

JANUARY 2005

THE BALLOON'S GONE UP!

Those of us in the military reserve understand this to mean "mobilization to active duty." As a Navy reservist, I had been expecting mobilization since 9/11. My notification arrived by a typical e-mail written in cryptic military-speak. Once I had deciphered it, I realized I was being mobilized, and was filled with questions and emotions. Though my paperwork had been in order for sometime, it was still a shock to my family and me that I was actually going, but we were able to pull together to face the task ahead.

When I notified the mental health staff here at VA Puget Sound's Seattle division, everyone was wonderfully supportive with offers of help with my work load and my family. As for the patients with whom I worked, I broke the news of my impending departure to as many as I could in person. Their support, like that of my colleagues, was overwhelming. I came to realize that I was not only representing my country, I was also representing my community. For the next nine months, I would be deployed to support Operation Iraqi Freedom (OIF). First stop would be the mobilization site in Gulfport, Mississippi, where I spent about two weeks.

Activities during my first week in Gulfport included processing out of reserves into active military. Now I really understand the term, "Hurry up and wait." The second week was more interesting, and a whole lot more sobering. We learned about IEDs (improvised explosive devices). We viewed all kinds of pictures of IEDs, learned what to look out for on the road, and watched videos of convoys that were attacked. Next, we studied defensive procedures for chemical, biological, and

radiological attacks. That day ended with our donning full MOPP (mission oriented protective posture) that would protect us from any possible chemical-biologic agent attack. In full gear, we marched into concrete buildings to be exposed to CS gas (a kind of tear gas). Our tasks were to change a canister on our face mask and that then of our partner. During the exercise, I got a mouthful of the stuff -- quite nasty. We ended the week by training and qualifying with a 9mm Berretta, now the standard pistol used by the military.

On the day we left, we received our smallpox vaccination (15 pokes with a needle), then boarded the plane at 0230. Why that time, I don't know, but I was told that the military plans everything to take place at night in Iraq. Evidently the bad guys don't like to cause problems at night, because they like to sleep (hmmm, very smart this enemy). We flew first to Germany and then directly to Kuwait in a Continental 777 troop transport. The pilots and flight attendants were all volunteers who had received training specifically for this kind of mission. They were great, and they cheerfully kept the food flowing. Still, we could feel their anxiety levels increase

as we approached Iraqi airspace. We watched our progress on video screens that showed air speed and altitude. As we entered Iraq, our airspeed and altitude increased significantly to avoid possible ground fire.

When we landed at Kuwait International Airport, several heavily armed soldiers met us at the airport. We realized then, "Toto, we are not in Kansas anymore." Our escorts quickly whisked us off the tarmac into guarded buses. Driving anywhere in Kuwait meant being accompanied by heavily armed soldiers (also known as "shooters"). Our buses were no



Dr. Brad Felker

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exception. Apparently, 200 medical personnel traveling in buses were considered prime “soft targets.” We left the airport at “O-dark thirty” and traveled south in an armed convoy to Camp Arifjan. The road to the camp had had several recent attacks by terrorists and had been recently closed to clear IEDs. But, compared to Iraq, Kuwait was not that dangerous.

Camp Arifjan, Kuwait, was considered “good duty,” and I was fortunate to have been stationed there. Those returning from Iraq nicknamed Camp Arifjan, “Disneyland.” It has two post exchanges; stocked CDs, DVDs, clothing, magazines, and paperbacks; and even had a pizza place. We had name brand foods too: Burger King, Subway, and a Baskin Robbins 31 Flavors. There were several gyms (the military has good gyms), a pool (which I was too busy to ever use), laundry services, and the largest dining facilities (“DFAC”) I had ever seen. When the doors opened for a meal, a line that was 3-5 people wide and 50-75 yards long moved quickly, so there was little waiting. DFAC food was free and plentiful. The workers were from third world countries, but none were Kuwaitis. They seemed friendly enough, but our security briefings warned us that we were always being watched by probable insurgents and to take appropriate caution. While deployed, we learned of the DFAC in Mosul being destroyed by an insurgent attack.

Once I had reported to my unit, I was surprised to learn that I was in charge of the Mental Health Department for US Military Hospital Kuwait. The clinical work was straight forward; my VA experience had prepared me well. Our assignment was a collaborative effort between the Navy and the Army in providing mental health care for all U.S. military in Kuwait and the Persian Gulf. Even for a seasoned government guy, getting all these bureaucracies sorted out was a challenge.

Our small mental health team of 10 was by far the busiest service in the hospital. Every day we saw a constant parade of shattered lives. Surprisingly, the cases we saw were not all related to combat stress. (Combat stress was mainly from trucking units who faced many grisly experiences on a daily basis.) Much of our workload was related to operational stress (pressures related to deployment, failed relationships and marriages, missing important events like births and deaths of loved ones, working 12-18 hour days in a harsh environment, meeting mission requirements, lack of understanding why we were here, etc.). To meet these challenges, we implemented several new programs and treatment approaches. Based on our successes, I was invited by the Army to present our results at an Army Mental Health conference in Baghdad.

