A photograph of a man in a military flight suit hugging a woman and two children in front of an aircraft. The man is on the left, wearing a green flight suit with a patch on the shoulder. He is hugging a woman on the right who is wearing a brown leather jacket. Two children are in the middle, one wearing a green jacket and the other wearing a purple and white patterned sweater. They are all smiling and looking at each other. The background shows the side of a large aircraft.

VAanguard

U.S. Department of Veterans Affairs

January/February 2003

Answering the Call

Capital Leasing Program

Making a Difference in VBA

Minority Youth Program



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Vanguard

VA's Employee Magazine
January/February 2003
Vol. XLIX, No. 1

Printed on 50% recycled paper

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

Department of Veterans Affairs
810 Vermont Ave., N.W.
Washington, D.C. 20420
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E-mail: vanguard@mail.va.gov
www.va.gov/pubaff/vanguard/index.htm

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On the cover

When called to serve, reservists and National Guard members, like this Wisconsin airman returning home from Operation Enduring Freedom, must make many personal sacrifices, including being separated from their families. Hundreds of VA employees have been called up since 9-11. National Guard photo by Staff Sgt. Thomas J. Sobczyk Jr.

Priority Access for Severely Disabled Vets

I WOULD LIKE to comment and also ask for a clarification pertaining to the article "Severely Disabled Vets Get Priority Access" in the November/December 2002 issue.

First the term "enroll" for VA health care needs to be clarified. Was this covert veteran sent by Mr. Principi actually trying to enroll for health care or was he trying to "get" health care?

If as stated he was 100 percent service-connected then he surely must have

been "enrolled" in the VA system before he undertook his covert operation. If he in fact was sent to the various clinics to "obtain" care then the article quite rightly points out some of the obstacles that "all" veterans encounter when visiting the various clinics, hospitals, etc., of the VA health care system.

Mr. Principi thinks that because this veteran was wounded in combat and has spent more than half his life in a wheelchair he is entitled to priority care before any "other" veteran. That only creates an atmosphere of re-

sentment on the part of those veterans who did serve their country but did not "see" combat. Why should these veterans be singled out as less than their counterparts who did see combat?

I have spoken with veterans both service- and non service-connected and we agree that we are all one group and that is we are "veterans."

*Michael L. Leary
Medical Support Assistant
Perry Point, Md., VAMC*

YOU ARE absolutely correct in that, by law, a 100 percent service-connected veteran does not need to "enroll" to receive VA health care. To clarify the issue, we asked the covert operative himself. He indicated that the Secretary did in fact ask him to try to enroll and receive care. In the story, the sen-

tence should have read: "His mission—try to enroll and receive VA health care."

You are also accurate in your assessment of veterans as "one group." Veterans sacrificed personal freedoms to defend the principles upon which our nation was founded, regardless of whether they saw combat or not. They were prepared to go to war, when called upon, and share this unique bond.

However, when seeking VA health care, veterans are enrolled based on priority groups. This system determines which veterans will get priority access to VA health care in the case of limited congressional appropriations.

At the top of the priority list are veterans with 50 percent or more service-connected disabilities. The priority system is not based on whether veterans saw combat, but whether they have a service-connected disability.

The Secretary's decision to provide priority access to severely disabled veterans was the result of the unacceptable length of time some of these veterans were waiting for care. With all veterans eligible for VA health care and more than 300,000 veterans nationwide waiting for care, a decision had to be made to ensure those who rely on us the most were not being lost in the shuffle.

Losing His Locks for a Good Cause



KATHY TATE

Gabriel Perez gets a new look from Faith Smith and Sylvia Garcia Ortega.

Prior to the start of the 2002 Combined Federal Campaign, Gabriel Perez, director of the Aleda E. Lutz VA Medical Center in Saginaw, Mich., proposed a friendly challenge: if employees could surpass the hospital's CFC goal by 15 percent, he would publicly shave his head. Well, they topped the goal by 40 percent, raising more than \$14,000.

So on Nov. 22 Perez kept his word and let his secretary Faith A. Smith and hairstylist Sylvia Garcia Ortega clip away his graying locks. Once the clippers had done their deed, Ortega pulled out the shaving cream and a straight razor to put the finishing touches on Perez's new look. Kathy Tate, chief of Voluntary Service, said the crowd went wild.

Are You Watching?

Don't miss your weekly helping of "VA News," news for and about VA employees delivered each week in a digestible 10-minute video shown daily at 4 a.m., noon, 4 p.m. and 10 p.m. (Eastern Time) over the VA Knowledge Network satellite link to your facility.

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, 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.



Log on to Results.gov and Stay Informed

Andrew H. Card Jr.
White House Chief of Staff

I would like to introduce you to Results.gov, a Web site that is designed to help you and every member of the President's team better serve the American people. I highly encourage you to log on at www.results.gov.

We hope you find this Results.gov Web site of value. We want to keep you informed of the President's expectations, goals and policies and to let you know who the Administration's leaders are and how to get in touch with them. We also want to support the implementation of the very important President's Management Agenda.

Once on the site, go to the section "The President and His Leadership Team" to find:

- messages from the President on what he expects of us and how he believes we

are doing, including a Dec. 16 address to his senior management team;

- pictures, brief bios and contact information for each Senate-confirmed appointee, the chiefs of staff and senior White House staff members;

- lessons and inspiration from the 55 recipients of this year's Presidential Rank Awards, the highest honor the federal government can bestow upon a career civilian employee;

- interviews and commentary, highlighting best

practices and lessons learned, from government leaders past

and present; and

- an article on "Potomac Fever," a condition that government employees in Washington, D.C., are especially susceptible to.

Visit the section "The President's Management Agenda," where you can find:

- the latest management scorecard, where you can track how successfully your department is implementing the President's Management Agenda;

- monthly progress reports on each of the five

components of the President's Management

Agenda; and

- periodic reports from each of the departments and agencies on their Management Agenda successes and setbacks, to give you ideas about what is, and what isn't, working elsewhere.

We want the site to help you, the Administration, and the entire federal government be successful at better serving the American people. As the President said, "We are not here to mark time, but to make progress, to achieve results and to leave a record of excellence."

We want the site to help you, the Administration, and the entire federal government be successful at better serving the American people.

Be sure to re-visit Results.gov from time to time, as new content will be added to the site every couple of weeks. Also, we welcome your input, so please use the e-mail feature at the bottom of "The President and His Leadership Team" page to provide us with your feedback on this site. [VA](#)

How Are We Doing?

The latest management scorecard report issued by OMB shows VA is on track to meeting every initiative in the President's Management Agenda.

OMB gave VA "green lights" for its progress in implementing all five initiatives of the president's agenda: strategic management of human capital, competitive sourcing, improving financial performance, expanding e-government, and budget and performance integration. The scorecard rated VA's performance as of Dec. 31, 2002.

The President's Management Agenda is a strategy for improving the management and performance of the government. The scorecard rates each agency's progress in performance of goals set jointly by the agency and OMB. Green is the highest rating OMB awards.

In the previous scorecard, released Sept. 30, 2002, VA received "green lights" in two of the five areas—human capital and budget. Two other initiatives—financial performance and e-government—were given "yellow lights," indicating significant hurdles to timely accomplishment. The competitive sourcing initiative showed the most improvement, moving up from a "red light," meaning the initiative is in serious jeopardy, to a "green light" in December.



Editor's Note: The White House Chief of Staff shares his message to federal employees as a guest columnist in this issue.



Preparing for the Long Road Ahead

Charles W. Nesby

Director, VA Center for Minority Veterans

As we celebrate Black History Month, it can be successfully argued that this country's minorities have come a long way socially, economically and professionally. It's been a long road to our present point in history, yet it can be equally argued that we still have a long way to go.

As the destructive ethos of racism and other discriminatory practices and attitudes erode, we all must demonstrate the moral courage to do honest self-assessments on how we are preparing individually for the long road ahead. Windows of opportunity are fleeting, and one's skill set can easily get lost in poor timing or bad luck.

I had the honor and privilege of meeting an accomplished man not long ago. He told me the story of a young boy who had grown up in the Virginia Beach, Va., area. The boy's father worked at a gas station and was injured one day while working underneath an automobile. The family rushed him to the nearest emergency room, but they were turned away because they didn't look like the people around them. They were black and this was a white hospital. The injured man was given some aspirin as relief for his separated shoulder and sent home.

The man, a World War II veteran, suffered through half the night in pain. When it became unbearable, he told his wife, "Take me to The Vet!" The Vet (VA hospital) was way across town and a

ferry ride across the Chesapeake Bay. The VA hospital provided emergency care and kept the patient for a couple of days. While the boy's mother stayed by his father's bedside, the boy and his brothers and sisters played along the beach in front of the hospital. From that day on, the boy looked forward to his Dad's visits to "The Vet," because it was an opportunity to run and play on that beach along the Chesapeake.

The boy grew to become quite an accomplished young man. He became a professional in his chosen vocation and adroitly rose through the ranks. He never

forgot his roots and saw clearly his mission in helping others. Today, that man still holds dear those days when he played on the beach of "The Vet."

He looks forward to each day that he views that beach from the window in the director's office. He has come full circle. He is Joe Williams, director of the Hampton, Va., VA Medical Center.

His story is a good story, a success story, and one that needs to be told. I'd like to tell you that it's an unusual story but it's not. Indeed, there are many untold stories

of success like it. Painful to tell because of the dehumanizing characteristics that racism and similar practices reveal.

A pain to be remembered, for sure. Remembered in a way so as not to let it invade our lives and opportunities for the future. Like Joe Williams, we have come a long way. Yet we have a long way to go.

What better place to start that trek than right here in our own home, VA. Our minority numbers are disproportionately low relative to our workforce population at the GS-13 and above levels.

As the director of the Center for Minority Veter-

degree or advanced degree? Are you taking courses to improve those writing skills? Are you volunteering for the hard jobs and weekend work? Are you the "go to" person in your office when it's third down and the supervisor calls the play? Do you socialize outside your own homogeneous groups and learn to be comfortable in other social settings? Are you establishing relationships and professional mentors? Are you staying at the top of your game in your professional and technical expertise? Do you geographically relocate to take the hard jobs wherever the organization needs you?

If your answer to every

Tearing down the impediments to opportunity is all for naught if we're not willing to individually prepare ourselves to compete favorably when the opportunities arise.

ans, part of my mission is to review and evaluate policies that inhibit opportunities and accessibility for all of our veterans in receiving the benefits and high quality service they have earned. As a leader, I have a responsibility to my subordinates to shepherd their professional growth and vertical opportunities.

But what is your responsibility to yourself, to the leader, to the organization, to the team? What are you doing to prepare yourself for those vertically mobile professional positions within the organization?

Are you pursuing that

question posed isn't "yes," then I submit that you are not ready to seize the day when those windows of opportunity open. Tearing down the impediments to opportunity is all for naught if we're not willing to individually prepare ourselves to compete favorably when opportunities arise.

I call on you to do your part. Get yourselves ready! This is what our history is all about—building our future. Take this to heart, and like the young boy who became Director Joe Williams... "You can study black history, or ... *you can go out and make it!*" **VA**

Financing Big-Ticket Items

Capital Leasing Avoids Up-Front Costs



MINNEAPOLIS MEDICAL MEDIA

With help from the capital leasing program, VISN 23 plans to install PACS at the Minneapolis VAMC later this year. Here, the VAMC's Kurt Finke, Mary Shaw and Dr. Quentin Anderson view a CT scan.

If you made a New Year's resolution this year, you're not alone. Roughly 100 million Americans engage in this annual ritual, vowing to do everything from lose weight to launch a new career.

Whether you choose a perennial favorite like sticking to an exercise program or something more off-beat like competing to be the next "American Idol," carrying out resolutions is always harder than making them. Once your initial fervor fades, staying motivated can present quite a challenge.

If you think it's hard keeping your resolutions, just listen to what Dr. Quentin Anderson, director of Imaging for Veterans Integrated Service Network 23 (Minneapolis), intends to do this year. His resolution makes most others—even losing 10 pounds—seem almost easy.

Anderson says he wants to build

a virtual radiology department that will serve all the imaging needs of veterans and providers throughout VISN 23. Created from the merger of former VISNs 13 and 14, VISN 23 operates 10 medical centers, 35 community-based outpatient clinics, four domiciliaries, and seven VA nursing homes in Iowa, Minnesota, Nebraska, North and South Dakota, Western Illinois and Wisconsin. Anderson wants to enhance patient care and improve imaging service to providers by replacing standard X-rays with computerized digital images that can be viewed on specialized workstations.

