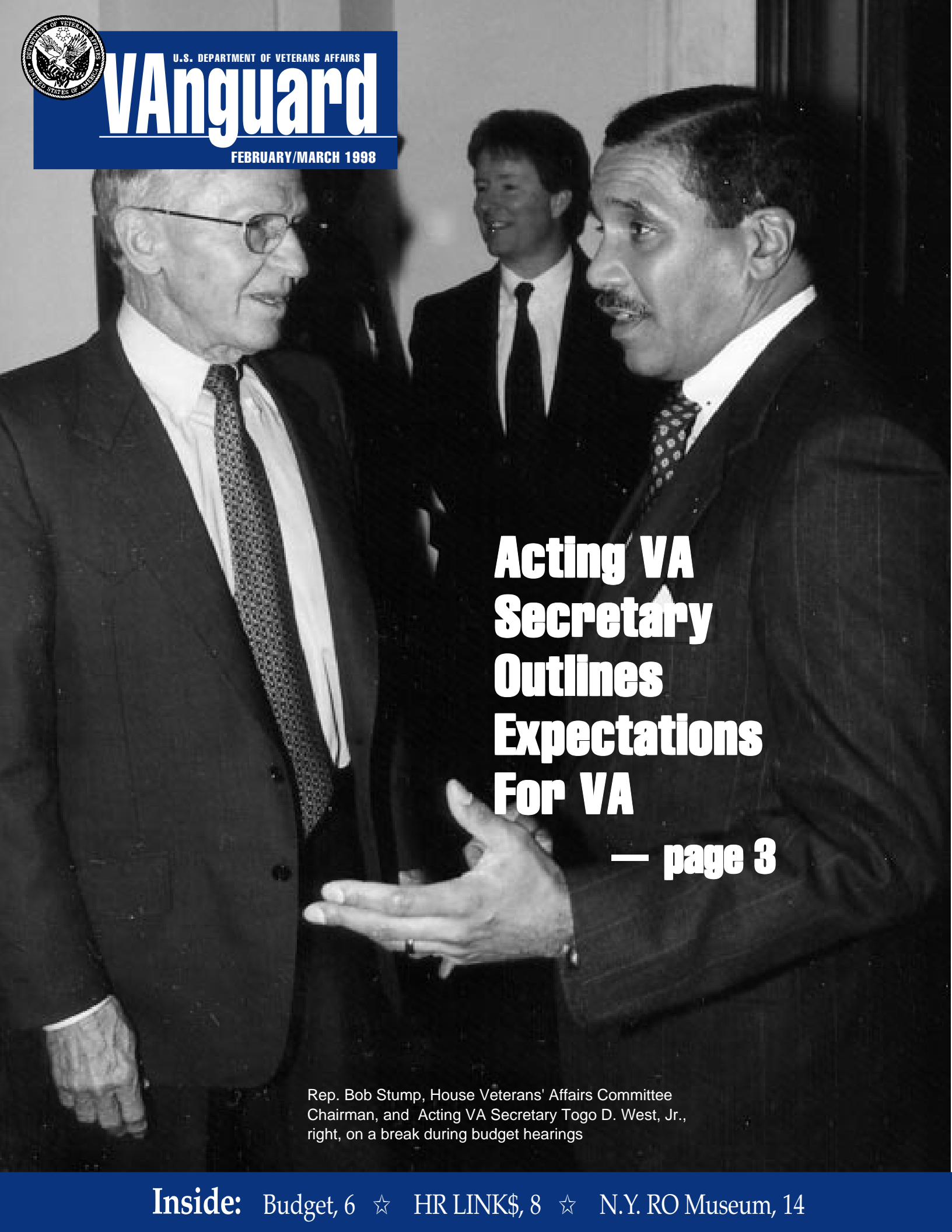




U.S. DEPARTMENT OF VETERANS AFFAIRS

Vanguard

FEBRUARY/MARCH 1998



Acting VA Secretary Outlines Expectations For VA

— page 3

Rep. Bob Stump, House Veterans' Affairs Committee
Chairman, and Acting VA Secretary Togo D. West, Jr.,
right, on a break during budget hearings

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Photo by Michael Moore

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INTRODUCING

Buckley Peterson

When he decided to retire, Buckley Peterson could have just left in 1997 and closed the book on his VA career.

Instead, the counseling psychologist from the Iowa VA Regional Office chose to "turn to a new chapter" and compile a volume on veterans who have benefited from VA voc rehab and counseling. As a retired volunteer, he will continue to write more accounts of veteran clients for the booklet to be used as a reference for the VA Vocational Rehabilitation and Counseling Service.

"I liked the idea of these stories serving as a continuing testament to the dreams, vision and determination of those veterans we are privileged to serve," Buckley said. "I was overwhelmed by the positive response I got from these veterans about their lives following their voc rehab experiences."

With the idea endorsed by Jack Hackett, VR&C officer, Buckley interviewed veterans, took photographs and compiled his notes into an informal book format. The 70 veterans interviewed are representative of the veteran population in types of disability and degree of severity of symptoms. They range from self-employed veterans marketing a variety of goods and services from their homes to veterans pursuing careers and professions.

"If you give the Voc Rehab program a chance to work, it will work for you. It put me back up on solid ground," said Dyrone Welch, an Iowan who completed a one-year work experience training program at the Des Moines VA Regional Office. An Army veteran, Welch said, "The VA Voc Rehab program made me

develop a sense of responsibility and feel needed."

Armed with transcription skills and a command of computers, he became a customer service representative for CDS of Des Moines, a print shop.

Several of the veterans Peterson writes about have found ways to turn avocations into successful vocations. Jodi Schleuger, for

instance, turned an interest in horses into her own business training horses and their owners. VA Voc Rehab was Schleuger's partner as she trained in the Equine Management Program at Ellsworth Community College in Iowa Falls. Schleuger was deemed "a natural" by one instructor.

Peterson worked for the Iowa Department of Vocational Rehabilitation as a

counselor for 18 years before joining the Des Moines VA Regional Office in 1987 as a counseling psychologist. His work with disabled veterans was recognized in 1994 when he was named VA Counseling Psychologist of the Year and Iowa's Veterans' Small Business Advocate by the Small Business Administration. In addition to such formal recognition, there have been personal expressions of appreciation from many veteran clients and colleagues.

VR&C has implemented, and even pioneered, programs such as Independent Living for those too disabled to maintain competitive employment; Independent Instruction for those who aren't well served by the classroom; Employer Incentives to promote hiring veterans; and Self-Employment, a program of small business for veterans with disabilities. ❑



Togo D. West, Jr.
Acting Secretary
Of Veterans Affairs

Let's Keep America's Promise To Veterans and Their Families



Preparation for confirmation hearings and my assumption of responsibilities as Acting Secretary of Veterans Affairs have kept

me close to home in Central Office during my first weeks at VA. I did make a trip to New York in January to dedicate the new Veterans Benefits Museum at the Regional Office, which put me in touch with the spirit as well as the substance of the Department's mission.

The museum chronicles the history of veterans' benefits. As I walked through its exhibits, I saw a vivid overview of the development of our veterans' programs — their growth during the Civil War, their consolidation in 1930 under the Veterans Administration, their blossoming under the GI Bill after World War II, and the elevation of VA to a Cabinet department just a

decade ago. Through it all emerged an even greater, grander story — the story of our nation's veterans. After my tour, I was left with a profound appreciation for what VA employees are doing today to keep our nation's promise to its veterans through commitment to our historic mission:

— to assure that veterans who, by their service and dedication have earned a benefit from this nation, receive it in a timely fashion;

— to assure that veterans are provided quality health care; and,

— to assure that we provide veterans who have served this country the hero's burial that a grateful nation,

preserved in freedom by their efforts, is obligated to provide.

I know how far you have come in the last five years in meeting these responsibilities. You have led the way in government reinvention. Paper-based procedures are being replaced by automated processes focused on customer access and

convenience. The VA health-care system has broken out of the historically bed-based mold of American health care and is on its way to becoming a model of patient-focused, managed care. The National Cemetery System is preparing to meet the challenge of unprecedented demand for burial space and service.

Your good ideas, hard work and excellence have been recognized. You have garnered many awards, among them more than 100 National Performance Review Hammer Awards. Such recognition is impressive and important, but there are many measures of excellence. The

**This is our true standard of excellence:
that every VA facility be a blessing
to the veterans and families it serves.**

truest measure of excellence comes from those we serve. We know we are most successful when we hear from veterans and family members who say, "My life is better for what you do."

Just after I came to VA I read a letter from a veteran's daughter who wrote: "Two months ago my father, a Pearl Harbor veteran, became a resident of a VA rehabilitation and extended care center. Prior to that his only desire was to die. He was completely nonfunctional. He could not eat unless spoon fed and rarely spoke to anyone. Today my father dresses himself with little help and socializes with new-found friends. The VA has been a blessing and an answer to our prayer."

