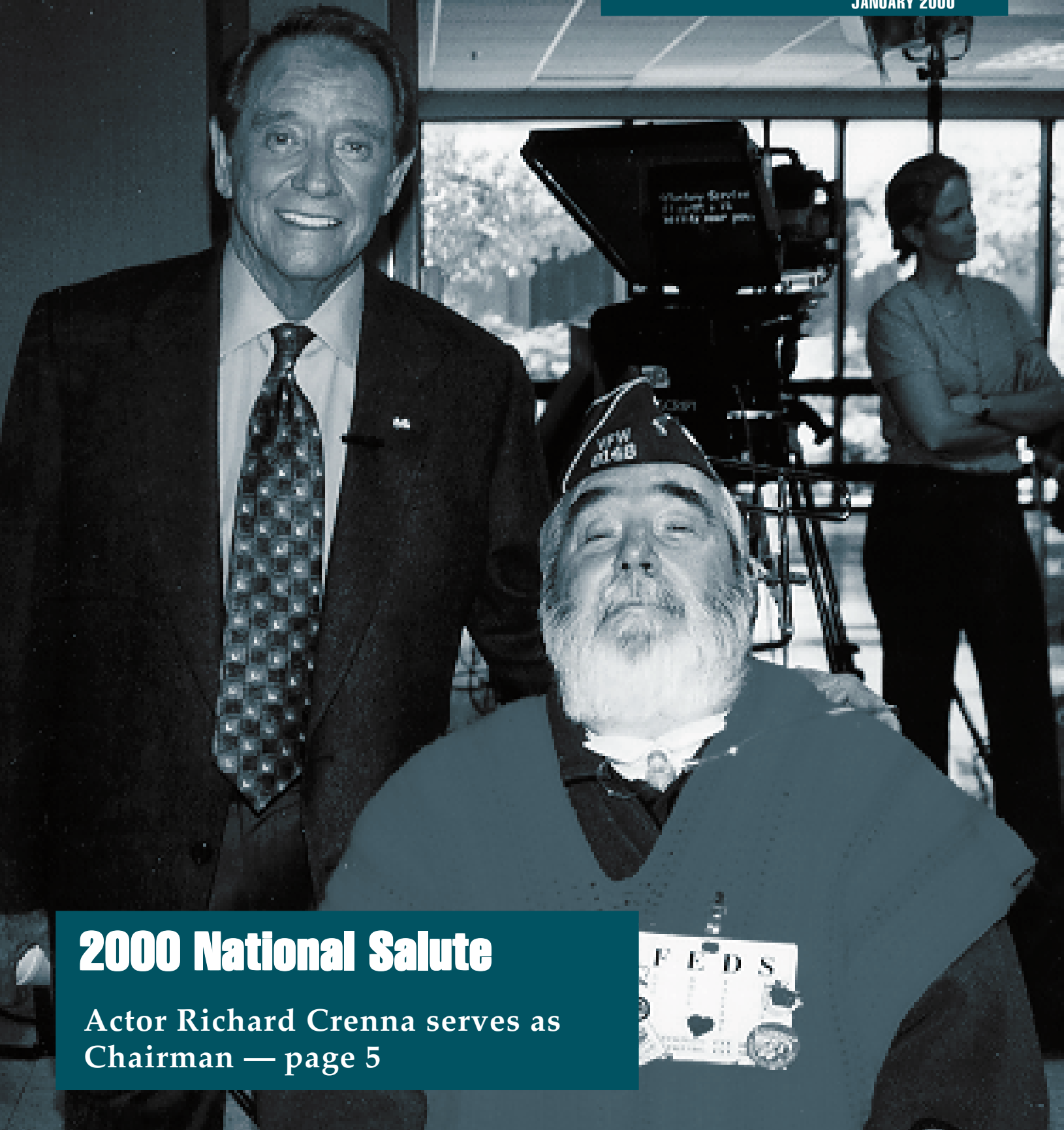




U.S. DEPARTMENT OF VETERANS AFFAIRS
Vanguard

JANUARY 2000



2000 National Salute

Actor Richard Crenna serves as
Chairman — page 5

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Actor and World War II Army veteran Richard Crenna takes a break from filming a TV public service announcement about VA's volunteer program to visit with veteran and volunteer Eddie Apple at the Long Beach, Calif., VA Medical Center. Crenna is serving as chairman of the 2000 National Salute to Hospitalized Veterans, held during the week of Valentine's Day (Feb. 13-19).

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INTRODUCING

Wachita Haywood

On a dark, cloudy night they gather in the tunnel, huddling around a roaring fire. Flames reach toward the sky, illuminating their faces and casting dark shadows on the cold, concrete walls many of them call home. Headlights pierce the darkness as a van slowly approaches. Looking up from the fire, smiles form on their weathered faces.

Wachita Haywood climbs quietly out of her van in downtown Birmingham, Ala.; it's just after 11:00 p.m. With her husband, Ron, she unloads steaming dishes of roast beef, baked potatoes, corn bread and pound cake. The men quickly form a line as Haywood, a quality consultant with the Birmingham VA Medical Center (VAMC)'s Office of Quality Management, sets the food on tables and starts dishing out heaping servings. She smiles, calling most of them by name, filling their plates, one by one, until each is satisfied.

Her personal mission to help the homeless men living in the 18th Street tunnel began two years ago when she first noticed them — some sleeping on the ground, some living in cardboard boxes. She says the image became seared into her mind and later that night she prepared some food, gathered excess clothing, and drove back to the tunnel.

Haywood says she wasn't scared when approaching the homeless men. "I was taught by my grandmother to always meet people on the level they are on...people will see the true spirit within you and open up to you," she explained. "This is what I did when I met my homeless friends for the first time."

Ever since that night, Haywood has put aside \$50 each week to help support her mission, which she calls "Bridging the Gap." And every Saturday she prepares enough food to feed the group, which typically numbers around 15. Just before 11:00 p.m., she leaves the comforts of her home and drives to the tunnel to feed the homeless men. "My husband says, 'Can't you go earlier?' But then it wouldn't be a sacrifice for me," said Haywood. "I need to get out of my warm bed, my warm house."

She began her career with VA in 1985 as a staff nurse at the Birmingham VAMC. Many of the homeless men she feeds are veterans and Haywood hopes to one day work in VA's Homeless Veterans Program. She's starting by getting involved in VA's Stand Down 2000 project. Haywood promoted a recent Birmingham stand down with appearances on local

television programs and features in area newspapers. She also distributed flyers and served as food service chairperson. More than 850 homeless men and women received food, clothing, medical screenings and veterans benefits enrollment assistance at the two-day event.

"Helping veterans get enrolled in the healthcare system and other benefits programs they are entitled to has brought me a tremendous amount of joy," said Haywood. One Vietnam veteran whom Haywood has helped calls her an angel. "She brings us sleeping bags, food...everything she does comes from the heart," he said. ❑

By Matt Bristol



Dr. Victor S. Wahby
Director, VHA Office of
Special Projects



It was evening. And it was morning. And it was the new millennium! Not only had VA sailed into Y2K without serious problems, but also our agency was basking in

the glow of national recognition for its patient safety activities. It did us all proud.

Elsewhere in this issue, you will read about some of these patient safety activities. I will attempt here to share with you a related pioneering VA initiative. It is the "Lessons Learned" project. This project has implications for VA's move toward a culture of safety, as well as for its larger evolution into a learning organization.

The "Lessons Learned" project is a mechanism allowing systematic learning from past experiences, and the diffusion of new innovations throughout VA. The project's goal is to foster innovations. When it comes to mistakes, its attitude is non-punitive. It asks not, "Whose fault is it?;" rather, it asks, "How can we

ensure that it never happens again?"

"Lessons Learned" enables VA to capitalize on the problem-solving experiences and knowledge assets of its vast enterprise. Suppose a solution for a particular problem is found at a certain facility. The project allows others to learn the innovation in fast cycle, and adapt it to their own settings. That would replace the old "reinventing the wheel" or "starting from scratch" syndromes.

The VA Intranet serves as the main vehicle for disseminating lessons and new ideas. The "Lessons Learned" project's Web site is the Virtual Learning Center (VLC). The VLC, activated in December 1997, now houses almost 1,000 lessons. These include innovative VA clinical and administrative initiatives, award-winning programs, as well as "raw" ideas.

