

U.S. Department of Veterans Affairs

VAnGuard

November/December 2003



Veterans Day

Homeless Outreach in Houston

Behind the Names

The Smallest National Cemetery



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Vanguard

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On the cover

Color guard at the annual Veterans Day ceremony at the Vietnam Veterans Memorial. The observance was one of many held in Washington, D.C., and all over the nation as America honored the men and women who have served in the Armed Forces.

What About Hispanic Heritage Month?

I was very surprised and disappointed that the September/October issue did not mention a single item concerning Hispanic Heritage Month, which as you know is now Sept. 15-Oct. 15 every year. As you know, Hispanics have become the largest minority, more than 38 percent of the population according to the 2000 census. I would like to know why *Vanguard*, after a beautiful September/October 2002 issue honoring our Hispanic

employees and veterans during Hispanic Heritage Month, this year you just omitted everything concerning our heritage.

*Carlos E. Albayeros
Hispanic Employment
Manager
VISN 3 (Bronx, N.Y.)*

Editor's note: We're glad you enjoyed last year's Hispanic Heritage Month issue. It was a special emphasis issue that we didn't plan on doing every year.

We always look for appropriate ways to tie in an-

nual events and observances, but there are many topics worthy of coverage in *Vanguard*, and space is limited. While you may not see a special Hispanic Heritage Month issue every year, we develop each issue of *Vanguard* with an eye toward ensuring it reflects the rich diversity of our work force.

Blue-Ribbon Citizens

My husband, Tech. Sgt. Jack Ratliff (U.S. Air Force, ret.),

our son, Schyler Ratliff, and I enjoy your wonderfully informative magazine!

Since we've moved to Alabama from Charleston, S.C., Jack is an outpatient at Tuscaloosa VA Medical Center, where he receives excellent care. We're thankful for the loving and caring people there. These "blue-ribbon citizens" are part of what makes America great!

*Cynthia Lee Manasco Ratliff
Cordova, Ala.*



MICHAEL D. KLEIMAN

Flights for a Cause

The POW-MIA hot air balloon visited the Albuquerque, N.M., VA Medical Center in October. Pilot Luke Cesnik and crew gave rides to employees and their families from the facility's parade grounds. Based in St. Cloud, Minn., the balloon was in town to participate in the Albuquerque International Balloon Fiesta. It is one of three such balloons operated by Freedom Flight, Inc., a nonprofit group dedicated to increasing awareness of POW-MIA issues.

We Want to Hear from You

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



COURTESY OF DAVID TRAVER

World Beard Champ

David Traver, a motor vehicle operator for the Alaska VA Healthcare System and Regional Office, placed third overall in the World Beard and Moustache Championship Nov. 1 in Carson City, Nev. Shown here in full "mountain man regalia," he also won first place in the Full Beard Natural category. Traver, a VA employee since June 1995, was one of 123 World Beard contestants hailing from nine countries.



Blackout 2003: A Lesson in Leadership

Vincent F. Immiti

Acting Associate Director, Bronx, N.Y., VA Medical Center

Aug. 14, 2003, started out like any other day for me, as acting associate director. There were forms to sign, and there were other issues to deal with. We were amazed at how well the day was going, and how quiet it was. That is, until about 4:15 in the afternoon. That's when the lights went out.

We quickly ascertained that the life support power generator had begun to function, the intensive care and some patient areas had power, and patient care was uninterrupted. The team decided to institute the internal disaster code yellow, and a command center was established on the 1st floor.

And so we began our vigil, watching the sun go down and the darkness in the facility grow. I called the director, who was on travel in Iowa, and brought her up to speed on the situation.

Coming down the stairs, we found people transporting IV pumps up to the patient care floors. The stairwells were very hot, so they had to stop every so often to catch their breath. They were hot and tired, but committed to serving these patients. I later found out that those in the labor pool formed a human chain to transport food up to the patient wards and feed the hungry patients.

As the night wore on, we were not getting any good news. We still couldn't get the generator on line, and Con Edison was in no condition to help us. So we waited.

There was a patient in the OR, but the staff had finished their work on his case, and he was stable. One patient in the ER had a potentially dangerous arrhythmia, and he needed to be either transported or sent to the cardiac care unit.

We didn't even have lab services to help in the diagnosis. So the staff made some phone calls and tried to find a lab that could help us. Specimens were collected and transported later that night to a neighboring hospital for analysis.

So you might ask why I've recounted all of this. There were leadership lessons learned from this experience, lessons that need to be communicated to those erstwhile leaders:

■ Leadership is not the act of giving orders, or leading the troops to an objective. Perhaps effective leadership is knowing when to stand aside and admire the work of those with whom you serve. Seeing all those staff committed to getting a job done despite their station or training was indeed a credit to this family we call "VA." It turned out that I didn't need to intervene at all.

There were all different kinds of people on the "daisy

chains" transporting food to the patients. The job they were doing was not necessarily the one they were hired to do, but it was one they were committed to—caring for our nation's veterans.

■ It was important for the staff to see that they were appreciated for what they were doing.

During the early morning hours, people were genuinely having a good time, and I believe it was because they felt that what they were doing was important. They felt like they were a part of

■ Let's talk about heroism here. Not the "rushing into the burning building and saving the infant" kind. Rather, the quiet kind of heroism that requires that you divest yourself of title, education and other social encumbrances and do what needs to be done.

True leaders divest early in the process and roll up their sleeves. The heroic thing here is that it is uncomfortable (and perhaps frightening) to divest ourselves of what we have taken so long to earn. But it is only

We were amazed at how well the day was going, and how quiet it was. That is, until about 4:15 in the afternoon. That's when the lights went out.

something that would become almost legendary, and they were. The leadership lesson here was to stay on the sidelines and cheer for these people.

■ It was important to walk around and reassure staff.

At one point, I went to hemodialysis to talk to the staff about what was happening in the medical center. They didn't understand the issues with the generator, and thought there should be no issue with power generation. Just reassuring them that things were being worked on made all the difference in the world.

Leaders need to talk with staff during times of difficulty, to reassure them.

through that divestiture that we can truly lead by our example. Many of the people who were working that night were able to divest themselves of their titles and work shoulder-to-shoulder with staff they might never have had the occasion to work with.

I have spent the better part of 15 years trying to learn about leadership and what it takes to be a great leader—their habits, their philosophies and the actions that make them great leaders. Playing my small role in the Bronx VA's reaction to the blackout of 2003 was a huge step in understanding the leadership skills necessary to succeed in health care management. **VA**



Seamless Transition for Our Newest Combat Veterans

Michael J. Kussman, M.D.

Deputy Chief Officer for Patient Care Services and Chief Consultant for Medical/Surgical Services

Coordination of care for service members as they transition from active duty to VA has always been a source of uncertainty for them. As much as we try to make this process “seamless,” we continually face issues that make it more difficult than it needs to be.

In August, prompted by the increasing flow of injured personnel from military operations in Iraq and Afghanistan, Secretary Principi asked that we raise the bar and determine what we could do better to ensure that, as he describes it, “our core constituency”—those injured on active duty—are treated expeditiously.

The Under Secretaries for Health and Benefits then charged a Task Force for the Seamless Transition for Returning Service Members to improve coordination within VA and cooperation with the Department of Defense. The task force was to come up with short-term fixes as well as long-term recommendations to ease the transition of all service members disabled in the line of duty. The task force was also directed to develop an education program to acquaint all VA staff with their roles and responsibilities regarding care and benefits for our newest war-wounded veterans.

Since the majority of seriously injured service members were being evacuated to Walter Reed Army Medical Center in Washington, we immediately expanded benefits counseling coverage

there and assigned a full-time VA social worker to the hospital. Those VA employees covered National Naval Medical Center in Bethesda, Md., as well.

Similar VA coverage was arranged on an as-needed basis at Landstuhl Army Medical Center in Germany, as well as Brooke, Eisenhower, and Madigan Army Medical Centers in the U.S. The assigned VA counselors and social workers would work closely with military discharge planners to smooth the transition as patients separated from the service. They would ensure that the evaluation of the individual's claim was adjudicated prior

an identified point of contact responsible for ensuring that all services and assistance are provided returning veterans. Every combat-injured veteran is now case-managed and we will track these separated personnel to make sure the process works.

Employee understanding and awareness is key to the success of seamless transition. Secretary Principi highlighted his transition priorities in the last issue of *VAnguard*. A mini-poster was distributed to all VA facilities. And a new video, “Our Turn to Serve,” is now being shown to all VA employees. See it as soon as you can. It captures both the intent and the spirit

To make this work, we must improve electronic communication with DoD. The free flow of information is vital to a seamless transition. This information will include a list of all service members who are placed in the DoD service disability process. Armed with that, VA can contact these veterans early and do everything possible to meet their needs.

The task force is also looking at returning National Guard and Reserve personnel. Since 1998, a reservist or guard member has been eligible for up to two years of VA care for anything that is connected to active duty in a defined theater of operations.

VA policy is to do all we can to expedite care and service for veterans who have put themselves in harm's way in defense of our country.

to separation and expedite the processing of a VA claim as soon as a DD-214 was issued formally separating the veteran from the military.


The social worker would assist service members with enrollment for VA health care and help schedule appointments at the VA facilities where their care and rehabilitation would continue.

The VA benefits and health care liaisons would also contact their respective local facilities and let them know a veteran was on his way home to their service areas. Every VA regional office and medical center now has

of the initiatives through interviews with VA staff assigned to Walter Reed and the veterans they serve. Case management guidance also has been distributed to all VBA and VHA personnel.

Although our immediate focus is on Iraqi Freedom/Enduring Freedom personnel, the task force's intent is to implement changes that ensure all service members who enter the disability process are aggressively managed and everything possible is done to ease their transition from military ranks. This covers injury and disease, as well as combat trauma.

An all-out effort is underway to make sure that this group of veterans is informed and aware of their benefits. VBA has done many outreach briefings, and a pamphlet describing all potential VA services is being distributed through VA and DoD channels.

VA policy is to do all we can to expedite care and service for veterans who have put themselves in harm's way in defense of our country. I believe we have responded with initiatives that go a long way to improve the transition of our newest injured service members from DoD to VA. 