"We saw the need for an innovative program that helps facilities and organizations get equipment they need now while spreading payments over a number of years."

The National Acquisition Center in Hines, Ill., expects to award a contract in February to install a Picture Archival and Communication System at the Minneapolis VA Medical Center. Most commonly referred to by its acronym, PACS, this technology makes it possible to retrieve and view images taken and stored in a centralized location that may be hundreds of miles away.

Many VA employees already know about PACS and its benefits for patients and providers. After all, the Baltimore VA Medical Center, part of the VA Maryland Health Care System, became the first hospital in the entire country to install PACS back in 1993. As lead biomedical engineer for the Maryland project, Kurt Finke, director of Biomedical Instrumentation at the Minneapolis VAMC, saw firsthand the far-reaching advantages of this technology.

The efforts of Anderson, Finke and their colleagues across the network provide a foundation for VISN 23 to expand PACS into other facilities. "Integrating one imaging system across the network will make it possible to provide the same quality of care and access to radiology sub-specialists for every veteran and provider in VISN 23, regardless of location," said Anderson. "Our VISN Director, Dr. Robert Petzel, has created an environment in which this initiative can succeed.

Continued on page 24

Director CARES About His Message to Vets

He stands behind the podium confident and poised, like the seasoned professional that he is. There is a bit of apprehension in his voice; he knows the message he is about to deliver may not be what the audience wants to hear.

But for Jose R. Coronado, director of the South Texas Veterans Health System in San Antonio, being in the line of fire is nothing new. In his 41 years with VA—28 as a medical center director—Coronado has been the point person on countless VA initiatives, some popular and some not so popular with veterans.

The latest VA initiative he is addressing is the Capital Asset Realignment for Enhanced Services (CARES) health care planning process, which he calls “a good thing.” In a span of eight days in December he conducted six consecutive town hall meetings in six South Texas cities telling veterans and stakeholders that CARES will bring resources closer to where they’re needed.

Referring to his fellow veterans as “a very special group of people,” Coronado, a Korean War veteran, pointed out that for VA to continue to provide the quality care veterans deserve, the CARES initiative is an essential undertaking.

“We are trying to keep up with growth and planning for veterans’ future needs,” he said. “I don’t want you to leave here thinking that CARES is a bad thing—that we’re going to take something away. That’s not what Congress wants us to do and that is not what we want to do.”

“Our intention is to expand health care services to more veterans in more locations. We are shifting care where it is most needed

and, at the same time, expanding its availability to more veterans. This initiative is designed to enable us to use our resources more efficiently and effectively.”

Coronado has taken the lead among his fellow directors in conducting these town hall meetings as called for in the CARES planning process. The purpose of these meetings is to get feedback from veterans, VA employees, congressional staff members, union officials and community leaders on how best to meet the health care needs of veterans.

While audiences listened intently to his presentation, which included maps, diagrams and charts outlining the CARES process, some veterans used these forums to air their grievances and to call for a VA hospital in the Rio Grande Valley.



OZZIE GARZA

Jose Coronado prepares to take a question from the audience at one of the CARES town hall meetings.

“Don’t tell me about what you’re going to do in the future, just meet our needs now,” said one vet.

Continued on page 24

What’s happening with CARES?

Step three of the nine-step CARES process, completed in November 2002, involved conducting a thorough analysis and projection of the veteran population and their health care needs for the next two decades. From that projection, VA identified “planning initiatives,” or gaps, between current supply and future demand through 2022.

During this stage of the process, essentially a needs assessment, factors such as workload, facility location, access, space and health care needs were analyzed. Opportunities to collaborate with the Department of Defense, university affiliates and local communities also were identified.

In December, VA’s 21 health care networks began focusing on resolving the needs identified by the planning initiatives. They had 90 days to develop market plans (solutions) to the planning initiatives (gaps). Although veterans and other stakeholders are encouraged to be actively involved in the entire CARES process, this 90-day period has been the most critical for getting their input. Market plans will be submitted in February,* completing step four of the process.

From there, regional network plans will be integrated into a draft National CARES Plan, which will be reviewed by VA clinical leaders and by an independent CARES Commission beginning this spring. After the commission has held a series of public hearings and collected input from veterans and other stakeholders, it will submit the final plan to the Secretary, who will announce his decision in October. More information about CARES is available at www.va.gov/CARES. *Editor’s Note: At press time, this deadline had been moved to April.

Making a Difference in VBA

A new initiative launched by VBA chief Daniel Cooper shines a light on the importance of the work employees do for veterans.

Last September, Adm. Daniel L. Cooper, VA's Under Secretary for Benefits, announced during a national broadcast with Secretary Principi that VBA would be launching a new initiative to recognize qualities that VBA employees exude and that he and the Secretary strongly encourage.

Called the *Making a Difference* campaign, the initiative has its roots in the VA Claims Processing Task Force report, released in October 2001. Chaired by Cooper, the task force provided Secretary Principi with recommendations designed to produce greater organizational consistency and credibility within VBA. Cooper and Stan Sinclair, his deputy, gathered a VBA leadership team and set out to implement those recommendations.

As 2002 ended, VBA employees saw great changes in their organization. For many, their fiscal year 2002 performance targets seemed improbable when they were first established. Yet they rose to meet the challenge and wound up producing big results. In fact, all VBA programs exceeded their performance

levels of previous years in nearly every measure.

The three guiding principles of the *Making a Difference* campaign come from themes expressed in the task force report: accountability, integrity, and professionalism. VBA expanded on those three principles by adding quality, enthusiasm, commitment, vision and mutual respect. These words encircle the campaign logo that has been incorporated into pins and posters, distributed throughout the organization, and displayed in VBA offices all over the country.

"When Stan Sinclair and I came to VBA, we said we wanted to make a difference. We wanted to ensure that our nation's veterans receive the highest level of quality service and uniformity of results, no matter where they live," said Cooper.

"Just as important to us was the goal to improve the tools, abilities and working environment of the VBA employees. We want to showcase the efforts of our employees who are out there making a difference, and we want each of them to

know that what they do is appreciated."

The *Making a Difference* campaign focuses on VBA employees. It gives them a chance to share in the satisfaction of knowing they make a difference. It also serves to remind them that what they do each day—whether it is filing, data entry, rating, counseling, or a myriad of other duties—can and does change the lives of veterans.

This campaign also focuses on making that extra effort—taking that extra look, that extra step. Each time a VBA employee moves a claim forward a bit faster because the face behind the folder is a World War II veteran, or does a little extra research to find special training for a seriously disabled veteran, perhaps a sculpting class for a veteran who dreams of becoming a sculptor, the result can be dramatic improvement in a veteran's quality of life.

"We are extremely fortunate to have jobs that give us the ability to truly make a difference in the lives of our nation's veterans," said Cooper. "That is a special gift, a very special job to have."



DAVEY JOHNSTON

Education Unit staff at the Muskogee, Okla., Regional Processing Office exceeded their performance levels even while helping two other offices process education claims. Left photo: Senior Veterans Claims Examiner Billie McGeehon; center photo: Education Claims Managers Tracy Sharp, Cindy Buie and Marje Whisenhunt; right photo: Education Liaison Representative Michael Marks and Workstudy Lisa Eaton.

Cooper encouraged all regional office directors to incorporate *Making a Difference* into their local incentive awards programs. He also employed the theme in his Under Secretary for Benefits' High Performance and Special Contribution Awards Program. The first series of these awards recognized VBA employees who exemplify the three guiding principles. The awards panel approved nine of the 47 nominations received. The first *Making a Difference* awardees are:

- staff of the Records Management Center's VA Liaison Office at the National Personnel Records Center in St. Louis, who reduced the pending requests for military records by more than 40 percent;

- the Waco, Texas, VA Regional Office's Veterans Service Reach-Out Team, which significantly improved services to Native American and other minority veterans and their dependents, former prisoners of war, and homeless veterans and dependents;

- staff at the newly established Philadelphia Pension Maintenance Center, who hit the ground running and were able to complete their work ahead of schedule;

- Salt Lake City Veterans Service Center employees, who were involved in the development, testing and implementation of software applications and the development and testing of national standards, while also working ratings from other stations on an ongoing basis;

- staff of the Education Unit at the Muskogee, Okla., Regional Processing Office, who had an exceptional performance year while also assisting both Atlanta and Buffalo in processing their education claims;

- Nashville Veterans Service Center staff, who began the transition to the Claims Processing Improvement model early, the result of which put 87.5 percent of targeted claims under control within seven

days of receipt;

- employees at the Togus, Maine, Resource Center, who consistently exceeded monthly production targets and completed 142 percent of the performance goal for that center;

- staff from the Early Intervention Program in the San Diego VA Regional Office's Vocational Rehabilitation and Employment Division, who have, since the program's inception in fiscal year 1993, provided counseling services to more than 50,000 separating service members;

- the Montgomery, Ala., VA Regional Office's VR&E Student Career Program staff, who actively recruited and developed talented employees. They hired the first Stu-

dent Career Experience Program participant and trained 24 participants, 14 of whom have since been hired.

VBA has much more to accomplish, Cooper acknowledged, and he wants the new campaign to motivate employees as they strive to achieve their goals. "It is my sincere hope that *Making a Difference* will help us all consistently remember the sanctity and idealistic nature of our work," he said. "We hope that this recognition of employee effort will sustain us, drive us harder to always produce our very best work, and reinforce pride in what we achieve each day." VA

By Roxanne Fischetti

Above and beyond for a veteran

The VA Regional Office in Oakland, Calif., isn't a movie set and no one is remaking *It's a Wonderful Life* there, but in a sense Dennis Uldricks, public affairs officer at the VARO, may have just earned his own set of wings in a real-life story that helped a dying Vietnam veteran.

"Jerry," an Irish-American veteran who served as a medic in Vietnam, had no money and was dying of cancer. He hadn't had a permanent home for some time. In pretty bad shape, he moved from friend's house to friend's house in the San Francisco area. It was in a bar near Geary Street that Uldricks learned of Jerry's plight from some of the veteran's Irish buddies. They all knew him.

Uldricks returned to the bar soon afterward with a benefits application form. The guys got Jerry's signature and helped him fill out the form. In the meantime, Uldricks checked with the San Francisco VA Medical Center and found out Jerry was being treated there and was extremely ill. He also discovered that Jerry had an informal claim with VA from the year before but had never followed up. Within a week, Uldricks was able to get Jerry a 100 percent service-connected disability and a pension.

"Everything got done quickly because everyone at VA understood the situation and worked as a team," Uldricks said.

He spoke with Jerry's VA doctors, VA social workers and hospice staff. He and his wife, Kim, also helped Jerry find a board and care facility he liked, make it to his medical appointments, and get back in touch with his siblings—a couple of whom he hadn't spoken to in 20 years or more. This Vietnam veteran went from having no place and nothing to having a place to live with a private room, cable television, three square meals a day, friends and visitors, and a reconnection with his family. "All we want is, for however long he has, we want him to enjoy what he's doing and have some fun," explained Uldricks, who is uncomfortable with taking a lot of the credit.

You've earned your wings, Dennis.—*Susan Fishbein*

It's Everybody's Business

Privacy is a **red-hot** topic in the federal government. Meet the leaders of VA's model initiative.

Bruce A. Brody was named VA's associate deputy assistant secretary for Cyber Security in March 2001. In this position, he serves as VA's chief information security officer and is responsible for directing and overseeing all cyber security activities of the second largest cabinet-level department in the federal government. Since March 2001, Brody has directed the Office of Cyber Security (OCS) through a major expansion in size and scope, incorporating such new missions as critical infrastructure protection, privacy, active incident management and response operations, and information security officer professionalization and certification.

Barbra Symonds, director of the Privacy Service in VA, has been with the Department for nearly 13 years. In that time, she has helped direct and manage a number of key VA initiatives.

Although mentioned together in many contexts, security and privacy are generally understood to be distinct program areas. Privacy is the policy goal that seeks to establish access controls for individuals with respect to their personal information. Security encompasses the methods for protecting the information and ensures that desired privacy policies are carried out through a combination of technological and administrative means and legal deterrence.