The VLC allows users to submit, browse, search and discuss lessons. These are searchable by topic (through 200 keywords), author, source, date and other variables.

Users may create "personal profiles" allowing them to receive automatic notifications whenever new entries are posted in their areas of interest. Cash awards are offered to employees who contribute out-

standing lessons.

Patient safety lessons on the VLC elaborate on system redesigns and root cause analyses of adverse events. The VLC also carries faulty product alerts and links to patient safety resources on the Internet.

"Lessons Learned" began as a VHA initiative. It has now expanded into a One VA project, with VBA and NCA actively involved.

Today's VA realizes that its real wealth is its people. And it is serious about learning from their ideas, innovations, successes, and yes, mistakes.

The "Lessons Learned" project enables this sharing of innovations and learned experiences. That is a key to a bright future for our agency, and for our veterans. Ironically, it is by reflecting on the past that we can capture valuable knowledge that can be applied to the future. The American philosopher George Santayana said it well: "Those who cannot remember the past are condemned to repeat it."

I invite you to make use of the "Lessons Learned" project. You can find it on the Intranet at vawww.va.gov/vlc.htm. It is also accessible on the World Wide Web at www.va.gov/vlc. Why don't you sign on today! □

Under Secretary for Health Search Panel Completes Work

The VA health-care system may soon have a new leader. The nine-member search commission charged with finding an Under Secretary for Health to replace Dr. Kenneth Kizer concluded its work in mid-December and forwarded its recommendations to Secretary of Veterans Affairs Togo D. West, Jr.

The Secretary sent a nomination to the White House in late-December, and quick action on the appointment is expected on Capitol Hill after Congress returns for the 2000 session on January 24.

Former Mississippi Congressman G.V. (Sonny) Montgomery, who

chaired the panel, praised the members for their contributions toward "helping us find the right person to lead VA's health-care system into the 21st century and assure the best possible care for our veterans." He added that the commission "benefited tremendously" from the prestige, broad experience and talents of its members.

Members included Maj. Gen. Nancy R. Adams, commander of Tripler Army Medical Center; Maj. Gen. Enrique Mendez, former Army Deputy Surgeon General; Hershel W. Gober, VA Deputy Secretary; Montgomery, former chairman of the

House Veterans Affairs' Committee; and Dr. Floyd J. Malveaux, dean of the College of Medicine and interim vice president for health affairs at Howard University.

Also Dr. John W. Rowe, president and chief executive officer of Mount Sinai-New York University Medical Center and Health System; Gordon Mansfield, executive director of the Paralyzed Veterans of America; John F. Sommer, Jr., executive director of the American Legion; and George E. Thibault, chairman of VA's Special Medical Advisory Group and vice president of clinical affairs for Partners HealthCare System, Inc. □

VA Sails Through Y2K With No Major Problems



VACO Y2K specialists who spent New Year's weekend monitoring the date rollover from the governmentwide Information Coordination Center in Washington, D.C., included (front row): Rhonda Wilson, Jaysri Rai, Steve Wexler; (second row) Gail Graham, Sally Wallace, Bernadette Pessagno, Ernesto Castro, Shawn Hurford; (back row) Ken McKinnon, Dale L. Pritchard, Benjamin Overbey and Len Bourget.

Like virtually all of the nation's banks, airlines, utilities companies, and government agencies, VA declared victory over the meddlesome Y2K bug after the dawn of the 21st century failed to produce any significant date rollover-related problems.

VA Acting Assistant Secretary for Information Technology Harold Gracey credited the successful transition to the hard work performed nationwide by VA employees to ensure that the Department's systems were Year 2000-compliant. "If the Y2K problem had not been fixed," he said, "the financial and health lifeline upon which our nation's veterans and their families depend — in fact the only source of income and health care services for many disabled and deserving people — would have been broken. Delaying a monthly payment or having unavailable health care services would have had catastrophic results in many households."

VA benefit payments totaling \$1.9 billion were successfully delivered to some 3.8 million beneficiaries on December 30, both by electronic funds transfer and mail. Checks went out a day earlier than usual because of the New Year's Eve holiday. On January 3, the first business day of the new century, all 58 VA regional offices and data processing centers

fully operational throughout the date rollover period. Staff at each of VA's 172 medical centers checked information, security, electrical, environmental, health and safety and communication systems during the rollover period, and found everything operating normally.

Nationwide, about 1,000 VA employees were assigned to watch for Year 2000 problems at field facilities and headquarters. At the Department's national Y2K Information Coordination Center (ICC) in Martinsburg, W.Va., shifts of 20 people worked around the clock monitoring the date rollover.

VA program experts also staffed two desks at the President's Council on Year 2000 Conversion National ICC in Washington, D.C., over the rollover weekend. Two Office of Public Affairs staff members manned a VA desk in the ICC's Joint Public Information Center to report information gathered by the VA ICC staff on the Department's status to the chair of the President's Council, John Koskinen.

The National ICC gathered information both from overseas and throughout the nation during the rollover period. Koskinen, who led the Y2K preparatory efforts for the private, public and international sectors, provided periodic press briefings to update the nation on the worldwide impact of the date

change. There were no reports of any major Y2K problems worldwide. "We are truly gratified by the level of participation from government agencies and industry groups that provided data to the ICC," said Koskinen. "I am hopeful that our experience in collecting information about Y2K issues will serve as a model for dealing with future technological challenges."

VA spent about \$231 million to identify and fix potential Y2K problems without requesting additional money from the \$3.3 billion emergency fund provided by Congress for federal agencies. A major concern had been the Department's \$4 billion inventory of medical devices. But Ernesto Castro, VA's Y2K program manager, said that only one medical device, a radiation dosage therapy system, was found to have problems that could have potentially harmed patients. These systems were removed from service by November 1999. □

All VA health-care facilities remained open and

open and

operational and processing benefits without incident. By the close of business on January 4, the regional offices had conducted 1,065,949 transactions with no Year 2000 problems.

All VA health-care facilities remained open and

President Names Acting NCA Chief

President Clinton has named Robert M. (Mike) Walker to serve as VA Acting Under Secretary for Memorial Affairs. He will serve in an



Walker

acting capacity pending confirmation by the Senate, and is responsible for policy, management and operation of the National Cemetery Administration.

Walker, a former enlisted soldier in the Army National Guard from Tennessee, previously served as deputy director of the Federal Emergency Management Agency (FEMA), a position he took in September 1998. He has served in the Executive Branch since March 1994 as an Assistant Secretary of the Army, the Army Acquisition Executive, and Under Secretary of the Army. From January to June 1998, he was Acting Secretary of the Army. □

VA Leading the Nation in Patient Safety Initiatives

A new report indicates that as many as 98,000 Americans die each year as a result of preventable medical errors. Tackling this problem has been a national priority at VA since 1997.

A recent report by the Institute of Medicine (IOM), the research arm of the National Academy of Sciences, indicated an estimated 44,000 to 98,000 deaths occur in U.S. hospitals each year as a result of preventable medical errors.

Further, the report suggests accidental deaths could be cut in half over the next five years if health care facilities collected and analyzed data on hazardous medical practices, and provided feedback to staff on how to eliminate or prevent unsafe medical practices. With the release of the report, President Clinton has ordered all federal health care providers to "evaluate and, where feasible, implement the latest error reduction techniques," according to a December 7, 1999 White House directive.

VA has been tackling this problem on a national level since 1997, and is already a recognized leader in improving patient safety. Former Under Secretary for Health Dr. Kenneth Kizer convened the National Patient Safety Partnership that year to bring together the best insights on health-care safety of some

of the nation's leading health-care organizations and scholars.

The push to reduce medical errors got a boost in 1998 when James Bagian, the physician, engineer and astronaut who led the team that overhauled the NASA space shuttle design following the 1986 Challenger explosion, was brought in to determine how to improve patient safety. With a background in aviation, one of the few fields that routinely investigates its own accidents, Bagian seemed the ideal candidate to jump-start a patient safety initiative within the VA health care system. He is now the director of VA's National Center for Patient Safety.

