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*If Veterans don't help Veterans, who will?*

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A photograph of a man with grey hair and glasses, wearing a dark pinstripe suit, white shirt, and patterned tie. He is seated at a large wooden conference table, looking towards the camera. Other people in business attire are seated around the table in the background. A nameplate with 'VHA' is visible on the table.

# **VA**anguard

U.S. Department of Veterans Affairs

March/April 2011

**Second in Command**

**The Last Doughboy**

**Homeless Veterans: Lives Transformed**

**Veteran-Directed Care**



**Vanguard**  
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### On the cover

The Honorable W. Scott Gould is a 26-year Navy veteran who has served in senior leadership positions both in government and the private sector. He's been VA's Deputy Secretary—chief operating officer of the federal government's second-largest department—for the past two years. And he draws on his many professional and personal experiences to help lead the 21st-century VA. *photo by Robert Turtill*





## There's More to NCA Than Meets the Eye

Steve L. Muro

*Acting Under Secretary for Memorial Affairs*

What comes to mind when you hear the words “national cemetery”? For most people, the answer is a respectful memorial service, perfect rows of headstones and a flag waving in the distance.

Now: What pops into your head when you read “national cemetery administration”? For many, the mental image is the same. That’s not wrong; it’s just that here in 2011, there’s more to NCA than meets the eye.

Nearly 150 years after Congress authorized purchase of the first national cemetery grounds, our core mission—like that of the caretakers who preceded us—is providing dignified burials for our country’s veterans. But the scope of our work today extends far beyond the walls of our traditional properties, as we honor and memorialize veterans in ever-expanding ways.

For example, fully two-thirds of the more than 350,000 headstones and markers we provide each year grace veterans’ graves in state and private cemeteries. These include a growing number of niche covers to mark columbaria used for cremated remains—an increasingly popular option.

We also now provide small bronze medallions that can be attached to a privately purchased headstone or marker in private cemeteries to indicate the gravesite belongs to a veteran. Since the program’s inception in summer 2010, more than 3,800 medallions have been delivered.

Last year, our Memorial Programs Service coordinated

delivery of more than 800,000 engraved Presidential Memorial Certificates, recognizing the service of deceased veterans.

We also administer a Nationwide Gravesite Locator; this Web-based database ([gravelocator.cem.va.gov](http://gravelocator.cem.va.gov)) assists loved ones, friends, military pals and researchers in pinpointing burial locations of veterans and their family members in state, national, and even some private cemeteries. The database can also be accessed through kiosks in cemeteries we manage.

So, while nearly 140,000 burials are conducted in NCA-

Formerly known as the State Cemetery Grants Service, this NCA division was recently renamed to reflect broadening engagement with federally recognized tribal governments. This year and for the first time ever, we anticipate awarding grants for the establishment of veterans cemeteries on tribal government lands. We are excited about this opportunity to reach and serve even more of our veterans.

NCA has been recognized repeatedly for delivering outstanding customer service. In January, the Federal Consulting Group presented us with a

That’s why, even on days when few burials are scheduled at a given cemetery, you will still see lots of activity: crews mowing the grounds, removing faded floral displays, and realigning headstones. Our goal is for every visitor to depart feeling that the grounds, the gravesites and the environs of the national cemetery make a tribute worthy of veterans’ service and sacrifice.

We use only native trees and shrubs in our landscaping, so the cemeteries offer seasonal beauty to humans and important habitats for wildlife too, including some threatened and

***We continue to expand the quantity and range of benefits available to veterans, while ensuring our national cemeteries convey the magnitude of their service and sacrifice.***

and state-operated cemeteries each year, an even larger number of veterans and their families make use of other benefits and services we offer, like the locator, medallions and certificates.

And speaking of state cemeteries, NCA provides assistance through the Veterans Cemetery Grants Program for up to 100 percent of funds needed to establish, expand or improve veterans cemeteries owned and operated by states. Since 1980, VA has awarded grants totaling more than \$438 million to 79 cemeteries in 38 states and two territories. Another six state cemeteries are projected to open by spring 2012 in Arkansas, Louisiana, Mississippi, Texas, Virginia and West Virginia.

special award for attaining the highest scores ever recorded on the American Customer Satisfaction Index, four consecutive times over the past 10 years.

In part, the scores reflect survey responses from loved ones of veterans buried in national cemeteries during the preceding 12 months. However, our relationship with a veteran’s family has only just begun at the time of interment. Because the federal government’s promise to veterans includes perpetual care of gravesites, we are committed to maintaining national cemeteries as national shrines—and to exceeding survivors’ expectations every time they come through the gates.

endangered species.

We are also caretakers of the nation’s history. Dozens of the cemeteries, soldiers’ lots and monuments we manage are listed on the National Register of Historic Places.

For these reasons and others, national cemeteries are treasured by community members, many of whom volunteer at our facilities. In 2010, local volunteers donated nearly 350,000 hours of work.

Without a doubt, there is more to NCA than meets the eye. We continue to expand the quantity and range of benefits available to veterans, while ensuring our national cemeteries convey the magnitude of their service and sacrifice.

Nationwide Gravesite Locator: [gravelocator.cem.va.gov](http://gravelocator.cem.va.gov).



## Atomic Veterans: Blasts from the Past Still Reverberate

*Military personnel observe a nuclear test in Nevada in 1951.*



World War II ended more than 65 years ago following the detonations of two atomic bombs over Japan. The “fallout” from those events continues to have long-term impacts on numerous aspects of our lives and a special group of veterans.

They are often referred to as “atomic veterans.” Some were on the ground as prisoners of war near the detonation sites in Hiroshima and Nagasaki. Others participated in the above-ground nuclear tests conducted from 1945 to 1962 in the Pacific Ocean and the American Southwest.

Their exposure to radiation may be the cause of a number of cancers and other adverse health effects developed over the years. The key to getting treatment and compensation from VA lies in establishing the amount of

radiation to which a veteran was exposed.

The Department of Defense, through its Defense Threat Reduction Agency (DTRA), provides dose estimates for veterans who were involved in these radiation-risk activities. Under its Nuclear Test Personnel Review program, DTRA has maintained a database of participants in U.S. atmospheric nuclear test activities since 1978.

Because of concerns about the increased risk of cancer and other illnesses in veterans who may have been exposed to radiation from nuclear weapons, Congress has passed several laws relating to the reconstruction of radiation doses received by veterans and the compensation they would receive for negative health effects associated with such exposure.

In 2003, Congress enact-

ed the Veterans’ Benefits Act, which required DoD and VA to appoint an advisory board to provide independent review and oversight of the dose reconstruction and claims settlement programs for veterans.

Named the Veterans’ Advisory Board on Dose Reconstruction (VBDR), the panel conducts periodic, random audits of dose reconstructions and decisions on claims for radiogenic diseases; helps communicate to veterans, their relatives and other interested parties information about the dose reconstruction program; and performs other oversight activities as needed.

The board has had a positive impact by helping expedite the claims process for prostate and skin cancers and by recommending the centralization of radiation-related claims at the Jackson (Miss.)

VA Regional Office.

In addition to health care, VA maintains a health registry evaluation program to track the health of veterans exposed to ionizing radiation during military service. The Department offers the evaluation, known as the Ionizing Radiation Registry, free of charge to all eligible veterans. Veterans do not need to be enrolled in VA health care to be eligible.

With the WWII veteran population shrinking by about 800 a day, board members feel an added sense of urgency to reach every remaining atomic veteran with information about dose reconstruction, the registry, the list of presumptive diseases and the improvements in the claims process.

To that end, the board has encouraged and helped coordinate an aggressive campaign to reach atomic veterans directly with letters and three websites, as well as employing social media tools such as Facebook, Twitter and YouTube.

Veterans concerned about honoring secrecy agreements they may have signed in conjunction with their participation should know that they have been relieved of that obligation relative to identifying their involvement for health purposes.

Twenty-one different cancers are now on the list of “presumptive” illnesses eligible for compensation. If you are an “atomic veteran,” or know someone who is, check out the information at the VBDR, DTRA and VA websites: [www.vbdr.org](http://www.vbdr.org); [www.dtra.mil](http://www.dtra.mil); and [www.publichealth.va.gov/exposures/radiation](http://www.publichealth.va.gov/exposures/radiation).

Check the board’s website for updates from their public meeting March 11 in Arlington, Va.

## You're a Keeper of VA's History

Every VA employee is a guardian, or “keeper,” of VA’s history! That message was spread last summer at the Office of Public and Intergovernmental Affairs’ national training conference held in Atlanta, where a quiet campaign was launched to create awareness about saving VA’s history and heritage materials.

Veterans Health Administration Historian Darlene Richardson and National Cemetery Administration Senior Historian Sara Leach offered sessions to public affairs officers on how to preserve VA’s history and handed out buttons that read: “I’m a KEEPER of VA’s History.”

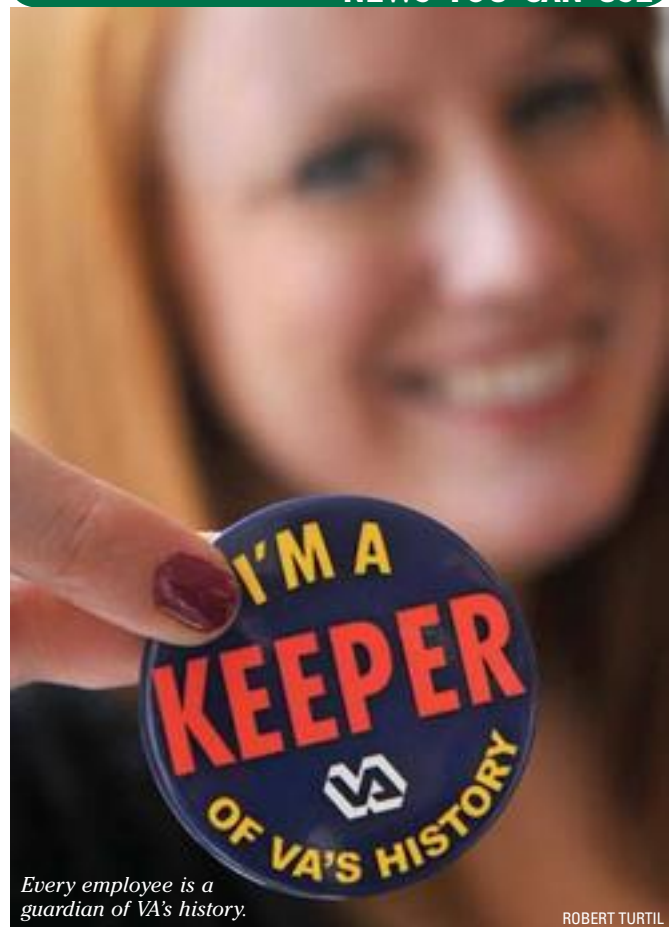
VA and its predecessor agencies have provided benefits and assistance to American patriots since the Second Continental Congress—before we were legally a nation—so our history is a huge part of the

nation’s history and matters to many people. Millions of military veterans—including our own employees’ ancestors—have passed through our doors, either in person or through correspondence, and they all form part of VA’s and America’s story.

As the second-largest Cabinet department in the U.S. government—which is a leader in the modern world—we set an example for other countries, not just fellow Americans.

Other federal agencies, state and local governments, the public, and even foreign countries, watch and follow our lead, so we must follow all laws, not just the ones we like. We are required by many of these laws to save and protect our historic buildings and records, but beyond the law, it is simply the right thing to do.

How can others learn



*Every employee is a guardian of VA's history.*

ROBERT TURTIL



*Historic images like these, of the Milwaukee VA and of women stuffing benefit checks, need to be preserved.*



COURTESY OF DARLENE RICHARDSON

from us, and appreciate our hard work, if we destroy important resources? Never forget the significance and important mission of your own work and that of our predecessors.

Many of our historic buildings are national landmarks—one-of-a-kind architectural treasures—that are beautiful, inspiring relics created by our ancestors. They help citizens and visitors alike understand the American ethos toward its military veterans. When we allow these American treasures to crumble through benign neglect, or throw away historically valuable records, we send the wrong message.

VA employees and leaders have a responsibility to preserve the agency’s history in all its forms, regardless of whether it’s a building, landscape, document, report, blueprint,

or other types of records like videos, brochures, organizational charts, and more.

VA preserves its history in three major ways:

■ VA staff work with VA records officers and records liaisons to ensure that the Department’s vital and permanent records are saved and ultimately routed to National Archives for preservation.

■ VA staff and former employees route certain historic records, objects, memorabilia, photographs and other materials to their administration’s historian.

■ VA staff work with VA’s Federal Preservation Office to ensure that our historic buildings, landscapes, monuments and other objects are preserved for future use and public enjoyment.

Do your part today and be a KEEPER of VA’s history!





## Frank Woodruff Buckles

# The Last Doughboy

Frank Woodruff Buckles, the last known American veteran of World War I, died peacefully at his beloved farm in Charles Town, W.Va., on Feb. 27 at the age of 110.

"We have lost a living link to an important era in our nation's history," said VA Secretary Eric K. Shinseki. "But we have also lost a man of quiet dignity, who dedicated his final years to ensuring the sacrifices of his fellow 'Doughboys' are appropriately commemorated."

In his later years, Buckles became an advocate for the expansion of a little-

known memorial to World War I veterans from the District of Columbia into a national memorial.

Buckles was buried with full military honors at Arlington National Cemetery on March 15, near the gravesite of "his" general, Gen. John "Black Jack" Pershing. Before the burial, his body lay in honor inside Arlington's Memorial Amphitheater Chapel, while hundreds filed past to pay their respects. After the public viewing was over, President Obama and Vice President Biden arrived to pay their respects.

More than 4.7 million Americans served in the military during World War I. Here is the story of the last known Doughboy.

In 1917—more than 90 years ago—the United States entered the Great War in Europe. Sixteen-year-old Frank Buckles decided he wanted in, too. He figured he could fib about his age, say he was 18.

But the Army recruiter told him, "No good. You need to be 21." So he kept shopping around until finally, he



found a recruiter who believed him when he said his home state of Missouri didn't keep birth records when he was born. It's back home on the farm, he said, an entry in the family Bible.

Soon, young Buckles was "Over There," in England. His ultimate goal was France, where the action was. It took him a while but eventually he made it, thanks to some sage advice.

"An old sergeant told me, 'If you want to get to France in a hurry, then join the ambulance service. The French are big for ambulance service,'" Buckles recalled. "I had many different assignments," Buckles said, "and I was doing things that I thought were important. No I didn't, either; I didn't think they were important. But I found out afterwards, when I read up on my history, that some of the things I did were quite important."