To fly to Baghdad, I had to secure orders and receive additional equipment for my special mission: body armor, a Kevlar helmet (this stuff weighs more than you’d think), and a 9 mm pistol. The Master-of-Arms gave me the usual two clips of ammunition and a weapon with serial number ending in 004. Using my best British accent and looking very sophisticated, I asked if I could have the weapon that ended in 007 for my “special mission.” He gave me a blank look (a distinct lack of humor here), said nothing and simply handed me a third clip of ammo. I don’t think he had much confidence in my skill as a warrior.

At Baghdad International Airport, a driver and a shooter met me (some things never change), and I clambered into an up-armored Humvee. I thought the roads in Kuwait were bad, but these roads were terrible. There appeared to be very little infrastructure left, which might explain the difficulty of putting this place back on its feet. Beyond the rubble, I could see that Iraq was still a very beautiful country (compared to Kuwait, at least) with palm trees, plants, and flowers everywhere. Before long, the road became a corridor flanked by concrete walls. Until these walls had been installed and the area “secured,” the road from the airport had been a very dangerous area for IEDs. I could feel the driver and shooter tense up at certain corners and around any bridge.

The mental health conference was held at Camp Victory, a former palace of Saddam Hussein and the premier camp in Iraq. It was very safe, so I wasn’t required to wear body armor or Kevlar. Most VIPs visit this camp. Many commands (U.S., British, Australian, etc.) were located within Camp Victory. Each command was based in one of the numerous buildings spread around the palace grounds. The buildings surrounded a man-made lake (a clear sign of wealth in a desert country). At one time, the lake was stocked with fish for Hussein and his guests’ fishing pleasure and boasted several marble fish-cleaning stations. Once while I was walking the grounds, I heard a huge explosion. It seemed far away, but I could feel it in my gut as much as I heard it. I learned that it was probably a VBED (vehicle born explosive device, or car bomb). A few minutes later, I could see black smoke billowing into the sky a few miles away. No one around me seemed too bothered by it – business as usual, I guess.

When I returned to Camp Arifjan from Baghdad, it was back to work. My days became routine: roll out of the rack, work, eat, sleep, and repeat. We all started feeling as if we were in the Bill Murray movie, “Groundhog Day,” that we were doomed to repeat a day until we got it right. As the months slid by, we started to wonder when we would get to go home.

When our orders for home finally arrived, we flew into Norfolk, Virginia, and staying true to form, we arrived in the middle of the night. Returning to the United States was wonderful! Only then did we realize how much we had missed all the freedom, lights, energy, signs in English, and (because we had been restricted to military bases), these tiny little people called children!

I was processed back into the reserves in two days and boarded a plane (still in my desert cammies) to Seattle where I arrived – you guessed it – in the middle of the night. I can’t tell you how great it was to see my family.

Since my return, I am thrilled to join the wonderful team in the Deployment Health Clinic and have the opportunity to continue working with the OIF veteran population. Some of my greatest support, empathy, and concern have come from the patients with whom I have worked. Every day, I continue to be moved and touched by the response of VA staff and patients. Working with veterans is such a privilege. It is great to be back at work at VA Puget Sound.

- Brad Felker, MD

IN THE NEWS

VA Launches HealthierUS Veterans Initiative



Employees on the MOVE

In collaboration with the U.S. Department of Health and Human Services and King County, VA Puget Sound launched its commitment to healthier lifestyles and motivated the community, employees, and patients to adopt stronger habits and attitudes about health and wellness.

As part of the HealthierUS/HealthierUS Veterans kickoff program, VA Puget Sound offered free health screenings for diabetes, high blood pressure, cholesterol screening, diet and nutrition counseling, and fitness advice. Attention to lowering health risks of high blood pressure, diabetes, and obesity, were key, while providing a “prescription for health,” which includes personalized nutrition and exercise information.

Immediately following our kick-off event participants were led on a one-mile walk to the Columbia City Walks and Merchant Fair, where King County Executive Ron Sims opened the event with remarks about health and fitness for the region.

VA medical centers will promote nutrition and exercise activities in Steps communities that have VA facilities and are interested in conducting collaborative projects. In May, the Honorable R. James Nicholson, Secretary of Veterans Affairs, and Mike Leavitt, Secretary of Department of Health and Human Services, kicked off the partnership with regional educational campaigns in Boston and Seattle. These particular sites were selected because both cities host active Steps communities as well as a weight management program operated by the VA called VA move!

To maintain this commitment to fitness, VA Puget Sound has expanded its PROJECT MOVE by launching group walks at both divisions led by “Walking with (Director) Williams,” “Dashing with (Deputy Director) Dietrich,” “Striding with (Chief of Staff) Starkebaum,” and “Moving with (Nurse Executive) Manning.” Watch for more information about times and location of walks and come be part of our MOVE program as we improve the health of our veterans and the health of our community one step at a time.