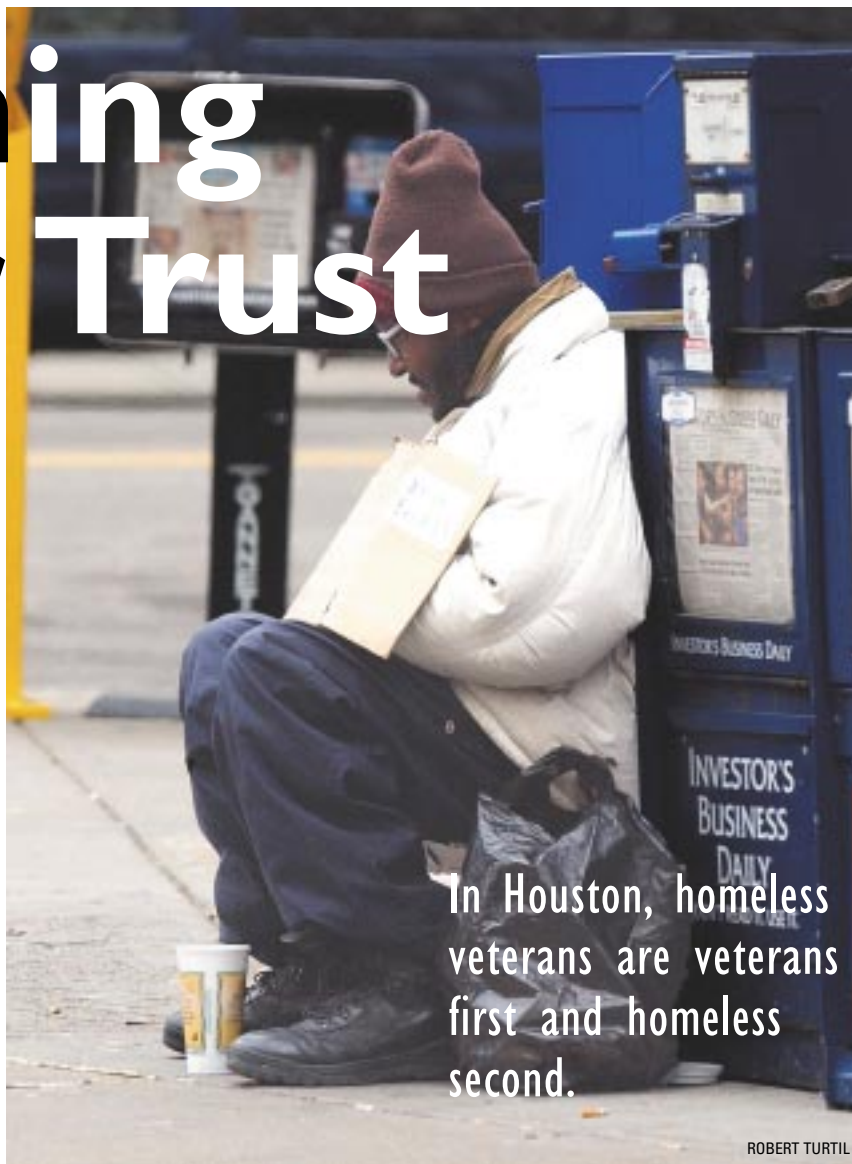
Winning Their Trust

Traditionally, society has viewed the homeless as bums—men without the will or education to get a job or own a home. But not in Houston, where VA and the community are running one of the most aggressive homeless outreach programs in the country, and learning that with the right support homeless veterans have a lot to offer.

Ron Ridgeway, homeless veterans coordinator at the Houston VA Regional Office, summed it up best: “These men aren’t bums, but brave and disabled veterans.” That was the starting point for the regional office’s Homeless Veterans Outreach Program, which grew out of the simple understanding that homeless veterans aren’t just homeless, they’re veterans.

Homeless veterans defy the stereotype of homeless adults in this country. They are educated and hardworking. They were good soldiers, and according to George Castillo, a social worker and homeless veterans coordinator at the Houston VA Medical Center, “That fact alone really separates homeless veterans from the majority of homeless adults who do not have a high school education or the ability to hold down a steady job.”

For many homeless veterans, post-military life has been difficult and laced with misfortune. Their lives are often adversely affected by circumstances beyond their control.



In Houston, homeless veterans are veterans first and homeless second.

ROBERT TURTIL

Homeless veterans have special needs, and that’s why the Houston VARO created a program emphasizing them as veterans first and homeless second.

Aggressive Outreach

Before they could help these veterans, they had another challenge—they had to reach them. Typically VA reaches only about 10 percent of homeless veterans every year; the Houston VARO was concerned about that other 90 percent. “We needed to reach these veterans

living on the streets and in shelters who otherwise would not seek VA care,” said Theresa Rita, a social worker at the Houston VAMC.

To reach them, the Houston VARO needed more than the usual script. They needed an aggressive outreach program that could break through the traditional barriers separating VA from the poor and indigent. For the Houston VARO, the answer was combining their services with those of the Houston VAMC, the Houston task force for the homeless, and the Houston/Harris

County coalition for the Homeless.

Under an AmeriCorps National Service Grant, the Houston VARO pioneered a program that allows them to reach homeless veterans who, preferring to keep to themselves, often stray from VA care but depend on traditional homeless services such as free food or clothing. As Ridgeway puts it, "It's basically one big stand down. [Homeless] veterans come for the free food and clothes and we're able to get them signed up and into the system."

They may come for the food and clothes, but they find so much more. Through a seamless support system that includes everything from assistance applying for health care and benefits to addiction counseling and employment assistance, homeless veterans are able to rejoin society and begin the process of rebuilding their lives.

A Personal Touch

The combined stand downs hosted by the VARO in conjunction with other Houston-area homeless services have been a big success, reaching more veterans than ever before. Still, sometimes it takes a

personal touch, and that's when employees of the Houston VARO are at their best.

Two years ago, the VARO received a phone call from a concerned citizen about an unemployed homeless schizophrenic veteran found sleeping in doorways of churches or aimlessly wandering the streets. Regional office staff drove out to meet the veteran and offer him care.

Suspicious and distrustful of the bureaucracy associated with VA and the federal government, he refused help. Committed to helping every veteran, the Houston staff continued driving out to meet with the veteran for two years. Eventually they won the veteran's trust and he accompanied them back to the VARO.

Today he is doing much better. His symptoms regulated by medications, the veteran remains active with his VA case manager and tutors at an after-school program for children at a local YMCA.

Recently that personal touch has been expanded to include the participation of VA employees in burial ceremonies for homeless vet-

erans at the Houston National Cemetery. Continuing their support of homeless veterans even after death, Houston VARO staff attend each burial. Serving as "family members," or even as pallbearers, they let homeless veterans know that as long as VA is there, they are never alone.

Participating in burial services for homeless veterans not only expresses the nation's thanks for their sacrifice, but according to the VA employees who participate, the experience gives them a deeper appreciation of VA's mission and a clearer understanding of just who the nation's veterans are.

When no family members or friends are present at the ceremonies, VARO employees also receive the official U.S. burial flag. The burial flags, which signify a veteran's sacrifice on the nation's behalf, are brought back to the regional office, where they are displayed in the homeless section of the regional office's veterans museum. Each flag is encased in a triangular pine oak container and uniquely displayed to represent the deceased veteran. Their name, branch of service, and year of death are then added to the Homeless Veterans Honor Roll, which hangs in the regional office.

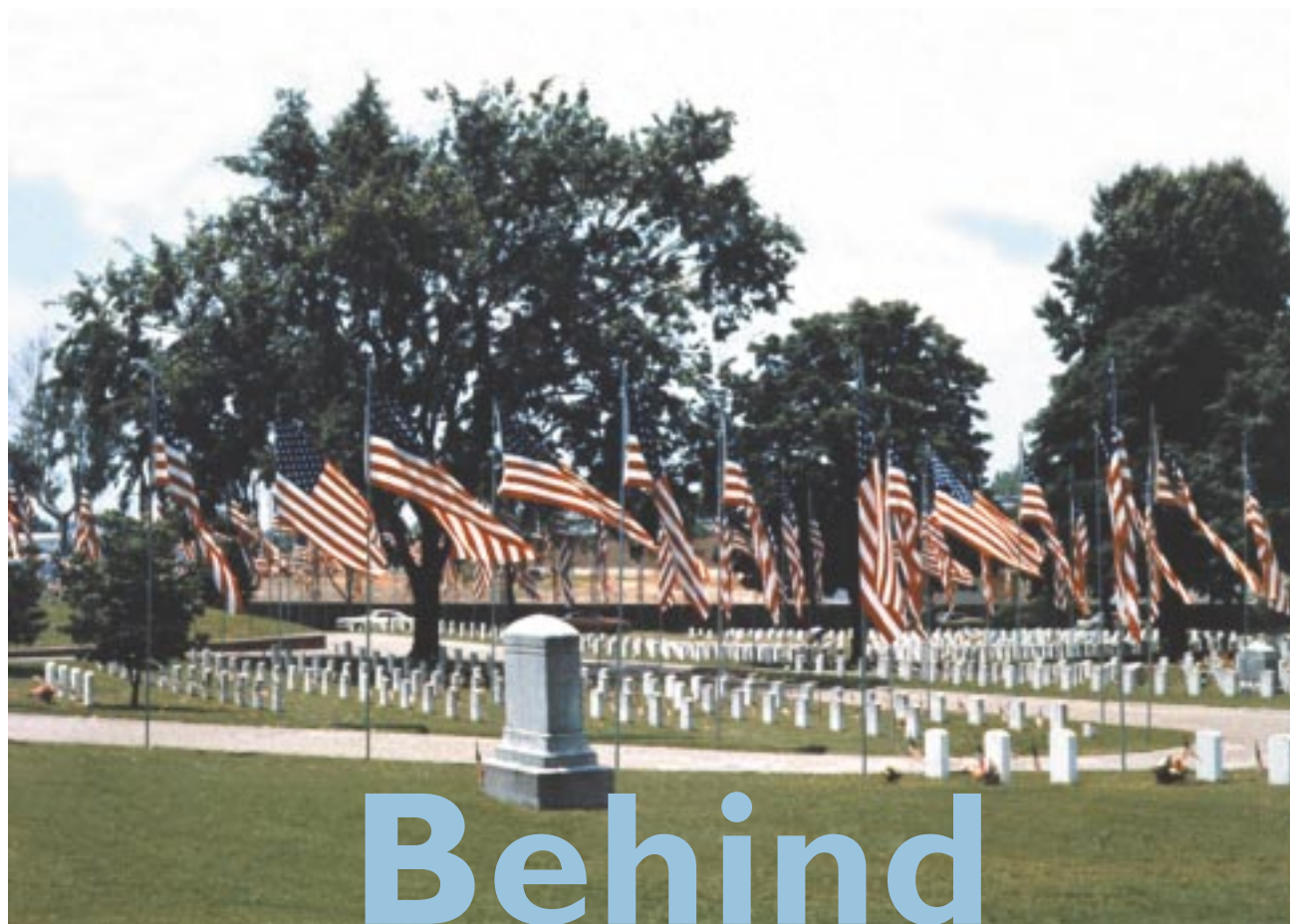
Outside, the regional office's recently dedicated Homeless Veterans Memorial symbolizes VA's commitment. The simple monument eloquently commemorates the service of all homeless veterans.

It reminds VA employees that they are working, as the engraved bronze plaque says, "In honor of those homeless veterans who served their country in time of need." But it's not the monument that stands out, it's what's enshrined inside—the personal commitment of Houston VARO employees to reach out to homeless veterans and serve them in their time of need. **VA**



Houston VARO employees attend burial ceremonies for homeless veterans laid to rest at the Houston National Cemetery, sometimes even actively participating as pallbearers.

By Antonio Williams



Behind the Names

VA facilities all over the country bear the names of Americans who made significant contributions to their country. Who were they? In this first installment of a feature series, VAnguard takes a look at the historical figures some of VA's national cemeteries are named for.

Many VA facilities are named for great Americans. Their stories reach back to the earliest periods in U.S. history and up through today, as Congress has recently enacted legis-

lation honoring six contemporary Americans by dedicating VA facilities in their name.

In this first installment of a feature series, VAnguard looks at the men who, between 1813 and 1842,

built the forts on which VA national cemeteries were founded.

Above: Fort Smith National Cemetery in Arkansas.

Fort Mitchell National Cemetery

Located just over the Georgia line in Seale, Ala., Fort Mitchell was designated a national cemetery in 1987, but its graves date back to World War I. The fort itself was built by the Georgia Militia in 1813, offering protection to European settlers heading west and serving as a staging area for military excursions into Creek Indian Territory.