Being an ambulance driver, Buckles didn't see combat, but he saw plenty of casualties. And after the armistice, he delivered German POWs back to the Fatherland, a foreshadowing of his own fate 20 years later.

After two years in the Army, Buckles set out to see the world, working for the White Star Line, of Titanic fame. For the next 20 years, he lived the life of a merchant seaman.

By 1941, the shipping business had taken Buckles to the Philippines. On Dec. 8, he and millions of Filipinos experienced their own horrific version of Pearl Harbor when the Japanese invaded the islands.

Ironically, although Buckles served in only one world war, he suffered in two. For the next three and a half years, he was a prisoner of war. It was a harsh, brutal experience.

Buckles ended up at Los Baños, a former university campus that had been converted into an internment camp for more than 2,000 civilians. He kept himself and his fellow prisoners mentally sharp by focusing on the physical: every day, he led the group in rigorous calisthenics.

Finally, in 1945, the Los Baños



COURTESY OF U.S. ARMY

*Opposite: Frank Buckles, the last known American veteran of World War I, at his farmhouse in West Virginia, surrounded by his beloved books; above: A caisson carries Buckles to his final resting place at Arlington National Cemetery; the gravesite is near that of World War I Gen. John "Black Jack" Pershing.*

prisoners were rescued in a daring raid by paratroopers from the 11th Airborne Division. When Buckles emerged from Los Baños, he was 50 pounds lighter than when he entered.

At war's end, Buckles returned to the States. He fell in love with a California girl and she agreed to settle down with him in the beautiful northeast corner of West Virginia, the Buckles' ancestral homeland.

Buckles and wife Audrey bought and restored a charming 18th-century stone farmhouse. Audrey died in 1999; their daughter Susannah Flanagan and her husband began spending much of their time helping to run the farm and care for Buckles. He was still out riding a tractor well past his 100th birthday.

In his last years, Buckles surrounded himself with family and friends, books and mementos from a life filled with journeys and adventure. His private study was home to dozens of books about World Wars I and II. His larger library contained more than a thousand volumes. Reading was his

life-long passion. But not just anything—he was an unabashed student of history. He had no time for fiction.

"Why should I read something someone made up when real events are so interesting?" Buckles said.

When asked his secret to a long life, Buckles had a quick answer at the ready: "Be prepared." But the longer answer may lie in the independent way he always led his life. Frank Buckles neatly fit the profile that gerontologists point to as ideal: he had a life-long passion for reading and learning; an ongoing interest in foreign languages and culture; and was physically fit his entire life.

Years ago, Buckles made a sentimental journey to his father's farm in Missouri, the place of his birth. There he spotted the old bell that his father rang the day he was born in 1901. He made the current farmer an offer and bought it on the spot. On his farm in West Virginia—110 years later—that same bell rang loud and clear for Frank Woodruff Buckles: a National Treasure. **VA**

# Meeting the Needs of Moms-to-Be

VA is stepping up efforts to support veterans who are expecting.

*Left to right: Veteran Terri Maxine accepts a basket from maternity program volunteers Barb Shaw and Kathy Laurier at the Carl T. Hayden VA Medical Center in Phoenix. In 2010, volunteers there gave gift baskets to 60 new mothers. VA provides full maternity care to enrolled women veterans, and also covers the medical care of newborns for the first seven days.*



LAURA SEGALL

In 2008, two sisters—Kathy Laurier and Barbara Shaw—made the decision to volunteer at their local VA medical center in Phoenix. They just wanted to help out in some small way. But within a short time, their efforts touched the lives of hundreds of pregnant women veterans.

“I was in the Navy,” said Laurier, 64. “I’ve been receiving my health care at the Carl T. Hayden VA Medical Center in Phoenix, and I felt like

I wanted to give something back. I decided I wanted to be involved with the Women’s Clinic.”

“VA has come a long way as far as the care they provide to women vets,” said Shaw, 73. “But not too many VA hospitals are set up to handle the needs of vets who are moms-to-be. So when a woman veteran becomes pregnant, the VA sends her to a private practitioner to get the care she needs.”

Dr. Patricia Hayes, chief consultant for VA’s Women Veterans

Health Strategic Healthcare Group, said VA sends expectant moms to local health care practitioners because, frankly, that’s where they can receive the best care. In most cases, she said, veterans can choose the obstetrician they want to see.

“Only a few of our larger medical centers are equipped to provide obstetrical care on-site,” Hayes explained. “So for the most part, VA relies on private health care providers to perform this service. We pay for



the care, we monitor the care, but we don't actually provide the care."

Hayes said it's also VA's policy to stay in contact with the woman during her pregnancy, with the goal of having her return to VA primary care within six to eight weeks after her delivery.

"Our goal was to create a better, closer, more personal relationship between these women veterans and their VA medical center," said Laurier. "Making sure they have an adequate supply of baby items—like diapers, baby clothes and blankets—is one way of doing that. So we came up with the idea of gift baskets.

"Our first baskets were very small, with only a few items," she added. "Barb and I were buying most of the baby items ourselves."

Shaw said she and her sister quickly realized that to keep their gift basket program going, they were going to need some help. Specifically, they would need donations.

"The Arizona State Daughters of the American Revolution was the first charity to chip in and help us," Shaw explained. "Now, three years later, we have a number of local and even national charities helping out. In fact, the Daughters of the American Revolution recently adopted us—they've taken us on as a national project."

"Our first year was kind of quiet," Laurier noted. "We only had about 25 moms. That's because the program was so new. But in 2009, we had about 48 moms, and in 2010, we had 60. The word is starting to spread."

Laurier stays in touch with every veteran who becomes pregnant, calling her once a month to make sure she's doing OK physically, emotionally and financially.

"During their last two months, I call them every week," Laurier explained. "If she's high risk, I'll call her more often. About one month before she delivers, Barb and I will bring her a gift basket—it's more like a gift tub, actually—a big plastic tub full of useful baby items."

*Top: A mom-to-be loads her trunk with baby items at the Carl T. Hayden VA Medical Center in Phoenix. The items are donated by various local and national charities, including the Daughters of the American Revolution; bottom: A new mom, her daughter and newborn are well stocked with baby supplies, thanks to the Phoenix VA's volunteer corps.*



COURTESY OF KATHY LAURIER AND BARB SHAW



COURTESY OF KATHY LAURIER AND BARB SHAW

"Then we give her a basket that's just for her," Shaw added. "It has mom stuff, like lotions, a candle, slippers, even a bathrobe."

Laurier recalled an experience she had with a 43-year-old veteran who was single and pregnant with twins. "Originally she was pregnant with quads," said Laurier. "She lost one; then about two weeks later, she lost the second."

"Barbara and I made her baskets and she picked them up at the VA a few days before Christmas. She called me on Christmas night and was literally sobbing. She told me—as do most of the women—that she never expected anything like this. What touched me most were her last words to me before she hung up. She said, 'It's the first time I've ever felt not forgotten.'"

"That kind of thing makes all this work worthwhile," Laurier said.

Once baby arrives, Shaw calls the new moms once a month for as long as they're breastfeeding. "That way we know if she's having any health

problems, and if her baby's OK," Shaw explained. "We don't give out medical advice, we just listen. Then we pass on what we learn to Cara Garcia, the women veterans program manager at the Phoenix VA."

"This monthly contact is critical if we're going to keep these women in the VA health care system," Garcia explained. "We don't want to lose track of them ... we don't want them drifting away from us once they deliver, and now they won't—thanks to the efforts of Kathy, Barbara and other volunteers like them."

A number of other VA facilities—including the St. Louis VA Medical Center, Central Texas Veterans Health Care System, and the Overton Brooks VA Medical Center in Shreveport, La.—are enlisting volunteers, as well as local community organizations, to help provide for the needs of expectant mothers. **VA**

By Tom Cramer





COURTESY OF RICK BEYER

# Battlefield Deception

Al Albrecht served with one of the most daring—and secretive—units of World War II.

**H**e kept quiet for 50 years, because that's what his government told him to do.

Al Albrecht was part of one of the most daring units in World War II—fighting with inflatable tanks and sound effects to make the Germans think the U.S. Army had a stronger line than it actually did. What they didn't have in actual weapons, they made up for with raw guts and trickery.

And it worked.

When the work was finally declassified in the mid-1990s, he made

sure the story was told again and again to school and community groups. Albrecht kept talking until he was silenced once again—this time by prostate cancer.

He was losing weight rapidly and given only months to live, so his daughter, Kathy Skibba, arranged to fulfill her dad's dying wish: to tell the world about the World War II Ghost Army.

Albrecht, 86, a patient in palliative care at the Clement J. Zablocki VA Medical Center in Milwaukee, participated in a not-yet-released documentary on his Army unit, with

many interviews conducted about four years ago. Skibba got permission from the filmmaker, Rick Beyer, to show a rough-cut screening.

About 50 friends, family members and fellow veterans from the Zablocki VA filled the Matousek Auditorium on the medical center campus Nov. 27 for a special showing. Nurses wheeled Albrecht into the auditorium in his bed.

"For the first time in months, he was smiling, and that smile didn't leave his face the entire time," Skibba said.

The documentary tells the story



COURTESY OF RICK BEYER

of a group of soldiers who became a part of the 23rd Headquarters Special Troops. They nicknamed themselves the Ghost Army for their ability to stage 21 battlefield deceptions with inflatable tanks, jeeps, airplanes, trucks and sound effect recordings that made them sound like a full army on the move. When one mission was over, they'd deflate the equipment and head out again.

In between those deceptions, the soldiers would sew random unit patches on their shoulders and change markings on their vehicles, pretending to be part of different units. They'd go drinking in town to throw off the enemy and make the Germans think the actual unit was on the move.

"We had a very unusual unit," Albrecht told the filmmaker. "The Ghost Army had very few weapons, and not very many defensive weapons. We were mostly combat deception."

His job was to drive the half-track vehicle with speakers blasting out military sounds.

"I told my children it was the biggest boombox you ever saw," he said. "It played sounds of tanks and other activities."

"The biggest thing we accomplished was we saved a lot of American lives, and also German lives," he continued. "We had occasions where deferring actions saved many American lives—imagine the face of the German commander preparing to attack and going over there and finding



GARY PORTER/MILWAUKEE JOURNAL-SENTINEL

*Opposite: A World War II soldier stands next to one of the inflatable tanks used to fool the enemy; top left: Soldiers pose next to the sound equipment used to fool the Germans and make them think the Americans had more soldiers and artillery on the battlefield than they actually had; top right: Al Albrecht greets well-wishers at the Nov. 27 screening of the documentary on the Ghost Army; right: Al Albrecht in his military uniform, surrounded by all the patches he wore while impersonating soldiers from other units to trick the enemy.*

nothing but tracks because we were gone."

Skibba didn't learn what her father really did in the war until he got the all-clear to talk about those missions.

"He has always been so strong, but since he got sick in November, everything has happened so fast. That's probably the hardest part for us. We know he doesn't have a lot of time, and this has been his dying wish, to tell as many people as possible about what happened."

Photos of a young Albrecht in Army uniform decorated the Matousek, along with patches from all the different units he impersonated.

Covered in a blanket and frail from his cancer treatment, Albrecht still greeted family members and other well-wishers. He gratefully acknowledged the applause at the end of the documentary.



GARY PORTER/MILWAUKEE JOURNAL-SENTINEL

"The people who were involved in this Ghost Army really deserved more attention than they got, because they saved many, many lives," he told the crowd. "Thank you for being here tonight."

Skibba said she believes her dad willed himself to stay alive to see the documentary.

"He hasn't been able to stay awake for more than 15 minutes at a time, but he was awake for the full event," she said. "He was smiling the whole time. That was worth everything."

Albrecht died three weeks later. VA

By Gary J. Kunich

# Are We Ready?

A comprehensive three-year study evaluated the preparedness of VA medical facilities to respond to a variety of emergencies.

Congress assigned VA responsibility for supporting the Department of Defense on health care for active duty members injured during an overseas conflict in 1982. This “VA-DoD Contingency Hospital System” identified larger VA medical centers as primary receiving centers and other VAMCs in resource support roles. Staff at the PRCs worked with their community emergency response agencies and the local airport to develop a plan to receive, stabilize if necessary, and transport military casualties to the PRC.

Several years later, another system was developed to back up the VA-DoD system using a network of non-federal hospitals agreeing to provide beds and other resources for the care of military or civilian casualties. This “National Disaster Medical System,” or NDMS, was designed to support both the need for additional resources in the event of a major military conflict, or a catastrophic event overwhelming an area’s medical system.

VA plays a central role in the NDMS, leading and staffing the federal coordinating centers (which are set up to receive patients in disasters and route them to appropriate care) in 56 of the 70 FCC locations in the U.S. today.

Because of the many major natural, technological and manmade emergencies and disasters since the 1980s,

the federal government has evolved an integrated, “all hazards” emergency management system with states and local communities. Implementation of the “National Response Framework,” or NRF, is coordinated by the Department of Homeland Security and involves all federal agencies and the American Red Cross. Since Hurricane Andrew in 1992, VA has supported several areas within the NRF, including public works and engineering (National Cemetery Administration), resource support (Veterans Benefits Administration), and public health and medical services (Veterans Health Administration).

The foundation for national readiness is the comprehensive emergency management programs at the local VA medical centers and Veterans Integrated Service Network offices. Here, VA emergency managers prepare each facility for a variety of hazards through development of plans and procedures; staff education and training; and exercises involving the local community.

In 2007, Joseph A. Williams Jr., assistant deputy under secretary for health for operations and management, asked a group of senior VHA contingency planners, “Are We Ready?” This simple question led to the development of a three-year study designed to evaluate the day-to-day preparedness and mitigation activities, and to assess the capabilities of every VAMC and VISN office to conduct

incident management, occupant safety, continuity/resiliency, medical surge, and support to external requirements during the response and recovery phases of emergencies.

VHA hired Booz Allen Hamilton to conduct independent, third-party assessments of all VAMCs and VISN offices from fiscal years 2007 to 2010. The BAH project manager, Arnie Bierenbaum, had been the VHA director of safety and technical services until his retirement in 2006. “Because of my experience working to develop VHA’s safety programs,” said Bierenbaum, “I was able to both identify areas critical to preparedness and assemble a team of private sector and VHA executives, engineers and clinicians to conduct the on-site assessments.”

Each site visit team was headed by a retired VA official (such as a network or facility director). According to Jim Farsetta, a BAH assessment team leader, “Directors are responsible for ensuring a safe environment for patients, visitors and staff. I think what we were able to provide each director was a comprehensive review of the activities that may be needed during emergencies and clearly indicate the steps they could take to enhance what they currently had.”