Robin Cook Named Director Quality Improvement

Robin Cook, RN, MBA, served as the acting director from September 2004 until June 2006. Prior to that, Ms. Cook was the Director for Customer Service. Robin brings a wealth of knowledge, expertise, and perspective to her new role. She has been in various roles while part of the Quality Improvement team. In addition to Customer Service, she has been the Risk Manager including Patient Safety and Quality Manager to

both clinical and supportive service lines. She has also been an active member of the VISN CORE team since the inception of the program. Robin’s philosophy remains that, “quality is imbedded in everything we do, and people must understand that health care is a team sport.” Robin encourages staff to identify improvement opportunities and share those opportunities with any member of the Quality Improvement team.



Robin Cook, RN, MBA

IN THE NEWS

2006 General Clinical Research Center Pilot and Feasibility Grants

General Clinical Research Center (GCRC) is committed to helping junior investigators get their research programs up and running. The Pilot & Feasibility Grant program is designed to facilitate career development in clinical research. Each year, GCRC seeks applications for well-defined projects that will use GCRC resources. The grants are open to young

investigators or, exceptionally, established investigators proposing a new direction in their clinical research. Based on available funding, up to three pilot projects are funded at a maximum budget of \$25,000 each: one adult unit award, one pediatric unit award, and one biotherapeutics award. This year due to the availability of extra non-federal funds, two additional grants were awarded.

Special consideration is given to first-time applications to use the biotherapeutics production facility. All applications undergo rigorous scientific peer review.

For more information about the GCRC Pilot Grants Program see our website: <http://www.crc.washington.edu>

Taylene Watson - National VA Social Worker of the Year 2006

Ms. Taylene Watson received a Department of Veterans Affairs National Social Worker of the Year Award at the 21st Annual Uniformed Services Social Work and Seamless Transition Conference held in Arlington, Virginia in August 2006. Ms. Watson was recognized for her unique contributions and her unprecedented dedication to the Social Work profession. Her work has consistently been accomplished on local, regional, and national levels.

As Social Work Executive for the Puget Sound VA, she is responsible for over 90 social workers on both campuses, at the Community-Based Outpatient Clinics, and at three Vet Centers. Furthermore, she is the facilitator for the Social Work Executive Group for VA Northwest Health Network (VISN 20). She has also worked diligently with members of other departments throughout the medical center, to improve organizational effectiveness on a wide array of issues such as returning Operation Iraqi Freedom or Operation Enduring Freedom soldiers completing their military service; providing essential care needs for minority veterans; facilitating the weekly Diabetes Support Group;

and meeting the Joint Commission on Accreditation of Healthcare Organizations compliance requirements for Advanced Care Directives.

She also supervises a student internship program with an annual average of 25 to 30 interns. Her internship program has been recognized locally as the premier practicum program at the University of Washington, School of Social Work. Her leadership in this area was specially recognized by a site visit from the incoming President of the University of Washington in 2005. Her Internship Program is recognized by other Social Worker's as the model for other intern training programs both locally and nationally.

She also serves on the following committees:

- Ethics Advisory Committee (since 1987)
- Minority Veterans Advisory Committee
- Clinical Education Board
- Education Executive Committee
- Mental Health Operations
- Integrated Geriatric Program Operations
- Palliative Hospice Care Advisory Committee

In addition to her administrative duties as Director of Social Work and her collaboration with departments throughout the medical center, Ms. Watson is an outstanding mentor and she inspires excellence in social work staff members. She holds both staff and managers to a high standard of responsibility. She sees deep into people's needs, hopes, and desires, and through her intuitive encouragement, she is able to give them the power to accomplish what they thought was impossible. Ms. Watson is extremely deserving of the National VA Social Worker of the Year award. She is the kind of woman that the world never forgets!

Taylene Watson's Honors and Awards:

- 2003 VA Leadership Special Contribution Award
- VA Leadership Special Contribution Award
- Outstanding Leadership Award in Federal Service, Federal Executive Board
- 1999 Social Worker of the Year, National Association of Social Workers, Washington State Chapter
- Outstanding Practicum Instructor, School of Social Work, University of Washington
- 1999 – 2000 VA Special Contribution Award
- 1994 – 1997 VA Outstanding Performance Award

Green Environment: It's All Around Us - Be a GEM and Recycle

VA's Green Environmental Management System (GEMS) is a method for managing environmental programs in an ecologically friendly manner. This includes recycling, reducing water pollution, purchasing "green" products/services, increasing energy efficiency, carpooling, etc. Watch for the upcoming GEMS website on VA Puget Sound's intranet, or contact GEMS Coordinator for VA Puget Sound, Lisa Woodings: (206) 762-1010, extension 65344.

Why recycle? Recycling removes items from the trash. This can save us money, and extend the life of community landfills. It saves resources by using less water and energy. It causes less pollution to make paper from recycled paper than it does to make paper from trees. So be a good neighbor and be a GEM, recycle whatever you can.