It was named for Georgia Governor David Brydie Mitchell (b.1766), a Scottish immigrant who at age 17 came to Savannah to settle his late uncle's estate, then chose to remain in America, becoming a citizen in 1789.

He studied law and over the years held many political and military positions, culminating in the governorship of Georgia, until 1813. America was then at war with Great Britain and Mitchell set about strengthening Georgia's defenses, including the building of Fort Mitchell on land he donated.

He was elected governor again in 1815, and supported legislation to outlaw dueling, having once killed an opponent, himself. He served only two years before resigning in 1817, when President Monroe appointed him as agent for the Creek Nation.

Of the national cemeteries surveyed here, Fort Mitchell is the only one not built on land acquired by



Historic Fort Mitchell

the 1803 Louisiana Purchase, the bicentennial of which is celebrated this year. The six others, all built over a 40-year period following the purchase, are Fort Smith, Fort Snelling, Fort Gibson, Jefferson Barracks, Fort Leavenworth and Fort Scott.

Fort Smith National Cemetery

At the edge of the Arkansas-Oklahoma border lies Fort Smith, Arkansas' second-largest city. Its beginnings lay in the founding of "Camp" Smith on Christmas Day, 1817.

The camp's original function was similar to Fort Mitchell's—to protect westward migration, in this case by keeping Europeans, particularly those selling liquor to Indians, off tribal lands until treaties were concluded. It also served to keep peace between warring Osage and Cherokee tribes. The site was designated a national cemetery in 1867, but its earliest interments date back to 1819.

As was the Army's custom, Fort Smith was named to honor Brig. Gen. Thomas Adam Smith (b.1781), who commanded the western frontier forces that built and settled the post. Smith's military career led him to practically every corner of the young country. He participated in one of America's first clandestine military operations, the campaign to take eastern Florida away from European influence.

When diplomatic negotiations to secure Florida for America failed in 1811, the U.S. military planned an invasion by Georgia "Patriots" who would then offer the territory to the U.S. In March 1812, 180 Georgians invaded a small section of northeast Florida and offered to cede this land to America. The offer was immediately accepted.

Smith and his regular troops crossed into Florida and took com-

mand of the Georgians. Then began a campaign to wrest the remainder of the territory from Spain.

Smith's small force carried on for more than a year, battling Spanish reinforcements from Havana, British gunboats and Indians. By early 1814, the government secretly withdrew support for the Florida action and Smith was transferred to upstate New York to fight in the more urgent War of 1812.

Fort Snelling National Cemetery

At the confluence of the Minnesota and Mississippi Rivers in Minneapolis, Minn., lies Fort Snelling National Cemetery. It began as a stone fortress as early as 1805, but construction of a proper fort began in 1819.



Snelling

Col. Henry Leavenworth began that construction, so the fort should have been named for him. But the harsh environment, which led to the deaths of almost one-third of his command within the first nine months, was too much for him.

He asked for and received a transfer. Subsequent efforts would one day find another fort and city named for him.

Col. Josiah Snelling completed construction of what was known as Fort St. Anthony in 1824. During an inspection of the fort, Gen. Winfield Scott, a friend of Snelling, was so impressed with its construction and the comforts it offered against the harsh Minnesota winters, he recommended the fort's name be changed to Fort Snelling.

Josiah Snelling was born in Boston in 1782. He joined the military to fight the great Indian warrior Tecumseh, and served with distinction through the War of 1812. He was considered a tough but fair-minded commander. Some reports criticize him for alcohol-induced rages that turned his men against him. Whether they're true or not, he left the fort under a cloud of controversy in 1827 and died a year later.

Fort Gibson National Cemetery

In 1824, increasing tensions between the Cherokee and Osage Nations led the Army to construct "Cantonment Gibson," a wooden stockade that ultimately gave rise to the community of Fort Gibson, the



Gibson

oldest in Oklahoma. For many Native Americans, Fort Gibson was the last stop on the "Trail of Tears," the route used to force tribes from the east to western reservations.

George Gibson was born in Pennsylvania in 1775, coming from a family of soldiers. He joined the Army in 1808 and rose to the rank of lieutenant colonel, serving through the War of 1812. President Monroe then appointed him Quartermaster General under Andrew Jackson.

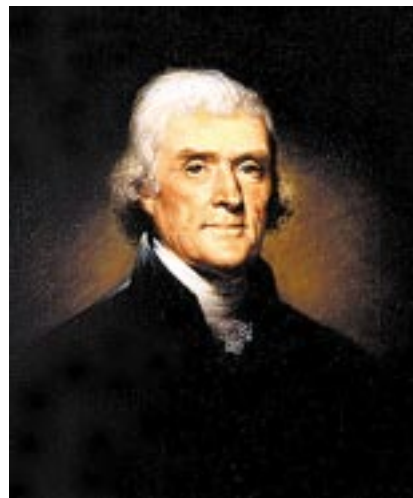
Gibson was ordered to supply Gen. Jackson's 1817-1818 campaign against Seminole Indians in West Florida. Instead of depending on private contractors for provisions, Gibson successfully purchased and transported all needed supplies, a job that earned him Jackson's high praise and friendship, lasting far into Jackson's term as U.S. President.

In 1818, he was appointed to the new office of Commissary General of Subsistence, which he held for 43 years. He earned promotions to brigadier general and then to major general for meritorious conduct, particularly in performing his duties during the Mexican War.

Jefferson Barracks National Cemetery

Jefferson Barracks, located north of St. Louis, was named to honor revered former president Thomas Jefferson, who died just six days before the fort's establishment in 1826. It was the nation's first "Infantry School of Practice" and a gathering point for troops and supplies from the Mexican War through World War II. It became a national cemetery in 1866.

Thomas Jefferson, born in 1743 in Virginia, was a fine writer, but no public speaker. Known as the "silent member" of Congress, he drafted the Declaration of Independence at age 33. As the nation became separated by political parties, Jefferson as-



Jefferson

sumed leadership of the Republicans. Sympathizing with the revolutionary cause of France, he opposed strong centralized government and supported states' rights.

Jefferson assumed the presidency in 1800. He cut taxes, reduced the size of the military, the budget and the national debt. He projected American power into the Mediterranean by sending a naval squadron to fight the Barbary pirates who had been harassing American interests. Jefferson seized the opportunity to double the size of America by negotiating the Louisiana Purchase with France in 1803, even though he knew he didn't have the constitutional powers to do so.

Leavenworth National Cemetery

Henry Leavenworth was born in Connecticut in 1783, the son of an officer who served under Washington in the Continental Army. Leavenworth fought in the War of 1812 and then served in the New York State Legislature. He rejoined the military in 1818 as a lieutenant colonel and was detailed to Minnesota to build a post, but was transferred to Nebraska soon after construction began.

In 1827, Leavenworth was di-

rected to locate a site on the east side of the Missouri River for “Cantonment Leavenworth,” a permanent training and outfitting establishment near present-day Kansas City. However, Leavenworth judged that the west side offered a more advantageous location and began construction even before he got final confirmation for the location change.

Called Fort Leavenworth by 1832, it became the oldest continuously operating military establishment west of the Missouri River. The oldest city in Kansas is Leavenworth (est. 1854) and was the jumping-off point for two major migration trails west.



Leavenworth

The fort’s cemetery became a national cemetery in 1862. The oldest gravesites date to 1827, when disease killed many of the soldiers during the post’s first year of operation.

In 1834, Leavenworth was given command of the entire southwest frontier. He led an expedition against the Pawnee and Comanche Indians with such tact and skill that no blood was shed and Leavenworth obtained a treaty that satisfied the desires of the government. Leavenworth died of a fever in

1834, never learning of his promotion to brigadier general for his success in concluding that treaty.

Fort Scott National Cemetery

Fort Scott was established in 1842 to keep a three-way peace between Native American tribes who were forced off of their lands in the east, the area’s local tribes and white settlers. It was named for Gen. Winfield Scott (b.1786), one of the top military heroes of his time.

Scott, a native of Virginia, was the son of a Revolutionary War veteran. He studied and practiced law and when the War of 1812 broke out, he recruited a regiment and was promoted to the rank of lieutenant colonel.

While fighting in Canada, Scott was captured and held for one year. After a prisoner exchange, he returned to fighting. His actions in battle left him severely wounded, but won him a promotion to major general.

After the war, Scott traveled in Europe, studying military tactics. He returned in 1832 and participated in a succession of conflicts, “calming” actions, and diplomatic efforts.

He relocated Indian tribes and suppressed rebellions of those who had been moved. His reputation was used to intimidate secessionist South Carolinians. He restrained unauthorized bands of Americans hoping to stir up revolution in Canada, and he



Scott, whose fondness for military procedures and finery earned him the nickname “Old Fuss and Feathers.”

helped negotiate a dispute between gangs of American and Canadian lumberjacks before an outright war could begin.

In 1841, he was appointed General-in-Chief of the U.S. Army, and held that position until his retirement 20 years later. Scott was known as “Old Fuss and Feathers” because of his penchant for military procedures and finery.

As a member of the opposition Whig party, he often clashed with President Polk, who considered him a political threat. He ran for U.S. President in 1852, but was defeated by Franklin Pierce.

He spent the last years of his life writing his memoirs and traveling in Europe. He died in 1866 and was buried at the national cemetery at West Point. [VA](#)

By Robert Turtill

Editor’s note: Look for more installments of “Behind the Names” in future issues.

The Smallest Nat



GORDON BERG

Known as the Spanish-American War Soldiers Cemetery, this hallowed ground, located at the Hampton, Va., VA Medical Center, is the resting place of 22 veterans who died between July 30 and Aug. 15, 1899.

It swept in from the Atlantic, carried on sultry summer breezes and sea mists. “The Death Storm.” Old-timers remembered. In 1855, it had claimed more than 2,000 lives in the Norfolk/Hampton, Va., area. Now, 44 years later, it had spawned anew.

Residents fled in droves by boat and train. Even the garrison at Fort Monroe was removed to Plum Island, N.Y.

Local officials clamped a strict quarantine on the source of the contagion, the Southern Branch of the National Home for Volunteer Soldiers and Sailors. No one could en-

ter and no one could leave—neither the living nor the dead.

Building a Mystery

The outbreak of yellow fever was contained and proved to be less severe than was feared. Only 43 cases were documented. But the strict quarantine necessitated the creation of a cemetery on the grounds of the National Home, now the Hampton VA Medical Center.

The cemetery remains to this day, hidden away in a sylvan grove just inside the Emancipation Drive gate. That hallowed ground is the smallest national cemetery adminis-

tered by VA. Known as the Spanish-American War Soldiers Cemetery, its 1,300 square feet is the eternal resting place for 22 veterans who died between July 30 and Aug. 15, 1899.

But are these facts accurate? Like most cemeteries, this one comes replete with mysteries and inconsistencies. It is called the Spanish-American War Soldiers Cemetery but its “residents” were all too old at the time of death to have fought in it. According to a letter dated Sept. 10, 1899, from R.S. Vickery, a surgeon at the National Home, to Gen. W.B. Franklin, presi-

ional Cemetery

dent of the Board of Managers of the National Homes, the average age of those who died was 66 years; the youngest was 52. The regimental designations on the headstones tell us that almost all were veterans of the Civil War.

