

U.S. Department of Veterans Affairs

# Vanguard

May/June 2005



*Evolution of Prosthetics*

*VET IT Program*

*Eye on VA News*

*Memorials Inventory Project*



75 Years Serving Veterans

*Commemorating 75 Years of Service*



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**Vanguard**

VA's Employee Magazine  
 May/June 2005  
 Vol. LI, No. 3

Printed on 50% recycled paper

Editor: Lisa Respass  
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 Published by the Office of Public Affairs (80D)

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[www.va.gov/opa/feature/vanguard/index.htm](http://www.va.gov/opa/feature/vanguard/index.htm)

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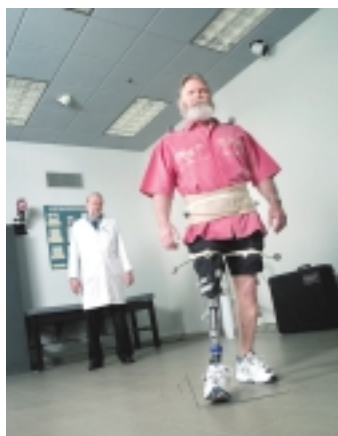
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**On the cover**

Vietnam veteran Bill Wagner undergoes gait analysis at the VA National Prosthetics Gait Lab in Long Beach, Calif., under the watchful eye of the lab's founder and director Ed Ayyappa. The spheres attached to Wagner's body reflect infrared light beams used to assess joint motion, ambulatory forces and other gait characteristics. Founded in 1986, the lab was the first to offer full-service orthotic and prosthetic gait assessment. Today it is one of a handful of VA gait labs across the country.  
*photo by Walter Thill*



### More Labyrinths

I saw your photo/mention of Seattle VAMC's canvas labyrinth (March/April issue). We in VISN 2 have two permanent, outdoor labyrinths. Our first was built at the Stratton VAMC in Albany, N.Y. The second is at the Canandaigua VAMC. Both

are listed on the National Labyrinth Web site.

They are used by chaplains with patients, as in Seattle, as well as by other staff and surrounding community members. VISN 2 is the only VHA affiliate of the Planetree National Organization, a forward-thinking, pa-

tient-centered, holistic organization.

Labyrinths are only one tool Planetree advocates in the search for ways to treat the patient as a whole person—body, mind and soul. To learn more about VISN 2's involvement in Planetree, visit our Web site at [www.va.gov/visns/visn02/planetree.html](http://www.va.gov/visns/visn02/planetree.html), or visit Planetree National's Web site at [www.planetree.org](http://www.planetree.org).

*Neal K. Relyea, R.N.  
Patient Education  
Coordinator  
Albany, N.Y., VAMC*

David that form a beautiful quilt-like design on the grounds.

Keep up the good work! There are many out there who truly appreciate such things.

*William J. Fretwell  
Program Support Assistant  
Montgomery, Ala., VAMC*

## Happy 75th Anniversary VA!

*July 21, 1930 – President Herbert Hoover signs Executive Order 5398, "Consolidation and Coordination of Governmental Activities Affecting Veterans," implementing legislation passed July 3 by Congress placing under one "administration" federal pension and other benefits programs and veterans' medical facilities. It consolidated the U.S. Veterans' Bureau, the National Homes for Disabled Soldiers, and the Interior Department's Bureau of Pensions into the Veterans Administration (VA).*

VA employees from all over the country will play a major role in planning, coordinating and implementing anniversary observance programs and activities that will

begin with a July 21, 2005, gala kick-off program in the nation's capital and run through VA's diamond jubilee year to July 20, 2006.

The kick-off program will be held at the D.A.R. Constitution

Hall near the White House. The President has been invited, and 3,000 VIPs, veterans and VA employees will be in the audience. This event will be televised and available to all VA facilities via satellite transmission.

The VA 75th anniversary logo (above) will soon be issued with guidance on its use throughout the coming anniversary year. Additional support materials will also be distributed through the public affairs network, including a speech, a poster, background sheets and timelines.

Facilities will be expected to incorporate observance of the 75th anniversary into their community relations and communications plans under policy and planning guidance issued by the Secretary through the Office of Public and Intergovernmental Affairs.

A special 75th anniversary Web site, which will not only provide guidance and information, but also share the ideas, initiatives and achievements of facility observances with the rest of VA, will soon be established.



*Commemorating 75 Years of Service*

### Battle of the Bulge 60th Anniversary

Thanks to Dr. Lynn Hackett for the wonderful article she wrote and the pictures she took in Luxembourg and Belgium (March/April issue). Between my father and myself, we have served during every war since WWII until the present one, which we have left to younger men.

I could not hold back the tears in reading about the gratefulness of the citizenry of these small countries and of the sacrifice of those who fought. Though I have never been to Belgium, I have stood at the American Cemetery in Luxembourg and looked across the rows of white crosses and Stars of

### Back Issues Available?

As a reader of *Vanguard*, I have to tell you I enjoy the content on the whole. I'm going to show my WWII vet father the recent article on the 60th anniversary of the Battle of the Bulge.

Two things. One, make *Vanguard* accessible on the Internet. It is a product that I would like to be able to read when I'm off duty. Make back issues archived and accessible on the Internet, too.

Second, every other month to publish *Vanguard* is not enough. There are more than enough topics and reader inputs to make it a monthly magazine.

*Ron Dankmyer  
Food Service Supervisor  
Fargo, N.D., VAMC*

**Editor's note:** Current and back issues of *Vanguard* are available on the VA Web site at [www.va.gov/opa/feature/vanguard/index.htm](http://www.va.gov/opa/feature/vanguard/index.htm).

## We Want to Hear from You

Have a comment on something you've seen in *Vanguard*? We invite reader feedback. Send your comments to [vanguard@va.gov](mailto:vanguard@va.gov). You can also write to us at: *Vanguard*, Office of Public Affairs (80D), Department of Veterans Affairs, 810 Vermont Ave., N.W., Washington, D.C., 20420, or fax your letter to (202) 273-6702. Include your name, title and VA facility. We won't be able to publish every letter, but we'll use representative ones. We may need to edit your letter for length or clarity.



## Making Progress in the e-Business Revolution

*Barbara C. Mayerick*

*Director, Business Development, VHA Chief Business Office*

VHA's electronic business—or e-Business—revolution has been progressing this year, providing an improved financial foundation for veterans' health care. Six e-Business projects are underway, all relating to reimbursement from insurers for veterans' non service-connected care. These projects also bring VHA into the world of standardized electronic transactions, as required by HIPAA, the Health Insurance Portability and Accountability Act:

■ We are continuing to use—and improve—electronic means of identifying veterans' insurance coverage.

■ We have put in place two initiatives that enable us to send electronic reimbursement claims to third-party payers, for both primary coverage and coverage secondary to Medicare. (VHA is not permitted to bill Medicare, but can submit claims for non service-connected care when veterans have Medigap or other secondary coverage.)

■ We have begun testing the first real-time outpatient pharmacy billing transactions at eight VA medical centers.

■ We are also systematically examining ways to improve collections from third-party payers.

■ We continue to grow our nationally recognized e-Payments System, which receives payers' Electronic Remittance Advices (providing claim payment information). Beginning with little more than a dozen insurers in 2003, we now have more than 150 dif-

ferent health insurance plans sending us Electronic Remittance Advices.

We passed two important milestones since we last reported in these pages—we submitted the 16 millionth electronic third-party reimbursement claim, and we received the 4 millionth Electronic Remittance Advice.

What does this mean for VHA? It means that we are indeed making the transition to more streamlined business processes. We have reached all-time highs in terms of numbers of electronic claims

submitted per month, and are increasing the percentage of electronic claims on a year-over-year basis. Thanks to our Electronic Remittance Advices, we have also realized a 64 percent overall time savings on tasks related to receipt of payments and close-out of accounts.

Nonetheless, there are still many bumps in the road as not only VHA but the entire health care industry strives to comply with HIPAA rules and leverage technology in an already electronic world. For example, VHA can also realize significant time and productivity savings if payers submit payments electronically, using Electronic Funds Transfer (EFT). Our e-Payments Sys-

tem was built to accept EFT; however, the use of EFT is new to many payers. VHA is therefore proactively working with payers, financial institutions and industry associations to promote the benefits of EFT and to provide the technical know-how to help payers move to electronic payments.

Similarly, we are working directly with payers and their pharmacy benefits managers to encourage changes in pharmacy plan administration that will enable reimbursement to VHA and si-

the trainers; and all of the staff who diligently test, evaluate, and learn new software, work through system and payer issues, help train and support staff throughout our medical facilities, provide ideas for functionality improvements, and ultimately bring to life VHA's e-Business revolution.

From the vantage point of our Business Development group, we see ourselves as pioneers, blazing a trail as we make this paradigm shift from the old ways of doing business to our new innova-

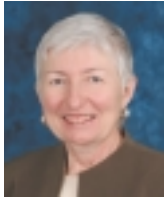
***VHA's electronic business revolution has been progressing this year, providing an improved financial foundation for veterans' health care.***

multaneously benefit those veterans who have third-party pharmacy benefits insurance.

What makes all of this progress possible is enormous, often unheralded efforts by VA personnel—the enrollment and intake staff; the insurance staff; the coders and billers; the agent cashiers and accounts receivable staff; the medical facility administrators, health care providers and technicians; the pharmacy office staff; the software developers and quality assurance specialists; the many specialists who guide the software into the medical centers, install it, and support the front-line VA staff; the developers of technical documentation and training;

As we take stock of our progress to date, and the milestones we have passed, we draw inspiration from what we have all achieved together and the confidence to meet our next challenges.

Chief Business Officer Mark Loper puts it this way: "Moving VHA's business processes from paper to electronic systems is an enormous undertaking. We are beginning to see very positive results, but we have a long way to go. We keep moving forward because of the dedication of VA's talented staff, and because of our commitment to streamline VHA's business to provide a stronger foundation for the health care of our veterans." VA



## Transforming the Culture of VA Nursing Home Care

*Christa Hojla*

*Chief, VA Nursing Home and Subacute Care*

This spring, more than 250 VA nursing home leaders, clinicians and front-line staff from across the country met in San Antonio for a nursing home summit, the first of its kind in VA. Every VISN and at least 15 disciplines were represented and had a voice in shaping and launching the transformation of the culture of care in VA nursing homes.

The purpose of the summit was to examine the present culture of care, explore innovations in nursing home care delivery, and formulate plans for transforming the delivery of that care throughout the system.

At the heart of this transformation is the challenge to move away from a traditional medical model to care centered on the veteran and their functional and human needs. Admission to a nursing home assumes a veteran is medically stable and no longer needs acute interventions. However, the veteran still requires nonacute medical or skilled nursing services such as rehabilitation or intravenous therapy; has suffered a functional impairment that precludes discharge to home or to a non-institutional setting; or needs a place of comfort, compassion and dignity to face death.

Veterans are admitted to nursing homes because they can no longer care for themselves or lack the social and economic resources to remain at home. For some veterans, the nursing home is a temporary placement. These

veterans are cared for with the intent of being discharged to a non-institutional setting. For others, it is their final home where they will live out their days.

The elements of this cultural transformation include, first and foremost, attending to the human needs of the veteran regardless of medical diagnosis. In acute care, it is important to treat and manage an illness aggressively. Nursing home care manages the impact of illness on the bio-psycho-social-physical-spiritual well-being of the patient. Therefore, transformation calls for a change from the institutional approach of meeting the basic needs of life such as bathing, dressing and eating, to a person-centered approach

that allows the veteran the freedom and flexibility to recuperate, rehabilitate, or die with dignity.

The structure and function of the care environment is as important as the relationships between nursing home residents and care providers. Transformational design changes nurse stations to living rooms and lonely eating spaces to dining rooms that enhance personal choice and well-being. Nursing home pets, as well as creative use of art, music and dance,

lift broken spirits of the most debilitated residents.

Programs for meaningful use of time augment the standard Bible, bingo and birthday parties. Open kitchens that emit delectable fragrances enhance appetites for those needing strength for rehabilitation and provide human interaction for those suffering from dementia or chronic mental illness. Carpeting, lighting and furniture that reflect the comforts of home enhance the desire to get up, get dressed, and get active rather than be depressed and reclusive.

Ward-like corridors, institutional signage and sterile walls are transformed by engaged staff, residents, volunteers and families who create neighborhoods like the

and professional groups have similar goals. VA representatives have joined with these organizations to launch transformational efforts to significantly improve clinical outcomes and quality of life for anyone needing nursing home care.

For those organizations that have paved the way and begun the transformational journey, the rewards have been significant. Improved clinical outcomes have been achieved in such areas as nutrition, hydration, reduced medication (including psychotropics), reduced falls, improved continence, and improved staff, resident and family satisfaction.

The VA Nursing Home Summit of April 2005 was just the beginning. Each

***At the heart of this transformation is the challenge to move away from a traditional medical model to care centered on the veteran.***

Lodges at the Batavia, N.Y., VA Medical Center nursing home. Residents, staff, volunteers and families work together in new ways to create a setting where the stay—short or long—speaks to the culture of the resident, supports quality of life, and calls forth the best in both staff and residents.