This is our true standard of excellence: that every VA facility be a blessing to the veterans and families it serves. I look forward to working with you in answering those prayers and keeping our nation's promise to its heroes. □

At budget briefings in February, Acting Secretary Togo D. West, Jr., outlined his expectations of VA in keeping the promise to America's veterans:

- improve the timeliness and dependability of the delivery of benefits;
- continue the transformation of VA's health-care system, emphasizing quality, compassion and effectiveness;
- assure employees a work environment that is conducive to their best efforts in behalf of veterans;
- master the challenges of information technology, including the looming issues of the year 2000; and
- more fully integrate the department's organizational elements.

Computerized Patient Record System The Best

VHA's information technology puts VA out in front with the national roll out of the Computerized Patient Record System (CPRS). The system offers clinicians an improved look at patient data by presenting all elements on one screen at one time

Unlike an inch-thick paper file or computerized data files viewed only one at a time, CPRS makes all relevant patient data — charts, records, notes and imagery — visible on one screen in seconds for the patient and doctor.

tory system, but they don't have the guarantee we have that those programs and all others will work together."

The Washington, D.C., VAMC, was one of the first medical centers to implement CPRS, in addition to Tuscaloosa, Ala., West Palm Beach, Fla., and Puget Sound (Seattle and American Lake), Wash.

San Francisco and Huntington, W. Va., VAMCs have followed as the first two key sites in their VISNs to implement CPRS. The remaining key

clinical workstations.

The Washington, D.C., VAMC has placed personal computers in each of its primary care clinics so doctors have ready access to patient data to share it with the patients. "A one-second click away are images of a patient's chest X-ray, CAT scan, MRI, endoscopy and electrocardiogram," said Dr. Ross Fletcher, chief of cardiology.

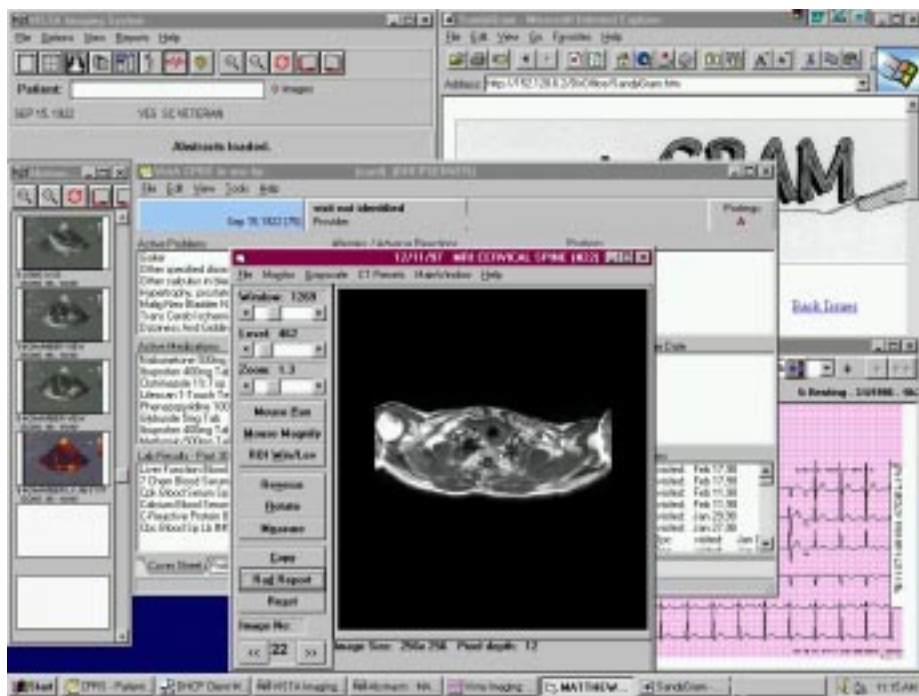
"We're excited about CPRS because it makes it easier for patients to grasp information," he said. "I can sit with a patient and graphically illustrate to him how a certain medication has been making a difference to his blood pressure or cholesterol count, for instance."

The speed with which patient data can be called up impresses the chief medical resident at the Washington, D.C., VAMC, Dr. Mahesh Krishnan. "If you're in the emergency room, you can quickly pull up a patient's electrocardiogram, for example, and simultaneously review the patient's medical history."

Other sites that have implemented CPRS are reporting benefits, too. A Tuscaloosa VAMC clinician, Debra Lindley, said CPRS has been a factor in reducing waiting times in the outpatient pharmacy from two hours to about 30 minutes. She said almost no uncompleted filing remains at the end of each day. "Karen Mariner, CIO at the West Palm Beach VAMC, reports that many of the medical center's business processes have changed with CPRS and that "the software has been a success and we consider CPRS a welcome enhancement to our EMR [electronic medical record]."

The department has committed \$2.7 billion to implementing its overall information technology over the three years ending in federal fiscal 1998. In fiscal 1998, VA expects to spend approximately \$874 million on its information systems.

The office of VHA's CIO has yet to decide whether private-sector doctors in community-based clinics under VA contract will be connected. □



An example of what CPRS brings to the screen: a patient's medical history (problems, medications, lab results), electrocardiogram results and an MRI of the patient's cervical spine

"VA will set the pace for the private sector with CPRS," said Dr. Robert Kolodner, the Associate Chief Information Officer for Business Enterprise Solutions & Technology (BEST) Service.

Many health-care providers at one of the first VA medical centers to implement CPRS heartily agree. "With the CPRS, VA is like the Starship Enterprise while private-sector hospitals are still hitting sticks against rocks," said Dr. Dan Fernicola, cardiologist at the Washington, D.C., Medical Center. "They may have a better stand-alone patient billing, pharmacy or labora-

sites scheduled to implement CPRS as part of Phase 2 of the national CPRS implementation project will do so by August 1998.

VISN #7, headquartered in Atlanta, has already begun Phase 3 of the national implementation project, that is, rolling out CPRS to the rest of its medical centers. The nationwide implementation of CPRS at all VA medical centers, outpatient clinics, and nursing homes should be completed in fiscal 1999.

The VistA Imaging System makes it possible for clinicians to obtain patient information graphically displayed on the screen at their

VBA Selects 2 Deputy Under Secretaries

The Veterans Benefits Administration has named two deputy under secretaries to serve on Under Secretary for Benefits Joe Thompson's management team.

Patrick Nappi is the Deputy Under Secretary for Operations and Nora Egan the Deputy Secretary for Management.

Nappi is responsible for the activities of VBA's field operations, Office of Human Resources and the Office of Employee Development and Training. Egan is responsible for the activities of VBA's program and support offices.

Both share, with the Under Secretary, responsibility for managing benefits provided by VA, including education, home loan guaranty, compensation, pension, vocational rehabilitation and life insurance.

Nappi had served as the Director of the Central Area since May 1996. In this capacity he was responsible for the operation of all VA benefits facilities in the central part of the United States — 13 field stations and the Records Management Center, serving some 7 million veterans in the 13 midwestern states. Previ-

ously, Nappi served as the Director of the San Diego VA Regional Office.



Nappi

in Washington, D.C., in 1983, serving in a number of management positions before being named Executive Assistant to the Deputy Chief Benefits Director in 1990.

Nappi has a bachelor of science degree from Syracuse University in 1968. He served in Vietnam with the 3rd Battalion, 5th Marine Regiment, and retired from the Army National Guard as a Brigadier General in 1995.

Egan is the former Deputy Assistant Secretary for Planning in VA's Office of Policy and Planning, a position she assumed in May 1995. She was responsible for developing and maintaining a national strategic planning program and directing

VA's quality improvement program. Egan was honored in 1995 with the Presidential Rank Award.

Egan previously served as the Associate Deputy Assistant Secretary for Human Resources Management. In that capacity, she developed, coordinated and implemented personnel policies governing pay, labor relations and employee relations. Her involvement in VA's health-care reform initiatives led to a major role in the development of VA's Under Secretary for Health's



Egan

Vision for Change. A career VA employee, Egan has more than 22 years of federal service, all with VA. Previous assignments include Personnel Officer for VA Central Office and Director of Employee Relations and Performance Management Service.

Egan holds a bachelor's degree in political science from Manhattanville College in Purchase, N.Y. □

Waco Regional Office Dedicates New Building

The Waco Regional Office dedicated its new 127,000 square foot building, located downtown, on Dec. 8.

The move downtown gives employees more office space, free parking and a cafeteria. The location is more accessible for veterans, especially those using public transportation.

"A city that develops its downtown, its heart, is destined for a healthy future," said U.S. Rep. Chet Edwards (D-Waco). He recently moved his Waco district office to the new building.

Downtown retailers also are happy about the move that should generate new business for them.

Employees had plenty to say about their new building that is 40,000 square feet larger than the old regional office.

"I'm pleased with the additional

space, updated furnishings, cleanliness and improved aesthetic environment," said one satisfied employee.

"I like having security badges that unlock the doors to the divisions, restrooms and entrance doors," said another employee about the building's security system. □



From left, Deputy Secretary Hershel Gober, Congressman Chet Edwards, Waco Mayor Michael D. Morrison and VA Under Secretary for Benefits Joe Thompson

VA's 1999 Budget Submitted to Congress

For fiscal 1999, VA is requesting \$42.8 billion for mandatory and discretionary programs.