According to Dean Holt's book, *American Military Cemeteries*, "No interments were made before the epidemic and none have been made since the quarantine was lifted." But the headstones of George Thompson and Henry Hafner show death dates of 1909 and 1912. And their headstones are the only ones with death dates. Why? Holt also incorrectly dates the epidemic as occurring in 1898.

A Killer Strikes

What do we know for certain? We know that there was yellow fever at the National Home and the authorities had every reason for concern.

Yellow fever was one of the great killers in the 19th century South. In 1878, a yellow fever epidemic raced up the Mississippi River from New Orleans to Memphis, Tenn., claiming 20,000 lives. Charleston, S.C., Jacksonville, Fla., Mobile, Ala., and other coastal cities all experienced serious outbreaks. The staggering number of deaths in these cities—some experts estimated that one in every 10 persons infected died—played a fundamental role in establishing the Public Health Service in 1889.

We also know that before the work of Dr. Walter Reed and his colleagues proved that yellow fever was transmitted by mosquito bite, the prevailing medical opinion was that the infection was spread by

contact with infected persons or articles. In his report to the Board of Governors, Dr. Vickery admitted that tracing the source of the outbreak at the National Home would be difficult but he concluded "it must have been brought in from Cuba by some infected article of baggage unpacked at the Home. Several men have come here from Cuba at various times ..."

So the doctors at the National Home followed the best medical practices available to them at the time. They isolated the stricken men, moved more than 1,500 of the Home's 3,250 residents out of the contaminated building, and put them into more than 350 tents

barracks building and life in other parts of the Home went on almost normally. Dr. Vickery noted in his report that the men "bore themselves cheerfully and quietly."

During the epidemic, doctors at the Home, like doctors today, had to have more than medicine on their minds. Dr. Vickery warned the Governing Board that extra medical personnel and long hours would necessitate "heavy expenses, which I hope will be provided for." He noted that Congress had cut annual appropriations for the hospital by nearly \$4,000.

The Governing Board assured Dr. Vickery that "necessary funds will be provided." The additional

Like most cemeteries, this one comes replete with mysteries and inconsistencies.

spread out on the lawn in front of what today is Building 110. Doctors believed that the disease was less active in the open air and sunlight. The building was fumigated with 16,760 pounds of sulfur, bichloride of mercury, and formaldehyde. All bedding that could not be disinfected by boiling was burned. Eventually, all of the buildings housing residents at the Home were fumigated.

The remedies seemed to work. From July 16, when the first cases appeared, to Aug. 11, when M.T. McMahon, the Home's manager, reported "everybody improving," only 43 cases of yellow fever were confirmed. The first deaths occurred on July 27; the last man was sent out of the hospital on Sept. 1. The fever was confined to the large central

expenses amounted to about \$3,000, excluding the tents, which were provided by the War Department at no cost.

Who Lies Here?

Despite the doctors' best efforts, 12 of the infected men died; the other 10 buried with them died from other causes. Like veterans today, the men who rest in the nation's smallest national cemetery came from many walks of life to serve their country. They came mostly from New York and Pennsylvania.

There was Pvt. Robert Chambers, a blacksmith, Company E, 3rd Pennsylvania Reserve Infantry, who had seen three hard years of fighting. He died of heart failure on Aug. 4. Pvt. James Dalton, Company A, 100th Pennsylvania Infantry, was 40



The little cemetery hidden away on the grounds of the modern-day Hampton, Va., VA Medical Center is a remnant of its interesting past.



The Southern Branch of the National Home for Volunteer Soldiers, now the Hampton VA Medical Center.

when he was drafted from his carpenter's job in Philadelphia late in the war. He served only five months when he was mustered out on July 24, 1865. George Marks was a butcher from New York City when he enlisted at age 35. He served two years before being discharged at Fort Monroe because of a rapid heart-beat. He was 73 when he died.

But the saddest story may be

that of Pvt. Charles McGovern, a farmer from Rockland, N.Y. He enlisted in Company B, 95th New York Infantry on Nov. 7, 1861, at the age of 21.

His unit served in the Army of the Potomac and saw action in the war's bloodiest campaigns—Antietam, Fredericksburg, Gettysburg, The Wilderness, Cold Harbor, and Petersburg. His unit was

present at Appomattox Court House when Lee surrendered.

McGovern was wounded in The Wilderness and captured in August 1864 during operations against the Weldon Railroad, a vital rail link connecting Petersburg with North Carolina. He recovered from his wounds in a hospital in Washington, D.C., and was discharged on June 14, 1865, having survived the entire war. He was only 59 when he died of yellow fever on Aug. 4, 1899.

We don't know what circumstances brought these men to the Southern Branch National Home. We do know that to care for them and thousands of other Union Army veterans, President Abraham Lincoln, in one of his last official acts, authorized the establishment of a National Asylum (later Home) for Disabled Volunteer Soldiers and Sailors.

The Southern Branch opened in Hampton in 1870. It provided care for veterans and for U.S. Colored Troops who could not be induced to go north to the three other National Homes already established in Maine, Ohio, and Wisconsin. In fact, the Southern Branch may well have been the first integrated federal facility in the country.

And here they remain in three carefully tended rows, 22 veterans united in death. The cemetery is one of eight in Virginia administered by Director Homer D. Hardamon. It is one of 21 cemeteries on medical center grounds but the only one created as the result of an emergency measure.

It is surrounded by Hampton VAMC, a modern teaching hospital providing a full range of patient care services. While many at the hospital don't know the history of the small cemetery on their grounds, they do treat the ground as hallowed and honor the men who rest within it. VA

By Gordon Berg

A Call No Mother Wants to Make

Editor's note: On Veterans Day, the nation's thoughts turned to the young Americans serving in the war on terror and their families. Army veteran Mike Petrilla, a veterans service representative at the Philadelphia VA Regional Office, shares this account of a phone conversation he won't soon forget.

A toll-free casualty assistance line established by the Secretary allows survivors of military personnel killed in action to call about VA benefits. The Philadelphia VA Regional Office processes claims for those survivors.

Mrs. "H" is my first caller on the casualty assistance line. She's making a call no mother wants to make. Her son, who came into the world at 9 pounds, 14 ounces, departed at 24 years, six months and four days. He's home from Iraq to be buried.

"I have to talk to someone," she says. "I'm not angry with you, and I know everything that God does is perfect ... I just have to talk to someone."

She pauses, trying to check the emotion gathering in her voice. She begins again and then breaks down, overwhelmed by racking, convulsive sobs.

I wait.

Phone work exists primarily in the moment. You provide what's needed—dates, amounts, benefits, etc.—and take the next call. Apart from routine follow-up, you're pretty much done by day's end. Of the 70 or 80 calls you've had for the day, you remember perhaps two or three, and of those only bits and pieces. By week's end, the three or four hundred calls you've answered exit largely as a blur.

Mrs. H's call is different. In the

first place, she doesn't want to know about insurance or burial benefits; nor is she asking about monthly payments for herself. The familiar assumptions that underpin most calls—a decision will be made, appeal rights apply, etc.—are of no use. For now, her loss eclipses any such considerations.

"No you don't!" she replies when I offer words of understanding.



"How could you know about giving birth to a child and guiding him through all his trials and tribulations, only to have to bury him? Have you had to bury a child?" I answer that I have not. "Then you don't understand," she says.

She repeats that she is not angry with me. "It's just that I'm upset," she continues, "and I don't want the military to disrespect my son. I don't

want them to forget."

I assure her that both the military and VA recognize and honor her and her son, and stand ready to do whatever they can to help.

"It would help me if I could just talk," she says.

At that she begins to tell me about her son, his accomplishments, his dedication to the military. "He had a strong sense of right," she says, "and nothing could turn him away from it." She hesitates for a moment, then goes on: "He knew that he was approaching danger ... but he also knew that standing up to that danger would make him and his military stronger."

She talks for four or five minutes, then pauses. She sighs, heavily. "Thank you for listening," she says, "and have a blessed day."

On the phone, you live by the spoken word. Tone, emphasis, volume, all count for something, but words mean the most. Well-chosen words can transform a difficult moment. Use the wrong words, and you can die a little.

There are times, though, when words have to give way to something more fundamental.

A mother had to talk about her son. Talking wasn't going to bring him back, nor would it lessen her loss. It would ease her pain, though, and it would plant his memory in another mind and heart. In a sense, he would live on.

It remained for me to understand that and to listen quietly. **VA**

Illustration: "We Regret to Inform You," by Cleveland Wright (1979), on display at the National Vietnam Veterans Art Museum in Chicago.

Letters from the Front

The war on terror has touched the lives of countless VA employees. They are treating the wounded at medical centers and clinics, aiding survivors at benefits offices and honoring the memory of those killed on the battlefield at national cemeteries.

Vanguard salutes those serving on the home front. We also salute those bearing the full weight of war—employees anxiously awaiting the safe return of family members deployed to the combat zone, praying for the speedy recovery of those wounded in action, or mourning the loss of a loved one.

On Veterans Day there were more than 800 employees serving full time in the National Guard and reserve forces, some on the front lines in Afghanistan and Iraq. "Letters from the Front" offers a glimpse into their lives.

Sgt. Joe Costello, Vista, Calif., Vet Center, deployed to Afghanistan as a psychological operations specialist with the Army's 82nd Airborne Division. He wrote the following letter to friends and family on July 15.

"Hi everyone, I am checking in with all of you to let you know how I'm getting along in Central Asia. First of all, I want to share that the Army was gracious enough to give our team a couple of weeks of R and R. Of course, this was just after they informed us that we would be staying in-country an additional three months. I will still be home for Christmas.

[While on R&R] I spent some time on the east coast and west coast. I surfed in both New Jersey and San Diego. Most importantly, I was able to hold my beautiful wife in my arms and be with my boys. I saw my parents, brother and sister as well. I also stopped by my real job and saw my colleagues. I really miss my job, too! It was a great visit home.

I wasn't prepared for how difficult it would be to return to Afghanistan. I was immediately sent into the fray at a forward observation base in Orgun, Afghanistan. I had literally just unpacked my duffel bag when

we were attacked by rockets ... 11 of them. The bad guys were quite sophisticated and were able to bracket our position and land 3 rockets inside the wire. I made it to a bunker, but my tent was riddled with shrapnel. It is a very helpless feeling, believe me. To hear the whistling sound of the rocket coming in and trying to hug the ground is quite an experience. You just can't seem to get low enough for comfort.

Fortunately, no one got hurt.

My team has been reassigned to support Special Forces because the 82nd Airborne is going home. SF guys are very interesting. We went out on patrol with them to locate our attackers. They were found. I must say, there are much tougher guys in this world than me, pretty much

everyone in SF. It is good to have them on our side. I am doing alright with just a few months to go. Again, thanks to those who send stuff to me, it is so appreciated. To the guys at the Tuesday night meeting, the coffee and other stuff was great! Take care and God Bless. Joe." *Editor's note:* Sgt. Costello returned home Oct. 6.

Lt. Col. Ron Long, Salem, Va., VA Medical Center, serving in Camp Balad, Iraq, with the 113th Medi-



Sgt. Joe Costello with wife, Christina, and sons Jack (left) and Joey. Costello returned from Afghanistan in October.



Lt. Col. Ron Long is serving in Camp Balad, Iraq. He and his wife, Sheila, both work at the Salem, Va., VA Medical Center.

cal Company, 30th Medical Brigade. This letter, courtesy of his wife, Sheila Long, an occupational therapist at the Salem VAMC, originally appeared in the Sept. 1 issue of the medical center's newsletter *Just the Facts*.