VA is not alone in recognizing the need to transform nursing home care. The federal Centers for Medicare and Medicaid Services and major consumer

VISN selected a representative to serve as a point of contact with the national steering committee to keep the energy of the summit alive and implement transformational policies and initiatives. This core group represents the various disciplines that support nursing home care. These are the leaders of the transformation effort and we now look to them for further guidance as we begin a new and exciting journey in caring for those who have borne the battle. **VA**

# Hiring the Next Generation of Combat Vets

A grassroots program is helping VA's IT office deal with a graying workforce, while giving wounded soldiers some valuable work experience.

Jennifer Duncan was facing the same challenge as managers throughout the federal government—how to deal with the graying workforce.

"We looked at the age of our workforce and only two out of about 300 employees were under the age of 40," said Duncan, a management director in the Office of Information Technology in VA Central Office.

To mitigate what some call the impending "brain drain," Duncan and her colleagues devised a two-year IT internship for recent college graduates.

It was an immediate success. In 2003, the program's first year, the office hired 20 recent grads to fill vacated positions. Yet something didn't seem right to Duncan and others in her office.

"We found we weren't attracting any veterans and that puzzled us," she recalled.

## A leader in hiring veterans

VA has long been a leader in hiring veterans. As of January, slightly more than 72,000 of the department's 235,000 employees were military veterans. Most served in the Vietnam era. So from a suc-

cession planning perspective, it made sense to try to recruit younger veterans.

But staff in the IT office took it a step further by focusing their efforts on hiring wounded soldiers who were being medically separated from the military. "These guys need new careers and we're sitting here

worrying about recruiting younger veterans. Why not bring them onboard," reasoned Edward F. Meagher, a Vietnam veteran who serves as deputy assistant secretary in the IT office.

In October 2004, they created VET IT, a pilot program geared toward hiring wounded soldiers recov-



ROBERT TURTEL  
*Medically retired from the Army after losing a leg in Iraq, Tristan Wyatt was working in a butcher's shop back home in Colorado when he heard about the VET IT program.*



ering at Walter Reed Army Medical Center in Washington, D.C. Almost immediately they encountered obstacles. For starters, the soldiers were still on active duty and couldn't fill a paid internship.

Thus began the first formal volunteer program in VA Central Office, according to Laura Balun, administrative officer in VA Voluntary Service. The soldiers get the same introduction as every other VA volunteer—training in HIPPA, privacy and security, plus a meal token if they put in more than four hours a day. Their hours are tracked and credited toward work experience, which they can use to enhance their resumes.

Volunteers are assigned a position according to their skills and interests. They're also paired with a mentor, who helps them adjust to their new environment and responsibilities. If the volunteer is a good fit for the job, they can be hired full time once they separate from the military.

As of April, 27 soldiers had participated in the volunteer program and 10 had been hired. "What we're finding is they are very disciplined and eager to get on with their lives," said Paunee Grupe, a workforce planner in the IT office who is involved with the program.

### The chance of a lifetime

Some were injured in training. Others lost limbs in Iraq. All are going through one of the toughest times of their lives.

## ***"They may be starting over, but they just want to be treated like everyone else."***

Staff Sgt. Matthew I. Braiotta served five years as an Army scout with the 3rd Armored Cavalry Regiment and planned to make a career of the military. Those plans came to an end, however, when he was



ROBERT TURTEL

*Tristan Wyatt shares a laugh with his boss, Pedro Cadenas Jr., a deputy assistant secretary in VA's Office of Cyber Security.*

wounded by a roadside bomb in Fallujah, Iraq. "I loved my job. I was practically married to the Army," he joked.

But the Army wanted a divorce. Braiotta was deemed unfit for duty. He was going to have to start over, a prospect he called "scary." His fears subsided, though, when he heard about the VA volunteer opportunity.

"When you get out in the civilian world, it's a real shock. The VET IT program made me feel comfortable about my transition. I mean, it's the chance of a lifetime," said Braiotta, who began volunteering in the IT budget office in February and was officially hired in April.

His boss, Owen F. Dolan, is helping him learn about the department, the budget, and being a federal employee. He knows Braiotta may eventually move on to another office or even another agency. But

that's okay. The way Dolan sees it, "if we can do something to help these soldiers right here, right now, let's do it."

Braiotta is hopeful the pilot program can help others like him. "If this progresses the way I think it will, you're going to be able to help a lot of kids who would otherwise be going home and sulking in their sorrows," he said.

Tristan Wyatt may not have been sulking, but he sure wasn't happy to be leaving the service after losing his right leg in Iraq. "As soon as I got to Iraq, I knew this is what I wanted to do with my life," said Wyatt, who served as a combat engineer in the 3rd Armored Cavalry Regiment.

Then came Aug. 25, 2003. It started out like any other day for Pfc. Wyatt, whose engineer company was responsible for clearing a highway between Khaldiyah and Fallujah.

Halfway through their patrol, their armored personnel carrier was ambushed by dozens of enemy fight-

ers. “They hit us with rockets and small arms fire—it was a mess,” he said.

The driver pulled off the road and maneuvered into a flanking position while the engineers prepared to dismount and engage the enemy. Just as they opened the hatch, an enemy rocket flew inside the cabin. Wyatt recalled the projectile’s path. “It went through my leg, into my team leader’s hip and out his back, and then ripped through the gunner’s hamstring,” he said.

Unaware that he was hit, Wyatt fired his weapon until “I just got dizzy and fell back” inside the carrier. He saw his severed leg in the corner and used it to elevate his stump while he applied a tourniquet. Meanwhile the fighting raged as the carrier withdrew under cover of an M1 Abrams tank.

After more than a year of rehab, Wyatt was medically retired in January 2005 and went home to Lone Tree, Colo., where he started working in a butcher’s shop. Then in March he got a call from a friend at Walter Reed who told him about the VET IT program.

Two days later he boarded a plane to Washington D.C., for an interview with Pedro Cadenas Jr., a deputy assistant secretary in VA’s Office of Cyber Security. “He showed a desire to learn, and that’s the main requirement for this position,” recalled Cadenas, a former Marine who stressed that the job offer was not a handout. “I told him he needs to work or he’s out of here just like anyone else.”

That’s one of the keys to the program, noted Duncan, the IT manager. “They may be starting over, but they just want to be treated like everyone else,” she said.

### Desire to help comes from the heart

Much of the program’s success can be traced to a handful of em-



ROBERT TURTIL



*Matthew Braiotta, above in Iraq and with his boss in the IT budget office, Owen Dolan, had hoped to make a career of the military before he was wounded in a roadside bomb attack.*

ployees who put in countless volunteer hours—at night and on the weekends—to help wounded soldiers. They do this in addition to their regular day jobs.

“You have to treat them individually, based on their circumstances, and you can’t do that on a government time clock,” said Duncan.



Several Iraqi Freedom veterans hired under the program credit Jeannie Lehowicz with getting them on the right track. She's a contract counselor with the Washington, D.C., VA Regional Office's Vocational Rehabilitation and Employment Service who has been assigned to Walter Reed Army Medical Center since 2001.

"I meet with the soldiers, Marines and airmen who come into the hospital and we begin a dialogue about what they'd like to do," said Lehowicz, explaining that this might include school, training, a new career opportunity or any combination of the three.

But when the clock strikes 5, Lehowicz doesn't call it a day. She stays at the hospital as a volunteer and has logged 362 volunteer hours since the program's inception. Wyatt, who moved from Colorado to Washington, D.C., to join the VA, said Lehowicz was available 24/7. "I swear that woman never sleeps," he said, smiling.

When he first heard about VET



ROBERT TURTIL

*Jennifer Duncan, left, and Paunee Grupe are key members of the team in the IT office that developed and manage the VET IT program.*

IT, Wyatt called Lehowicz to see if she would set up an interview. Sure she could. But she also bought his airline ticket, helped coordinate a place for him to stay, and lined up an escort to take him to the interview.

It's not a big deal to Lehowicz.

"Everything I do comes from the heart and I feel uncomfortable sharing that with everyone," she said. "I just love these kids and want to give them whatever they need to get back on their feet." **VA**

*By Matt Bristol*

## Behind the Scenes of VET IT

It takes a team effort to pull off something as bold as the VET IT program, considering most of the soldiers need help with the basics—housing, furniture, transportation and business clothing.

Once they developed the concept, the volunteer staff in the VA Office of Information Technology set out to gain support from within VA and the community.

In January 2005 they organized a fundraiser called Operation Jump Start that raised more than \$24,000 in cash and checks, plus an assortment of high-end suits and sport coats. Sponsoring the event were the Federal CIO Council, the Information Technology Association of America and the Industry Advisory Council, a subsidiary of the American Council for Technology.

The Leadership VA Alumni Association established an Operation Iraqi/Enduring Freedom Service Members Support fund, tax-exempt number 52-1843131, to manage

donations. Interested in making a contribution? Donations can be sent to: LVAAA OIF/OEF SMS, P.O. Box 27102, Washington, D.C. 20038-7102.

There is also talk of expanding the program to other VA facilities. Duncan and others in her office recently worked with their IT colleagues in the Veterans Health Administration, the VHA network office, and staff at the St. Louis VA Medical Center to set up a volunteer opportunity for a combat-wounded soldier who was leaving Walter Reed and heading home to St. Louis.

Prior to leaving Walter Reed, the soldier expressed interest in starting a new career helping veterans. Staff at the St. Louis VAMC encouraged him to begin volunteering until his discharge in July, when he could apply for a permanent position. They also arranged a job interview for his wife, who impressed interviewers and was offered a position at the hospital.



ROBERT TURTLIL

# Eye on VA News

Weekly roundup of organizational news is produced by employees for employees.

“Coming to you in 5, 4, 3, 2, 1 ...” Director Patrick Montgomery sets the tapes rolling at the VA Central Office Broadcast Center to begin another weekly production of the award-winning VA News.

Executive producer Ken McKinnon keeps his eye on the script, while Tom Barritt and Laura Edwards, VA employees who volun-

*Above: Anchor Tom Barritt prepares to do his “reads.” He is one of a number of VA employees who volunteer as news anchors.*

teer as news anchors, take their places on the set. They’ve studied their scripts, put on makeup, and are wired for sound. Broadcast technicians Brad Fredericks and Judy Howell place the anchors and head for the control room. Another show begins.

VA News is a product of the Office of Public Affairs (OPA) and the Employee Education System (EES). EES is familiar to most employees for its production of worksite-based learning and professional develop-

ment products, including videos.

The VACO Broadcast Center, a small, state-of-the-art television studio that is home to VA News, is tucked into former cubicle space on the eighth floor of VA Central Office. It is surrounded by a cluster of offices for producers, directors and technicians.

The program’s mission is to provide a comprehensive weekly roundup of organizational news for VA’s 235,000 employees.

Kim Luoma, VACO Broadcast

Center director, has been instrumental in the growth and development of VA News. “Our goal is to be the first and best source of information about VA for VA employees,” said Luoma. “With good information they can react and advocate, and know and understand the strategies and emerging issues facing VA.”

“Good communication has the same rigor as good education,” he added. “Ultimately our efforts must help accomplish the work of VA, and that is serving America’s veterans.”

Though EES’s focus is on education, in this era of integrated communications, that mission has expanded to informational and motivational programming aimed at broader audiences. Luoma and his staff, along with OPA, recently began producing *The American Veteran*, a half-hour video news magazine aimed at informing veterans and their families about benefits and programs that serve them.

The first program in the monthly series began airing on the Pentagon Channel in March, and reaches U.S. armed forces personnel around the world. The Pentagon Channel is also carried by many domestic cable outlets, and OPA is offering *The American Veteran* directly to local community access cable and public broadcast stations.

VA News, however, aims at VA employees. It is broadcast five times a day on the VA Knowledge Network to cover all work shifts and time zones.

### The show must go on

Producer McKinnon is responsible for gathering the news, information, video and graphics that go into each program.

“This is TV,” he said, “and we’re only as good as the visuals we show. I rely heavily on public affairs officers and other folks at our facilities and offices around the country to



ROBERT TURTLIL

*Broadcast technician Brad Fredericks and other members of the VA News production team at work in the control room.*



ROBERT TURTLIL

*Executive producer Ken McKinnon manages all facets of production and writes the script for each week’s show.*

help generate that material.”

Shows in recent months have included a segment on Women Veterans Day in Alaska and a tribute to 40 VA employees from Pennsylvania to Puerto Rico who retired with at least 25 years of service. McKinnon worked closely with facilities for the

visuals needed for those stories.

McKinnon works with limited resources at VA Central Office. His production team includes elements borrowed from OPA, the VACO Broadcast Center (EES), and VA Central Office Media Services.

The Central Office team is



complemented by a few field “regulars”—contributors such as Melodee Mercer, at the VA Insurance Center in Philadelphia; William Browning, at the Detroit VA Medical Center; Stefan Greene, at the Temple, Texas, VA Medical Center; and David Irvine, at the Battle Creek, Mich., VA Medical Center. Jim Benson, often referred to as “the Tom Brokaw of VA,” is the host of *The American Veteran*, and regularly contributes his on-air talents to *VA News* as an anchor and interviewer.

