

VA **anguard**

U.S. Department of Veterans Affairs

January/February 2009



Shinseki at the Helm

Veterans Treatment Court

30th Anniversary of VistA

Community Living Centers

Gen. Eric Shinseki



VAnguard
 VA's Employee Magazine
 January/February 2009
 Vol. LV, No. 1

Printed on 50% recycled paper

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Published by the Office of Public Affairs (80D)

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On the cover

Retired Army Gen. Eric K. Shinseki prepares to testify at his Senate confirmation hearing. He took the oath of office as the nation's seventh Secretary of Veterans Affairs on Jan. 21. A former Army chief of staff, the West Point graduate served two combat tours and was wounded in action in Vietnam. He went on to serve with distinction in Europe, the Pacific and stateside before his 2003 retirement.
photo by Robert Turtill



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON



Fellow Department Employees and Families,

I am a Veteran, and I am deeply grateful to President Obama for the opportunity to serve with you in meeting the obligations to the men and women who have kept our Nation the land of the free and the home of the brave. For me, this is a noble calling, not just because of the President's invitation, but also because it provides an opportunity to give back to those who served with and for me during my 38 years in uniform.

We have a solemn responsibility to our Veterans, not just for today, but in the months and years to come as more Veterans enroll to secure the benefits and services they have already earned by their service to the Nation. I am committed to transforming our Department so that it will be well-positioned to perform this duty even better during the 21st Century. I cannot do this without your support and our adherence to the highest standards of conduct. How we go about our duties each day—ethically and transparently—is as important as what we do.

Creating the vision for transforming VA into a 21st Century organization requires a comprehensive review. In that review, we must understand that people are central to everything we do, that results count and we will be measured by what we accomplish, not by what we promise, and that the best days of VA are ahead of us. We will fulfill President Lincoln's charge by redesigning and re-engineering ourselves for the future.

Transforming any institution is supremely challenging. I know that from my experiences in other proud and high-performing organizations. But even the best organizations must be prepared to change to meet changing times and clients' needs. Historically, organizations unwilling or unable to undergo change soon find themselves irrelevant. Our Veterans do not deserve irrelevance.

Providing them our best efforts to deliver the highest quality care and services we can provide in a timely, consistent and fair manner is our responsibility—not theirs. Their welfare—their lives—depend on how well we do our part. I take that responsibility seriously and ask for your help and support every day to meet our obligation to them.

Our path forward is challenging, but the President and the Congress support us and have asked us to do this well—for our Veterans. I am honored to lead this organization of dedicated and competent people. Together, we will transform the VA into an organization that reflects the change and commitment our Nation expects and our Veterans deserve. I look forward to meeting you as I get out and about, and I value your thoughts and insights as we develop our 21st Century vision together.

A handwritten signature in blue ink that reads "Eric K. Shinseki".

Eric K. Shinseki



Stomping Out Unnecessary Collection and Use of SSNs

Sally Wallace

Associate Deputy Assistant Secretary for the Office of Privacy and Records Management

Once upon a time, people didn't worry about their Social Security numbers. They appeared on our checks, driver's licenses, bank accounts and tax forms. Businesses used them to identify customers, and federal agencies used them to identify program participants and employees.

How times have changed! The introduction of the computer and the Internet made it easy for unscrupulous people to collect all types of personal information, including Social Security numbers. With this information, identities can be stolen, bank accounts emptied, and credit histories ruined.

Here at VA, we collect and maintain information on more than 26 million veterans, their dependents, and their beneficiaries. We use the SSN to ensure that veterans receive the correct care, treatment and medications. We also use it as the claim number to provide benefits. Every day, we need to be extremely careful with how we access and use this information.

May 2006 was a turning point in how the government and the public viewed personally identifiable information (PII) and the vulnerability of SSNs when President Bush established the President's Task Force on Identity Theft to provide a coordinated approach among government agencies to combat identity theft.

The task force's first recommendation addressed the need for government agencies to reduce the unnecessary use of the SSN, the most valuable commodity for an identity

thief. Specifically, agencies were told to develop alternative strategies for using the numbers as personal identifiers for federal employees and participants in federal programs. Subsequently, the Office of Management and Budget directed all federal agencies to develop and implement a plan to eliminate the unnecessary use of SSNs.

In July 2007, former VA Chief Information Officer Robert Howard created the VA SSN Working Group, under the direction of my office. This group, composed of

representatives from each of the administrations and staff offices, developed VA's first overall plan to reduce the collection and use of the SSN.

Our efforts to reduce the use of SSNs began well before May 2006. Veteran identification cards issued since 2004 no longer display the number. SSNs have been removed completely or reduced to the last four numbers on correspondence. VA's Consolidated Mail Outpatient Pharmacies now use an internal tracking number instead of the SSN for prescription labels, prescription refill documents, and mailing labels.

We submitted VA's initial SSN reduction plan to OMB in September 2007 and an updated plan in September 2008. In November 2008, Howard signed a VA-wide policy on reducing the unnecessary use

of SSNs. The focus of the new policy is to reduce and, where possible, eliminate the collection and use of the SSN as the primary identifier for individuals.

Beginning in February, each administration and staff office must develop their own SSN reduction plan and provide quarterly updates to my office, which will combine the information into a Department-wide plan.

The Veterans Health Administration will conduct a thorough inventory of its SSN holdings this summer. My

identifier for use among the various administrations and VA systems. In the near term, we may need to develop one or more identifiers for each veteran or beneficiary, with a correlation among the identifiers maintained in a single authoritative data source. In the long term, the Office of Information and Technology is striving to develop and implement an approach that will reduce the collection of SSNs and other PII and maintain the information in a single authoritative data source instead of the current process

VA is committed to moving away from using the SSN as the primary identifier and authenticator for veterans and beneficiaries.

office and the VA SSN Working Group are collaborating with VHA so that non-VHA organizations will be able to use their inventory for SSN data collection efforts. The survey data will be evaluated to make informed interim and long-term business decisions related to continued collection and use of the SSN. The outcome may include reducing, eliminating or replacing the number with a different unique identifier.

VA is committed to moving away from using the SSN as the primary identifier and authenticator for veterans and beneficiaries. However, we will continue to collect and use the number for necessary purposes, such as when matching records with other federal agencies.

Finally, VA is considering the creation of a "One VA"

of collecting and maintaining this information in multiple systems across the administrations.

It will take time and funding to develop and implement new veteran identifiers. Until then, we will need to continue to use the SSN to ensure the timely and accurate delivery of health care and other VA benefits to veterans and their dependents. My office is working closely with the other offices within OIT to continue to strengthen protections of internal uses of Social Security numbers and other personally identifiable information. For more information, visit www.privacy.va.gov/ssn.asp. **VA**

For more on VA's efforts to eliminate the unnecessary use of SSNs, go to www.privacy.va.gov/ssn.asp.

Department-wide Employee Health Initiative Gets Underway

On Sept. 23, 2008, former VA Secretary James B. Peake, M.D., and Alma Lee, president of the American Federation of Government Employees-National Veterans Affairs Council, jointly approved a message to all VA employees announcing a new Department-wide health and wellness initiative. In the coming months, VA will develop and implement a strategic plan to communicate various activities taking place across the Department that can improve and enhance the health and well-being of all VA employees.

Led by VA's Office of Human Resources and Administration, and sponsored by VA's National Quality Council, the program emphasizes that a healthy lifestyle enhances employee productivity and reduces health care costs, rates of illness, injury and employee absenteeism. Informational sessions will be offered on such topics as the importance of physical activity, weight management, smoking cessation, stress management, healthy lifestyles, and nutrition.

A new VA Health & Wellness Committee, chaired by Willie L. Hensley, deputy assistant secretary for human resources and administration, was formed to promote the health and wellness of all VA employees, their families and their local communities. The group held its kick-off meeting in January and will be meeting quarterly to collaborate on the Department's efforts.

Eager to begin, some facilities around the nation have already started taking action on their own campuses. By adding essential health promotion elements to a strong national occupational safety and health program, Minneapolis-

based VISN 23's Employee Health Promotion Disease Prevention Pilot kicked off at the end of January. Called "Wellness Is Now VA," the WIN VA program seeks to change unhealthy behaviors of facility employees and aims to integrate workplace safety, disease prevention and worksite health protection.

The program's focus includes: ergonomics intervention (safe patient movement and handling); work organization assessment; violence prevention; sharps injury prevention; slips, trips and falls prevention; aging workforce initiatives; and stress reduction components.

Other key health promotion features include: a health risk appraisal; physical activity programs to promote improved fitness and ability to work; healthy eating assistance, including nutritional and caloric intake assessment with self-help tools; a tobacco cessation program, including



Robert Fischbach, assistant canteen chief at the Minneapolis VA Medical Center.

APRIL EILERS

counseling and free nicotine replacement; stress intervention at the individual level through a Web-based tool to complement national work organization efforts; face-to-face health coaching; healthy living classes and other educational opportunities; and ongoing health prevention monitoring and oversight at the facility level.

Working in partnership with employees across the organization, VA plans to mea-

sure the effectiveness of the program by employee participation and impact. Outcomes will be measured through such metrics as disability costs and days, workers' compensation costs, safety data, sick leave, health insurance costs, and employee survey results.

Visit www.prevention.va.gov for information on planned local activities and promotional and marketing information on the Department's fitness programs. **VA**

Design the 2009 National Veterans Day Poster

Interested in designing a national poster to honor veterans? Then the Veterans Day National Committee would like to hear from you. The committee is seeking submissions for the 2009 national Veterans Day poster.

The poster is distributed to more than 110,000 schools nationwide, military installations around the world, and to federal agencies in the nation's capital. It also graces the cover of the official program booklet for the Veterans Day ceremony at Arlington National Cemetery. The committee will convene in May to review submissions and select a finalist.

The final poster must

be 18"x 24" at 300 dots per inch, but scale down submissions to 9"x 12" and submit electronic versions as JPEG images or PDF files via e-mail to: vetsday@va.gov. Alternatively, send copies of artwork or a CD with artwork files to: Department of Veterans Affairs (002C), 810 Vermont Ave., NW, Washington, D.C., 20420. Do not send originals. The deadline for submissions is May 1.

To view Veterans Day posters from previous years, visit www.va.gov/vetsday and click on "Poster Gallery." Submissions should include sufficient information to demonstrate that the image is

the work of the artist and is not copyrighted material (i.e., photos and concepts). The committee may select a particular submission but ask the artist to make modifications to the original design. Additional changes may be required prior to printing. **VA**

Correction

VAnguard neglected to credit *VFW Magazine* Senior Writer Kelly Lanigan for material she developed that was used in the cover feature article "Tackling a Growing Problem for Veterans" in the November/December 2008 issue. We regret the oversight and thank Lanigan for the contribution.

Two More New VA National Cemeteries

Formal groundbreaking and dedication ceremonies are held in Pennsylvania and California.

The Department dedicated two new national cemeteries in the last two months of 2008, bringing the total number of dedications to seven for the year. Former Under Secretary for Memorial Affairs William F. Tuerk hosted formal groundbreaking and dedication ceremonies for the Washington Crossing National Cemetery on Nov. 16 and the Bakersfield National Cemetery on Dec. 7. These two cemeteries will serve thousands of veterans and their families in the Philadelphia and central California regions.

Hundreds of excited veterans, many wearing the garb of veterans service organizations, were on hand at both ceremonies to hear speeches by local officials and to witness the formal groundbreaking and unveiling of the dedication plaque. Sen. Arlen Specter (R-Pa.) and former Under Secretary Tuerk delivered the keynote addresses at Washington Crossing National Cemetery and Bakersfield National Cemetery, respectively. Both ceremonies featured military honors from local reserve units and the performance of taps by a military bugler.

The Washington Crossing area is historically significant because it is

near the location where, on the night of Dec. 25, 1776, Gen. George Washington crossed the Delaware River and went on to defeat the British at the Battle of Trenton. "This country was founded because of the valor of American fighting men and women

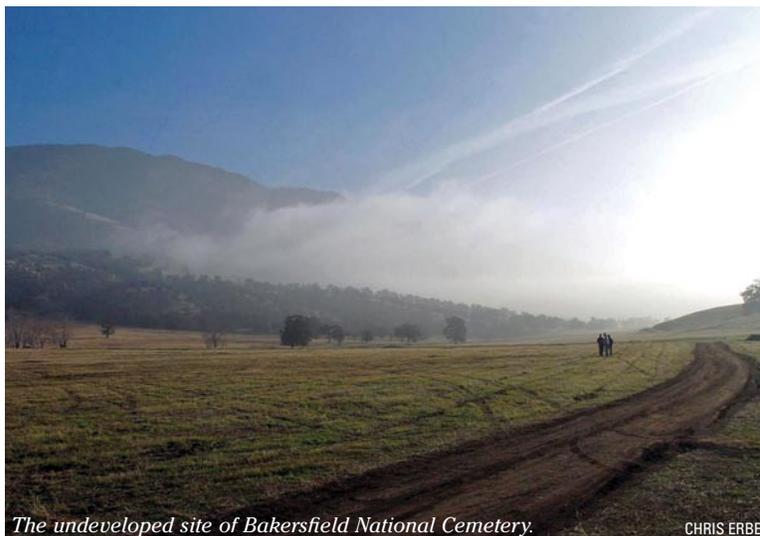
east of the city, Bakersfield National Cemetery is a scenic 500-acre expanse of rolling hills, green meadows and 300-year-old oak trees. Because the ceremony took place on the 67th anniversary of the attack on Pearl Harbor, Tuerk spoke of the special contributions of veterans from the World War II era. "They preserved this nation and advanced freedom around the globe during those horrific years," he said. "To them and to all veterans, we owe a full degree of honor, respect and reciprocation. We re-affirm that debt today with the dedication of this new cemetery here in the great state of California."

In its largest cemetery expansion since the Civil War, VA anticipates interments at both cemeteries to begin in 2009. In 2008, VA also dedicated Fort Jackson National Cemetery (Columbia, S.C.); Jacksonville National Cemetery (Fla.); Sarasota National Cemetery (Fla.); Alabama National Cemetery (Montevallo); and South Florida National Cemetery (Lake Worth). First interments at three of the new cemeteries occurred in January, bringing the total number of VA-operated national cemeteries to 128. **VA**



It was a blustery day outside the tent where the Washington Crossing National Cemetery dedication was held on Nov. 16, 2008.

JACK WIDMAIER



The undeveloped site of Bakersfield National Cemetery.

CHRIS ERBE

right here in Washington Crossing," Specter remarked. "This country was preserved in the wars that followed."

Located in the foothills of the Tehachapi Mountains, 20 miles south-

east of the city, Bakersfield National Cemetery is a scenic 500-acre expanse of rolling hills, green meadows and 300-year-old oak trees. Because the ceremony took place on the 67th anniversary of the attack on Pearl Harbor, Tuerk spoke of the special contributions of veterans from the World War II era. "They preserved this nation and advanced freedom around the globe during those horrific years," he said. "To them and to all veterans, we owe a full degree of honor, respect and reciprocation. We re-affirm that debt today with the dedication of this new cemetery here in the great state of California."

By Chris Erbe

Helping Families Heal—One Session at a Time

Vet centers counsel returning veterans and their families on the ‘Road to Recovery.’

Michael Drummond served in Iraq with the Army from 2003 to 2005. His face is somber as he talks about the fateful day when six of his platoon leaders were killed and many of his fellow soldiers injured. One remains at Walter Reed Army Medical Center in Washington, D.C., still recovering from his wounds.

Drummond is trying to cope—both emotionally and physically—with what happened. To help move past his time in Iraq, he and his fiancé, Melissa Leravi, attended the Coalition to Salute America’s Heroes annual Road to Recovery Conference Dec. 7-11, 2008, at the Walt Disney World Swan Resort in Orlando, Fla.

Nearly 140 families attended the all-expenses-paid educational and service gathering. The event provided wounded service members, their families and caregivers one source of information about benefits, services, counseling, insurance, health care, financial support and employment opportunities.

Drummond explained that upon returning from Iraq, wounded service members are treated and then released to return to their lives. But their lives have changed immeasurably. Many are unsure about how to readjust to civilian life with their new physical and mental challenges.