"Hello from Iraq! I'm in Balad now, which is about 50 miles north of Baghdad. This is an old Iraqi airfield and our planes fly in and out of here now. This base has about 20,000 soldiers on it and I'm in charge of a prevention team as part of our Combat Stress Control Team function. My team and I give stress and anger management classes, as well as relaxation and suicide prevention classes. We also conduct Critical Event Debriefing Groups for soldiers who have been involved in an incident involving the death or injury of other soldiers.

I was previously in Baqubah at a base about 50 miles east of here for some 10 weeks, but recently was reassigned here. The summer is pretty hot—it's been between 115 and 130 degrees every day since June; every day is the same—sunny, no rain, and no clouds! Hot, hot, hot. Of course the humidity here is low, so that's good. Still, during midday, the sun is so hot on your skin it seems to sting you. Thus, we wear full military uniform and stay covered. I appreciate the letters and cards I receive from many of my friends there, and I look forward to rejoining you all in the future."

Maj. Carroll N. Harris III, Indianapolis VA Regional Office, sent this e-mail message on June 19 while serving with the 4th Marine Division in Iraq. The message was part of a series of e-mails between Harris and a WISH-TV 8 news reporter for a segment called "Indiana's own, away from home."

"Your question prompts many thoughts, emotions,


and even a physical reaction as my body tenses when I think of the families that are left behind. You see, it is not just the service member that serves our nation. It is also the family and friends of that service member. Those loved ones that remain behind are part of the service too because they endure the suffering, separation, and loss that results when families are torn apart. They live with the constant unknown and threat of learning that their loved one has been injured or lost. There are many children just like my two boys, Luke and Jake. Children that don't know who their dad is because he has been overseas so long that he is a distant memory. These children don't understand the concepts that motivate his service; they just feel the void that results when a parent is lost.

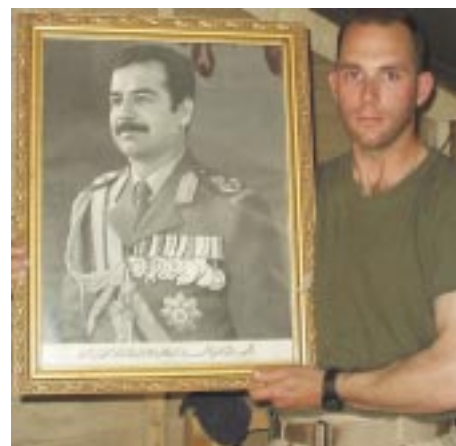
The spouses of our service members are a special breed of enduring and giving people. They provide the forward-deployed service member with the encouragement, love and support needed to face the challenges of duty abroad.

They assume his role and responsibilities at home as he steps into [the] dark unknown of 21st century service abroad. They send him letters and care packages to keep him in good spirit.

They pray for his safe return. All the while their lives at home go on.

I did not know that more Hoosiers had given their lives and I am sorry to hear of the loss. I wish it were not reality, although I am not surprised. We will continue to have losses.

I wish the world did not demand such sacrifice. I wish the 3-month-old child of the soldier didn't have to go through life wondering what his father was like. I wish I had some magic words I could say to take away the pain left behind when such a loss occurs, but I don't. I wish many things, but it does not matter what I wish, it matters what I do. Hence, my prayers go out to the families that are left behind and my hand goes in the air as a volunteer." 



Maj. Carroll N. Harris III, of the Indianapolis VA Regional Office, corresponded by e-mail with a local TV news reporter while serving with the 4th Marine Division in Iraq.

Vietnam Women's Memorial 10th Anniversary

Healing the Healers

ROBERT TURTEL

Most Americans knew little about the role of nurses in Vietnam until the 1993 dedication of the bronze sculpture depicting three American combat nurses. It was the first memorial dedicated to military women in the nation's capital.

They were young and idealistic—their average age was 23. They signed up because they wanted to make a difference, to serve their country and save the lives of America's sons.

But few of the nurses who served in Vietnam were prepared for the daily dose of mangled bodies, the helplessness of comforting those they couldn't save and the inability to mourn their losses. Some cried themselves to sleep at night. Others buried the pain inside. Those who returned bearing invisible wounds of war found little understanding or compassion. There was no one to heal the healers.

Most Americans knew little about the role of nurses in Vietnam until the 1993 dedication of the Vietnam Women's Memorial in Washington, D.C. The bronze sculpture depicting three American combat nurses—one cradling a wounded G.I., another looking toward the sky, and a third kneeling behind a wall of sandbags, her head lowered in sorrow—was the first memorial dedicated to military women in the nation's capital.

The memorial has become a focal point over the past decade for the 11,000 nurses who served in Vietnam and the thousands of soldiers whose lives they touched. But it almost never came to pass.

'Do You Take Women?'

America struggled with the political and cultural aftermath of Vietnam throughout the 1970s and into the 80s. The 1982 dedication of

the black granite Vietnam Veterans Memorial marked a crossroads for many vets.

One of the thousands who attended the dedication was Diane Carlson Evans, a registered nurse who served in Vietnam from 1968 to 1969. "It was a turning point in my life," she told VAnguard in a telephone interview. "That was the first time I really connected with my tour in Vietnam."

Her trip to the Wall unleashed a flood of painful memories. But it also provided her first opportunity to grieve.

When she returned home to Minneapolis, she called the St. Paul Vet Center with a simple question: "Do you take women?" Yes they did, answered counselor Mark Mulvihill, who is now team leader.

"We made a difference over there and I wanted women and the entire country to know it."

She made an appointment and still remembers Mulvihill's observations from that day. "He told me that I seemed very angry and that anger turned inward was depression." She later uncovered the source of her anger—the lack of recognition for women and their role in Vietnam. "We made a difference over there and I wanted women and the entire country to know it."

After attending a few "rap sessions" with male veterans, Evans decided to contact some of the nurses

she knew during her tour in Vietnam. One of those she called was Joan Furey, her "hooch-mate" in 1969 at the 71st Evacuation Hospital at Pleiku.

"We just talked about Vietnam and the impact it had on our lives," said Furey, former director of VA's Center for Women Veterans, who now works in the Office of Policy, Planning and Preparedness. "You have to understand, that was 1982 ... we were isolated from one another ... we never talked about it." Furey then contacted another nurse she and Evans knew in Pleiku, Linda Van Devanter, who detailed her wartime experiences in the moving 1983 autobiography *Home Before Morning*.

Evans' "sister search" ultimately spiraled into a 10-year crusade to es-

tablish a memorial dedicated to women and their service in Vietnam.

A Tour of Middle America

Sculptor Glenna Goodacre created the 7-foot, two-ton statue in her Santa Fe studio. Rather than shipping it to Washington, D.C., Evans envisioned a whistle stop tour of small towns and cities across the country so that people who might never get to the nation's capital could see the memorial firsthand.



Diane Carlson Evans, who spearheaded the effort to establish the Vietnam Women's Memorial, with her former counselor, Mark Mulvihill, now team leader at the St. Paul, Minn., Vet Center, at a 10th anniversary candlelight ceremony at the memorial on Nov. 10.



Vietnam veterans Kathy (Trew) Swazuk, left, a nurse at the Pittsburgh VA Medical Center, and Donna (Vallee) Korf, a nurse at the VA clinic in Fergus Falls, Minn., were in D.C. for the 10th anniversary celebration. Both served with the 93rd Evacuation Hospital in Long Binh and would like to find other veterans of the 93rd.

It was a good plan, but funds were tight and she needed a sponsor. She pitched the idea to the Vietnam Veterans of America at their 1991 national convention. David O.

Chung, a Vietnam veteran who worked at Federal Express, was in the audience that day. Chung, who is married to a nurse who served in Vietnam, offered to submit a spon-

sorship proposal to FedEx. It would become a pivotal moment in his life.

He put together three different proposals throughout 1992, but each was shot down by mid-level managers. "It was frustrating. There were always some excuses about why it wouldn't work," said Chung, who is now a program analyst in the VA Center for Minority Veterans. He eventually bypassed the chain of command and pitched the idea to a senior vice president with direct access to FedEx founder and Vietnam vet Fred Smith.

After months of planning, Chung found himself behind the wheel of a curtain-side truck showcasing the memorial for a 21-city tour of Middle America. "The tour took on a life of its own," he said. "There were a lot of emotional moments and timely miracles."

One such moment occurred when he drove into Junction City, Kan., three hours late during a downpour. Chung fully expected to find an empty parking lot. But as he pulled his truck off the highway, his headlights revealed hundreds of people quietly waiting in the rain.

He pulled to a stop, swung open the truck doors and asked a couple of state troopers to shine their spotlights on the memorial. "These people were standing there in the rain looking up at the statue with tears streaming from their eyes. It was an awakening," he said. A similar scene unfolded at nearly every stop as thousands of veterans and their families turned out to pay tribute to women Vietnam veterans.

But the memorial, according to Evans, has become more than a tribute to Vietnam veteran nurses. It now stands as a beacon of hope and inspiration to future generations of women, and serves as a reminder that their military service will not be overlooked nor forgotten. **VA**

By Matt Bristol

50th Anniversary

Honoring All Who Served



EMERSON SANDERS



ROBERT TURTEL

With a new generation of combat veterans deployed in Iraq and Afghanistan, VA joined millions of Americans on Nov. 11 to honor those who served in the nation's Armed Forces.

On this 50th anniversary of Veterans Day, Secretary Principi joined President Bush, military leaders, and representatives of major veterans service organizations for the traditional wreath-laying at the Tomb of the Unknowns (above) and ceremony (right) at Arlington National Cemetery. Patients from Walter Reed Army Medical Center in Washington, D.C., and National Naval Medical Center in Bethesda, Md., were special guests at the ceremony (above right, sitting with Leadership VA Executive Director Jim Mayer).

Many VA facilities also hosted local observances, often serving as the focal point of commemorative events in their communities.



ROBERT TURTEL

100 Years of Serving Veterans

“The British are coming, the British are coming!” Those words rang out as the James H. Quillen VA Medical Center in Mountain Home, Tenn., kicked off a two-week Centennial Celebration on Sept. 26. Three British World War II soldiers from the Royal Hospital Chelsea, Mountain Home’s sister hospital in London, were special guests at the celebration.

The Mountain Home VAMC is rich in historical significance. After four long years of civil war and having recently visited the Gettysburg battlefield, President Abraham Lincoln was overwhelmed with empathy for the suffering of soldiers and their families. He proposed legislation for a National Soldiers Home in 1865, but was assassinated before it could be presented to Congress. That same year, out of reverence for the slain president, Congress passed a bill funding the National Home for Disabled Volunteer Soldiers (NHDVS) with eight branches across the nation.

In 1900, Tennessee Cong. Walter P. Brownlow approached the NHDVS Board of Governors with a proposal to construct a ninth branch in his district. The board had previously ruled that no new branches would be funded; instead, individual states were being encouraged to fund such endeavors on their own.

Brownlow used a three-part argument to convince the board to build a Mountain Home branch: one of the existing branches was in Virginia, a state with no volunteer Union soldiers of record; eastern Tennessee had furnished 30,000 volunteer soldiers to the Union and there were 18,000 Union pensioners living in his district at that time; and Congress had just authorized \$1 million for the construction of a fed-

eral prison in Atlanta. “Don’t volunteer soldiers deserve at least as much as convicts?” Brownlow asked.