VA has a strong legacy of protecting the privacy and security of veterans' personal information. The Department has long adhered to various privacy laws such as the Privacy Act of 1974 but recently established a central organization, the Enterprise Privacy Program [EPP], to oversee the multiple efforts to protect veterans' personal information and ensure all current and future privacy

laws are applied consistently throughout VA. Given the recent privacy laws that have been passed by Congress, and potential additional laws, EPP has an important challenge in effectively integrating all privacy laws throughout VA.

VAnguard: What is EPP?

Brody: The Enterprise Privacy Program is an initiative within the Office of Cyber Security, which oversees and directs VA's strategic privacy plan and assures compliance with the various laws and regulations regarding confidentiality, integrity and availability of data. EPP is the Department-level organization recently created to centralize VA privacy accountability and guidance in one place. EPP is responsible for overall policy and direction for VA's privacy programs and serves as VA's Privacy Office.

There are other VA personnel working with EPP on behalf of the three administrations and other staff offices within the Department in order to focus on the relevant privacy requirements and their application to all VA employees. EPP's first goal is to ensure that all VA employees are aware of and understand their responsibilities to protect veterans' personal information and comply with all privacy-related regulations.

VAnguard: Why is EPP housed within OCS?

Brody: Privacy and cyber security are so compatible and complementary that separating them is impractical. Many of the policies, procedures, and technologies that apply to cyber security also apply to privacy, so efficiencies and economies of scale dictate that the two disciplines be tightly integrated. Privacy occupies a unique position in OCS,



but it draws on the rest of the cyber security structure to maximize its reach throughout VA. Privacy and cyber security will continue to intertwine until there is virtually no distinction between the two disciplines. At the heart of the issue is the protection of information pertaining to veterans and VA business processes, and both privacy and cyber security provide the necessary assurances to meet this goal.

VAguard: *Why is privacy so important? What are the major drivers for the many new privacy laws?*

Symonds: In response to legislative and executive policy direction, VA created OCS to meet cyber security requirements and address existing weaknesses and deficiencies. OCS created EPP to manage Departmental compliance with existing informational privacy requirements and prepare for and meet the privacy, security, and Administrative requirements of the new privacy laws.

VAguard: *What impact will these privacy laws have?*

Symonds: Just as cyber security has recently received attention, so too has the issue of the privacy of personal information been attracting greater scrutiny. Both private industry and government recognize the importance of privacy concerns and are taking steps to develop institutional safeguards to protect personal information.

Although there are adjustments that VA will have to make, the basis for protecting privacy is already in place through the requirements of the Privacy Act, Freedom of Information Act, and other legislation required of government agencies. As a result, the impact to VA employees is expected to be limited in comparison to those of the private health care industry.

VAguard: *What has EPP done to date?*

Symonds: EPP has created and begun to implement an overall privacy compliance strategy for VA. They have conducted a gap analysis of relevant policy, implemented an awareness campaign to raise awareness of privacy issues around information management, and are in the process of rolling out Web-based training for all non-VHA employees and volunteers and contractors.

Additionally, new policies will be implemented regarding the collection, management and transfer of veterans' personal information. Handbooks regarding those

policies and procedures will be distributed to all appropriate staff. Also, a new system called the Privacy Violation Tracking System will be implemented to identify, record, and monitor any breaches of privacy. We have designed this system so that we can monitor our progress in quickly resolving violations.

Also, all VA employees will receive training regarding the privacy rules and regulations.

To promote the protection of VA information, EPP will coordinate information assurance efforts with existing VA offices managing systems of records under the Privacy Act of 1974 and information requests under the Freedom of Information Act.


VAguard: *How does that affect veterans and VA staff?*

Symonds: Veterans will be receiving a Notice of Privacy Practices in the mail, provided by the Veterans Health Administration, that will explain exactly how VA will use and protect their data. VA has always been committed to protecting veteran information, and this publication will serve to affirm that commitment.

Non-VHA staff, contractors, and volunteers will be required to take VA privacy training that will explain, in more depth, the meaning of privacy and staff requirements. VHA employees will receive training developed specifically for the health care environment. The training will be Web-based and will take about 30 minutes to complete. Staff without Internet access or staff with special needs will have training made available to them accordingly.

The training will be launched in early February and must be completed by April 14. In addition, all VA staff, contractors, and volunteers will have access to training, VACO news articles and the OCS Web site (vawww.infosec.va.gov) and will be receiving brochures, posters, and reference cards, all to help explain the significance of privacy in today's environment and specific responsibilities under the new regulations.

VAguard: *Whom should employees contact if they have questions?*

Symonds: They should contact the Enterprise Privacy Program, at (202) 273-5070 or by e-mail at vacoepawareness@mail.va.gov with any questions about the VA Privacy initiative. 

Given the recent privacy laws that have been passed by Congress, and potential additional laws, the Enterprise Privacy Program has an important challenge in effectively integrating all privacy laws throughout VA.

A Youthful Approach to Succession Planning

A new minority youth program is helping Baltimore high school students stay on track to college and beyond—and helping government plan for a future workforce



CMS PHOTO BY BONNIE HOWARD

VA's Assistant Secretary for Human Resources and Administration Dr. Jacob Lozada, center, says programs like the one these Baltimore high school students are participating in are a key way to bring diversity into the agency's workforce succession planning efforts.

Stephanie Davis sits at the far table in her high school uniform—khaki pants and light blue shirt emblazoned with a colorful academy logo. She's surrounded by a swirl of chatter in the large government training room, and she gladly joins in to celebrate this day away from school.

But make no mistake about it—the outgoing teen is there to learn more about educational and career

options, thanks to a joint youth program launched last fall by VA and the Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS). And she's watching eagerly for the signal to begin the day's activities.

Davis attends Baltimore's Patterson High School Arts and Humanities Academy. The youngest of the approximately 30 students in the youth program, Davis says she

enjoys observing what different people do in the workplace. "I saw where they rehabilitate veterans at the VA medical center. They smile when they see new faces." Is rehabilitation therapy a career possibility for her? "Maybe," she responds. "I have to be in a career that I like, and I'm exploring the options."

The Big Picture

The Student Academy Youth Program is the latest alliance in a federal effort to kindle student interest in learning and government employment. According to Secretary Principi, "The opportunities VA will provide at its Baltimore Medical Center and Regional Office are part of a larger commitment to help prepare minority and disadvantaged students for the future."

CMS Administrator Tom Scully says his agency has a civic responsibility to work with Baltimore's students to help them stay in high school and become better students. He adds, "CMS and VA will also give these students a taste of the work experience and a chance to be hired by CMS, VA, or other federal agencies, either after high school or college."

"It's clear that VA is taking a

leadership role in addressing underrepresentation by including diversity in its workforce succession planning efforts,” says Dr. Jacob Lozada, VA’s Assistant Secretary for Human Resources and Administration. “The youth program is one key.”

The Baltimore program falls un-



CMS PHOTO BY BONNIE HOWARD

“It’s such an opportunity to help prepare our future workforce,” says CMS’ Clara Carter, left, with Patterson High School’s Dianna Ford.

der the VA Youth Initiative, which works to increase educational and employment opportunities for minority youth by enabling them to work in VA facilities, attend workshops, meet with knowledgeable mentors, and learn about federal careers. Program participants meet twice a month off school grounds, once at CMS headquarters and once at the Baltimore VA Medical Center or Regional Office.

On-Site Visits

The training room at CMS buzzes with Patterson students on a mid-December morning. At least until Clara Carter arrives to lead a session that will help guide the eager young people toward thoughtful career and life choices.

Carter, an EEO specialist at CMS, could easily be mistaken for school staff. Equal parts coach, head cheerleader, and counselor, she

roams the room encouraging participation, posing tough questions, never missing a beat. She reminds students to don the blue pullover sweaters that identify them as members of this special clan.

“It’s such an opportunity to help prepare our future workforce,” she says. “We would be missing an opportunity in such a diverse community.” Some of the Patterson youth will be eligible for summer employment with the two federal agencies in June.

“The students have mentors and job coaches to help them identify and pursue their goals,” says Carter.

But she’s a role model herself. She begins the morning session by soliciting feedback on the students’ previous visit to VA facilities. One teen pipes up with appreciation that VA staff had taken time out of their workdays to talk about their jobs. Another student lauds his exposure

Student Academy Youth Program: How it works

The players: VA, HHS Centers for Medicare and Medicaid Services (CMS), Baltimore City Public School System, Patterson High School

Pilot program timeframe: October 2002-May 2003

Participating workplaces: Baltimore VA Medical Center, Baltimore VA Regional Office, CMS headquarters

VA coordinating office: Diversity Management & EEO, (202) 273-5888

In the spirit of the No Child Left Behind Act of 2001, the Student Academy Youth Program endeavors to encourage disadvantaged and minority Baltimore high school students to stay in school and acquire the knowledge and skills needed to succeed in the workplace or continue on to college. The program, as part of the VA Youth Initiative, also markets government service to young people.

Students are recommended by their guidance counselors to enter the program. The teens are already enrolled in academies at Patterson High School, which comprise such areas as Arts and Humanities, Business and Finance, Environmental Sciences, Sports Studies and Health Wellness, and Transportation and Manufacturing Technology.

They meet one school day a month at CMS and one day at VA during the academic year. CMS mentors hold workshops to help stimulate and guide their academic and career aspirations, while VA job coaches offer the students hands-on experience serving the community at the Baltimore VA Medical Center or Regional Office.

The program includes mentoring sessions, career readiness workshops, job shadowing experiences, and volunteer work that counts toward community service hours needed for graduation. Students’ experiences are tailored to their interests and academy affiliations. In addition, some students will have an opportunity to work at CMS and VA this summer.

For more information:

Baltimore City Public School System, www.bcps.k12.md.us

Centers for Medicare and Medicaid Services, <http://cms.hhs.gov>

VA Office of Diversity Management & EEO, www.va.gov/dmeeo

“The opportunities VA will provide at its Baltimore Medical Center and Regional Office are part of a larger commitment to help prepare minority and disadvantaged students for the future.”

to Toastmasters during the most recent VA visit.

Carter nods approval, then switches gears to review major points of *The 7 Habits of Highly Effective Teens*, a Sean Covey book that the students have been provided as part of the program. She works through an exercise with the young people about one of the habits, being proactive. *Know what you stand for and have a strong set of values. Listen to your “better self.” Realize that you have choices and take responsibility for those choices. Bounce back when something bad happens in your life. Always look at all options. Focus on things you can do something about, and don’t worry about the other things.*

“You have to have a vision, and you have to be proactive,” stresses Carter to her young audience.

Student Feedback

Though the program is in initial stages, it’s already having a positive effect on the students. Josephine Bernal, a Patterson junior, knows she has lots of time to make major life decisions but says she’s really been enlightened about the various careers at VA. “I’m learning things I didn’t know and seeing things I haven’t seen before,” says the polite, soft-spoken Bernal. She admits that she had no career goals before the program but is now considering becoming a nurse, which ties in well with her chemistry, computer, and math studies at Patterson’s Business Academy.

David Tyler-El attends another Patterson academy: Transportation and Manufacturing Technology. A big fan of such building-related TV shows as “This Old House” and “Trading Spaces,” Tyler-El has a career in architecture fixed firmly on his radar screen. “This program helps me think more about career goals and builds my self-esteem,” the high school junior says.

He mentions one experience in particular in which his job coach Guy Richardson, VA Maryland Health Care System’s associate director for Finance, introduced him to an engineer who showed the young man extensive blueprints of the medical center. That, according to Tyler-El, has him looking forward to many follow-up visits.

Patterson junior Anthony Tejera, who’s considering a career in business or law, says the youth program has been a positive experience for him as well. “I was interested in participating in the program to see what people do at CMS and the VA regional office.” As far as he’s concerned, the program could convene more often so he could get additional college and career advice from mentors.

The program has also been a pleasant surprise for sophomore Davis. “I was interested in the program initially because it meant a day out of school,” she says. “But once I got into it, I realized that it was more than that. It could help me get into job training and other programs to help me get into college.”

According to Patterson High School counselor Dianna Ford, the school has about 3,000 students, many of them immigrants and minorities. For many youth, academic and career planning is a luxury; there are simply few opportunities or role models. Before they know it, they’re thrust into the workplace without marketable skills or a plan.

But don’t include Bernal, Tyler-El, Tejera or Davis in that group. They have one to two more years at Patterson High School after this one. Then it’s on to college, according to all four students. For now, they’re trying to focus on expanding their career knowledge, weighing school options, and learning to listen to their “better selves.” Call it being proactive. **VA**

By Donna Abernathy

African Americans in the VA Workforce

■ At the close of fiscal year 2002, there were 48,972 permanent African American VA employees, making up 24.24 percent of the total VA workforce. African Americans make up 13 percent of the U.S. population.