VA also has four Patient Safety Centers of Inquiry to research and develop methods of reducing the potential for injuries to both patients and caregivers. The centers are located at the VA Palo Alto (Calif.) Health Care System (VISN 21), the VA Health Care System of Ohio (VISN 10), the New England Healthcare System (VISN 1) and the Tampa VA Medical Center (VISN 8). The Tampa center is developing,

among other things, a prototype Safe Patient Care Room of the Future that will use technological advances to facilitate improvements in patient mobility, independence and safety.

Applied research at the other three Patient Safety Centers of Inquiry focuses on areas such as preventing errors in surgery and anesthesia through simulation techniques, reducing medication errors, and gaining a better understanding of the impact of human factors. "VA's emphasis upon patient safety and ensuring consistently reliable, high-quality care has already resulted in improvements that meet or exceed national standards," said Acting Under Secretary for Health Dr. Thomas L. Garthwaite.

One such improvement addresses a medical error that can have deadly effects — medication mix-ups. To reduce these mix-ups, VA nurses are using bar-coding technology to ensure patients receive the correct medication, in the correct dose, at the correct time. Using the bar-coding method, the Topeka, Kan., VA Medical Center, where the system was developed, reports a 66 percent decrease in the medication administration error rate.

(continued on page 7)

Actor, Veteran Richard Crenna Chairs 2000 National Salute



Crenna

Actor and World War II Army veteran Richard Crenna will lead the 2000 National Salute to Hospitalized Veterans.

As Salute chairman, Crenna will head VA's annual program inviting the public to visit and honor hospitalized veterans during the week of Valentine's Day (February 13-19). He will also serve as a national spokesperson for the nearly 105,000 volunteers who assist veterans in VA facilities throughout the year, appearing in a TV public service announcement.

Syndicated advice columnist Ann Landers has continued another National Salute tradition by again asking her readers to send valentines to veterans during that week. Last year, her request generated more than 1 million cards and letters for hospitalized veterans.

Crenna has had featured roles in several TV series, beginning in television's early years with "Our Miss Brooks," "The Real McCoys" and "Slattery's People," and in many films, including the Rambo movies. He has been nominated for three Golden Globe Awards, and in 1988, his star was added to the Hollywood Walk of Fame in recognition of his successful television and film-acting career.

The actor's career began in radio in 1946 with the "Date with Judy"

program. He continued his role of a high-school student in the "Our Miss Brooks" radio series on television in the early 1950s, leaving that program to take the role of Luke in "The Real McCoys." Crenna later directed episodes of that series and has since directed more than 200 TV episodes, pilots and movies of the week. After "The Real McCoys," he produced "Slattery's People," a dramatic series in which he also starred in the role of a crusading legislator.

Crenna's movie credits include: "John Goldfarb, Please Come Home," "Marooned," "Star!," "Red Sky at Morning," "Doctors' Wives," "Table for Five," "Wait Until Dark" and "Body Heat." In the Rambo movies of the 1980s starring Sylvester Stallone, Crenna played the role of Colonel Trautman. □

Learning Maps Finding Wide Use in VA



Atlanta conference participants study the *Becoming One VA Learning Map*, facilitated by Marissa Palkuti, right, of VISN 10, Cleveland. They are (left to right): Brian Barry, VBA VACO; Cedric Austin, Atlanta VARO; Lynwood Bradley, Atlanta Vet Center; Jacquelyn Allen, Health Eligibility Center, Atlanta; Floyd Dembo, Inspector General Operations Division, Atlanta; and Jimmy Barfield, Atlanta VAMC.

How many thousands of fingers have traced the curving, colorful depiction of VA services to veterans on the *Becoming One VA Learning Map*? The largest number of employees who have experienced the map have used the informational icebreaker at the regional One VA conferences in the last few months. It has focused the attention of 2,000 table-group participants on the forces that affect veterans and the services the entire VA provides.

In the effort to educate more and more employees about VA services other than those they provide, some 650 VA facilities have received the map since 1998. Even before the conferences, groups of 6 to 10 people, including directors and front-line employees, have been led in discussion with cards and questions from a coach.

Getting a mix of people can accelerate learning across organizational lines, a prime objective of the One VA map. The board-game imagery and interaction provide the visualization and conversation that first attracted Bob Means, Ph.D., VHA's Chief Employee Education

Officer, to the Root Learning Map concept in 1997.

Means encountered the map in a group of corporate learning officers who were exploring best practices of a Canadian bank. The bank was using a map produced by Root Learning, Inc., to educate clerks and vice presidents about banking changes wrought by automation. The learning focus was on strategic change. Randy Root, once a consultant who developed strategic plans for companies, discovered they usually didn't use their plans. So, about 10 years ago, he conceived the map as a device for pulling employees from many levels into discussion about strategic direction. It helped information to trickle down and spread out more quickly.

According to Means, "Seventy to 80 percent of what we learn is from colleagues. That's why the map was chosen to create discussions among staff about VHA's strategic plans." He saw the map's potential application for change management in VA health-care delivery and introduced it to former Under Secretary for Health Dr. Kenneth Kizer. Then Means went on to see how the map

was used in Boeing, Sears and Pepsico, even testing Pepsi's map on some top VA executives.

Teams of VA subject experts and rank and file employees designed the content of the initial five VA maps dealing with health-care delivery and *Becoming One VA*, as well as the more recent maps. The One VA map team included representatives from the three VA administrations. The same development process continues for recently created Learning Maps. After meeting with VA executives who are initiating change, the Root staff sketches a prototype at its Perrysville, Ohio, headquarters. The

Maps to Play Key Role in New Employee Orientation Program

Sharing learning from the One VA conferences will be the key to phase 1 of an employee orientation program designed by a VA Learning University (VALU) working group. A packet of materials to help every VA facility support that goal starting next month will include videos on VA history and examples of cross-agency initiatives shown at the conferences, the One VA Learning Map, and information on how to use the map with various employee groups. Employees can also use the materials themselves.

In phase 2, VALU will provide the new veterans map and a new video on VA achievements, a series of posters, educational tray liners and screen savers. These should help facilities mount a VA Day to share the work and accomplishments of the Department with all employees. The veterans map will serve not only for learning sessions but also as the basis of a poster with tear-off information. In phase 3, VALU will conduct a sort of boot camp for facility orientation staffs and VA executives to help them modify their orientation programs to align with Departmentwide changes.

design receives a first test at a VA site, with the VA team observing its use. Next, the team recommends changes to Root, which are made and followed by more tests, with VA and Root co-designing the final version.

Some medical facilities have localized information accompanying the maps in the health-care group, particularly "The Economics of Providing Care" and "Delivering Care." VHA's Employee Education System (EES) tries to ensure that facilitators are prepared to present the maps at every site that receives them through the help of 10 master trainers.

The Veterans Benefits Administration and the National Cemetery Administration also have master trainers to prepare local facilitators. VHA networks made the set of maps available to all VA medical centers. National cemeteries can get copies from Larry Williams, director of the Rock Island, Ill., National Cemetery. VA regional offices can request copies of the One VA map from Linda Laganas of the VBA Employee Training & Development staff.

About 100 One VA maps have been separately requested since the One VA conferences began. All participants in the One VA conferences and all VHA networks have received a promotional video about the map. Master trainers from VBA and NCA also have distributed it.

Some users of the map at the first One VA conference suggested developing another for veterans. At the second conference, Deputy Secretary Hershel Gober announced the new map will be created to show veterans how to access VA's benefits and services. Acting Dean of the VA Learning University Stanley Sinclair and Bob Means have committed to making it available to facilities by late April.

The new learning map explains the programs that provide health care, education benefits, loan guarantees, life insurance, compensation and pension, national cemetery burial and cemetery markers. Based on the premise that sometimes veterans don't get good answers to their questions because the employees they ask are not knowledgeable about programs outside of those they administer, Means said this map tries to cover the questions veterans ask most often. While it does not carry

comprehensive descriptions of the programs, it tells the employee and the veteran where to get specific information and provides appropriate toll-free phone numbers.

The new veterans map was tested first with employees of the Baltimore and St. Louis VA Regional Offices and the Baltimore National Cemetery and veterans service organization representatives from Maryland, then with similar groups in the Los Angeles area. It was also tested with focus groups of veterans, their dependents and DoD staff who work in transition assistance. The Becoming One VA map, and other Learning Maps, will be updated with new data next spring. Means said the cost of reprinting updated maps prohibits doing so frequently but all maps receive an annual review. For some, just the coach's cards need reprinting.