At the dawn of the 20th century, Johnson City, Tenn., was a village of 5,000 residents. The total assessed value of all properties in the village was \$750,000. Brownlow’s project cost an estimated \$2.1 million. In the three years it took to build the initial buildings, Johnson City’s property value and population doubled. More than 1,000 workers were employed from 1901 to 1903 to construct the initial 37 buildings on 450 acres. Jacob Leab of Ohio was the first veteran admitted, in October 1903.

After World War I, large numbers of veterans poured back into this country from Europe with lung scarring from gas attacks, tuberculosis outbreaks, and the worldwide spread of influenza. Fresh mountain air was the treatment of choice back then, so porches were added to the barracks at Mountain Home. Later, hospital beds were added, a move that launched its transformation from a residential to a medical facility. Mountain Home was redesignated a National Sanitarium.

In 1930, when an act of Congress consolidated all agencies ad-

ministering services to veterans under the Veterans Administration, Mountain Home became a field station in the VA system. Many changes and improvements have been made to the facility since then, and in recent years it has evolved from an essentially long-term care institution to a smaller, acute-care hospital with an emphasis on primary care outpatient services.



Cong. William Jenkins (R-Tenn.) with the three British veterans who were special guests at the opening ceremony of Mountain Home VA Medical Center's two-week Centennial Celebration; (inset) the clocktower, built in 1903, is a landmark on the campus.

Judy Fowler-Argo, who co-chaired the centennial planning committee with Dan Kyte, said the entire community got involved in planning and participating in the two-week celebration. “The VA was an impetus for economic growth for the city 100 years ago, and it still is today,” she said.

More than 500 people attended the celebration’s opening ceremony. Events over the next two weeks included a parade, historical tours, and even a Civil War encampment on the grounds. **VA**



SANDI DANNENBERG



STEVE SANZO

The pristine beauty of the Hampton, Va., VA Medical Center's waterfront location turns ominous when an Atlantic hurricane approaches. At left, nursing home patients wait to board a bus evacuating them to the Salisbury, N.C., VA Medical Center. At right, floodwaters engulf a patient recreation shelter on the grounds during the storm.

Isabel: An Unwelcome Visitor

“I can't fully describe yet what we just went through. I am not able to assess the damage, and the entire area is in darkness. The Tidewater area has been hit hard.” That was the chilling message Hampton, Va., VA Medical Center Director Joseph Williams sent to his VISN headquarters in the early morning hours of Sept. 19, just after Hurricane Isabel threw her full fury at Virginia's Tidewater area and headed inland.

Williams and several dozen staff members rode out the hurricane at the facility. They had supervised the evacuation of nearly 300 inpatients and domiciliary residents from the waterfront medical center to five inland VA medical centers in the days leading up to the storm's landfall in North Carolina. About 150 Hampton employees, including nurses, physicians, respiratory therapists, pharmacists and social workers, accompanied their patients to VA medical centers in Richmond and Salem, Va., Durham and Salisbury, N.C., and Martinsburg, W.Va.

The morning after the storm, it was apparent that patients wouldn't

be able to return to Hampton for several days. The storm's high winds and heavy rains caused extensive flooding and other damage to the medical center. With its electrical main switch underwater and plant boilers forced to shut down, the facility had to operate under limited emergency power for a few days.

The VA medical center in Richmond, which received the most challenging of Hampton's evacuated patients, weathered high winds and rain, but remained operational after the hurricane. An assessment of patient census and staffing levels, though, led management to conclude they needed more nursing staff to help them cope with the sudden influx of new patients.

They had a particular need for nurses with specialized skills and experience working with hemodialysis, acute care, spinal cord injury, nursing home and hospice patients. VHA's Emergency Management Strategic Healthcare Group coordinated the deployment of 37 nurses from 16 VA medical centers to Richmond to provide assistance.

Other VA facilities sustained

some damage as Isabel lashed her way up the North Carolina coast to the nation's capital and beyond, affecting coastal and inland areas of Virginia, Maryland, West Virginia, Pennsylvania and Delaware. The Ft. Howard, Md., Community-Based Outpatient Clinic and the Perry Point division of the VA Maryland Health Care System were closed for several days due to structural damage and power outages.

In North Carolina, the Fayetteville VA Medical Center had some tree damage and flooding, but no structural damage. VA medical centers in Coatesville, Pa., and Wilmington, Del., operated on emergency power for two days, but patient care continued uninterrupted. The storm forced a community-based outpatient clinic in Delaware's Sussex County to close for one day.

By Sept. 21, power had been restored to major patient care buildings at Hampton, and by the next day, water had been restored to levels that were safe for consumption. Patients returned to the facility without incident. **VA**

A Difficult Concept Made Easier for Kids to Understand

What does it mean to be a veteran? That can be a difficult concept for kids to grasp. A new VA Web page offers a fun and informative way for young people to learn about veterans.

VA Kids, at www.va.gov/kids, has a section designed especially for students in kindergarten through grade 5, and another aimed at grades 6 through 12. For younger students, *VA Kids* uses interactive features such as puzzles, coloring pages, matching contests and age-appropriate language to describe a number of patriotic topics. For older students, there is information on volunteer programs, scholarships, and more sophisticated educational resources, games and reference links.

The Web page also has information about VA, Veterans Day, special events for disabled veterans, and links to veteran-related sites. A teachers' section offers reference materials and suggested classroom activities.



Gateway to Optimal Health for Veterans Debuts on the Web



Ever wish there was a single place on the Web where veterans could find trusted health information and help taking control of their own health? On Nov. 11, veterans and their families began the journey to optimal health

with the launch of My HealthVet, VA's new Internet-based veteran health portal.

My HealthVet is aimed at helping VA improve the quality and humanity of health care by putting the

patient at the center. Using the new health portal helps veterans better understand and manage their health, and it's as easy as viewing any other Web site.

With the features now available on My HealthVet,

veterans can access a health education library; view health information developed specifically for veterans; use a prescription checker, health calculators and self-assessment tools; and link easily to benefits and resources available from VA and other federal sources.

Future plans call for adding even more services to My HealthVet. Veterans at nine VA medical centers are participating in a pilot of the electronic health record, and their feedback is being used to build and refine additional features.

As those new features are added incrementally over the next two years, veterans will be able to read copies of key parts of their VA medical record; add information about their medications, allergies, tests, medical history, and visits with non-VA doc-

tors to a personal section they control; keep track of their health status by entering data such as blood pressure readings or blood sugar levels; refill prescriptions; view their next appointment date and time; view their co-payment balance; and grant access to all or part of their health information to others, including VA or non-VA doctors, family members and veteran advocates.

In his opening remarks at VHA's Senior Management Conference last July, VA Under Secretary for Health Dr. Robert Roswell spoke about the potential of My Health₂Vet to change and improve the way VA

provides care. He pointed out that today's health care is really a strategic partnership between patients and providers, and My Health₂Vet offers a powerful tool for sharing information.

Something as simple as a veteran entering his weight every day could be critical to managing the care of a veteran with, for example, congestive heart failure. An increase in daily weight could signal fluid retention and worsening heart failure.

The educated veteran will be able to recognize this pattern and alert his physician. With just the click of a mouse, a health care provider could also catch and treat

such a problem before it got serious enough to require hospitalization.

"The net effect of this shift in focus from provider to patient will not only save the veteran from unnecessary visits, but it will assure that the VA is there to provide the

necessary care when it is needed," said Roswell.

Veterans can log on to My Health₂Vet from any computer with Internet access at www.myhealth.va.gov. Look for future announcements about new features added to the Web portal. **VA**

Secretary Makes Good on Pledge to Cut Claims Backlog

In 2001, Secretary Principi set his sights on reducing the backlog of pending veterans' compensation claims to 250,000 by Sept. 30, 2003, a key part of his pledge to reform the claims processing system. When that date rolled around, the pending inventory of claims had dropped to 253,000, a 41 percent reduction from a high of 432,000 two years ago.

VBA considers 250,000 pending claims a "normal" workload required by the complex information gathering and evaluation process of deciding a veteran's claim.

Shortly after taking office, Principi created the VA Claims Processing Task Force. Chaired by the current Under Secretary for Benefits, Daniel L. Cooper, the task force recommended a series of changes to improve the claims process, which Cooper

implemented. Since then, VA has decided about 68,000 claims per month, an increase of more than 70 percent from the 2001 monthly level.

VBA is closing in on the Secretary's other service improvement goals, too. His goal to complete action on veterans' claims within an average of 100 days is within grasp. In February 2002 it took an average of 233 days—more than seven months—to adjudicate a new disability claim. By Sept. 30, it took 156 days, and the average age of the claims in VA's inventory was down from 200 days to 111.

These improvements haven't been made at the expense of quality. VA's measure of the accuracy of benefit entitlement decisions is now at 85 percent, an improvement over 81 percent last year. **VA**

Get Your Flu Shot, Too?



ROBERT TURTIL

On Oct. 29, the day flu shots became available in VA Central Office, Secretary Principi got his from Sheila Spurlock-White, R.N., above, of the VACO Health and Wellness Center.

The flu vaccine is the best way to prevent infection with the flu virus and the complications associated with flu; people need to be re-vaccinated each year because the flu viruses change. For more information on the annual flu vaccine campaign, go to www.vaprevention.com on the Intranet, or www.cdc.gov/nip/flu.

Get your flu shot. Protect yourself, your family, friends, colleagues and patients or others you serve. Stay well so you can help veterans.

VA Joins Other Agencies to Fight Chronic Homelessness



HHS PHOTO

Secretary Principi joined HHS Secretary Tommy G. Thompson, right, and Housing and Urban Development Secretary Mel Martinez at a meeting of the Interagency Council on Homelessness to announce the three agencies will co-sponsor a \$35 million grant program to help end chronic homelessness in America. Labor Secretary Elaine L. Chao is at left.

Secretary Principi joined Health and Human Services Secretary Tommy G. Thompson and Housing and Urban Development Secretary Mel Martinez in Washington, D.C., in October to announce that the three agencies are awarding \$35 million in grants to 11 cities across the nation that have put together unique partnerships of providers offering services to the homeless.

The agency heads announced the joint funding initiative during a meeting of the Interagency Council on Homelessness. It is the first time federal agencies have collaborated on this scale to help end chronic homelessness.

The funds will be used to provide permanent housing, health care, mental health, substance abuse and veterans' services to individuals experiencing long-term or chronic homelessness. Community partnerships in Chat-

tanooga, Tenn.; Chicago; Columbus, Ohio; Denver; Fort Lauderdale, Fla.; Los Angeles; Martinez, Calif.; New York City; Philadelphia; Portland, Ore.; and San

Francisco will receive funding under this initiative.

Pete Dougherty, director of VA's homeless programs office, said the joint funding initiative "ensures that veterans are seen as a targeted priority for long-term housing with supportive social services." He said programs funded in the 11 cities passed a VA-specific review before being successfully reviewed by the other federal partners. VA awarded \$4.6 million in grants as part of the council's initiative.

VA also announced the award of grants totaling \$12.5 million under the Homeless Providers Grant and Per Diem Program. Recipients are community and faith-based organizations, as well as state, local and Indian tribal governments that provide critical services to homeless veterans.

Priority for this round of

grants was given to Indian tribal governments and organizations in states without veteran-specific programs. VA is now providing grants to organizations that care for homeless veterans in all 50 states and the District of Columbia.

