evaluation. Mother and son were later transferred to Grady Hospital for follow-up care. This was the first baby born at the Atlanta VA Medical Center since it opened some four decades ago.

Miami VA Healthcare System electrician Jimmy Ferguson was dirt bike riding in the Everglades when he witnessed an all-terrain vehicle flip, leaving a girl and her mother severely injured. He called 911, giving their exact location miles from the nearest road. A helicopter was dispatched and airlifted the victims to the nearest hospital. Ferguson credits the life safety skills learned during his 20 years at the VA for preparing him for the situation.

While on official travel to Washington, D.C., Chris Jones, an IT specialist at the Amarillo VA Health Care System, and Scott Ross, an electronics technician, witnessed a pickup truck run into safety barrels at an interstate exit ramp. Within moments, another car plowed into the rear of a vehicle that had slowed for the accident. Jones jumped from his vehicle to render aid to the initial victim, while Ross called 911 and checked the other cars for injured. Jones offered aid to the first victim until a police officer arrived. Jones continued to direct traffic, helping to prevent additional accidents until he was relieved by emergency services.

Marlon Harmon, a police officer at the Michael E. DeBakey VA Medical Center in Houston, and Edna Moreno-Vega, a registered nurse, were traveling separately when they witnessed a traffic accident, and both immediately went to assist. Harmon pulled over and ran to offer aid while his wife called 911. Moreno-Vega stopped to assist the victims as police and emergency personnel arrived. Suddenly a second accident occurred at the scene when a van fatally struck an aid provider, then crashed into an ambulance. Emergency personnel and Harmon ran to those victims while Moreno-Vega stayed with the injured passengers of the first crash. Passengers from the van were screaming and running into the highway. Harmon helped grab and get them to the safety of the shoulder. As EMS personnel took care of the injured, Moreno-Vega and Harmon calmed several teenage witnesses who were in emotional distress. In a situation where chaos reigned, VA employees teamed up to provide life-saving assistance and emotional support.

Karen Scofield, a vocational rehabilitation counselor at the Indianapolis VA Regional Office, had been exchanging phone calls with one of her veterans, a Ball State University student, concerning his program. One morning he called and left an incoherent message. She called him back, but was unable to get any lucid responses from him. Noting that he is service-connected for diabetes, she kept him on the line and gave the phone to a fellow employee, Nancy Bennington. Scofield then called the Ball State campus police and explained the situation. They agreed to investigate. She returned to her phone and talked to the veteran until the police arrived. She spoke to the police officer and explained that the veteran was not drunk or on drugs, but was most likely experiencing insulin shock. The police took him to the emergency room.