The other existing maps address health-care topics, including: the changing demographic and economic forces affecting VHA; the patient's experience of VA medical care from enrollment through treatment; VHA's mission, values and performance measures; quality care and how employees contribute to improved performance; how eligibility reform affects care given to veterans; and components of a facility's revenue cycle, as well as how non-appropriated funds can expand services.

The eight existing VA maps and the one in development for veterans will be joined this spring by three more, reported Kurt Gundacker, EES project manager with responsibility for developing Learning Maps. One, for VHA staff, will cover methods to secure reimbursement for VA care, including medical coding and billing.

One of the other two maps — expected out late this month — details the new High Performance Development Model, which presents options for enhancing professional development based on how people learn. The third map — at the moment conceptual — will use Baldrige Award criteria to teach principles for developing organizational excellence. The Baldrige map will give managers ideas of how to apply specific award criteria, such as how to create performance measures. Both of these maps will be marketed across VA organizational lines, and

with the Baldrige map EES will begin to ask other VA components to share the costs. A brochure will be distributed by spring describing all of the new maps.

Gundacker, located in Minneapolis, heads an EES steering team working on the maps that includes: Sheila Whetstone, who communicates with field facilities from Temple, Texas; Beth Buchholz and Pam Davis, who handle map distribution from Birmingham, Ala.; Diane Palumbo, who manages graphics and contracting for printing from St. Louis; and Richard Lussier, product line manager based in Long Beach, Calif.

Gundacker said EES hopes to dedicate staff time to increasing awareness of the maps. The bottom line on the maps may be best summed up by Means, who said the goal is to lead users to see their own roles in their changing organizations and One VA. □

By Jo Schuda

Patient Safety (cont.)

To reduce adverse drug events such as dangerous drug interactions or allergic reactions, the Nashville VA Medical Center and VISN 9 have collaborated to develop RADARx (Recognizing, Assessing, and Documenting Adverse Rx events) — a VA software-compatible program that provides drug interaction screening, probability assessment, documentation and reporting capabilities.

VA also has revised its *Patient Safety Improvement Handbook* and created a companion computer-assisted incident reporting and analysis system. To implement the new system, a nationwide educational program is underway at the first pilot site, VISN 8.

VA's efforts to reduce medical errors have not gone unnoticed. "The VA has done perhaps the most impressive work in the country so far," said Donald Berwick, chief of the Institute for Healthcare Improvement and a member of the IOM panel. For more information on VA patient safety programs, call the National Center for Patient Safety at (734) 930-5890. □

By Matt Bristol

VA Kicks Off Stand Down 2000



A future Miss America? Heather French helps two-year-old Loriyonna Hazley try on the crown at the Indianapolis Stand Down.

Facilities in 32 cities have scheduled stand downs this year, and in 35 other cities stand downs were held in just the last two months of 1999. All are part of Secretary Togo D. West Jr.'s VA millennium initiative, Stand Down 2000, recognized by the White House Millennium Council. Tipper Gore is the honorary chairperson.

Throughout the year, VA facilities will support these respite events for homeless veterans with the goal of reaching 100,000 veterans and their family members. More than 40,000 VA employee volunteers are expected to assist.

"Since VA began partnering with community nonprofit, government and veterans' organizations more than a decade ago, stand downs have proven to be effective outreach to homeless veterans," said Secretary West. Twenty-five to 35 percent of those coming to stand downs are first-time users of VA services.

VHA's VISN 7 (Georgia, South Carolina and Alabama) held the first network-wide stand downs in November. Eight separate sites across the three states hosted simultaneous events. While some were for veterans only, others were open to all area homeless people. More than 2,400 homeless men, women and children received services and more than 1,300 of them were veterans.

"Today was very helpful to me because hearing someone say that they care means more than anything," said one homeless veteran who participated in the Atlanta stand down. "Right now I'm in the drug rehabilitation program. In a year, I hope to have a job and my own place to live. I've done drugs and hit rock bottom, but like they say, at least rock bottom is solid and you can always build something good on a solid foundation."

Community participation in the network's stand downs was extensive, including active duty, reserve and National Guard units, veterans organizations, churches, governmental agencies of all levels, non-profit and private organizations. In addition to providing the food, clothing and medical and dental screenings commonly offered at stand downs, many sites offered immunizations. Screenings included tuberculosis, diabetes and hepatitis C. Balloons released in Tuskegee, Ala., contained a message asking the finder to refer homeless veterans to the VA medical center.

In the medical triage tent at one network stand down, a reservist recognized a homeless veteran as an uncle who had not had family contact for five years. In addition to being reunited with his family, the veteran entered an outpatient

treatment program at the local VA Medical Center.

One of the volunteers at the Atlanta stand down was a recent graduate of the Atlanta VA Medical Center's Compensated Work Therapy (CWT) program. He is now a licensed barber and a food service employee at the medical center. "I owe a lot to the CWT program," Ronald Canady said. "I was on drugs and alcohol before I got into the program. It helped me get cleaned up and able to see clearly. I could then start thinking about my future and getting my life together.

"I volunteer at the Stand Down every year," he continued. "I feel like I owe something, not just to the VA but to the homeless veterans. We are kind of responsible for each other."

Heather Renee French, Miss America 2000, who has pledged herself to a platform of assistance to homeless veterans during her reign, has helped at six stand downs already and promises to attend many more.

At the Indianapolis stand down held in December, French spread holiday cheer by distributing toys to homeless children with the Marine Corps' Toys for Tots program, helping serve meals and offering encouraging words to the veterans. The December event was the largest of two co-sponsored by the Indianapolis VAMC and the Indiana Disabled American Veterans to coincide with the Thanksgiving and Christmas holidays. A combined total of more than 1,500 veterans and their families received assistance at the two events.

French also has solicited donations from the building industry to a fund for homeless veterans. Senco Fastening Systems initiated the fund to build and remodel houses for homeless veterans who have undergone rehabilitation and are ready to join the workforce. Miss America announced the campaign to raise funds recently during a news conference at the International Builders' Show in Dallas. □

Army Specialists Eric C. Barker and Jenna C. Bisenius of the 300th Mobile Public Affairs Detachment in Atlanta contributed to this article.

New Military Funeral Honors Law Takes Effect

A new law governing military funeral honors takes effect on January 1 — the result of extensive deliberations

conducted over the past year on how to improve the delivery of these honors to all eligible veterans whose families request them. About 572,000 veterans are expected to die this year. The law's provisions include:

- ◆ a basic military funeral honors ceremony, including the folding and presentation of the flag and the playing of "Taps," for every eligible veteran upon request;

- ◆ a funeral honors detail to perform the ceremony, consisting of two or more uniformed members of the Armed Forces, with a least one member from the service branch in which the deceased veteran served;

- ◆ the authority to reimburse members of veterans service organizations (VSOs) and other authorized organizations for expenses when they participate with the military in delivering funeral honors; and

- ◆ an allowance of \$50 per day to be paid to reserve component members who perform honors details.

The Department of Defense also has launched a number of efforts designed to further improve the delivery of military funeral honors for veterans. All licensed funeral directors and all VSO headquarters will receive a kit containing information on how to obtain funeral honors. Included are a military service directory with phone numbers for every state and county to arrange for funeral honors; a brochure highlighting the basic elements of a funeral honors ceremony; a list of frequently asked questions and answers about military funeral honors; an instructional brochure on how to fold the flag; and a compact disc of "Taps."

A toll-free line and a Web site also have been established. The toll-free line (1-877-MIL-HONR) is for use exclusively by funeral directors to request honors. By calling the

number, funeral directors can be connected to regional military offices to arrange for funeral honors ceremonies. The Web site, located at www.militaryfuneralhonors.osd.mil, contains information for both funeral directors and the general public about funeral honors, including a step-by-step procedure to request honors. The Web site also includes links to other relevant Web sites, such as VA's.