BAH delivered its final report to VHA leadership in September 2010, with more than 130 findings and recommendations for improving the comprehensive emergency management programs at the national, VISN



and VAMC levels. Of particular importance was the identification of 12 leading indicators of readiness. Leading indicators are those capabilities that have the largest impact on overall preparedness as determined through data analysis of the “most prepared” VAMCs and VISN offices.

The Emergency Management Strategic Healthcare Group, or EM-SHG (the program office for VHA’s comprehensive emergency management program), with the Office of

VHA and across the health care industry,” said Richard Callis, acting chief consultant, EMSHG.

Conclusions of the report included that VA medical centers “have largely embraced the need for high-quality, effective and efficient emergency management systems,” as shown by their planning and response capabilities. There is “significant commitment” to comprehensive emergency management at the VISN level. At the national level, the commitment

to emergency management is strong and involves a number of key offices across VHA. VHA and VA Central Office officials provide “substantial policy and guidance” that supports emergency management, and in fact, VHA leadership and commitment at all levels is a significant factor in the successes of the VAMCs.

According to the report, “While VHA is prepared for the vast majority of the hazards it historically responds to, there is still significant work to be done to prepare for hazards on a large scale, such as a major earthquake, category 4 or 5 hurricane, a major failure of a regional utility such as the power grid, or a substantial terrorist event.”

Next steps in the process include providing support throughout the health system where needs for improvements in readiness were identified, and continuing to do exercises, training and preparedness for all the hazards VA may face. “Are we ready?” is a question that all levels of the organization and every individual must continually work to answer. **VA**

**Editor’s Note:** Peter Brewster, Connie Raab, Ken Wheeler, RN, and Victor Ramos contributed to this story.



COBB-DOUGLAS (GA.) PUBLIC HEALTH

*Above: A Haitian patient is quickly assessed by Atlanta NDMS Patient Reception Team members and Metro Ambulance of Atlanta paramedics in preparation for transport to a waiting NDMS Partner Hospital.*

*Right: Dr. Jose Lezama looks at the X-ray of a 3-year-old girl who came to Tampa with a broken neck. Lezama, chief of medicine at the James A. Haley Veterans’ Hospital, served as medical director of Operation Haiti Relief for the Tampa area.*



SUSAN WARD

the Under Secretary for Health, Operations and Management and the Office of Quality Management, have incorporated these 12 indicators into a performance measure for all VAMC and VISN directors beginning in fiscal year 2011. “Through this study, we feel we have established some very important science for guiding future preparedness activities, both within

# Celebrate National Library Week

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## VA's medical libraries provide information and tools to improve the quality of care provided to patients.

"I believe the care our dietitians provide to veterans is top-notch due in large part to being informed through current research. This information is readily available to us thanks to our highly skilled, conscientious and efficient library staff."

**Carla Van Langen**  
*Nutrition and Food Service*  
*Des Moines (Iowa) VAMC*

"As a physician, I cannot tell you how much respect I have for librarians and how much they have helped me over the years ..."

**Deborah Younger, M.D.**  
*Emergency Medicine Physician*  
*Charleston (S.C.) VAMC*

"The library is a vital part of our organization and critical for our mission to provide high-quality health care, education and research. On a daily basis we use electronic resources ... for patient care."

**Sharad C. Mathur, M.D.**  
*Chief, Pathology and Laboratory Medicine Service*  
*Kansas City (Mo.) VAMC*

"Until I read the information you gave me, I thought I was having a heart attack every time I had angina. Now I understand that angina and a heart attack are different."

**Patient**  
*Indianapolis VAMC*

"... I graduated in 2008 with my master's in nursing, and you all had a big part in helping me achieve this degree."

**Jenny Maxwell**  
*Nurse*  
*Dallas VA Medical Center*

Comments like these demonstrate the value provided by VA library professionals every day. The VA professional staff in 153 medical libraries provide tools and information to clinicians, administrators, researchers, residents, students and allied health personnel to directly improve the quality of care provided to the more than 5 million veteran patients enrolled in the VA health care system. VA library staff also provide valuable information to inpatients, outpatients, and their families and caregivers.

### What Do VA Librarians Do?

VA employs more than 140 professional librarians who are experts in all aspects of information retrieval, assessment, procurement and administration. Librarians evaluate and purchase books, license and manage electronic resources, search clinical medicine databases, organize products for easier access, and train medical center staff and patients in the use of library resources. They analyze information needs and determine the best resources to meet each need, and ensure that VA medical centers get the maximum possible return on their information investment.

Located in VA medical centers and VA Central Office, libraries also support the Veterans Benefits Administration and the National Cemetery Administration.

### What is VALNET?

The VA Library Network (VALNET), comprised of VA's libraries, is one of the largest medical library networks in the world. Its combined book collection exceeds 545,000 volumes and more than 95,000 print journal

subscriptions. VA libraries distribute nearly 100,000 patient education pamphlets each year, and most provide electronic databases that make thousands of additional journal articles and electronic books accessible to users. VA librarians and library staff support health care nationally by participating in national networks with private, academic and other governmental libraries to share resources and achieve cost efficiency.

Last year, VA libraries, through their interlibrary loan services, shared more than 159,000 articles. Requests for such materials are usually filled within 24 hours.

### Enhancing Health Care Yesterday and Today

Historically, VA librarians helped develop and promote the profession of medical librarianship in the United States. Formal education for medical librarians was developed, in part, as a result of the need for specialized training for librarians serving in medical libraries at VA hospitals.

VA librarians also led the discovery, in the early 1920s, that reading (bibliotherapy) could be used to treat some mental disorders. They have worked with the National Library of Medicine to develop many tools used by librarians in all types of medical libraries, including the development of MEDLARS (Medical Literature Analysis and Retrieval System), the predecessor to PubMed, which is now used to search medical literature.

Reliable health information is the foundation of clinical patient care, research, education of new health professionals, and the development of the informed consumer/patient.



Studies show that when health care professionals use libraries to locate evidence-based information, the cost of patient care is lowered and health care quality is improved. VA librarians provide cutting-edge information tools and materials at the front line of health care—the point of care.

An informed and empowered patient plays a key role on the health care team and is critical to optimal health care outcomes. Low medical “literacy” is linked to under-utilization of health care services, medication errors, increased hospitalizations, poor health outcomes and higher health care costs.

Library staff promote patient literacy by providing timely access to relevant health information so patients may better understand and make decisions, which in turn improves quality of care and lowers associated costs.

### Maximizing Access to Information Across VA and Beyond

Recognizing that access to knowledge-based resources varied from site to site, the VA Library Network Office (LNO) initiated a core collection of electronic resources available throughout the VA network. The *New England Journal of Medicine*, a premier medical journal, was made available online to all VA employees in 2005.

In 2006, the LNO created a Virtual Reference Service to provide e-mail access to professional literature and reference services when another

VA librarian is out of the office. ACP Pier Plus, an evidence-based resource produced by the American College of Physicians that provides access to more than 400 summaries of the best research on a subject, was added in 2008. In 2009, Lexi-Comp for Dentistry and Psychiatry Online were made available.

In 2010, the LNO won the Veterans Health Administration IT Innovations award with the suggestion to develop a core collection of knowledge-based resources. With the funding from that award, access was provided to more than 700 online

No two libraries in VALNET are exactly alike; each reflects the unique needs of its own facility. Libraries have been instrumental in assisting facilities to achieve Magnet status by implementing evidence-based practices, meeting Baldrige and Carey award standards, and supporting VA staff research. A VA library is a place for people to gather, study and receive training.

### Training Tomorrow's Health Care Providers

VA has the largest medical education and health professions training

program in the United States. Each year, about 90,000 health professionals are trained in VA medical centers. More than half of the physicians practicing in the United States received some of their professional education in the VA health care system. VA librarians train tomorrow's health care providers and clinical researchers; they



VA Central Office librarians Vivian Stahl, left, and Caryl Kazen developed a Veterans Day book display and reading list and are doing the same for other observances.

books. Today access is provided for all VA staff to:

- more than 1,000 online books;
- more than 600 current journal titles;
- more than 1,000 journal title back files; and
- additional databases (Rehabilitation Reference Center, VisualDX and Access Suite).

### One Network, Many Libraries, Countless Benefits

support the lifelong learning efforts of health professionals.

Libraries and library staff play an important role in the health care process. They are sources for information you can trust.

April 10-16 is National Library Week and April 12 is National Library Workers Day. Check out your medical center's library and thank the librarians and their staff for helping VA provide health care beyond compare. **VA**



# Lives Transformed

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Among the hundreds of employees volunteering at the 15th annual Winterhaven Homeless Veterans Stand Down in Washington, D.C., were two who know what it's like to live on the streets.

**V**A sponsored its annual Winterhaven Homeless Veterans Stand Down on Jan. 22, attracting more than 500 veterans in frigid temperatures to participate in the event at the Washington, D.C., VA Medical Center.

Representatives and community partners from nearly 100 federal, state and local agencies, veterans service organizations, businesses and nonprofit organizations came out to support the homeless event.

"This coming together of so many agencies on one day at the federal, state and local level to provide services and benefits to homeless veterans is a tremendous outpouring of care and it is good to see," said VA Secretary Eric K. Shinseki, who volunteered with his wife, Patty, handing out warm clothing and coats. "I think today is a wonderful example of what agencies can do when they put their

heads together."

Veterans who attended the 15th Winterhaven event received medical screenings, health care and housing information. Men's and women's stations were set up to provide clothing giveaways. Men received free haircuts at the barbershop, and women received free facials, makeovers, manicures and pedicures.

"We hope to serve hundreds of veterans who are homeless who come through the doors today in many different ways," said Jeff Gering, acting director of the D.C. VA Medical Center.

Hundreds of D.C. VAMC employees volunteered their time to participate in the homeless stand down, including Robert Berry. He knows firsthand what it's like to be homeless—he was homeless himself for 17 years. His life has come full circle since he sobered up five years ago, with VA's help.

Berry started using drugs after he

left the Navy in 1987, and that put him on a downward spiral. He was unemployable for 20 years, and for most of that time he was homeless.

"I made bad choices in life, and I wound up walking away from my marriage, employment, and I basically walked right into 17 years of homelessness out in San Diego. The good thing about it was that I took it 3,000 miles away from my family. I was out there by myself."

Berry ended up incarcerated from time to time while he lived on the streets. He had lost everything.

"One day, a judge got hold of me and helped me to see life in a different way," Berry said. "I was court-ordered to a recovery program, Veterans Village of San Diego."

That was when he became affiliated with the San Diego VA Medical Center. He went through a nine-month recovery program.

"I started getting counseling and medical treatment there in San Diego



JAMES ROSENFELDER

and it helped me to clear my mind and I got sober," he said. "When I graduated from the Veterans Village recovery program, I came back to D.C."

Before leaving California, he voluntarily participated in a homeless stand down event at San Diego Community College. It was during that time that he realized he liked the feeling of camaraderie he got from working with veterans.

For 17 years he had no relationship with his ex-wife, but now they are back together, providing a two-parent home for their daughter.

"I was able to get my wife and daughter back into my life," he said. "I have been clean and sober now for five years, and I have not been incarcerated for going on five years. I was able to be there when my daughter graduated from Towson State University."

Berry now works as a supply technician, and he said his life has been completely transformed after years of living on the streets, unemployed, homeless and away from his wife and daughter. These days, the three of them attend church together and sing in the choir.

Army veteran William Harrison

## Weathering Life's Storms

After 31 years of marriage, Army veteran April Goodwin got the shock of her life from her husband.

"Two years ago, my husband told me he wanted to be free. He took all the money out of the bank, left us destitute. We had to move from the house we lived in."

Goodwin and her daughters, Angelica, Stalina and Kendra, moved to keep from being evicted.

"That Thanksgiving, we were moving our stuff in the snow. We were told that if we didn't get our stuff out, it was going to get put out," said Goodwin.

A native of the D.C. area, Goodwin reflected on being homeless while attending the Winterhaven Homeless Veterans Stand Down.

"Being homeless is not a fun thing," she said. "Not having a place to live, not having a regular address."

In 2009, a rapid turn of events sent Goodwin's life on a downward spiral.

*Above: Robert Berry was homeless for 17 years before he got sober five years ago; right: William Harrison never imagined he'd end up living in a cardboard box in an alley after leaving the military.*



JAMES ROSENFELDER

"That meant something to me," Berry said. "I came back to D.C. with a mind that I wanted to help people, but I first had to finish helping myself."

He enrolled in therapy and counseling courses at the D.C. VA Medical Center. Berry credits God's grace and the staff at the medical center for helping him repair broken relationships with his ex-wife and daughter.

never thought he would end up homeless in the nation's capital after leaving the military. As a former supply sergeant who had served at Fort Knox and run his own supply room, he did not think it would be difficult to find employment. After all, he had risen to the rank of specialist and had been responsible for approximately \$4.5 million worth of equipment from the mid- to late-1980s.

"My health just failed; I got sick," she said.

Doctors diagnosed Goodwin with rhabdomyolysis, a rapid deterioration of skeletal muscle caused by damage to muscle tissue. According to Goodwin, it popped up out of nowhere. She went from being able to walk to being wheelchair-bound. She spent nearly a year at the D.C. VA Medical Center.

"That is why I know everybody here," she said. "I treat everybody with kindness because it's important. I have to set a good example for my kids and let them know that nothing is ever given to you. You make your own road and sometimes it's rough."

As Goodwin struggled with her health, she and her daughters continued to face homelessness. During that time, Goodwin found out her husband had an affair for 20 of the 31 years they were married.

"I am dealing with my health issues, I am dealing with being disrespected," she said. "My kids are trying to pull together, trying to work this madness out. I have these great kids and we have been through so much."

There was the day she got out of the hospital's emergency room and then stood out in the cold for almost four hours asking people for food. She got sweet potatoes, white potatoes, onions, bread and blueberries.

"We were so grateful because we did not have any food left," said Goodwin, who receives Social Security disability for her youngest daughter and child support. She stretches the money as far as she can, but it's never enough. When she found housing, her rent continued to increase.

"Everybody wants to get paid," she said.

Then, out of nowhere, someone gave Goodwin and her daughters a place to live.

"The place was a dump, but we were so happy we had someplace to go," said Goodwin, who laughed to keep from crying. "Last year, a day before my birthday, it caught on fire. We lost everything; it went up in flames."

At the time of the fire, Goodwin's two oldest daughters, Angelica, 25, and Stalina, 22, lived in the apartment. Someone told Goodwin to contact VA about housing assistance.

The Department of Housing and Urban Development and the Department of Veterans Affairs Supported Housing (HUD-VASH) Program provides long-term case management and supportive services with permanent housing support through a cooperative partnership.