"We are committed to providing quality care and services to our nation's veterans, who have served and sacrificed in defense of our freedom. This budget keeps that promise," said Acting Secretary of Veterans Affairs Togo D. West, Jr.

The budget provides for:

- \$17.7 billion for medical care;
- \$21.9 billion for compensation and pension payments;
- \$92 million for the National Cemetery System, an 8 percent increase over 1998;
- a 10 percent increase in funding for medical research; and
- a 7 percent increase to administer veterans benefits.

During the next five years, VA will work to: reduce per patient cost for health care by 30 percent; increase the portion of the operating budget obtained from non-appropriated sources by 10 percent; and ultimately serve 20 percent more veterans.

The President's proposal includes a demonstration program in 1998 to test the feasibility of VA billing Medicare-eligible, higher-income veterans without compensable disabilities. This program, along with the ability to retain collections from third parties, copayments and other sources under the provisions of the Balanced Budget Act of 1997, will increase by nearly \$700 million the amount of funding VA receives from non-appropriated sources.

The budget increases mandatory Montgomery GI Bill education benefits by 20 percent, or \$191 million, in 1999 — the most significant increase in benefits since the program's inception in 1984.

The VA 1999 budget contains these additional highlights:

Benefits Program

Included is appropriation language designed to eliminate end-of-year funding shortages by providing necessary funding for payment of benefits.

Also, the Administration has proposed the following benefits-related legislation in 1999:

- To disallow compensation benefits

for tobacco-related disabilities. This proposal would restrict service-connected disability compensation benefits for tobacco-related conditions which become manifest after service discharge and beyond any applicable presumptive period, based solely on tobacco use during military service. The savings in 1999 are estimated to be \$741 million, with a projection of approximately \$17 billion in savings over five years.

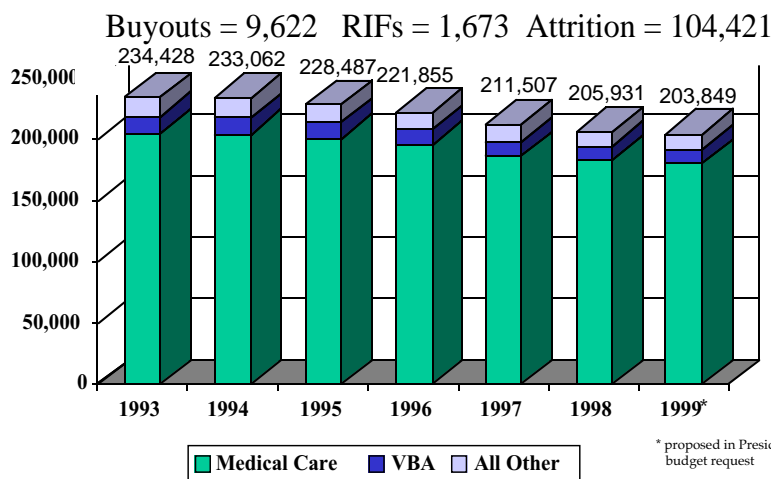
- \$25 million over five years to pay full veterans disability and compen-

The budget includes \$300 million for medical research. This program is part of the Administration's expansion of research efforts through the "Research Fund for America."

For medical and prosthetic research, a total of \$300 million and 3,159 employees for than 1,795 high-priority research projects that will enhance the quality of VA health care.

The budget also includes a legislative proposal that would authorize a new smoking cessation

VA Employment



Buyouts, RIFs and attrition totals are for 1994 - 1998.

sation benefits to Filipino veterans and their survivors residing in the United States who are currently receiving these benefits at half the level that U.S. veterans receive.

- To provide \$100 million for veterans training programs administered by the Department of Labor.
- To eliminate vendee home loans made to the general public, for an estimated savings in 1999 of \$2 million, with five-year savings of \$43 million. VA will sell all foreclosed properties on a cash basis.
- To charge a \$25 fee for each VA home loan that is guaranteed and expect to collect up to \$15 million.

Medical Programs

VHA expects to open 71 new outpatient clinics and treat 134,000 more veterans in 1999 than in 1998, a four percent increase.

program for honorably discharged veterans who began smoking in the military. Veterans will be eligible to the extent that resources are available. Once this program is authorized, the Administration will submit a budget amendment requesting an appropriation of \$87 million.

Construction Programs

VA's \$285 million construction request includes funding to correct seismic vulnerabilities at facilities and for the construction of columbaria niches at national cemeteries.

National Cemetery System

NCS' higher funding and FTE levels will permit opening four new cemeteries during the next two years — a number unprecedented since the end of the Civil War. □

Primary Care Expansion Involves Vet Centers

Using advances in telecommunications technology, VA has expanded primary health-care programs nationwide through its network of "Vet Centers," which routinely provide counseling services to combat or traumatized veterans.

In addition to \$3 million in equipment and startup operating costs related to telemedicine at 20 locations, an additional \$1 million is being provided to expand and enhance conventional primary care programs at 10 Vet Centers.

"Our goal is to promote access to primary care for veterans closer to their communities," VA Under Secretary for Health Dr. Kenneth W. Kizer said. "This latest effort complements the initiative launched in late 1994 to implement universal primary care at VA medical centers across the nation, as well as the over 100 community-based clinics we have established in the last two years," Dr. Kizer said.

The Vet Center-linked initiatives will promote services such as health screenings for chronic diseases, health prevention programs, sexual trauma outreach and counseling, and psychosocial services. The programs will target special populations, including high-risk groups, minority

veterans and veterans who face barriers to care, such as disabled and homeless veterans.

For example, the Navajo Vet Center outpost in Chinle, Ariz., will provide health screenings for hypertension and diabetes as well as psychiatric assessments and consultations with Native Americans on reservation lands, while the Philadelphia, Pa., Vet Center will provide health screenings and follow-up medical care to a minority veteran population of primarily Puerto Rican and African-American background.

The 20 sites participating in telemedicine initiatives will link rural and urban Vet Centers, VA medical centers, and other community agencies and resources. Telemedicine uses electronic information and communication technologies to support health care over long distances through such applications as teleconferences or retrieval of networked records.

This initiative is part of VA's ongoing major effort to make its services more community-based. The program is separate from VA's development of community-based outpatient clinics, another initiative designed to increase access points for VA health care. □

Program Expansion Sites

Norwich, Conn.
Sanford, Maine
Cleveland, Ohio
Charleston, W.Va.
Philadelphia, Pa.
Cedar Rapids, Iowa
Sioux City, Iowa
Pine Ridge-Rosebud, S.D.
Greenville, N.C.
Greenville, S.C.
San Juan, P.R.
Tahlequah, Okla.
Midland, Texas
Laredo, Texas
Ft. Collins, Colo.
Chinle, Ariz.
Keams Canyon, Ariz.
Eureka, Calif.
Chico, Calif.
Vista, Calif.
Alexandria, Va.
Shreveport, La.
New Orleans, La.
Houston, Texas
Anaheim, Calif.
Salem, Ore.

VA, DoD Combine Health-Care Efforts

Under an agreement between VA and the Department of Defense (DoD), active duty military personnel should get faster decisions on their disability compensation claims and requests for VA health care. Separating or retiring servicemembers who expect to file a claim for VA disability compensation will undergo a single physical examination prior to discharge.

The departments also agreed on initiatives to conduct joint research, reduce overlapping services and have their health-care systems work together.

The discharge exam will meet VA's requirements for claim determinations and DoD's need for separa-

tion exams. The results of these exams help determine eligibility for VA health care.

In pilot tests of the dual-purpose exam at VA and Army facilities, claims processing time was reduced to less than one-third of national levels under the current system. The current average time for processing an original compensation claim is 133 days.

Under the new plan, VA physicians generally will conduct the pre-discharge exams. Where VA physicians are unavailable, DoD physicians will conduct them according to VA protocols.

A council of senior VA and DoD health officials agreed to work toward reimbursable arrangements

between the two departments. Other initiatives include:

- establishing a Military and Veterans Health Coordinating Board, building on the experience of the Joint Gulf War Illnesses Group.
- allowing patients in both systems to use specialized treatment centers in each department.
- creating compatible computerized medical records and sharing automation products. Creating joint clinical practice guidelines and coordinating on laboratory and pathology programs.

The collaboration was spearheaded by VA Under Secretary for Health Dr. Kenneth Kizer and Acting Assistant Secretary of Defense for Health Affairs Dr. Edward D. Martin. □

Personal Record Changing Gets Easier —

Moved? Married or divorced? Changing insurance beneficiaries or coverage? Some 12,000 employees at 12 VA locations are beginning to perform their own personal actions simply by touching a computer screen or picking up a phone and using a personal identi-

system — to change personal information or pay records that range from Thrift Savings Plan allotments to tax withholding deductions, more than 20 transactions in all.

Later this year, in Phase 3, managers in the same facilities will be initiating recruitment and classification on their desktop computers with

automated applications, which will be rated and ranked automatically at the SSC to create referral lists.