The improved military funeral honors program was included in the National Defense Authorization Act for Fiscal Year 2000, which was signed by President Clinton in October. It grew out of a requirement in the 1999 Defense Authorization Act to make improvements after veterans' family members raised concerns about the lack of available resources for providing military funeral honors. VA had input into the new program, along with VSOs and the Funeral Directors Association. □

Nashville Employees Make Veteran's Last Wish Come True

When a dying patient in the Nashville VA Medical Center's Medical Intensive Care Unit (MICU) expressed his desire to marry his long-time fiancée, employee Helen Fields wasted no time making it happen. The cardiac monitor technician wanted to make the wedding of patient Gus Williams and Elaine Moody as special as possible in the short amount of time she had to plan it.

To help her design a wedding card for the couple, Fields asked Moody how she would describe their love. "Unconditional," was Moody's immediate and decisive response. With that, Fields went to work planning the ceremony, to be held in a spare room of the MICU.

In only a day, Fields and her husband gathered decorations, flowers, a two-tiered cake and

refreshments, and she even made a silk flower bouquet for the bride. "This was from my heart to theirs," Fields said. "I wanted them to have something to remember."



Elaine Moody Williams, left, and Nashville VAMC patient Gus Williams, center, celebrate their union with employee Helen Fields, who arranged a wedding ceremony for the couple at the medical center.

Fields insisted that the wedding was a group effort by the MICU staff "because that's the way we like to work." Greg Williams, a facilities

management employee, along with other staff members, helped arrange the room for the wedding. A Vanderbilt University medical resident, Daniel Rengstorff, M.D.,

walked the bride-to-be down the "aisle" of the MICU, where Chaplain George Huggins and her new husband were waiting for her.

"I told myself, if it brings joy to them, let me do this," Fields said of her involvement with the couple. "I wanted to bring the love in my heart out to others and no amount of money could take the place of what this meant to me."

Sadly, only six days after the ceremony, Williams lost his battle with kidney failure. But his widow is left

with many memories of their long relationship, as well as of the special gift the couple received on that November afternoon in the MICU. □

Mediation Helps Resolve Workplace Disputes

A directive from Secretary Togo D. West, Jr. now in the concurrence process will make mediation services available to all VA employees who choose them.

According to Judge Guy McMichael, VA's Dispute Resolution Specialist and Chairman of the Board of Contract Appeals, the directive shows VA's commitment to using mediation as an alternative to litigation as early and often as possible and at the lowest organizational level. In mediation, a trained neutral mediator uses various techniques to help people find a resolution to a dispute that is acceptable to them. A form of alternative dispute resolution (ADR), it is less formal and generally faster than procedures that lead to litigation.

For several years, McMichael and Pat Sheridan, Deputy Dispute Resolution Specialist, have been proponents of mediation and ADR, helping networks and facilities develop programs. "Local mediation programs are developing at a fast pace lately," McMichael said. "Approximately 30 percent of VA medical centers and several VHA networks already have active programs. Many of them also share mediation resources with VBA and NCA facilities."

Chief Network Officer Kenneth Clark established a VHA steering committee to develop a proposal for implementing ADR system-wide to ensure that all medical centers operate mediation programs by September 30, 2000. The committee is creating a handbook for medical centers, expected early this year, to assist them in development.

The draft directive to top VA officials holds them responsible for making the mediation option available to employees and giving them adequate information to make informed decisions about using it. VA administrations and staff offices will develop their own plans for making mediation and mediators available, plans expected to take a One VA approach by relying on shared resources and training with other VA organizations.

McMichael said the directive will not try to replace existing local

mediation programs. Rather, it supports administrations' regional and local efforts. He called continued creativity in local programs their "hallmark."

VA's Office of Resolution Management (ORM) has been working with other VA organizations to develop a mediation program that will be a part of the Department's EEO dispute resolution system. ORM intends to rely on local facility mediation programs as a primary source of mediators but also is training members of its staff to mediate disputes when requested. Also, every regional counsel office has at least one attorney designated to provide ADR and mediation assistance.

In VACO last fall, McMichael and Assistant Secretary for Human Resources and Administration Eugene Brickhouse sponsored an event to publicize the Washington area VA-Early Mediation Program (VA-EMP). VACO organizations, as well as the Washington VAMC and VARO, share mediation resources and several of these organizations and unions participate in a council.



VA Central Office employees learned about the advantages of early mediation at a Mediation Day event held last fall.

Each has a VA-EMP liaison trained to mediate who also instructs employees on the program and gathers information for mediation which they forward to the current VA-EMP coordinator, Sheridan. She assigns mediators to particular disputes and serves as a training resource.

Some 25 Washington area employees were selected and trained to become mediators last fall. They are mentored by previously qualified mentors and provide their services as a collateral duty. For more information, visit VA's ADR Web site at www.va.gov/adr.

Said Sheridan, "Mediation will be the preferred way to resolve VA workplace disputes because it works better and provides the best results for all parties." □

By Jo Schuda

EEOC Issues New Regulations for Processing Discrimination Complaints

As part of its ongoing effort to improve effectiveness and streamline the long and multi-layered federal sector discrimination complaint process, the Equal Employment Opportunity Commission (EEOC) has issued new regulations that are expected to have a significant impact on the processing of EEO complaints, according to Ventris Gibson, VA Deputy Assistant Secretary for Resolution Management. Here are some highlights of

the changes brought about by these new regulations:

◆ Agencies are now required to establish or make available an alternative dispute resolution (ADR) program during the pre-complaint process (counseling) and the formal complaint process. Gibson said VA has substantial latitude in determining how the ADR programs will be structured, provided they incorporate certain basic principles.

◆ Previously, the Office of

Resolution Management (ORM) could dismiss portions of a complaint that did not meet certain conditions. The new rule allows only entire complaints, not portions, to be dismissed. If ORM determines that one or more of the issues in a complaint should be dismissed, but not the entire complaint, ORM must inform the complainant of the reasons, and place a copy of the notice in the complaint file. This action is not appealable.

◆ To request a hearing under the previous rule, the complainant made the request through ORM, and it was then forwarded to the EEOC. The new rule requires the complainant to send a written request for a hearing directly to the EEOC office identified in ORM's acknowledgment letter, with a copy to ORM. Within 15 days of receiving the complainant's request, ORM must forward the complaint file to the EEOC office.

◆ Before the new regulations went into effect, VA was free to reverse or modify an administrative judge's decision. Under the new rule, VA cannot rewrite a judge's decision. VA now has 40 days to decide whether or not to implement a judge's decision, and another 20 days to file an appeal if VA does not agree with the decision and does not want to implement it. This timeframe corresponds to the 60-day period VA previously had to review a judge's decision and issue a final decision.

◆ If the administrative judge's

decision involves restoring the complaining party to a job, VA must comply with the order pending the appeal. If the individual's presence in the workplace would be considered unduly disruptive, VA can refuse to return the individual to his or her job, but still must provide pay and benefits until the appeal is completed.

◆ On appeal, EEOC will review legal issues and factual findings by VA under a *de novo* (presenting a matter anew, afresh) standard while using a substantial evidence standard to review the administrative judge's findings of fact.

◆ Fragmentation (breaking down cases into parts and processing the parts separately) led to a substantial increase in the number of cases and the overall burden in the discrimination complaint process. It also makes it more difficult to prove some cases, such as harassment, which are dependent on a "critical mass" of facts. The new rules include a number of provisions to address this problem.

◆ Several reforms to the treatment of class actions have been made to make it more feasible for class claims to be brought and resolved in the administrative system.

◆ The new regulations eliminate the provision that permitted VA to dismiss complaints for failure to accept a certified offer of full relief. This provision had not been used much since the introduction of

damages, short of a hearing, made it virtually impossible to determine when an offer of damages constitutes an offer for full relief.

◆ A new offer of resolution procedure was created to encourage settlement. If the complaining party does not accept VA's settlement offer and ultimately obtains no more relief than what was offered, no attorney's fees or costs will be payable for work done after the offer was not accepted.

◆ Revisions were made to help both agencies and federal employees better understand their rights and responsibilities. The revised Management Directive is on the Office of General Counsel's Web site at www.va.gov/ogc.

◆ VA now has the authority to dismiss cases clearly showing "abuse of the EEO discrimination complaint process." The EEOC defines abuse of process as "a clear pattern of misuse of the EEO process for a purpose other than the prevention and elimination of employment discrimination." Dismissing complaints for abuse of process would only be done on rare occasions because of the strong policy in favor of preserving the complainants' EEO rights whenever possible.