VA Puget Sound recycles as much as

a third of its waste; that's over one million recycled pounds per year. What do we recycle? Items include corrugated cardboard, mixed paper, beverage cans and bottles, scrap metal, tires, silver (recovered from film processing), motor oils, yard waste, fluorescent light bulbs, electronic waste (computers, TV's, etc.), wood pallets, and packing peanuts.

Mixed paper, aluminum beverage cans, and plastic bottles are generated throughout the facility, and can be collected in the cardboard recycling boxes. Beverage containers should be in clear plastic bags, but they can then go into the same box as the paper. We can recycle many kinds of paper, from white paper to newspaper to cardboard, as long as it is not contaminated with food, body substances, or chemicals. Papers with patient information can be recycled, because the collection system and recycling system are kept secured until all data is removed. Corrugated cardboard

is collected by housekeepers when they collect the trash.

Central recycling locations exist at both divisions. For more information, check the Recycling website:

<http://vawww.puget-sound.med.va.gov/fms/Admin/Recycle%20Program.htm>;

email the Recycling Committee:

PUGRecycling@va.gov;

or call Dan Tetreau:

(206) 762-1010, extension 65125.

Recycling at Home

Most local communities have systems for recycling nearly all of the same materials recycled at VA Puget Sound, and many collect additional materials for recycling. For a list of the materials you can recycle in your own community, as well as instruction on where and how to recycle, see your local community web site or your waste management web site.

Why Be a Culturally Competent Health Care Organization?

Cultural competence is a set of behaviors, attitudes, and policies that come together in an organization that enables that group to work effectively in cross-cultural situations. The word "culture" implies an integrated pattern of human behavior, which includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, or religious group.

The word "competence" means being able to function effectively. A culturally competent health care system values and embraces a culturally diverse patient population and workforce. This includes monitoring cross-cultural needs, expanding cultural knowledge, and adapting to meet culturally unique requirements.

VA Puget Sound takes pride in recognizing and celebrating our diverse veteran and employee populations. To promote and sustain these values, the Minority Veterans Advisory Committee has developed a cultural competence plan that will first assess VA Puget Sound's ability to provide appropriate services and access for its culturally diverse veteran population.

This first step will survey (in strict confidence and anonymity) a randomly selected group of veterans and employees to assess strengths and weaknesses in VA Puget Sound's current ability to serve its culturally diverse veteran and employee population. This initial survey will give us baseline data that will evolve into an

on-going assessment to determine our organization's progress toward becoming a more culturally competent organization.

This survey of cultural competence is another example, along with the National Veteran Service Satisfaction and Employee Satisfaction Surveys, of monitoring the satisfaction of services we provide to patients and employees.

If you have other questions, please call Cathy Davidson, Minority Veterans Program Coordinator:

(206) 762-1010, extension 65363.

IN THE NEWS

26th National Veterans Wheelchair Games

Once again the National Veterans Wheelchair Games were outstanding. This being the 26th event of its kind, over 550 athletes took on the challenge of airports and accessibility issues to make their way to Anchorage, Alaska, for a truly memorable time.

With Carrie Booker as team leader things went very smoothly as nearly 30 scheduled Spinal Cord Injury and Readjustment Counseling Service athletes (including 10 novices) were processed by the Seattle division of Veterans Affairs Puget Sound Health Care System. Most athletes competed in five events, but some, slightly fewer. Athletes were classified skillfully by persons such as Kendra Betz, our former physical therapist, and were spread over 15 challenging events and one exhibition. These veterans took the challenge very seriously.

Wheelchair game events included air guns; archery; basketball; bowling; field events such as the javelin, shot put, and discus; handcycling; motor rally; power soccer; quad rugby; slalom; softball; swimming; table tennis; track and weightlifting. Event sites were established in a variety of locations in Anchorage, requiring bus transportation

to and from events. Due to the number of participants and events, several activities were run simultaneously in different places, making it challenging for the athletes to stay on their schedules and arrive at their sites on time.

At last count, the Seattle team had been awarded 51 medals (gold, silver, and/or bronze). All of our athletes earned at least one medal. It was most impressive to watch the athletes compete with all the fervor and energy that might be expected at any major competition. One could not help but be inspired by their performances. The veterans also impressed everyone by rolling at the front of the 4th of July Parade, by state, serving to energize the town and each other for the events to come.

Athlete successes were a tribute to all the efforts given by all Spinal Cord Injury and Readjustment Counseling Service staff who worked diligently to ensure the patients were given proper rehabilitation and every opportunity to compete successfully. Congratulations to all of you for the dedication to patient care which allowed these athletes to meet and exceed their own expectations. It was most impressive to witness the results of your efforts.



Breakthroughs in Medicine

Diabetes – It’s Serious Business

Diabetes is a serious disease in the United States and is on the rise among all age groups. Its serious complications include heart disease, blindness, kidney failure, and lower extremity amputations. Diabetes is the sixth leading cause of death in the United States.