In other Interagency Council on Homelessness business, Secretary Principi was selected to serve as its chairman, beginning in April 2004. The council is composed of 20 federal agencies involved in assisting the homeless. President Bush reactivated it last year to better coordinate the homeless assistance activities of the individual agencies and to create strategies to end chronic homelessness in America. HHS Secretary Thompson has served as chairman of the Interagency Council on Homelessness since March 2003. **VA**

Bowling for Veterans Yields Nearly \$1 Million

Collectively, bowlers from more than 1,000 local league associations throughout the country are major contributors to the care of veterans at VA. Members of the Bowlers to Veterans Link volunteer at their local VA hospitals and participate in the organization's big annual contribution drive.

BVL officials Elaine Hagin, Gary Berke and Roger Dalkin (right) came to VA Central Office recently to present the organization's 2003 contribution, nearly \$1 million, to Secretary Principi.

Begun by league bowlers in Detroit in 1942, the group's total contribution to veterans has now surpassed \$32 million—from local bowling association tournaments, special events and, literally, passing the hat to meet fundraising goals. The funds are used to support recreational and therapeutic programs and services throughout the VA system.



ROBERT TURTEL

VA and DoD Select Eight Medical Demonstration Sites

Eight VA medical sites have been selected to participate in demonstrations with nearby Department of Defense medical facilities. These demonstrations will test the capabilities of the two departments to provide seamless delivery of benefits and services to military members and veterans by sharing information and other efficiencies.

"It's an example of our joint efforts to knock down the walls between our two departments," explained Secretary Principi.

Mandated by the fiscal year 2003 National Defense Authorization Act, the demonstrations will test three

separate areas: budget and financial management; staffing and assignment; and medical information and information technology systems.

"These demonstration projects reflect the determination and desire by those in both the military and VA health care systems to improve the delivery of care for our beneficiaries," said Dr. William Winkenwerder Jr., assistant secretary of defense for health affairs.

The DoD/VA Health Executive Council selected the sites from a list of hospitals that volunteered to participate. These projects will operate through fiscal year 2007.

The budget and financial management demonstrations will be conducted at: Tripler Army Medical Center and VA Pacific Islands Health Care System in Hawaii; and Air Force 3rd Medical Group and Alaska VA Healthcare System in Anchorage, Alaska.

Staffing and assignment demonstrations will be at: Madigan Army Medical Center and Puget Sound VA Health Care System in Seattle/Tacoma, Wash.; Eisenhower Army Medical Center and Augusta VA Health Care System in Au-

gusta, Ga.; and Langley Air Force Base 1st Medical Group and Hampton VA Medical Center in Hampton, Va.

The medical information and IT systems will be tested at: Madigan Army Medical Center and Puget Sound VA Health Care System in Seattle/Tacoma, Wash.; William Beaumont Army Medical Center and El Paso VA Health Care System in El Paso, Texas; and Air Force Wilford Hall, Brooke Army Medical Centers and South Texas VA Health Care System in San Antonio. [VA](#)

Advisory Committee on Women Veterans Marks 20th Anniversary in Washington



MICHAEL L. MOORE

The **Advisory Committee on Women Veterans** marked their 20th anniversary Sept. 15 during a ceremony at the Women in Military Service for America Memorial at Arlington National Cemetery. Among those in attendance was former VA Administrator **Harry Walters**, who formed the first committee for women veterans in 1983, and Sen. Daniel Inouye (D-Hawaii), above, who crafted legislation to establish the committee. "The celebration ceremony was grand and deemed a great success for VA, the committee, the center and women veterans nationally," said **Dr. Irene Trowell-Harris**, director of VA's Center for Women Veterans. [VA](#)

Honors for Bo Derek

Secretary Principi honored Bo Derek for her efforts on behalf of veterans during a ceremony in VA Central Office on Nov. 13. He presented the Secretary's Service Award to the actress.

For several years, Derek has served as honorary chair of VA's National Rehabilitation Special Events, improving public awareness of veterans' issues, encouraging participants and visiting VA medical centers around the country. She also goes on USO tours to support troops and works with the Special Forces Association, which named her an honorary Green Beret.

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

"I am so overwhelmed and inspired by the courage all veterans show, especially those whom I have met through VA's special events," Derek said. "As an American, I am reassured by VA's commitment to take care of our veterans. It's truly an honor for me to be part of that mission." [VA](#)



Derek

Peter Hochla, M.D.

The telemedicine thing just wasn't working out for Dr. Peter Hochla at the New Mexico VA Health Care System in Albuquerque. He loved the idea and it made a lot of sense, but the veterans weren't having any of it. "They found it very impersonal," said Hochla, a psychiatrist.

So once a month he would take a commercial flight 200 miles to Roswell, N.M., then rent a car and drive 30 miles to the VA clinic in Artesia, N.M. At the end of the day he'd reverse the procedure and get home long after nightfall.

Over the years his patient load steadily increased until he was traveling five times a month to visit patients at VA clinics in Farmington and Silver City, in addition to his regulars in Artesia. The travel hours were talking their toll and costs were mounting. There had to be a better way.

A friend suggested he get his pilot's license. "At first I thought it didn't really make sense," said Hochla, who has been around airplanes throughout his career as a flight surgeon with the Air National Guard and Air Force Reserve, but always as a passenger. He went ahead and reviewed the General Services Administration travel regulations and discovered he could get reimbursed for piloting an airplane "if it was advantageous to the government." He did the math and found his travel costs combined with time lost in transit equaled the cost of renting an airplane.

He got his pilot's license in May 2003 and began rent-

ing a little Cessna 172 to fly to VA clinics in Farmington, Silver City and Artesia three times a month. "It turned out to be very efficient," said Hochla. "Instead of 10 hours of travel time, it now takes just two."

He also took over for another psychiatrist who was managing the care of patients at VA clinics in Raton and Gallup, N.M., making him responsible for mental health services at five clinics in all corners of the state. "It has put a whole new dimension on what I do," Hochla said.

His wife Cheryl, on the other hand, isn't so excited about him flying all over the state in a tiny airplane. "There are a lot of things that could go wrong" when you're behind the controls, acknowledged Hochla.

Shortly after he got his pilot's license, he was on the runway at the Albuquerque airport waiting his turn when a big commercial jet pulled in front of him and revved its engine in preparation for takeoff, slamming his little Cessna with a powerful jet blast. The impact blew his plane so far over that the propeller hit the runway,

shaving an eighth of an inch off the blades. Flying the 172 "is like going on the interstate with a moped," said Hochla. "You can do it, but you don't want to do it on a regular basis."

He has since been approved to fly the heavier Cessna 182 and the Diamond Star, a plane used by the Air Force for training purposes. He also is working on getting his instrument rating, which will allow him to fly more capable aircraft with increased power, speed

and better safety options.

Flying over Santa Fe and the Kit Carson National Forest is "fairly picturesque" in a Southwest sort of way, according to Hochla. But the view isn't what gets him up at 4 a.m. to check the weather reports. It's the freedom to fly and the satisfaction of knowing he's doing the job right. "This has given me a new lease on my career and makes it a whole lot of fun to get up in the morning," he said. **VA**
By Matt Bristol



MICHAEL D. KLEIMAN

Hochla conducts his pre-flight inspection at the Double Eagle Airport in Albuquerque, N.M.



MICHAEL D. KLEIMAN

Hochla says flying the little Cessna 172 "is like going on the interstate with a moped."

Gel Implants Renew Aging Eyes

Move over Lasik. Scientists at the St. Louis VA Medical Center and Washington University are investigating another option for millions of Americans suffering vision problems—a soft, flexible gel implant that could replace the human lens. Early research findings were presented Sept. 8 in New York during the 226th national meeting of the American Chemical Society.

“By creating a material that is soft, viscoelastic, dimensionally stable, clear, non-toxic and injectable, we should be able to replace the aging human lens with a material that will act as a healthy young lens with a minimal surgical procedure,” said Dr. Nathan Ravi, director of ophthalmology at the St. Louis VAMC and associate professor at Washington University, in an interview with UPI.

Gel implants could benefit millions suffering from lens-clouding cataracts and those living with presbyopia, a condition common among people over 40. As the eyes age, the lenses harden and lose flexibility, making it difficult to see things up close. The only current treatment options are glasses, special contacts or surgery. “We believe these gels are an important step toward creating a better solution for those suffering from presbyopia,” Ravi said.

Philly Doc Tackles Tumor Myth

Does exposure to air during surgery cause lung cancer tumors to spread? A surprising number of people believe this myth, according to study findings published in the



ROBERT TURTILL

A recent study found that a surprising number of people believe the myth that exposure to air during surgery causes lung cancer tumors to spread. This belief was particularly prevalent among African Americans surveyed; some even said they'd refuse to have surgery because of it.

Oct. 6 *Annals of Internal Medicine*.

Dr. Mitchell L. Margolis learned of the lung cancer myth 20 years ago when he joined the pulmonary clinic at the Philadelphia VA Medical Center. The idea was especially prevalent among African Americans and could explain why they were less likely than whites to survive lung cancer, he told *The New York Times*. His curiosity mounted over the years, so he decided to investigate.

He and colleagues surveyed 626 pulmonary patients seeking treatment at clinics in Los Angeles, Philadelphia and Charleston, S.C. They found 40 percent, or 250 patients, believed expo-

sure to air caused tumors to spread.

The myth was most prevalent among African Americans—61 percent surveyed believed it to be true. More alarming to researchers, 19 percent of African Americans surveyed said they would refuse surgery because of the myth and 14 percent said no doctor was going to get them to change their mind.

Lupus Antibodies Discovered Prior to Diagnosis

Scientists are one step closer to unraveling the mystery of lupus, a potentially fatal inflammatory disease in which the immune system loses its

ability to tell the difference between foreign substances and healthy cells.

Dr. John B. Harley, a staff physician at the Oklahoma City VA Medical Center and chief of rheumatology at Oklahoma University Health Sciences Center, and colleagues discovered the presence of lupus antibodies in blood samples of healthy military personnel collected years before they were diagnosed.

The findings may help researchers understand the causes, predict the onset, or develop potential therapies for lupus. “For the first time, this study shows that auto-antibodies occur years before the clinical features of lupus and that specific auto-antibodies are found very close to disease onset,” Harley told *The New York Times*.

Much of the work was conducted at the Oklahoma Medical Research Foundation, where the following message was posted: “We have studied the antibodies that are made in lupus patients and the substances to which they bind. This has led us to the suspicion that Epstein-Barr virus may be playing a role in causing this disease. Some of our research is now focused around testing this idea.”

For most people, lupus is a mild disease affecting only a few organs. For others, it may cause serious and even life-threatening problems.

More than 16,000 Americans develop lupus each year. It is estimated that 500,000 to 1.5 million have been diagnosed with the disease, according to the Lupus Foundation of America's Web site at www.lupus.org/index.html. **VA**

Shipment of holiday cheer



Left to right: Julie Grogan, Betty Stephens, Carole Wagner and Kathy Lehman prepare care packages for shipment to women soldiers serving in Iraq.

With thousands of Americans deployed overseas in the war on terror this holiday season, the Women Veterans Advisory Committee of the Northern Arizona VA Health Care System decided to bring a little holiday cheer to women soldiers serving in Iraq with the 426th Forward Support Battalion of the 1st Brigade, 101st Airborne Division.