When Goodwin found out she could get help through the HUD-VASH program, it proved to be a bittersweet moment when she learned her two oldest daughters could not move in with her.

"The blessing is that I got sick," she said. "Someone told me about HUD-VASH, and I got an apartment the month before the other apartment burned down. I could not bring my older kids there, so they are bouncing around, sleeping with me sometimes, so that I'm not breaking the rules."

Goodwin worried about where her two older daughters would live after the old apartment was destroyed by fire, and it took a toll on her.

"It's just been a very difficult journey, and I probably would have committed suicide by now if it was not for the VA," she said.

Shelly McCrae, a social worker for the HUD-VASH program, marveled at Goodwin's progress.

"It has been a rewarding experience for me to assist a veteran to move into her own place and watch her put her life back together as she transitions to self-sufficiency—which is the goal," McCrae said.

Goodwin credits McCrae with going out of her way to help her when she needed it most.

"When I said, 'I need food,' she was on the phone trying to find places where I could go pick up food."

During one of her visits to the D.C. VAMC, a staff member casually asked her how she was feeling that day, "and

I said, 'I am really feeling depressed, a little suicidal,'" Goodwin said. "I was just at the end of my rope. It felt like the whole world started crashing in on me."

Goodwin described feeling like a weight had been lifted off of her as a team of people came to her rescue and provided mental health counseling.

"It seemed like all of a sudden the walls moved, the ceiling lifted up, and they were pushing me someplace and I was sitting in front of this guy and he was asking me all these questions. It all happened so fast," she said.

Goodwin said without support from VA, it would have been tough for her to go on.



*A rapid turn of events sent April Goodwin's life on a downward spiral in 2009.*

JAMES ROSENFELDER

"She was in a difficult position, and what she needed from me was my ear and my support and to be linked with the appropriate services that could provide her with the assistance she needed," said McCrae. "She did the work. She is awesome—very resilient—and I have learned a lot from her."

Despite the tumultuous journey Goodwin and her daughters have endured for the past several years, she is encouraged to go on with her life.

"We are still trying to find a happy balance with knowing that we are still here," said Goodwin, who makes blouses out of scarves, earrings out of soda cans and purses out of potato chip bags.

"Whatever we have, be blessed to have it and make it work."





*Above: Homeless Army veteran Michelle Thomas, 51, talks with another homeless woman veteran as they shop for free clothes at the Washington, D.C., VA Medical Center's Winterhaven Homeless Veterans Stand Down on Jan. 22; right: Homeless Marine Corps veteran Curtis Buren, 47, receives a free haircut at Winterhaven.*

"When I came home, it was extremely hard to find a job," he said.

Harrison did not prepare for unemployment. He thought his military experience would help him land a job. Eventually, he depleted his savings.

"I was not able to pay the rent or the bills, so I was out on the street," he said.

He ended up living in abandoned buildings. Harrison believes the pitfalls of homelessness and drug addiction swallowed him up in the early 1990s.

"I got involved in alcohol and drugs and other things that kept me on a downward spiral for the next seven years," he said. "After that, I was homeless on the street, living in an alley in Northeast Washington."

The last three years of being homeless, Harrison lived in a cardboard box in an alley.

"It got to the point where I was accustomed to being homeless and hustling all day to get a meal," he said.

In 1999, Harrison had an awakening.

"I heard a voice telling me that if



I did not get out of the cardboard box, I was going to die in that cardboard box," he said. "That very day I walked across town to Central Union Mission. The next day I was upstairs on the third floor at the VA hospital in the SART (Substance Abuse Rehabilitation Treatment) program. "They got me in touch with the homeless team. They dealt with my acquired bad habits, my addictions to alcohol and cocaine, and set me off on a path to get me where I am today."

Since joining VA's SART program, Harrison has been free of alcohol and drugs for 12 years.

Harrison enrolled in VA's Compensated Work Therapy program in 1999.

"I treated that like it was a \$20-an-hour job, even though I was only making \$5.15 an hour, and I kept moving in that direction, to make my life better and make me better as a person."

In 2002, Harrison was hired to work in the call center at VA as an entry-level employee. Today, the formerly homeless veteran is an addiction therapist at the D.C. VAMC. He married seven years ago.

"I don't know where I would be right now if it was not for VA and the people in VA," he said.

Harrison looks forward to the annual Winterhaven Stand Down as an opportunity to not only give back, but also to send a message to homeless veterans who are now in situations similar to the one he was once in.

"Go to the VA and you will get the help you need," he tells them. **VA**

*By Michele Hammonds*

**Editor's Note:** VA held approximately 210 homeless stand down events, which lasted one to three days, at different medical centers around the country last year.

# Second in Command

Deputy Secretary W. Scott Gould carries out his duties with his fellow veterans, families and employees foremost in his mind.

**W**hile you may know the Honorable W. Scott Gould as VA's Deputy Secretary, you should also know that he is a Navy veteran who has held senior leadership positions at the Departments of Commerce and Treasury, served as a vice president, chief operating officer and chief executive officer of several private sector businesses, been a White House Fellow, and co-authored a critically acclaimed book about public institutions investing in their people.

*VAanguard* sat down with the Deputy Secretary in Central Office to talk about how he views his role in the Department, how the transformation is going, his personal motivation for serving at VA, and more.

**Q: As Deputy Secretary, you serve as VA's chief operating officer. How do you define that role?**

A: We're a big organization, and we have very far-flung operations, so the most important thing a COO can do is synchronize the operation of the organization. And I regard my second-most important function as making other people successful. We've got a lot of great folks, and getting the resources they need to get the job done is critical to executing my duties.

**Q: How would you describe your leadership style?**

A: It's very mission-oriented. I believe very much in the thing that we are doing together as an enterprise, serving our veterans from every generation. I would also describe my style as collaborative and listening. My grandfather used to say you can always learn something from someone, but you can't be talking when you do it.

**Q: You mentioned your grandfather. Are there others who had an impact on you as a leader?**

A: I would cite two individuals. One was a fellow named Jim Carlin. The governor of Massachusetts fired the mayor and the board of aldermen of the city of Chelsea, and appointed three people to run it. I was one of the folks lucky enough to do that. And Jim Carlin was the lead guy. He was this very passionate, action-oriented individual who thrived in the business world, and could also work effectively in government. I learned a lot from Jim, and we

turned the city around in 10 months. I'd have to say also that the person I admire most and am learning a huge amount from is our own Secretary Shinseki. He is an extraordinary leader, and a great individual, and he has taken the time to coach and to mentor me. And I appreciate it very much.

**Q: Can you tell us about your personal motivation to take the job as Deputy Secretary at VA?**

A: Thank you for asking. I spent about 26 years in the Navy, so a lot of folks I served with at sea are presumably using the services we provide here now. But most importantly, my own father was a veteran of World War II and Korea, and he actually spent the last 11 years of his life in a VA hospital, where he was cared for wonderfully. So I just remember the families arriving at the front door of our institutions across the country right now who need our help, just like my family needed it. I'm here for them, and I want to build an institution that can do as well as VA did in the '90s for my dad.

**Q: Could you talk a bit about employees as a resource for institutions to deliver their services? How important are they, and why?**

A: We've got a lot of money, a lot of buildings, a lot of high-tech equipment, and none of them will deliver a single service to our veterans. It's the people. I believe people are the bedrock of an institution, and you need to build trust, provide inspiring leadership, but most importantly train and develop those leaders. Whether it's the individual that just joined VA this week or the one that's been serving 30 or 35 years, everyone needs training and attention. And that investment in our people is what builds a strong institution. We hope that across VA, senior leaders and supervisors are taking a moment to make sure their people are getting what they need to do their jobs well, and investing in them.

**Q: The Secretary has clearly laid out the transformation he's putting VA through to make it a veteran-centric, results-oriented, and forward-looking 21st-century organization. How is it going?**

A: We've got a little over \$2 billion worth of major initiatives going on in VA right now, those 16 major initiatives that comprise the Secretary's portfolio of priorities. And they're going very well. I've just finished the third in a series of operational and management reviews designed to make sure that not only are we applying the people, money, and things to make them go, but that we are getting the results out of them that we want. Examples of that success would include homelessness. Two years ago, we were at 131,000 homeless veterans every night on the streets of the U.S. We're down to 76,000 now. In the area of our virtual benefit management system, VBMS, we've just now completed the first-ever end-to-end electronic processing of a claim in VBA. And it took 47 days to do it. So we're seeing examples of new technology, and new leadership, focused on our key priorities. I think the ship is turning.

**Q: You mentioned the homeless target and the tremendous goal the Secretary set to end veteran homelessness within five years. You recently participated in a one-night census here in D.C. Can you talk about that experience?**

A: It was cold, but it was a lot of fun. I got to see our team in action, and we were working together for the first time with HUD and about 70 different agencies here in the D.C. area. I think the thing that really hits you is the need, the sense of vulnerability of walking up to a veteran on the street, sleeping in a sleeping bag that was donated to them. These are individuals who need help. They need our support. So our goal is to get them off the street, provide housing, and get them through our process so they can get the help they need.

**Q: What would you say has been your proudest moment so far as VA Deputy Secretary?**

A: This may sound terribly mundane, but one of the roles I play is to compete for resources. And the Secretary and I really take that seriously. You can have great, creative people ready to go, but if they don't have the resources they need and the

President hasn't said, "I'm going to make this a priority," which he has, then it doesn't happen. So the 2010 budget, which was the largest increase in 30 years in the VA budget, the '11 increase, and now '12 adds another over 10.5 percent to that major increase—we're growing. We have the resources to do what we need, and I'm very proud of playing a part in capturing those resources for our agency.

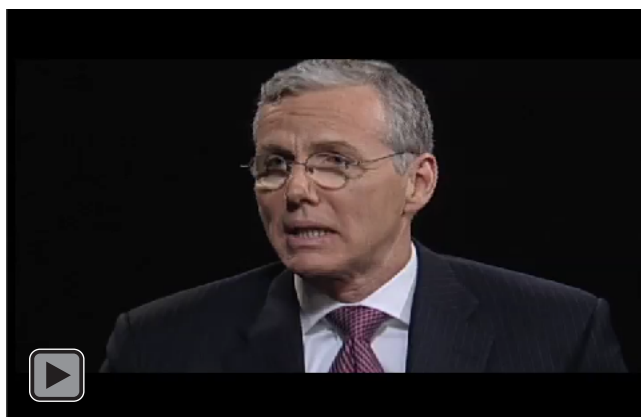
**Q: Any challenges you want to share?**

A: I think one of the big challenges we have is making sure the hand-off between DoD and VA is done in a way that respects the service of all of the service members, soon to become veterans, who go through it, that we do it with an assiduous focus on making sure the transition is the best it can be. [DoD Deputy Secretary] Bill Lynn and I, who are partners in this effort, have sat down together and rolled up our sleeves, and are trying to make good things happen. A great example is electronic health records. As you know, VA has the largest direct health care system in America. DoD is kind of right behind us with their own direct care, and also care that they purchase from the private sector. But one would think they would have the same electronic health record, and just last week the Secretary of Defense and the Secretary of VA slapped the table and agreed; we

will have a joint electronic health record going forward. I think it's going to improve quality, and husband our resources more efficiently.

**Q: Is there anything you'd like to say to VA employees?**

A: The first is just to communicate that I respect what everyone is doing. The folks on our team do something that, in my view, is unambiguously good. They've got to go home every night and be able to tell their families that they're proud of what they do, that what they do matters, that it is making a difference in the lives of our veterans, and that the Secretary and I are very grateful for their service, day in and day out. And we're fighting for them, as is the President, to continue this service and to fulfill our commitment to veterans. **VA**



*Top: An interview with Deputy Secretary W. Scott Gould from VA News. For closed captioning, please view the interview in VA News located at <http://www.va.gov/opa/feature/vanews/vanews-455.aspx>.*





A new partnership is helping veterans with disabilities live independently at home.

*The Veteran Directed Home and Community Based Services Program allows Korean War veteran Frank Zampella to live comfortably at home with his wife of 57 years, Ida, while getting the care he needs.*

SCOTT SNELL

# More Choices, More Control

Ida Zampella, of North Plainfield, N.J., remembers only too well the terrible days that her husband Frank, a veteran of Korea, spent in a nursing home following open heart surgery and a stroke. She cried every night after visiting hours were over. "It broke my heart to leave him there," she said.

Finally, Ida could no longer bear to watch her husband's decline. She brought Frank home, but soon the burden of caring for her husband began to take a toll on her own health. She didn't know how she was going to manage.

Then Ida learned of a new initiative at VA called the Veteran Directed Home and Community Based Services (VD-HCBS) Program that works with Area Agencies on Aging. It turned out to be a godsend. The program enabled Ida and Frank to hire a personal care aide for Frank 32 hours a week, install a wheelchair lift outside their home and make other purchases to meet Frank's needs.

Now Frank lives comfortably at home while getting the care he needs. The Zampellas have been married 57 years, and Ida says she will always be grateful to VA for keeping them together. "The VA really came through for us."

A partnership between VA, the U.S. Administration on Aging (AoA) and the National Resource Center for Participant-Directed Services, the VD-HCBS Program keeps veterans of

people, it doesn't work for those who want more control over their lives. Under the traditional service system, for example, people who need assistance getting up in the morning have to adjust to their home care workers' schedules—even if they prefer getting up at another time. They don't have much choice over what services they get, from whom, when or how.

### **Putting Power and Control in the Hands of Veterans**

Participant direction turns that around. "You set the rules for how you'll live your life," said Kevin Mahoney, director of the National Resource Center for Participant-Directed Services, a nonprofit organization based at Boston College that works to support participant direction.

"You decide what services you want and who will provide them. And if you're dissatisfied with the service you're getting, you can hire someone else."

A pioneering participant direction program called Cash & Counseling showed that growing old or living with a disability does not have to

injured veterans. VA anticipates expanding the program to at least 14 more states in 2011.

The Zampellas were among those who spoke at a Dec. 14 event held at the Lyons Campus of the VA New Jersey Health Care System to celebrate the success of programs in New Jersey that began enrolling veterans in the VD-HCBS Program in 2009. The program is active in three New Jersey counties: Somerset, Morris and Bergen, which currently have enrolled 28, 17 and three veterans, respectively.

Evelyn Marrinan's husband John lived most of his life with diabetes. As he got older, though, he became more disabled. One of his legs was amputated. Later he was diagnosed with Parkinson's disease.

"He really couldn't do anything," said Evelyn, who lives in Bernards Township, N.J. Yet she did not want to put him in a nursing home. When she heard about the VD-HCBS Program, it seemed too good to be true.