At the forefront of the Road to Recovery Conference is VA’s vet center program. There are more than 230 community-based vet centers that offer readjustment counseling and outreach services in a caring manner free of charge to all U.S. military

veterans who served in a combat zone. The centers also offer free counseling services to the family members of veterans.

The centers welcome home combat veterans and offer a multitude of resources to help these veterans during their transition from military to civilian life. The support includes counseling (individual, employment, group, marital, family and bereavement), medical referrals, alcohol and drug assessments, and assistance with applying for VA benefits.

the vet center program exists and participates in events like the Road to Recovery Conference, he said, stressing that the returning warrior needs to understand that they are not alone.

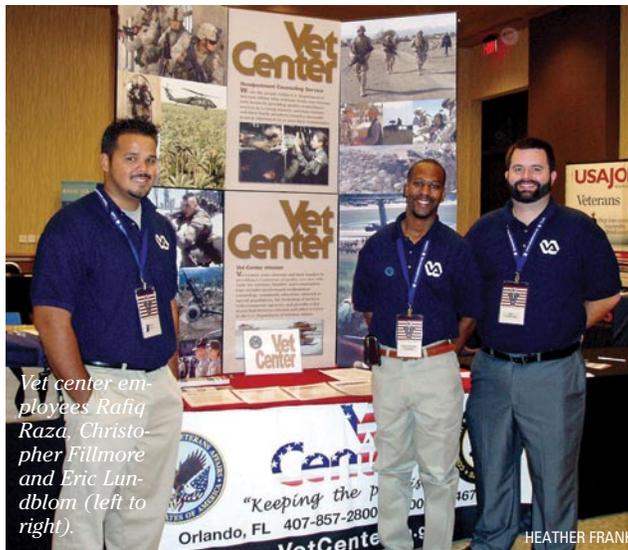
Three vet center employees—Rafiq Raza, Eric Lundblom and Christopher Fillmore—staffed an outreach booth at the conference. All three used vet centers following their combat tours in Afghanistan or Iraq. Now their mission is to rally around those veterans in their communities who have recently returned from combat.

They visit schools, travel to conferences, give presentations and participate in the Road to Recovery Conference each year.

Other vet center employees, such as Dr. Greg Inman, vet center team leader in Raleigh, N.C., presented work sessions for couples and families and addressed many of the interpersonal issues confronting families during readjustment from the combat zone to their communities. Vet center counselors were also available throughout the four-day conference to help with consultations,

discussions or referrals to their local vet centers.

Reflecting on the conference, Drummond said this American generation is just now starting to understand the needs of its newest war veterans. The vet centers are working to meet those needs. For more information on vet centers or to find the nearest one, call 1-800-905-4675 (Eastern) or 1-866-496-8838 (Pacific), or visit www.vetcenter.va.gov. **VA**



Vet center employees Rafiq Raza, Christopher Fillmore and Eric Lundblom (left to right).

HEATHER FRANK

Dr. Robert T. Frame, a combat-wounded soldier and retired Army Reserve colonel who is the vet centers’ national Operation Enduring Freedom/Operation Iraqi Freedom returning warriors liaison, attended the Road to Recovery Conference. He said the first step toward recovery for many returning combat veterans is to realize and accept that there is some sort of disconnect in their life. This disconnect can be mental, physical or even material, but it is normal and somewhat expected. This is why

By Heather Frank

Wreaths Across America's Rapid Growth

Ceremonies support VA mission by remembering and honoring veterans.

National and state veterans cemeteries teamed with the Worcester Wreath Company, veterans service organizations, community organizers and many others to produce the most successful "Wreaths Across America" campaign to date on Dec. 13, 2008. The grassroots effort to honor fallen veterans by placing holiday wreaths on their headstones or by holding wreath ceremonies in veterans cemeteries has become a national phenomenon. By any measure, this year's Wreaths Across America, with the support of VA, showed tremendous growth.

Wreaths Across America traces its roots to 1992, when Morrill Worcester, president of the Worcester Wreath Company in Harrington, Maine, donated leftover wreaths to Arlington National Cemetery for placement on the headstones of fallen veterans. The event caught on and grew larger every year. In 2006, national and state veterans cemeteries, as well as private cemeteries with veteran sections, held ceremonies of their own, and Wreaths Across America was born.

This year, participants placed more wreaths at veterans cemeteries than ever before. In 2007, 32,000 wreaths were placed in 286 cemeteries. In 2008, volunteers placed 105,000 wreaths in 354 cemeteries.

"We were absolutely thrilled with the turnout," said Christopher Mannozi, administrative officer at Pennsylvania's National Cemetery of the Alleghenies. "It was double what it was last year."

Despite the cold weather, Arkansas' Fayetteville National Cemetery also drew a large crowd. "We had about 450 volunteers place wreaths on

6,300 gravesites," said cemetery work leader Bruce Schaffer. "That's up from about 20 people placing seven wreaths the year before."

Quantico National Cemetery in Virginia had a similar experience. "It's getting bigger every year," said Director Karl MacDonald.

The size of the ceremonies ranged from large (5,000 people at Houston National Cemetery) to small (24 people braved icy road conditions to lay wreaths at New York's Gerald B.H. Solomon Saratoga National Cemetery). Young people supported the events in significant ways through organizations like the Civil Air Patrol,

Cemetery. That simple question from a young boy caused quick action by local citizens and resulted in 14,000 wreaths being placed at the cemetery this year.

Speaking to the large crowd at Houston National Cemetery about the fallen veterans, former Under Secretary for Memorial Affairs William F. Tuerk said, "It is in their honor that each wreath be placed here today, as an expression of a grateful nation, as a symbol of our collective respect and appreciation for all that has been given, and for all that will be given if duty so requires, and as a modest sign of our determination to give something back."

Former Secretary of Veterans Affairs James B. Peake, M.D., expressed his appreciation to Worcester during a ceremony at Arlington National Cemetery by presenting him the Secretary's VA Commendation Award. "The beautiful wreaths that are laid gracefully every year continue to remind us and future generations of the sacrifices of our veterans and emphasize the unity of our nation," said Peake as he presented the award. "We thank you for

your generosity and commitment."

From modest beginnings, Wreaths Across America has developed into a dynamic opportunity to remember our nation's veterans. With the full support and encouragement of VA, momentum is increasing, with plans already in place to expand activities in 2009.

For more information about Wreaths Across America, visit their Web site at www.wreaths-across-america.org. 



One of the many volunteers lays a wreath at Fayetteville National Cemetery in Arkansas.

BRUCE SCHAFER

which played a major role in organizing ceremonies around the country.

Wreaths Across America, designed to "remember, honor and teach," also reached a wide audience through the media. Newspaper and television outlets across the nation produced hundreds of feature stories on the wreath-laying events. There were heartwarming stories, like that of 6-year-old Alex DeMasi, of Humble, Texas, who asked his father why wreaths were laid in honor of veterans at Arlington National Cemetery but not at nearby Houston National

By Chris Erbe

A Day to Remember

Washington, D.C., VA Medical Center employees volunteer to support a history-making inauguration.



President Barack Obama and his family wave to the crowd after his inaugural address on the west steps of the U.S. Capitol.

DDO

It's 9 p.m. on Monday, Jan. 19, the Martin Luther King Jr. holiday, and there's excited chatter in the usually silent halls of the Washington, D.C., VA Medical Center. Staff in Redskins sweats, Betty Boop scrubs, well-worn blue jeans and fluffy slippers sign in for duty—a 24-hour shift that will take them through inauguration festivities on Jan. 20.

Carrying pillows and overnight bags to their assigned sleeping areas, they test the inflation on their air mattresses, plug in personal TVs to check crowd activity on the National Mall, turn down their "Property of the Department of Veterans Affairs" sheets and try to get some shut-eye before the big day.

More than 200 doctors, nurses, clerks, housekeepers, plumbers, pharmacists and administrators worked that long shift. More than 100 of them were "sheltered in place" at the medical center as part of inauguration preparations that began many weeks before.

City and federal predictions of record-breaking crowds descending on Washington, D.C., required major road and bridge closures. That meant hospitals had to get people at their posts prior to the potential onslaught.

Initially, nearly 400 D.C. VAMC employees volunteered to work the 9 p.m. to 9 p.m. shift, even though most could have joined their families and the throngs making history at the Capitol and along Pennsylvania Avenue.

Inauguration events created a formidable planning task for capital city hospitals. The D.C. VAMC started work earlier than most. Chiefs of key services began meeting shortly after Thanksgiving to assess staff and supply needs. Working within the guidance of the facility's emergency management plan and District of Columbia Hospital Association agreements, the medical center would get all emergency patients identified as veterans.

Fernando O. Rivera, medical center director, and Mike Dunfee, associate director and commander of the Emergency Command Center, decided to double the emergency department staff on duty. A general surgeon, an anesthesiologist, radiology and surgical support staff would also be required.

Ambulance service was a major hurdle to jump—accessibility and safe movement required complex choreography on a city-wide scale. Since there was no assurance that commercial

ambulances would be available due to shortages and transportation gridlock, the D.C. VAMC requested an ambulance from the Martinsburg, W.Va., VAMC for emergency transfers.

That's where the alphabet soup of city health care oversight teams came in. They include the Washington, D.C., Department of Health, or DCDOH, and the District of Columbia Emergency Health Coalition, or DCEHC.

Steve Mabley, VISN 5 (Baltimore) regional emergency manager, represents the medical center on the Health Coalition, the umbrella organization for all emergency health operations in the capital city. The Health Coalition is the staging association for regional hospital exercises and determines information-sharing strategies pertaining to potential violence, infectious disease, bed availability, ambulance service, transportation, housing for staff and more.

Hospitals communicate with each other on a dedicated radio frequency called the Hospital Mutual Aid Radio System, or HMARS. This radio system and a secure Web site, the Healthcare Information Sharing System, take the pulse of the city's needs throughout emergency situations

and share data on an agreed-upon schedule, increasing communication frequency as the event progresses. Police and fire officials use the Web site when allocating patients and ambulance runs. It's also used to determine which transport routes to open when traffic pile-ups, subway station closures, and violent incidents occur.

Throughout the holiday weekend and on Inauguration Day, hospitals shared bed counts and emergency room admissions on the Web site and during daily Health Coalition conference calls. There were more than 200 patients treated in emergency departments throughout the city—eight at the D.C. VAMC. One primary care clinic remained open to walk-in traffic and for transfers of non-emergent patients from the emergency department. The Charlotte Hall, Md., community-based outpatient clinic was also open.

Fifty-two DCDOH health stations and five Disaster Medical Assistance Teams were deployed to strategic locations along the parade route and on the Mall. These mobile medical units took care of scrapes, bruises and freezing-cold fingers, freeing up emergency departments for more serious cases. DMATs had more than 100 ambulances at their disposal, many brought in from distant locations.

With an estimated 1.8 million Americans and foreign nationals, working folks and dignitaries overflowing streets and parks in the frigid city, officials remarked that it is miraculous that D.C. hospitals did not encounter more emergency admissions. Thirty children were separated from their families over the weekend. Good Samaritans brought them to police officials and all were safely returned to their families.

D.C. VAMC leaders took care

to demonstrate their appreciation of staff hard at work during this historic weekend. Two of the three hospital shuttles serving subway stations remained in operation for their convenience. Meals were provided throughout the 24-hour shelter period. The canteen and retail store were open for business, and even the Starbucks Café was making lattes and smoothies. A large flat-screen TV was moved into the atrium café so that staff and volunteers could watch the proceedings of the day together. And for those eager to keep their New Year's resolutions, the hospital's Wellness Center was open for workouts (and showers).

The VA Maryland Health Care System supported the D.C. VAMC by providing additional medical supplies well in advance of projected road closures. "VISN 5 facilities really pulled together, ensuring the D.C. VAMC would be fully supported and

Personally Invited to Be a Witness to History

VA registered nurse Anne Stoefer returned home to Minneapolis from Washington, D.C., on Jan. 21, like thousands of others who had traveled long distances to witness the historic inauguration of President Barack Obama. Like many fellow travelers, she wore a button that proclaimed, "I was there!" Her button should have read, "I was really, really there!"

She was one of 41 people from across the country invited to spend the inaugural weekend in Washington as personal guests of the Obama family. She, her father and three sisters rode the inauguration train to D.C. with the Obamas, observed the swearing-in from a VIP area, and danced alongside the Obamas at their first inaugural ball.

"Unbelievable," said Stoefer as she recalled the trip. As historic as the event was, it had even deeper personal meaning for her, mingling, as she put it, "excitement with sadness."

Stoefer's mother, Beth Wehrman, also an R.N., was one of President Obama's earliest supporters. She had met him years before while working with HIV patients at a nonprofit needle exchange program she founded in Illinois. She died of pancreatic cancer last October, but campaigned for the president-to-be through the fatigue and nausea of her illness. "She really believed in him and wanted to see him become president," Stoefer said.

The Obamas kept in touch with Wehrman during her illness. She died hours after casting an absentee ballot for him. She didn't make the inauguration, but President Obama made sure her family did. Both families shared memories and tears on the train ride to Washington.



VA nurse Anne Stoefer with First Lady Michelle Obama.

COURTESY OF ANNE STOEFER

Smoothing the Way for Visitors

Garry Bernard, a management analyst with the Veterans Health Administration at VA Central Office, was among the 15,000 volunteers chosen to assist with crowd control and direction on the National Mall for the presidential inauguration. On that day, he became an official greeter and guide.

"My job was to greet visitors, welcome them to the National Mall, and make sure that they had all of the information they needed to have a good time," he said. "I was placed along 7th Street inside the Mall, and directed visitors toward concession stands, medical tents, Jumbtrons (okay, those were obvious), port-a-potties, exits and Metro stations."

Bernard said there were 900 volunteers working his "Mall zone" between 4th and 7th Streets, all sporting "little red volunteer caps."

"The Mall was the safest place on earth, with thousands of security personnel and medical staff," he said. "I enjoyed being the friendly usher, providing directions and information for anybody who needed it. If anything scary had happened, all I had to do was fetch one of the officers or doctors standing nearby."

"There was a young woman there with her mother from Minot, North Dakota. Her mother was in a wheelchair, and the young woman asked me if there was a place where they could stand to watch the inauguration without being trampled on. I was able to take the young woman and her mother to a place that was roped off by the medical staff where they would not have a problem watching the inauguration. Both mother and daughter gave me a hug and said, 'thank you.' That made my day."

operational throughout the weekend," said Rivera. "It's gratifying to be working with leaders and staff who can

so quickly and efficiently determine needs and fulfill them."

The D.C. VAMC has a well-

trained Decontamination Team and a well-equipped DECON Unit. The team was activated for Inauguration Day. In keeping with the facility's emergency management plan, equipment and clothing were inventoried in advance. All equipment repairs or replacements were dealt with prior to the big weekend. A six-member DECON Training Unit comprised of VA employees from around the nation was called on to support the D.C. crew and to give them additional training.

Safety Officer Nancy Lansing had the lion's share of the logistics job for the medical center—managing the emergency preparedness program is one of her functions. "Preparing for this historic weekend was a monumental task," she said. "But with the professionalism and commitment of our great staff, we were fully prepared and ready to take care of all veterans no matter what happened. I'm proud to be a part of this team."

Coordinated public affairs is crucial in emergency situations. Employees were kept up-to-date on transportation, building security, access to supplies and the all-important meal schedule through e-mail announcements, hard copy fact sheets, and the medical center's Intranet site.

A collegial spirit reigned among the staff spending Inauguration Day together, according to D.C. VAMC officials. They shared the pride of having an important mission—taking care of veterans who had traveled across the country to be in that place, at that time. There was a sense of being a part of history.

Around noon, a large group gathered in the medical center's atrium and together, in silence, they stood to honor President Barack Obama and Vice President Joseph Biden as they took their oaths of office. Even those in wheelchairs struggled to their feet. Some stifled cries and wiped away tears. Then they quietly dispersed to report back to their duty stations. **VA**



Nyoka Pyles staffs the reception desk in the D.C. VAMC Emergency Department; with her are interns (left to right) Ryan Kar, M.D., Anish Nanavati, M.D., and Rahim Remtulla, M.D.