The committee, headed up by women veterans coordinator Carole E. Wagner, collected several hundred pounds of toiletry items, non-perishable candy and snacks, disposable cameras, stationery and magazines to send overseas. Once word got out about their efforts, the donations started pouring in, according to committee member Sharon M. Millican. The committee timed their shipment to arrive in Iraq just before Christmas.

An online training program developed by employees at the **VA Hudson Valley Health Care System** in New York was deployed throughout VISN 3 over the past year. It was picked as the best program for VISN-wide use following a review of commercial vendor products. Because it was developed “in house,” there was no extra cost to the VISN, according to **Thomas Rooney**, chief of IRM at Hudson Valley. He said **John M. Grady**, the associate director, spearheaded the “E-Safety” program four years ago as an alternative to traditional classroom training. Safety officer **Linda S.**

Lafond developed the initial content for the training module and Web master **Renate Rainboth** made sure it worked properly. The program is interfaced with a database called TEMPO that keeps track of employee training.

Employees at the **VA Puget Sound Health Care System** worked with doctors on the U.S. Navy Hospital Ship *Mercy* to set up a special clinic for veterans aboard the 1,000-bed ship. The collaborative effort came about when Navy Capt. J.D. Malone learned the *Mercy* was heading to Seattle this summer for SeaFair and sug-

gested they work with VA Puget Sound to provide health care to veterans while in the area. Eighty-five Puget Sound-area veterans reported to the ship for clinic visits much earlier than originally scheduled. “It was a nice big surprise when the VA phoned me Monday about coming here, and shuttled me over,” one veteran reported. VA clinicians were impressed with the organization and capabilities of the *Mercy* and her crew. The ship has a 50-station trauma center, 12 operating rooms and an 80-bed intensive care unit.

Luis Angel Calderon, a 22-year-old veteran of the war in Iraq, received a grant from the Fallen Patriot Fund

established to help the families of military personnel seriously wounded or killed in action. He received the grant while recovering from a C-5 spinal cord injury at the **Miami VA Medical Center**. Calderon’s family moved from Puerto Rico to Miami to be closer to him during his recovery; his father **Luis Noel Calderon**, an Air Force veteran, joined the staff of the Miami VAMC as an electrician. With the support of his family and wife, Darlene, Calderon is making steady progress in his recovery. The Fallen Patriot Fund was established by the Mark Cuban Foundation, which matches donations dollar for dollar. For more information, visit www.fallenpatriotfund.org/. **VA**

Memorial to the fallen

Rudi Gresham, who served two tours in Vietnam with the 5th Special Forces Group and now serves as a senior advisor to Secretary Principi, was the guest of honor during an Oct. 25 ceremony at Dallas-Fort Worth National Cemetery. During the ceremony he accepted a memorial on behalf of VA that was later placed near the gravesites of the first Special Forces soldiers killed in Afghanistan and Iraq during Operations Enduring and Iraqi Freedom. About 200 veterans and their families, as well as active-duty soldiers from the 3rd, 5th, 7th and 10th Special Forces Groups, attended the ceremony. “I was very honored and privileged to be a part of this moving event,” said Gresham.



Rudi Gresham, far right, accepted a Special Forces memorial on behalf of VA at the Dallas-Fort Worth National Cemetery.

The Partnership for Public Service presented a Career Achievement Medal to **Dr. James P. Bagian**, director of the **National Center for Patient Safety**, during an Oct. 15 award gala in Washington, D.C. Bagian was one of nine people to receive the 2003 Service to America Medal. He was recognized

for exemplary contributions as a federal employee. In addition to leading



Bagian

VA's renowned patient safety program, Bagian's career includes service as a NASA physician and astronaut, an Air Force flight surgeon, an investigator for both the *Challenger* and *Columbia* space shuttle disasters, and an engineer with HUD, the Navy and the EPA.

Several VA facilities were honored recently for their efforts to help reduce traffic congestion and air pollution. The Association for Commuter Transportation presented its Silver Award in the Outstanding Service, Public Sector category, to the **Houston VA Medical Center** on Oct. 30 for organizing and managing the largest vanpool program in Houston. And Atlanta's Clean Air Campaign presented its 2003 PACE Award for Large Public Sector employer to the **Atlanta VA Medical Center** and Small Public Sector Award to the co-located **Atlanta VA Regional Office** for their comprehensive alternative transportation program.

The VISN 5 Homeless Program Coordinating

Committee received the 2003 Olin E. Teague Award during an Oct. 7 ceremony in the Cannon House Office Building in Washington, D.C. The award recognizes a VA employee, or team of employees, for extraordinary achievements in the rehabilitation of war-injured veterans. The VISN 5 committee was cited for using all available resources, including VA, other government agencies, nonprofit and community organizations, to provide the full continuum of care for homeless veterans. As a result of their efforts, 558 veterans in VISN 5 homeless programs were domiciled at discharge last year (85 percent) and 440 (68 percent) had jobs. Both outcomes are above the national average. The committee members are: **Debbie Renee Jackson**, **Theresa Lynn Crawford**, **Frank M. Miller, Ph.D.**, **Bruce Jennings, Ph.D.**, **Margaret A. Collier**, **Dale E. Smith**, **Ella J. Angell**, **Paul E. Smits**, and **Kenneth Backer**.

The American Nurses Credentialing Center recently awarded its first Magnet Prize Award for Exemplary Innovation to the **James A. Haley Veterans' Hospital** in Tampa, Fla., for developing and implementing the Nursing and Hospital Services—**Patient Safety Center of Inquiry**. Only organizations that have been recognized by ANCC for achieving and sustaining Magnet status for excellence in nursing services are eligible for the Magnet Prize award. In March 2001, James A. Haley Veterans' Hospital became the 29th organization worldwide and the first VA health care facility to achieve Magnet status. The center's director, **Audrey**

Nelson, Ph.D., and associate directors **Pat Quigley, Ph.D.**, and **Gail Powell-Cope, Ph.D.**, successfully acquired \$26 million in external funding for patient safety research projects.

The **Leadership VA Alumni Association** presented a \$2,500 Academic Scholarship Award to **Scott D. Severns**, an information security officer at the **St. Louis VA Regional Office**. He is the first recipient of this new scholarship.

Beth Hammer, R.N., a nurse practitioner in cardiology at the **Clement J. Zablocki VA Medical Center** in Milwaukee, was honored by *NurseWeek* for "Advancing the Profession" of nursing. She was selected by a panel of 12



Hammer

nurses from a field of 51 finalists representing 15 states. Hammer, who joined the Zablocki VA right out of college, stays ahead of the latest research findings and looks for opportunities to improve patient care. She was a key figure in developing the medical center's 23-hour Chest Pain Evaluation program, which is used to determine the risk for heart attack in emergency room patients complaining of chest pain. "Nursing offers a unique combination of being both professionally and personally rewarding," she told *NurseWeek*.

The American Association for Women Radiologists awarded the **Alice Ettinger Distinguished Achievement**

Award to **Dr. Gretchen A.W. Gooding**, chief of radiology at the **San Francisco VA Medical Center** and vice chair of radiology at the University of California, San Francisco. This lifetime achievement award recognizes Gooding's long-term contributions to radiology as a leader, mentor and educator.

The **VA Central California Healthcare System** received the Central California Excellence in Business Award for Health Care. Each year, the *Fresno Bee* teams up with the Central Valley Chambers of Commerce and several economic development corporations to recognize 10 businesses that demonstrate high ethical standards, community service, employee and customer satisfaction, growth, success, and concern for the environment. The *Bee* cited VA Central California's high-profile community presence and committed work force.

Accidents Stink! Or Bowel Care 202, an educational video produced by the Spinal Cord Injury Service at the **VA Puget Sound Health Care System**, was named a finalist in the Caregiving category of the 2003 International Health and Medical Media awards. The awards, also known as the **Freddies**, are the Oscars of health and wellness programming. *Accidents Stink* details the specific bowel care needs and techniques for persons with spinal cord injuries. **Steven Stiens, M.D.**, **Tammy Pidde, R.N.**, **Brenda Veland**, **Marguerite David** and **Kathleen Chadband** contributed to the project. They used a humorous approach to ease viewers into a sensitive subject. VA

Quick thinking saves a life



BOBBI D. GRUNER

Gathered again at the scene, physicians (from left) Paul Haidet, Rebecca Beyth, Hashem El-Serag and Carol Ashton discuss how they used a recently acquired portable defibrillator to stabilize a car accident victim.

A.E. "Jack" Drews, a 77-year-old World War II veteran, wasn't feeling well and was driving himself to the Houston VA Medical Center when he lost consciousness about a block from his destination. His sedan veered across a median, cleared two lanes of oncoming traffic, smashed into three parked vehicles and finally crashed into a stone pillar holding up two sections of iron fence.

Fortunately for the driver, the crash occurred just outside VA's Houston Center for Quality of Care and Utilization Studies. Four VA research physicians, Carol Ashton, Rebecca Beyth, Hashem El-Serag and Paul Haidet, raced over to the wreckage, pried open the car doors and found that the driver was not breathing and had no pulse.

Drews was, as one of his rescuers recalled, in "full cardiac arrest." Luckily, the medical center had recently installed an automated external defibrillator, which was quickly brought to the scene.

The driver was successfully resuscitated with the first shock and began to bleed from a deep head laceration sustained in the crash. The physicians continued to treat his injuries until an ambulance arrived to transport him to a nearby hospital.

Dorothy Duncan, a healthcare inspector with the Office of Inspector General, was on a flight to Portland,

Maine, when the 92-year-old passenger seated behind her began showing symptoms of a stroke. Duncan identified

herself as a registered nurse and offered assistance to the crew. She was unable to find a radial pulse, but the passenger was breathing. Duncan requested the aircraft's emergency oxygen equipment, removed some of the passenger's clothing and reclined her seat. The crew lowered the temperature in the cabin and decreased altitude to boost the oxygen level in the cabin. The stricken passenger began responding and regaining color. Duncan continued monitoring her condition, while calming her granddaughter and surrounding passengers, and briefing the crew and the paramedics who boarded the plane upon its arrival.

Miramar City, Fla., commissioners recently honored Miami VA Medical Center's Gaye Belgrave, R.N., with a Citizens Commendation Award for saving a fellow citizen's life. Jim Hotchkiss was shopping at the local Wal-Mart when he suffered a full cardiac arrest while loading merchandise into his vehicle. A store employee's call for help alerted Belgrave, who immediately responded by checking his vital signs and starting CPR, which she and another Good Samaritan sustained for 15 minutes in the scorching sun. Emergency personnel finally arrived and transported Hotchkiss to a local hospital, where he underwent coronary artery bypass surgery.

Returning home from the VA Northern Indiana Health Care System's Marion division, police officer Jeremy Hopkins saw the vehicle he was following swerve off the road and roll over. Hopkins stopped his

vehicle and ran to the crash site, where he found two people pinned in the wreckage. Asking another passerby to call 911, Hopkins provided first aid and reassured the victims that help was on the way. Emergency personnel soon arrived but found they needed more manpower to extricate the victims; they looked to Hopkins for added muscle. With his help they extricated and prepared the victims for transport to the local hospital. VA

Grateful co-worker



Paula Torres with her rescuer and fellow VA employee, Chuck Hayden.

Chuck Hayden, business manager at the Poplar Bluff, Mo., VA Medical Center, recently saved the life of fellow employee Paula Torres. Hayden performed the Heimlich maneuver when Torres began choking while eating lunch. "I'm not sure what would have happened had he not been there," said Torres. "I truly believe he saved my life."