With John's new monthly budget, Evelyn was able to hire additional personal care aides. The difference

***"You set the rules for how you'll live your life. You decide what services you want and who will provide them. And if you're dissatisfied with the service you're getting, you can hire someone else."***

all ages and disabilities in their communities and out of nursing homes. Veterans in the program manage their own flexible spending budgets for their personal care services—deciding for themselves what mix of goods and services will best meet their needs, hiring and supervising their own workers, including family and friends, and purchasing items or services that will help them live more independently.

This approach, known as "participant direction," was developed as an alternative to traditional home care services. Although the traditional service system works well for some

mean living in a nursing home or other institution. With more choice and control over services, most people can get the services they need and prefer and remain at home.

The VD-HCBS Program is modeled after Cash & Counseling. The National Resource Center for Participant-Directed Services directed Cash & Counseling, and now provides technical assistance to the VA/AoA program.

Nationally, as of December 2010, 23 VA medical centers in 14 states had a fully operational VD-HCBS Program with more than 540 veterans enrolled, including young and severely

was huge, she said. "The fact that we could hire and fire people was empowering," she added. The VA program also paid a bookkeeping agency to help the Marrinans manage their monthly budget.

John Marrinan died in April 2010. The VA program, Evelyn said, was "just invaluable."

### **Making Care More Veteran-Centered**

Heain Choi, community care program director for VA New Jersey, said the VD-HCBS Program is helping veterans live happier, more independent lives in their homes, while

## Where is VD-HCBS?

Currently, VA medical centers in 14 states have a fully operational VD-HCBS Program, and VA anticipates expanding to an additional 14 states in 2011. These states are:

Alabama  
Arkansas\*  
Connecticut\*  
Florida\*  
Georgia  
Hawaii  
Illinois\*  
Indiana  
Kentucky  
Louisiana  
Maine\*  
Maryland  
Massachusetts\*  
Michigan\*  
Minnesota\*  
Montana  
New Hampshire  
New Jersey\*  
New York\*  
Ohio  
Oregon  
South Carolina  
Texas\*  
Washington\*  
West Virginia  
Wisconsin\*  
Vermont  
Virginia\*

\*States marked with an asterisk have an active VD-HCBS Program.

providing relief and support for their spouses and other caregivers. Not only is home care available to veterans through the VD-HCBS Program, but also house cleaning, food delivery, dog walking, adult day care and other services that can help veterans live at home. In addition, they can use their budgets to make purchases ranging from bathroom modifications to

microwave ovens to emergency alert medallions.

"These veterans need so much care, and the VD-HCBS Program has really changed their lives," Choi said.

She also commended the various aging and VA agencies at both the state and county levels that have made the New Jersey program so successful. "Getting the program up and running was hard work for everyone," she said, "but well worth it. We had one goal: to serve our veterans and to make it happen."

Poonam Alaigh, M.D., New Jersey's health and senior services commissioner, called VD-HCBS "an example of what we want to see happen in health care." By "putting power and decision-making in the hands of veterans," she added, the program gives "respect, honor, dignity and choice back to our veterans." New Jersey also operates its own Cash & Counseling program, Personal Preference, for frail elderly people and those with disabilities, which has proved highly successful.

Dan Schoeps, VA's national director of purchased home and community-based service programs, said participant direction is helping make VA care more veteran-centered. "Veterans want more options," Schoeps said. "Both young veterans and older veterans tell us that they want more control over their care."

Schoeps said he believes the VD-HCBS Program will be of particular value to younger veterans returning from Afghanistan and Iraq. "We think the program is ideal for this population," he said.

During the Gulf War, he noted, he received many phone calls from families anguished by the prospect of sending loved ones who had been seriously injured in conflict to nursing homes. But he has not fielded a single nursing home call for younger veterans in recent years.

"They're either choosing traditional home care services or they're not going into nursing homes." The



ROBERT TURTIL

*Dan Schoeps, VA's national director of purchased home and community-based service programs, says participant direction is helping make VA care more veteran-centered.*

VD-HCBS Program could be a better option for these veterans.

Mahoney noted that participant direction is not for everyone. "It's for people who want more control over their lives," he said.

People who don't want that much control and who would rather have others manage their home help for them can simply keep their traditional home care services, he said. But, he added, he believes it should be an option for everyone in need of personal care services.

Schoeps agreed. There will always be a need for nursing home care, he said, and VA will continue to contract with nursing homes.

Ultimately, though, he envisions that the VD-HCBS Program will be available to all veterans. "It is going to take a number of years to get nationwide coverage of this program," he said. "We will move as quickly as we can, as resources allow." **VA**



# Never Too Late

## Navy veteran enrolls for VA health care at age 100.

Prentice Willis thinks long and hard before making a serious decision in life. Leaning forward in a brown leather recliner, he pauses for a moment staring at a checkerboard before moving a single checker forward. At 101 years old, the former Navy aviator keeps active by playing checkers nearly every day with Cruzita Gallegos, a home health care nurse assistant.

"He's like the grandfather I never had," she says. "He helps cut up the paper for the fire, and we exercise with walks and stretching. We try to keep busy."

Willis will be the first to tell you he's no Jack LaLanne, the late fitness guru who emphasized the importance of daily rigorous workouts.

"I stay active," he says. "I exercise, but I don't do a lot of special exercises."

Like many senior citizens, health has shifted to the top of Willis' list of priorities. Last summer, his son David contacted Beth Eutsler about getting his father enrolled for VA benefits, including home health care. Eutsler is a social worker at VA's community-based outpatient clinic in Santa Fe, N.M., part of the New Mexico VA Health Care System.

"I usually answer these types of calls," Eutsler says. "I had him come in with as much military documentation and information as he had, and we pieced together the 10-10EZR (VA's personal information update form) with the available documents."

After following a fascinating and historic paper trail, Eutsler was able to help Willis enroll in the system. She then assisted him in getting medical appointments and arranged for his home health care services to begin.

"He is a charming, modest man who does not seem to want to be a bother to anyone," Eutsler says. "He seems very pleased with his welcome to the VA and seems to appreciate the services that are available to him."

The spry centenarian lives with his other son, Robert, and Robert's wife, Anna McCormick Willis, in their traditional Santa Fe home. Willis' bedroom is just off the living room. Above his small bed hangs a collection of framed and fading military photos and certificates tracing his life experiences.

Willis' passion for flight began in 1933 near his home in Beattie, Kan. "I looked up at the sky and saw an airplane flying," he says. "I had never flown before, and I said that it must be wonderful to fly like that."

A girl standing nearby overheard him and just happened to know how Willis could achieve his dream.

"This little girl (gesturing with his hand a height of about four feet) gave me the whole story on how I could become a pilot. I left immediately—I didn't waste any time!"

Willis traveled to Pensacola, Fla., and joined the Navy's Aviation Cadet Program in 1933. After earning his "wings," he served four more years of active duty before leaving the Navy to fly for American Airlines in 1940.

His days as a civilian pilot were numbered. When war broke out a year later, he went back on active duty with the Navy, flying a variety of military aircraft.

After the war, he remained in the Navy Reserve, but went back to his job flying for American Airlines. Fol-



BILL ARMSTRONG

*Former Navy aviator Prentice Willis keeps active by playing checkers almost every day.*

lowing his retirement in the late 1960s, Willis lived for some time in Texas, and later in Taos, N.M., before moving in with Robert and Anna.

Today the father of three, grandfather of four and great-grandfather of four seems satisfied with the slower pace of retirement. When asked the secret of his longevity, Willis just shrugs his shoulders.

"No special diet. I eat anything I can get my hands on," Willis says with a laugh.

His daughter-in-law backs up his boast about food. Anna says when she needs Willis to do something at home, she is able to bribe her father-in-law with cookies and pineapple.

"He's a good eater," she says, nodding.

For a variety of reasons, many veterans delay their enrollment into the VA health care system. In Prentice Willis' case, he decided it was better late than never.

"It seemed like the best thing for me to do to take care of the situation," he said as he moved another checker forward. **VA**

*By Bill Armstrong*

## VA Submits \$132 Billion Budget Proposal for Fiscal Year 2012

VA submitted a \$132 billion budget proposal for 2012 on Feb. 14. Congress must approve the budget request for the fiscal year that begins Oct. 1 before it can take effect.

In announcing the request, Secretary Eric K. Shinseki emphasized the need to “make every dollar count.” He said the Department has “put into place management systems and initiatives to maximize efficiency and effectiveness, and to eliminate waste.”

The budget request seeks nearly \$51 billion for medical care. It would provide care to more than 6.2 million patients, including nearly 540,000 veterans of military operations in Iraq and Afghanistan.

The budget request also includes almost \$1 billion for a contingency fund and \$1.2 billion for operational improvements to manage the appropriated funds in a fiscally responsible manner.

Major health care provisions include:

- \$6.2 billion for mental health programs, including \$68 million directly for suicide prevention;
- \$344 million to activate newly constructed medical facilities;
- \$208 million to implement new benefits for veterans’ caregivers; and
- nearly \$509 million for research.

Shinseki noted the Department has created “a portfolio of initiatives” to improve the quality of VA care while making it easier for patients to access services. Primary care providers will put more emphasis on disease prevention and healthy living. New technology—securing e-mails, social networking and

telehealth—will be harnessed to meet the evolving needs of patients.

Among the Department’s operational improvements is a provision that calls for VA to implement Medicare’s standard payment rates, a measure that will free \$315 million for other health care needs.

The proposed budget for the new fiscal year includes more than \$70 billion in “mandatory” benefits programs, mostly disability compensation and pensions.

Shinseki reaffirmed his commitment to “break the back of the backlog” of claims from veterans for disability compensation and pensions. VA’s goal is to provide veterans with decisions on their claims within 125 days at a 98 percent accuracy rate by 2015.

The requested budget for mandatory benefits programs also includes nearly \$11.5 billion for VA education, training, vocational rehabilitation and employment programs, including educational benefit programs VA administers for the Department of Defense. Approximately 925,000 people will receive benefits under these programs. Nearly three-quarters of the funds will go to recipients of the Post-9/11 GI Bill.

The budget proposal continues development of an automated Post-9/11 GI Bill claims processing system that will speed tuition and housing payments to eligible veterans.

The funding request includes nearly \$940 million for specific programs to prevent and reduce homelessness among veterans and their families. This funding is a 17 percent increase over the current budget of nearly \$800 million.



VA Secretary Eric K. Shinseki speaks at a briefing on the release of the 2012 budget proposal on Feb. 14 at VA Central Office.

VA will seek nearly \$3.2 billion for the new fiscal year to operate and maintain its information technology.

The Department has a major role in the development of the “virtual lifetime electronic record” as part of an inter-agency federal initiative to provide complete and portable electronic health records for service members, veterans, other family members and, eventually, all Americans.

Nearly \$590 million in major construction is included within next year’s budget request.

The funding proposal provides for the continuation of seven ongoing construction projects at health care facilities—New Orleans; Denver; San Juan, Puerto Rico; St. Louis; Palo Alto, Calif.; Bay Pines, Fla.; and Seattle—plus new projects in Reno, Nev.; Los Angeles; and San Francisco.

Also in the budget request is \$550 million for minor construction for such purposes as

seismic corrections, improvements for patient safety, and enhancements for access and patient privacy.

Additionally, the spending proposal includes funds for a gravesite expansion project at the National Memorial Cemetery of the Pacific in Hawaii.

VA is seeking more than \$250 million next year for the operation and maintenance of its 131 national cemeteries.

The Department expects to inter about 115,000 people next year at its national cemeteries. Nearly 90 percent of the U.S. population is within 75 miles of a VA-run national cemetery or a state-run veterans cemetery.

The fiscal year 2012 budget plan includes \$46 million to fund creation and improvement of state veterans cemeteries and tribal government veterans cemeteries.

More information about VA’s budget proposal for fiscal year 2012 is available on the website at [www.va.gov/budget/products.asp](http://www.va.gov/budget/products.asp).

## National Cemetery Administration Earns Highest Customer Rating

For the fourth time in 10 years, the National Cemetery Administration has received the highest rating in customer satisfaction of any federal agency or corporation surveyed, according to a prestigious, independent survey of customer satisfaction.

"This survey is testament to the outstanding service employees at VA's 131 national cemeteries provide our nation's veterans and their families," said Secretary Eric K. Shinseki. "It is VA's privilege to care for the nation's heroes in perpetuity, and it is our goal to meet the highest standards for professionalism and compassion."

The American Customer Satisfaction Index (ACSI) is the only uniform, national, cross-industry measure of satisfaction with the quality of goods and services available in the United States. In 1999, the federal government selected ACSI to be a standard metric for measuring citizen satisfaction. More than 100 federal agencies have used ACSI to measure citizen satisfaction with more than 200 services and programs. The Index was founded at the University of Michigan's Ross School of Business and is produced by ACSI, LLC.

"VA should be commended for continuing to provide such a high level of service to America's veterans and their families," said Jon Cioffi, senior consultant with CFI Group USA, one of the survey's sponsors. "NCA serves as an excellent example of how government should provide services to its citizens."

The government's Federal Consulting Group presented NCA an award for continued

and sustained high levels of service at the organization's annual customer service conference for federal government ACSI participants, held Jan. 25 at the National Press Club in Washington, D.C.

In presenting the award, Ronald Oberbillig, chief operating officer of the Federal Consulting Group, said, "No other federal or private organization has scored as high as the National Cemetery Administration. The amazing part is that NCA has sustained those high scores for more than a decade, outpacing such corporations as Amazon.com and Heinz."

NCA participates in the ACSI every three years, previously in 2001, 2004 and 2007. This is the fourth time NCA has participated and the fourth consecutive time it has received the top rating in the nation. For 2010, NCA achieved a customer satisfaction index of 94, nearly 29 points above the average for federal agencies, which was 65.4.



Acting Under Secretary for Memorial Affairs Steve Muro, right, accepts an award from Ronald Oberbillig, chief operating officer of the Federal Consulting Group, recognizing NCA for sustained high levels of service at the organization's annual customer service conference for federal government ACSI participants.

The ACSI survey polled next-of-kin or others who had arranged for the interment of a loved one in a VA national cemetery within the past six months to one year. More than 1,900 people received the survey, and 444 responded, a high response rate for a mail-in survey.

Using methodologies developed at the National Qual-

ity Research Center of the University of Michigan Business School, NCA received ratings in the categories of "customer service" and "user trust" of 96 out of a possible 100 points, indicating that respondents are exceptionally pleased with their experience at national cemeteries and are willing to recommend their services to others.