By Michelle Spivak

Dr. Kendrick is tired. Her long shift is coming to a close. Her team has tended to at least 15 patients on multiple wards. It's time for a new team to take over. "Now, what did that nurse tell me about Mr. Savidge?" she wonders as she scribbles a multitude of pass-on details gathered during her hectic rounds.

The act of "handing off" a hospital patient from one medical caregiver to another has always been a process of careful communication. Yet, even in a hospital system deemed "the best care anywhere," ensuring patient safety can be challenging.

The software development group at the Richard L. Roudebush VA Medical Center in Indianapolis significantly contributed to a new tool that helps with this critical communication exchange.

Working with a team of collabo-

unchanged," said Richard Sowinski, manager of application development with the Roudebush team. The team has a long history of developing cutting-edge technology that improves VA care.

The new standardized software, which underwent dramatic changes and testing as it made the transition from a class 3 local package to class 1 national distribution, was developed in conjunction with the Iowa City VAMC, Washington, D.C., VAMC and the University of Iowa College of Medicine. The Physician Handoff Tool is one of the first field-based software solutions to undergo the meticulous evolution from class 3 to class 1 status, and then be released to every VA medical center in the country.

"It's been a pretty rigorous process," Sowinski said of the class 3 to class 1 migration. "We had to test

breakdowns are often cited as a root cause of sentinel events in hospitalized patients. The lack of details passed between covering physicians contributes to this decreased quality of care. The goal is to avoid discontinuity, create seamless patient coverage and prevent adverse events.

In 2005, the article, "Lost in translation: challenges and opportunities in physician-to-physician communication during patient handoffs," was published in the journal *Academic Medicine* by a group of Indianapolis physicians that included Dr. Richard Frankel. Frankel is a research scientist with the Roudebush VAMC's Health Services Research and Development. The article discussed automating aspects of physician handoffs and specifically mentioned the Roudebush VAMC's Physician Handoff Tool.

"Handoffs involve the transfer

Ensuring Efficient Patient 'Handoffs'

A local software innovation is helping to improve patient safety nationwide.

rators from around the country, they developed a VistA-based "handoff tool"—a simple graphical user interface, or GUI, that standardizes physician-to-physician communication. Released nationally in June 2008, the Physician Handoff Tool is now in use in at least 70 VA medical centers.

This powerful tool had humble beginnings. In 1998, the Roudebush group received a request from a concerned physician to create a handoff computer interface for doctors. The initial tool was quite simple, compared to the current one. "It satisfied the requirements we were given, and we used it here for eight years, essentially

the software at multiple facilities and make changes so that people with disabilities can use it. It took about five months to make the necessary changes and test them thoroughly at multiple test sites. At the same time you are making the changes, you are working with the national software development specialists on documentation and training materials. The developer of this software, Charlet Cottee, is one of the excellent developers my team is blessed with."

The tool reduces communication failures in two main categories—content omissions and illegible handwritten notes. Communication

of rights, duties and obligations from one person or team to another," the journal article explained. "In many high-precision, high-risk contexts—such as a relay race or handling air traffic—handoff skills are practiced repetitively to optimize precision and anticipate errors. In medicine, wide variation exists in handoffs of hospitalized patients from one physician or team to another."

In 2006, the Joint Commission published national patient safety goal (2E): "To improve physician-to-physician handoffs."

The journal article and the safety goal "caught the attention of some

people in VA Central Office, and Linda Nugent (now VA's national director of Health Information Management Systems) came out to see how we were using the tool," said Sowinski. "She talked to me, and some doctors, residents and nurse practitioners. She liked what she saw and passed the information on to VA's National Patient Safety Center.

"After Linda's visit, I got a call from Noel Eldridge (executive assistant at the National Patient Safety Center), and that's when things really got interesting. Noel got us together for a meeting in D.C. with doctors,

Dr. Divya Shroff, associate chief of staff-informatics at the Washington, D.C., VAMC, was instrumental in helping design and implement the tool nationwide, according to Sowinski. "To get something like this to go national, you need a physician champion who can talk to doctors in their own language. Doctors listen to other doctors. I can't think of a better physician champion for a clinical tool like this than Dr. Shroff. She has presented this tool at multiple conferences, in front of hundreds of people, and that is what got people so excited about using the tool."

Shroff and Tom Ash (then a computer specialist at the Washington, D.C., VAMC) wrote an article about the Physician Handoff Tool for *Hospitals & Health Networks* magazine and they won the "Most Wired" Finalist Award.

"This was the icing on the cake," said Shroff. "Charlet Cottee, Richard Sowinski, Tom Ash and I accepted the award at the Healthcare Leadership Summit in San Diego. It was a great collaboration, and I enjoyed working with a team that produced a great product. It was a most rewarding experience for everyone involved, and it really helps our nation's veterans receive better care. This has been proven by follow-up surveys of clinicians using the tool (conducted by Dr. Jaclyn Anderson, now at the Omaha, Neb., VAMC). They are telling us the tool ensures more precise and efficient handoffs."

What's next for the Indianapolis Software Development Team? "The one thing I can tell you," said Sowinski, "is the 'software skunkworks' at Indianapolis is alive and well, and we will have some interesting new products to demonstrate at the Information Technology Conference this year." VA

By Terry Minton

Richard Sowinski, manager of development and support at the Richard L. Roudebush VA Medical Center in Indianapolis, discusses elements of the Physician Handoff Tool with IT Specialist Charlet Cottee.

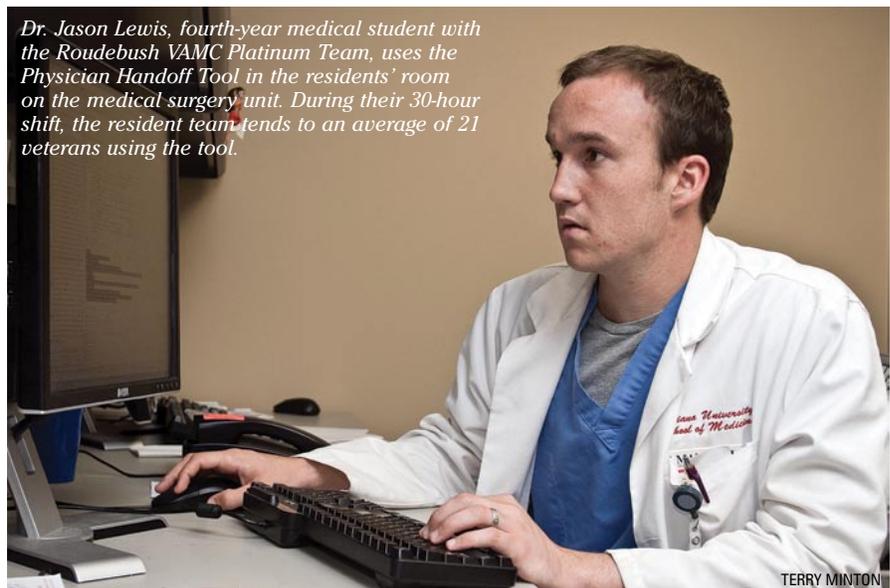


TERRY MINTON

nurses and computer specialists from other VA medical centers around the country to evaluate the Indy Physician Handoff Tool. We wanted to see if they had any suggestions on how it could be changed to make it better.

"They had lots of suggestions! Actually, the Washington, D.C., VAMC had its own Physician Handoff Tool (developed by a former resident, Dr. Danny Rosenthal). It had some nice features, but it was not written in a manner that would make it portable to other VA medical centers. So we adapted some of the user-based features of that tool, combined them with some of the features of our tool, and we ended up with a nice product."

Dr. Jason Lewis, fourth-year medical student with the Roudebush VAMC Platinum Team, uses the Physician Handoff Tool in the residents' room on the medical surgery unit. During their 30-hour shift, the resident team tends to an average of 21 veterans using the tool.



TERRY MINTON

Therapeutic Court for Veterans

Dr. Elise Taylor, left, is in charge of the Veterans Treatment Court program in Tulsa, Okla.; Dowanna Wright is the Veterans Treatment Court liaison.

A program spreading across the country is giving veterans charged with non-violent alcohol or drug-related offenses a second chance to get their lives back on track.

Many veterans return from war with PTSD, depression, or other combat-related issues that can greatly affect their day-to-day lives. Some of these men and women turn to drugs or alcohol to deal with the aftermath of combat and wind up in the criminal justice system.

The VA medical center and regional office in Muskogee, Okla., are the latest VA facilities to recognize not only a need, but also an opportunity, to reach out to veterans and help them rehabilitate and live a more productive life in society. They have partnered with the local courts to help veterans get their lives back on track after being arrested.

"The Jack C. Montgomery VA Medical Center is proud to be the third VA in the nation to provide this treatment option for our returning veterans who have difficulty readjusting to civilian life," said Director Adam Walms. "This joint venture VA is doing with the Tulsa County Drug Court and the City of Tulsa will give these deserving men and women a second chance."

In December 2008, the Muskogee VA entered into a memorandum of understanding with the 14th Judicial District to form a Veterans Treatment Court in an attempt to divert veterans from jail and into appropriate rehabilitative programs.

The Veterans Treatment Court applies to veterans charged with non-violent alcohol or drug-related felonies who may be experiencing difficulties transitioning to civilian life—whether recently or long discharged from active duty.

Veterans are diverted and sentences are either delayed or replaced with a period during which treatment is provided by the VAMC, and court-appointed mentors provide guidance on many matters, such as education, employment and housing.

If the diversion is successful, the veteran is less likely to repeat the behaviors that resulted in his introduction to the court system.

"It's a treatment-first approach over a punitive approach," said Dr. Elise Taylor, a VA psychologist and substance abuse program supervisor who is in charge of the Tulsa program. "We want to provide the care and treatment these veterans need, help them move forward in their lives and prevent repeat offenses."

It all starts at the time of arrest. The program is voluntary for veterans charged with non-violent crimes who are in need of mental health or substance abuse treatment. Veterans agree to enter into the program in writing during a hearing and also provide written consent to allow VA to communicate with the court about their treatment.

"When a veteran is brought to jail, the officers ask them if they are veterans while they are being processed," said Taylor. "Our Treatment Court liaison, Dowanna Wright, helps with determining eligibility for VA benefits. If they are eligible, they will be put on the Treatment Court docket and then assessed."

Veterans entered into the program are assessed by a mental health professional such as Taylor to determine what type of treatment is needed to best serve their needs.

"They may just need outpatient care, or they may need to be entered into an inpatient care program such as detox," said Taylor.

During the treatment process, each veteran's case is reviewed by the judge to determine their progress. VA's treatment team and the judge work closely together to keep the veteran on track and on the road to recovery.

"We don't want them to fail and neither does the court," said Taylor.

"However, the court will step in if the patient fails to abide by the program. If they fail a drug screen or disobey the court's orders, they will be arrested and run back through the legal system."

Veterans who repeatedly fail drug screens, or are repeatedly noncompliant with court-ordered treatment, are sanctioned by the court, which could include community service, fines or jail time.

"With 158 veterans arrested in Tulsa County in the month of October, there is clearly a need for this new therapeutic court," said Tulsa County Special Judge Sarah Smith, who hears veterans' cases every Monday. "The Veterans Treatment Court offers a unique partnership between the VA, the court system and other veterans' organizations to provide treatment, compassion and hope to the men and women who served our country and are struggling in the criminal justice system."

As with all drug court participants, the records of those taking part in the Veterans Treatment Court are sealed once they've completed the program.

Tulsa is the third community in the country, and the first in the central U.S., to implement a Veterans Treatment Court. The first program was created in Buffalo, N.Y., followed by a program in Alaska, with similar courts being considered in Rochester, N.Y., Illinois, Las Vegas, and two in Pennsylvania. The Muskogee VA modeled its court on Buffalo's successful program, which key leaders visited and sought advice from before starting the Muskogee court. **VA**

By Gary Hicks

Matching Veterans With VA Jobs

Veterans employment coordinators are helping veterans start new careers with the Department.

The new Veterans Employment Coordination Service is off to a good start helping veterans obtain a career with VA.

Since the office opened for business last July, its nine regional veterans employment coordinators have helped 68 veterans land a job with VA. From Tampa, Fla., Washington, D.C., and Hudson Valley, N.Y., to Austin, Texas, Los Angeles, Seattle, and more than 30 other VA facilities in between, the regional coordinators have directly assisted veterans with starting a VA career.

"I'm really proud of what they're doing all across the country to help match veterans with VA jobs," said VECS Director Dennis May, a retired Air Force personnel officer. "We knew coming into this that our regional coordinators would have to be real go-getters, and they are living up to those expectations."

VA has approximately 270,000 employees, and about 30 percent are veterans. VECS is charged with increasing that percentage to 33. Severely injured veterans of Operation Enduring Freedom and Operation Iraqi Freedom are at the core of the program. One of the first things regional coordinators did when assuming their new positions was to begin the process of reaching out to more than 2,000 known severely-disabled veterans from the Global War on Terrorism to offer employment assistance.

Rafael Cornejo was one of those veterans. Medically discharged in 2004 after serving in Operation Iraqi Freedom, he completed a teaching degree under VA's vocational rehabilitation and employment program at City University of Seattle in 2007.

With a degree under his belt, Cornejo found part-time work as both a family support specialist and a substitute teacher in the Seattle area, but obtaining a permanent position in education seemed unlikely with a school district

that may have focused too much on his disability. Fortunately for Cornejo, Region 2 Coordinator Bob Mortenson was aware of his situation and gave him a call.

Working precisely as a regional veterans employment coordinator was envisioned, Mortenson brought in Cornejo's VR&E counselor and a local human resources specialist to help prepare employment packages for three VA positions. Shortly thereafter, Cornejo was offered, and accepted, a veterans service representative position with the Seattle VA Regional Office on Nov. 24, 2008, and now finds himself with not only a full-time job, but a satisfying one as well.

"I cannot think of a better career that will allow me to be in a position to serve our military men, women, and their families," Cornejo said. "It is an honor to now be a part of the VA team."

Each veteran's story about working with their regional veterans employment coordinator is unique—take AnnMarie Bernard, for example. The combat veteran and mother of three tried for years to land a federal job, but two things were holding her back—lack of U.S. citizenship and limited knowledge of how to navigate the hiring process.

Enter Region 8 Coordinator Andree Sutton, who not only collaborated with the Department of Labor to get Bernard's employment case referred to VA, but also helped put together a job-winning packet resulting in Bernard becoming the VA New York Harbor Healthcare System's newest medical support assistant. Bernard received her citizenship prior to accepting her new position.

Regional coordinators use a wide array of tools and resources to reach out to veterans and, more importantly, match their skills with VA jobs. They participate in military transition programs, and work with veterans service



ROBERT TURTILL



JOSEPH A. MATTHEWS



STEVE JUDISH



LAMEL J. HINTON

Clockwise from top left: After being medically discharged in 2004, and experiencing difficulty breaking into the teaching profession, Rafael Cornejo is working as a veterans service representative at the Seattle VA Regional Office; Cornejo's regional veterans employment coordinator, Bob Mortenson, helped him land the job; AnnMarie Bernard, foreground, had tried for years to land a federal job. With the help of her regional coordinator, Andree Sutton, she was finally successful; Denver VA Regional Office Veterans Service Center Manager Kathryn Malin was so pleased with the early performance of Scott Gardner, center, as a veterans service representative that she asked his regional coordinator, Mark Berninger, right, to find more job candidates like him.

organizations and other VA programs to promote careers in the VA workforce.

One secret to their effectiveness is working closely with VA managers and human resources offices to ensure supervisors are aware of programs that make it easy to hire veterans, such as the use of non-competitive appointments.

Scott Gardner, a veteran who received a Purple Heart while serving in Iraq, was hired by the Denver VA Regional Office under the 30 percent Special Hiring Authority. His regional coordinator, Mark Berninger, worked with him and his VR&E counselor to land a veterans service representative position at the regional office.

Gardner's early performance in his new position led Veterans Service Center Manager Kathryn Malin to ask

the pair to "find more veteran candidates like Scott Gardner."

And that is what the nine regional coordinators are doing—bridging the gap between human resources and veterans.

"Simply put, there is no better cure for what ails our recovering job-ready veterans than the independence gained through employment," said VECS Deputy Director Greg Alleyne, who is also the Region 9 coordinator. "Our coordinators understand it, many have lived it, and all are honored to serve as links in such an important chain." **VA**

By Gary Hicks



Dai C. Phan

KENNETH HOLT

Escape from Vietnam

A harrowing journey on the high seas leads one employee to give back to the veterans who fought for his country.