■ The representation of African American employees in GS-13 to GS-15 grades increased during 2002. African American females in grade GS-15 increased by 6 percent and males in the GS-14 grade by 9 percent. The biggest increase came for African American females in the GS-14 grade at 21 percent.

■ Disabled veterans make up nearly 10 percent of VA’s African American workforce.

Strength in the Face of Adversity

One Family's Commitment to Country



ROBERT TURTIL

John Clarkson greets Secretary Principi as two of his five children, Anne and John III, look on. The retired VA employee was among a group of Korean War veterans who received their Korean War Service Medals in a VACO ceremony last summer.

The letter “N” appeared after the name of John M. Clarkson Jr., on his military orders. It stood for Negro.

En route to Sampson Air Force Base in New York for basic training, a waiter at a restaurant in Philadelphia threw away his empty glass rather than wash it because he didn’t think anyone should have to drink from the same cup as a “colored.”

His first military duty took him to Mobile, Ala., where racial tensions often escalated into violence. One day, when he resisted an aggressive city bus driver who demanded that he move away from white passengers, Clarkson nearly found himself in trouble. He, along with three other black airmen, were forcibly removed from the bus to await their fates at the hands of city police. Fortunately, Air Force police intervened and averted a possible beat-

ing. But Clarkson knew his time was running out.

“The next day I told my supervisor I had to get out of Alabama, ’cause the civilian police were after me.” He got his wish and was transferred far from Alabama—all the way to Korea. It was December 1952 at the height of the Korean War.

After the war, he returned to a segregated America. But he pressed forward and in 1959 became only the 12th black agent to be accepted into the Air Force Office of Special Investigations (OSI), a military criminal investigative branch. When he left OSI in the early 1960s to join the

Army’s Criminal Investigation Division, he received a humiliating reminder that he was being singled out. It wasn’t as blatant as the “N” after his name, but it hurt just the same.

A personnel sergeant at Pope Air Force Base in North Carolina asked him if he knew about a folder that had been mistakenly included in his personnel file. He didn’t, and asked to see it. Inside were letters characterizing his abilities and work ethic. They were written by past commanders and sent to officers of units he was joining. The letters said he wasn’t very smart, but was a hard worker. “That was the kind of discrimination we faced,” said Clarkson, now 71, from his home outside Fort Bragg, N.C. “Here I thought they really liked and respected me and all the while they were writing letters to the contrary.”

John Clarkson retired from the Army in 1971 after serving in the Korean and Vietnam Wars. He joined VA in 1977 and was selected to the Senior Executive Service in

1988. He retired from VA in 1993 as Deputy Assistant Inspector General for Investigations in VA Central Office.

Despite the early challenges of serving a segregated America, Clarkson never let the angry stares, intimidation or insults compromise his love of country. He and his wife, Alice, didn’t want their five children to resent the nation their father served.

Continued on page 20



Clarkson as a young airman.

Answering the Call

More than 15,000 members of VA's workforce are subject to mobilization with National Guard and reserve units. As the nation gears up for possible war with Iraq, VAnguard profiles three who were called to duty in support of Operation Enduring Freedom.

Dr. Robert T. Frame

Army Reserve Col. Robert T. Frame, D.M.D., VA's Assistant Under Secretary for Health for Dentistry, was called to active duty in October 2001 as a public health team leader with the 352nd Civil Affairs Command. He was part of an initial Civil Affairs task force sent to U.S. Central Command headquarters in Tampa, Fla., following the Sept. 11 terror attacks. Three months later, he was in Kabul, Afghanistan.

Frame's team was tasked with helping the government of Afghanistan's then-interim President Hamid Karzai rebuild their public health infrastructure. "Civil affairs is like a government consultant," he explained. "But we also promote mission legitimacy in support of combat operations and carry out a

range of other functions." Those functions include building trust within the community. "It was very important to let the people of Afghanistan know that we weren't there to harm them," he said. Once his team gained the confidence of Afghan Minister of Public Health Dr. Sohila Sediqui, they began collaborating with her to rebuild the country's crumbling infrastructure.

After years of Taliban rule, Afghanistan's public health system was in utter disarray, explained Frame. "They once had a national health care system with hospitals and clinics throughout the country," he said. "But once the Taliban took over, it all went to rubble." He described how when the Taliban first came into power, they burned medical textbooks, lowered education



COURTESY OF DR. ROBERT FRAME

Dr. Robert Frame helped Afghanistan rebuild its public health infrastructure.

standards and barred women from schools.

Later, as the war intensified with the Northern Alliance, cash-strapped Taliban soldiers rummaged through hospital buildings salvaging

anything of value. "They tore out all the electrical wiring to sell the copper and pulled out the plumbing to sell the metal."

During the six months he spent in Afghanistan, Frame and his team completed a number of public health projects. "One of the simple projects we did that had major impact was to collect medical, dental, veterinary and pharmacy books," he said. The team amassed more than 7,000 donated textbooks and distributed them to the Kabul Medical Institute and other universities. Because of their efforts, medical students were able to resume their studies on time for the 2002 semester.

Another project involved writing a proposal and identifying funding for a biomedical department staffed by more than 100 engineers capable of repairing damaged technical equipment. "We got the building, the tools, the training and the vehicles so they could go out and fix equipment at the hospitals right away," Frame said.

They also collaborated in partnerships with U.S. universities such as Loma Linda University, Johns Hopkins University, and University of Nebraska who sent teams to Afghanistan to help rebuild the public health infrastructure.

When asked what he remembers most about his time in Afghanistan, Frame, who was awarded the Bronze Star for his service there, mentions: the intense sense of nation expressed by the Afghan people; their toughness and resiliency; the enormous devastation caused by land mines; and the tremendous dedication of the NGO (non-government organizations associated with the United Nations) and humanitarian community.

Ginger Lew-Zampieri

Ginger Lew-Zampieri wanted to serve in the military since she was in high school. She first put it off to at-

tend Baylor College of Medicine in Houston, where she earned a bachelor's degree as a physician's assistant. Later, opting to gain some real work experience, she took a position at the Houston VA Medical Center. She played her final wild card in 1992, taking a job at a private hospital in Michigan.

By 1997, she was back in Houston and back with VA. The timing was finally right. So at 38, she joined the Army Reserve as a second lieutenant assigned to the 7231st Medical Support Unit in Lubbock, Texas. Her reserve occupation: 65D, physician's assistant.

Three years later, 1st Lt. Lew-Zampieri was one of thousands of reservists called to active duty in support of Operation Enduring Freedom. Her assignment: provide medical support for a civic action team from the 84th Engineer Battalion, based out of Alaska, on a mission to the Federated States of Micronesia, population 7,000. She shipped out on May 18, 2002, just three-and-a-half weeks after her wedding.

A 20-hour flight from Houston took her halfway around the world to the Micronesian island of Kosrae, a 42-square-mile outcrop of rugged jungle nestled halfway between Hawaii and Guam. Civic action teams from the 84th Engineer Battalion have been deploying to Kosrae since 1969 as part of a joint service venture to maintain a favorable U.S. military presence in this strategic area of the world. They build schools, community centers and roads, in addition to carrying out other good will projects.

Lew-Zampieri's primary mission was to treat soldiers who were injured or became sick, but as she soon discovered, they rarely needed medical attention. It was the locals who needed her the most.

"I'd drive up in the HUMVEE and all the kids would just line up," she said. "Most had never seen a



COURTESY OF GINGER LEW-ZAMPIERI

Lt. Ginger Lew-Zampieri enjoys a traditional dinner with locals while on active duty on the island of Kosrae.

medical officer."

She taught health, sanitation, CPR and first aid. She joined local nurses as they made rounds between villages, conducting child wellness exams and providing immunizations. And she even intervened when local doctors ignored her medical advice for treating an electrical burn patient.

The victim was a local who was hired to do groundwork at the U.S. camp. He was helping a construction crew, working on a beam 30 feet in the air, when he bumped into a 10,000-volt electrical line.

"The electricity entered on the back of his skull and exited on the bottom of his foot—he had serious burns," she said. The man was rushed to a local hospital, where she prepared to assist doctors who had no idea how to handle the situation.

"I tried to tell them how to do emergency burn treatment, but because I was a woman, they kindly

“You just don’t realize how much we have compared to developing nations who have nothing.”

showed me the door,” she said. “It was really frustrating.”

Fearing for the man’s life, she e-mailed Army doctors back in Hawaii asking if they could evacuate the victim because of his status as a hired hand. She took digital pictures of his burns and sent them to a burn specialist over e-mail.

Within 48 hours, the victim was in Hawaii receiving the treatment he needed. He has since returned to Kosrae and is recovering from his injuries.

Lew-Zampieri spent six months on the island of Kosrae. She said the experience gave her a new appreciation for things once taken for granted. “You just don’t realize how much we have compared to developing nations who have nothing,” she said.

Though she’s glad to be home and reunited with her husband, she’s prepared for the possibility of being called up again if needed. “Certain sacrifices have to be made,” she said. “It takes each one of us to make them.”

William Sivley

Army Reserve Capt. William Sivley, 36, a patient advocate at the Washington, D.C., VA Medical Center, was called to active duty on Nov. 27, 2001. He spent a year at Fort Drum, N.Y., home of the Army’s 10th Mountain Division, counseling soldiers returning from the front lines of the War on Terror.

Domestic violence became a top priority for the Army’s Family Advocacy Program after a string of murders at Fort Bragg, N.C., last summer. In those cases, four special operations soldiers, including three re-

turning from combat tours in Afghanistan, killed their wives. Army investigators suspect the murders were the result of existing marital problems compounded by the stress of separation.

At Fort Drum, counselors like Sivley, who has a master’s degree in social work, were called upon to help ease the transition for troops returning from the battlefield.

The 10th Mountain Division was the Army’s first conventional combat unit deployed following the Sept. 11 terrorist attacks. In March 2002, elements of the division’s 1st Battalion, 87th Infantry, encountered some of the heaviest sustained fighting in Afghanistan in what came to be known as “Operation Anaconda.”

In the fighting, Charlie Company was pinned in a steep ravine by Al Qaeda fighters who poured down heavy machine gun, grenade and rocket fire. In the end, 18 U.S. soldiers were wounded.

When the unit rotated back to Fort Drum, Sivley met with soldiers who took part in the operation. Some were referred by their commanders, while others came of their own accord. “The stories these soldiers told me in therapy sessions about that day were horrible,” he said.

There was the guy who was hit by shrapnel but still defended his position despite bleeding from the leg and eye. Then there was the private who went into shock after taking some shrapnel in the foot. He had to be evacuated to a casualty collection point. “He had a hard time with other members of his unit not believing he was really injured,” said Sivley.

When he left Fort Drum, the Behavioral Health Department was treating four cases of post-traumatic stress disorder from soldiers who fought in the battle.

William Sivley was called to active duty just three weeks after marrying his wife, Kim. Though she moved to New York to be with him, it was still a long year and he’s glad it’s over.

But if his country calls again, Sivley won’t hesitate to answer. “I will do it tomorrow if the call comes,” he said. It hasn’t come yet, but he expects it any day now. “My reserve unit has put us on an alert status and informed us to get our personal effects in order again. Looks like we may be going back for round two,” he wrote in a Jan. 6 e-mail message. **VA**

By Matt Bristol



ANDREW WHITE

Capt. William Sivley counseled soldiers returning from the front lines of the War on Terror.

Out of the Darkness

VA's Southeastern Blind Rehabilitation Center got a rare opportunity to help a veteran who is regaining his sight.

Paul Johnson is experiencing a whole new world. After 53 years of darkness, he has regained some of the sight he lost all those years ago. And with the help of staff at the Southeastern Blind Rehabilitation Center at the Birmingham, Ala., VA Medical Center, Johnson is adjusting to the changes restored vision is bringing to his life.

Johnson started losing his sight at age 20 to a disorder rarely seen in the United States. Eales' disease, which primarily affects men in their 20s and 30s, is a condition marked by recurrent hemorrhages into the retina and vitreous, the gel-like substance that fills the eye.

The West Virginia native was a sailor stationed in Norfolk, Va., when his vision first began deteriorating in 1947. As years passed, he realized that his vision was worsening.