## Revised Online Health Benefits Application Offers Chat Feature

Veterans will find it easier and faster to apply for their health care benefits now that VA has enhanced and streamlined its online Form 10-10EZ, "Application for Health Benefits."

This revised online application now features a chat function, which allows veterans to receive live assistance while they are filling out the form. Additional enhancements to the process include simplification of questions relating to military service in Southeast Asia during the Gulf and Vietnam wars. Several additional minor enhancements make the application easier and faster for veterans to complete.

The 10-10EZ application is divided into six different sets of information, including personal information, insurance information, employment, military service, and a financial assessment. Since November 2000, nearly 400,000 veterans have already used the online 10-10EZ to start receiving health care benefits from VA.

Future enhancements to the online application will include a 10-10EZR Health Benefits Renewal Form for veterans to update their personal information, and a special 10-10EZ designed specifically for demobilizing military service members.

Veterans may complete or download the 10-10EZ form at the VA health eligibility website at [www.1010ez.med.va.gov/sec/vha/1010ez](http://www.1010ez.med.va.gov/sec/vha/1010ez). They can also contact VA at 1-877-222-8387 (VETS), visit the VA health eligibility Web site at [www.va.gov/healtheligibility](http://www.va.gov/healtheligibility), or apply for health care benefits at any VA medical center with the help of a VA health care eligibility specialist.



## Board of Veterans' Appeals Publishes Third Edition of Law Review

What do Harvard Law School and VA's Board of Veterans' Appeals have in common? They both publish a law review. A law review is a scholarly journal devoted to exploring legal trends and issues.

In January 2009, the Board published the first volume of the *Veterans Law Review*, a journal focused on veterans benefits law. The second volume was published in March 2010.

The Board is a component of VA that adjudicates and makes final decisions on behalf of the Secretary on appeals from decisions from local VA offices. The Board is comprised of attorneys and veterans law judges who review all appeals for entitlement to veterans benefits, including claims for service connection, increased disability ratings, pension, insurance, educational benefits, home loan guar-

anty, vocational rehabilitation, dependency and indemnity compensation, and health care eligibility.

The *Veterans Law Review* owes its inception to the many dedicated employees of the Board, including the current chairman, James P. Terry, who was a driving force behind the creation of the VLR.

Terry was first appointed to head the Board in 2005. As a Marine Corps veteran himself, he saw that the field of veterans benefits law was growing rapidly.

He recognized how difficult it could be for practitioners and individual claimants to navigate extensive regulations, statutes, claims processing procedures, and a body of developing case law of the U.S. Court of Appeals for Veterans Claims and the Federal Circuit Court of Appeals when processing their claim for VA

benefits. By creating the *Veterans Law Review*, Terry hoped to "stimulate ideas for improving the benefit system for our nation's veterans and their families."

Another driving force behind the journal was Editor-in-Chief John Crowley, a veterans law judge with the Board since 2005. Crowley dedicated many hours to making the publication a reality.

With the publication of the seminal edition of the *Veterans Law Review*, Crowley wrote: "We dedicate this work to improving government service to veterans and their families.

"We have started something that we hope, over time, will create a forum that will help improve a \$30 billion benefits system designed to help those who have been protecting us for generations."

The third volume of the

*Veterans Law Review* is being released this spring. It contains several notes and articles on current "hot topics," including an analysis of the Veterans Claims Assistance Act of 2000, 10 years later, and book reviews pertaining to the war in Iraq.

Annual publications of the *Veterans Law Review* serve as a practical resource for legal professionals, policy makers, and the general public. The journal also serves as an important vehicle of change for those who want to start a conversation about the future of veterans benefits law. Each issue includes articles focusing on current or developing trends in the law, in addition to notes, comments and book reviews.

For more information about the *Veterans Law Review*, visit [www.bva.va.gov/VLR.asp](http://www.bva.va.gov/VLR.asp).

## Sports and Recreation Programs for Disabled Veterans Expanding

VA is awarding two grants totaling \$7.5 million to the U.S. Olympic Committee to enhance recreation and sporting activities for disabled veterans and disabled members of the armed forces.

"Many of our veterans have experienced traumatic injuries while at the peak of their physical conditioning," said Secretary Eric K. Shinseki. "Our partnership with the U.S. Olympic Committee will aid in their recovery by allowing them to engage in therapeutic sporting events and competition right in their own communities."

Under the terms of the grant agreements, funding will be provided to the Olympic Committee's member orga-

nizations, Paralympic sports clubs, and veteran and military organizations nationwide to implement community-based physical activity programs for disabled veterans and disabled members of the armed forces. Disabled veterans can locate adaptive sporting events in their communities by visiting the U.S. Paralympics website at [www.usparalympics.org](http://www.usparalympics.org).

Public Law 110-389 authorized VA to award grants to the U.S. Olympic Committee to plan, manage and implement an adaptive sports program.

"This support from the Department of Veterans Affairs will have far-reaching impact in communities around the country," said Charlie

Huebner, chief of U.S. Paralympics. "We know that sports and physical activity can have a transformative effect on those with a physical disability.

"These funds will help our community partners expand and provide greater access to sports programs for injured veterans, disabled members of the armed forces, and all living in their local area with a physical disability," Huebner added.

Additionally, Christopher J. Nowak has been selected to be the director of the VA Paralympics Program Office.

Since 1999, Nowak served as a prosthetics manager for VA Healthcare Veterans Integrated Service Network 4, which includes Pennsylvania,

Delaware, and parts of West Virginia, New Jersey and New York. A 17-year VA employee, he directed a \$92 million budget and all prosthetics operations for 10 VA medical centers.

Nowak joined the Marine Corps in 1983. His military career ended in 1987, when the then-infantry squad leader lost his right leg to friendly fire during a routine training exercise.

Nowak has long been a champion of sports rehabilitation for wounded soldiers and veterans. He developed and co-chaired "First Swing" and "Next Step" golf clinics for amputee veterans and he is also a former member of the USA Amputee Hockey Team.

## HR Academy: Advancing VA's Human Resources Workforce

Transformation begins with your people.

To transform our organization and deliver the best health care, benefits and services to veterans and their families, it is critical that we hire the best talent available, and in an effective and timely manner. This means we must invest in the skills, education and development of the people who are doing that hiring—our human resources workforce.

These were the central themes of the official launch of the new HR Academy last fall at VA Central Office. A part of the ADVANCE initiative—the long-term, Department-wide investment in all VA employees nationwide—the HR Academy provides educational, professional development and skills training opportunities to VA's HR workforce.

The event drew more than 150 attendees who came to hear VA leaders discuss the HR Academy's mission, resources and learning opportunities. Moderated by Program Analysis Officer Carolyn Hunt, it featured inspirational remarks from Deputy Secretary W. Scott Gould and Deputy Assistant Secretary for Human Resources Management Tonya M. Deanes.

In his keynote address, Deputy Secretary Gould reflected on the commitment of Secretary Eric K. Shinseki to VA's employees and his vision for transformation across the Department. Gould emphasized the importance of investing in their skills and professional development, and the vital role of the HR Academy, in VA's Strategic Plan. He described the HR Academy as a "transformational learning opportunity" that strengthens

all of VA for the betterment of the nation's veterans.

The Deputy Secretary described the current challenges VA faces: a growing veteran population; rapidly changing technology; and the looming retirement of significant portions of VA's workforce, coupled with a new generation of workers with different working styles and expectations. In describing the important role that its HR workforce plays in meeting these challenges, Gould stated that it is critical that HR professionals be equipped with the tools and resources to help VA effectively address these challenges, and concluded that VA must "dramatically increase" its investment in its HR workforce.

Following Gould's remarks, Deputy Assistant Secretary Deanes further noted how the HR Academy is designed to empower HR professionals to learn across organizational, technical and geographic boundaries, and how it is expected to create learning communities that will improve support and collaboration.

Though he could not be in attendance for the launch, the program highlighted the vital role played by Assistant Secretary for Human Resources and Administration John U. Sepúlveda in launching the HR Academy. It was his "leadership [that] shaped the HR Academy strategy and helped make the launch possible," said Program Analysis Officer Hunt.

Assistant Secretary Sepúlveda is responsible for the ADVANCE initiative that gave rise to the HR Academy. In addition to the HR Academy, ADVANCE offers a variety of programs and training opportunities designed to

support all of VA's employees throughout the country. To date, VA has trained more than 200,000 VA employees.

Since June 2010, the HR Academy has trained more than 1,200 employees through a series of instructor-led courses and webinars. Additional courses are being offered both in person in select cities across the U.S. and virtually through webinars, with courses available for all levels of HR professionals. Course topics include

basic and advanced staffing, communicating effectively, pay setting, position management, and more.

Soon, the HR Academy will offer a range of certification tracks and a career mapping program so that HR employees can further advance their careers.

To learn more about the HR Academy, visit [www.vahracademy.com](http://www.vahracademy.com). To learn more about ADVANCE, visit [www.va.gov/ADVANCE](http://www.va.gov/ADVANCE).

## New Office to Serve as Advocate for Tribal Veterans

A new Office of Tribal Government Relations will help ensure the more than 200,000 veterans who are American Indians, Alaska Natives, Hawaiian Natives or are part of the Alaska Native Corporations receive the VA benefits they have earned.

About 200,000 veterans are represented by the 800 tribal governments officially recognized by the United States. Although VA has long provided benefits to veterans in tribal lands, the new office will further strengthen and expand that relationship.

Stephanie Elaine Birdwell, an enrolled member of the Cherokee Nation from Oklahoma, has been selected as the office's first director. A former social worker, she spent nearly 15 years working on tribal issues with the Bureau of Indian Affairs and, most recently, the Bureau of Indian Education.

She will oversee a six-person office responsible for "establishing, maintaining and coordinating a nation-to-nation, federal-tribal relationship," according to a VA briefing.

The office has a charter that officially extends to veterans who are American Indians, Alaska Natives, Native Hawaiians and Alaska Native Corporations.



Stephanie Birdwell

ROBERT TURTIL

## Oliver L. Avery III

For 30 long, agonizing years, Air Force veteran Oliver L. Avery III abused alcohol to “survive life’s challenges.” In 2003, he found himself twice divorced, homeless, desperate, and ready for a change.

“I embraced recovery and haven’t looked back,” said Avery. “I give all the credit for where I am today to the Michael E. DeBakey VA Medical Center. The staff there saved my life.”

In March 2003, Avery entered the Vocational Rehabilitation Transitional Work Experience Program and the Substance Dependence Treatment Program at the DeBakey VA in Houston.

These programs help veterans recover from drug and alcohol dependence through comprehensive treatment, which may include: detoxification; case management; addiction education; relapse prevention skill training; support groups; urine, drug and alcohol screens; social work services; health screening; referrals for medical care or vocational rehabilitation; and psychiatric assessment and care. Levels of care include partial hospitalization, day and

“The VA helped me push the restart button,” said Avery. “While in the voc rehab program, I began work as a housekeeping aid, and then became a medical supply technician. The job was what I needed to get back on my feet and into the workforce, plus I enjoyed working with fellow veterans. It was a safe environment for me to heal.”

VA’s Compensated Work Therapy programs were established in the 1950s. Veterans receive a certificate documenting their proficiency in hospital linen processing or general housekeeping.

Veterans with the desire to develop more advanced skills receive classroom and on-the-job training in: hospital safety; patient room cleaning; equipment operation; proper handling of biohazard trash; customer service standards; infection control; special procedures for transporting wheelchair and stretcher patients; techniques to clean critical care areas such as surgical suites, spinal cord units, and nursing home areas; shipping and receiving; medical supply; grounds-keeping; food service; or wheelchair repair.

***“I embraced recovery and haven’t looked back. The VA helped me push the restart button.”***

nighttime schedules for low intensity and aftercare, and alumni groups. The goal is for veterans to reach their highest level of vocational productivity.

Veterans are provided vocational counseling, work therapy, job readiness training, and employment search assistance. Supported Employment Services are available to veterans with severe mental illnesses.

“The goals of the program are very progressive,” said Clarence Mitchell, vocational rehabilitation specialist at the DeBakey VA. “They include structured vocational evaluations, learning to follow work schedules, working with others, and accepting supervision. Going back to work reduces psychiatric and physical symptoms, improves relapse prevention skills and self-esteem.”

With restored hope and



JORDAN DENNER

*Air Force veteran Oliver L. Avery III with Environmental Management Service Housekeeping Aid Elizabeth Johnson.*

an improved quality of life, Avery gradually progressed in his career. In 2004, he became a full-time medical supply technician and attained three

certifications. After three years, he was promoted to program support clerk to enhance his customer skills, and then to assistant hospital housekeeping intern. In 2007, at age 51, Avery graduated from the VISN 5 Emerging VA Leadership Program and completed his bachelor’s degree in health administration.

Recently, Avery was selected to attend VA’s yearlong Leadership Development

Institute, a program designed to enhance leadership skills of individuals with recognized potential for higher-level leadership positions. Today, he is the assistant chief of Environmental Management Service at the 120-bed Loch Raven VA Community Living & Rehabilitation Center in Baltimore.

“My job is to honor a person’s dignity and self-esteem, but at the same time, help someone with psychosocial challenges walk the line between independence and recovery,” said Mitchell. “Mr. Avery is a true success story and should give other veterans hope that they, too, can overcome their struggles.”

*By Bobbi Gruner*



## New Approach to Smoking Cessation Boosts Quit Rates for Veterans with PTSD

Smoking cessation treatment that is made part of mental health care for veterans with post-traumatic stress disorder improves quit rates, according to a VA study published in the Dec. 8 *Journal of the American Medical Association*.

On measures of smoking abstinence for shorter periods of time, researchers found that quit rates were as high as 18 percent for the integrated care group, versus 11 percent for those receiving usual care. When compared to usual care—referral to a standard smoking cessation clinic—the new, integrated approach nearly doubled the rate at which study volunteers stayed smoke-free for a year or longer, from 4.5 percent to almost 9 percent.

Importantly, veterans in the study who quit smoking showed no worsening of symptoms of PTSD or depression. In fact, study participants averaged a 10 percent reduction in PTSD symptoms, regardless of which treatment they received or whether they quit smoking or not. The findings help dispel concerns that combining care for PTSD and smoking cessation detracts from PTSD treatment or makes it less effective.

Study leaders Miles McFall, Ph.D., and Andrew Saxon, M.D., say the results validate a promising new VA model of care that can make safe, effective smoking cessation treatment accessible to far more veterans with PTSD. The new approach may also be effective for smokers receiving mental health care for other psychiatric illnesses, they add.

Says McFall, “One of the most important things mental health providers can



ROBERT TURTEL

*Veterans in the study who quit smoking showed no worsening of their PTSD symptoms.*

do to improve the quality and length of their patients' lives is to help them stop smoking by using proven, evidence-based practices.”