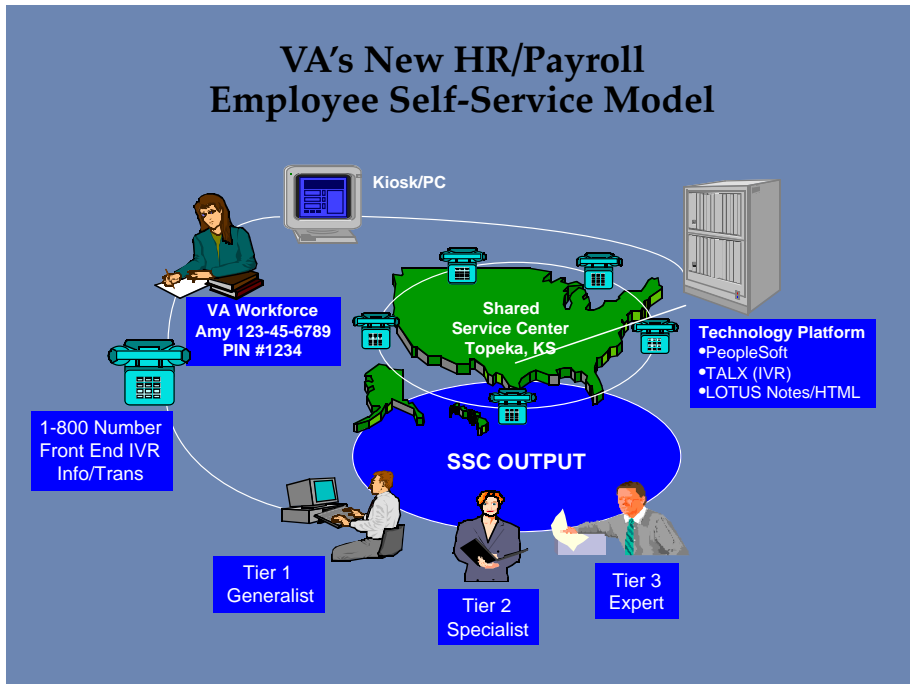
Employees at the prototype sites will be able to make their personal transactions from desktop computers in Phase 3, as well.

Phase 1 of HR LINK\$ began last year as PAY VA. HR staff at the prototype sites tested and then began using the new technology to track such things as licensure, skills, accommodations and priority placements. Not until Phase 4 HR will HR LINK\$ take on timekeeping and payroll recordkeeping. Each phase will be tested at the prototype sites before going nationwide.

This faster, easier, more private and less costly way to process employee transactions and personnel actions was developed in the offices of the Assistant Secretaries for Human Resources and Administration and for Management. HR LINK\$ technologies automate procedures that previously required submitting paperwork or visiting HR or payroll offices.

Says SSC Director Bruce Carruthers, "I am reluctant to use the word 'empower' because it has become a stock term, but that's what this system does for employees and eventually will do for managers. It will enable them to perform their own transactions and to deal with work force issues in a timely, cost-effective way."

At the end of January he directed a staff of 78, a number that could grow to 350 when HR LINK\$ is fully operating VA-wide. The SSC is



cation number.

By the end of 2000, all VA employees will be using HR LINK\$ to electronically access and change their records.

HR LINK\$ — the automation of VA's personnel and payroll functions — entered its second phase March 2 with the opening of the Shared Service Center in Topeka, Kans. The SSC is the operational "link" in the new system, supported by computer operations at the Austin Automation Center and technological development at the HR LINK\$ project office in VACO.

Recently tested by selected employees, including union representatives, at the 12 prototype sites, HR LINK\$ Phase 2 self-servicing is now available to all employees at those sites. Seven days a week, 24 hours a day, they can use a kiosk or a touch-tone phone — through an interactive voice response (IVR)

"expert" systems. The mostly manual staffing and classification processes of the past can take months to create and fill a job.

With the new expert systems, managers will select from a library of position descriptions to classify jobs, with grades attached and grade-

HR LINK\$ reduces paper, redundancy and misplaced documents. It offers access anywhere and keeps employee information secure.

controlling duties highlighted. Managers will process and route their transactions electronically. Employees will be able to submit

organized in tiers, the first tier being the CSRs, who help employees carry out their transactions. The CSRs answer questions by referring to

HR LINK\$ Now at 12 Locations

computerized books of scripted information on a range of topics that include "life events." Someone who calls to report getting married, for example, will not only be able to make the status change but will be offered a life event package of information for considering changes in benefits. The packages can also be ordered directly through a kiosk or phone. If employees at phones or kiosks decide to seek help to complete on-line transactions or have questions, the CSRs will be available on business days from 7:30 a.m. to 5:30 p.m. EST. They have the details on a wide range of topics to read to them — in more than 1,100 scripts. (All SSC support to prototype sites will be available during those business hours.)



Eunice Montgomery, personnel assistant in VACO's Office of Human Resources Management, makes a change in dependent's status in a test of the HR LINK\$ kiosk at VACO. Coaching her in using the computer on-line program is Lorraine Grant, staff assistant, Office of Financial Management.

When the scripts have not answered a caller's question, the CSRs open a "case" detailing the employee's concerns. They then forward it for handling, at the SSC's second tier of expertise, to a specialist who researches the matter and calls the person back. The data-gathering screen for opening a case even permits the CSR to assign a priority for the specialist.

The volume of business — especially from employees seeking the help of CSRs in the current prototype — will determine eventual staffing. A major part of the SSC staff will be the Tier 1 CSRs, who provide initial service to employees by phone. Their positions are at the GS-5 level.

Other SSC staff include the Tiers 2 and 3 personnel specialists, employment systems technicians, management and systems analysts, program development specialists, information systems staff and HR and fiscal staff internal to the SSC. These positions range from GS-6 to 13.

Currently, the SSC is recruiting people with personnel management backgrounds. VA employees receive preference for SSC jobs and relocation expenses.

When the PAY VA (now HR LINK\$) project began, project officials estimated that its efficiencies would eliminate 1,080 jobs in the HR/payroll field. Already about 500 of those jobs have disappeared through attrition, says Sandra Weisman, Deputy Assistant Secretary for Financial Systems.

As employees learned about the plan, some found other jobs. Directors of some medical centers have not replaced them and some health-care networks have consolidated the positions.

Field HR offices will continue to

Prototype Sites

VACO employees of National Cemetery System

Office of Financial Management

Office of Human Resources Management

Austin Automation Center

Financial Services Center, Austin

Atlanta VA Medical Center

VAMCs at Albany, Bath, Batavia, Buffalo, Canandaigua, Syracuse (VISN 2)

provide HR management advisory services, while the SSC focuses on giving informational and transactional support. For example, field staffs will assist in labor and employee relations, position management, training and development of staffing strategies.

SSC recruits who have made the move to Topeka like the area. The northeastern Kansas capital city, set in rolling hills along the Kansas River (metropolitan population 166,000) has a strong community spirit that makes it easy to join volunteer activities, says Jo Ann Southerland, contract specialist.

Walter Hitch, resources manager, who came from Little Rock, Ark., touts reasonable housing costs and the "rush minute," in contrast to the traffic gridlock that characterizes other metro areas. Carolyn Jackson,

(continued on page 10)

public affairs officer, who lived in several urban areas, likes the school system for her children and calls Topeka "a medium-sized city with a small-town flavor."

In addition to employees saving time, taxpayers will see a savings of \$90 million in staff salaries in the 10 years that began with the project in 1995, against an initial investment of \$70 million required to build the software and the SSC. And HR LINK\$ eventually will be a "franchised" revenue producer, selling services to other agencies.

Converting a VA building once used for patient care into SSC office space with a "call center" environment is not one of the most expensive portions of that investment. But it will give a different look to offices that now bear wall panels with oxygen outlets and floral window treatments. Renovation will be finished later this year.

What are some of the challenges for the project and the SSC? VAnguard asked Director Carruthers. "Phased offering of HR



Customer Service Representative Janet Keever demonstrates to SSC Director Bruce Carruthers how the "case manager" screen prompts data gathering for an employee.

move to Topeka and supporting them as they relocate families; building a team of new people who

ogy while still working on Phase 2 operating policies are other challenges."

Deputy Director Debra Thompson, who headed career management services for Air Force information technology employees, is familiar with a system similar to VA's. She said she's impressed with how VA has grappled with the new technologies. The system is based on a study of both private and government systems to streamline HR operations.

Carruthers summed up what the most positive and stimulating aspects of the initiative have been so far. From three locations — the HR LINK\$ office in Washington, the Austin Automation Center and the SSC — people have formed a team. Those in Topeka have had to create a work environment from scratch.

"They represent a good cross section of the country. They have a kind of pioneering spirit, they're interested in doing something new, and they feel they're part of something significant. These federal employees show they are as good as anyone in any organization." □

By Jo Schuda

HR LINK\$ Technology

Two kinds of software packages will make it faster and easier for managers to recruit. One of them will compare a job applicant's skills and experience with what a position description "seeks," including varying degrees of experience and skill needed for separate duties of the job. Employees will receive training in writing resumes on their computers. The other package permits writing the PD and ranking, or classifying, its duties.