McKinnon, the only full-time member of the *VA News* team, manages all facets of production and writes each week’s script. He’s proud of his team, and like them, does whatever is necessary to ensure that the show goes on. “I like to say that I beg, borrow and appropriate anything I can to make *VA News* as attractive and interesting as possible,” said McKinnon. “Getting the elements needed to make sure it is visually appealing is my greatest challenge.”

### The finished product

Week after week, McKinnon and Chris Scheer, director of OPA’s Media Products Service, gather ideas and material that might fit the *VA News* format. If it involves a facility or a location outside Washington, D.C., they turn to local public affairs officers for assistance.

McKinnon has built relationships with many facilities and works hard to support these partnerships. His advice to anyone in VA with a story to tell on *VA News* is to think visually and plan the video first.

“You can make that *VA News* story even better by going the extra mile to plan video and still images even before you start writing,” McKinnon advised. “We want the best visuals we can get to tell *VA* stories. You can make it *your VA News* by working with us on planning the shoot!”

Though he sometimes uses photographs, McKinnon first looks for quality video. In Washington and areas where they are available, a VA cameraman, or “shooter,” is assigned to cover the event. At VA Central Office, McKinnon often calls on videographer Steve Hollingshead in Media Services.

Hollingshead is an Army veteran with more than two decades of professional experience. “Electronic journalism is one of the most demanding jobs in the media,” he says. “In the field, you have to control lighting and sound as well as photography. You must communicate with on-camera talent and be sure they’re well presented. My military background taught me to be prepared for anything and to know my equipment. And as a veteran, I’m committed to giving my best to *VA News*.”

Once the visuals are gathered, the script is written, edited and fed to a teleprompter for the anchors to read during taping. After the anchor “reads” are taped, with the computer-generated graphics and animation in place, all the elements are computer-edited into a 15-minute finished product. Editor Julie Davidson painstakingly matches video segments from around the country with script and anchor reads to create a seamless newscast.

The finished *VA News* travels over phone lines to a satellite “up-link” at the EES Center in St. Louis by 5 p.m. every Friday. Come Monday morning, the *VA News* for that week is on the air and McKinnon and his crew start the process all over for the next edition of *VA News*. VA

By Pauletta Walsh

## How Can You Watch VA News?

Plans are underway to standardize this procedure, but in the meantime, depending on your location, there several different avenues to access *VA News*.

*VA News* is live streamed, which means it’s a video on demand service to desktops at VA Central Office. This stream is called the Content Distribution Network (CDN), currently available to 55 percent of VHA employees, with the goal of being universally available in the near future. For those with this access, it’s the best way to view *VA News* and other communications and educational programs. If you have CDN at your location, you can find the Web site at [vwww.vakncdn.lrn.va.gov](http://vwww.vakncdn.lrn.va.gov).

At some locations, *VA News* is put under Customer Relations, and if this is the case at your location, log on to your computer, do a general search and then type in “*VA News*.” This should bring you directly to the site. Another resource at other locations is to find *VA News* through the VA Learning University Catalog, at [vwww.sites.lrn.va.gov/vacatalog](http://vwww.sites.lrn.va.gov/vacatalog).

Should the above methods not be available at your location, most VA facilities have satellite coordinators who will schedule a viewing on request. Employees can also ask their satellite coordinators to tape a program if they are unable to view it at the designated time and location. As an alternative, many VA facilities have closed circuit cable systems. On closed circuit systems, *VA News* should be available throughout the facility and viewable on any connected television. Finally, *VA News* is available through VA’s Intranet home page.

# Taking Inventory

With the help of a small army of volunteers, NCA completes an ambitious project to catalog every memorial on its grounds.

**T**he National Cemetery Administration just completed a two-and-a-half year effort to catalog every memorial on its grounds, and the project yielded some surprising results.

In 2002, NCA estimated there were 300 monuments and memorials in VA national cemeteries and soldier's lots. The final count revealed there are 872.

The Memorials Inventory Project, based on the national Save Outdoor Sculpture inventory project, used volunteers to document, measure and photograph monuments and memorials on NCA property. More than 3,000 people from around the world contacted NCA to express interest in volunteering to participate in the project. Calls and e-mails came in from New Zealand, the Philippines, Denmark, Western Europe, and even from active duty military personnel fighting in Iraq. In all, 372 volunteers worked on the project—including 40 VA employees from across the country.

Volunteers documented 1,049 different memorial objects found at VA national cemeteries. A number of surveyed objects, such as Bivouac of the Dead plaques, Gettysburg Address tablets, carillons and artillery, were reclassified under separate categories after the project ended.

The majority of project volunteers were active duty military personnel and working professionals, followed by retirees and then students. "The volunteers were very

dedicated," said Randy Watkins, of Jefferson Barracks National Cemetery in St. Louis.

Numerous volunteers requested additional survey assignments after completing their first one. One couple documented memorials in Wisconsin and Hawaii, while a military retiree documented three North Carolina sites and two in Arizona. Several groups of volunteers also participated, including a 4-H club that recorded memorials at Rock Island National Cemetery in Illinois.

"It was my pleasure to participate and play a small role in the survey of memorials honoring our servicemembers who sacrificed for the freedoms we enjoy," said

Michael Tanigawa, a retired Army lieutenant colonel who volunteered at the National Memorial Cemetery of the Pacific in Honolulu.

Ongoing analysis of the Memorials Inventory Project has shown that 27 national cemeteries and soldier's lots have been found to contain no memorials.

Dates of installment show that the number of memorials erected in national cemeteries has skyrocketed since 1980; nearly 600 have been installed since 1990. The increase is due, in part, to the creation of memorial paths or walkways as commemorative areas in national cemeteries built since 1980. These findings will guide future funding re-



WAYNE ELLIS

*The James Lent cenotaph at Congressional Cemetery in Washington, D.C., is the oldest memorial on NCA grounds. Lent was a congressman from New York who died in 1833.*

quests for preservation of monuments and memorials located in VA national cemeteries and soldier's lots.

The project raised awareness about national cemeteries, their history, and the soldiers and sailors interred in them. Many volunteers conducted thorough and intensive research on the memorials that has proven invaluable for the NCA History Program.

Through the project, NCA identified one particularly signifi-

which was being built at the same time.

Another beneficial outcome of the project has been the centralization of memorial information. Although volunteers were unable to locate information on many memorials, the project did reveal how many memorials are in VA's national cemeteries and where they are. It also produced a significant photographic archive for the NCA History Program, with more than 6,600 photographs and more than



*Memorial walkway at Ohio Western Reserve National Cemetery.*

TIMOTHY D. BEAN

cant monument at the Loudon Park National Cemetery in Baltimore. The Maryland Sons monument, originally dedicated as the Union Monument on Memorial Day 1884, has a 3-foot terracotta frieze around it—similar to the frieze around the National Building Museum (formerly the Pension Building) in Washington, D.C. The Memorials Inventory Project volunteer submitted 1884 newspaper articles revealing that the monument sculptor was allowed to use the mold from the frieze at the Pension Building,

500 negatives of memorials collected.

NCA will share information on its sculpture monuments with the public later this year through the Smithsonian's art inventory database, known as SIRIS. The NCA History Program will also work with NCA IT staff to create a searchable online database of its own so that information and photographs on all of its memorials will be available to the public. **VA**

*By Darlene Richardson*

## Project Findings

Estimated memorials in 2002: 300  
Memorials as of March 31, 2005: 872

Volunteers: 372  
Volunteer hours: 3,404  
VA employees who volunteered: 40

Number of cemeteries or soldier's lots with no memorials: 27

Oldest memorial: Cenotaph (a tomb or monument erected in honor of a person or group whose remains are elsewhere) for New York Congressman James Lent, who died Feb. 22, 1833, Congressional Cemetery, Washington, D.C.

Newest memorial: USMC Tanker's Association memorial, dedicated Jan. 15, 2005, National Memorial Cemetery of the Pacific, Honolulu.

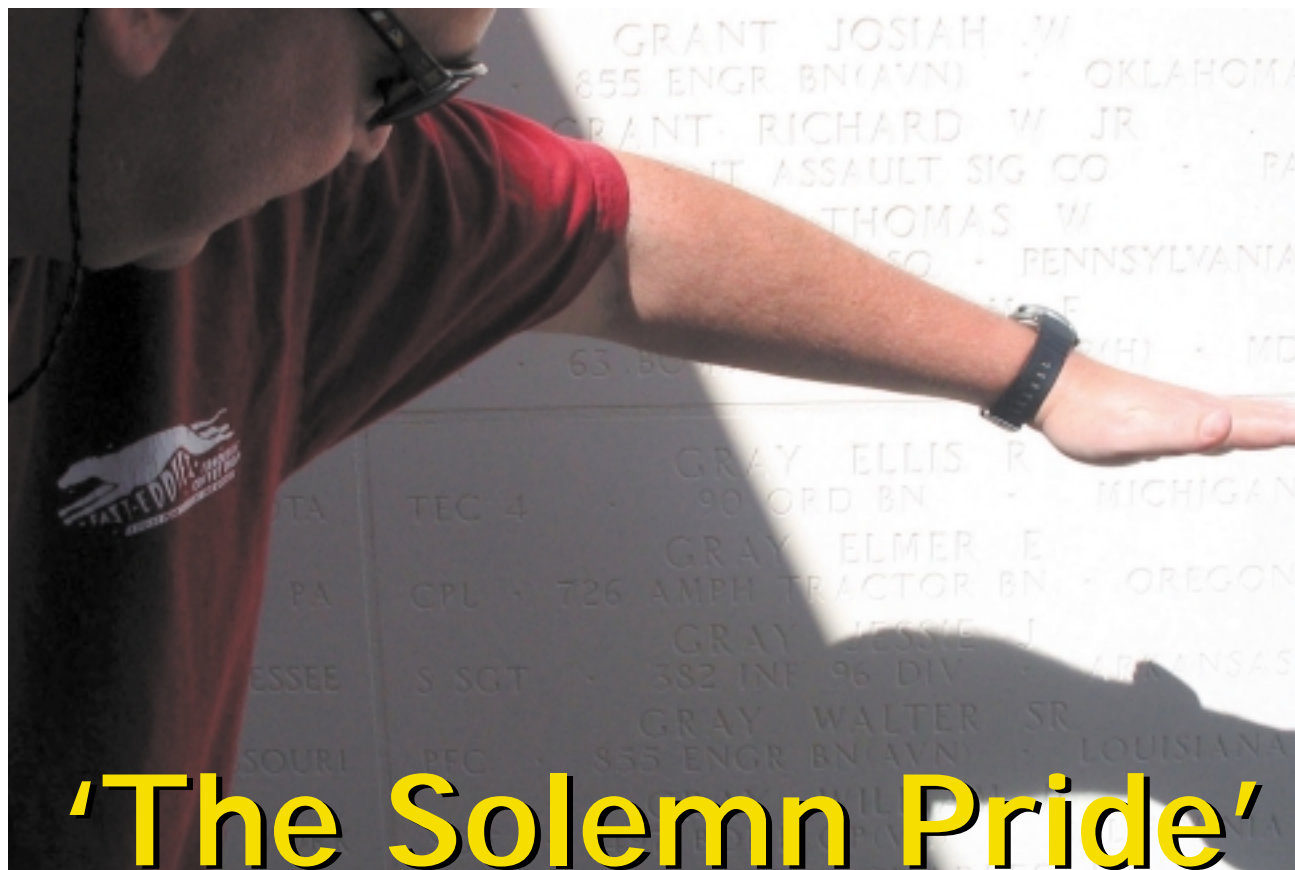
Largest memorial: Pennsylvania Veterans memorial, Indiantown Gap National Cemetery, Annville, at 85 feet wide, 360 feet long, 107 feet high.

Individuals who have both cenotaphs and burial sites in NCA system: N.C. Rep. David Heaton (cenotaph at Congressional Cemetery, Washington, D.C.; interred at New Bern, N.C., National Cemetery), and Col. Edward D. Baker (cenotaph at Ball's Bluff National Cemetery in Virginia; interred at San Francisco National Cemetery).

Cemetery with the most memorials (as of March 31, 2005): Ohio Western Reserve National Cemetery, with 68.

Carillons: 37  
Artillery: 73  
Revolutionary War memorials: 4  
War of 1812 memorials: 1  
Civil War memorials: 119  
Spanish American War memorials: 5





## A long-lost father, a surprising discovery. Memorial Day has special meaning this year for one VA employee.

**T**he letter to Anna Gray of New Orleans was dated "12 November 1944." It read in part: "Since your husband, Private First Class Walter Gray Sr. ... was reported missing in action 11 November 1943, the War Department has entertained the hope that he survived and that information would be revealed dispelling the uncertainty surrounding his absence. However ... the conditions of warfare deny us such information.

"The record concerning your husband shows that he was a passenger aboard a United States Army Transport which was hit by a torpedo from an enemy submarine south of the Fiji Islands. ... While

the great majority of the military personnel were rescued a very thorough search failed to reveal any trace of your husband.