In 1950, he decided to undergo a then-experimental eye surgery called a vitrectomy at a New York hospital. The surgery was unsuccessful, and Johnson ultimately lost 100 percent of his vision.

Even though he has spent the majority of his 76 years without sight, Johnson has excelled in everything he has done. He sold insurance, built homes, operated a coffee shop, became a champion bowler, and went to college, earning bachelor's and master's degrees in business administration.

Johnson first went through



DANNY COKER

James Georgeson, a manual skills specialist at the Southeastern Blind Rehabilitation Center at the Birmingham, Ala., VA Medical Center, watches Paul Johnson use a radial arm saw.

blind rehabilitation training as a young blinded veteran at VA's first Blind Rehabilitation Center in Hines, Ill., in the early 1950s. As new technologies and advances became available over the years, he came to the Birmingham center, opened 22 years ago, for more training. The emphasis in those programs was on non-visual methods of gathering, storing, and retrieving information—essentials of living independently as a person with no useful vision.

During his visit in 2000, the

center's Optometry staff performed an ophthalmic ultrasound exam and found that Johnson's right retina was still intact. Dr. Patti Fuhr, director of Low Vision Optometry, and Dr. Marsha Swanson, resident optometrist, counseled Johnson that cataract removal and vitrectomy could perhaps restore some vision in his right eye.

Johnson wasn't enthusiastic about undergoing the vitrectomy; it had been the procedure that took the vision in his left eye more than 50 years before. But two years later,

after learning of a close friend's successful vitrectomy, Johnson decided to give the procedure another try.

He called St. Luke's Eye Center in Tarpon Springs, Fla., and made an appointment with a prominent retinal surgeon. The surgery was successfully completed last February.

Johnson called Fuhr to tell her about his surgery. She encouraged him to come to Birmingham again, but this time for training in how to best use his newly restored vision.

Working with a veteran who is regaining his sight is a rare opportunity for Fuhr. She recalls only one other case in her career, which like Johnson's was attributed to new and better surgical procedures. Nearly all of the veterans entering the rehabilitation program have lost or are in the process of losing their vision.

When Johnson returned to the Birmingham center in November, the current resident optometrist, Dr. David Lewerenz, performed an initial ocular health evaluation, followed by a low vision evaluation, during which he was introduced to a variety of special devices to magnify and enhance his vision. He got special glasses to aid his vision both at a distance and close up, and to help with problems associated with glare and sensitivity to light.

Lee Berdinski, Low Vision Rehabilitation therapist, worked with Johnson on a daily basis teaching him how to use each special device in a variety of circumstances. Berdinski found it particularly remarkable that Johnson was able to read printed materials again using low vision devices, something he hadn't been able to do for more than 50 years.

For the entire blind rehab staff, watching and being a part of Johnson's progress was a rewarding experience.

"It was so much fun to share in his excitement every time he discovered something new," says Gina

Palmer, Johnson's admission coordinator. "After his first week back, he didn't have to identify us by our footsteps or voices any longer; he could 'see' us coming down the hall."

"Mr. Johnson has a wonderful sense of humor and has been a delight to work with," says Lyn Hedl, computer access training specialist at the center. "He is an excellent student who takes extensive notes on tape, asks lots of questions, studies hard, and practices new skills until he gets things right."

Johnson underwent a special and individualized program to help him use his restored vision. The techniques used for people losing their vision can also be applied to people regaining their sight.

Johnson set several goals for himself, all of which he says he's achieved.

"I have learned to travel independently in the city, guide myself through stores and have upgraded my computer skills," he says. "But more importantly, I have learned to read a restroom sign, which is most critical."

While at the Birmingham center in December, Johnson finally got up the courage to look at himself in the mirror for the first time since regaining some of his vision. "Who is that?" he says he asked himself. "I don't know you, but I plan on getting acquainted with you in the next few years."

Johnson graduated from the program Dec. 12. "My confidence has been restored," he says.

VA, which is well known in the field of blind rehabilitation for the services it offers, has 10 residential blind rehabilitation programs throughout the country. Veterans participate in the program in their area after being referred by the Visual Impairment Services Team coordinator at their local facility.

Johnson will receive follow-up care

at a VA medical center in West Virginia, but the Birmingham facility will be available to him whenever he needs it. **VA**

By Jeffrey Hester

Clarkson continued from page 15

Each of the Clarkson children chose to serve their country in one way or another, just as their father had. John III joined ROTC in college and served as a missile launch officer. He later spent nearly 10 years at the Board of Veterans' Appeals in Washington, D.C. Mike became an Army officer and commanded a Patriot Missile battery. He too once worked at VA, in Medical Care Cost Recovery, after leaving the service.

Edwina enlisted in the Air Force right out of high school as a telecommunications specialist. Anne completed Army ROTC in college and served as a military police officer at Fort Jackson, S.C. Then there is Karen, who decided she'd bypass the military and join VA right out of college. She now works in human resources for the National Cemetery Administration in Washington, D.C.

"A guy once asked me what had I done for the cause," recalled Clarkson, referring to the civil rights struggle. At the time, he didn't have an answer. "I never felt so humiliated," he said.

Today, the answer seems clear. He was a provider, parent, role model—someone who wouldn't let segregation dampen his spirit, his pride in service. It would be impossible to calculate the number of lives he touched by merely following his own moral code of conduct. In this way, he may have contributed more to the cause than he'll ever know. **VA**

By Matt Bristol

Patient Safety

Preventing Mistakes in the Operating Room

Wrong site, wrong patient and wrong implant surgical procedures are relatively uncommon, but often devastating when they do occur. A new initiative developed by VA's National Center for Patient Safety in Ann Arbor, Mich., and implemented nationwide on Jan. 1, offers a simple, straightforward five-step process to prevent adverse surgical events.

"This is an important patient safety initiative," said Dr. James Bagian, NCPS director. "The program has been tested at 10 field locations and we are confident that it will improve patient safety."

The 2001 VA rate for incorrect surgical procedures was approximately 1 in 25,000 to 1 in 30,000. By comparison, the private sector medical community has reported rates of these incidents ranging from 1 in 15,000 to 1 in 20,000. Regardless of the relatively low frequency of occurrence, correct surgery is an important issue in patient safety.

NCPS promotes a "systems approach" to developing health care solutions, using Root Cause Analysis (RCA) to study issues in patient safety. The goal of RCA is to find out what happened, why it happened and what can be done to prevent it from happening again.

"By using a systems approach to problem-solving, we focus on creating solutions that help patients by preventing problems, not blaming,

which accomplishes little," Bagian said. "The Ensuring Correct Surgery initiative is another example of our efforts to foster a culture of safety throughout the VA health care system."

An analysis using RCA showed that the problems were more complex than just determining left- versus right-side surgery. These categories were noted: 44 percent were left-right mix-ups on the correct patient; 36 percent were wrong patient; 14 percent were wrong implant or wrong procedure on the correct patient; and 7 percent were wrong site (not left-right on correct patient).

Wrong site surgery is more likely to occur when the communication system involved in identifying the correct procedure is too complex or doesn't involve the patient. It's usually a failure to have a system in place to adequately review the medical record or to make sure patients have not been accidentally switched due to inadvertent misidentification.

The new Ensuring Correct Surgery directive is based on straightforward communications, using both written and verbal methods. The five-step system involves the patient and the operating team. It identifies and specifies information and procedures critical to ensuring a correct surgical procedure.

When the program was pilot-tested during the summer of 2002,



HOUSTON MEDICAL MEDIA

Before surgery begins, patients are asked their name, social security number, and what type of operation they are having.



TINA NUDELL

Marking the body part to be operated on is a step in the new process.

the 10 pilot test sites reported that implementing the steps would be effective without being unduly arduous.

VA employees participating in this mandatory program include surgeons, nurses, anesthesia providers, and other health care professionals involved in surgeries. Patients are strongly encouraged to participate in all phases as appropriate. **VA**

A new initiative developed by VA's National Center for Patient Safety offers a simple five-step process to prevent adverse surgical events.

By Joe Murphy

'Touch of Class' Comes to Fort Sam



PHIL REIDINGER

The Fort Sam caisson is a wood replica of a 1918 model used there.

The clip-clop of horses' hooves breaks the silence of funeral processions at Fort Sam Houston National Cemetery now that the nearby fort has created a caisson unit.

The San Antonio fort's military honors platoon recently debuted a horse-drawn vehicle for carrying the flag-draped caskets of retired sergeants major and high-ranking officers to the cemetery's committal shelters. The caisson section is one of only two horse units in the Army, the other being part of the 3rd U.S. Cavalry based at Fort Myer, Va., that provides funeral teams at Arlington National Cemetery.

Given the rank restriction, the horse-drawn procession is part of honors ceremonies for about two funerals a day of the average 15 conducted at the cemetery for veterans.

It complements the gun salute and playing of taps by a volunteer squad that renders honors for every veteran's funeral at the cemetery. Two of the three Army riders also fold and present the flag at the interment service to next of kin.

Assistant Director Karen Duhart said cemetery staff is honored to have the caisson unit added to the military honors. "Many in the community feel it's an advance to the level of recognition given at Arlington," she said. "This touch of class adds to the solemnity of the honors rendered for soldiers who dedicated their lives to protecting the country."

The Fort Sam caisson is a wood replica of a 1918 model used there. A Pennsylvania coach and hearse company took molds and casting. Holes in the seat and footboard are

the same size and in the same location as those on the original.

The four horses pulling the caisson are two less than in Fort Myer's "Old Guard" unit. The lead pair sets the pace and direction; the back pair brakes the caisson. Although all four are saddled, only the two horses on the left side carry mounted riders. To the left of the lead pair, another soldier rides the "section horse." That horse and rider control the caisson, coordinating with the other riders, the funeral company and the family.

Ceremonies for a colonel or higher-ranked officer include a caparisoned, or riderless, horse. The caparisoned horse is led behind the caisson tacked with an empty saddle with rider's boots reversed in the stirrups, symbol of a warrior who will not ride again.

The riders wear the Army "dress blue" uniform with riding breeches, boots and silver spurs. Nine soldiers, all infantrymen, comprise the caisson section, which was formed about a year ago.

Five of them had no previous experience with horses. Two who did took more training at Fort Myer and are teaching the other riders. The soldiers started with English riding lessons and mixed in some Western before learning the cavalry style of riding.

The Army brought in civilian experts to select and train 10 horses. On arrival at Fort Sam, some had been ridden, but not driven, others driven but not ridden, and all needed to be desensitized for their solemn task.

Originally, caissons carried cannons along with related ammunition chests, tools, spare parts and wheels. **VA**

"Many in the community feel it's an advance to the level of recognition given at Arlington."

By Jo Schuda

Brotherhood of Survivors

Bound by the shattering experience they once shared, three Khe Sanh vets found they have another connection.

A photograph in the July/August 2002 issue of *VAnguard* took Gerry Vonderheide back 35 years—to February 1968, when the teenager from Hecker, Ill., who dropped out of high school to join the Marines, arrived at Khe Sanh Combat Base, a remote Marine outpost in Vietnam.

The photo showed Raymond A. Ramirez, an office systems manager at the Los Angeles VA Regional Office, standing in a Vietnam bunker exhibit he conceived as part of the office's Veterans Museum. Ramirez also served at Khe Sanh and designed the bunker from his personal experience.

After seeing the photo, Vonderheide, a veterans service representative at the St. Louis VA Regional Office, sent Ramirez an e-mail message: "I just wanted to say from one Khe Sanh vet to another, welcome home brother," he wrote.

In January 1968, Khe Sanh came under heavy attack from several North Vietnamese divisions. Six-and-a-half thousand U.S. Marines endured continuous rocket, mortar and artillery fire, and held off repeated assaults from an estimated 20,000 North Vietnamese Army (NVA) troops. More than a thousand Marines were killed or wounded in the 77-day siege.

One survivor, writing in a newsletter for Khe Sanh veterans, described it as a "terrifying, surreal, adrenaline-pumping, heart-racing, sweat-flowing, finger-shaking, eye-popin, income-hating, arlight loving, NVA spotting, NVA removing, red clay hugging, non-bathing, cussing, preteen, living in a hole

leatherneck experience."

Ramirez, who served with the 1st Battalion, 13th Marines, was taken aback by the message from Vonderheide. It was his first contact with a fellow Khe Sanh survivor. He forwarded the message to Stewart Liff, director of the Los Angeles VA Regional Office, who sent it to *VAnguard*.