My hands clutched my older brother's arm tightly. We, along with our parents, were among a sea of people on Highway 1 trying to leave the city as the North Vietnamese army approached to wage the final battle of the war.

We managed to arrive at the Da Nang airport with commercial airline tickets in hand, but our aircraft never arrived so we made our way to the harbor in hopes of boarding a ship to Saigon, the South Vietnamese capital. Exhausted, we waited there among a sea of thousands like us clinging to our last sliver of hope that we would catch a "ship of freedom."

That hope evaporated in an instant as the high-pitched sound of incoming rockets pierced the air. Men, women and children began running for their lives as ordnance exploded from all directions. The North Viet-

namese army was rapidly approaching without constraint. To this very day, I can still remember the blue flames of the rocket exhaust, the smell of exploding ammunition, and the earth-trembling concussions that followed.

As I ran past the entrance to the harbor, I saw a soldier who I thought was soundly asleep. I turned to my father and asked why he was oblivious to all of the commotion. His reply: "Son, he is dead." The rocket attack terminated our attempt to escape the city. As we returned to the highway on foot, we knew it was all over when we saw the North Vietnamese tanks rolling past more dead soldiers.

Unable to leave the city, we returned to our house, or what was left of it. On April 30, 1975, the Vietnam War came to an end.

My father, a South Vietnamese army medical officer, was placed in

the "re-education camps" along with thousands of others. My mother took my brother and me to live with our grandparents in Saigon while my father was imprisoned for the next two years. Upon his release, we planned to escape the country by boat. After months of secret planning, we boarded a bus to be taken to a boat waiting for us. Instead, we were swarmed by police officers. The person who arranged for our trip turned out to be a police informant. My father went back to jail.

A year later, in 1978, we tried again. It was a risky move, but it was the only thing we could do. This time, we left in a leaky, wooden fishing boat along with 165 people. Cold and cramped, we huddled together for warmth as best we could.

After a few hours in the ocean and in the midst of a heavy thunder-

storm, we were spotted by a Vietnamese patrol boat, which ordered us to stop. We ignored its warnings, and the patrol boat decided not to pursue us in the rough seas. Our goal was to be rescued by passing international vessels. What a sight it was when one evening, we finally saw a flashing light on the dark horizon.

Babies crying, women screaming and the sounds of beatings were heard soon after we docked with our “savior” ship. It was not the salvation we had hoped for; instead, it was horror. It was our first attack by foreign fishermen-turned-pirates who preyed on Vietnamese boat people in the Gulf of Thailand. There were five more attacks that same night.

After drifting helplessly in the open ocean for several more days, we could finally see something on the horizon—the coconut tree-dotted Malaysian coast.

The night was clear; the stars seemed close enough to touch as our boat silently crept onto the shore without being detected. One by one, we all made it ashore. The men stayed behind to sabotage and sink the boat, a common practice to avoid being pushed back to sea.

After a week on the shore in makeshift tents, we were ordered onto a bus to be taken to a better facility. Instead, we were taken to a naval base where we were forced onto a boat that looked surprisingly familiar—the authorities had recovered our boat and were towing us back out to sea.

It was raining hard, and I could see nothing but the white caps of the tall waves. People were either crying, praying, or both, as the small boat violently slammed into each passing wave. In the midst of all the chaos, my mother handed me an empty gasoline tank to hold on to. It was my life preserver.

Around midnight, we were cut off from the towing ship and left stranded. The boat was leaking water, and it was running on a meager auxiliary engine. The main engine had been

stolen by the pirates during one of the attacks. We could be drifting back to the Gulf of Thailand, where the pirates were waiting for us, or worse, we could be drifting back to Vietnam.

Days later, a man with a dark complexion and curly hair that we knew could not be of Vietnamese origin, paddled to us in a canoe. After communicating through hand signals and gestures, he led us to a small and isolated Indonesian island called Kuku.

We were among the first refugee settlers on this remote island, only to be joined later by other groups of boat people. Life was tough and diseases claimed many of us. During bad weather, one of the hazards was falling coconuts. Imagine the irony of being killed by a falling coconut after all we had gone through and the odds we had overcome. After spending nearly a year and a half on the island, my family was sponsored by the First Methodist Church of Portland, Ore., who offered us a chance to settle in the United States.

In April 1980, we arrived in Beaverton, Ore., to begin our new life in America, and I started my education as a seventh-grader. I quickly learned that assimilating to the new country and culture was not easy. Kids made fun of my English skills, but they didn't dare lay a finger on me because they all thought I knew kung fu!

After high school, I entered Wichita State University, earning a bachelor's degree in aerospace engineering. I was in engineering graduate school when I decided to make a career change—the aerospace industry in America was not very strong back then. I knew then that a career in the health care profession would be an excellent choice for me.

My father, a physician, suggested dentistry. Seeing him helping others inspired me to be a health care provider. It was the best decision of my life. I received my doctor of dental surgery degree from the University of Missouri at Kansas City and my mas-

ter's in prosthodontics from Marquette University.

Today, I am a staff maxillofacial prosthodontist at William Jennings Bryan Dorn VA Medical Center Dental Service in Columbia, S.C. A maxillofacial prosthodontist is a dental specialist who provides prosthetic reconstruction for patients with facial or oral defects. Many of my patients require complex restorative needs, and I find my work to be both challenging and rewarding.

My parents worked hard to bring me to America—achieving the American dream does not come cheap. I am privileged to serve the veterans who gave us the freedom we all enjoy today. Many of my patients served my native country more than 40 years ago in the city where I grew up.

Having patients who fought for your country so long ago is not something you'd encounter every day in a typical dental practice. That's why working for VA is so satisfying for me. The veterans are very appreciative of the services provided and it is rewarding to know that you are making a difference in their quality of life.

Every day, I thank the Vietnam vets for their service to my country. On more than one occasion, just a simple and sincere “thank you” from a person who appreciates their sacrifice has brought closure to the pain and suffering they have endured for so many years.

We must have compassion, understanding, and be willing to go out of our way to provide the best service that we possibly can, because many have given up their lives for us. It is the very least we can do for our vets. Being blessed with what I have become, I try to make myself a productive citizen and give back. Anything less would be a complete waste of my parents' efforts and those of our veterans. **VA**

Editor's note: Dai C. Phan, D.D.S., is a staff dentist at the William Jennings Bryan Dorn VA Medical Center in Columbia, S.C.

Dr. Ross Fletcher, chief of staff at the Washington, D.C., VA Medical Center, was among the VA visionaries who were instrumental in the development and growth of VistA. Accessing VistA in the background are Dr. Divya Shroff, left, associate chief of staff-informatics, and fourth-year medical student Rita Fleming.



From 'Underground' to 'World-Class': VistA Celebrates 30 Years

The year was 1978—98 percent of all American homes had television; the launch of Space Invaders started the computer video game craze, and VA visionaries were thinking of ways to improve health care technology for veterans.

In the Beginning (1977-1978)

The story begins with VA employees Joseph “Ted” O’Neill and Marty Johnson and their vision to bring MUMPS (Massachusetts General Hospital Utility Multi-Programming System), a high-level programming language, into VA hospitals nationwide. Initial plans included applications for ambulatory care, dietetics, nuclear medicine, mental health and laboratory, among others.

A meeting of the minds took place at the Oklahoma City VA Medical Center during the Patient Care Conference held Dec. 11-14, 1978. The event would prove to be a significant milestone in the development of what we know today as VistA, VA’s world-class health IT system.

The Department of Medicine and Surgery (predecessor to the Veterans Health Administration) hosted the event, and their new Computer Assisted Systems Staff (CASS) in VA Central Office was eager to facilitate the vision.

The Underground Railroad (1979-1981)

The optimism in the air at Oklahoma City would soon disperse as resistance to a mainframe computer office mounted at VACO. Just a few months later, CASS members were reassigned to VA medical centers, no longer reporting to VACO officials at the agency level.

The geographically dispersed group of programmers and analysts became known as the “Hard Hats.”

Never losing steam, these innovators moved “underground” and plugged ahead in hopes of making their work useful to VA medical centers by integrating the software into a comprehensive package.

Difficulties were multiplied for the Hard Hats working underground. With slim resources and a lack of needed tape drives for their computers, portability was only accomplished via error-prone 300-baud modems. On top of that, the main challenge was physically carrying cake tray-sized disk packs from site to site.

While the Hard Hats made waves inside and outside VA, momentum was building as the prototypes proved useful. So when VACO ordered that several systems be turned off, physicians who relied on the programs weren’t pleased. Paul Schafer, M.D., executive director of the National Association of VA Physicians, began promoting the MUMPS efforts in his role as the clinicians’ advocate.

Congressional attention and media coverage brought notice to the Hard Hats’ work, and change was in the air. Administrator Robert P. Nimmo and his deputy Chuck Hagel, now a United States senator from Nebraska, decided to take a fresh look.

Becoming Legitimate (1981-1982)

Two top VA officials, Chief Medical Director Donald Custis, M.D., and Jack Sharkey, director of the Office of Data Management and Telecommunications, visited the Washington, D.C., VA Medical Center to see the system in action. Later on, VA physicians from all over the country would get a first-hand look during a full-blown demonstration at the annual Symposium on Computer Applications in Medical Care.

By the end of the conference, the force had shifted in the Hard Hats’

favor. Soon after, Custis rescinded all orders to root out MUMPS computers, and the applications would become VA’s official medical computer program.

On Feb. 18, 1982, Administrator Nimmo signed the Executive Order that set into motion what became DHCP, the Decentralized Hospital Computer Program.

Transforming Technology (1990s and Beyond)

DHCP underwent many makeovers as it transformed into VistA. Today, VistA has improved quality of care and patient safety and offers interoperability with the Department of Defense’s Military Health System.

No matter where or when a VA patient receives care, complete records and numerous reports are instantly available, listing medications, allergies, discharge summaries, clinical notes and lab results. Vital signs such as temperature, blood pressure, pulse or pain levels are also available. New facets like VistA Imaging have created a multi-media electronic health record integrating traditional chart information with medical images.

“That first meeting 30 years ago planted the seeds for what today has become the best, most widely implemented clinical information system in the world,” said W. Paul Nichol, M.D., director of medical informatics for patient care services. “It provided a foundation for the transformation that VA went through in the late ’90s to become the system that provides ‘the best care anywhere.’”

The future looks even brighter for VistA as teams continue to look for innovations in health care and technology for today’s and future generations of veterans and their families. 

By *Monica A. Smith*

Gone are the rigid schedules and other outmoded practices associated with the institutional approach of traditional nursing home care.



A gazebo on the grounds of the Batavia VA Community Living Center in New York provides a place for residents to gather for events.

COURTESY OF BATAVIA CLC

Community Living Centers: Transforming Nursing Home Care

Residents and staff of the Brecksville VA Community Living Center in Ohio now enjoy a coffee bistro where the former nursing home lobby used to be. At Puerto Rico's San Juan VA Community Living Center, the nurse's station was removed to become a living room for residents recuperating from a recent hospital stay and preparing to go home.

Residents of the Batavia VA Community Living Center in New York now have a gazebo and scenic grounds where they can hold events.

The Lake City VA Community Living Center in Florida has a screened-in porch and fountain where residents can relax.

And some community living centers, such as those at Bay Pines, Fla., and Northport, N.Y., use innovative approaches such as recreation therapy animals. Gussie Mae is the in-house dog at the Poplar Bluff VA Community Living Center in Missouri. Frida the cat lounges around the San Juan center.

It's all part of VA's initiative to change the institutional approach

associated with traditional nursing home care. Community living centers offer comfortable environments that have the feel of home for the residents while their body heals or while they prepare for death in comfort and dignity. In this reengineering of nursing home care, community living centers offer a dynamic array of short- or long-stay services in a manner that emphasizes excellence in clinical care while tending to quality of life issues.

"We're transforming the culture of nursing home care where the model of care is driven by the resident's

needs rather than by the medical diagnosis,” said Dr. Madhu Agarwal, VA’s chief patient care services officer.

The transformation is based on the HATCH Model (Holistic Approaches to Culture Change). Key elements of the model include changes in the environment of care, care practices, and work practices.

And VA staff members play a large role in putting these changes into practice.

“We’re challenging our community living centers to examine and create new systems of care that move away from rigid schedules, change outmoded practices and help restore the mind, body and spirit of the residents,” said Dr. James F. Burris, chief consultant for geriatrics & extended care with the Office of Patient Care Services, which oversees the program.

Here are some examples of approaches and key changes that are taking place.

Environment of Care

Transforming the environment of care means making physical changes to a facility that translate into images of home. This includes creating spaces that offer the cues that a bedroom, living room, dining room and kitchen provide to reflect a home-like atmosphere and attention to privacy and comfort.

For example, offering residents a bedroom—instead of a bed in a hospital room—allows for more privacy and comfort and sends a message to the residents that they do not live in the bedroom but rather in other spaces in the home.

Many VA community living centers are designed to look like hospitals, with long corridors and little common space, making it difficult to create smaller resident homes. As a result, facilities create neighborhoods or develop household models that engage residents, family and staff to name, decorate and own their place of residence and work.

Personal items are encouraged,

and often become the source of improved relationships between staff and residents. Staff members are encouraged to get residents to share stories with them about their personal items.

“Residents and staff can then get to know each other more personally,” Burris said.

“Whether a resident is in the CLC for a short time or for the remainder of his or her days, the CLC should feel like home,” Burris said.

Care Practices

Residents, regardless of their functional deficits or reasons for admission, are assessed for what gives meaning to their days. A variety of activities that encourage them to venture out of the facility and into the community are being incorporated. These range from going sightseeing, fishing, and to baseball games to planting vegetables and flowers. Some communities hold events, such as cookouts, or offer a variety of games.

Veterans who are unable to engage in such outings are provided opportunities like music, art, reading and other bedside activities to soothe the spirit and connect them to a world beyond their circumstances.

Activities provide the veteran opportunities for re-engaging in aspects of life that may have brought them joy and a sense of tradition. Moreover, providing activities and shaping use of time that is personalized to the age and generation of the veteran may be very appealing to younger veterans of Operation Enduring Freedom and Operation Iraqi Freedom.

Residents are given more autonomy over their schedules, helping develop a stronger sense of identity with emphasis on meaningful use of space and time as well as safety and predictability.

Times for bathing and grooming are now focused on accommodating the resident’s schedule, rather than taking place at specific times. Residents are provided choices in sleep and wake times.

A Home-Like Alternative for Veterans Who Need Long-Term Care

Veterans with illnesses, diseases or injuries that meet a nursing home level of care because they can no longer safely live alone now have the option to live in a medical foster home, where they can be provided for by qualified caregivers in a family setting.

The medical foster home initiative came about to help veterans who had lived independently for years through the support of assistive devices and home care services but were reaching the point where it was no longer safe for them to remain living alone. Traditionally, this situation is resolved through nursing home placement.

The program finds a caregiver in the community who is willing to take a veteran into their home and provide 24-hour supervision as well as needed personal assistance.

“These caregivers in the medical foster homes are like angels,” said Tom Edes, VA’s director of home and community-based care.

The caregivers agree to provide lodging, meals and personal care. VA’s home care team provides any health care services that are needed. The expectation is for a long-term commitment, where the veteran may live for the remainder of their life.

The caregivers provide care for three or fewer veterans in their own homes. Most have had experience caring for individuals with complex health needs—either through their professional background or by caring for a family member at the end of life.

“Medical foster homes offer a less costly alternative to nursing home placement for some veterans who can function well in the community with the added support of

the medical foster home caregiver,” said Dr. James Burris, VA’s chief consultant for geriatrics and extended care. “This arrangement is safe, favorable to veterans, economically advantageous to the VA facility, and helps contribute to community development.”

VA’s home-based primary care program is a key component of the medical foster home concept, and staff members make home visits to provide assessment, caregiver education and patient care. Spinal cord injury home care teams provide services for veterans with spinal cord injuries and related disorders.