"... I regret the necessity for this message but trust that the ending of a long period of uncertainty may give some small measure of consolation. I hope you will find sustaining comfort in the thought that the uncertainty with which war has surrounded the absence of your husband has enhanced the honor of his service to his country and of his sacrifice."

The letter was signed by Maj. Gen. J.A. Ulio, The Adjutant General.

With that notice, Walter Gray

Jr., then 9 years old, learned that his father would never be returning from the war. Other than fleeting childhood memories, old photographs, and stories told at family gatherings, that letter was the last contact Walter would have with his dad for more than half a century.

Now 71, Walter Jr. is the director of the Beaufort, S.C., National Cemetery, one of the oldest national cemeteries in the country. He is responsible for ensuring that the 33-

*Above: Walter Gray Jr.'s son-in-law, Kenneth Morgan, creates a shadow over the name of Gray's father on a monument wall at the National Memorial Cemetery of the Pacific. Gray and his family stumbled on the name while vacationing in Hawaii.*

acre site and final resting place of more than 16,500 veterans and their beneficiaries is maintained in a manner befitting the national shrine that it is.

Gray retired from the U.S. Air Force in 1982, after 26 years of service, and joined the National Cemetery Administration in 1991. With more than 40 years of federal service, he has seen and experienced much. But nothing prepared him for what happened while visiting, as a tourist, one of the other national cemeteries administered by NCA—the National Memorial Cemetery of the Pacific, the “Punchbowl,” in Honolulu, Hawaii.

In March, Walter and his wife, Doris, visited their daughter Jorine and her husband, Air Force Chief Master Sgt. Kenneth Morgan, and their granddaughter, Isabeau, at their home on Hickam Air Force Base in Honolulu. After touring the island, and paying their respects to the men entombed in the U.S.S. Arizona Memorial, Gray and his family went to visit the Punchbowl, and pay a professional courtesy visit to its longtime director, Gene Castagnetti, a retired Marine Corps colonel.

After being provided “splendid hospitality,” as Gray described their visit with Castagnetti, the family members were escorted to the visitor’s center, where they were given information on the many monuments located in the cemetery, situated in the Pu’owaina Crater.

The crater, an extinct volcano known in ancient times as “The Hill of Sacrifice,” commands one of the most spectacular views in all of Hawaii. Many of the scenes depicted in movies, television shows, and vacation literature are of memorials at the national cemetery, or clearly visible from the Punchbowl. Among them is the Honolulu Memorial depiction of Lady Columbia, standing on a stylized prow of a U.S. Navy

carrier, representing all of the grieving mothers of those interred at the cemetery. Included are 23 Medal of Honor recipients, and 13,000 other servicemen and women who lost their lives in World War II.

The Gray family then moved on to the Courts of the Missing section of the monument. Somberly, they reviewed the names of nearly 29,000 servicemen engraved on the Courts’ 10 tablets. These American heroes are classified as Missing in Action (MIA), or lost or buried at sea in the Pacific Campaign of World War II. There are also the names of thousands of MIAs from the Korean War and Vietnam.

After passing before the Navy section, Gray, a native of New Or-

being my dad’s name.”

For those who have visited the monument, or others with the inscriptions of the names of America’s sons and daughters, seeing the names of strangers evokes emotions that are often hard to describe. Finding the name of his father, missing in action for 62 years, when Gray was not even aware that the carved name existed, was overwhelming. “When I saw my dad’s name on the wall,” he said, “I felt sad, I felt happy, I felt proud.” He later learned that his father had been posthumously awarded the Purple Heart.

Returning to South Carolina, Walter Gray and the staff prepare, as they do every year, to conduct special services for Memorial Day at the

***“When I saw my dad’s name on the wall, I felt sad, I felt happy, I felt proud.”***

leans, and his son-in-law, at the latter’s suggestion, moved on to the Army section of the Courts. It was then that the two of them spotted the name:

WALTER GRAY SR.  
PFC 855 ENGR BN ANN  
LOUISIANA

As Gray later recalled, when he first saw the name on the wall, he wasn’t quite sure how to react. After all of his years of service in the military and NCA, where he has seen to the needs of thousands of mourners at the national cemeteries where he has been assigned, he had no idea that the name of his father, lost for more than 60 years, was inscribed on one of the nation’s most cherished monuments.

His son-in-law asked him, “Is that your dad?” After seeing the name of the unit and the state engraved just below the name, Gray responded, “Yes, that is my dad. When I saw the state, Louisiana, there was no more doubt about that

national cemetery in Beaufort. Thousands will attend. But for Gray and his family, “Memorial Day” this year will be that day in March, thousands of miles from home, when he discovered the name on that sacred wall.

At the base of Lady Columbia, above the names of the honored dead, are inscribed the words of Abraham Lincoln: “The Solemn Pride that must be yours to have laid so costly a sacrifice upon the altar of freedom.”

This year, “The Solemn Pride” has special meaning for a man who has devoted so much to ensuring that the vision of NCA’s Atlanta-based Memorial Service Network II is uncompromised: “We will [fulfill our Mission with] Compassion, Southern Hospitality, Dignity, and Honor befitting the men and women who wore their country’s uniform with pride.” **VA**

*By Butch Stier*

# Secretary Nicholson Overseas

The seamless transition of Operation Iraqi Freedom and Enduring Freedom wounded from Department of Defense to VA health care was on Secretary Jim Nicholson's mind in early May as he accompanied Sen. Larry Craig (R-Idaho), chairman of the Senate Veterans' Affairs Committee, and other members of Congress on a trip to Iraq. He spoke with U.S. troops, military leaders and heads of state and said he came away feeling "proud and optimistic."



Secretary Nicholson visits members of the 116th Armored Cavalry Brigade of the Idaho National Guard in Kirkuk, Iraq.

"My purpose was to meet with our military commanders and soldiers and Marines to really get an idea of how we are doing on transition," he said. "Are we reaching them with our information and how do we continue to access them when they return home?"

The Secretary said he was "pleasantly surprised" at how much the military personnel he talked to knew about their rights and benefits and how to access them when they redeploy to the States.

"I was particularly interested in talking to reserve personnel," he said. "More knew about the two years of free VA medical care they are entitled to when they return home than I expected, [but] not all, so we still have work to do."

Secretary Nicholson visited an Idaho National Guard Army artillery brigade based near Kirkuk, north of Baghdad. He said he was impressed with their spirit and morale.

"It made me feel so proud of our forces there and brought home how important VA is in maintaining our soldiers' morale and trust in an environment where nobody is safe.


"They know that they are supported by the best medical care while in the military and in the VA system when they leave service," he said. "That's very important for a soldier and it's very important to his or her family."

The Secretary visited an Army field hospital in Baghdad and followed the military medical evacuation route back to Landstuhl Military Medical Center in Germany, where casualties are stabilized before their trip back to military hospitals like Walter Reed Army Medical Center in the U.S.

"The patients I talked to there will all be in the VA health care system one day," he noted. "Thanks to our advanced battlefield medicine and body armor, many survived traumatic injuries that would have killed soldiers

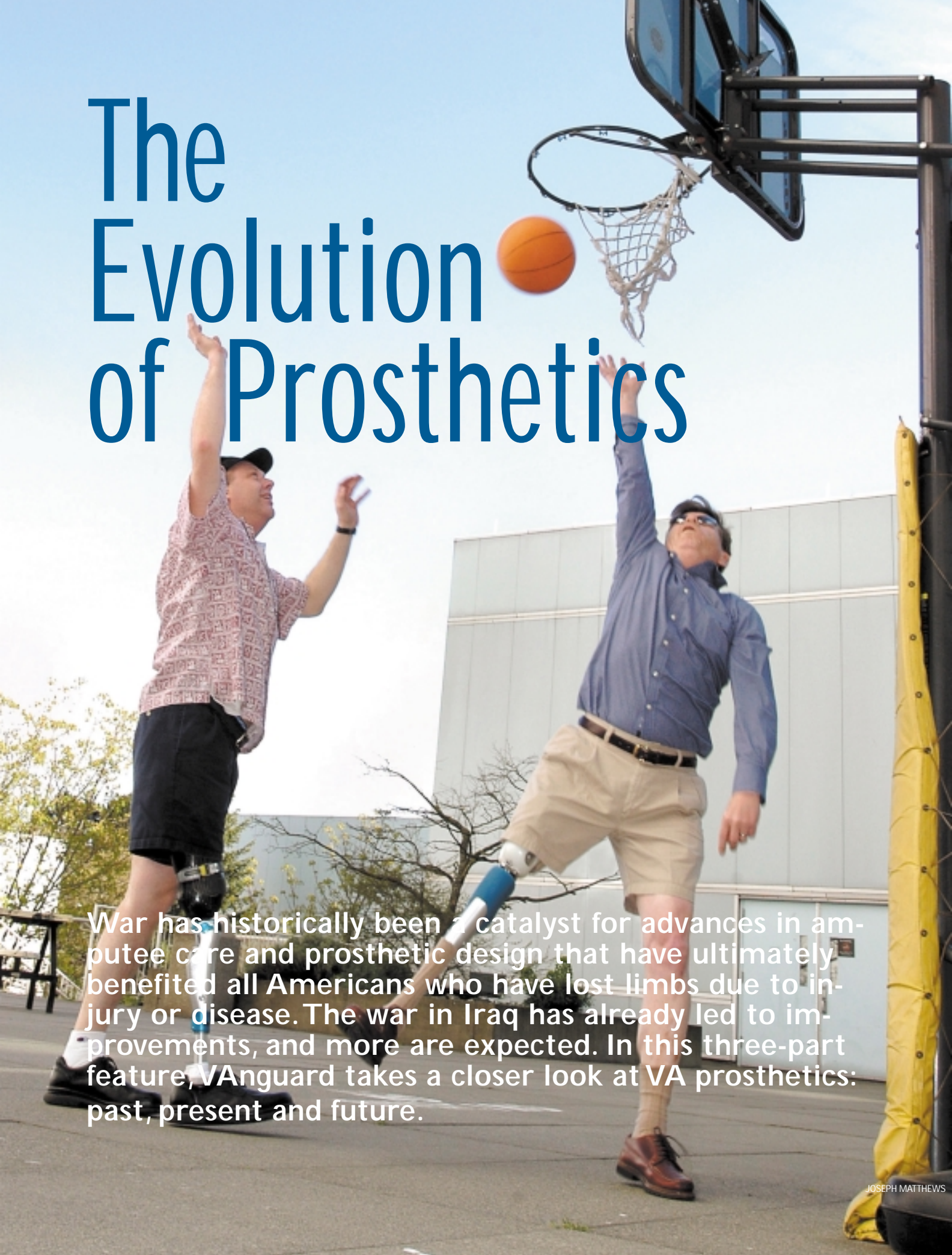
serving during the Vietnam War. They are aware of VA's leadership in traumatic injury, PTSD, and rehabilitation, and that's something we have to maintain."

Secretary Nicholson finished his overseas trip as head of the U.S. delegation invited to participate in the Czech Republic's observances of the 60th anniversary of its liberation from Nazi occupation at the end of World War II. He represented the President as grand marshal of a national liberation parade.

"The Czech people remember what the United States did for them during World War II," he said. "They appreciate it and now, like other Eastern European nations, are free to express that appreciation after long years of Soviet control." 



# The Evolution of Prosthetics

The image shows two men playing basketball on an outdoor court. The man on the left is wearing a patterned short-sleeved shirt and dark shorts, and has a prosthetic right leg. The man on the right is wearing a blue long-sleeved shirt and khaki shorts, and has a prosthetic right arm. A basketball is in the air near the hoop. The background shows a building and trees under a clear sky.

War has historically been a catalyst for advances in amputee care and prosthetic design that have ultimately benefited all Americans who have lost limbs due to injury or disease. The war in Iraq has already led to improvements, and more are expected. In this three-part feature, VAanguard takes a closer look at VA prosthetics: past, present and future.

## History

# War Spurs Major Developments

The science of prosthetics has come a long way since the debut of “Anglesey Leg” in England in the early 1800s. This above-the-knee prosthesis was revolutionary in its time, with a steel knee joint and articulated foot controlled by catgut tendons.

Today’s prosthetic legs are fitted with electronic sensors measured 50 times a second. A microprocessor uses the information to adjust movement for the terrain and walking speed. Many of the troops who lost



*This Confederate soldier was one of many from both sides of the Civil War who lost limbs.*

legs in Iraq are receiving these state-of-the-art C-Legs.

### Amputation common in bloody civil war

War has long spurred developments in medicine, and mobility

*Opposite: Tim Harrison, left, who lost a leg to cancer, and Mike Ellis, a Vietnam amputee, play basketball wearing C-Legs built at the VA Puget Sound Health Care System.*

aids are no exception. “In fact, wars have been veritable watersheds for the technical development of assistive devices for surviving combatants,” wrote Dudley Childress, Ph.D., a world-renowned prosthetics researcher who serves at the VA Chicago Health Care System and Northwestern University, in the November/December 2002 issue of *The Journal of Rehabilitative Medicine*.