It ultimately landed in the e-mail inbox of Bill Jayne, director of the National Cemetery Administration's State Cemetery Grants Service in VA Central Office, who added his voice to the string of messages. "Welcome Home," he wrote Vonderheide and Ramirez. "I was a rifleman with Bravo Co., 1/26, from October 1967 to March 1968. We were on the 'gray' sector of the perimeter around the airstrip during the siege." He invited them to check out the Khe Sanh Veterans Association Web site at www.geocities.com/ksvredclay.

Ramirez immediately wrote back. "I'm excited to hear from someone who served with Bravo Co., 1/26 during that period. I need to ask you something that has been on my mind for many years." He described an assault Bravo Company carried out against a fortified enemy trench and how two men from his unit took part in the assault but never returned. "My understanding was that everyone who made that assault suffered the same fate. Can you enlighten me on what happened that day?" he asked.

Jayne was familiar with the assault. "A platoon of Bravo Co. was virtually wiped out on 25 February," he wrote. He explained how the pla-



DOD PHOTO

A North Vietnamese rocket blasts Khe Sanh, February 1968.

toon was "drawn into a killing zone between two NVA trenches perpendicular to our lines." His platoon went out to help but was hit in an ambush. A month later, elements of Bravo Company reinforced with soldiers from other units left the wire to try to recover some of the bodies. "Bravo Company did a lot of damage to the NVA, but we lost a lot of guys, too. I've got some books at home and I can look up what happened to your folks if you can give me their names," he offered.

Accounting for questions so long unanswered brought great comfort to Ramirez. "I never would have thought that talking with someone that was there would be of so much help," he wrote. "The information Gerry and Bill provided me is very special and important."

Sometimes the most meaningful encounters are those least expected. In this instance, a photo brought together three men bound by a shared experience. Vonderheide called it a "special brotherhood between Khe Sanh vets that no one else would understand." **VA**

By Matt Bristol

Capital Leasing continued from page 6

He always emphasizes the need to function as a fully integrated health care delivery system.”

Implementing PACS will increase productivity as well as result in some cost savings and administrative efficiencies. Nevertheless, high-tech equipment like PACS carries a very high price tag. How can VISN 23 afford to pay for this multimillion-dollar technology?

For help in financing the initial purchase cost, Finke and Tim Dacy, director of Acquisition and Materiel Management at the Minneapolis VAMC, turned to the capital leasing program, an innovative program initiated and operated by VA's Office of Acquisition and Materiel Management (OA&MM).

Both Finke and Dacy were familiar with the program; they used it in 1999 to replace outdated patient monitoring equipment throughout

the Minneapolis hospital.

“The capital leasing program made it possible for us to replace all our patient monitoring equipment at one time,” said Finke. “As a result, we could install all the equipment and train staff over a period of weeks rather than years. The money we saved by getting a volume discount from the equipment manufacturer more than covered the administrative costs charged by the capital leasing program.”

Dacy agreed, saying he found the capital leasing program staff “easy to work with and very responsive. Even the application process is a fairly simple, straightforward process. And they turn around requests very quickly.”

The capital leasing program helps spread the purchase cost of equipment over as much as five years. To qualify for the program, equipment must cost at least \$100,000. Thus far, VA facilities and


organizations have used this program to reduce their up-front costs for everything from CT scanners and cardiac catheterization equipment to food service delivery systems and mobile health screening vans.

OA&MM Chief Financial Officer Dale Duvall said the capital leasing program was initiated to meet the needs of VA customers and the veterans who use VA services. “With the rising cost of high-tech equipment and the critical role it plays in meeting VA's mission, we saw the need for an innovative program that helps facilities and organizations get equipment they need now while spreading payments over a number of years,” he explained.

Duvall calls flexibility the “hallmark” of the capital leasing program. The facility or organization buying the lease determines the lease and can pay off or pay down the lease balance at any time. This “early buyout” feature facilitates wise use of end-of-year funds.

The capital leasing program offers other advantages too. Equipment purchased under this arrangement receives the same leveraged purchase discounts given equipment purchased outright.

Lease payments, budgeted only in the amount of annual payments, can be made from either equipment or operating funds. The lease service fee cost is low—5 percent on the declining balance for VA customers and 6 percent for other government agencies.

For more information on how the capital leasing program can help your facility or organization, contact Peter Campbell at peter.campbell@mail.va.gov or (202) 273-6125, or Steve Graves at steve.graves@mail.va.gov or (202) 273-6124. Also visit the OA&MM home page at www.va.gov/oa&mm/financial/caplease.htm. 

CARES continued from page 7

Another questioned some of Coronado's remarks.

Unfazed, Coronado took the comments in stride, saying, “disagreement is healthy.”

He added, “If we make mistakes, we want to hear about it.”

Coronado told the McAllen audience at the outset of the meeting that they would not be getting a VA hospital in the area. However, he said that under the CARES initiative VA would be expanding services to the area that may include more local clinics and more access to health care.


“The important thing to remember is that we're evolving into the future and making continuous adjustments in our health care system to ensure veterans' needs are met,” he said.

Coronado and his staff will collect the data gathered at the town

hall meetings and the information will be incorporated into the VHA strategic plan.

As director of the South Texas health care system, Coronado oversees the Audie L. Murphy VA Medical Center, the Kerrville hospital, and five outpatient clinics. He was the first Hispanic and the youngest person to be named director of a VA medical center. Today he is one of the most senior medical center directors.

“You live as long as I have and you can't help but hit a few firsts,” he joked.

Many of Coronado's colleagues view him as the elder statesman, and agree that his zeal and professionalism have made him one of the most respected health care executives in the country. 

By Ozzie Garza

By Anita Healy

A Commanding Presence, a Welcoming Smile

Thomas C. Doherty has lived a life of dedication to his country through a range of extraordinary achievements in a career devoted to government service.



Tom Doherty

As a young Marine gunnery sergeant in the Pacific during World War II, his leadership under fire was recognized on the first of

many occasions by award of a battle-field commission. He served in Korea and Vietnam, and when he eventually retired as a colonel, his many combat decorations included the Navy Cross, the Silver Star and the Purple Heart with Gold Star.

Return to civilian life and work with the Department of Justice and on the staffs of congressional committees was interrupted by calls to short notice assignments with the Office of Strategic Services, the Central Intelligence Agency and Special Forces units, including participation in the Bay of Pigs Operation and the conflict in the Dominican Republic.

Doherty began his work with the then-Veterans Administration in 1950 and, except for short details to the CIA, he has more than a half-century of uninterrupted service to VA. In 1966, he embarked on a career in health care administration with the agency, and a short time later began his continuous association, to the present, with the Coral Gables, later the Miami, VA Hospital, serving first as associate director and from 1974 on as director.

The challenges met on behalf of health care for veterans during this 35-year tenure inspire admiration

and respect for his leadership and skill. Moving the staffs and services of the 497-bed Coral Gables facility to a thoroughly modern 1,035-bed hospital without significant disruption of services was only the first of these victories. Others followed in short order.

Over the years, budget allocations for the hospital's education and research missions ebbed and flowed, problems great and small had to be dealt with, other hospital administrators and clinical chiefs came and went. Throughout, the one unifying force was the commanding presence of Thomas Doherty, briskly walking the halls, inspiring a bit more confidence through his ramrod-straight bearing, greeting housekeeping employees, technicians, doctors, nurses and patients equally—often by name—inevitably brightening their day with his broad, welcoming smile.

Second only to the care of veterans on Doherty's list of priorities has always been the welfare of hospital employees. His steadfast commitment and active support for the medical center's programs in Equal

power and marginal water supplies, from a Command Center presided over by Doherty and his hospital leadership team.

In March 2000, a calamitous electrical fire resulted in serious injury to several hospital employees, total disruption of hospital operations for several months, and the need to care for hospitalized patients in several local and distant facilities. Tom Doherty's leadership saw the medical center community of patients and employees through this exceedingly trying period with renewed commitment to its missions.

His reputation for cooperative problem-solving is well known in the Greater Miami area, where he is actively involved in community relations and the crime commission. He's the recipient of numerous awards from every major veterans organization and has been honored by the governor of Florida for his outstanding service, devotion and dedication to serving veterans.

Just recently, Doherty was presented with the Four Chaplains Medal and the Distinguished Catholic Service Award during a special

He earned the enduring respect and loyalty of thousands of veterans and employees.

Employment Opportunity, affirmative action and hiring of the disabled have resulted in consistently exemplary records in these areas.

In times of emergency, Doherty's leadership skills always rose to the occasion, as they have throughout his career. In 1992, a devastating hurricane laid waste to much of the community, and emergency responses of hospital personnel at all levels were effectively led over the days and in some cases weeks of inadequate shelter, no

ceremony. Perhaps more important to him than all of the awards is that he earned the enduring respect and loyalty of thousands of veterans and employees, who knew that the health care of veterans was in good hands while he was in charge. VA

By Susan Ward

Editor's Note: Tom Doherty retired on Jan. 31 after serving 29 years as director of the Miami VA Medical Center. He has more than 62 years of federal service.

E-mail Suggestion to the Secretary Putting Faces on Files

An e-mail message to Secretary Principi with the subject “suggestion” sparked an initiative that is bringing combat veterans to VA Central Office to share their wartime experiences.

“Good morning Mr. Principi,” the message began. “I would like to share with you something I have been thinking of for years. I would like to make a suggestion that a special program be put on for VA employees, perhaps on Veterans Day, where ex-POWs and veterans come and speak to the employees of their experiences,” wrote Sharon Frooshani, a 30-year VA employee who works in VBA’s Loan Guaranty Service in headquarters.

“I can think of nothing that would get to the core of our jobs than actually hearing from the veteran and his/her experience.”

To her surprise, the Secretary replied the next day. He thanked her for her “fine” suggestion and promised to pass it on to the Veterans Day National Committee for consideration. He sent it to Thomas G. Bowman, acting assistant secretary for Public and Intergovernmental Affairs and vice chairman of the committee. Bowman thought it was an “outstanding” idea. “We do a lot in support of veterans here in VA Central Office, but we get little direct interaction,” he said.

Two months later, on Dec. 6, four survivors of the attack on Pearl Harbor visited VACO to talk about their personal experiences in the first installment of the new “Faces Behind the File” series. Kathryn M. Doody, a retired Army nurse stationed

at Tripler Hospital during the attack, was among the group. As she toured areas of the building, she greeted employees in their cubicles and thanked them for the work they do for veterans.

It was a similar scene at VBA headquarters. Clarence Davis, a Navy ammunition handler on the USS Medusa during the attack, and Roger Thomas, who served as a radioman at Kaneohe Bay, thanked a group of about 50 employees gathered in a conference room.

Later Thomas, Davis, Doody and Frank Costagliola, a retired Navy captain who served on the USS Phoenix in Pearl Harbor, took the stage in the main VA conference room to describe their experiences. “It was a sunny morning and I was getting ready to leave the ship for church service,” Costagliola recalled. As he did, the first wave of 183 Japanese aircraft appeared on the horizon.

Across the harbor on the other side of Ford Island, Davis remembered looking out the Medusa’s porthole and seeing bombs falling all around. “I didn’t have time to be afraid. I started carrying gunpowder up to the five-inch guns,” he said.

In Kaneohe Bay, Thomas watched helplessly as the enemy destroyed American aircraft on the runway. “First, we saw one Zero, then they were everywhere,” he said.

At Tripler Hospital, surgical nurse Doody prepared to receive casualties. “My first case was to amputate a leg above the knee. I had never fainted in my life, but I figured this would be it.”

As they recounted their



ROBERT TURTLIN

Pearl Harbor survivor Kathryn Doody and her fellow panelists greet VACO employees.

experiences of more than 60 years ago, a camera crew from the VA Knowledge Network rolled tape and broadcast the program to VA facilities nationwide.

Future “Faces Behind

the File” programs include a Black History Month visit from Lee Archer, one of the original Tuskegee airmen of World War II, and a segment coinciding with VA Research Week in March. [VA](#)

Annual Statement Released

Secretary of Veterans Affairs Anthony J. Principi’s annual summary of programs and services for veterans praised VA progress in a number of areas and challenged employees to continue making improvements.

He noted that the Administration’s request of a 7.4 percent increase in discretionary funding for fiscal year 2004 shows the President’s support for the progress achieved last year.

“I am proud of the exceptional dedication of VA employees everywhere,” said Principi. “Our challenge is to keep getting better.”