Medical foster home coordinators also make unannounced monthly visits to the homes to monitor the care provided to veterans. If at any time the home-based primary care staff or medical foster home coordinators find the veteran alone without adequate supervision, in an unsafe situation, or with evidence of inadequate care, arrangements will be made for an alternative home for the veteran.

These clear expectations, combined with the close monitoring by the home-based primary care program, result in exceptional care and safety. While caregivers are paid, the interview process with the prospective caregiver makes it clear that there will be zero tolerance for neglect or poor care of the veteran.

Home-based primary care was first developed in 1977 after the Central Arkansas Veterans Health Care System established a comprehensive interdisciplinary home care program in Little Rock, which soon expanded to the nearby Hot Springs area.

By 1984, the aging veterans in the program—most of whom were World War II veterans—were becoming increasingly frail and less able to care for themselves. A significant number lived alone in Hot Springs or in a nearby area. They did not want to relinquish their independence and move into an institution. They began asking the team to find them a place that was not a nursing home.

The medical foster home program began when several Hot Springs residents, with whom the home-based primary care team had contact, were willing to take in and care for the veterans for the remainder of their lives with assistance from the team, which provided the medical care in the home.

The success of the Hot Springs medical foster home

initiative prompted the expansion of medical foster homes at two additional sites in 2004. There are now seven operational sites: Little Rock and Fayetteville, Ark.; Tampa; Miami; San Juan; Salt Lake City; and Sioux Falls, S.D.

VA’s “Support at Home – Where Heroes Meet Angels” initiative is gearing up to implement medical foster homes at an additional 31 sites. The medical foster homes program currently cares for 110 veterans each day, and this number will increase significantly as more sites become fully operational.

Veterans who enter medical foster homes all meet nursing home level of care criteria, but are able to live in the foster homes through medical care from home-based primary care and personal assistance from the foster home caregiver. As the veteran’s condition declines, they generally will need more care, and caregivers are kept apprised of the veteran’s situation.



Simon (far right) and Karla Bermudez of Tampa, Fla., have been providing foster home care for veteran James Holbrook for more than a year. At left is Holbrook's daughter.

COURTESY OF TAMPA VAMC

The veteran pays the caregiver from \$1,200 to \$2,500 per month to provide the needed care. The money covers room and board, 24-hour supervision, assistance with medications, and whatever personal care is needed.

The economics are advantageous to all parties involved. A veteran choosing medical foster home care pays for it. But the veteran is assisted by maximizing

compensation and pension funds that they would receive from VA regardless of living arrangement.

The administrative costs for VA are less than \$10 per day, and the cost of home-based primary care, medications and supplies averages less than \$50 per day. Approximately 20 percent of these veterans are eligible for fully VA-paid nursing home care, yet they choose to spend their personal funds for medical foster care because they greatly prefer this type of care.

“This is a win-win-win situation,” Edes said. “The veteran wins because he or she obtains the care they need while living in a family home. The caregiver’s life is enriched while also getting paid. And VA wins by providing a low-cost option for long-term care for veterans that enables them to obtain needed safe, quality care in a way that best suits their personal situation.”

- Bill Outlaw

“We’re removing the stigma associated with the name ‘nursing home’ by making community living centers a place to live, grow and make use of a person’s ability,” Burris said.

The delivery of meals on trays is being replaced by service to residents in a more personalized manner. More choices are being offered and meals are enjoyed in a setting that is reflective of an elegant café or fine dining.

Place settings for dining now include tablecloths, centerpieces and condiments on every table to deinstitutionalize dining. Discontinuing the use of trays and bibs is encouraged. Dining rooms are brighter and more cheerful places to congregate.

These new approaches can be seen in newly renovated dining rooms at centers in Albany, N.Y., Dayton, Ohio, Danville, Iowa, and Brecksville. Batavia, N.Y., and Buffalo offer other examples of creative approaches to dining. At the Buffalo and Orlando centers, residents can be seen eating outside on the patio as often as possible, weather permitting.

Additionally, guests are often invited and encouraged to dine with residents. Residents at the Patriots Harbor VA Community Living Center in Charleston, S.C., recently enjoyed breakfast outside with Gov. Mark Sanford. Residents, families and staff at California’s Loma Linda center enjoyed a Memorial Day barbecue.

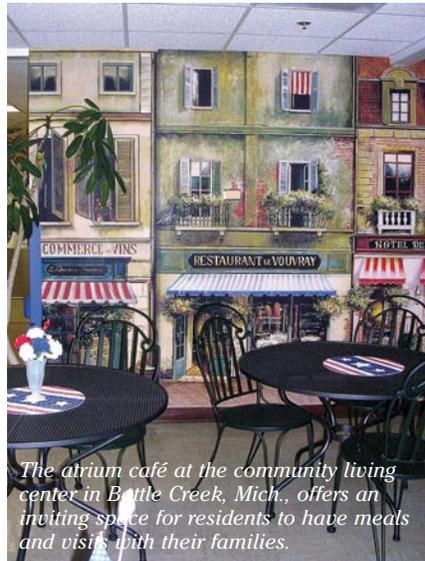
Many centers have snacks and beverages available at all times. Staff members are available to assist those who are unable to obtain their own snacks or who may need guidance on making better snack choices. Residents can also choose to enhance the variety of snacks being offered.

The Northport center has a dessert cart that residents can choose from. The single-serve coffee machine at the Butler center in Pennsylvania allows residents access to coffee 24 hours a day.

“The goal is to provide a choice of snacks that are not only appealing but meet residents’ nutritional needs,”

said Christa Hojlo, Ph.D., director of VA’s community living center program. “We know from recent evidence that improved appetite and good nourishment enhance quality of life.”

Another approach is to develop activities that can positively impact individual lives physically and emotionally. Pets have been identified as a source of comfort and enjoyment. Recent evidence shows the positive impact of pets on quality of life and health in several key areas, such as improved communication and mobility, and decreased stress. Studies have shown that animals can help



COURTESY OF BATTLE CREEK VAMC

lower blood pressure and decrease the mortality of patients in health care settings.

“Animals have a positive influence on residents in increasing alertness and the desire to become well,” said Hojlo. “The physical act of petting or holding an animal has been shown to relax patients or residents and provide physical health benefits such as alleviating pain.”

Numerous centers have resident dogs; others have cats. Chowhound the tortoise is a big hit at Bay Pines.

At some centers, birds provide comfort and entertainment for residents. “Many times you can walk by and hear the veterans whistling and

singing with the birds,” said Peggy Murray, a nursing assistant at the center in Wichita, Kan.

Work Practices

Work schedules and staffing are being modified to meet the needs and desires of residents at the centers. Expanding from the traditional three-shift model of staffing provides for improved overlap in continuity of care, as does permanent staff assignments. The resident can depend on being known by the same staff members on a regular basis.

Staff empowerment to make decisions at the bedside regarding resident needs improves personalized care because staff members know the resident. For example, at the Perry Point center in Maryland, a certified nursing assistant is responsible for the continence program. In many CLCs today, housekeeping and other staff members that know the residents are invited to participate in care planning meetings.

“The idea is to create an environment in which residents are respected, treated with dignity, and invited to be an active participant in their own care,” Hojlo said.

Personalizing the delivery of care challenges providers to deinstitutionalize care, moving away from rigid traditional schedules and outmoded work practices such as waking all residents at the same very early hours in the morning so that staff can “get their work done.” Or scheduling additional staff to come in early to wake and bathe residents before the resident’s usual time preferences.

“This new emphasis engages employees in all aspects of decision-making and information-sharing involving resident needs,” Hojlo said.

“At a time when going to a nursing home for a short stay or for life is fraught with negative images, VA CLCs are providing needed post-hospital services in new and refreshing ways,” Burris said. **VA**

By Bill Outlaw

Longtime Deputy Secretary Gordon Mansfield Gets Grand Send-Off



Melvin Daley, exhibits specialist, presents a caricature he did of outgoing VA Deputy Secretary Gordon H. Mansfield during Mansfield's farewell ceremony at headquarters on Jan. 15. At left is Mansfield's senior advisor, Danny Devine.

VA said goodbye to longtime Deputy Secretary Gordon H. Mansfield during a farewell ceremony at headquarters on Jan. 15. Mansfield had been the Department's chief operating officer for the past seven

years. In his first year at VA, he was assistant secretary for congressional and legislative affairs.

Mansfield's tenure as deputy secretary was marked by a period in which VA care

and services underwent a sea change and achieved universal acclaim. Outgoing Secretary James B. Peake, M.D., and Chief of Staff Paul Hutter presided over the ceremony, paying tribute to the Vietnam vet

and his service to veterans.

Peake announced the creation of the Gordon Mansfield Veterans Advocate Award, and presented Mansfield with the first one. Mansfield also received his retirement certificate and a flag. Before joining VA, he was executive director of Paralyzed Veterans of America.

The standing-room-only crowd at the ceremony included former VA secretaries Jim Nicholson and Anthony Principi, both of whom Mansfield served under, numerous members of Congress, congressional staff, current and former VA senior staff, and former Sen. Bob Dole. VA employees came from as far away as California to pay tribute.

"There is not a man or woman in VA who would not willingly follow Gordon Mansfield into battle for the rights of our nation's veterans," said Peake, adding that the VA mission "has no greater champion" than Mansfield.

"I'm retiring, I'm not disappearing," said Mansfield. "I hope my path will cross with many of yours many times over the years to come." **VA**

VA to Begin Offering Health Care to Previously Ineligible Veterans

VA plans to re-open enrollment in its health care system by July to about 265,000 veterans whose incomes exceed current limits.

The change affects veterans whose incomes exceed the current VA means test and geographic means test income thresholds by 10 percent or less. Congress provided funds in VA's fiscal year 2009 budget to support the new enrollment.

In 1996, Congress established a priority-based enrollment system for VA and a

uniform package of medical benefits for all enrollees. The legislation opened enrollment in VA's health care system to all eligible veterans and required that each year the Secretary of Veterans Affairs assess veterans' demand for services and determine if the necessary resources are available to provide timely, quality care to all enrollees.

Enrollment for the lowest priority of the eight groups—veterans who are not being compensated for a military-related disability and who have

incomes above a set threshold—was suspended on Jan. 18, 2003, although veterans in that priority group who were already enrolled for care were permitted to remain enrolled.

VA originally suspended enrollment for Priority 8 veterans because it was unable to provide all enrolled veterans with timely access to its health care due to a tremendous growth in the number of veterans then seeking enrollment. VA now plans to re-open enrollment for a portion of these veterans without compromis-

ing the Department's ability to provide high-quality health care services to all enrolled veterans who are eligible for care.

VA's computer systems are being modified to accommodate the changes, and the Department is preparing communication and education materials to ensure that Congress, veterans service organizations and the public are aware of the coming changes.

The new rule is expected to take effect by June 30 if the regulatory process proceeds smoothly. **VA**

VA Teams With DOT, DoD to Steer Veterans Toward Safe Driving

Motor vehicle crashes have been identified as a leading cause of death among combat veterans during the first years after their return home. Now VA, the Department of Transportation and the Department of Defense are working together to reduce these accidents.

On Jan. 12, former VA Secretary James B. Peake, M.D., Acting Administrator of the National Highway Traffic Safety Administration David Kelly, and Deputy Under Secretary of Defense for Installations and Environment Wayne Army announced the creation of a new program designed to identify needed research involving recently returned veterans from Afghanistan and Iraq and to increase awareness of the importance of safe driving among newly-demobilized veterans.

“Together with our partners at DOT and DoD, we will be able to collect and analyze data that will be used to develop a comprehensive outreach initiative to target veterans with specific needs—and ultimately to save lives,” said Peake.

Experts in transportation safety, veterans’ health and public health are identifying gaps in current knowledge and developing a strategic plan for addressing key research questions, in fields ranging from epidemiology to psychology and biomechanics.

Participants in the strategic planning process include scientists and policy officials from VA, DOT, DoD and the Department of Health and Human Services, as well as non-governmental experts. The resulting strategic plan will lay out research needs and identify priorities for the initiative.



NASCAR legend Richard Petty announces his partnership with VA, the Transportation Department and the Defense Department in the safe driving initiative. Looking on are Acting Administrator of the National Highway Traffic Safety Administration David Kelly, left, and former VA Secretary James B. Peake, M.D.

The safe driving initiative strives to increase awareness of motor vehicle crashes among veterans and the importance of safe driving, seatbelt and helmet usage, and other measures. To reach out to veterans and their families, VA will create a national educational program using the Department’s network of medical centers, community clinics, vet centers and benefits offices.

The initiative will also include outreach to mobilize national veterans service organizations; the nation’s governors; state police, safety officers and highway safety officials; private sector employers; automobile, motorcycle and sports vehicle dealers and manufacturers; the motor vehicle insurance industry; and driving and motorcycle racing enthusiast organizations. NASCAR legend and safe driving advocate

Richard Petty will also be an active partner in the initiative.

“Richard Petty Driving Experience is thrilled to be working with VA, DOT and DoD on such a worthwhile project to save veterans’ lives,” said Petty. “We want to bring more attention to the continuing problem of veteran drivers and their safety through our involvement. Last year alone, we operated over 1,100 event days, ran almost 1 million miles on track and had a staff of professional drivers. We have the commitment, the knowledge to teach, and the infrastructure to take this initiative to many markets.”

According to DOT, motor vehicle crashes are the leading cause of death for all Americans between the ages of 8 and 34. Men constitute about 70 percent of all traffic deaths. In the past decade,

both deaths and injuries from motor vehicle crashes have gone down in the United States, due in part to increases in seatbelt use and decreases in alcohol involvement.

Nonetheless, motor vehicle accidents remain a major concern in the military and among veterans as the greatest cause of accidental fatalities. Several studies have reported an increase in post-deployment deaths among military personnel who served in a combat zone compared to their non-deployed counterparts, who are in the military but not deployed to a war, after both the Vietnam War and the 1991 Gulf War. Preliminary evidence also indicates this is the case with veterans from the Global War on Terrorism.

For more on the safe driving initiative for veterans, visit www.safedriving.va.gov. VA

Longtime Veterans' Advocate, Business Leader Ross Perot Saluted

Former VA Secretary James B. Peake, M.D., presented business leader and veterans' advocate Ross Perot a special award Jan. 7 for embodying "the very spirit of America" in his selfless support of veterans and the military.

"Few Americans have done as much as Mr. Perot to enhance the lives of our veterans, military personnel, their families and their survivors," Peake said. "In a lifetime of behind-the-scenes service to care for those who have defended our nation, he has redefined the term veterans' advocate."

Perot's veterans' advocacy first gained national recognition in 1969, when he focused attention on the brutal treatment of U.S. prisoners of war captured during the Vietnam War.

"I am privileged and honored to receive this award," Perot said. "My contributions are insignificant compared to all the services and sacrifices of our military heroes and their families. They are the guardians at the gate of freedom for all of us."

He has quietly provided financial support to the families of POWs, offered scholarships to the children of soldiers killed in action and funded numerous USO events to entertain the troops. During the last 10 years, he has been a major advocate on behalf of Gulf War veterans.

A 1953 graduate of the U.S. Naval Academy, Perot founded Electronic Data Systems (EDS), one of the world's largest technology services firms, in 1962. Twenty-six years later, he founded Perot Systems Corp., another leader in the technology field. **VA**



Ross Perot accepts his award from former VA Secretary James B. Peake, M.D., during a Jan. 7 ceremony.

EMERSON SANDERS

Actress Bo Derek Honored for Her Work on Behalf of Veterans



Bo Derek with former VA Secretary James B. Peake, M.D., at the award ceremony Jan. 15.

EMERSON SANDERS

Former VA Secretary James B. Peake, M.D., honored actress Bo Derek on Jan. 15 for her work to increase public awareness of VA's rehabilitative programs.

"Ms. Derek has worked tirelessly to shine the public spotlight on veterans, especially those who have been severely injured while serving this nation," Peake said. "She has been a good friend of veterans and a bright example of dedicated volunteerism."

Since 2000, Derek has been the honorary chair of VA's National Rehabilitation Special Events, improving public understanding of veterans issues, encouraging veterans to take advantage of VA's rehabilitative programs and visiting VA medical centers around the country.

"I am deeply humbled and honored to serve as the honorary chair of VA's National Rehabilitation Special Events," Derek said. "I have met so many amazing veterans who have sacrificed so much on

our behalf. They are truly among our nation's finest citizens, and it is a privilege to stand by their side."