Nationally, VA treats about 6 million veterans with diabetes. It is estimated that 4.2 million of those veterans are overweight, and of that number 1.8 million are obese. The belief is that if these figures could be lowered, the complications of diabetes would be lowered.

Risk factors for Type 2 diabetes include older age, obesity, family history of diabetes, and physical inactivity.

VA’s National Center for Health Promotion and Disease Prevention has developed MOVE programs to address overweight and obesity within VA’s health care system. The MOVE program focuses on getting healthy and living a fit life—it’s not about looks. The program is individually tailored, and designed to be carried out with achievable and maintainable goals that lower health risks. The program is open to patients and staff and aims to change lifestyle and habits.

Karol Brown, a clinical dietitian at VA Puget Sound, is VISN 20’s MOVE! coordinator and VA Puget Sound’s site coordinator. Her intent is that VA Puget Sound be a leader in the rollout of the MOVE program. Karol states, “The

average veteran is a male, 56 years old, 5’10”, and weighs 200 pounds. His Body Mass Index (BMI) is 29, indicating he is overweight. If he gains 10 more pounds his BMI will be 30 and he will be considered obese. He is at higher risk for diabetes, hypertension, and heart disease. If he is able to lose 10% of his weight of 200, his weight will be 180, and he will be at a BMI of 26, a little overweight, but this is much healthier.”

The MOVE Program involves staff as well as veterans, and offers pedometers to help walkers measure physical activity, while creating a new mindset about moving. The evidence is clear that if we exercise, our health will be better.

New MRI Uses Lead to New Safety Concerns

The first magnetic resonance imaging (MRI) exam conducted on a human being occurred almost 29 years ago. The earlier magnets weighed tens of thousands of pounds and took up to five hours to complete. Today’s MRI machines can weigh less than 1000 pounds and complete an exam in minutes. Earlier machines had a patient weight restriction of less than 300 pounds. The newer machines are stronger and can handle larger patients. Hospitals are using the devices for more procedures because the MRI is safer than X-rays or nuclear scans. MRIs are even used to help guide of surgeries. To say that MRI has become an essential part of American health care is an understatement.



Lead MRI Technologist Scott Cartwright and patient

affected by the magnets in MRI machines and can cause injury or death to patients. There is also a risk that metal objects can be drawn to the magnets in the MRI. Objects such as metal mop buckets, vacuum cleaners, IV poles, oxygen tanks, heart monitors, and patient stretchers can be quickly drawn toward activated MRI machines.

Health care providers must fully complete a detailed MRI consult request to ensure that

the patient has no metal implants or devices that could adversely affect the MRI exam. This would also include any jewelry (watches, rings, earrings, etc) at the time of the MRI.

Despite these technological advances, the growing numbers of patients with pacemakers, metal implants, and other devices increase the chances for medical error. These devices can be

No medical procedure is risk free, but being well informed of the benefits and risks is essential to any health care decision.

Making a Difference

THE POWER OF PURPOSE

Work is about connection, engagement, and commitment. Love and work are crucial for human happiness, because when done well, they draw us out of ourselves and into connection with people and projects beyond ourselves.

This article is the third in our series called The Power of Purpose that includes segments from the personal philosophy of some of our co-workers about how to maintain a positive attitude and love of work while at the same time dealing with certain stressors of employment. Each writer was “nominated” by a co-worker and described as a person who works with purpose and has a positive outlook on life.

Anonymous: *“I don’t know any other way to be. I am so thankful for what I’ve been given. And since God has given me a certain amount of time on earth, I want to make the most of every second. Being negative takes too much energy – it’s just not worth it.”*

“I am just naturally a happy person. Where does that come from? I think these attitudes and beliefs come from my genes. While life experiences influence your attitude, I believe you’re either a happy person from a young age or you’re not. Some people are born grumpy and never get away from that frame of mind. I’ve always been a happy, positive thinker.”

“I’ve also always had a strong work ethic. Growing up on a farm there was no such thing as “I can’t do that.” We had to do what had to be done. We all had a role in keeping the farm going – we depended on each other. I was taught to work hard, to have a sense of loyalty and honor for what I do, and to always be aware of the

impact on others for what I do and say.”

Lola Armstrong: *“The Power of Purpose for me is actually the power of context: the realization that nothing I do occurs in a vacuum; it all impacts other people. That awareness drives me to apply meaning to all of my higher level activities – especially the work I do. I love working here for that reason; everything I do is a contribution to our mission of caring for our veterans. Many of my family members (my father, my uncles, several cousins) are or were veterans.”*

“THE STAFF HERE
IS SO WONDERFUL
BECAUSE THEY LOVE
THE VETERANS”

“Working here, I feel as though no matter how mundane the tasks I’m performing may be, the result of my efforts goes back in some way to people I care about. That sense of mission and connection is hugely motivating and is one of my best sources of personal satisfaction.”