McFall is director of PTSD Programs and Saxon is director of the Addictions Treatment Center at the VA Puget Sound Health Care System. Both are professors in the department of psychiatry and behavioral sciences at the University of Washington.

VA smoking cessation care generally involves a mix of group and individual counseling, typically in combination with nicotine replacement therapy or other medication prescribed by a VA health care provider. In VA's study, veterans in the integrated-care group worked with the same therapist on PTSD and smoking issues. Medication for smoking cessation, if used, was prescribed on an individual basis by the same medical provider managing pharmacologic treatment of the veteran's PTSD symptoms.

The study followed 943 veterans at 10 VA medical centers nationwide.

Prolonged abstinence from tobacco, as reported by participants, was confirmed using breath and urine tests to detect evidence of smoking. Using such “bio-verification” measures in combination with self-reports is considered the “gold standard” in smoking cessation research, says McFall.

Of some 400,000 veterans being treated for PTSD in the VA health care system, roughly 30 to 50 percent are smokers, compared to a smoking rate of about 20 percent among VA enrollees and U.S. adults in general. Research shows, also, that those with PTSD smoke more heavily than smokers without PTSD and have an especially hard time quitting.

“We've come a long way in understanding that nicotine dependence for many veterans with PTSD is a chronic, relapsing condition that responds best to intensive treatment extended over time,” McFall says. “These study findings will help us empower more veterans with the resources they need to quit smoking. Single-shot, brief episodic care for nicotine ad-

diction is no match for what is a chronic, relapsing disorder for many of our veterans.”

Based on the findings and evidence from prior research, VA has begun piloting the integrated smoking cessation approach as a standard of practice at six VA medical centers. The researchers say they hope to see the new approach further expanded over time.

McFall notes that while most of the participants in the study were Vietnam-era veterans, integrated smoking cessation care may be especially beneficial for younger veterans with PTSD, such as many of those returning from Iraq or Afghanistan, who stand to benefit greatly from quitting smoking relatively early in life.

Says McFall, “Ideally, we can help veterans quit smoking before it becomes a chronic or intractable condition and causes irreversible health problems such as cardiovascular or lung disease.”

The study was conducted by VA's Cooperative Studies Program. For more information on CSP, visit [www.research.va.gov/programs/csp](http://www.research.va.gov/programs/csp).

### Houston First VA to Fit Patient With Cutting-Edge Prosthetic Device

The Michael E. DeBakey VA Medical Center in Houston recently became the first VA medical center to fit a patient with the iWalk PowerFoot BiOM™, just weeks after Brooke Army Medical Center in San Antonio and Walter Reed in Washington, D.C. This technologically advanced prosthesis is the world's first bionic lower leg system to replace the action of the foot, Achilles tendon and calf muscle, and offer a near-normalized gait for amputees.

This prosthetic device, funded by VA and the Department of Defense and developed by Hugh Herr, Ph.D., of the Massachusetts Institute of Technology Biomechatronics Group, is clinically shown to replace lost muscle function, allowing amputees to walk with normal metabolic rate and speed.

Currently in early market release, preliminary results for the device are groundbreaking in the field of prosthetics.

"We have seen a signifi-

cant difference in function in this device over the other 200-plus feet we have used here at the DeBakey VA," said Mark Benveniste, certified prosthetist. "It is the most improvement over conventional prosthetics in the last 20 years."

In addition to metabolic cost reduction, the ankle range of motion is increased by nearly 50 percent, thus actually replacing energy and generating propulsion. The PowerFoot BiOM uses sensors and a motor to propel the foot through each step, keeping simple walking from being a drain on people who have lost a leg.

"I feel like I have my leg back and I can do the things I used to do," said Randall Tipton, a 20-year Army Special Forces veteran who served in Iraq and Afghanistan. "It just helps out a lot. It takes the strain off my back, my hips. I don't feel as tired at the end of the day."

"It is important for us to offer our veterans a wide variety of advanced products," said Angela Bishop, Prosthetic Treatment Center chief at the DeBakey VA. "Our goal is to



*"I feel like I have my leg back and I can do the things I used to do," said Randall Tipton, a 20-year Army Special Forces veteran who served in Iraq and Afghanistan, with Mark Benveniste, certified prosthetist at the DeBakey VA.*

increase mobility and improve quality of life for a greater range of amputees than ever before."

No less important than new prosthetic technology is the overall care an amputee receives during rehabilitation. The model for that care has changed over the years to improve services to VA patients.

The goal is not only to teach amputees to walk or use an artificial arm and hand, but to integrate body, mind and machine. Continuing care and long-term support from VA multi-disciplinary teams have shown that patients often can improve their functioning months or years after their injuries or amputation.

### VA Office Developing Innovative Patient-Centered Model of Care for Veterans

VA has created a new office to develop personal, patient-centered models of care for veterans who receive health care services at the Department's more than 1,000 points of care across the nation.

"VA has become one of the nation's leaders in quality health care and is increasingly cited as the standard to emulate," said Under Secretary for Health Dr. Robert A. Petzel. "However, we must always continue to find ways to deliver more with our systems to the incredible patients we

are honored to serve. We need to be data-driven, providing treatments and therapies with the best clinical evidence, and we need to be patient-centered, never losing sight that we have been given the noble mission to care for our nation's veterans, families and survivors."

The new VA Office of Patient-Centered Care and Cultural Transformation began operations on Jan. 17 and is based in Arlington, Va.

The office's director, Dr. Tracy Williams Gaudet, came to VA from Duke University Medical Center, where she served as the executive director of Duke Integrative Medicine

since 2001.

"VA's vision and commitment to cultural transformation comes at a pivotal moment for health care in this country, and I am deeply honored to be joining VA in this important work," said Gaudet.

"The Office of Patient-Centered Care and Cultural Transformation will be a living, learning organization in which we will discover and demonstrate new models of care, analyze the results, and then create strategies that allow for their translation and implementation across VA. VA will continue to be a national leader in innovation, and, in this way, we will provide the

future of high-quality health care to our veterans."

The VA Office of Patient-Centered Care and Cultural Transformation will have four regional implementation teams at select VA medical centers across the country: Birmingham, Ala; East Orange, N.J.; Dallas; and Los Angeles.

Each VA medical center was selected for excellence already demonstrated in producing cultures of patient-centered care based on established criteria. These regional teams, comprised of patient-centered care consultants, will be responsible for facilitating the culture change for patient-centered care at all VA facilities.

### Japanese American Veteran Receives Nation's Highest Civilian Honor

Robert Masami Iso received the Bronze Star and two Purple Hearts for his service in the Army during World War II. On Feb. 3, he received the nation's highest civilian commendation, the Congressional Gold Medal, honoring his service in the storied Japanese American 442nd Regimental Combat Team, the most decorated unit of its size in WWII.

More than 100 family members, friends and VA Palo Alto Health Care System employees were on hand for the presentation at the Menlo Park division's Community Living Center.

Iso was the second soldier from his unit to receive the award; the others will receive their medals in August in Washington, D.C. Iso's VA doctor, Eric Strong, M.D., was concerned about the 92-year-old veteran's failing health, so he arranged to have the award presented as soon as possible. Although the medal itself was not yet available to present, the Japanese American Veterans Association was able to get one of the original documents signed by Congress and the President declaring that members of the 442nd would receive the medal. James Iso, Robert's younger brother, told the story of his bravery on the battlefield during the ceremony. Robert Iso died on Feb. 6.



Robert Iso with wife Rose at the ceremony.

### 'Helmet Heroes' Auction Supports New Graduate Certificate Program

Sarah Froese, director of homeless veteran programs at the Harry S. Truman Memorial Veterans' Hospital in Columbia, Mo., is a graduate of the University of Missouri School of Social Work and an artist. Recently, her artistic helmet—"Universal Soldier"—was the most popular entry in a fundraising reception and auction for scholarships associated with a new graduate certificate program aimed at helping veterans and their families. Froese's entry was one of 16 helmets designed and decorated by local and regional artists that were auctioned Nov. 11 at a Columbia art gallery.

The new certificate program, which will begin offering courses this fall, recognizes the need to help social workers provide good clinical practice for veterans. As VA caregivers know, many of these individuals need help coping with post-deployment problems such as PTSD, TBI, depression, substance abuse, homelessness, divorce and domestic violence. With the increasing need for social workers at hospitals, military bases and other agencies and organizations, there has been much support and interest in the Graduate Certificate in Military Social Work. The fundraiser netted \$23,000, just \$2,000 shy of the minimum to endow a scholarship. Efforts have continued by the university to raise the necessary money for the scholarship.



Sarah Froese titled her popular entry "Universal Soldier."

### San Francisco VA Medical Center Reaches Out to Student Veterans

The San Francisco VA Medical Center has developed a unique partnership with City College of San Francisco to provide mental health services on campus and outreach to veterans. CCSF opened a newly modernized Veterans Resource Center with the mission to serve students who are veterans and to enhance their successful transition from military life to civilian careers. San Francisco VAMC mental health and outreach staff are on site five days a week to provide enrollment and mental health counseling services.

The VA office is in a suite with GI Bill counselors and next door to the veterans lounge, a place where veterans can relax, and also provide and obtain support from each other. CCSF estimates there are nearly 900 veteran students currently enrolled. "We believe it's important to take our services to where the veterans are, and a college campus is an excellent place to start," said Keith Armstrong, director of family programs at the San Francisco VAMC. "We're looking forward to partnering with other colleges and universities in the future."



## HAVE YOU HEARD

### Rural Health Team Reaches All Counties in Catchment Area

The Salisbury (N.C.) VA Medical Center's Rural Health team achieved a fantastic feat in 2010: they traveled more than 12,000 miles in the last eight months of the year, completing more than 60 outreach events, with at least one event in each of the 24 counties in their catchment area, and multiple events in 15 of those counties. The team educated more than 2,000 rural veterans and families on health care issues, while simultaneously delivering in excess of 1,400 applications for enrollment into the VA health care system.

The team, whose members include administrative staff, pharmacists, nurses and a social worker, conducted 21 educational sessions, training more than 580 veterans and family members on topics such as diabetes, COPD, hypertension and depression. They sought out a variety of venues, including health fairs, churches, town halls, parades, festivals, county fairs, job fairs and sporting events in an attempt to reach as many veterans as possible. They often worked weekends, traveling to events in 40 cities and towns. "We are VA, we're Rural Health, and we're here for the veterans and the communities they live in," said Edwina Gray-Wright, program manager.



*Melissa Yost, a Rural Health team nurse, explains health care benefits to a veteran during an outreach event at a mall in Concord, N.C.*

### 'Love is Blind' Takes on a Whole New Meaning for One Texas Couple

William Shakespeare's observation that "love is blind" took on a whole new meaning for Michael Goree and Frances Colsom. The two legally blind veterans met in the blind rehabilitation unit at the Central Texas Veterans Health Care System in Waco in the summer of 2009. They were just there to get some help coping with their sight challenges, but what they found was each other. "I came out of the computer room and saw this figure," Goree recalled. "I couldn't make out her features, but something came over me. I turned around and she was gone. But later I heard this laugh and knew it was her. From then on, I made it a purpose to be around her. And she kept laughing." Colsom let him know she liked his attentions by leaving treats on his chair.

The couple married Dec. 3 in the chapel on the grounds of the facility where they first met. Chaplain Thomas Rardin performed the ceremony, blind rehab instructor Stephen Foreman was the best man, and Colsom's daughter, Yohantis Moore, was the maid of honor. The blind rehab staff hosted the reception, with a wedding cake made by nurse Ethel Dowuona.



*Michael Goree and Frances Colsom met and married at the Central Texas Veterans Health Care System in Waco.*

### Marking a Long-Ago Tragedy in California's San Fernando Valley

Feb. 9 marked the 40th anniversary of one of VA's greatest tragedies. In 1971, at approximately 6 a.m., an earthquake along the San Andreas Fault destroyed the San Fernando VA Hospital in the town of Sylmar in Southern California. Forty-six people lost their lives, including 36 patients and 10 VA staff.

Since that time, VA has become a leader in the federal government in addressing seismic safety. Several new hospitals have been constructed and dozens of buildings have been strengthened to protect occupants from the risk of an earthquake; hundreds of millions of dollars have been dedicated to this effort. Seismic safety continues to be one of the top priorities in VA's construction program. Many projects are underway today and others will be funded in the next several years to continue to improve the safety characteristics of VA facilities.

### Patient Donates Her Artwork to Indianapolis VAMC

The Richard L. Roudebush VA Medical Center in Indianapolis is displaying four paintings created and donated by a patient. Cherie Zacharkiw's paintings depict soldiers from World War II, Korea, Vietnam, and Iraq/Afghanistan.

Zacharkiw, a civilian pilot, flight instructor and artist, enlisted in the Marine Corps after 9/11 to serve her country, as her father had in Vietnam. But midway through boot camp, she sustained a permanent, debilitating back injury and was medically retired. Her three back surgeries at VA medical centers in Alabama, Florida and Ohio gave her a deep appreciation for the dedication and commitment of VA staff.

Zacharkiw is married to Paul, an Israeli Army veteran she met when he called her after seeing her paintings of Israeli soldiers on the Internet. They are the parents of 14-month-old Neta. Zacharkiw says painting soldiers is her way of paying tribute to the men and women of the armed forces, and giving some of her works to the medical center allows her to honor both veterans and staff.

Her service-related back injury left her unable to sit up for lengthy periods of time; she does her artwork lying down while her child naps. A typical painting takes about 10 hours to complete, spread over several weeks.



COURTESY OF INDIANAPOLIS VAMC

*A debilitating back injury left Cherie Zacharkiw unable to sit up for lengthy periods, so she does her artwork lying down.*



*Volunteer and veteran Walter White Jr. is featured in VA Maryland's organizational pride campaign.*

### Welcome to My VA Maryland Health Care System

The VA Maryland Health Care System introduced its "Welcome to **My** VA Maryland Health Care System" organizational pride campaign last fall to highlight the distinctive contributions employees, volunteers and patients make to the health care system's success. The campaign banners rotate throughout the system in hallways, on the Web page, electronic bulletin boards, and on banners outside the Baltimore and Perry Point VA medical centers and the Loch Raven VA Community Living & Rehabilitation Center. Commuters are also noticing the campaign bumper stickers on vehicles throughout the state.

The campaign has received numerous accolades, and several other VA medical centers across the country have expressed interest in duplicating it at their facilities. The success of the campaign became the inspiration for the cover of the new VA Maryland patient resource guide. This publication will be used at outreach events throughout the state, so the campaign theme was changed to "Welcome to **Your** VA Maryland Health Care System" to remind potential patients that they too are part of the VA Maryland family.