Derek has also taken part in USO tours to support troops and works with the Special Forces Association, which named her an honorary Green Beret.

Derek's father, Paul Collins, was a radio operator during the Korean War, and both her stepfather and her late husband, actor John Derek, were also veterans. **VA**

Seven Recipients Honored in Homeless Veterans Awards Program

In its second year, the 2008 Secretary's Award for Outstanding Achievement in Service for Homeless Veterans program honored seven recipients at a ceremony held Nov. 14, 2008. The Secretary's Award program recognizes the outstanding achievements of individuals, VA employees, VA organizations, and community- and faith-based organizations that provide exceptional service to homeless veterans and contribute to ending the cycle of homelessness among veterans.

Winners included:

- Regina Alexander, homeless veterans outreach coordinator, St. Petersburg, Fla., VA Regional Office – developed and maintains the Homeless Program Directory for VISN 8 (Bay Pines, Fla.); works with the Health Care for Homeless Veterans program to provide VA benefits, rehabilitation, education and related services to homeless veterans; implemented the St. Petersburg VARO's Homeless Veteran Claims Policy; and coordinates

the VARO's food drive for homeless veterans and their families.

- Dr. Estella Morris, program manager, Comprehensive Homeless Program, Little Rock, Ark., VA Medical Center – among the original 43 founders of the Homeless Chronically Mentally Ill program sites; obtained six volunteers through Volunteers in Service to America to assist in developing housing, employment and AIDS education; and since 1997, the Little Rock Comprehensive Homeless Center has been honored with numerous awards for service to homeless veterans under her leadership.

- Roberta Rosenthal, network homeless coordinator, VISN 21 (San Francisco) – honored for ensuring seamless access and care to homeless veterans and incarcerated veterans residing in northern California, Nevada, Hawaii and Guam; developed and manages one of VA's first comprehensive homeless centers that serves more than 1,500 homeless

veterans; and spearheaded the development of a Faith-Based Federal Interagency Partnership initiative to sponsor clothing drives for San Francisco Bay homeless veterans.

- Health Care for Homeless Veterans program, New Orleans VA Medical Center – initially functioned with a 10-member staff prior to Hurricane Katrina; re-established the Homeless Veterans Dental Program, providing 205 homeless veterans with immediate service; and increased community awareness of homeless veterans, expanded the visibility of veterans' services, and provided continuity of care under extremely challenging conditions.

- Retired Cmdr. Al Pavich, CEO emeritus, Veterans Village of San Diego – member of the Secretary's Advisory Committee on Homeless Veterans; under his leadership, the Veterans Village of San Diego evolved from an 87-bed early treatment facility to a nationally recognized "Gold Star" program and one of the largest

residential treatment providers for homeless veterans, offering a full continuum of services.

- Volunteers of America of Florida – services include education, training and employment to help homeless veterans find permanent housing and keep them off the streets; their Mobile Service Center, a 40-foot, state-of-the-art satellite telehealth vehicle able to service homeless veterans' medical and dental needs, helped veterans during the 2004-2005 hurricane relief efforts.

- The Health and Resource Initiative for Veterans Everywhere (THRIVE) program, VA Palo Alto, Calif., Health Care System – partner of several VA agencies, including the mobile medical team, Domiciliary Care for Homeless Veterans outreach team, Incarcerated Veterans Re-Entry team, and Health Care for Homeless Veterans programs; goal is to increase access to health care, establish continuity of care, and return veterans to optimal community living. **VA**

Twenty-two VA Employees Receive 2008 Presidential Rank Awards

Twenty-two VA employees were among the 353 career federal executives who received 2008 Presidential Rank Awards, announced in September.

"Winners of the prestigious Presidential Rank Awards represent the cream of the crop within the federal executive ranks," Office of Personnel Management Acting Director Michael Hager said in a statement announcing the 2008 awards. "Their professional dedication and commitment to excellence is helping to advance President Bush's agenda for enhancing federal

government performance and creating a more effective civil service."

Ron H. Garvin, vice chairman of the Board of Veterans' Appeals at VA Central Office, Dennis M. Lewis, director of VISN 20 (Portland, Ore.), and Stephen Warren, principal deputy assistant secretary for the Office of Information & Technology at VACO, were among 61 career employees nationwide to receive the honor of Distinguished Executive. That distinction is limited to 1 percent of the senior executive corps.

Another 19 VA employ-

ees were among the 292 award recipients named Meritorious Executives, an honor limited to 5 percent of the corps.

They were: Robert R. Campbell, a research health science specialist at the Tampa, Fla., VA Medical Center; John J. Donnellan Jr., director of the VA NY Harbor Healthcare System, Brooklyn campus; Lily D. Fetzer, director of the San Diego VA Regional Office; Nathan L. Geraths, director of the Hines, Ill., VA Hospital; Han K. Kang, director of the War-Related Illness and Injury Study Center at the Washington, D.C., VAMC; Dorothy

M. Mackay, director of the VBA Office of Employee Development & Training at VACO; Sonia M. Moreno, director of the San Juan VARO;

Steve L. Muro, director of NCA Field Programs at VACO; Robert L. Neary, director of the Service Delivery Office at VACO; James J. O'Neill, assistant inspector general for investigations at VACO; Gary J. Rossio, director of the San Diego VAMC; Dennis H. Smith, director of the VA Maryland Health Care System; Patrick L. Sullivan, director of the North Chicago

continued on page 30

Ericka Lewis

VA Clinical Informatics Nurse Ericka Lewis, R.N., recently earned a scholarship for her essay about being a proud federal employee.

Lewis, who works at the James A. Haley Veterans' Hospital in Tampa, Fla., was one of seven winners named by the Federal Employee Education and Assistance Fund, which sponsors the annual FEEA-National Treasury Employees Union Scholarship—the organization's most prestigious award. Chosen from more than 4,000 applicants, Lewis received \$6,000 to help fund her higher education.

In her essay, she made a strong case for the value federal employees bring to their fellow Americans. Part of her job involves training fellow nurses on VA's state-of-the-art Computerized Patient Record System (CPRS), an electronic health records system with a proven capacity to lower costs, reduce errors, and improve quality of care. She sees her role as a VA employee as making people's lives better.

"Because the VA is not

a private entity, all the software is public domain and available to others," she said. "Other organizations develop technologies or conduct research to gain a profit. Federal employees, on the whole, are motivated by altruism."

Raised in central Louisiana, Lewis began her VA career at the Alexandria, La., VA Medical Center in the ICU/Telemetry unit. Currently a health informatics liaison, Lewis troubleshoots computer issues and teaches the CPRS and Bar Code Medication Administration system to nurses.

An important part of her job is to monitor point of care medication delivery carts for functionality and performance. When things don't go well, she communicates with the vendors to explore solutions.

Communication with the National Bar Code Resource Office is critical in working with drug manufacturers and the FDA to ensure quality bar code symbology on medication packaging. She also collects, analyzes and reports worker characteristics and demograph-

ics, as well as clinical outcome measures, for nursing service. From resetting passwords to creating scatter plots to ordering new equipment, Lewis serves veterans every day.

Lewis completed her undergraduate degree at the University of Louisiana in Monroe and then made the hard choice to return to school for her master's in nursing administration. She enrolled online at Indiana State University in Terre Haute, and will graduate in May.

"I needed the flexibility of this kind of program, and the staff is amazing," said the single mother. "Education is a very strong family value around our house. I have a supportive and loving family who have always encouraged me to pursue excellence."

Lewis finds part-time school and full-time work to be an ideal combination. Every class gives her more insight into the depth and breadth of today's health care quandaries—labor relations, health insurance implications, and health disparities—that she regularly applies to her career by teaching, preparing reports, budgeting, and project planning.

While dedicated to applying lessons learned in school to helping veterans at work, Lewis admits that at times it can be a little overwhelming, but her 10-year-old daughter Cassidy is there to cheer her on and keep her going.

"My daughter has spent long nights in the library when mommy is doing research; she



Lewis

has given up home-cooked meals for mommy to study; she has sacrificed 'mommy and me' play dates so I could finish my final reports and then some," she said. "Surprisingly, she does it all with few complaints. Except for the occasional 'mommy, can you feed me?' she's hanging in there with great tenacity."

After earning her degree, Lewis plans to continue in her current role with the VA hospital, possibly helping to solve nationwide problems like the nursing shortage and clinical nursing outcomes.

"We have a unique opportunity to touch the lives of our nation's heroes and make a real difference in the health and well-being of returning veterans and ultimately the community," she said. "The men and women who have served to protect and guard our freedom are to be honored. What an honor to serve those who have given so much in the name of freedom and justice. I serve them with humility and gladness. It's my way of saying 'thanks!'" **VA**
By Amanda Hester

About the FEEA

The Federal Employee Education and Assistance Fund, a nonprofit charity that operates without government assistance, was formed by federal leaders in 1986 to provide a safety net for federal employees. Annual scholarships, along with no-interest loans and disaster grants, form the core of FEEA's programs.

Since its inception, FEEA has awarded more than \$3.5 million in scholarships. The size and number of scholarships depends on the amount of money raised from federal employees each year. To learn more, visit www.feea.org.

Rank Awards cont.
VAMC; Charleen R. Szabo, director of the West Palm Beach, Fla., VAMC; Michael

A. Valentino, chief consultant for pharmacy benefits management at VACO; Patricia Vandenberg, assistant deputy

under secretary for health at VACO; Joseph A. Williams, assistant deputy under secretary for health, operations and

management at VACO; and Rodney W. Wood, director of the Financial Services Center in Austin, Texas. **VA**

VA-NIH Trial Backs Deep Brain Stimulation as an Effective Treatment for Some Parkinson's Patients

A study funded by VA and the National Institutes of Health showed that Parkinson's sufferers who had electrodes implanted in their brains improved substantially more than those who took only medicine.

The study—conducted at seven VA hospitals and six affiliated academic medical centers across the country between May 2002 and October 2005—required patients to keep diaries documenting their motor and physical functioning throughout the day for six months.

The results—published in the Jan. 7 *Journal of the American Medical Association*—showed the deep brain stimulation technique reduced tremors, rigidity and flailing of the limbs and allowed people to move freely for nearly five extra hours a day.

"We had one patient who felt so good he went up to repair his roof, fell down and broke both his legs," said lead author Fran Weaver of the Hines VA Hospital, outside Chicago. "Patients are feeling so much better, they forget they still have Parkinson's."

There is no cure for Parkinson's disease, which affects more than 1 million Americans. Patients suffer from increasingly severe tremors and periodically rigid limbs as their brains stop making dopamine, a chemical needed for movement. They can have trouble walking, speaking and writing, and often struggle with depression.

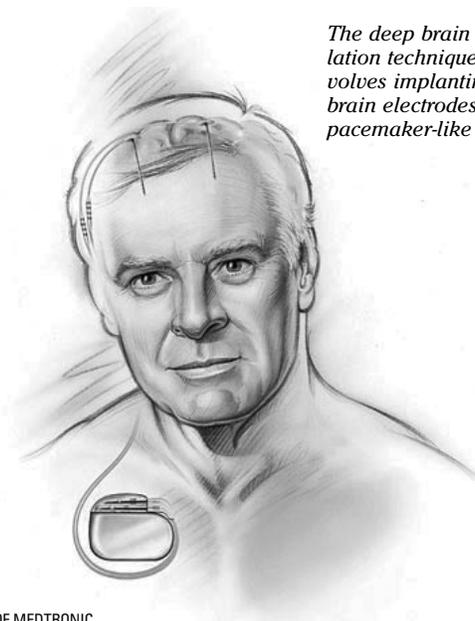
Standard treatments include drugs to stimulate dopamine. But over time, the medicines can produce flailing movements that are as troubling as Parkinson's tremors. The deep brain stimulation technique involves implanting a pacemaker-like device in the chest and then running wires

deep into the patient's brain, where energy is used to stimulate areas linked to movement issues.

The goal was to try to give patients more "on time," or time when treatment is effective and motor-function problems abate. After six months, patients with the brain implants gained an average of 4.6 hours per day of on time, versus no gains at all in the medical-therapy group. Patients with deep brain stimulation had improved

and older. That age group has been excluded from many prior studies. In the new study, the older surgery patients were able to control their movements better, but younger ones benefited even more.

The age-related data might prove helpful because there is some bias today against using the technology in older patients for fear of complications and fewer benefits, according to Weaver and William J. Marks Jr., the study's co-author.



The deep brain stimulation technique involves implanting two brain electrodes and a pacemaker-like device.

COURTESY OF MEDTRONIC

motor function and scored significantly better on a quality-of-life measure. Their ability to move without impediment improved in 71 percent of the surgical patients and 32 percent of the medication patients.

Other studies have shown improvements with surgery, but this is the first and the largest to look at how patients 70 or older fare compared with their younger counterparts. One-fourth of the people in the study were 70

In the surgery group, 86 out of 121 (71 percent) saw meaningful improvements in movement, as scored by the neurologists.

Those findings will help older patients make decisions about treatment, said Dr. Michael Okun, medical director of the National Parkinson Foundation, who was not involved in the study. The information on falls and other problems will help doctors give better advice, he said.

In the medication group,

43 out of 134 patients (32 percent) showed meaningful improvements.

"First-line medication works quite well for some window of time, occasionally one's whole life, but typically, a patient takes more and more medications more often. Their life is ruled by medication to maintain a decent function," said Marks, who is director of the VA Parkinson's Disease Research Center at the San Francisco VAMC and associate professor of neurology at the University of California, San Francisco. "This landmark study proved superior for such patients, rather than a tweak-and-adjustment [of medications] approach."

Although both younger and older patients gleaned similar benefits from deep brain stimulation, older patients were more prone to adverse effects. The gains were balanced by a much higher rate of adverse events—40 percent vs. 11 percent—for patients with the implants.

Common complications included infections at the surgical site, often where the power generator is implanted in the chest, which is common with deep brain stimulation. Weaver said 99 percent of the adverse events were resolved within six months, including some cases in which an infection required the removal of the generator from the chest.

In the surgery group, 49 people had serious problems, including infections, falls and one death because of complications from the surgery. In the control group, only 15 encountered serious problems.

"You don't want to underestimate or overestimate the risks," said Weaver, a specialist in chronic care. "It still is an individual decision between a patient and a physician."

Yoga Study Finds Mix of Health Benefits

Drill sergeants and yoga instructors may seem like polar opposites. But a group of veterans at the VA San Diego Healthcare System is now dutifully “following orders” from their yoga teachers—and feeling less pain as a result.

According to a pilot study appearing in the November *Journal of Alternative and Complementary Medicine*, veterans with chronic low-back pain who took part in at least eight weekly yoga classes reported a significant reduction in pain. They also reported improvements in mood, energy and quality of life. The more classes they attended, the greater the gains.

The data were based on survey feedback from 33 men and women, average age 55, who had back pain for at least six months before starting yoga.

“The decreased pain, decreased depression, and increased energy and quality of life are all very important findings,” said lead author Erik G. Grossl, Ph.D., a psychologist and health-services researcher with VA and the University of California, San Diego. “Pain is their main complaint, but depression is also important in this population.”

VA physician Sunita Baxi, M.D., who studied yoga therapy extensively in India, started the classes at the San Diego VA in 2003. Weekly classes have been ongoing ever since, attracting a mix of veterans—including many recent returnees from Afghanistan and Iraq.

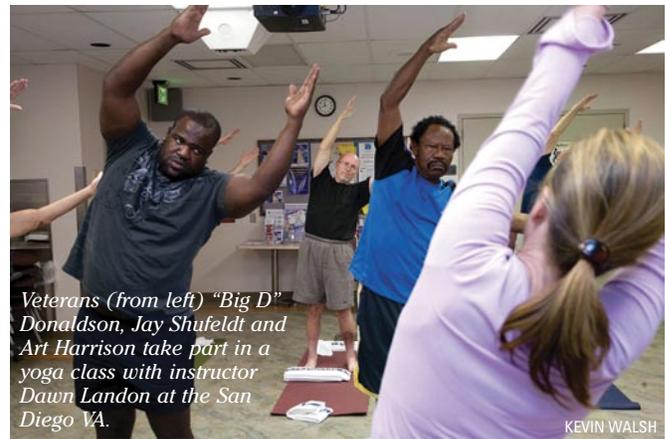
A study at the Tampa VA found that about 45 percent of returning veterans enrolling at the facility had pain of some kind. Of those veterans, some 40 percent had low back pain.