One of the more vivid examples is the U.S. Civil War. Records show Union surgeons performed up to 30,000 amputations during the war. Many factors contributed to the high amputee rate, but one of the prime culprits was the soft, lead Minie Ball fired by Springfield muskets. With a kill range of 1,000 yards, Minie Balls crushed bone and ripped arteries and tissue beyond repair. Doctors often had little choice but to amputate limbs hit by a Minie Ball.

The post-Civil War era was marked by a period of entrepreneurship in prosthetic design as amputees sought to improve their military-issue limbs. Some had success and went on to found their own mail-order companies. By the time World War I broke out, there were up to 200 artificial limb clinics and 2,000 skilled craftsmen in America. But many were interested only in padding their own wallets. As the Amputee Resource Foundation of America’s Web page notes, “Shysters and charlatans dot the history at this time.”

### Dissatisfied WWII veterans set stage for change

Prosthetic fabrication in America remained largely unchanged from the Civil War

through World War II. However, the volume of amputees returning from combat in Europe would usher



*World-renowned prosthetics researcher Dr. Dudley Childress.*

in an era of change. The box below shows World War II amputation statistics for members of the Army and Army Air Corps.

A typical amputee received a

WWII Amputations  
Single amputation  
One leg: 10,620  
One arm: 3,224  
Total: 13,844

Double amputation  
Both legs: 870  
Both arms: 57  
Total: 927

Triple amputation  
Both legs, one arm: 8  
Both arms, one leg: 1  
Total: 9

Quadruple amputation: 2

Total: 14,782





*VA leaders of the post-World War II era, including former chief medical directors Dr. Paul Magnuson (left) and Gen. Paul Hawley (right), along with former VA administrator Gen. Omar Bradley, were able to cut through red tape to get much-needed programs started for the 15 million veterans who flooded back home after the war.*

temporary artificial limb when he left the service and was referred to VA for a permanent limb. But when he went to VA, in many cases he got a “prescription” for a prosthesis supplied through a contract with the lowest bidder, as was required under government procurement regulations.

A VA history written in 1967 characterized the World War II period as “chaotic” for amputees and offered the following account: “And the newly discharged amputee, only recently assured that he was a hero and perhaps used as a speaker at war bond rallies, was understandably furious when told that he could not have an artificial limb available to civilians because under the prevailing lowest bid concept it was not the cheapest available to him.”

Veterans stormed the U.S. Capitol, waving their artificial limbs in protest. Congress investigated. In response, VA on Nov. 1, 1945, centralized its fragmented prosthetics operation under a new Prosthetic

Appliance Service. By December 1945, Congress gave VA broad authority to provide prosthetic appliances by “purchase, manufacture, contract, or in such other manner as the Administrator may determine to be proper.”

Surgeon General of the Army Norman T. Kirk got the ball rolling by organizing a meeting of prosthetics

experts in January 1945 at Thorne Hall, Northwestern University. The meeting was pivotal for two reasons: it marked the birth of federal funding for rehabilitation research, and it established the fields of science, medicine and engineering as integral to prosthesis development. The meeting pushed prosthetics beyond craft and into the realm of science.

Dr. Paul B. Magnuson, a prominent Chicago surgeon who went on to serve as VA’s chief medical director from 1948 to 1951, was among the meeting’s principal attendees. Magnuson was strongly committed to vocational rehabilitation. He



*A World War II amputee learns to make artificial limbs under VA’s vocational rehabilitation program.*





*Amputees at Washington, D.C.'s Walter Reed Army Medical Center in 1950.*

aligned VA hospitals with university medical schools and established VA residency programs, moves that would have profound effects on the department. Some call Magnuson the father of rehabilitation research.

### **Congress gives VA a leading role in research**

The National Academy of Sciences initially managed the federal studies called for during the Thorne Hall meeting. By June 1947, however, VA had taken over research contracts, while the academy assumed an advisory capacity.

The department also established a testing and development lab in New York in 1947. This VA Prosthetics Center played a key role in limb design and refinement. Among its early achievements was encouraging manufacturers to use new plastic laminates instead of wood.

By 1948, Congress authorized annual appropriations of \$1 million to VA for prosthetic and rehabilita-

tion research. One of the studies VA would fund, initiated several years earlier at the University of California, Berkeley, was a fundamental study of human locomotion. Another, conducted at UCLA, examined fabrication and fitting techniques for suction-socket above-knee prostheses.

In 1949, VA assembled 30 multi-disciplinary ampu-

tee clinics at strategic locations across the country. Each clinic had a team consisting of a surgeon, prosthetist, physical therapist, occupational therapist, and prosthetic representative. These teams began attending a six-week course in upper limb prosthetics at UCLA established in 1952 with the help of VA funding. The course was a success, and in 1956 VA began funding a similar education program at New York University.

Over the next few decades, VA continued an active role in artificial limb development. In the mid-1950s, the department established a network of prosthetic service units to evaluate devices developed by others. Those that were beneficial to patients were then adopted by the VA system.

In the mid-1960s, Dr. Ernest Burgess, chief of the amputee clinic at the VA hospital in Seattle, led a clinical investigation into the practice of fitting amputees with pros-

thetic devices immediately after surgery, a technique that was eventually adopted nationwide. Burgess and colleagues redefined amputation as part of the rehabilitation process. His team later developed the Seattle Foot, a prosthetic device made of energy-absorbing spring-like material, and went on to pioneer computer-assisted design software used in prosthesis fitting.

The years following World War II were marked by rapid advances in limb design, fabrication and fitting. "The VA was definitely a leader ... and others followed, because the VA was so successful," said Childress in a telephone interview from his lab in Chicago. Childress knows from experience. In 1968, two years after



*Dr. Ernest Burgess, developer of the revolutionary Seattle Foot.*

joining the VA-funded Prosthetics Research Laboratory at the Rehabilitation Institute of Chicago, he and colleagues fitted the first self-contained and self-suspended trans-radial myoelectric prosthesis. **VA**

*By Matt Bristol*

## Current Operations

# The Truth About Prosthetic and Sensory Aids Service

Don't let the name fool you. VA's Prosthetic and Sensory Aids Service does more than dole out artificial limbs and hearing aids. In fact, the service provides all sorts of medical equipment—from simple \$2 foam shoe inserts to hi-tech \$30,000 iBOT wheelchairs—to allow veterans with service-connected disabilities to live independent, fulfilling lives.

"People don't really understand what we do because there is no equivalent in any other health care system," said Frederick Downs Jr., who has led the service since 1980. "We are the VA's pharmacy for durable medical goods and equipment."

A quick look at the numbers confirms the truth about VA's Prosthetic and Sensory Aids Service: artificial limbs and sensory aids are a small piece of the pie.

Last year, the service saw nearly 1.4 million veterans and supplied \$812 million in medical appliances. Of those patients, only about 26,000 needed new artificial limbs or adjustments to old ones, at a cost of just under \$66 million. Another 631,000 veterans sought eyeglasses, hearing and other neuro-sensory aids, to the tune of about \$52 million.

Maybe it's time to change the name to something more reflective of the service's scope. "Sure, we thought about it over the years," admitted Downs. But what do you call a service that provides crutches, braces, eyeglasses, hearing aids, arti-

ficial limbs, oxygen bottles, wheelchairs, hospital beds, pacemakers, stents, dental implants, money for clothes, automobile modifications, home adaptations and more?

In the end, they decided not to change the name because the medical equipment they provide technically is considered prosthetics, explained Downs, who defined the term as "anything inorganic used to replace or support a bodily function or activity."

## Troubled times lead to sweeping reform

VA's overall prosthetic operation was chaotic during the

1960s and 1970s. One of the key problems was lack of organization. There was no national oversight. Funding and administration were



ROBERT TURTEL





ANTHONY MORALES

*Opposite: Frederick Downs Jr. has led Prosthetic and Sensory Aids Service since 1980; above: Christopher Fantini, a prosthetist with the VA New York Harbor Health Care System, prepares a prosthetic socket for the next step in the fabrication process.*

decentralized to individual medical facilities. As the service's director, Downs said he struggled to "bring a sense of order to the program." The way he saw it, a veteran should get the same amputee care whether they visited a VA facility in New York or California.

Pressure from Congress led to sweeping changes during the 1990s. The service, which had been in existence since 1948 and aligned as a separate VA service line since 1977, was finally able to standardize procedures as part of a comprehensive improvement plan.

It was good news to John R. Milani, who started his career in 1975 at the VA Prosthetics Center in New York City, then a renowned

artificial limb testing and development site. "We've seen a lot of changes over the years, not just in the VA but in the field in general," said Milani, who now oversees VA's national orthotic and prosthetic program.

The department has 63 labs staffed by 182 employees called prosthetists and orthotists. They're responsible for fabricating, fitting and repairing artificial limbs and braces, or ordering them from commercial vendors.

According to Milani, they have access to the latest technologies and can provide any device deemed necessary by an examining physician. Last year, for example, they provided 176 veterans with the latest comput-

erized C-Leg, which the service purchased through national contracts for the modest average price of \$36,000 each.

Over the last few years, the labs have made a concerted effort to get certification from one of the two accrediting organizations, the American Board for Certification in Orthotics and Prosthetics, and the Board for Orthotist/Prosthetist Certification.

In 2003, only five of the labs were accredited. Today, 34 have earned that distinction. Similarly, in 2003, there were 70 board-certified prosthetists and orthotists. Today there are 97. "Certification brings a certain prestige to our labs," said Milani. "It demonstrates that we have the professional capa-

bilities to meet veterans' needs." It also helps to attract recent graduates, who want to learn from the best in the field.

Several of the labs that earned accreditation went on to seek certification for prosthetic residency programs. So far, five labs—located at VA medical centers in Seattle, Long Beach, Houston, Oklahoma City and North Little Rock—have earned residency accreditation. Milani said they represent the department's "first national prosthetic residency program."

He is hoping students who complete a VA residency will want to stick around, just as he did back in the 1970s. "Once [the residents] see our facilities and the training oppor-





*Prosthetist Mark Benveniste assembles a prosthetic leg using a hydraulic Mercury knee system at the Michael E. DeBakey VA Medical Center in Houston. The hydraulic knee allows users to ambulate at varying speeds and is frequently used as a back-up to the computerized C-Legs.*

tunities we offer, they're going to want to start their careers with us," Milani said.

### A lifetime commitment

In the past, the majority of VA prosthetic patients lost limbs in combat. But this appears to be changing. National trends show today's typical patient is a middle-aged male who suffered an amputation due to vascular disease.

Someone like Dave Lemak, who served with the Marines in Vietnam from 1967 to 1968. Lemak was diagnosed with diabetes in 2001 and lost his right leg below the knee in February 2004. He received an artificial limb from the prosthetic lab at the Michael E. DeBakey VA Medical Center in Houston a few weeks later. "Those people are saints," said Lemak. "They took good care of me."

Richard H. Nelson, a certified orthotist, oversees the lab in Houston. His lab sees about 100 new patients like Lemak each year. First they evaluate the veteran's lifestyle and medical condition to determine which type of prosthetic limb will meet their needs. Then they fabricate a socket, order the various components, put it together in their workshop, and fit it to the veteran's residual limb.

Fitting the prosthesis can be the toughest part, according to Mark Benveniste, a certified prosthetist who works in Nelson's lab. "The number one concern is getting a comfortable socket fitting," he said. "Without the right fit, nothing else matters."

In addition to building and fitting a limb, prosthetists serve on

amputee clinic teams made up of therapists, doctors, and sometimes representatives from commercial vendors. They meet with veterans weekly to make sure their artificial limbs are functioning properly and meeting their needs.

Watching his patients take their first steps is one of the rewards of working for VA, according to Benveniste. And he's happy to see veterans like Lemak when they return for follow-up services. "Everyone should have someone like Mark," said Lemak. "He's always encouraging me and he's always available. He really takes an interest in you and that's what's so great about it."

Providing individual care is just another perk of the job for Benveniste. "My patients are generally pretty pleased because I'm able to give them the best care possible, and that includes giving my time and attention. They deserve no less," he said.

Downs, the service chief, agrees. "We have a lifetime commitment to these veterans," he said. "We're going to help them regain their mobility and independence, help them regain their dignity as a human being. That's why we're here and that's why our work is so important." **VA**

*By Matt Bristol with contributions by Liz Kiley*

### Quick Stats

The number of "unique" patients seeking VA prosthetic and sensory aid services has increased by about 30 percent in the last four years—rising from 958,000 in 2000 to 1.4 million in 2004. As the patient load increased, so did the budget. Last year's budget of \$930 million was nearly double the 2000 budget of \$532 million. The 2005 budget is more than \$1 billion.

## Research &amp; Development

# Prosthetics of the Future Will Mesh Body, Mind, Machine

Remember the 1970s TV show “The Six Million Dollar Man?” It featured a test pilot who suffered horrific injuries in a crash and was “rebuilt” with bionic parts. This made him a superman who could lift cars and leap 40 feet in the air.

The actual science of prosthetics has a more down-to-earth goal: to restore independence and mobil-

Dr. John Donoghue at Brown University and VA’s Center of Excellence for Rebuilding, Regenerating and Restoring Function after Limb Loss in Providence, R.I. Donoghue has developed a system called BrainGate that decodes brain waves—thoughts—and translates them into computer commands.