Another co-worker who requested anonymity: *“I keep working hard for the veterans. I love these veterans, their stories, and what they stand for. I don’t look at this as just a job. I love what we do here – our mission, the patients, the staff. Our goal is to make a difficult situation better for the veterans by being helpful and listening to them. A vast majority of our veterans have no family; so being nice affects them. I have learned so much history from veterans, and I love keeping in touch with them. I could have left and moved on, but I chose to stay. To leave would mean giving up what is personally important to me. The staff here is so wonderful because they love the veterans. This makes me feel good. We are like a family, including the doctors who came as students and then stayed. Everyone here seems so nice, and they work so hard.”*

A special thanks goes out to Pam Gunn, VISN 20 Compliance Officer, for spearheading this series.

Veterans of Foreign Wars Making a Difference

Veterans of Foreign Wars (VFW) traces its origins back to 1899, when veterans of both the Spanish-American War (1898) and the Philippine Insurrection (1899-1902) founded local organizations that were designed to secure rights and benefits for their service.

VFW organizational histories note that many of the veterans arrived home wounded or sick, with no available medical care or veterans' pension available. In an effort to secure these rights for military veterans, the VFW was formed. By 1915, membership had grown to 5,000, and by 1936 had surged to almost 200,000 in the aftermath of World War I.

John Furgess, VFW Commander-in-Chief, told attendees at a recent national convention, "Right now, 165,000 soldiers, sailors, airmen, Marines, and Coast Guardsmen are engaged in Iraq and Afghanistan. Though younger in age than we are right now, they have the same hopes and dreams that we once had when we walked in their shoes. They dream of family, friends and cars...and of returning to the land of the big PX. And they hope and pray that America appreciates them for who they are and for what they do. Comrades, I promise you that we will



never forget their service or their sacrifice, and that we will welcome them home with open arms and a pat on the back."

He went on to say that service to others is a natural extension of the bond "we once had when we wore the uniform of our country. It is not an option. It has been and will always be an important part of who we are and what we do. The 19 million hours we volunteered in our communities last year equates to more than \$325 million in wages. That's very significant, but what's more important are the millions of lives we touch every year. Our service programs are designed for maximum benefit to all veterans and their families. The youth and community services forge unbreakable ties with towns and military communities big and small across the country."

Veterans of Foreign Wars has always stood up for our nation and those who wear the uniform. Nationally and since its founding, the members of VFW have been serving the men and women who served America. Some 1,500 VFW posts have adopted military units deployed in Afghanistan, Iraq, and other distant theaters, distributed more than 3.5 million prepaid calling cards to our deployed forces and have sent thousands of care packages to our troops in the field.

Gary "Frosty" Hulsey – Jr. Past VFW State Commander

Gary "Frosty" Hulsey has an 11-year affiliation with VFW and has served over 1000 hours both at Seattle VA Puget Sound and Tahoma Cemetery. He served in the Marine Corps from 1965-1970 including three tours in Viet Nam and was diagnosed with Posttraumatic Stress Disorder (PTSD). During an inpatient stay at Seattle VA Puget Sound, his counselor advised him to become involved with a service organization. Frosty chose VFW and found that he managed his PTSD better by serving other veterans. He says VFW offers service in four areas: serving veterans, serving communities, legislative action, and youth programs.

Last year, VFW contributed in excess of three million dollars nationally in donations and hours worked in

communities and hospitals. Their theme is "Excellence in Service" to veterans and active-duty guard. VFW has volunteers serving in all areas of our hospital to include chaplain's assistants, escort services, coffee services, and Disabled American Veterans (DAV) van drivers. Hulsey said that Claude Owens, a volunteer at the Seattle Division, "is a unique individual who epitomizes VFW's level of service and caring. Owens was ultimately nominated for VFW National Volunteer of the Year 2004."

VFW maintains claims service officers at their headquarters in Fife five days per week, and at the Federal Building in Seattle and VA Puget Sound's Seattle division, Wednesdays and Fridays, to assist veterans in obtaining their VA benefits.

For more information, call the VFW Main Regional Office: (206) 220-6191.

In light of VA's budget shortfalls and the many veterans returning home in need of services, efforts to improve recruiting for volunteers are at an all time high. Hulsey noted that VFW's biggest challenge in the coming years will be to provide service to young veterans without cutting service to older veterans.

If you are a veteran who has served in the U.S. armed forces in a foreign war or overseas operation and would like to volunteer, visit the VFW website: www.vfw.org, or contact VFW Headquarters: 5213 Pacific Hwy E, Fife, Washington, (253) 922-2114.

Quality in Action

Continuous Organizational Readiness Evaluation Site Visit

Here at VA Puget Sound, we have over 40 external agencies and partners, such as Joint Commission on Accreditation of Healthcare Organizations, Occupational Safety and Health Administration, and College of American Pathologists, that we are accountable to in meeting various oversight and accreditation requirements. To meet these requirements, we must sustain a continual state of “readiness.” To keep VA medical centers in a state of continual readiness, the Continuous Organizational Readiness Evaluation (CORE) program was developed by

Veterans Integrated Service Network #20 (VISN 20).