Principi’s “Secretary’s Annual Statement 2002–2003” discusses the Department’s accomplishments during the 12-month period that ended Oct. 1, 2002, and establishes specific

performance goals for the next 12 months.

VA provided health care to more than 4.3 million individuals and provided disability compensation or pensions to about 2.7 million veterans during fiscal year 2002. VA also conducted nearly 90,000 interments in national cemeteries and provided more than 355,000 headstones or markers for veterans buried in private or state-operated veterans’ cemeteries.

Principi’s statement also highlighted the VA-wide impact of changes in information technology, including implementation of Enterprise Architecture, a roadmap for VA’s future IT investments, and creating the Office of Cyber Security to protect important veteran information while ensuring access for

those providing services to veterans.

Cooperation between VA and the Department of Defense is the goal of the Joint Executive Council, and the two largest federal departments have pioneered sharing agreements in elec-

tronic medical records transfer, pharmaceutical purchasing and distribution, physical examinations, physician staffing and facility planning.

The Secretary's Annual Statement can be found at www.va.gov/OPP/SAS/SecAnnSt.pdf. **VA**

BVA Attorney Torrans Honored

Seated with his colleagues at the Board of Veterans' Appeals, attorney Kenan Torrans appeared caught off guard as Chairman of the Board Eligah D. Clark characterized him as a model of high standards and an exemplar of citizenship and character. And that was just the beginning.

Torrans' surprise never had a chance to subside as he received the Board's highest accolade for performance and public service, the 2002

Howard J. Schlegel Memorial Award, during a Dec. 17 ceremony in Washington, D.C.

"I certainly didn't anticipate this," said Torrans, a Gulf War veteran. "All they told me was to show up in a suit." His peers, attorneys Jonathan B. Kramer and Claudia Trueba-Sessing, nominated him for the award, which is named for a

former Board member, the late Howard "Jim" Schlegel.

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Torrans

McRaney Serves Second Term as National Salute Chairman

Television actor Gerald McRaney returns this year as chairman of VA's National Salute to Hospitalized Veterans program, Feb. 9-15. He first chaired the program in 2002.

The annual event, coinciding with Valentine's Day, invites the public to visit and write to veterans to thank them for their service and show them they are not forgotten. Each year during National Salute week, VA medical centers and clinics open their doors to celebrities, public officials, youth

groups, students and individual citizens who want to personally thank veterans under VA care. Hundreds of thousands of valentine cards and letters addressed "Dear Veteran" pour into VA hospitals.

VA Voluntary Service director Jim Delgado said National Salute also focuses public attention on volunteers and volunteer opportunities within VA. He noted an increase in corporate interest in the National Salute as companies begin to partner with Voluntary Service.

Mid-Atlantic-based Hecht's Department Stores will invite customers and staff to send valentines to veterans at VA facilities. Hecht's will provide the valentines and collect them at some 80 stores. Employee volunteers will then deliver them to local VA medical centers and help distribute them to patients.

McRaney first became widely known to television audiences for his role as Rick Simon, private investigator, in the TV series "Simon and Simon." He later starred in the popular TV series "Major

Dad," in which he portrayed a U.S. Marine. He will visit VA medical facilities during the National Salute and throughout the year, serving as a spokesperson for the VA Voluntary Service program.

"I am deeply honored to be asked to serve our nation's veterans," he said. "While we have troops deployed now, we must not forget the ones who gave us the freedom we already have. I hope that Americans everywhere will answer the call to volunteer their time to care for those veterans confined to hospital wards." **VA**

Martin Luther King III Speaks About Father's Legacy



EMERSON SANDERS

King, second from right, with (from left) Washington, D.C., VAMC Chaplain Clarence Cross, Assistant Secretary for Human Resources and Administration Jacob Lozada, and Deputy Assistant Secretary for Human Resources Management Ventris Gibson.

Martin Luther King III addressed employees in a packed conference room in VA Central Office on Jan. 9 during a holiday observance for his father, Dr. Martin Luther King Jr.

He spoke about the need to continue his father's efforts to eliminate poverty, racism and violence. "To create a true tribute to Martin Luther King Jr., we must try to create a more noble and just society," he said.

King challenged VA employees to help build a better world by learning how to treat each other better. He also praised them for their efforts to serve America's veterans. "We must honor those women and men who serve and have served our country and defended our freedom," he said.

Following his remarks, he met with employees, posed for photos, and signed autographs. **VA**

Gregg Reeves

Equity, excellence and opportunity are Gregg Reeves' guiding principles. They've taken him far.

On Jan. 18, 2003, Reeves, a senior project manager for the Financial Management System at the VA Austin Automation Center, was installed as national president of the advocacy group Blacks in Government (BIG) during a ceremony in Washington, D.C. He will serve a two-year term.

Don't let the name fool you—BIG is open to everyone. Started as an advocacy group for black civil servants, today BIG is open to all who believe in the group's mission, which includes advocating for equal opportunity, eliminating racism and discrimination, and promoting professionalism within a skilled federal workforce. "We believe in excellence for all Americans," said Reeves.

BIG is a nonprofit organization run by volunteers and open to all government employees at the federal, state, and local levels. In addition to advocating for workplace issues such as reforming the Equal Employment Opportunity process and supporting affirmative

action policies, BIG has broadened its focus to include professional development, networking and community activism.

A Vietnam veteran and former paratrooper who served with the 82nd Airborne Division, Reeves began his VA career in 1978 at the Austin Automation Center. He joined BIG four years later, in 1982, saying he was drawn to the organization because it provided an opportunity to help others. "Clearly the role of being an advocate for others was appealing," he said. "As a public servant, I feel part of my responsibility is to give back to the community, to be a part of something."

Reeves has served on various BIG executive boards over the past 15 years. Prior to his election as national president, he served his second term as executive vice president. In this position, he was responsible for coordinating training opportunities for BIG chapters nationwide. He also played a major role in planning BIG's annual national training conference. This year's conference is scheduled for Aug. 25 to 29 in Denver.



ROBERT TURTLIL

Reeves was installed as national president of BIG on Jan. 18.

Reeves said he was "elated" at being voted national president. "The important thing," he said, "is that the people have faith in me."

As president, he'll preside over the grand opening of the organization's new national headquarters building, located at 3005 Georgia Ave., in Washington, D.C., scheduled to open this May. Inside the headquarters, a training and learning center will be dedicated to the memory of Janice Scott, wife of VA employee Abe Scott and a member of BIG's Pentagon chapter, who was killed in the terror attack on the Pentagon.

Ramsey Alexander has

faith in Reeves. As a senior procurement analyst in the Office of Small and Disadvantaged Business Utilization and president of the VA Central Office BIG chapter, he has known Reeves for the past 15 years. "We're looking for great things out of Gregg during his tenure," he said, explaining how his leadership abilities coupled with his information technology expertise provide a promising future for BIG.

As he hung up the phone, Reeves' closing words reflected his personal outlook. "Thank you for thinking BIG," he said. For more information on Blacks in Government, visit their Web site at www.bignet.org. **VA**

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The award was established in 1984 to recognize Board attorneys who demonstrate the high standards of citizenship, job performance and zest for life that were Schlegel's hallmarks.

Torrans, who graduated from the University of Maryland School of Law in 1994 and joined the Board in 1997, has consistently

drafted sound decisions for review by the Board's 52 members. He was twice awarded the Board's Exceptional Achievement Award and has shown a willingness to take on tough or unusual cases.

But job performance isn't the only consideration for the Schlegel Award. Community involvement is

also a key factor, one in which Torrans has also excelled. He has served on the Consumer Affairs Commission for the City of Alexandria, Va., since 1998 and was appointed chairman in 2002. He also has lectured and held televised public forums on identity theft and related issues.

Since August 2000,

Torrans has been a member of the Board of Directors for Coral Cantigas, Inc., Latin American Chamber Music Choir for the D.C. Metropolitan Area. He is a volunteer at Mount Vernon Estate and Gardens, the home of George Washington, and is active in the George Washington Chapter of the Sons of the American Revolution. **VA**

San Francisco Hospital Receives Latest Brain Imaging Equipment

A center for imaging neurodegenerative diseases with the latest in brain-imaging equipment will open at the San Francisco VA Medical Center in late 2003. The center will further research into the treatment of neurodegenerative diseases such as Alzheimer's, epilepsy, Lou Gehrig's disease and Parkinson's, as well as Gulf War veterans' illnesses.

Dr. Michael Weiner will run the center, which will use a high-field MRI/MR spectroscopy system. Three times more powerful than the standard MRI, it will be the only high-field system in the world that is focused on neurodegenerative diseases.

The new center will be a joint program of the San Francisco VAMC and the Northern California Institute for Research and Education. The medical center received a \$2 million grant from the National Institutes of Health toward the purchase of the \$3.4 million high-field MRI/MR spectroscopy system, with NCIRE providing the balance of the funds.

Next-Day Appointments for Some ER Patients May Ease Delays

Overcrowding, long waits and patient frustration might be eased if providers made next-day appointments for some emergency room patients, according to a study led by Dr. Donna Washington of the Greater Los Angeles VA Health Care System.

Researchers found that emergency room patients in stable condition who were sent home with next-day appointments at primary care facilities fared as well as pa-

tients who received same-day care at the ER. Findings were published in the Nov. 5 issue of *Annals of Internal Medicine*, and featured the same day in *The New York Times*.

Forty percent or more of all ER visits in the U.S. are for non-emergency conditions. The study was conducted at an inner-city public hospital with 91,000 ER visits each year. Patients were split into two randomized groups: those who would receive same-day ER treatment, and those who were given an appointment at the site's primary care clinic for the next day.

At follow-up, both groups reported improved health status and fewer days in bed or with disability, although the primary care referral group reported less improvement. Larger studies are needed to assess the possibility of any adverse effects.

Anticonvulsant Drug Helps Schizophrenia Patients

Portland VA Medical Center researchers and colleagues found that combining the anticonvulsant drug divalproex with either of two commonly used antipsychotic drugs significantly enhanced and hastened responses in patients with acute psychotic episodes of schizophrenia, with no additional side effects.

"Our findings suggest that combination therapy with divalproex can decrease the mental pain and suffering for many patients with schizophrenia and shorten the time they need to be in the hospital," said study leader Daniel E. Casey, M.D., of the Portland VAMC and Oregon Health and Science University.

Compared to patients treated with either antipsychotic drug alone, those treated with the combination showed an enhanced reduction of symptoms as early as the third day of therapy. Casey and his colleagues report on their study in the January issue of *Neuropsychopharmacology*.

Promising Breakthrough in Spinal Cord Injury Treatment

Adding a powerful growth-stimulating molecule called aFGF to nerves grafted to the severed spinal cords of rats significantly reversed paralysis in the animals, according to a study by researchers from the Long Beach VA Medical Center and University of California at Irvine (UCI). The findings challenge the view that severed nerves in the spinal cord are impossible to regenerate and may hold great promise for spinal cord injury patients.

"By using tiny nerves from the rib cage as cables connecting the severed spinal cord, we were able to get

some improvement in leg function," said Dr. Vernon Lin, director of the Spinal Cord Injury Group at the Long Beach VAMC and professor of physical medicine at UCI. "We believe that eventually, we may be able to find the right mix of factors and physical stimulation all working together to improve this restored movement to more normal functions." Complete results of the study appear in the October issue of the *Journal of Neurotrauma*.

Tampa Scientists to Study Molecular Causes of Drug Addiction

Scientists at the James A. Haley VA Hospital in Tampa are sharing a \$5.85 million federal grant from the White House Office of National Drug Control Policy to research the molecular causes of drug addiction.

The five-year study will focus on determining the feasibility of genetic typing of drug abusers and those at risk of abuse, and help scientists understand how to disrupt the biochemical reactions that trigger addiction. **VA**



ARTHUR NELSON

VA's Patricia Odorica, M.D., left, and the Roskamp Institute's Fiona Crawford, Ph.D., and Michael Mullan, M.D., Ph.D., are studying the molecular causes of drug addiction.

Doling Out Honors in Kansas



ELAINE BUEHLER

Former Senator Bob Dole is flanked by his wife Elizabeth and Secretary Principi during the ceremony renaming the Wichita, Kan., VA Medical and Regional Office Center for him.