Early results show that a quadriplegic can switch on lights and open e-mail using only his mind. The system, which uses a tiny sensor implanted in the part of the brain that controls movement, has huge implications for amputees. A person could simply “think” about moving his computerized artificial arm, and the

thought could trigger the device to act.

The system still relies on wires hooked to the brain, but Donoghue’s group and others pursuing similar work around the country plan to eventually have a wireless system. Dr. Richard Normann, the Utah bioengineer who developed the chip used by Donoghue, is spearheading a

\$6.7 million grant from the National Institutes of Health to refine the chip and explore further uses for it. “To go from a bundle of wires sticking out of somebody’s head to a totally implantable system that is invisible will be a major advance in this technology,” he says.

## ‘Biohybrid limbs’

This research in “neuroprosthetics” is part of a larger trend in prosthetics that aims to integrate body, mind and machine. Dr. Roy Aaron, an orthopedic surgeon who directs the VA-Brown center, talks of “biohybrid limbs.”

“Some breakthroughs may blur the distinction between biological and non-biological,” says Aaron. His center, established by VA last year at the Providence VA Medical Center, is at the front edge of a movement to create prosthetic limbs that function almost like natural ones.

Dr. Hugh Herr, director of the “Leg Lab” at MIT, is collaborating with the VA and Brown researchers. Herr was a champion rock climber who lost both feet to frostbite and went on to become a top prosthetics engineer. His lab studies the intricacies of human walking and designs “smart” knees and ankles that mimic real joints.

“These systems have to know how to walk,” says Herr. His latest knee-ankle prototype has sensors that measure force, position and movement and feed the data to an onboard microprocessor. The knee has an electromagnet and a friction-modulating fluid that changes in milliseconds from an oil to a near-



*Dr. Roy Aaron directs a new limb-loss center at the Providence, R.I., VA Medical Center where scientists hope to create “biohybrid” limbs that will use regenerated tissue, lengthened bone, titanium prosthetics and implantable sensors that allow amputees to use nerves and brain signals to move arms or legs.*

ity to amputees and enable them to do everyday things most of us take for granted—walking, running, enjoying hobbies, using a pen or fork, holding a child. But the technology emerging in labs today, including several VA sites, is no less dramatic than that depicted in the old TV show.

Take, for example, the work of



TOD PETERSON

*Roy Bloebaum, Ph.D., director of the Bone and Joint Research Laboratory at the VA Salt Lake City Health Care System and professor of Bioengineering, Orthopedics and Biology at the University of Utah, is investigating osseointegration, or ways to attach prosthetics to titanium implants placed in bone. Here he is holding a proximal femur implant; inset: Researchers at the bone and joint lab use a scanning electron microscope to measure the impact of titanium implants on bone density. This image shows mineral content in the patella, about 3 mm from a knee replacement implant. The light gray areas are high in mineral content, while the dark areas are low. Researchers found bone adjacent to titanium implants has less mineral content, making it more flexible.*

solid in response to a magnetic field. The ankle may use polymers that turn electrical energy into mechanical force, thus acting as a sort of artificial muscle.

Herr envisions that in the future, “Amputees will be able to traverse greater distances with less fatigue. Artificial joints will be able to move like a biological joint.”

### Two-way talk between brain, artificial limb

Herr’s model also uses “BIONs™,” short for bionic neurons. These microchips will be injected into residual leg muscles to pick up movement signals from the

brain and send them to the artificial limb. Says Herr: “We need to have the amputee’s brain control the artificial knee, to tell the knee that they intend to turn left or right, or that there are stairs up ahead.”

BION technology, developed by the Alfred E. Mann Foundation, also figures in an artificial hand invented in the VA Chicago lab of Dr. Richard Weir. Sensors placed in existing arm muscles will pick up brain signals. An external controller will use “fuzzy logic”—the algebraic decision-making of artificial intelligence—to translate the signals into commands for the hand.

“We expect that for the first

time in prosthetics history we will have enough control sites to do more than just open and close a hand—we should be able to control a wrist, a thumb, and possibly even individual fingers on a hand,” said Weir.

According to Dr. Danielle Kerkovich of VA’s Rehabilitation Research and Development Service, artificial hands of the future will also feature sensory feedback to the brain. “It won’t be just output—residual limb telling prosthesis what to do—but also prosthesis reporting back to the chip [and in turn, to the brain] what it did. So even if you weren’t looking at your hand, you



could sense that it reached down and grabbed a can of soda.”

In fact, artificial hands of the future will likely contain not only sensors to monitor the force of a grip, but also hot and cold sensors that would even allow a user to safely prepare a baby's bath.

### Tissue engineering to complement robotics

Along with advances in engineering and robotics, cutting-edge medical techniques being explored at the new VA-Brown center promise to play a key role in 21st-century prosthetics:

- Surgical techniques to lengthen the bone in the residual limb will make it easier to fit artificial limbs and allow for greater control and mobility.

- Tissue engineering will help restore torn-up joints. Techniques could include the use of biodegradable polymer beads, smaller than a pinhead, which would release proteins to trigger the production of cartilage and possibly bone.

- Osseointegration—attaching prosthetic legs to a titanium bolt placed directly in the bone—may avoid some of the problems of current anchoring methods, such as skin sores, sweating and pain. Re-

searchers in Providence, along with VA colleagues in Salt Lake City and San Diego, are seeking ways to prevent the infections that often occur with the new method.

### Artificial eye on the horizon

The same chip being used as an interface between brain and artificial limb may also help blind people see. Normann's group in Utah hopes to eventually implant his electrode array into the visual cortex, the part of the brain that processes visual information. Video signals from a miniature camera mounted in eyeglasses will travel through the electrodes and excite specific neurons, resulting in an image for the patient.

A different approach is being taken by Dr. Joseph Rizzo at the VA Center for Innovative Visual Rehabilitation in Boston. His model is an artificial retina, designed to help patients with macular degeneration or retinitis pigmentosa. The system bypasses damaged photoreceptors—rods and cones—and electrically stimulates the remaining healthy cells of the retina. Like other prosthetic prototypes, it relies on electrodes and a chip to bridge the gap between body and machine.

Many other groups around the United States and Europe are working on artificial eyes, with some experts even predicting a product on the market by 2010.

But as with all medical technology, bringing a product from bench to bedside is a chief milestone but not the end of the story. Researchers have to make sure the device works in the real world.

Good examples are studies by Dr. Jo-

seph Czerniecki at VA's Center for Limb Loss Prevention and Prosthetic Engineering in Seattle, and Dr. Steven Gard at the VA Chicago's Motion Analysis and Research Laboratory. These researchers are conducting some of the first rigorous trials of the C-Leg, the current state-of-the-art computerized knee that has been fitted on many Iraq veterans. The leg, which costs more than \$40,000, seems popular with amputees, but scant clinical evidence exists to back its claims of easier walking.

### Amputee care: Lessons learned from Iraq

No less important than new gadgetry is the care amputees receive during rehabilitation. Here too, the model is changing from what it was in previous eras.

“One of the biggest things we're learning in the psychosocial arena from the men and women coming back from Iraq is that their going through this together is helping them enormously,” says Kerkovich. She cites the unique support system at Walter Reed Army Medical Center, where most new amputees are receiving long-term therapy, and points out that VA is developing special video games for upper-limb amputees at the Army facility to help them learn to use their prosthetic arms.

Recently at Walter Reed, VA investigator Dr. Robert Gailey and a group of Paralympic athletes held a weeklong clinic to teach new artificial leg users how to run. “Years ago, that wouldn't have happened,” says Kerkovich. “Amputees were taught how to walk, and that was it. It shows how rehabilitation has advanced—we're getting better at figuring out that maybe patients can get better months, even years, after the injury, if we keep at it.” VA

By Mitchell Mirkin



Promising early results from the BrainGate system show that a quadriplegic can switch on lights using only his mind.

## Army Campaign to Honor Veterans Coming to VA Hospitals



*Army Secretary Dr. Francis J. Harvey presents the first Freedom Team Salute commendation package to David Rodriguez, national commander of the American G.I. Forum.*

The Army kicked off its Freedom Team Salute campaign May 2 at the Pentagon to a chorus of "Hooahs" from soldiers and veterans in attendance.

The campaign is intended to salute those who support soldiers and recognize Army veterans with a

special commendation package consisting of a U.S. Army lapel pin, decal, and a certificate of appreciation signed by the Secretary of the Army and Army Chief of Staff.

"As former soldiers, our veterans will always be permanent members of the


Army family," Army Secretary Dr. Francis J. Harvey said during the ceremony.

Organizers have distributed brochures and other promotional items to veterans service organizations, state Veterans Affairs offices and VA hospitals. They also sent 235,000 commendation

packages to Army veterans with service-connected disabilities and are planning to visit VA facilities in an effort to reach out to the estimated 10 million Army veterans nationwide.

Representatives from about 20 veterans service organizations attended the Pentagon kick-off ceremony, where Secretary Harvey presented the first Freedom Team Salute commendation to David Rodriguez, a decorated Vietnam veteran and national commander of the American G.I. Forum.

"Army veterans have served this nation with honor and dignity. Freedom Team Salute is a way to recognize our veterans and show them just how much we appreciate the legacy of loyal service that they have passed on to this generation of soldiers," said Army Chief of Staff Gen. Peter J. Schoomaker in a prepared statement.

For more on the campaign or to register for a commendation package, visit <http://freedomteamsalute.army.mil>. 

## Eighty Participate in Take Our Children to Work Day at VACO

Eighty children got a glimpse of what their parents do all day during VA Central Office's Take Our Children to Work Day on April 28.

"I knew my dad worked for Veterans Affairs, but I didn't realize how many different sections of VA there were," said Juliana Cheplick, 13, a student at Longfellow Middle School in McLean, Va., whose dad David Cheplick is a service director

for telecommunications in the Office of Information Technology. Her 14-year-old sister, Marissa, agreed. "Yeah, we learned a lot about all the different branches of the VA and how they help veterans," she said.

That's exactly the point, according to Dot Walker, a management analyst in the National Cemetery Administration, who organized the event. "We want to teach

these children why we're here and what we're doing for America's veterans," she said.

The event, sponsored by the Federal Women's Program, included a question and answer session with Brian Thacker, a Vietnam veteran and Medal of Honor recipient who retired from VA in 2002. The questions came in rapid succession: why did you go to war, what kind of gun did you use, did

you have to work for VA because you're a veteran, did you like your job? Smiling, Thacker did his best to answer all the questions before the children broke into smaller groups and headed out for tours of various offices.

One of the first stops was the Board of Veterans' Appeals, where Chief Judge Constance Tobias organized a mock hearing for the young

visitors. She said the Board has held nearly 1,200 hearings this fiscal year, so it was a good way to demonstrate what they do.

Staff lawyers played the roles of veteran and counsel and presented evidence for their case. The children then got to weigh in on how they thought the hearing should be decided. "It was a lot of fun, and I think the children really honed in on credibility issues and the power of observation," said Tobias.

The mock hearing made quite an impression on 14-year-old Lindsey Manard, whose aunt, Elizabeth Spaur, is an associate counsel at the Board. "It's kind of cool to be an attorney here," she said, after participating in the hearing.

Later, they toured the VACO library, fitness center, audio-visual control room in the main conference center, and the broadcast studio. What did they enjoy the most?

"The studio was the best part," answered 13-year-old



ROBERT TURTLIL

*Children of VA Central Office employees tour the library as part of Take Our Children to Work Day on April 28.*

Chris Scribber, whose dad William G. Scribber works in the Office of Information Technology. Visitors to the broadcast studio got to tour the virtual set, try out the

teleprompter and operate the switcher that controls the cameras and video decks.

It's too early to tell whether Chris will want to pursue a career in broadcast

journalism, but at least he knows it's an option. And that fits right in with the theme of Take Our Children to Work Day: "Sharing Power and Possibilities." **VA**

## FERS and TSP: Planning for a Financially Secure Retirement

Retirement is a time for reflection, rest and enjoyment. But a rewarding retirement doesn't just happen. It takes careful planning. Knowing when you can retire and where you will stand financially are important parts of that planning process. The financial security you will have in the future depends, in part, on the plan you make today.

Your participation in the Federal Employees Retirement System (FERS) gives you an opportunity to receive some important ben-

efits as a federal employee.

FERS is a three-tiered retirement plan. The components are:

- Social Security
- FERS Basic Annuity
- Thrift Savings Plan (TSP)

The three components of FERS work together to give you a strong financial foundation for your retirement years. FERS was designed so that the money you save and earn through your TSP account will provide an important source of retirement income, in addition to Social Security and the FERS

Basic Annuity. This means that the size of your overall "retirement plan" depends on how much you and your agency contribute to your TSP account during your working years and the performance of the investment funds.

As a FERS employee, there are three types of TSP contributions available to you:

- agency automatic 1 percent contributions
- your own contributions
- agency matching contributions

You automatically receive an agency contribution of 1 percent of your base pay whether or not you contribute to your account. You can contribute up to 15 percent of your base salary in 2005, up to the annual Internal Revenue Service limit (\$14,000 for 2005), with an agency match of up to 5 percent of your contributions. If you do not contribute a portion of your base pay each pay period, you will not receive agency matching contributions, which is a key component of the TSP and



your total retirement plan.