The CORE team, made up of experts from other facilities in VISN20 (Portland, Boise, Anchorage, Roseburg, White City, Walla Walla, and Spokane), visited VA Puget Sound in early February. During that time, they toured the facility using criteria from various accrediting agencies to assess our readiness.

At the completion of their visit, the team shared with leadership the “good practices” they found as well as opportunities for improvement.

Focus on Patient Safety

Patient safety is a popular topic in the news. Consumers want to know what health care providers are doing to keep patients safe in the hospital. Safety is an everyday focus for VA, and all staff members are aware of the importance of keeping safety issues in the forefront of their daily work. Now there are even more opportunities for health care organizations to improve methods that affect safety, thanks to a growing number of agencies that are providing information and guidance on the subject.

One of these agencies is the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) which has released its latest list of National Patient Safety Goals. For the past few years, this annual list has been used to help health care organizations focus on specific goals to promote safe care of patients. The goals are chosen by experts in the field and are one of the components used to survey hospitals for compliance with industry standards.

The 2006 Patient Safety Goals continue the themes of communication, accurate identification of patients, medication safety, infection prevention, and other goals geared to home care and long term care. Patients can help by asking questions, reporting safety concerns and being actively involved in their care.

The complete list of patient safety goals and a detailed explanation can be found on the JCAHO website: <http://jcaho.com/>

Newly Revised Pre-Operative Guideline

A multidisciplinary team at Seattle division has released in January of this year a revised and expanded guideline entitled, “Medications to be held prior to surgery.” One of the new members of the Outpatient Evaluation Center (OEC) team noticed last summer that inconsistent instructions regarding medications were being given to patients by the various surgical teams to prepare them for surgery. During the patient’s appointment the OEC team reviews medications taken by the patient to determine which should be held prior to surgery to prevent complications. Medications are held for various reasons, such as to prevent increased bleeding risks or hypotension intra-operatively

or post-operatively. Kim Veilleux, ARNP, conducted a literature search to other local hospitals to determine current practices and research findings of medications that may pose certain risks to patients if taken up until surgery. She then organized a multidisciplinary group consisting of Paul Cornia, MD, OEC medical director; Susan Patel, OEC, ARNP; Allan Zander, RN, OEC nurse manager; and Erin Miller, PharmD and pharmacy resident to determine what categories of medications to include in the guideline. With consensus by the team, a guideline was drafted and submitted to the facility’s Pharmaceutical and Therapeutics Committee for review and ultimate approval.

VA Puget Sound Designated as a Level 2 Polytrauma Center

The term polytrauma describes injuries to the brain, in addition to other body areas or organ systems, where one or more injury is life threatening. Due to the severity and complexity of these injuries, polytrauma may result in physical, cognitive, psychological, or psychosocial impairments and functional disability. Traumatic brain injury is common in polytrauma and is often grouped with other disabling conditions that include amputations, auditory and visual impairments, spinal cord injury, post-traumatic stress disorders, and other medical problems.

VA medical centers are rising to the challenge of a new generation of military injuries known as blast-related injuries. Blast-related injuries are caused by improvised explosive devices (IEDs), rocket propelled grenades, roadside and suicide bombs, and landmines. In previous wars, soldiers with severe injuries such as these would have died on the battlefield, but today with effective armor and responsive medical action, survival rates are much higher. Unfortunately, traumatic survivors are left with multiple severe injuries that require complex medical surgical care and life-long rehabilitation.

To date, the number of critically injured Operation Iraqi Freedom or Operation Enduring Freedom patients seen at VA Puget Sound includes nine spinal cord injury patients, eight rehabilitation patients, a polytrauma patient, and a blind rehabilitation patient.

The need for Polytrauma Centers and its care and services is essential. The concept of a Polytrauma Center is to integrate care and services for those individuals with not only physical wounds, but also psychological wounds and traumatic brain injuries resulting from exposure to blast injury from explosive devices, and even those cases in which the individual was not physically injured in the blast. Polytrauma

Centers are located at specific VA and DoD medical centers and referral is from one level of care to another. Each Center has an expert team to provide innovative, highly specialized, and personalized rehabilitation treatment for individuals with sustained multiple and severe injuries.

In June 2005, VA expanded the scope of the regional Traumatic Brain Injury Rehabilitation Centers and redefined these as Polytrauma Rehabilitation Centers. The mission of the Polytrauma Rehabilitation Center is to provide comprehensive inpatient rehabilitation services for individuals with complex physical, cognitive, and mental health conditions resulting from severe and disabling trauma, and to provide support to their families.

Four primary Polytrauma Rehabilitation Centers (Level 1 sites) have been established: Palo Alto, California; Minneapolis, Minnesota; Richmond, Virginia; and Tampa, Florida. Those admitted receive acute medical care for their injury. After receiving treatment at a primary center, patients are sent to Polytrauma Network Sites (Level 2 sites) where they can follow their already devised recovery treatment plan closer to home. VA Puget Sound was recently selected as the Level 2 polytrauma site for VISN 20.