While the SSC is the operational arm of HR LINK\$, the Austin Automation Center (AAC) maintains the database of employee records. For the SSC to send a large volume of transactions to Austin daily, new computer hardware and software were installed. This included six special telecommunications lines, each capable of transmitting nine million bits of information per second. Every CSR station is connected by an Integrated Data Communications Utility (ISDN) line to handle calls from employees across the country. ISDN lines carry both voice and data, including video images planned for the future.

The PeopleSoft software for making the transactions has more functionality than the PAID/OLDE system, says Jaime Manzano, SSC systems manager. The CSRs' scripts are produced through Lotus Notes.

LINK\$ to the rest of VA is one — the order, the timing for more and more sites. Recruiting the right people to

have to learn new technologies, integrate the technologies and, in some cases, develop Phase 3 technol-

Franchise Funds Make Money for VA

Government entrepreneur? What many regard as a classic oxymoron has become reality in VA and five other federal agencies operating pilot franchise fund programs authorized by the Government Management and Reform Act of 1994.

The law established a five-year pilot phase (recently extended two years to 2002) for selected agencies to sell common administrative services and products competitively throughout the federal government. They were allowed to establish "franchise funds" to provide the resources needed to launch new entrepreneurial enterprises. These funds can retain up to four percent of their annual incomes for capital investment to improve operations and provide startup revenue. The bottom line for franchise fund activities is, literally, the bottom line. Revenues must cover costs.

Project leader Susan Spurling followed franchise fund legislation through its development and passage. She later coordinated VA's successful application to become a franchise fund pilot and now works as Franchise Fund Business Development manager in the Office of Financial Management. She developed the VA Franchise Fund Charter, which outlines the purpose, legal authority and policy-making structure guiding the operation of VA franchise service activities.

"Franchising was the term used by the National Performance Review's 1993 report to describe a practice for providing administrative and other common support services on a reimbursable basis," Spurling explained. "For federal providers, such services have to be offered on a competitive bid basis, reimbursable by interagency fund transfers. They must meet basic standards and be self-sufficient with revenues covering costs without subsidies from parent agencies."

VA was authorized franchise fund pilot status in 1996. Since then six VA service activities have been

providing services on a fee-for-service basis. The Austin Automation Center and the Financial Services Center offer information technology and financial and payroll services, respectively, and are the two largest VA franchises.

The bottom line for franchise fund activities is, literally, the bottom line. Revenues must cover costs.

"Because of the scope of their financial processing and payroll services, there's no organization within VA not served or supported by a franchise activity," Spurling said.

Other VA franchise service activities include the Neosho, Mo., VA Records Center and Vault, offering record storage and retrieval services; VA Security and Investigations Service, offering security investigations and ID badge processing; the VA Law Enforcement and Training Center in Little Rock, providing police officer training courses; and VA ADP and Adaptive Training Service, offering office automation training and training for any federal "buyer."

Formerly operating with appropriated funds like the rest of VA, these six operations now fund themselves through the collection of fees for their products and services. These fees cover all costs and expenses, including depreciation.

Unlike most appropriated funds, franchise fund dollars can be carried from one fiscal year to the next. VA franchise fund operations bill their

customers monthly. Preparing those bills has been both a challenging and enlightening task, according to David Kubacki, a member of the Center's franchise staff.

"We have to identify our specific products and price them," he said. "That's difficult. It's a whole new way of looking at what you do, but it really focuses on costs. We have become more cost conscious and our customers certainly become cost conscious when they see their bills. For many VA organizations, it's the first time they've really thought about the cost of the services provided."

Kubacki said that pricing the services you offer raises the immediate question from the buyer, What am I getting for the money? That leads to continuous communication between seller and buyer and, Kubacki said, increased focus on customer service. Customers are represented throughout the VA franchise fund organization, from the Fund's policy-making Board of Directors down through individual franchise service providers who meet regularly with customer groups.

NPR's ultimate rationale for introducing franchising to government was to reduce the size and complexity of government. The goal is fewer, more efficient providers of common services such as ADP, payroll and travel, spurred by competition to minimize costs and maximize service.

External sales of VA services rose from a half-million dollars in 1996 to \$1.2 million in 1997.

"We can and do sell outside VA," Spurling explained. "But our external business is only a drop in the bucket compared to our \$60 million in VA internal business. It's in our best interest as entrepreneurs to keep our biggest and best customer happy." □

By Chris Scheer

54 New Clinics Will Broaden Access to Care

The department is establishing 54 new community-based outpatient clinics around the country.

The clinics, which are in addition to 39 new clinics announced in June, bring to 532 the total number of VA outpatient clinics around the country now in operation or being activated — including 163 located at VA medical centers. This is part of a general expansion of VA outpatient services through a re-engineering of the VA medical system to make high-quality health care available closer to veterans' homes.

"The new clinics will be offering a

broad range of general medical services such as management of diabetes, hypertension or coronary artery disease, pharmacy services or preventive care, such as vision or cholesterol screening," Kizer said.

As part of VHA's transformation, VA has closed more than 22,000 acute care hospital beds since 1994 — with a corresponding decrease of 250,000 inpatient admissions per year — while, over the same period, outpatient visits have risen by 7.3 million for a total of more than 33.3 million clinic visits in 1997.

In their proposals for approval of new clinics, VISNs were required to

submit business plans weighing the value of new "access point" strategies against alternative costs or cost-avoidance. Examples of cost-avoidance are the dollars to be saved by decreased reimbursement for beneficiary travel or the higher cost of providing general medical services in a tertiary hospital setting.

Some VISNs are proposing the new clinics be located in existing space in the community to be leased by VA, while others may provide services through a contract with a community service provider such as a private group practice. □

Community Sites

(Specific site selection pending in most cases)

*HC: Health Care

Framingham, Mass., for Boston, Mass.
Schenectady, Rensselaer, & S. Saratoga
Ctities, N.Y., for Albany, N.Y.
Kingston, N.Y., for Albany/Montrose/Castle Point, N.Y.
Jersey City, N.J., for VA N.J. HC System
New Brunswick, N.J., for VA N.J. HC System
Aliquippa, Pa., for VA Pittsburgh HC System
Lancaster, Pa., for Coatesville / Lebanon, Pa.
Seaford, Del., for Wilmington, Del.
Crawford Co., Pa., for Erie, Pa.

McKean Co., Pa., for Erie, Pa.
Ashtabula Co., Ohio, for Erie, Pa.
Hagerstown, Md., for Martinsburg, W.Va.
Charlotte Hall, Md., for VA MD HC System
Fairfax, Va. (Vet Center) for Washington, D.C.
Greenville, N.C., for Durham, N.C.
Macon, Ga., for Dublin, Ga.
Myrtle Beach, S.C., for Charleston, S.C.
Florence, S.C., for Columbia, S.C.
Albany, Ga., for Dublin/Atlanta, Ga.
Ft. Pierce, Fla., for W. Palm Beach, Fla.
Valdosta, Ga., for Lake City, Fla.

Ocala, Fla., for Gainesville, Fla.
S. St. Petersburg, Fla., for Bay Pines, Fla.
N. Pinellas Co., Fla., for Bay Pines, Fla.
SW Broward Co., Fla., for Miami, Fla.
Brooksville, Fla., for Tampa, Fla.
Charleston, W.Va., for Huntington, W.Va.
Somerset, Ky., for Lexington, Ky.
Smithville, Miss., for Memphis, Tenn.
Akron, Ohio, for Cleveland, Ohio
Lima, Ohio, for Dayton, Ohio

Springfield, Ohio, for Dayton, Ohio
Portsmouth, Ohio, for Chillicothe, Ohio
Mansfield, Ohio, for Cleveland, Ohio
Zanesville, Ohio, for Chillicothe, Ohio
Wausau, Wis., for Madison, Wis.
LaSalle Co., Ill., for Hines, Ill.
Rhineland, Wis., for Iron Mtn / Milwaukee, Wis.
Aurora, Ill., for Hines, Ill.

Elgin, Ill., for Hines, Ill.
Pierre, S.D., for VA Black Hills HC System and Sioux Falls, S.D., VAM&ROC
Panama City, Fla., for Biloxi, Miss.
Mountain Home, Ark., for Little Rock, Ark.
Bonham, Texas (Vicinity) for VA Central Texas HC System
Palestine, Texas, for VA North Texas HC System
Kingman, Ariz., for Prescott, Ariz.
Aurora, Colo., for Denver, Colo.
Seattle/Puget Sound, Wash., for VA Puget Sound HC System
Salem, Ore., for Portland, Ore. (Primary Care/Mental Health Care)
Tri-Cities Area, Wash., for Walla Walla, Wash.
Bend, Ore., for Portland, Ore. (Primary Care/Mental Health Care)

Merced, Calif., for Fresno, Calif.
Kingman, Ariz., for Prescott, Ariz.
Aurora, Colo., for Denver, Colo.
Auburn, Calif., for Reno, Nev.
Oxnard, Lompoc, and San Luis Obispo, Calif., for the W. L.A./S. Calif. System of Clinics

National Veterans Creative Arts Festival

STANDING ROOM ONLY



Comedian Miles Winstead, Hampton, Va.