More details on the highlights of these new regulations can be found on ORM's Web site at www.va.gov/orm, and questions about these changes or other EEO matters can be directed to ORM's toll-free line at 1-888-737-3361. □

Nineteen VA Employees Receive Presidential Rank Awards

Sandra L. Weisman, VA's Associate Deputy Assistant Secretary for Financial Systems, is one of 58 members of the Senior Executive Service (SES) selected to receive the 1999 Presidential Rank Award of Distinguished Executive. Eighteen other VA employees are among 253 SES members selected to receive the Presidential Rank Award of Meritorious Executive.

Presidential Rank Awards recognize the federal government's top executives for their contributions in leading vital federal programs. Winners are chosen through a rigorous selection process. They are nominated by their agency heads, evaluated by boards of private citizens, and approved by the President. The evaluation criteria

focus on the executive's leadership in producing results. Governmentwide, there are about 6,000 career members of the SES.

VA winners of the Meritorious Executive Award are: Alfonso R. Batres, Chief, Readjustment Counseling Service; Linda W. Belton, Network Director, VISN 11 (Ann Arbor, Mich.); Jose R. Coronado, Director, South Texas Healthcare System; Michael J. Costello, Assistant Inspector General for Investigations; Ronald E. Cowles, Deputy Assistant Secretary for Human Resources Management;

David S. Derr, Associate Deputy Assistant Secretary for Acquisitions; Ron H. Garvin, Assistant General Counsel; Walter A. Hall, Assistant General Counsel;

Alan G. Harper, Director, North Texas Healthcare System; Thomas J. Hogan, Jr., Director, VHA Management and Administrative Support Office;

Paul F. Koons, Special Assistant for Business Process Reengineering, Philadelphia VA Regional Office & Insurance Center; Patrick Nappi, VBA Deputy Under Secretary for Operations; W. Kenneth Ruyle, Director, Tuscaloosa, Ala., VAMC; Richard A. Silver, Director, Tampa, Fla., VAMC; Richard B. Standefer, Vice Chairman, Board of Veterans' Appeals; William D. Stinger, Director, St. Petersburg, Fla., VARO; Dean R. Stordahl, Director, Loma Linda, Calif., VAMC; and Charles V. Yarbrough, Chief Facilities Management Officer. □

Five Employees Honored with EEO Awards



EEO Award recipients (from left) Beulah Sealey-Matthews, Jacqueline Y. Howard, John R. Higgins, M.D., Graciela Arredondo and Robert A. Moreno joined Secretary of Veterans Affairs Togo D. West, Jr. at the awards ceremony in Washington, D.C.

Secretary of Veterans Affairs Togo D. West, Jr. honored five VA employees for their exemplary support of the Department's Equal Employment Opportunity (EEO) goals during the 12th annual EEO awards ceremony held in November at the National Museum of Women in the Arts in Washington, D.C.

Beulah Sealey-Matthews, an incentive therapy assistant in the Vocational Rehabilitation program at the Tuscaloosa, Ala., VA Medical Center, was honored as the recipient in the non-supervisory employees category for her outstanding support of the medical center's EEO program. As a member of the facility's EEO Committee, she provides support for a variety of special events, including the Black History Month celebration. For the past five years, her duties have included hosting the celebration, inviting keynote speakers and improving participation.

Sealey-Matthews also works with the VAMC's Women Veterans' Advisory Committee, and works daily with minorities, and men and women with disabilities. She has been instrumental in providing training and developmental opportunities for these veterans.

EEO Award winner Jacqueline

Howard (supervisors and managers through GS-14 category), chief of the Policyholders Services Division at the Philadelphia VA Regional Office & Insurance Center, was cited for the outstanding achievements of the facility's EEO Advisory Committee under her leadership as vice chair. A new merit brochure produced by the committee is designed to improve employees' understanding of the merit promotion process.

Howard is known as a tireless promoter of EEO/diversity training, and she currently serves as the facility's Minority Employment Program manager, Asian-Pacific Islander Program manager and the Native American Program manager. As a division chief, Howard strives to meet the dual goals of merit selections and workforce diversity in her promoting and hiring decisions.

Until his retirement as network director for VISN 16 (Jackson, Miss.), Dr. John Higgins was consistently recognized as a champion of EEO principles, affirmative action goals and the value of a talented, diverse workforce. Higgins, winner in the managers and executives GS-15 and above category, was cited for his longtime commitment to removing the institutional barriers to career advancement for his staff.

His achievements included ensuring high-quality EEO programs at field facilities in the network, incorporating EEO and employee-related goals into the VISN's strategic and operating plans, and consistently encouraging network and VAMC managers to develop and maintain action plans with numerical objectives to provide advancement opportunities for women and minorities. He also took a personal interest in the EEO complaint process and alternative dispute resolution techniques.

Graciela Arredondo, winner in the EEO program representatives category, is the Hispanic Employment Program (HEP) manager for the VA North Texas Health Care System. Her achievements include adding informative sessions at all HEP meetings to prepare Hispanic employees for promotion and advancement opportunities, and creating and developing Career Advancement Day, at which Hispanic employees and others are introduced to the wide variety of resources available to them locally to increase their knowledge and skills.

She counts the creation and implementation of a 120-hour review course for nurses of Hispanic origin as one of her greatest achievements. Twenty of the 175 applicants were selected to attend this course, which was designed to help them obtain a nursing license in the state of Texas.

As an outreach coordinator for the Southwestern Blind Rehabilitation Center at the Southern Arizona VA Health Care System, Robert Moreno is responsible for ensuring that blind veterans have access to information about the VA services that are available to them. Moreno, EEO award winner in the employees promoting programs for disabled veterans and people with targeted disabilities category, informs and educates blind veterans about both VA and Social Security benefits and assists them in filing claims. He helps identify and ensure that veterans are aware of their state and community entitlements, and coordinates the Family Training Program, which allows family members to participate in the program at the end of the veteran's rehabilitation training. □



First “Super Stress Test” in Texas Conducted at Houston VAMC

The Houston VA Medical Center recently became the first health-care provider in Texas to offer the Alternans Test, a new non-invasive diagnostic tool to identify patients at risk for sudden cardiac arrest. Sudden cardiac arrest (SCA) claims more than 300,000 lives a year in the United States. With the Alternans Test, Dr. Jaggarao Nattama, an electrophysiologist at the Houston VAMC, hopes to identify patients at risk for cardiac events earlier than was possible before, and direct them to appropriate preventative treatment.

The Alternans Test works like a “super stress test” by measuring extremely subtle beat-to-beat fluctuations in a person’s heartbeat called T-wave alternans. These tiny heart-beat variations — measured at one millionth of a volt — are detected during a typical treadmill or bicycle exercise stress test by specially designed, high-resolution electrodes placed on a patient’s chest. While traditional exercise stress tests can identify patients at risk for ischemic heart disease, or “clogged arteries,” they are unable to detect arrhythmic heart disease, or “electrical problems” that can lead to SCA. With its ability to identify these electrical irregularities, the Alternans Test fills a major gap in current cardiac disease diagnosis.

VA Researchers Closing in on Osteoporosis Cure

Researchers from the Center for Osteoporosis and Metabolic Bone Diseases, a joint project of the Central Arkansas Veterans Healthcare System and the University of Arkansas for Medical Sciences (UAMS), have identified characteristics of the parathyroid hormone (PTH) responsible for increasing the life span of bone-building cells. The findings, published in *The Journal of Clinical Investigation*, may lead to clinical trials of a bone-regeneration pill and an effective cure for osteoporosis, a major public health threat.

More than 28 million Americans — 80 percent of whom are women — either suffer from or are at an increased risk for osteoporosis. The disease leads to a reduction of bone mass and an increased susceptibility to fractures and other bone-related injuries. Traditionally, osteoporosis treatments have emphasized stopping or slowing bone loss. But with this new understanding of how PTH works, researchers are one step closer to the possibility of rebuilding lost bone mass. “I think it’s time to go beyond the concept of prevention...to the expectation that we can rebuild bone,” said Dr. Stavros Manolagas, the center’s director of Endocrinology and Metabolism.