Polytrauma Network Sites manage the life-long rehabilitation needs of active duty members and veterans with polytraumatic injuries. Furthermore, Polytrauma Network Sites assist patients with their transition back to home communities and provide care for emerging needs. Level 2 sites work in conjunction with Level 1 sites to meet the specialized rehabilitation needs of these patients.

A Polytrauma Telehealth Network will connect Level 1 and Level 2 Polytrauma Centers, as well as with Walter Reed and Brook Army Medical Center, to enhance

the coordination in response to the changing care needs of polytrauma veteran patients. The Polytrauma Telehealth Network will allow the planning of care to be established before transitioning the care to another site.

VA Puget Sound's Polytrauma Network Site team, led by Joseph M. Czerniecki, MD, Acting Medical Director of the Polytrauma Program, and Mercedes Gross, Business Manager and Point of Contact of the Polytrauma Program, will eventually include a physiatrist, a certified rehabilitation nurse, an occupational therapist, a physical therapist, a prosthetist, a neuron-psychologist, a speech language pathologist, a social worker, a blind rehabilitation specialist, a psychologist, vocational rehabilitation, and administrative and program support. The polytrauma team is committed to providing "seamless treatment," giving complete care management for the veterans.

"We recognize the challenges of the huge geographical area we serve and the importance of keeping families together while their loved one is recovering," states Dr. Czerniecki. At VA Puget Sound Seattle division, we are actively raising money for a Fisher House. The Fisher House program is a unique private-public partnership that provides temporary lodging for families while their loved ones are receiving care at a VA medical center. These homes enable family members to be close to a loved one at the most stressful time (during the hospitalization for an unexpected illness, disease, or injury) "a home away from home."

For more information on the Fisher House, visit the Fisher House website: www.fisherhouse.org.

For more information on the Polytrauma Center, call: Mercedes Gross, (206)726-1010, extension 61952.

National Veterans Creative Arts Festival

The Veterans Fine Arts, Applied Arts, and Crafts Competition and Show is an event held each year at VA Puget Sound. The event features visual art created by veterans receiving health care services. Included in the event is a juried art competition, followed by a two-day art exhibit.

The competition and show featured works of art from a broad spectrum of categories, such as oil painting, photography, sculpture, and glasswork. Also featured were two special categories, "The Military Combat Experience" and a Special Recognition category.

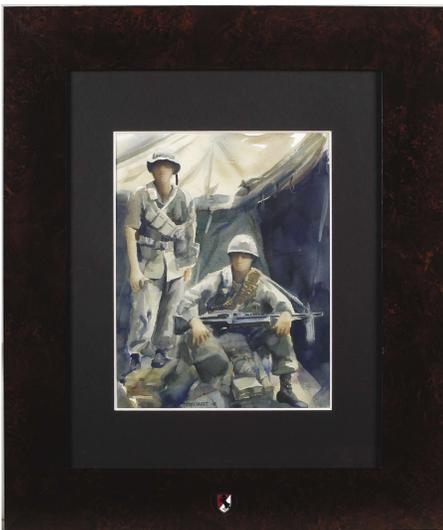
The Military Combat Experience category included artwork by veterans who experienced combat while in the service and were accompanied by a written statement explaining this relationship.

The special recognition category included artwork created by veterans who have overcome severe physical or psychological limitations to participate in the visual arts, for instance blindness, paralysis, or severe mental illness.

The event is the local phase of a national program sponsored by Department of Veterans Affairs. The national program,

known as the National Veterans Creative Arts Festival, includes VA medical centers and health care facilities from all parts of the United States. Each participating facility holds a local competition, and first place winners from the local competitions are entered into a national competition, from which overall winners are chosen from each category. National first place winners are then invited to attend the National Veterans Creative Arts Festival, (NVCAF) which is a week-long event held at a different VA facility each year. The 2006 NVCAF is to be held in Rapid City, South Dakota, in October. The NVCAF celebrates the work of veteran artists and performers through a week-long schedule of events that culminates in the display of winning artwork and a stage performance featuring veterans performing in the areas of dance, music, and drama.

Veterans from the Seattle area have done very well in the national competition over the last few years. In 2005, four local veterans were national winners in five different categories, and were invited to attend the national festival in Denver, Colorado.



*"Death Rides a Black Horse"
by Patrick Haskett.*



*"Above the Confusion"
The artist is Larry Plump*

VA Puget Sound News is published quarterly. VA Puget Sound Health Care System proudly serves veterans throughout the Northwest with facilities located in Seattle and at American Lake. VA Puget Sound is part of the VISN 20 network of health care facilities.

VA PUGET SOUND HEALTH CARE SYSTEM

Timothy B. Williams, Director
Deann Dietrich, Deputy Director
Gordon A. Starkebaum, MD, Chief of Staff
Jeri A. Rowe, Public Affairs



1660 South Columbian Way
Seattle, WA 98108-1532
(206) 762-1010

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