Denise Smith, Chillicothe, Ohio, woodbuilding winner



Charley "Taps" DiMura, Albany, N.Y., winner, song with movement - solo category



Dr. Joyce Brothers takes part in the final full-cast production number.

A "standing room only" gala and art show capped the annual National Veterans Creative Arts Festival, hosted by the Tomah, Wis., VA Medical Center. The event, held Nov. 3-10, was co-sponsored by VA and Help Hospitalized Veterans, with support from The Recording Industries Music Performance Trust Fund. It was the culmination of a year-long fine arts talent competition open to all veterans receiving medical treatment at VA medical centers. More than 80 veterans were selected as national winners. Dr. Joyce Brothers was emcee for the festival show. The Houston VA Medical Center hosts the 1998 Festival November 2-9. □



Walt Green, Sepulveda, Calif., won "Best of Show" for his painting, "Relic of Peace."

Acting Secretary West Dedicates Museum

Acting Secretary of Veterans Affairs Togo D. West, Jr., delivered the keynote address at the January 16 official



From left, Under Secretary for Benefits Joe Thompson, Congresswoman Carolyn Maloney and Acting Secretary Togo D. West, Jr.

opening of the New York Regional Office Veterans Museum. Joseph Thompson, Under Secretary for Benefits, also spoke and assisted West and Congresswoman Carolyn Maloney (N.Y., District 14) with the ribbon-cutting ceremony. Among some 150 guests attending the event



A veterans services representative (VSO) surveys a section of VSO history and memorabilia.

PHOTOS BY STEPHEN FERRY
COURTESY OF
DISABLED AMERICAN VETERANS

were veterans who donated artifacts to the museum and representatives of veterans service organizations, New York State, New York City and the National Park Service.

The museum tells the story of U.S. servicemen and women and of the programs designed to help them. Included is a display highlighting items left at the Vietnam Veterans Memorial in Washington, D.C. □

Minority Veterans Call in to VA

Toll-free conference calls are helping VA's Center for Minority Veterans to identify issues that concern local and national groups and facilitate resolutions.

One of its recent bi-monthly call-in sessions drew approximately 30 representatives of minority veterans' groups to hear about VA activities related to homelessness. The Center began the sessions last spring. Staff members who meet minority veteran group members while traveling invite them to call in for the next session. Topics and speakers are selected based on interests expressed.

In the recent call, a Loan Guaranty Service staff member answered questions about how poor or homeless veterans can qualify for VA loans and pointed out that VA sells foreclosed homes at lower than market cost. A director of a VA homeless grants per diem program described how to qualify for grants. □

Detroit RO Gets 3rd Hammer

An employee team at the VA Regional Office in Detroit has received Vice President Gore's Hammer Award. The Appellate Team of claims processors reinvented the procedures for responding to a veteran's disagreement with a VA decision on a claim.

The team, without getting any additional resources, reduced the time it takes to respond to a disagreement from 141 days to 7 days. They also accomplished significant improvements in other aspects of processing appeals. The true success of the Appellate Team came through ownership of the process they were improving and by working together to solve problems through incremental improvements.

This is the third Hammer Award received by the Detroit Regional Office. □

Ringling in the Ears

Scientists have identified a small area of the brain that appears to play a critical part in tinnitus, a constant ringing in the ears that affects up to 50 million Americans.

Dr. Alan H. Lockwood, of the Buffalo VA Medical Center, and colleagues believe the auditory cortex opposite a damaged ear rather than in the ear itself to be the source of the problem.

Researchers at the VA medical center and the State University of New York at Buffalo reported their findings in the January issue of *Neurology*. They used positron emission tomography to scan images of brains in a small group of tinnitus patients.

Lockwood said when the ear is damaged the brain rewires itself to compensate for the loss of function. The rewiring produces electrical signals that the brain interprets as noise.

"We don't have a cure for tinnitus," Lockwood said. "What we have is precise information about the areas of the brain affected, and some ideas that can be tested by further experimentation that may hopefully, eventually, lead to a cure."

People suffering from tinnitus sense buzzing, ringing, whistling or similar sounds. No cure is known, although patients often use noise-producing devices to distract them or cover the sound. About 12 million Americans have tinnitus sufficiently severely to require them to seek medical help or be considered disabled.

Gene Therapy May Help Heart Failure Patients

VA researchers in San Diego have found that gene therapy may offer new hope for the 4 million Americans who suffer from congestive heart failure (CHF). The team, led by Dr. H. Kirk Hammond, discovered that inserting a specific gene into heart cells triggered a sharp increase in the chemical that causes the cells to beat more strongly.

The study was published in the February 3 issue of the *Proceedings of the National Academy of Science*.

"This opens the possibility that the same approach can be used in people with CHF to reduce symptoms and extend life," Hammond said. "We can alter heart function with gene transfer, and the implications are enormous."

Hammond and fellow researchers at the VA San Diego Health Care System and the University of California-San Diego used a harmless virus to ferry the gene to heart cells. The gene produces adenylatecyclase (AC), an enzyme that stimulates production of the chemical cyclic adenosine monophosphate (cAMP), which in turn directs the heart to increase its function. In heart failure cAMP levels do not rise even though two hormones typically activated by stress begin the chain of events that leads to increased heart function. Hammond suspects increased AC production is the key, because it is the last step in the system.

"It's like having an eight-lane freeway that narrows down to one lane," he said. "You're going to have a bottleneck at that one lane."



Study Links Virus To Lupus in Children

A study by Oklahoma City researchers suggests that the common Epstein-Barr virus may cause systemic lupus erythematosus in children and possibly in adults.

Lupus is a chronic inflammatory disease of the connective tissue that can affect the skin and various internal organs. Symptoms include arthritis and skin rash on the face. The kidneys, heart, lungs and brain may be affected by progressive attacks of inflammation that result in the formation of scar tissue.

In research reported in the December issue of the *Journal of Clinical Investigation*, the scientists evaluated 59 children and teenagers with lupus and 96 control subjects similar to the lupus group in age, gender and race. More than 99 percent of the lupus patients were infected with Epstein-Barr virus, compared to 70 percent of the control group.

The researchers do not yet know whether this association will be found in older adults.

Harley collaborated on the study with colleagues at Oklahoma Medical Research Foundation. The study was supported by VA; the National Institute of Arthritis, Musculoskeletal and Skin Disease; the National Institute of Allergy and Infectious Diseases; and the Oklahoma Center for the Advancement of Science and Technology.

Less Expensive Drug Cuts Cardiovascular Risk

Research conducted under the VA Cooperative Studies Program has found a low-cost diuretic drug significantly lowers left ventricular hypertrophy, which can lead to cardiovascular problems such as strokes, heart attacks and severe hypertension.

Reporting in the December issue of the *Journal of the American College of Cardiology*, the study authors said hydrochlorothiazide (HCTZ) is more effective than the higher-priced calcium channel blocker isradipine.

"This study confirms that hydrochlorothiazide works very well at reducing increased heart size, but it's also superior in reducing systolic blood pressure," said study leader Dr. Vasilios Papademetriou of the Washington, D.C., VA Medical Center.

The study was conducted at 18 medical centers across the country and involved 134 patients with established hypertension. Diastolic blood pressure — when ventricles are relaxed and refilling — was reduced equally in the groups receiving HCTZ and isradipine. However, the reduction in systolic pressure — when ventricles are contracting — was greater in the group taking HCTZ.

Papademetriou also noted that the cost of HCTZ typically is about \$1 a month compared to about \$70 for isradipine and similar drugs. □

**By Dan Bruneau and Pat Forsyth,
Research Communications Service**

HAVE you heard

The **Newark, N.J., VA Regional Office** initiated a volunteer network to help serve veterans. The RO enlisted the help of the East Orange Youth Corps, an organization that assists young people who, after dropping out of school, return to complete their education and gain work experience. Newark's Family Development Center has also identified adults in relief

programs and the Summer Youth Employee Training Program has sponsored high school students who need job experience. Duties have included filing and data entry.

More than 100 women veterans attended a women's expo sponsored by the **Indianapolis VA Regional Office, Medical Center and Vet Center**. Director of the Center for Women Veterans



McKee meets a North Vietnamese citizen along the way.

Two VA employees — **Dean McKee**, team leader at the Tucson, Ariz., Vet Center, and **Blas Falcon**, team leader at the Albuquerque, N.M., Vet Center — were among 26 American combat veterans who joined North Vietnamese veterans in a goodwill bicycling event called the Vietnam Challenge. Falcon, who rode a recumbent bike, said, "It's time to put the past behind us and move forward."

Between Jan. 1 and Jan. 16, the group traveled 1,200 miles from Hanoi to Ho Chi Minh City. McKee served as a PTSD counselor. The American participants included male combat veterans and women combat nurses. Some of them were veterans with disabilities. The 15 Vietnamese participants included former combat soldiers and some "younger folks with disabilities due to land mines and other accidents," McKee said. About 20 news media representatives accompanied the riders. The nonprofit group, World Team Sports, sponsored the event along with corporate contributors.