Previous studies at the center have shown that osteoporosis occurs when osteoblasts, cells responsible for building bones, die before completely repairing damaged areas. Researchers hope to extend the life of these bone-building cells through daily injections of a drug with characteristics similar to

those found in the parathyroid hormone. Although further studies are necessary, clinical trials in mice have been successful, producing longer-living osteoblasts and subsequent denser bones. The next step is to develop a pill that has the same bone-building characteristics as the parathyroid hormone, added Manolagas.

VA Researchers Identify Neurons Responsible for Muscle Movement

Researchers from the Syracuse, N.Y., VA Medical Center have identified two distinct groups of neurons within the brain’s primary motor cortex responsible for initiating muscular movement. The study’s findings, recently published in the journal *Science*, provide a glimpse into the intricate relationship between neurons and the muscle fibers they command.

The researchers are interested in helping people with limited mobility — those struggling with the effects of stroke, Parkinson’s disease, or spinal cord injury — regain the ability to command their own movements. “The motor cortex has its own language,” said Peter Strick, Ph.D., senior researcher at the medical center and author of the study. “We need to decipher this language before prosthetics can be developed that communicate with the brain.”

Researchers opted to focus their study on one of the most complex muscular movements of all, the flexing and rotating of the wrist. These movements are similar in all members of the primate family, including monkeys and apes, and for that reason a monkey named Opie was used in the study. A seasoned veteran of research studies, he was trained to perform eight different wrist movements. Electrodes attached to his brain, shoulder, and arm were used to monitor neural impulses as Opie performed the movements, such as reaching for an object or rotating his wrist.

“Two groups of neurons were identified,” said Strick. “One group corresponded to the activity of the muscles, the other to the goal of the task, independent of the muscle activity necessary to achieve it. This was the first study to document the existence of both types of neurons in the motor cortex,” he added.

Study Confirms Effectiveness of Pneumonia Vaccine

According to a Minnesota-based study appearing in the *Archives of Internal Medicine*, giving high-risk groups such as elderly patients with chronic lung disease a vaccination for pneumonia can reduce hospitalization and death rates, and even lower health-care costs. “Previous studies have been conflicting about the effectiveness of vaccination against pneumonia,” said Dr. Kristin Nichol, chief of medicine at the Minneapolis VA Medical Center and lead author of the study. “We found strong evidence for the prevention of pneumonia requiring hospitalization in this very high-risk cohort.”

In the two-year study, researchers found vaccinations reduced pneumonia hospitalization rates for the target group by 43 percent, with 29 percent fewer deaths. Researchers also determined that reduced hospitalization accounted for health care savings ranging from \$21 to \$784 per person, with an average savings of \$294 per person. The vaccine is recommended for people 65 or older and especially those diagnosed with high-risk medical conditions. □

HAVE you heard

A national survey of **veterans** commissioned by the National Partnership for Reinventing Government has found that veterans who use VA hospitals and clinics are increasingly satisfied with VA health care. In fact, 80 percent of all VA health-care users surveyed are more satisfied than two years ago. Veterans gave VA health care a satisfaction rating of 79 on a scale of 0-100, significantly higher than the score of 72 recorded by the general public for all industry sectors, or the score of 70 for private hospitals. "The results of this survey confirm what we in VA have known for some time — that administration changes have led to better health care and greater satisfaction among the veterans we serve," said Under Secretary for Health Thomas L. Garthwaite.

Mildred Riestler, a volunteer in her 90s who has served for more than 30 years at the **Battle Creek, Mich., VA Medical Center**, was recently honored by VA employees and patients during a surprise "Thanks for the Memories" farewell party. Riestler is a member of the Ladies Auxiliary to the Veterans of Foreign Wars and has amassed more than 17,500 volunteer hours. A local radio station named her "Citizen of the Day" and her volunteer efforts were recognized with coverage in area newspapers and television stations. As a volunteer, Riestler would play background piano for sing-along groups, provide piano entertainment during special

events and accompany patients during activity classes. She will be leaving the Battle Creek area and moving with her family to Wisconsin.

During Breast Cancer Awareness Month in October, employees at the **Houston VA Medical Center** launched a facility-wide campaign to provide women with potentially life-saving information. The "Tell-A-Friend Friday" campaign encouraged women throughout the medical center to tell co-workers, friends and family members about the benefits of regular screening mammograms. Research has shown that women are more likely to get a mammogram if they are urged to do so. During the campaign, 612 women were reminded to schedule an annual mammogram in the same month each year, beginning at age 40.

A new **VA Office of Research Compliance and Assurance** is being established to ensure VA's research programs place the highest priority on the welfare and dignity of patients who enroll in clinical studies. Directed by Dr. John H. Mather, former VA assistant inspector general for health care inspections, the new office will report directly to the Under Secretary for Health. The office will eventually have a staff of field-based compliance officers who will provide guidance to VA and VA-affiliated researchers.

The **Upstate New York VA Healthcare Network's Web site**, at www.va.gov/

visns/visn02, is one of 16 federal agency Web sites selected as Best Feds on the Web by GovExec Communications, publisher of the magazine *Government Executive*. With one click of a mouse, says GovExec, this site allows veterans in upstate New York to find their nearest VA hospital, check its hours of operation, get driving directions, find the phone number to call for an appointment, and check out the parking situation at the hospital. The site also helps employees by offering online educational information and resources.

The **Detroit VA Medical Center** has opened a new Patient Learning Center (PLC) designed to enhance the partnership between patients and health care providers. At the PLC, patients and their families can learn about a variety of topics, including

breast cancer, prostate cancer, smoking cessation, exercise and nutrition. Located on the medical center's main floor in the primary care area, the PLC utilizes video, computer-based and interactive approaches to learning.

The VA program responsible for helping veterans with service-connected disabilities achieve suitable employment or enhance their ability to function independently in the home or community is changing its name. Effective January 10, the Vocational Rehabilitation and Counseling (VR&C) service becomes **Vocational Rehabilitation and Employment (VR&E)**. According to Under Secretary for Benefits Joe Thompson, the change is intended to clearly state the organization's re-energized focus on employment. □



World War I veteran and French Legion of Honor recipient Martin Ricklin celebrated his 105th birthday at the **Miami VAMC Nursing Home** with a special party sponsored by the U.S. Army Southern Command. During the celebration, Ricklin described how he felt it was important for a man to defend his country and how he wanted to join the army but his draft number had not yet been called. "I wanted to be in the war," he recalled. "So I wrote to the governor...I guess it worked because they examined me, accepted me and gave me a nice uniform." Above, Ricklin accepts birthday greetings from Col. Ron Williams, director of Public Affairs for the Southern Command.

HONORS



and awards

Daniel L. Maloney, director of Emerging Technologies for the **Veterans Health Administration**, has been nominated to receive an award from the German health card industry for international contributions in the field of health smart cards. Maloney is the U.S. representative to the G-8 Healthcare Data Card Project, an international coordination project involving pilots, standardization of an emergency data set and technical interoperability for medical smart card systems. France, Germany, Italy and Canada will test VA G-8 compatible client software in a pilot project called NetLink set to begin in March 2000.

VA Secretary Togo D. West, Jr. recently presented three VA chaplains with the distinguished Secretary's Chaplain Award. **Chaplain Wilton E. Blake** of the **Dayton, Ohio, VAMC** was recognized in the Supervisory Chaplain category; **Chaplain Vincent H. VanDoan** of the **Ann Arbor VA Healthcare System**, in the Part-time Staff Chaplain category; and **Chaplain Babs M. Meairs** of the **VA North Texas Health Care System**, in the Full-time Staff Chaplain category.

California Governor Gray Davis announced the formation of a Blue Ribbon Task Force charged with reviewing and making recommendations on ways to improve the quality of health care provided at California's Veterans' Homes. Among the panel members selected for the task force are **Joanne Damron-Rodriguez**,

a Gerontology Specialist with the **Los Angeles VA Medical Center** and **John McGinty**, a Military Outreach Specialist at the **San Diego VA Regional Office** and recipient of the Medal of Honor and Purple Heart for his service in Vietnam.

Two nurses from the **VA Southern Nevada Healthcare System (Las Vegas)** were recently honored in the March of Dimes 1999 Distinguished Nurse of the Year Awards Program. **Priscilla Martinez, R.N.**, received an award in the Case Management category and **Angel McDonald, R.N.**, in the Infection Control/Employee Health category. Nominees from hospitals and health care agencies throughout southern Nevada competed in 17 categories.