Yoga classes take place in at least a handful of other VA centers across the nation. The Minneapolis VA, for example, offers yoga—as well as the gentle Chinese martial art tai chi—to recovering polytrauma patients. The Dallas VA offers a class as part of its women’s wellness program. Outside VA, Walter Reed Army Medical Center in Washington, D.C., has also been using yoga, mainly to treat PTSD in combat troops.

Past research has found a wide range of health benefits for yoga, including reduced back pain. But these studies have typically included mostly women. And they have not focused on people with multiple health problems. Baxi and Grossl’s VA study included mostly men and analyzed a variety of outcomes covering physical and mental health. The researchers hope their results will help broaden yoga’s appeal within VA, especially as a therapy for veterans with chronic pain.

“People are realizing the danger of long-term use of narcotic pain medications and want something with no side effects,” said Grossl.

The group now plans a larger, longer trial of yoga that will measure outcomes such as pain, disability, function, depression, anxiety, energy, and overall quality of life. - *VA Research Currents*



Veterans (from left) “Big D” Donaldson, Jay Shufeldt and Art Harrison take part in a yoga class with instructor Dawn Landon at the San Diego VA.

KEVIN WALSH

Data from a Recent Study Show Home Health Technology Improves Access to Care for Veterans

Veterans with chronic conditions can manage their health and avoid hospitalization by using special technology provided by VA in their homes, according to a recent study.

“The study showed that home telehealth makes health care more effective because it improves patients’ access to care and is easy to use,” said former VA Secretary James B. Peake, M.D. “A real plus is that this approach to care can be sustained because it’s so cost-effective and more veteran-centric. Patients in rural areas are increasingly finding that telehealth improves their access to care and promotes their ongoing relationship with

our health care system.”

The study found a 25 percent reduction in the average number of days hospitalized and a 19 percent reduction in hospitalizations for patients using home telehealth. The data also show that for some patients the cost of telehealth services in their homes averaged \$1,600 a year—much lower than in-home clinician care costs.

The authors of the study in the December 2008 issue of the journal *Telemedicine and e-Health* are VA national telehealth staff members. The study looked at health outcomes from 17,025 VA home telehealth patients.

VA’s home telehealth program cares for 35,000 patients and is the largest of its kind in the world. Clinicians and managers in health care systems, as well as information technology professionals, have been awaiting the results of the telehealth study, said Dr. Adam Darkins, chief consultant in VA’s care coordination program, who led the study.

“The results are not really about the technology, but about how using it helps coordinate the full scope of care our patients need,” said Darkins. “It permits us to give the right care in the right place at the right time.”

VA Under Secretary

for Health Dr. Michael J. Kussman said the key to the program’s success is VA’s computerized patient record system. “Data obtained from the home such as blood pressure and blood glucose, along with other patient information in the electronic system, allows our health care teams to anticipate and prevent avoidable problems,” he said.

VA health care officials emphasize that home telehealth does not necessarily replace nursing home care or traditional care but can help veterans understand and manage chronic conditions such as diabetes, hypertension and chronic heart failure. **VA**

Football Greats Visit Tampa Fisher House

Super Bowl week in Tampa, Fla., brought two legends of football to the Fisher House at the James A. Haley Veterans' Hospital. Mike Ditka, former Chicago Bears coach, and Rocky Bleier, former Pittsburgh Steelers running back and Vietnam veteran, stopped by to show their support for wounded veterans. They autographed footballs and visited with the veterans and their families.

After his rookie season with the Steelers, Bleier was drafted into the Army in December 1968, and shipped out to Vietnam in May 1969, where he served with the 196th Light Infantry Brigade. On Aug. 20, 1969, Bleier was wounded in the left thigh when his platoon was ambushed in a rice paddy. While he was down, an enemy grenade exploded nearby, sending shrapnel into his right leg. He was later awarded the Bronze Star and the Purple Heart. Bleier spent eight months in the hospital recovering from his wounds. Doctors told him he would never play football again. But he came back and helped the Steelers win four Super Bowls.



Mike Ditka autographs a ball for Army Spc. Billy Gudzak while Rocky Bleier talks with Gudzak's stepfather, Chris Capsambelis.

VA Police Help With San Diego Law Enforcement Teddy Bear Drive

For the past 10 years, the members of the police force at the VA San Diego Healthcare System have participated in the San Diego Regional Law Enforcement Teddy Bear Drive. The yearlong drive, sponsored by local law enforcement agencies, collects brand-new stuffed animals and delivers them to hospitalized children at Rady Children's Hospital. Once a month, uniformed police officers from agencies across the region volunteer their time to visit with some of the county's smallest patients and give them a stuffed animal, hoping for a smile in return.

The collection of stuffed bears culminates each year with the Teddy Bear Caravan. Each December, the VA police, along with nearly 100 police cars filled with teddy bears, leave a local police department headquarters for the Children's Hospital with a special escort by the California Highway Patrol. Last year alone, 65,000 teddy bears were delivered to the hospital.



A police car loaded with teddy bears is ready to deliver its cargo to a children's hospital.

Compensated Work Therapy Supported Employment Program Improves West Virginia Veteran's Life

Russell Martz, a Marine Corps veteran with a passion for cooking, now has a job in the food service industry thanks to the assistance of VA's Compensated Work Therapy Supported Employment Program, which offers support for

veterans with mental illnesses. After suffering from severe mood swings, which left him unemployed, living in assisted housing, and reliant on Social Security payments, Martz sought help at the Louis A. Johnson VA Medical Center

in Clarksburg, W.Va. After extensive treatments, Martz's moods began to stabilize.

In 2005, Martz was referred to the CWT program and was soon hired at the medical center, a move he credits with saving his future.

Welcome Home for OEF/OIF Veterans in Puerto Rico

Members of the Rehabilitation Outcomes Research Center from the North Florida/South Georgia Veterans Health System's Malcom Randall VA Medical Center in Gainesville, Fla., recently participated in a "Welcome Home!" event held Nov. 22, 2008, in Puerto Rico.

During the event, which was sponsored by the VA Caribbean Healthcare System, several VA representatives and veterans service organizations distributed information, including 3,000 copies of a guide created especially for Puerto Rican Operation Enduring Freedom/Operation Iraqi Freedom veterans.

Called the "Guía de Ayuda Para el Reajuste Post-Movilización de Veteranos/as Puertorriquenos Y Familiares" ("Post-deployment Readjustment Guide for Puerto Rican OEF/OIF Veterans and Families"), the guide was created to be culturally relevant to the Puerto Rican veteran population and their needs. Published in Puerto Rican Spanish, it aims to assist veterans with their transition back into civilian life. Due to overwhelming demand, an additional 3,000 guides will be printed and distributed early this year.

"I am in a recovering state of mind due to continual support from my VA treatment team," he says. "I am living in a house in the community, I am off disability, and I am back on track thanks to my employment opportunity!"



Gertrude Noone blows out the candles on her cake as grandniece Deborah Woods looks on.

Oldest Known U.S. Veteran Gertrude Noone Celebrates 110th Birthday in Connecticut

Gertrude E. Noone, the oldest known U.S. veteran, knows the secret to a long life: “Just keep breathing.” And with that, Noone celebrated her 110th birthday in style at a party filled with family, friends and community members, including the mayor of Milford, Conn., where she lives.

One of 10 children, Noone was born Dec. 30, 1898. Never married, she worked for Travelers Insurance in Hartford, Conn., before World War II. In 1943, during the war, she enlisted in the U.S. Women’s Army Corps. Serving in the war effort as a tech sergeant, she eventually attained the rank of staff sergeant before discharge in 1949. She continued working as a secretary in a private psychiatric hospital in Stamford until retiring in 1962. Although currently residing in an assisted living facility, Noone didn’t stop driving until 1990 and lived independently until age 103.

Christmas Greetings—With Love—to Hospitalized Veterans

Lindsay Gray, 8, a third-grader from Waco, Texas, wanted to do something special for hospitalized veterans and service members for the holidays. So at the suggestion of her grandfather, Carl Lowe, director of the Waco VA Regional Office, she embarked on a big project to send Christmas greetings.

Provided with the addresses of military hospitals, as well as a listing of all VA medical centers, Gray addressed and mailed 170 Christmas cards. Inside each card was her handwritten message: “Thank you for your service. Merry Christmas! Love, Lindsay.” She addressed each card to “Any Veteran,” allowing nursing staff to give the card to a veteran who might not have received a Christmas card otherwise. Gray said she would like to pursue a similar project in the future and hopes her cards lifted the holiday spirits of those who received them.

Denver VA Regional Office Packs Holiday Cheer for Active-Duty Employee

The holiday season is universally synonymous with the “spirit of giving.” The VA regional office in Denver heartily embraced

that spirit by adopting an entire Army battalion with a very special member: one of their own veterans service representatives. Capt. Crystal Ballard is an Army reservist currently deployed in support of Operation Enduring Freedom.

Deciding to send a little taste of home, the VARO mailed 12 boxes stuffed with candy, cookies, hot chocolate, peanut butter, stocking stuffers and holiday cards to the battalion. After receiving the boxes, Ballard sent a note and a photo to the VARO employees. “I wanted to send you a quick thank you for the gift boxes that our soldiers and I just received from your organization. We have received so many wonderful boxes that we are even sharing with our multi-national partners stationed with us here,” wrote Ballard.



Molla Shibeshi, supervisor of the blood bank on the grounds of the Carl R. Darnall Army Medical Center at Fort Hood, Texas, which has teamed up with the VA medical center in Houston.

Collaboration With Military Blood Bank Saves Precious Resources

A recent collaboration between the Michael E. DeBakey VA Medical Center in Houston and the Robertson Blood Center at Fort Hood aims to save taxpayer money and maximize the use of a valuable and perishable resource: blood. In a medical emergency, the most important element is the availability of blood. The Blood Center, an Army blood bank on the grounds of the Carl R. Darnall Army Medical Center, provides blood not immediately needed by the Army to the DeBakey VAMC.

“This partnership between the Army and the DeBakey VAMC not only saves a tremendous amount of money and prevents waste of a precious resource, but more importantly, our joint commitment helps save the lives of our nation’s heroes,” said Michael M. Ittmann, M.D., Ph.D., Pathology and Laboratory Medicine chief. Since May 2008, the DeBakey VAMC has saved more than \$300,000.

National Congress of American Indians Held in Arizona

VA joined American Indian tribal representatives in Phoenix for the annual convention of the National Congress of American Indians. Representatives from VA’s three administrations and Readjustment Counseling Service staffed a booth at the conven-

tion trade show to answer questions and share information with attendees. The convention visit was organized by VA's Ad Hoc Working Group on American Indian, Alaska Native and Native Hawaiian veterans established by former Secretary James B. Peake, M.D., as a forum to improve the delivery of benefits and services to these veterans.

The Census Bureau estimates there are approximately 165,000 American Indian or Alaska Native veterans in the United States, a higher percentage of veterans than other ethnicities. In 1944, the NCAI was founded in response to termination and assimilation policies that the United States forced upon the tribal governments in contradiction of their treaty rights and status as sovereigns.



Nestlé employees' recent volunteer improvement projects at the San Francisco VA Medical Center included landscaping in front of clinic areas.

Nestlé Military Team Volunteers at San Francisco VA Medical Center

A group of 53 Nestlé employees recently spent a day volunteering at the San Francisco VA Medical Center, helping with improvement projects around the facility. In an effort to give something back to veterans, the Nestlé Military Team completed landscaping projects in front of several clinic areas and donated not only their skills and talent, but also \$5,000.

Through the coordinated effort of VA's Veterans Canteen Service and the medical center, the group completely transformed the patient patio at the community living center, home to nearly 100 veterans. In addition, Team Nestlé scrubbed and cleaned patients' wheelchairs until they sparkled, much to the delight and appreciation of the residents at the center. Nestlé Military Team is a group of company employees, many of whom are veterans, whose primary function is to accommodate the Defense Commissary Agency and who report directly to the Department of Defense.

VA Maryland Health Care System Named One of 10 Best Places to Work in Baltimore

The VA Maryland Health Care System has officially been named one of the 10 Best Places to Work in Baltimore. The health care system competed with more than 90 other businesses, hospitals, universities and financial institutions throughout the state for the honor. VA Maryland actually achieved a fourth-place ranking

ahead of some prestigious businesses and organizations and has the distinction of being the only federal agency in Maryland to make the list for 2008. The 10 finalists for the competition were selected based on employee responses to an online survey that was conducted by the *Baltimore Business Journal* over a three-week period. To be eligible to participate in the competition, the health care system needed a minimum of 195 employees to complete the online survey. This is the second such honor for VA Maryland, which achieved a seventh-place ranking in the 2006 competition.

New Law Authorizes Veterans' Salutes During National Anthem

Veterans and active-duty military not in uniform can now render the military-style hand salute during the playing of the national anthem, thanks to changes in federal law that took effect in October 2008. The new provision improves upon a little-known change in federal law in 2007 that authorized veterans to render the military-style hand salute during the raising, lowering or passing of the flag, but it did not address salutes during the national anthem. The 2007 provision also applied to members of the armed forces while not in uniform.

Traditionally, members of the nation's veterans service organizations have rendered the hand salute during the national anthem and at events involving the national flag while wearing their organization's official head gear. The most recent change, authorizing hand salutes during the national anthem by veterans and out-of-uniform military personnel, was included in the Defense Authorization Act of 2009, which President Bush signed on Oct. 14.

Classic Cars, Veterans Cruise Through VA Gulf Coast Health Care System

On Oct. 7, 2008, more than 1,000 cars and people gathered on the VA Gulf Coast Veterans Health Care System's Biloxi, Miss., campus for the annual "Cruisin' the Coast VA Cruise-In." The first official cruise-in kicked off in 2002, and a phone call from a VA nurse started it all. "A nurse called and said how much it would mean to her patients if we could arrange to bring a few of the cars by for them to see," said Coleen Kershaw, "Cruisin' the Coast" manager. "A nurse told me that one patient, while looking at the cars, said the name of a certain car out loud—this patient hadn't spoken in two years!"

Even the VA staff eagerly looks forward to the event. "This is a great way for residents to see the cars that bring back so many memories," said Penny Bise, VA Gulf Coast speech pathologist. **VA**

Returning Servicemembers Site

Returning Operation Enduring Freedom/Operation Iraqi Freedom service members have a newly enhanced VA Web site just for them. Launched the week of the presidential inauguration at www.oefoif.va.gov, the Returning Servicemembers site offers tailored information on VA services and programs, as well as Internet-savvy video features, stories, and even a blog. Hello, Web 2.0!



Paul Perrin, left, discusses his award from the American Psychological Association with two of his mentors: Dr. Leslie Gonzalez-Rothi, center, program director of the Brain Rehabilitation Research Center and professor of neurology at the University of Florida, and Dr. Martin Heesacker, investigator at the Brain Rehabilitation Research Center and professor of psychology at the University of Florida.

VA Research Center of Excellence Student Wins American Psychological Association Award

Paul Perrin, of the VA Brain Rehabilitation Research Center at the Malcom Randall VA Medical Center in Gainesville, Fla., received the American Psychological Association's Psychology Student Award at its 2008 annual convention in Boston. The award recognizes an outstanding graduate student in the field of rehabilitation psychology as demonstrated by research presented in poster format at the APA convention.

Perrin, a doctoral student, won with his presentation, "Caregiver Psychosocial Variables and Functioning of Individuals with Stroke." His study found that stroke caregivers find life less meaningful, manageable and comprehensible when their care recipients are immobile, uncommunicative, unable to perform normal daily activities, or disengaged from life. The study also found that caregivers feel a greater sense of burden and depression when care recipients are depressed and experiencing cognitive difficulties. Perrin's study shows the disabling effects of brain injury and disease extend beyond the affected person, which adds to the urgency of finding effective treatments for these problems.

Perrin received his master's degree in psychology at the University of Florida in 2007 and is now pursuing his doctorate in rehabilitation counseling.