There are also two major tax advantages to the TSP. First, you pay current federal income taxes only on your salary after your contributions have been deducted. Second, you do not have to pay current federal income taxes on the earnings you receive on your TSP account balance. Thus you defer or postpone paying taxes on the

money you contribute until you withdraw these funds from the TSP. This usually occurs when you retire and your tax bracket may be lower.

Although participation is voluntary, employees are strongly encouraged to familiarize themselves with the numerous attractive features of this successful program. As a FERS employee, you may

choose to invest part of the money in your TSP account in one or all of the five investment funds listed below:

- Government Securities Investment (G) Fund
- Common Stock Index Investment (C) Fund
- Fixed Income Index Investment (F) Fund
- Small Capitalization Stock Index Investment (S) Fund
- International Stock Index

Investment (I) Fund

TSP Open Season runs from April 15 through June 30, during which you may enroll, change or terminate your contributions. It is the last open season for TSP. As of July 1, you may make TSP contribution elections at any time. To find out more about the TSP, visit [www.tsp.gov](http://www.tsp.gov) or contact your local Human Resources office. **VA**

## 2005 Earth Day Ceremony Honors VA's Environmental Stewards

Secretary Jim Nicholson praised the department's top environmental stewards during an April 21 Earth Day ceremony in VA Central Office.

"To each of you, let me say I applaud your vision, initiative and dedication, and look forward to presenting each of you the recognition you so well deserve," said the Secretary during the 2005 VA Environmental Excellence Awards Program.

His comments followed remarks from Federal Environmental Executive Edwin Pinero, who congratulated the honorees and spoke of the tremendous strides in environmental protection since the first Earth Day observance in 1970. "We should be excited about what we've accomplished and where we are going," he said, addressing the awardees.

The VA Pacific Islands Health Care System took first place in the Sustainable Design/Green Buildings category for installing energy-efficient components at the ambulatory care clinic. The clinic is VA's first to achieve an ENERGY STAR® rating from the Environmental Protection Agency (EPA).

Kenneth Haines, Barry Woodin and Timothy Trittschuhl were recognized in the Recycling category for their composting efforts at Fort Custer National Cemetery in Augusta, Mich. They began composting grass clippings, leaves, branches and other yard waste in 1996.

Since then, they've reduced their annual waste stream by about 40 percent and processed 4,000 cubic yards of topsoil for use at the cemetery. They also made their jobs a lot easier and more efficient, according to Foreman Kenneth Haines. He said the decision to compost yard waste allowed them to purchase a soil shredder, which reduces the amount of manual labor involved.

The William S. Middleton Memorial Veterans Hospital in Madison, Wis., and Gregory L. Winters, from the Office of Facilities Management in VA Central Office, shared the top award in the Waste/Pollution Prevention category. The VA hospital was recognized for significantly reducing regulated medical waste, which saves money and reduces the amount of toxins released into the environ-



*Cindy Keidel, from Federal Prison Industries Inc. (UNICORE), was one of the exhibitors at the Green Purchasing Awareness Fair held as part of Earth Day observances in VA Central Office.*

ment. Winters was honored for his work in developing VHA's Waste Minimization and Compliance Report.

The final award went to the GEMS Professional Advisory Group, which includes representatives from the Veterans Health Administration, the National Cemetery Administration, the Office of

Acquisition and Materiel Management and EPA. The group developed VHA guidebooks for environmental compliance and implemented green environmental management systems at VA medical centers. They were recognized in the Environmental Management Systems category. **VA**

## Top Nurses Honored in VACO During National Nurses Week



*This year's Excellence in Nursing Awards recipients with Deputy Secretary Gordon Mansfield, center, and VA Chief Nursing Services Officer Cathy Rick, second from right. They are, from left: Kim Pyatt, John Cheng, Marthe Moseley, Ferris Jones, Timothy Williams and Rebecca Newsom Williams.*

The Secretary's 2005 Excellence in Nursing Awards ceremony brought much-deserved recognition to a group of employees some call the heart and soul of VA health care. Five nurses—chosen from among nearly 60,000

throughout the VA health care system—and one hospital director were honored during the May 11 ceremony for their devotion to nursing and unwavering commitment to caring for America's veterans.

Marthe Moseley, Ph.D., R.N., an advanced practice nurse at the South Texas Veterans Health Care System, was recognized in the registered nurse in an expanded role category for her clinical expertise and sound leadership.

Kim Pyatt, R.N., a staff nurse at the Louis Stokes Cleveland VA Medical Center, was honored in the registered nurse category for her efforts in implementing a wound care management program throughout the nursing home unit.

Ferris Jones, an Army veteran and licensed practical nurse at the VA Puget Sound Health Care System in Tacoma, Wash., was recognized for his work with veterans in the domiciliary care program, many of whom suffer from homelessness, substance abuse or PTSD.

John Cheng, from the

Northport, N.Y., VA Medical Center, was named VA's top nursing assistant for his exceptional work ethic and strong desire to serve. He completed training required to become a licensed practical nurse and is working on the prerequisites for his registered nurse degree.

Rebecca Newsom Williams, R.N., associate director for patient nursing services at the VA Eastern Colorado Health Care System in Denver, was honored for advancing nursing programs through her leadership at the local, regional and national levels.

Timothy B. Williams, director of the VA Puget Sound Health Care System, also was honored for advancing nursing programs by consistently supporting nursing initiatives at the medical center, in the community and across the nation. **VA**

## President Honors VA Executives for Leadership Accomplishments

Twenty-four VA executives are among the recipients of the 2004 Presidential Rank Awards. Each year, the President honors an elite group of career members of the Senior Executive Service (SES) who are selected for their outstanding leadership accomplishments and service over an extended period of time.

**Lawrence A. Biro**, director of VISN 19 (Denver), and **Kenneth J. Clark**, director of VISN 22 (Long Beach, Calif.), are among 55 members of the SES who received the Distinguished Executive Award. Another 22 VA executives were among the 284

SES members who received the Meritorious Executive Award. They are: **Jon Baker**, director, Milwaukee VA Regional Office; **Barry M. Barker**, director, Manila VA Regional Office; **James W. Bohmbach**, VBA chief financial officer; **Geraldine Breakfield**, VBA associate deputy under secretary for management; **Julie A. Catellier**, director, Biloxi, Miss., VA Medical Center; **David S. Derr**, former deputy assistant secretary for acquisitions and materiel management, now retired; **Gary W. Devansky**, director, Coatesville, Pa., VA Medical

Center; **Frederick Downs Jr.**, chief consultant, prosthetic and sensory aids; **Glen W. Grippen**, director, Milwaukee VA Medical Center; **Daniel F. Hoffmann**, director, VISN 6 (Durham, N.C.); **Thomas J. Hogan**, former director, VHA management support office, now deputy assistant secretary for human resources; **Stephen L. Lemons**, director, Salem, Va., VA Medical Center; **Dennis M. Lewis**, assistant deputy under secretary for health for operations and management;

**Carl E. Lowe**, director, Waco, Texas, VA Regional Office; **George M. Moore**

**Jr.**, former director, Martinsburg, W.Va., VA Medical Center, now director, Shreveport, La., VA Medical Center; **Melinda L. Murphy**, former director, Muskogee, Okla., VA Medical Center, now retired; **Catherine J. Rick**, chief nursing services officer; **Catherine L. Smith**, former director, Denver VA Regional Office, now director, Oakland, Calif., VA Regional Office; **William D. Stinger**, former deputy under secretary for benefits, now retired; **Michael G. Sullivan**, former deputy inspector general, *(continued on page 32)*

## Capt. Cecelia Perez

National Nurses Week (May 6-12) is a time to recognize and honor the service of all VA nurses who give life and meaning to the words of Abraham Lincoln: "To care for him who shall have borne the battle, and for his widow and his orphan." Nurses uphold this vow day and night in their care of the men and women who fought in World War II, Korea, Vietnam, Desert Storm and now Iraq.

Currently more than 250 VA nurses are deployed as active duty members of the U.S. armed forces. Most were activated as part of the reserve or National Guard forces. But not Cecelia Perez, an operating room nurse at the Baltimore VA Medical Center.

She put her civilian life on hold to serve her country full time. Here's her account of being called to serve, as posted on the Defend America Web site at [www.defendamerica.mil/CallAction/CalltoAction.html](http://www.defendamerica.mil/CallAction/CalltoAction.html).

"I joined the Army at the age of 44. I was a civilian nurse with 16 years of experience in the private sector. I had a comfortable home and good paying job working at the beautiful new VA hospital in Baltimore, across from the University of Maryland hospital, where I had earned my nursing degree as well as experience in the operating and emergency rooms. I felt

very proud to be working with our veterans at the time of the events of Sept. 11.

"Their stories, courage and pride in serving their country in their generation's time of crisis inspired me to investigate the possibility of joining the 'reserves.' (To my surprise, the cut-off age for nurses was 47.) In a state of patriotic fervor, I, along with three of my friends, began checking into the military. I ended up being the only one to join, and even ended up going active [duty].

"In June of 2002, I was making my way to Fort Sam Houston for Officer's Basic Course. I remember being on an old Army bus along with other medical personnel heading back from Camp Bullis fresh from our field training exercise on the first anniversary of Sept. 11. I looked out at the sparse Texas landscape in the middle of the summer heat and thought, 'What did I get myself into?'

"But my very next thought, grinning to myself, was how proud of me my VA patients would be. I would be able to say to them, when I returned, that I too had served my country in its time of need. Sitting here writing this from the ER of the 67th Combat Support Hospital in Tikrit, Iraq, I would also be able to tell them that I didn't regret it for a minute."



*Capt. Perez in Iraq.*

In a follow-up e-mail with *VAguard*, Perez described her work at the 67th CSH. "The kinds of injuries we see involve wounds from IEDs (Improvised Explosive Devices) that usually injure those on convoy missions. The precarious nature of the attacks makes for a 'Russian roulette' mentality, which is very stressful for everyone. We frequently must also treat Iraqi locals and never know if the individual is an innocent bystander or the cause of injury to some of the same soldiers we have treated. This is especially hard for the younger medics. I try to be a role model and maintain a professional attitude, treating all patients alike.

"I think my past experience in an inner city ER where an alleged criminal

and his victim can end up side by side on a gurney has helped me to maintain my nonjudgmental perspective.

"What I think the American people don't realize is how difficult it is to be a soldier fighting in Iraq when the rules of engagement are expected to be followed despite an enemy who is from a land where basic human rights have never been a priority. I also try to imagine what it is like to be that Iraqi civilian who has to struggle every day to stay alive let alone make decisions regarding his family's future when chaos is the one constant in their lives."

What will the future hold for Perez? "I'm not sure yet," she wrote, "but there is a good possibility that I will return to the VA." **VA**

### Rank awards continued from page 31

now retired; **Edgar L. Tucker**, director, Houston VA Medical Center; and **Jon Wooditch**, former assistant inspector general for manage-

ment and administration, now deputy inspector general.

The rank of Distinguished Executive is awarded

to 1 percent of the approximately 7,800 career members of the SES and includes a cash award of 35 percent of base pay. The rank of Meri-

torious Executive is given to 5 percent of the career SES corps and includes a cash award of 20 percent of base pay. **VA**



### Assessing the Cost-Effectiveness of Hepatitis B Treatments

An influx of new, expensive drugs is raising questions about how to best treat hepatitis B, a chronic medical condition affecting 1.25 million Americans.

"We need to develop a more calculated approach and establish guidelines for the most cost-effective treatment," noted Dr. Fasiha Kanwal, a researcher with the VA Greater Los Angeles Healthcare System and University of California, Los Angeles. To that end, Kanwal and colleagues conducted the largest and most comprehensive cost-effectiveness study of hepatitis B treatments ever.

Their findings, published in the May 17 issue of *Annals of Internal Medicine*, show the newest drug, adefovir, is not cost-effective when taken alone. It was, however, very cost-effective when used as a second-line defense for patients with viral resistance to another treatment, lamivudine.

Perhaps most interesting, the findings show the oldest drug therapy, interferon, may still be the preferred treatment method for health systems with limited resources, and is particularly cost-effective for e-antigen negative patients. "We found the newer, more 'sexy' drugs are too expensive and better to use only after other first-line therapies have failed," said study author Dr. Brennan M.R. Spiegel, of the Los Angeles VA and UCLA.

The study incorporated the cost-effectiveness standard accepted by insurers for treating a chronic condition like hepatitis B—roughly \$50,000 or less per quality-

adjusted life year gained, or every year of life adjusted for its quality or value.

Only two therapies fell within this standard—interferon, at slightly more than \$6,300 per quality-adjusted life year gained, and the hybrid strategy of lamivudine and adefovir, which came in at just under \$8,500 per year. By comparison, the study showed treatment with adefovir alone costs more than \$90,000 for each quality-adjusted life year gained.