Joan Furey moderated a session in which women veterans asked questions and met their VA representatives. The medical center sponsored a corresponding health fair, and RO personnel assisted the veterans in filing claims for benefits.

A memorial honoring VBA employees was dedicated at the **Fort Logan National Cemetery** in Denver. The marker was inspired by the memory of Dorothy L. Starbuck, VBA manager from 1946 to 1985. A Colorado native, Miss Starbuck died July 19, 1996, and is buried at the Fort Logan cemetery. Her work career began as a staff assistant to General Omar Bradley while serving in the Army. She was the only woman to have held the position of Chief Benefits Director.

The Fisher House Foundation, Inc., has appointed **former VA Secretary**

Jesse Brown to its board of trustees. The international not-for-profit organization coordinates private support and encourages public support for a network of comfort homes known as "Zachary and Elizabeth M. Fisher Houses." Four of the existing 24 — in Albany, N.Y., Minneapolis, West Palm Beach, Fla., and Denver — are for veterans' use.

The **Philadelphia VA Regional Office, Insurance Center and Benefits Delivery Center** welcomed guests from the Philadelphia Multicultural Training and Research Institute, Temple University, to a Diversity Day celebration at the end of the year. A panel discussion focused on African-American, Irish, Jewish and Hispanic cultures. The event concluded with employees tasting foods of the different cultures, catered by the Veterans Canteen Service.

Lexington, Ky., VA Medical Center employees are discovering an improved way to log on and transfer information on patients' calls and appointments, thanks to Jerry Karr, R.N., and Wayne City, computer programmer.

When Karr began handling the facility's telephone care program (TCP), there was no way to notify clinicians of patient calls except paging or using e-mail, both time-consuming and disruptive. Nor was there a simple way to capture patient workload data.

He contacted City, and together they developed a local software package called "Encounter Data Capture through Progress Notes and the Electronic Progress Note View Alert." It is a fast and simple alternative to the national Patient Care Encounter (PCE) Program.

What would have taken days and required patients to visit a clinic can be done on the phone in a few hours or less with the TCP progress note view alert system. Neither paper encounter forms nor clerical support is needed to enter data. One can document a call in the electronic medical record, capture the encounter data and forward the progress note as a VA ViewAlert to the practitioner in one program. The computer programs interface with the existing VISTA electronic medical record and VA View Alert packages, so learning them is simple. They can be used at all VA medical centers. For more information, contact Jerry Karr at 606-233-4511, ext. 3586, or Wayne City, ext. 3660.

The 1998 application package for the **Robert W. Carey Quality Award** can be found at <http://vaww.va.gov/CareyAward98>. The on-line package includes application instructions and form, evaluation and recognition process, winners' responsibilities, award criteria and scoring guidelines form. This is the highest quality award presented to an organization by VA. Applications must be submitted by May 1. The award will be presented in September 1998. The application is available for download in MS Word for Win95 ver 7.0; MS Word ver 6.0, and Rich Text Format. For more information contact the Quality Improvement Service (008B4), Office of the Asst. Secretary for Policy and Planning, (202) 273-5077 or e-mail POC: Terrence Graham.

Al Stolpe of Human Resources Management/CO accepted a Hammer Award along with other planners of the third annual Government Learning Technology Symposium in January at Gallaudet University in Washington, D.C. Government employees

shared their experiences in technology-based learning. **Dave Raney** from the Employee Education System in Durham, N.C., along with registered nurse **Roberta Krol** from the Omaha, Neb., VAMC, spoke about VA's nursing software multimedia training system; **Michael O'Connor** from Durham covered video teleconferencing in VA; and **Rick Sales**, acting director of the Financial Management System Service, spoke about applying technology to VA's financial system. **Laura Ruyle** in VA's Learning Technology Graphics in St. Louis designed VA's exhibit.

Information Management Service (IMS) needs VA employees from all states and U.S. territories to serve as volunteer monitors for the Release of Veterans Names and Addresses (RONA) program. IMS approves VA releasing lists of veterans' names and addresses according to the law which specifies to whom and under what circumstances VA may provide that information and how that information may be used. Employee monitors volunteer to have their names



Augusta, Ga., VA Medical Center Associate Director Ralph Angelo accepted flags made by second-graders at the Forest Hills Elementary School, coinciding with Veterans Day 1997. A local blood center had sponsored a blood drive, and each donor was asked to sign a flag. Messages included: "We stand by you" and "Thanks to veterans."

and addresses submitted along with these requested addresses, then report any mail or other contacts made by those who requested the information. This feedback helps IMS determine if those requesting veterans' addresses comply with the law's requirements. IMS notifies volunteer monitors when and

to whom their names and addresses are released and provides additional guidance. To volunteer, fax your name, station number, VA telephone number and home address to the Information Management Service (045A4), VACO, 202-273-5981. For more information, call Dolly Jackson, 202-273-8022, or Janet Pedro, 202-273-8031.

One of Enar Sanders' official duties before he retired in December as the director of the Quality Improvement Service in the Office of Policy and Planning was to give the records of the VA Craftsmen Club to the library. **The VA Craftsmen Club** was formed in 1920 with 46 members of a Masonic Club in the Office of the Bureau of War Risk Insurance (which eventually became the Veterans Administration). The club's purposes were to provide fellowship, promote veterans' causes and make VA "a fine place to work." When the group disbanded in 1995, it donated the \$900 remaining in its treasury to be used for the care of veterans at the Washington, D.C., VAMC.



From left, Ginny DuPont, chief, VA Central Office Library, and Sanders, the last surviving Craftsmen Club member

Mountain Home, Tenn., VAMC employees volunteered to help the community when a January flood, causing an estimated \$14.5 million of damage, ravaged Northeast Tennessee. The flood resulted from heavy rains and melted snow from nearby mountains. A flood assistance help desk was at the ready and the Employees Association quickly collected money, clothing and supplies for families. The Acquisition and Materiel Management Service identified cleaning supplies and bottled water to give to the relief effort, while

(continued on page 18)

Star Spangled Salute



Performing "I Want To Be in America" from "West Side Story" are, from left, Alba Hernandez, Angel Salas, Darlene Mulevo, Rita Roman (partially hidden), Anthony Baez, Brett Vess (partially hidden), Katherine Cabrera, Tony Torres

The **Bronx, N.Y., VAMC** "Not Ready for Prime Time Players" staged a lip-sync show, for the seventh year in a row, to honor veterans during National Salute to Hospitalized Veterans Week. Each year 20 to 30 staff members get involved, making their sets and props, then donning costumes, many custom made for the show.

The real voices are of such greats as Louis Armstrong, the Andrews Sisters, Charlie Daniels, the Temptations, the Four Tops, Judy Garland, Gloria Estefan and a host of other favorites. Associate Director Roger Johnson pitched in by recreating acts by Buddy Holly and Jerry Lee Lewis. This troupe may be mimicking the stars but for one night they shine as the best performers of the Bronx VA Medical Center.

laundry facilities were available to VA staff members who had no water at their homes for several days. VA's Mental Health Crisis Response Team was at the shelters. A VA employee's home was totally destroyed and about four VA staff members suffered damage or lost use of utilities at their homes because of damaged roads, water system, with resulting mud and debris.

The **Atlanta VA Medical Center** experienced a flood of a different kind in January when a water main burst in a construction area outside the emergency room entrance. The ER staff moved patients to a pre-designated temporary location while other staff members moved or covered

items. Engineers closed the main control valve, but more than 200,000 gallons of water had surged out. When the water subsided around 9 p.m., nearly 75 Facility Management Service Line staff members worked through the night to restore basic systems and then clean things up so clinic appointments took place the next morning. Everybody's extra efforts made it possible for 1,500 veterans to be helped in the clinics that day.

The **Disabled but Enabled and Empowered Conference** will be held March 19-22 in Rochester, N.Y. Sponsored by the State University of New York Empire State College, the conference will draw students, educators, veterans, profes-

sionals and business people to discuss issues such as education, employment, policy, advocacy, the arts and assistive technology. Veterans will make presentations on vocational rehabilitation, assistive technology for education and prosthetics. Contact Mary Klinger, 607-962-1421; fax 607-936-0537.

The Loan Guaranty Service is offering a televised training program for employees of lenders and holder/servicers who originate or service VA home loans. During 1998 at least eight training sessions will be broadcast over VA's interactive satellite network, with downlinks into VAROs and VAMCs. January and February broadcasts covered VA credit standards and servicing VA loans. Others scheduled include:

March 12: VA Appraisals, Lender Appraisal Processing Program and Lender Authority

April 29: VA Loans - Loss Mitigation

May 13: Processing VA Home Loans

June 4: Closing / Post Closing VA Loans

July 16: Foreclosure and Claims

August 6: Overview for Employees New to VA Loans

All broadcasts will be from 11 a.m. to 3:00 p.m. Eastern time. You must make advance reservations to attend. Listed on the VA website (<http://www.va.gov/vas/loan/lenders.htm>) are the VA facilities with downlinks for the broadcasts, with a contact person for each facility. Reservations will be taken only during the two weeks prior to each broadcast by phoning the contact person for that facility. To obtain video tapes of these broadcasts, call 1-800-800-4871.