Partnership for Public Service Leadership Institute Has Five VA Graduates

Five Veterans Health Administration employees graduated from the Partnership for Public Service's Annenberg Leadership Institute, a seven-month program that prepares rising federal leaders to solve pressing national issues by driving innovation, inspiring employees, and delivering results. Annenberg Fellows were selected from eight federal agencies to participate in the program's inaugural year.

The cornerstone of the Annenberg Leadership Institute is real-life application of lessons learned in the classroom. VHA's team addressed recruitment, benchmarking with best-practice organizations such as Procter & Gamble and the Bureau of Land

Management before focusing their efforts on transforming the government's Student Career Experience Program into a primary talent pipeline for VHA. The team's recommendations provide a solid foundation for making VHA's student programs as successful for recruitment as those in best-practice organizations.

VHA's 2008 Annenberg Fellows are: Debra Crouch, administrative officer, Ann Arbor, Mich., VA Medical Center; Christine Edie, pharmacist, Cincinnati VA Medical Center; Jeanie Scott, VHA Office of Information, Albany, N.Y.; Cheryl Wisnieski, Workforce Management and Consulting Office, Columbia, S.C.; and David Isaacks, Health Revenue Center, Topeka, Kan.

VA Palo Alto Health Care System Research Scientist Receives APA Top Honor

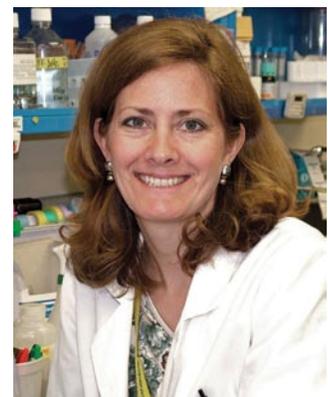
VA research scientist Keith Humphreys will receive the 2009 American Psychological Association award for Distinguished Contributions to Psychology in the Public Interest for his efforts building mental health service systems for VA and Iraq.

Humphreys, director of VA's Program Evaluation and Resource Center in Palo Alto, Calif., was in Washington, D.C., in 2004 helping to develop VA's national Strategic Plan for Mental Health when he was asked to volunteer on a task force set up by the Substance Abuse and Mental Health Services Administration to rebuild the Iraqi Ministry of Health's shattered mental health care system. Humphreys has since conducted mental health training and policy consultations with Iraqi medical professionals in Turkey, Jordan, Egypt and Iraq, where he expects to return this spring.

Meanwhile, he also helped guide a major increase in VA's national web of mental health services that has positioned VA as the largest and most recognized authority on mental health services and therapies in the world.

Researcher Receives Presidential Award

VA rheumatologist and bone researcher Mary Beth Humphrey, M.D., Ph.D., is among a small group of scientists from 11 federal agencies who received Presidential Early Career Awards for Scientists and Engineers at the White House in December 2008. Humphrey sees patients and conducts lab research at the Oklahoma City VA Medical Center, where she specializes in "osteimmunology"—a relatively new field that merges bone biology with immunology. She studies osteoclasts, cells that chew away old bone so new bone can be formed. In diseases such as osteoporosis, too many of these cells are active, resulting in bone loss.



Humphrey

The Presidential Award is the highest honor bestowed by the U.S. government on outstanding scientists and engineers beginning their independent careers. As part of her award, Humphrey will receive \$125,000 over five years from VA's Office of Research and Development in support of her research.

NCMA Presents Patient Safety Center Employee with Fellow Award

The National Contract Management Association awards committee designated James N. Phillips Jr., a management analyst with VA's National Center for Patient Safety in Ann Arbor, Mich., as an NCMA Fellow and presented him with an achievement award during the 2008 Government Contract Management conference in Bethesda, Md. "Jim has demonstrated years of dedication and loyalty to the profession of contract management and to NCMA," said NCMA President Steve Ayers.

Phillips is a 15-year member of NCMA and is well known throughout the Ann Arbor area for his leadership roles and contributions to enhance and expand the professional acceptance of NCMA membership and certification. The former chapter president and current membership chair of the Detroit chapter also sits on the national chapter relations committee and has both authored and co-authored articles for NCMA's highly regarded *Contract Management* magazine. The Fellow designation is NCMA's third-highest award and is given to those who have made outstanding contributions to the contract management discipline.

NCA Employee Recognized By Disabled American Veterans

Daniel J. Barford, of Ohio's Dayton National Cemetery, was presented the National Commander's Outstanding Department of Veterans Affairs Employee Award by the Disabled American Veterans during the organization's 87th National Convention in Las Vegas last summer for his dedication and compassion in serving veterans and their families.

A Vietnam veteran, Barford joined the staff at Dayton National Cemetery as a cemetery representative in 2006. He is a trained and licensed funeral director who is following a family tradition. His father served with the National Cemetery Administration and its forerunner for 25 years. "When I got into the funeral business in 1990, veterans' services became a very important part of my career," he said. "It was very emotional for me, and now it's what I do every day."

Tampa VA Nurse Named Academy of Nursing Fellow

Sandra K. Janzen, R.N., associate director for patient care/nursing services at the James A. Haley Veterans' Hospital in Tampa, Fla., was inducted into the American Academy of Nursing as one of the 2008 new fellows. Janzen attended Winona State University for her undergraduate work, and received her master's degree from the University of Minnesota, with doctoral work at the University of Florida. She has been the nurse executive at Haley for the past 22 years, leading that organization to recognition as the American Nurses Credentialing Center's first VA Magnet hospital, and winner of the inaugural Magnet Prize.



Janzen



Tony Burgett, national service officer with the Military Order of the Purple Heart, presents the organization's Distinguished Service Award to Dr. Jo Harbour, left, and Nancy Mullins, honoring their work improving care for former POWs.

Employees Recognized for Work Treating POWs

Two Jackson, Miss., VA employees were recognized by a national veterans group for their hard work, dedication and initiative in treating former prisoners of war. The Military Order of the Purple Heart recognized Dr. Jo Harbour, ex-POW clinician at the G.V. "Sonny" Montgomery VA Medical Center, and Nancy Mullins, ex-POW coordinator from the VA regional office.

Harbour and Mullins designed the Ex-POW Case Management Initiative Program that streamlines operations, provides world-class, personalized VA service to former POWs, and targets specific problems associated with the processing of claims. The program, a collaborative effort between the medical center and regional office, is considered the gold standard for POW service and treatment in VA. The Military Order of the Purple Heart presented the employees with the organization's Distinguished Service Award.

San Diego Nurse Inducted Into Spinal Cord Injury Hall of Fame

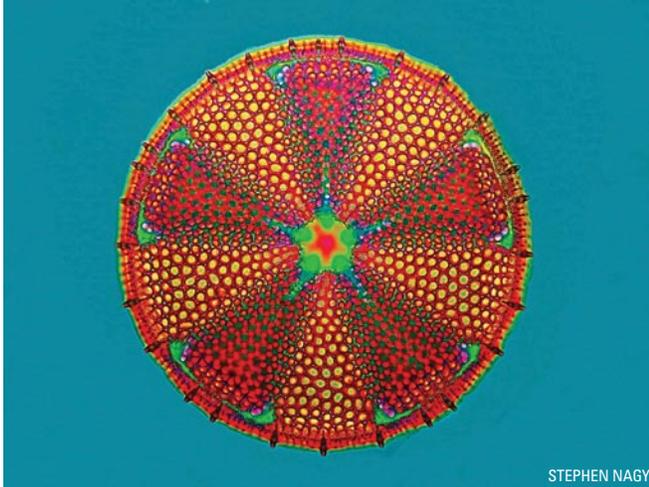
Kathleen L. Dunn, a registered nurse with the VA San Diego Healthcare System Spinal Cord Injury Unit, was inducted into the Spinal Cord Injury Hall of Fame during the 4th Annual SCI Hall of Fame Gala in New Orleans on Nov. 17, 2008. She was one of 17 selected from 150 nominees in the Disability Educator category. Dunn was recognized for her outstanding leadership in the local, national and international programs and education for people with spinal cord injuries.

Dunn is the only nurse to have received this prestigious award. She was also recognized with an Advanced Practice Nurse Award by the Association of Rehabilitation Nurses a month before the Hall of Fame Gala. Dunn was recognized for her work as a nurse in an advanced practice role for contributing to the advancement of rehabilitation nursing care.

Financial Management Awards Handed Out

Four VA employees received the first VA Chief Financial Officer Financial Management Awards at VA Central Office on Dec. 17, 2008. Vicki Edmonds, business manager, South Central VA Health Care Network (VISN 16) in Jackson, Miss., and Terry

Riffel, associate director, Financial Operations Service, Financial Services Center in Austin, Texas, received the VA CFO Award for Financial Management Innovation. Rachel Ann Mitchell, chief financial officer, VA Capitol Health Care Network (VISN 5) in Baltimore, and Mitchel Sturm, director, Finance Service, VBA Office of Resource Management at VACO, received the VA CFO Award for Financial Management Program Improvements. These awards recognize exceptional accomplishments that have contributed to the Department's success in financial performance and management.



STEPHEN NAGY

Dr. Stephen Nagy's image was featured on the *Scientific American* and *National Geographic* Web sites.

Psychiatrist Takes Winning Photo Through Microscope

Stephen S. Nagy, M.D., a psychiatrist with the VA Montana Health Care System in Fort Harrison, won third place in the 2008 Olympus Bioscapes International Digital Imaging Competition, a photo competition for images taken through a light microscope. His winning image, one of about 1,500 entries from 47 countries, was of the glass shell of an extinct marine diatom that lived approximately 20 million years ago, named *Actinocyclus heliopeneta* Grunow.

The winning image was taken through a rare type of microscope that sends two beams of light through the slide, one through the specimen and the other next to it. The waves of light that pass through the specimen are slowed down by the diatom, so when these two beams are recombined, the difference between the waves is converted into a color difference. Nagy's image was featured on the *Scientific American* and *National Geographic* Web sites.

Non Commissioned Officers Association Honors VA Nebraska-Western Iowa Chief Chaplain

Monsignor Richard Wolbach, chief chaplain at the VA Nebraska-Western Iowa Health Care System, was recently honored by the Non Commissioned Officers Association with its prestigious World War II Medallion as a tribute and salute to his sacrifice and service in answering the call to duty. Wolbach, who served in the Marine Corps during World War II and fought in the



WILL ACKERMAN

Al Washko, director of the VA Nebraska-Western Iowa Health Care System, presents the World War II Medallion to Monsignor Richard Wolbach.

Battle of Iwo Jima, has been a VA chaplain since 1984.

Last summer, the monsignor was a speaker during the opening ceremony of the 28th National Veterans Wheelchair Games, which the VA Nebraska-Western Iowa Health Care System co-hosted in Omaha. Retired Army Sgt. Maj. Nick Lapajenko, who is on the NCOA national board of directors, was captivated by Wolbach's remarks during the ceremony and was inspired to write the system's director, Al Washko. "They were touched by your remarks," Washko said during the award ceremony. "You are a representative of why we're here at the VA, and a representative of the Greatest Generation."

Houston Earns Redesignation as Prestigious Nursing Services Magnet

The Michael E. DeBakey VA Medical Center in Houston has been recertified with prestigious Magnet Recognition for Excellence in Nursing. The American Nurses Credentialing Center, the nation's leading nursing credentialing organization, granted Magnet Recognition redesignation to the Houston medical center in January.

Magnet status is the highest honor a health care organization can receive for nursing services. ANCC has conferred this national designation on some of the country's most prestigious institutions, including the Mayo Clinic in Minnesota, the James A. Haley Veterans' Hospital in Tampa, Fla., Cedars-Sinai Medical Center in Los Angeles and the Portland, Ore., VA Medical Center. The Magnet program was developed to recognize health care organizations that provide the best in quality patient care and uphold excellence in professional nursing practice.

To receive the ANCC's Magnet designation, a team of professionals appraises a hospital's nursing services, clinical outcomes, and patient care. 



Yi Chen worked around the clock for three days helping victims.

Employee Assists With Disaster Relief Efforts

This past May, Yi Chen, a medical assistant in the ambulatory care clinic at the Reno, Nev., VA Medical Center, was in China as a volunteer, assisting with preparations for the Olympics. On May 12, 2008, a magnitude 8 earthquake hit Sichuan province and the capital city of Chengdu, leaving communications and roads devastated. Deaths were reported in eight surrounding provinces, soon totaling 125,000 and creating more than 8,000 orphans.

Chen contacted her VA supervisor and requested emergency leave to assist in recovery efforts. With fluency in 15 Chinese dialects, her translation skills were badly needed in the multinational rescue effort underway. Chen contacted a local hospital, gathered supplies of masks, gloves and bandages and arranged to be taken by helicopter into the devastated epicenter. She worked night and day for three days helping foreign and Chinese medical teams treat the thousands of injured, with only a bottle of water and a small package of biscuits to sustain her. After three days, the helicopter returned to pick her up.

Festival Attendees Rescue Eaglet on Grounds of Perry Point VA Medical Center

The Perry Point VA Medical Center is situated on 365 acres at the confluence of the Susquehanna River and the Chesapeake Bay in Maryland. Its wooded campus and the surrounding waterfront provide an ideal natural habitat for a wide variety of wildlife, including deer, geese, osprey and eagles.

At a recent Equal Employment Opportunity-sponsored Native American Festival held at the medical center, participants seized the opportunity to walk through the woods in hopes of glimpsing the eagles that have nested there. As they neared a nesting site, they were surprised to find an eaglet on the ground. Surmising that the eaglet may have injured a wing since it didn't try to fly away, the group contacted the Tri-State Bird Rescue and Research Center in Delaware. After a thorough examination by a veterinarian, it was determined that the eaglet

may have just ventured out of its nest too soon and was not yet strong enough to fly and return home. To prevent the eaglet from being attacked by other predators and to return it to its parents as soon as possible, a rescue center volunteer hooded the eaglet for safety and carried it up a ladder to a platform on a nearby tree. From there the eaglet could be heard by its parents, yet it was just far enough away to avoid undue disruption to the adult eagles and their nest containing another offspring.

Quick Thinking and Teamwork Save a Life

James Nackley, a respiratory therapist with the VA Hudson Valley Health Care System in New York, was on his way to work when he was flagged down by a toll collector on the Newburgh Beacon Bridge. She informed him that a man in his 50s had stopped to pay a toll and claimed he was going to the Castle Point campus to commit suicide that day. Nackley immediately contacted the campus police department, and officers there contacted the Newburgh Beacon Bridge Authority for assistance.

After viewing security camera footage, the Bridge Authority was able to provide a clear description of the vehicle being driven by the veteran. Patrol cars were assigned to canvas the route, and they soon found the car on the Castle Point campus. Police officers stopped the vehicle and spoke with the veteran, gaining his trust and approval to search the car. No weapons were found. With the help of Dr. Joseph Amato, suicide prevention coordinator at the facility, the officers were able to convince the veteran to seek help. He was evaluated at the urgent care area, where the decision was made to admit him to the facility so he could begin getting the care he needed.

Nurse Steps In to Help Airline Passenger in Crisis

On a recent flight from Las Vegas to Wichita, Kan., a passenger began having chest pains and soon lost consciousness. The crew called for any trained medical personnel willing to help. Melissa Lee, a licensed practical nurse at the Robert J. Dole VA Medical Center in Wichita, stepped forward. She quickly assessed the woman, reporting her condition as very serious, prompting the pilot to divert the flight to seek advanced medical treatment. Lee worked to make the passenger comfortable as the plane landed. With the aircraft on the ground, the crew thanked Lee for her immediate response and assessment leading to the critical decision to land.

When asked about the incident, she downplayed her actions as intuition. "I didn't think, I just reacted," said Lee. "I'm just really glad to know she is okay." "Melissa's courageous act was no more or less than her natural reaction to someone in need," said Tom Sanders, medical center director. "This laudable attribute is demonstrated daily in the compassionate care she provides to the veterans at the Robert J. Dole VA Medical Center." VA



Lee

Ready for the Big Day

Final preparations are made for the swearing-in ceremony of Barack Obama as the nation's 44th president on the west steps of the U.S. Capitol. VA employees were among those who volunteered to support the inaugural activities in the nation's capital (see story on page 9).