### Why Don't Hispanics Participate in Research Studies?

They may be the fastest-growing minority group in America, making up nearly 14 percent of the U.S. population, but Hispanics are woefully underrepresented in clinical research studies. As a result, say researchers, it's difficult to determine how particular diseases affect them.

"There are differences in how you treat different populations. Unless you have these populations participating in studies, you can't have a good understanding of how the disease impacts them," noted Carol Lee, M.D., with the Geriatric Research, Education and Clinical Center at the VA Ann Arbor Healthcare System and assistant professor at the University of Michigan Health System.

One of Lee's students at U-M Medical School, Joel Escobedo, set out to discover why Hispanics shy away from clinical research. He found the main reason is they simply don't know when studies are taking place. "When they actually know about clinical research, many Hispanic people are willing to participate," said Escobedo, who conducted

his research in Chicago.

Escobedo presented his findings during the American Geriatrics Society's annual meeting, held May 11-15 in Orlando. His research was funded through a VA Research Career Development Award and the Hartford/AFAR Medical Student Scholarship.

### Southern Arizona VA Offers Carotid Artery Stenting

For years surgeons have used tiny mesh cylinders, called stents, to prop open blood vessels blocked by plaque. But it wasn't until last summer that the Food and Drug Administration approved the procedure for the carotid arteries, which carry oxygen-rich blood from the heart to the brain. Approximately 25



Arslan

percent of strokes are caused by plaque build-up in the carotid arteries.

In early February, the Southern Arizona VA Health Care System became the first in VA to offer the new procedure to prevent the risk of stroke in patients with carotid artery disease who are ineligible for the traditional method of care, which involves surgical removal of plaque. These include patients with poor heart or

lung function, or who have recently had a heart attack.

"The minimally invasive nature of the procedure and use of local rather than general anesthesia provide a viable treatment alternative to a large group of high-risk patients," noted Dr. Bulent Arslan, an interventional radiologist, who has since performed about 20 carotid stenting procedures.

The new procedure uses a combination of balloon angioplasty, a stent implant, and an embolic protection system to unblock and reopen the carotid artery. It was shown to have a lower rate of death, myocardial infarction and stroke in high-risk patients than traditional surgery.

### Veterans Slightly Heavier than Overall U.S. Population

A study conducted by the VA National Center for Health Promotion and Disease Prevention in Durham, N.C., found military veterans are slightly heavier than the general U.S. population.

Researcher Dr. Linda S. Kinsinger led a team that reviewed weight, height and other data from records of 1.8 million veterans who received VA outpatient care during 2000.

They found 73 percent of male veterans were overweight and 32 percent were obese. This was slightly higher than the general population, in which 67 percent of men are overweight and 27.5 percent are obese.

The findings of this study, which appeared in the April issue of *American Journal of Preventive Medicine*, show women veterans also are heavier than non-veterans. **VA**



LYNNE KANTOR

## Testing disaster readiness

VA participated in TOPOFF 3, the most comprehensive terrorism response exercise ever conducted in the United States, April 4-8. Sponsored by the Department of Homeland Security, TOPOFF 3 was the third in a series of exercises designed to strengthen the nation's capacity to prevent, protect against, respond to and recover from terrorist attacks involving Weapons of Mass Destruction. The full-scale exercise involved participants from international, federal, state, local and private sector agencies and non-governmental organizations. In the United States, participants responded to simulated, simultaneous attacks taking place in Connecticut and New Jersey. Above, the VISN 3 Emergency Operations Center in action during the exercise.

Sixty years after their service in combat, several World War II veterans received military decorations during a special ceremony at the **White River Junction, Vt., VA Medical Center**, thanks to the efforts of **Dan Moriarty**, prisoner of war coordinator. Moriarty got involved when he discovered veterans who earned the Combat Infantryman Badge or Combat Medical Badge during World War II were eligible to receive the Bronze Star. He spread the word among former POWs and collected military records from those who wanted to

apply. After submitting their applications, he was informed that six veterans were eligible for the Bronze Star and one for the Purple Heart. The medal presentation ceremony was held during the National Salute to Hospitalized Veterans.

With more than 5,600 buildings, 1,000 operating leases, \$1 billion in equipment and approximately 32,000 acres of land, VA has a vast capital asset portfolio. VA's first **Asset Management Plan**, released last December, describes it and how VA

plans to manage it. With release of the plan, VA is now only the second federal agency to score above a "red" on the President's scorecard for "real property asset management." The Asset Management Plan is the blueprint for achieving VA's objective to effectively manage assets and provide a safe and appropriate environment for the delivery of health care, benefits and memorial services to America's veterans. To read the plan, visit [www.va.gov/oaem](http://www.va.gov/oaem).

VA Central Office employees celebrated National Public Health Week, with its theme "Empowering Ameri-

cans to Live Stronger, Longer," by going for a 30-minute walk on April 4. More than 400 VACO staff participated in the walking challenge, and many were inspired to begin living healthier lifestyles by continuing with daily walks. The Office of Congressional and Legislative Affairs had the highest participation rate, with 41 percent of their staff walking. Five Operation Iraqi Freedom veterans working in the Office of Information Technology participated in the "Walk and Talk" with a veteran portion of the event. They partnered and walked with VA leaders. **VA**

## New Fisher House in Houston



FRANCES M. BURKE

A 21-suite Fisher House opened April 5 at the Michael E. DeBakey VA Medical Center in Houston. The home provides free housing for the families of veterans being treated for long-term illness or rehabilitation. The Fisher House Foundation donated half of the \$2.2 million to build the home. The community raised the rest. Houston is the seventh VA hospital with a Fisher House. The others are located in Denver, Minneapolis, Cincinnati, Albany, Bay Pines and West Palm Beach. The foundation has identified several other VA sites it considers in need of a Fisher House: Seattle, West Los Angeles, Dallas and Brooklyn. Planning is currently underway for Fisher Houses in Palo Alto and Tampa, according to their Web site: [www.fisherhouse.org/theHouses/future.shtml](http://www.fisherhouse.org/theHouses/future.shtml). Above, landscapers at work on the grounds in Houston.

## Honoring volunteer excellence



The American Hospital Association presented its 2003 Hospital Award for Volunteer Excellence to the New Orleans VA Medical Center's Voluntary Service (VAVS) program for their mini stand down for homeless veterans. Volunteer Stephen Lassere accepted the award on behalf of the medical center's VAVS committee, which organized the stand down for Make A Difference Day (the 4th Saturday of every October) in 2003. The event, above, was a hit, drawing 131 homeless vets, of which 54 sought mental health screenings and 40 were admitted for treatment.

Five VA employees were listed among the top 100 leaders who made a difference in federal information technology during 2004 and were profiled in the March 21 issue of *Federal Computer Week*. They are: **Dr. Ruth E. Dayhoff**, national project manager for VISTA Imaging; **Scott F. Denniston**, director of the Office of Small and Disadvantaged Business Utilization; **Dr. Robert M. Kolodner**, acting deputy chief information officer for health; **Craig Luigart**, associate deputy assistant secretary in the Office of Information Technology; and **Edward Meagher**, deputy chief information officer in VA Central Office. Meagher also received the prestigious Eagle award, presented to one government

and one private industry representative from among the 100 honorees.

**Jim Delgado**, who directed VA Voluntary Service for more than 13 years before retiring in January, and **Lyle Usgaard**, a volunteer at the Fargo, N.D., VA Medical Center, received the AMVETS Silver Helmet Award during the organization's National Executive Committee meeting in Washington, D.C., on April 16. Delgado was named Civil-Servant-of-the-Year for his accomplishments in volunteer recruitment, retention and solicitation of private donations in support of VAVS programs. Usgaard was named AMVET-of-the-Year for his distinguished record of volunteer and com-

munity service to veterans in Minnesota and North Dakota.

The VA Healthcare Network Upstate New York received the Spirit of Excellence Quality Award from SODEXHO, a leading food and facilities management services company, on March 2. The network was recognized for its efforts to help homeless veterans. **Robert VanKeuren**, homeless program coordinator, accepted the award on behalf of more than two dozen homeless program staff throughout the network.

The American Red Cross recognized two VA volunteers for their service to veterans. **William J. Duncan**, a volunteer at the Roseburg, Ore., VA Medical Center, was named Male Volunteer of the Year, and **Barbara W.**

**Perry**, from the Long Beach, Calif., VA Medical Center, was named Female Volunteer of the Year. Both serve as Red Cross representatives on their local VA Voluntary Service committee.

For the past 25 years, **Grace Sharp** has reported to the Hunter Holmes McGuire VA Medical Center in Richmond every weekday morning at 6 a.m. to deliver comfort items to patients on the spinal cord injury unit. In the process, the 92-year-old has logged more than 21,500 volunteer hours. This summer, the Paralyzed Veterans of America will honor Sharp for her dedication to veterans during their annual conference in Omaha. She will receive PVA's Speedy Award, the organization's highest honor for non-members. VA

## Leader of the future

Elmore Patterson, below, acting chief of fee basis at the Central Alabama Veterans Health Care System, was featured as one of 30 leaders of the future in the April issue of *Ebony* magazine.

Patterson has a graduate degree in health services administration and is a second lieutenant in the U.S. Army Reserve. He was introduced to VA

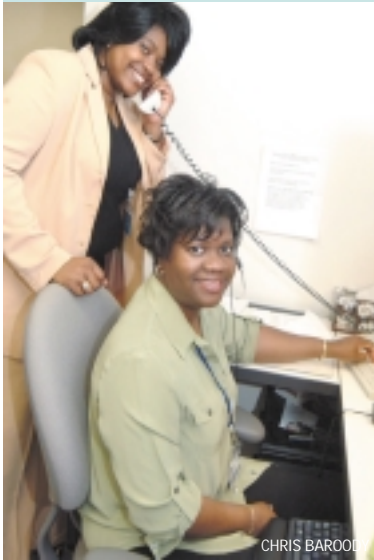


during his graduate studies when he participated in a program run by the Institute for Diversity in Health Management. VA participates in the program, which works with educators and health systems to expand health care leadership opportunities for minorities.



## A desperate call for help

Telephone operator Leonette "Lynn" Hair, seated below, of the Ralph A. Johnson VA Medical Center in Charleston, S.C., had been on the job less than a month



when she took a call from a veteran reporting a blood pressure of 200/160 and a history of seizures. The veteran, who refused to give his name or address, dismissed Hair's appeals to go to the emergency room. Over the next hour, the veteran called repeatedly, still refusing to go to the ER. Hair asked her fellow operator, Crystal Reed, standing left, for assistance.

When the veteran called again, Reed ascertained that he was having a seizure at that moment. Hair calmly talked with the veteran while searching for a name to match the number on her caller ID. Meanwhile, Reed notified the Berkeley County sheriff's office of the situation. For another 45 minutes, Hair stayed on the line, calling out to the veteran, who by then was unresponsive. In the meantime, the sheriff's office dispatched help to the address Reed had found through the medical center's computerized records system. Thanks to their efforts, county rescue personnel were able to find and save the veteran, who was having diabetic seizures.

**Chantal Andrew**, a registered nurse at the **Malcom Randall VA Medical Center** in Gainesville, Fla., was flying home from England when the flight crew asked if anyone onboard had emergency medical experience. Andrew, a seasoned ER nurse and former flight attendant, responded and was led to a female passenger experienc-

ing chest pain. Andrew put a monitor on the stricken woman and found she had a very fast heart rate, known as "SVT." With no medications to regulate the woman's pulse, Andrew used biofeedback and imaging to relax her. Andrew's treatment enabled her "patient" to arrive practically pain free at the Newark, N.J., airport.

**Mary Ebert**, a licensed practical nurse at the **Lake City, Fla., VA Medical Center**, was dining at a local restaurant when she heard the call for a doctor or nurse. Ebert, who has 32 years of medical experience, responded and was led out to the parking lot, where a man had collapsed and stopped breathing. Ebert and another bystander performed CPR for about 3 minutes until the victim began to breathe on his own. Paramedics soon arrived and transported the victim to the hospital.

**Lieut. Scott Whisler**, of the **Lebanon, Pa., VA Medical Center** police department, received a radio dispatch about a motor vehicle accident across from the

campus' secondary entrance. He immediately responded to the scene and was told by off-duty employee Alice Reichard that a vehicle had gone over the embankment and flipped a number of times, trapping an occupant. Whisler immediately radioed back to the command center, requesting that local rescue personnel be contacted. Whisler approached the vehicle and found the driver conscious, but choking on a seatbelt tangled around his neck. Using the Gerber Multi-Tool purchased for the entire force by the chief of the department, Whisler cut the seatbelt and freed the driver. He stayed with the victim until fire and EMS personnel arrived. **VA**

## Rescued in the nick of time



Vernon Hayes Sr., above, a nursing assistant with the Mental Health Service Line at the Wm. Jennings Bryan Dorn VA Medical Center in Columbia, S.C., was driving with family members when they spotted a man lying across nearby railroad tracks. Keeping a safe distance, Hayes pulled over, and he and his son Vernon Jr. ran to the man, who appeared to be suicidal. The man resisted his rescuers, but they managed to pull him from the tracks 90 seconds before the train that likely would have killed him passed by. Police and ambulance personnel soon arrived and took over.