The Wichita, Kan., VA Medical and Regional Office Center was renamed in honor of World War II veteran, national political leader and native Kansan Robert J. Dole on Nov. 22. Dole, a former Kansas senator, hails from Russell. He served with the Army's 10th Mountain Division during World War II and suffered severe injuries during combat in Italy. Dole is an American hero, veteran advocate and long-time public servant. During the renaming ceremony, artist Mikael Sogoian unveiled a bronze statue of Dole and donated it to the facility.

Thanksgiving started the season of giving at VA facilities. In New York, employees from the **Bronx VA Medical Center's Boiler Plant** invested their own time and money to dish up roast turkey, baked ham, collard greens and other holiday favorites for more than 115 employees who had to work on Thanksgiving. It is the fourth year in a row that they've put on the holiday feast. Chief **Glen Urie** gave special thanks to the Boiler Plant crew, including **Julio Rodriguez, Michael Buglione, Charles Scott** and **Marvin Butler**, for their contributions.

Active-duty Army heart surgeons are treating veterans at the **Asheville, N.C.**, and **Richmond, Va.**, VA medical centers under a partnership agreement between VA and

the Army Medical Command. The agreement enhances care for veterans by providing additional fully trained physicians in an important specialty. It also ensures the Army's medical corps has sufficient patients for clinical and surgical proficiency. Four active-duty Army cardiothoracic surgeons will work at VA medical centers in the initial phase of the agreement, each for a three-year term. The first VA medical centers to have heart surgeons under the VA-Army agreement are in Asheville; Columbia, Mo.; Richmond; and Tampa, Fla.

The **Office of Human Resources Management** has added a new incentive to attract and retain highly qualified employees. Employees and eligible job candidates may now be considered for

student loan repayment assistance up to \$6,000 per calendar year, with a \$40,000 lifetime maximum per person. The repayment can be applied to any outstanding federally insured student loan. The policy is published in VA Handbook 5007/2 and is available on the VA Intranet. Visit www.va.gov/ohrm and click on the "HR Library" link or contact **Deborah Allen**, human resources specialist, at (202) 273-9700 for more information. OHRM also launched a new recruitment Web site for prospective employees at www.va.gov/jobs.

Tribal representatives from across Montana and Wyoming gathered in Helena, Mont., Nov. 19 to 22,

for a four-day training session on veterans' benefits sponsored by the **VA Montana Healthcare System**. Training specialists from VA Compensation and Pension Service in Washington, D.C., worked closely with tribal representatives to outline disability compensation, non service-connected pension, death and burial benefits and other dependent benefits. Health care program specialists from the **Fort Harrison VA Medical Center** discussed enrollment, primary care and specialty care services. The training was an important step in familiarizing tribal representatives with the variety of state and federal benefit programs for Native American veterans and their families. **VA**

Sealing the Deal in Michigan



OAKLAND COUNTY (MICH.) PHOTO

Deputy Secretary Dr. Leo S. Mackay Jr. presents a commemorative check to Tom St. Dennis, far right, of Fagan Lake Development Corp. Looking on are George Webb, MSN IV director, and Eric Benson, acting Under Secretary for Memorial Affairs.

VA Deputy Secretary Leo S. Mackay Jr., Ph.D., presented a check for more than \$6 million to Fagan Lake Development Corp. on Nov. 21 for the purchase of 544 acres for a new national cemetery in Oakland County, Mich., about 45 miles northwest of Detroit. The first burials could begin in 2004 after temporary facilities are constructed. Permanent buildings and roadways are expected to be complete by 2005.

The McGuire VA Medical Center in **Richmond, Va.**, is one of five winners of the first Award for Excellence in Human Research Protection presented by the Health Improvement Institute. The Office for Human Research Protections of the Department of Health and Human Services founded the award. The Richmond VA hospital was recognized for developing MIRB, an integrated software system for managing and auditing human subject protections that is now in use at 23 VA medical centers.

Dr. Jonathan Perlin, Deputy Under Secretary for Health, presented the 2002 Mark Wolcott Awards for



Sanders

excellence, during the VHA National Leadership Board meeting Nov. 21 in Arlington, Va. He presented the Award for Excellence in Clinical Care Delivery to **Dr. Lee Sanders**, chief of Podiatry Service at the **Lebanon, Pa., VA Medical Center**, and the Excellence in Clinical Care Leadership Award to **Dr. Stephen Bergen**, chief of Dental Service for the **VA New York Harbor Healthcare System** in New York City.



Bergen

Larry Collins, chief of Environmental Management at the **Mountain Home, Tenn., VA Medical Center**, received the Phoenix Award at the annual conference of the American Society for Healthcare Environmental Services. This is the society's highest honor. Collins was recognized for his work as an educator and mentor. He served as the society's national president in 1999 and was instrumental in establishing the Certified Healthcare Environmental Services Professional Certification program, the national standard for excellence for the healthcare environmental services field.

Eight VA employees were honored for their contributions to the Department's EEO program in the 14th annual Secretary's EEO Awards Program Nov. 15 in Washington, D.C. This year's winners are: **Beverly Kimball**, contract specialist and Upward Mobility program manager at the **Oklahoma City VA Medical Center**; **Judy D. McKee**, EEO program manager for the **Fayetteville, Ark., VA Medical Center** and lead EEO manager for **VISN 16** (Jackson, Miss.); **Gary Devansky**, director of the **Coatesville, Pa., VA Medical Center**; **Pamela McKinney**, EEO program manager at the **Oklahoma City VA Medical Center**; **Michelle U'Ren**, Visual Impairment Service Team Coordinator for the **VA Central California Health Care System** in **Fresno, Calif.**; **Sam Maze**, EEO/Affirmative Employment Program manager and Minority Veterans Program coordinator for the **Loma Linda, Calif., VA Health**

Care System; **Jose Coronado**, director of the **South Texas Veterans Health Care System** in San Antonio; and **Cecilia Franklin**, chief of the Support Services Division at the **Philadelphia VA Regional Office and Insurance Center**.

Dr. Douglas Richman, of the **VA San Diego Healthcare System**, is the 2002 recipient of the William S. Middleton Award, VA Medical Research Service's highest honor for scientific achievement in biomedical or behavioral research. Richman is a world-renowned leader in the field of HIV research. His work includes research on drug cocktail therapy and drug resistance in patients with HIV.

Drs. Daniel and Lynda King, of the **VA Boston Healthcare System's National Center for PTSD**, received the Robert Laufer Award for Outstanding Scientific Achievement during the annual meetings of the International Society for Traumatic Stress Studies. They were cited for using research models and statistical methods to conduct groundbreaking work in understanding the nature of PTSD.

The Leadership VA Alumni Association 2002 Exemplary Service Awards are in: **Sheila J. Arie**, a supervisory program assistant in Mental Health at the **VA Puget Sound Health Care System** in Seattle, Wash., was recognized in the GS 1-8 category for her exceptional performance both on the job and in the community, where she tutors inner-city grade school students. **Kim R.**



Arie

Foss, Specialty Care Service Line business manager at the **Augusta, Ga., VA Medical Center**, was recognized in the GS 9-12 category for his work on a contract allowing VA dialysis patients to be dialyzed closer to home and at a reduced cost to VA.



Foss

The National Alliance for the Mentally Ill of Pennsylvania selected **Jyoti R. Shah, M.D.**, director of Behavioral Services at the **Wilkes-Barre VA Medical Center**, as their Psychiatrist of the Year. In addition to her role at the VA hospital, Shah also serves as psychiatric consultant to Community Counseling of Northeast Pennsylvania, Clarks Summit State Hospital and Children's Service Center.

Network World magazine presented its 2002 User Excellence Award to the **VA Employee Education System** for developing the **VA Knowledge Network's Content Distribution Network**, used to deliver video on demand and live broadcasts to employees' computer desktops. The video on demand system is currently available in VISNs 5, 9, 14, 21 and 22 and is expected to be implemented VA-wide this year. **VA**

Cathy Broome, a registered nurse at the **Madison, Wis., VA Medical Center**, was shopping in a local store when she heard an announcement over the intercom asking for a doctor or nurse to help a man in distress. She hurried to the front of the store and found the man wasn't breathing and had no pulse. With the aid of a First Responder, she performed CPR on him for six minutes until help arrived. Thanks to her efforts, the man had regained his pulse and was breathing unassisted by the time the police arrived. He was awake and talking when the ambulance took him to the hospital for evaluation.

When a woman started screaming for help in the canteen at the **John J. Pershing VA Medical Center** in Poplar Bluff, Mo., **Lamar Millis**, a Food and Nutrition Service employee, rushed to the scene. He saw that her husband was choking so he quickly performed the Heimlich maneuver. Thanks to his assistance, the man was able to resume normal breathing and he had no further problems.



Millis

Penny Jensen, a family nurse practitioner at the **VA Salt Lake City Health Care System**, was driving home from her high school reunion on a remote road in Wyoming when she came upon an overturned vehicle. She was the first person on the

scene and saw a young female victim with massive head injuries trapped inside the vehicle. Jensen, who teaches Advanced Cardiac Life Support, realized the victim wasn't breathing so she crawled inside the overturned vehicle and used a comb to open the victim's airway so she could provide life support. Using a tube from a water hydration backpack, she provided critical care and managed to stabilize the woman until paramedics arrived, which took nearly an hour due to the remote location. The victim was airlifted to a local hospital, but sadly, died the following day. Thanks to Jensen's actions, her family was able to visit her in the hospital to say their final farewell before she succumbed to her injuries.

The last wish of a Vietnam veteran admitted to the **Durham, N.C., VA Medical Center** with advanced pancreatic cancer was to be buried wearing his Army uniform and wartime medals, but his family couldn't find them. They came to **Amy Skiff**, program assistant to the chief of staff, for help. She called an old friend, **Vince Hancock**, management analyst at the **Winston-Salem VA Regional Office**, who called **Bob Patterson**, veterans service representative at the **Fort Bragg VA Pre-Discharge Benefits Office**. Patterson, a highly decorated Vietnam veteran, knew it would be impossible to get replacement medals in time, so he decided to send his own. The VA team got an Army uniform and dog tags which, together with Patterson's medals, ensured that the patient's last wishes would be granted. Sadly, his

condition worsened and he passed away with his family at his bedside. The actions of Skiff, Hancock and Patterson, along with **Brenda Mishue**, from the **Fayetteville VA Medical Center**, and **Bonnie Henderson**, at the **Winston-Salem VARO**, brought a unique comfort to the patient and his family.

Savannah, Ga., VA Primary Care Clinic employees made a lasting impression during the city's Veterans Day parade. A man ran up to the VA float screaming, "Here comes the VA, they will help!" He yelled out that one of the parade participants had a heart attack and was on the pavement. **Dr. Jane Sasaki**, **Glenda Week, R.N.**, and **Rick Bright**, a pharmacist, jumped off the float and ran to the victim. They rendered assistance and remained with him until the ambulance arrived. Then they sprinted eight blocks to catch up with the VA float and jumped back on in time to pass the reviewing stand where they were awarded the 2002 Patriotic Float Award.

On snow-packed roads in terrible weather conditions, **John Brayfield, R.N.**, patient care coordinator at the **Marion, Ill., VA Medical Center**, was driving to work on the midnight tour. He was following a van on I-57 when a semi passed him and attempted to pass the van, but instead, the van fishtailed on the slick roadway and was hit by the semi. Brayfield watched in horror as the van flew apart and two people were thrown out onto the roadway. He stopped and immediately called 911 from his cell phone, then rushed



Brayfield

them calm as he administered basic first aid while waiting for the ambulance to arrive. He later learned that one of the injured men died in the ambulance on the way to the hospital. He admitted that even though he has been with dying patients many times at the medical center, seeing this accident left him badly shaken. But, as he explained, he was in the situation to give help, and he just reacted accordingly.

Thomas J. Sanders, director of the **Robert Dole VA Medical and Regional Office Center** in Wichita, Kan., received a telephone call from a 77-year-old combat-decorated World War II veteran who told him, "I just want you to know you have a wonderful employee who saved my life." The veteran explained that he called **Wayne Hill**, service center manager, when he got fed up waiting for a decision on his PTSD claim. Hill, who joined VA in 1974 after serving as a Navy corpsman, found the veteran's partially developed file and walked it through the rating process. Three days later, the veteran's claim was awarded. Though the office decides more than 400 claims in an average month, this one had special meaning for Hill. "Knowing you make that much difference in one veteran's life, it was a big deal for me," he said. VA

to the victims. They seemed to have extensive injuries, but he tried to keep