### National Caregiver Support Line Now Operational

A new toll-free telephone line to provide support to the caregivers of veterans of all eras is now fully operational. The National Caregiver Support Line—1-855-260-3274—serves as the primary resource and referral center to assist caregivers, veterans and others seeking caregiver information.

The line unofficially started Feb. 1, and in its first week logged nearly 600 calls, including 134 referrals to local VA caregiver support coordinators and 233 calls from caregivers themselves. The support line provides information on new caregiver benefits, referrals to local caregiver support coordinators, and emotional support to those concerned about their ability to provide care to loved ones who are veterans. It is open Monday through Friday, 8 a.m. to 11 p.m., Eastern time; and Saturday, 10:30 a.m. to 6 p.m., Eastern time. Licensed VA social workers and health technicians staff the support line.



### VA's Clinical Research Pharmacy Coordinating Center Presented Baldrige Trophy

In December, Vice President Biden presented the VA Cooperative Studies Program Clinical Research Pharmacy Coordinating Center with the Malcolm Baldrige National Quality Award, making it the first VA organization to receive this prestigious award and only the second federal program to be so honored. Named after former Commerce Secretary Malcolm Baldrige, the award recognizes organizational excellence in the business, education, health care, and nonprofit/government sectors. Accepting on behalf of the Coordinating Center was Dr. Mike R. Sather, director of the Albuquerque-based center, and Thelma Salazar, assistant center director.



*Vice President Joe Biden and Commerce Secretary Gary Locke flank Thelma Salazar and Dr. Mike Sather of the Albuquerque-based center.*

Part of the VA Research and Development Program, the Coordinating Center manages the pharmaceuticals and devices that are used in clinical research trials conducted within the VA health care system. The center has played a key role in landmark studies on the routine use of aspirin to prevent heart attacks, the use of deep brain stimulation to treat advanced Parkinson's disease, and revolutionary treatments for heart failure.

In the 23-year history of the Baldrige Award—the nation's highest for quality and performance organizational excellence—only one other federal agency, the U.S. Army Armament Research, Development and Engineering Center, has been similarly recognized. Find out more about the VA Cooperative Studies Program Clinical Research Pharmacy Coordinating Center at [www.research.va.gov/programs/csp/abq.cfm](http://www.research.va.gov/programs/csp/abq.cfm).

### Florida's Marchese Recognized for Homeless Center

North Florida/South Georgia Veterans Health System employee Vianne Marchese received a Secretary's Award for Excellence for her leadership in establishing the HONOR Center (providing Hope, Opportunities, Networking, Outreach and Recovery) in Gainesville, Fla. The award was presented by Secretary Eric K. Shinseki during VA's national forum on ending homelessness among veterans.

The HONOR Center is a state-of-the-art facility providing comprehensive homeless programs, including Permanent Supported Housing, HUD-VASH, Grant and Per Diem Transitional Housing, Health Care for Re-Entry Veterans, and Veterans Justice Outreach. The facility also features The Residence, a 45-bed domiciliary designed to meet the needs of homeless veterans who are disabled or in need of a place to recuperate from health care crises or serious illness. The 24-hour, homelike facility offers private and semi-private rooms, with the ability to serve up to six female veterans.



*Vianne Marchese accepts her award from VA Secretary Eric K. Shinseki at the homeless forum.*

### Illinois Employee Elected to Lead Blacks in Government

David A. Groves, Equal Employment Opportunity manager at the VA Illiana Health Care System in Danville, Ill., has been elected National Board Chair of Blacks in Government. BIG currently has more than 400 chapters broken out in 11 regions throughout the United States, Guam, Puerto Rico and the Virgin Islands. The National Board of Directors determines the policy of the organization and has the authority to undertake all appropriate actions that require national attention.



*David A. Groves*

BIG was established in 1975 and incorporated in 1976 by a small group of African American employees in the Department of Health and Human Services' Public Health Service. The organization was viewed as essential to the black civil service employee, based on a wide assortment of racial issues faced by employees. Initially, it was thought that the umbrella organization would only address problems at the federal level. However, it was soon determined that state, county and municipal black employees were faced with the same general employment problems.



## Two Honored for Clinical Simulation Excellence

VA employees Dr. David M. Gaba and Timothy W. Liezert were recently named the first recipients of the Under Secretary for Health's Awards for Excellence in Clinical Simulation Training, Education and Research. Simulated learning enhances patient safety by ensuring clinicians receive experience on virtual "patients" to improve procedural performance.

Gaba, staff anesthesiologist at the VA Palo Alto Health Care System, was recognized for his numerous contributions to the field of clinical simulation over the past two decades. He created the first modern mannequin-based fully interactive simulator, which has since been commercialized and, along with his curricula, is in use in thousands of simulation training and education programs around the world.

Liezert, director of the Orlando VA Medical Center, was recognized for his role in championing clinical simulation practice at the facility, and in support of VA efforts to establish its Simulation Learning Education and Research Network (SimLEARN) as a program of peerless excellence. To learn more about the SimLEARN program, visit [www.simlearn.va.gov](http://www.simlearn.va.gov).



Dr. David Gaba, top, and Timothy Liezert were recognized for championing clinical simulation.

## VA Maryland Health Care System Voted Best Place to Work

In the February issue of *Baltimore Magazine*, the VA Maryland Health Care System was named one of the Best Places to Work. *Baltimore Magazine's* Best Places to Work issue recognizes businesses based on pay, perks and benefits.



*Baltimore Magazine's* Best Places to Work issue recognizes businesses based on pay, perks and benefits.

The VA Maryland Health Care System joins the ranks of companies such as The Johns Hopkins Hospital & Health Care System, Northrop Grumman Corporation and Under Armour in the magazine's 2011 Best Places to Work honor roll. The health care system also has the distinction of being the only federal agency in Maryland to be named by *Baltimore Magazine* as one of the Best Places to Work for 2011.

## 'Who's Who' Program Recognizes VBA's Top-Performing Employees

The Veterans Benefits Administration's "Who's Who" Program recognizes outstanding rating veterans service representatives and veterans service representatives nationwide. The program is part of VA's Claims Transformation Initiative, a series of process, performance and technology-centered improvements designed to "break the back of the claims backlog" and process veteran claims within 125 days with 98 percent accuracy by 2015.

Who's Who recognition is given to RVSRs and VSRs who spend at least 80 percent of their time processing veterans' claims and meet or exceed established performance standards with at least 95 percent accuracy. A maximum of 25 top-performing RVSRs and VSRs in the Veterans Service Centers and five at the Pension Management Centers are recognized each quarter.

Final selections are those shown to be the highest, most accurate producers. The third and fourth quarter fiscal year 2010 winners are currently featured at [vbaw.vba.va.gov/transformation/who](http://vbaw.vba.va.gov/transformation/who) on the Intranet.

For fiscal year 2011, in addition to quarterly recognition, VBA will also annually select the RVSRs and VSRs who are the top Who's Who performers for the entire fiscal year in the Eastern, Southern, Central and Western Areas. One RVSR and VSR from each area and one RVSR and VSR from the Pension Management Centers will be invited to headquarters to receive an award of \$1,000 each and special recognition from the Under Secretary for Benefits.

### VA Police Service is a Family Affair in Omaha

Serving in law enforcement is a proud tradition for the Venditte family of Omaha. Two veterans of the Omaha Police Department proudly celebrated the promotion of a third member of their family during a ceremony at the VA medical center in Omaha in January.

Retired OPD veterans Sgt. Charlie Venditte and Lt. Bernie Venditte celebrated the promotion of Ross Venditte to a lieutenant in the VA police service. Sgt. Venditte retired from the OPD in 2003; Lt. Venditte retired in 1993. Lt.

Ross Venditte is a two-year veteran of the VA Nebraska-Western Iowa Health Care System's police service, which provides law enforcement and security for health care facilities in Nebraska and western Iowa. Ross Venditte is a bicycle patrol, defensive tactics and firearms instructor. He previously served at the Federal Bureau of Prisons. VA police services provide protection of medical centers and other facilities operated by the Department.



Retired Sgt. Charlie Venditte pins the lieutenant badge on his son, Lt. Ross Venditte.

TED WZOREK

### Lovell Physician Selected as Top Doctor for Women

Dr. Janice Gilden, Captain James A. Lovell Federal Health Care Center diabetologist/endocrinologist, was recently recognized as one of the "top doctors for women" in the January issue of *Chicago* magazine. "I was pleasantly surprised, as I was not previously informed about this nomination," said Gilden. "A colleague informed me about the award, and I am truly proud to be cited with such an honor."



JONATHAN FRIEDMAN

Dr. Janice Gilden

FHCC, Rosalind Franklin University of Medicine and Science/Chicago Medical School, and Saints Mary and Elizabeth Medical Center.

Gilden was among 250 area physicians honored with the recognition. According to the magazine article, a health care research and information company surveyed doctors and hospital medical leaders before screening doctors for the final selection that was published in the *Chicago* article. Gilden has been cited twice in previous editions of the magazine, and believes the award is largely attributable to her colleagues and the institutions where she's practiced her profession, including the Lovell

### 2011 Under Secretary's Award in Health Services Research

Paul G. Shekelle, M.D., Ph.D., received the Under Secretary's Award for Outstanding Achievement in Health Services Research—the highest honor for a VA health services researcher—at the 2011 Health Services Research and Development National Meeting. Shekelle is chief of general internal medicine at the VA Greater Los Angeles Healthcare System, and a professor of medicine in residence at the David Geffen School of Medicine at UCLA.

He has met the major criteria for this award by: improving understanding of factors that affect the health of veterans and improving their quality of care; contributing to the future of VA health services research by inspiring and training the next generation of investigators; and enhancing the visibility of VA research through national recognition within the research community. To learn more, visit the HSR&D website: [go.usa.gov/gu8](http://go.usa.gov/gu8).

### Doctor Honored for End-of-Life Care

Eric Widera, M.D., director of hospice and palliative care at the San Francisco VA Medical Center and an assistant professor of geriatrics at the University of California San Francisco, is one of five American physicians honored for improving the care of patients near the end of life. He is a recipient of the second annual Hastings Center Cunniff-Dixon Physician Awards in the early-career physician category.

Widera was honored for his humility, commitment to patients and their families, and leadership in creating forums of communication on geriatric palliative care issues.



Eric Widera, M.D.

The awards were given by the Cunniff-Dixon Foundation, whose mission is to enrich the doctor-patient relationship near the end of life, in partnership with The Hastings Center, a bioethics research institute that has done pioneering work on end-of-life decision-making. Awards were made in three categories: senior physician, for leadership in end-of-life care; mid-career physician, for longstanding commitment and leadership in palliative care; and early-career, for serious commitment to the field and contribution through research or clinical work.



### Two N.C. Employees Credited with Saving Lives

Two Durham (N.C.) VA Medical Center employees were recently involved in separate lifesaving incidents.

Dr. Hamid Afshari, Oral Medicine and Dental Anesthesiology attending, dashed to the airport to catch a flight back after speaking at a VA dental conference in Arizona. His original flight had been cancelled and he barely made an earlier scheduled flight. During the flight, Afshari responded to the pilot's request for someone with medical training to help a passenger in distress. After assessing the passenger, Afshari immediately suspected severe cardiac distress and realized the woman was in agony. He requested that the plane be diverted. As the woman's condition worsened, Afshari monitored her, collected measurements, recruited help, and started an IV. Once the plane landed, he turned the critically ill passenger over to paramedics.

Nurse Educator Kathy Burgess was attending an event with her family at the Tomb of the Unknowns at Arlington National Cemetery when she was alerted to a man choking in a restroom. When she arrived, the man was unconscious and needed to be pulled from underneath the stall. To the amazement of her family, Burgess jumped in and started CPR. After 10 minutes, she had recruited help to continue for another 10 minutes until paramedics arrived for the hand-off. Both patients were later reported to be doing well.



*Kathy Burgess and Dr. Hamid Afshari responded to calls to put their medical training to use helping people in need.*

### Alabama Bus Driver Saves a Veteran's Life

Bus driver Michael Stephens was transporting patients to the Birmingham (Ala.) VA Medical Center when he heard a woman on the bus yell that her husband needed help. Stephens immediately evaluated the man, realized he was in cardiac arrest, and instructed personnel to call a code. Stephens adjusted the man and began CPR. He continued CPR until he was relieved by medical personnel. Those on the scene said Stephens was calm and professional throughout the emergency.



*Michael Stephens*

Less than a month before, Stephens had a similar situation on his bus and followed the same procedure to render timely assistance to a veteran in distress. "Mike is a true professional who on a daily basis is complimented and appreciated by passengers that ride his bus," said Michael A. White, transportation program manager at the VAMC. "His performance over the past month has been truly exceptional when serving our veterans. He is an individual who cares for their welfare and comfort and shows it on a daily basis."

### Saving a Life on Super Bowl Sunday

On the morning of Super Bowl Sunday, Dr. Joel Haas, a staff physician at the Rochester (N.Y.) VA Outpatient Clinic, set out to go skiing with his two youngest children. As they turned out of their neighborhood, they ended up behind a white truck that began swerving and then lunged off the road into a snow bank. It was a nice day and the roads were dry, so Haas knew the driver's loss of control was not due to bad weather. He pulled off the road in front of the truck and ran back to make sure the driver and passenger were OK.

A distraught woman got out of the truck on the passenger side and told Haas her husband had a heart condition and she thought he'd had a heart attack. Haas found her husband unconscious behind the wheel, in full cardiac arrest, without pulse and not breathing. He pulled the man out of the truck and onto the snow bank and immediately began CPR. Haas' son talked to the 911 dispatcher, and the emergency crew arrived within five minutes.

They restored the man's heart to normal rhythm and took him to a local hospital. Haas called the hospital an hour later to check on the man's condition, and was told he was awake and alert. The family contacted him at the clinic three days later to let him know the man underwent bypass surgery and was doing well.

On March 9, Haas received an award from the North Greece (N.Y.) Fire Department recognizing his actions that day.



## Night of Nostalgia

The Platters, one of the most popular and successful groups of the Doo-wop era, rolled back the years to create a night of nostalgia for a festive crowd on Feb. 11 at Georgia Tech's Ferst Center for the Arts in Atlanta. The concert, during which the group performed hits like "Only You" and "Smoke Gets in Your Eyes," was a highlight of the Atlanta VA Medical Center's National Salute to Veteran Patients activities. Mizanuel Phillips, a resident of the Atlanta VA's Community Living Center, got a poster autographed by the Platters after the concert.