Two **Houston VA Medical Center** physicians, **Dr. Daniel M. Musher** and **Dr. Rabih O. Darouiche**, have been awarded the prestigious Michael E. DeBakey, M.D. Excellence in Research Awards. The annual awards honor Baylor College of Medicine faculty members who have made significant published scientific contributions to clinical or basic biomedical research during the past two years. Dr. Musher's research demonstrates that an individual's genetic programming or the presence of underlying diseases can inhibit production of *Streptococcus pneumoniae* antibodies. Dr. Darouiche's research, published in the January 1999 issue of *The New England*

Journal of Medicine, demonstrates that a central venous catheter coated with the drugs minocycline and rifampin is more likely to protect against bloodstream infections that affect an estimated 150,000 patients in the United States each year.

The magazine CAREERS & the DISABLED named **VA** 1999's "Public Employer of the Year" for its commitment to recruiting, hiring and promoting people with disabilities. In citing VA achievements, they noted: VA employs nearly 20,000 people who have identified themselves as having a disability, including more than 15,000 disabled veterans; VA promoted more than 2,800 employees with disabilities in FY 1998; and 9,300 veterans with disabilities completed the VA vocational rehabilitation program and obtained suitable employment, or achieved their goals of independent living, a seven percent increase over the previous year.

Rob Rayner, R.N., a staff nurse at the **VA Palo Alto (Calif.) Health Care System**, has been elected Director-at-Large of the Association of Rehabilitation Nurses (ARN) for 1999-2001. ARN consists of nearly 8,000 professional nurses in the United States, Canada and other countries, with 80 chapters in 46 states.

Dr. Walter Lawrence, Jr., attending surgeon at the **Richmond, Va., VAMC** and a founder of the Massey Cancer Center at Virginia Commonwealth University's Medical College of Virginia Hospitals, received the first Cancer Fighter of the Year award from the Beckstrand Cancer Foundation. He was honored for "a lifetime of outstanding leadership and achievements in the war against cancer."

Lawrence has served in a number of distinguished positions, including president of the American Cancer Society.

Tony Belak, Senior Dispute Resolution Counsel for the **Office of General Counsel**, has been elected President of the Federal ADR Council, Inc., a shared neutral mediation program involving all federal agencies in Louisville, Ky., and southern Indiana. The Federal ADR Council is the largest coalition of shared employee mediators in the nation and maintains a 90 percent success rate for matters referred to mediation.

Sandra Hill, the Assistant Veterans Service Center Manager at the **Newark, N.J., VA Regional Office**, was presented with a commendation medal from the State of New Jersey Department of Military and Veterans Affairs. Hill was recognized for assisting the state in identifying and expediting eligibility determinations for a recent retroactive property tax abatement program. The commendation medal is the second highest civilian award given in the state.

The Fresno County (Calif.) Mayor's Committee for Employment of Persons with Disabilities awarded the **VA Central California Health Care System** the 1999 "Large Public Employer of the Year Award." More than 11 percent of the health care system's employees have a recognized disability.

Ann Herbage Busch, R.N., a liver transplant clinical nurse specialist at the **Portland, Ore., VA Medical Center**, was elected chair of the Oregon Council of Clinical Nurse Specialists for a two-year term. □

HEROES



When a cancer patient's billfold was stolen from his wife's purse during an outpatient visit to the **Lexington, Ky., VA Medical Center**, thoughtful medical center employees helped the couple replace the stolen money. The billfold contained \$500, all the money the couple had for the rest of the month. So medical center employees collected \$520 and presented the gift to the veteran and his wife during his final radiation therapy appointment.

☆☆☆☆☆

Barbara Harris, a **Washington, D.C., VA Medical Center** employee, gave her co-worker, **Tracey Givens**, an early Christmas present when she donated one of her kidneys to him in an operation performed at Georgetown University Hospital on December 3, 1999. When Harris found out that Givens had renal failure and was unable to locate a compatible donor, she immediately offered to donate one of her kidneys. "I have two kidneys," she told him. "You can have one of them." The operation was a success and both have been released from the hospital and are doing well.

☆☆☆☆☆

When they heard there was a man lying in the street bleeding from his head, **Casper, Wyo., VA Vet Center** Office Manager **Tim Hiner** and Counselor **Leon Chamberlain** ran outside to investigate. They recognized the man as a veteran who

visits the center and though he initially refused medical attention, Hiner and Chamberlain called the paramedics anyway. They convinced the veteran to come into the Vet Center for some water and to rest. While inside, a doctor who saw the incident stopped by to check on the man's injuries. He noted that the veteran appeared to be suffering a heart attack and recommended going to the hospital right away. The veteran agreed and was transported to the **Cheyenne VAMC** where he was treated for coronary complications.

☆☆☆☆☆

The only identification found on a homeless veteran who died in a Springfield, Mo., community hospital was an old VA card with the name of **Poplar Bluff, Mo., VA Medical Center** addiction counselor **Jackie Truett** written on the back. Truett was notified of the veteran's death and determined that he had been a patient some years earlier. She then arranged for the veteran's burial in the Springfield, Mo., National Cemetery and made the 400-mile round trip to attend graveside services so the veteran would not be buried alone.

☆☆☆☆☆

Staff members' quick actions saved the lives of 17 psychiatric patients when a fire broke out in a secured mental health ward on the seventh floor of the **VA Central California Health Care System** in Fresno. As

thick, black smoke filled the hallway, **Joginder Gill**, night nursing supervisor, **Noe Rill, R.N.**, and **Naomi Beebe, R.N.**, woke the sleeping patients. The nurses calmly escorted the patients down the stairway to a safe area below. Security Officer **Thomas Bevings** assisted in the evacuation and helped direct the Fresno Fire Department to the fire. The fire department praised staff members for their calmness and professionalism during what they believed to have been one of the worst fires in the history of Fresno.

☆☆☆☆☆

When **Gertrude (Lucy) Devenney**, director of **Willamette National Cemetery** in Portland, Ore., saw a woman double over and fall to the ground near a gravesite, she rushed to offer assistance. The woman was nine months pregnant and experiencing sharp labor pains, so Devenney took her to her house on the cemetery grounds to call for help. The woman wanted to call her husband and Devenney comforted her for nearly an hour until he arrived. When he arrived, the couple rushed to the hospital, and 45 minutes later, a baby boy was born. "I don't know what I would have done if it had not been for Lucy," the new mother said. "She just kept telling me that it was her job to help others, but I am certain that she never thought something like this would be expected of her."

☆☆☆☆☆

As staff members began a thoracic surgical procedure, a pressurized pipe in the **Durham, N.C., VA Medical Center** burst, releasing thousands of gallons of water. The rushing water rapidly engulfed the operating room

(OR), jeopardizing the safety of everyone inside. Staff members secured the patient's chest and attempted to exit the OR, but the doors were jammed shut by the force of the rising water. Locating an alternate exit, Drs. **Shu Lin** and **Guatam Sreeram**, Registered Nurses **Liz Ann Martin** and **Ruth Porter** and Certified Registered Nurse Anesthetist **Elayne Schweikert** carried the patient out of the room. They manually maintained his respiratory function and monitored his vital signs until reaching the Surgical Intensive Care Unit. Thanks to their quick and resourceful actions, a tragedy was averted and the surgery was successfully completed.

☆☆☆☆☆

When a hunter was reported missing, the Luzerne County Sheriff's Office turned to Officer **Kevin Martin**, of the **Wilkes-Barre, Pa., VA Medical Center**, and his bloodhound, **Elmer**, for help. With below-freezing temperatures and a dark, cloudy sky, it seemed the elements would hamper the search effort. But after five miles of searching the heavily wooded area, the hunter's tree stand was located and shortly thereafter, the man was found leaning against a tree. He was removed from the woods and taken to a waiting ambulance for treatment. □

Correction

In our caption under the photo on page 10 of the November/December 1999 issue showing Secretary Togo D. West, Jr. greeting a Medal of Honor recipient at the dedication of the Medal of Honor Memorial at the Riverside, Calif., National Cemetery, we misspelled the last name of the MOH recipient, James Hendrix.