Robert E. Coy, Deputy General Counsel, retires March 28 after more than 40 years of government service, 38 of which have



Coy

been with VA. An Army veteran, Coy joined VA as a field attorney in 1959 and was appointed Deputy General Counsel in 1977. Coy has been honored with the Presidential Rank Award three times.

Jerry W. Bowen has announced his resignation as Director of the National Cemetery System effective April 3. A presidential nominee, he served in that position since April 1993. An Army veteran, Bowen owned and operated farm



Bowen

and other businesses in Arkansas. He retained those businesses and plans to return to them and family interests in Arkansas. Bowen was the longest serving Director since NCS came to VA in 1973. He led NCS during unprecedented growth that included opening one cemetery, construction of three others and funding approval for another. □

HONORS



and awards

Under Secretary for Health Dr. Kenneth Kizer was one of 34 chief executive officers world-wide profiled in the book, "Straight from the CEO: The World's Top Business Leaders Reveal Ideas that Every Manager Can Use." The book was compiled by G. William Dauphinais and Colin Price of Price Waterhouse.

Dr. Mark O. Jensen, Fargo, N.D., VAMC&RO Center, received a three-year appointment as Cancer Liaison Physician for the Hospital Cancer Program. The program is part of the Commission on Cancer of the American College of Surgeons, which reviews hospital cancer programs. Some 22 percent of U.S. hospitals have cancer programs approved by the Commission on Cancer.

Dr. Suzanne Klimberg, chief of Women's Oncology, Little Rock, Ark., VAMC, was named president-elect of the Association for Academic Surgery. She will oversee a grant process, and select recipients for student research and young investigator awards and fellowships.

Robert Damon, Visually Impaired Services Team (VIST) coordinator at the Ann Arbor, Mich., VA Health System, was recognized at the Blinded Veterans Association (BVA) national convention this past year. Damon, for more than a half a decade, has traveled in Michigan and northwestern Ohio to coordinate health care and rehabilitation services for visually impaired veterans. Damon

helped establish BVA volunteer offices at several VA facilities, chairs support groups at three VAMCs and makes presentations to increase community awareness of VA rehabilitation services for visually impaired veterans.

Dr. John C. Rosenbek, chief, Audiology and Speech Pathology, Madison, Wis., VAMC, received the 1997 Frank R. Kleffner Clinical Career Award from the American Speech-Language-Hearing Foundation. He was recognized for more than 20 years of "clinical service, supervision, administration and research that promote clinical excellence."

The **Tuscaloosa, Ala., VAMC** received the Employer of the Year Award at the Tuscaloosa Employment Support Services Association Third Annual Industrial Fair. It was recognized for its successful vocational rehabilitation program, providing training opportunities each year for up to 23 veterans with disabilities.

Dr. Judith Milne, chief of staff at the Boston VAMC, accepted the American Red Cross of Mass Bay's Good Neighbor Award on behalf of the medical center. The award recognizes the cooperative spirit with which the medical center provided mental health staff to assist with flooding disasters in northern Massachusetts last spring.

Emma Marie Garza, R.N., San Antonio, Texas, VAMC,

received the St. John Fellowship Exemplar Award from that charity's San Antonio chapter. She was honored for "inspired and inspiring care to countless needy veterans." Listening carefully to the patient is one of the secrets of effective care, she said. "If you take the time to listen you often learn the patient's real problem may have nothing to do with their medical condition."

Pat Coufal, staff nurse at San Francisco VAMC's Santa Rosa Clinic, won the Sonoma County Mental Health Department's "Staff Person of the Year" award for helping to establish the clinic.

Dr. Abraham Zimelman, physician at the Boston VA Outpatient Clinic, was appointed as the state surgeon for the Massachusetts National Guard, making him the highest ranking medical authority in Massachusetts.

Dr. Richard Brown of the Pharmacy Service, Memphis, Tenn., VAMC, received the University of Tennessee College of Pharmacy's 1997 Alumnus of the Year Award.

Jonathan H. Gardner, director, Tucson, Ariz., VAMC, received the 1997 Roy E. Brown Award from the Association of Military Surgeons of the United States (AMSUS) for his accomplishments in federal health-care management.

The **Madison, Wis., VAMC** received the Prevention/Environment/Prosperity (P/E/P) award from the Wisconsin Department of Natural Resources in December. The monthly environmental achievement award recognizes the hospital's efforts to prevent pollution. The award honors Wisconsin

businesses that have gone beyond industry standards to minimize waste and prevent pollution while improving their bottom line.

Staff members of the **Materiel Management Program Office** at the Milwaukee VAMC received the national 1997 VA Supply Automated Advisory Network Innovation Award. They developed and implemented an electronic equipment tracking program for mobile hospital equipment. Besides a plaque given at the National Logistics Management Training Symposium in Orlando, Fla., \$1,000 was awarded the staff to be used for automation.

Dr. Philip A. DeSimone, chief of the Medical Service at the Lexington, Ky., VAMC, received the Kentucky Laureate Award from the American College of Physicians for excellence in medical care, education and research.

Deborah Schwallie, R.N., Milwaukee VAMC, was elected to serve for a two-year term as president of the Wisconsin Nurses Association, the state's largest professional association for registered nurses. Schwallie is a nurse practitioner in the medical center's employee health department.

Dr. Charles S. Lieber, chief, Alcohol Dependence & Treatment Program and Section of Liver Diseases and Nutrition, Bronx, N.Y., VAMC, received the 1998 American Medical Association (AMA) Scientific Achievement Award. The gold medallion is given annually for outstanding scientific accomplishments. □



VA Security Officer Dimitry Upshaw raises the POW/MIA flag over VA Central Office. Acting Secretary of Veterans Affairs Togo D. West, Jr., has directed that the flag be flown at VACO daily. This year's Dept. of Defense appropriations act ordered federal offices and properties to display the POW/MIA flag on Armed Forces Day, Memorial Day, Flag Day, Independence Day, National POW/MIA Recognition Day and Veterans Day. The law further directs VA medical centers to fly the flag any day that they display the U.S. flag.

for a traveling family. The family was on Interstate 10 when their 20-month-old baby went into seizure. The father spotted the VA sign and rushed into the medical center emergency room with the baby in his arms. VA staff diagnosed status epilepticus, a life-threatening condition, and immediately called in resources and provided care that saved the baby's life.



Mountain Home, Tenn., VA Medical Center Engineering Service employee **John Myers** was mowing grass at the center when he noticed a man alongside the road who appeared confused. As he watched, the man wandered into the busy street. Myers stopped his mower and ran to the man, pulling him to safety. Witnesses said Myers risked his own life in the busy traffic. He was recently named "Employee of the Month."



his arm, which was bleeding. Miller asked to look at his arm and how it had been cut. "I did it with this," was the reply as the veteran pulled an open pocketknife from his pocket. She continued talking to the veteran, asking him to give her the knife. He refused, saying, "I'm going to cut myself again." She tried to restrain his arm, but he was too strong and cut himself again. Meanwhile, **Carolan Brooks**, the director's secretary, alerted police when she saw the knife. **Chuck Rutherford**, supervisory personnel management specialist, responded first to the alarm and began talking to the patient. Soon after, officer **Jon Davis** joined him, and both took the patient's knife and subdued him until medical personnel arrived to treat him.



The **Tucson, Ariz., VA Medical Center Life Support Unit** made it a memorable and thankful holiday season

Cleveland VA Medical Center Spinal Cord Injury Service nurse **Beverly Krueger, R.N.**, was awakened at home by a midnight phone call from the mother of one of her patients. The mother described her distressed son's symptoms which Krueger recognized as consistent with autonomic dysreflexia, a potentially life-threatening condition for patients with spinal cord dysfunction. She drove to the patient's house and found him in serious condition because of a blocked catheter. She replaced the catheter and stayed with the patient until his blood pressure returned to a safe level. She literally and figuratively went the "extra mile" that night and those extra miles saved a veteran's life. □

HEROES



A life-long VA hero, Lexington, Ky., VA Medical Center volunteer **John Paul Jones**, died in January with 38 years and 12,161 hours as a VA volunteer to his credit. The 71-year-old retired fire department official was an active VFW member and state leader. In addition to serving in virtually every volunteer capacity at the medical center, he was an avid volunteer recruiter and community booster for VA. Center public affairs officer Judy Rittenhouse said, "He functioned like an unpaid Voluntary Service staff member and hardly ever took a vacation or called in sick." Voluntary Service Chief Greg Anderson said, "It would take several volunteers to replace

the hours John Paul served each week, but his impact as a volunteer at our medical center is irreplaceable." Bettie Jones, John's wife, volunteered by his side at the medical center and will continue her work there.



Cool thinking and quick response by Knoxville Division employees of the VA Central Iowa Health Care System prevented a serious incident from escalating to personal disaster. A veteran walked past secretary **Ann Miller** into the associate director's office and asked to see the director. He then told the secretary, "I want to show the director this" and stuck out