



U.S. DEPARTMENT OF VETERANS AFFAIRS

Vanguard

MAY 1999

Veterans' Honor Rose

New Rose Dedicated to Veterans
Unveiled This Month — page 9

Inside: Nurse Awards, 4 ☆ One VA Conferences, 7 ☆ Hispanic Executives Summit, 9

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On The Cover:

The Veterans' Honor Hybrid Tea Rose, developed by Jackson & Perkins Company at the request of Under Secretary for Health Dr. Kenneth W. Kizer, debuts this month. The company donated rose bushes for May 27th planting ceremonies at VHA facilities nationwide, and has pledged 10 percent of the proceeds from the sale of the rose to VA medical research. The Veterans' Rose will be available for sale exclusively through the Jackson & Perkins catalog.

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INTRODUCING

Jim Mayer

Although Jim Mayer has been Executive Director of Leadership VA (LVA) for only a year, he has been involved with the program in various capacities since it began 21 years ago.

In 1978, while serving as executive assistant to former VA Administrator Max Cleland, he provided administrative support to help launch Cleland's vision of an internal executive development program modeled on a similar program in Cleland's native Georgia, Leadership Atlanta. In 1979, Mayer was selected as a participant in the second LVA class, and supported the program in later years by taking on various roles.

LVA provides leadership training to 70 competitively selected participants each year through four intensive, week-long sessions held in Baltimore, Philadelphia, Washington, D.C., and Williamsburg, Va. It is the only major VA program that trains employees from all organizational elements together, and to date, more than 1,300 senior employees have graduated.

Open to GS-13s and above, the program is usually announced in the fall of each year. Competition for the 70 slots is intense — approximately 400 applications are received in a typical year. Mayer advises prospective participants to keep in mind that few applicants get selected on their first attempt, and those who have given a lot of time and attention to the application are usually the ones who are ultimately selected.

"Remember that the application totally speaks for you," Mayer says. "When we say it's full and open competition, we mean it. Some applicants have a perception of favoritism or unadvertised paths to

selection, but it is truly a self-nominated, self-promoted process. And the more people who apply, the stronger the program gets."

Downloading the application form from the VA Intranet at <http://vaww.va.gov/forms/dotindex.asp>, or the Internet at <http://www.va.gov/forms/dotindex.htm> makes it easier to refine and update the application, Mayer says.

He also suggests that program candidates seek advice from LVA alumni on how to strengthen their applications. "Among the alumni, there's a genuine feeling of 'I'll pay back what was invested in me,' and they are always available to help."

Since taking over as director last April, Mayer says he has been making some changes to the program, while taking care to keep intact the aspects participants have come to expect from it. "There are certain time-tested, core and traditional elements that we want to maintain."

He has been working to bring in more university and corporate leadership experts as presenters to help participants learn how to lead the many changes VA is undergoing. "VA is moving to a flatter, smaller, more team-oriented organization," he says, "so we need more leaders and fewer supervisors."

Mayer's 20-year VA career has included a variety of positions, mostly in VHA, and he is an active community volunteer.

An Army veteran, he lost both legs below the knee in a land mine explosion in Vietnam on April 25, 1969. Each year on that date, he gathers friends and colleagues together for a celebration he calls "Alive Day."

"I made myself a promise that if I lived, I would have a party every year," he says, and he has kept that promise for the past 30 years. ❑



Joseph Woodring
Truman Fellow, Office of
Intergovernmental Affairs

Partnership Helps VA Meet Needs of Rural Veterans



The National Rural Development Partnership (NRDP)'s March conference marked a milestone for the Partnership and VA. It was

the first time VA was invited to attend the national meeting of federal, state and local government organizations and interest groups dedicated to meeting the needs of rural communities.

Key VA officials spoke about VA's current telehealth initiatives, homeless programs, community-based outpatient clinics, benefits delivery and other issues affecting veterans in rural communities.

Veterans' interests are well served by the NRDP's inclusive, broad-based approach to community and economic development. Approximately half of the 36 State Rural Development Councils (SRDCs) have at least one VA representative. In addition, VA Intergovernmental Affairs (IGA) staff regularly attend

monthly National Rural Development Council meetings with representatives of some forty federal agencies, and state and local interest groups interested in rural economic development.

VA partnering with State Councils resulted in successful telemedicine projects in Alaska and Maryland; teletechnology sharing in Colorado, Montana and Texas; expanded veterans housing in Kansas, Massachusetts, Missouri and South Dakota; and expanded health-care delivery in Kansas, Utah and West Virginia.

The Department's IGA Office is currently coordinating a NRDP Rural Telecommunications Policy Working Group seeking to resolve national telecommunications policy impediments to ensure rural communities obtain high-speed, advanced telecommunications networks for Internet and telehealth use.

VA's telehealth interests were well represented during a recent Federal Communications Commission (FCC) consultation. There, members from SRDCs, federal

agencies and national organizations met with key FCC officials to discuss various national policy measures enacted by the FCC that affect rural economies, especially in the field of health care and education. Rural VA medical centers and community-based outpatient clinics should take advantage of the telecommunications discounts offered by the Rural Health Care Program for telemedicine use.

VA's participation in the recent NRDP conference reflects the Administration's commitment to a more responsive and efficient federal government and to broad inclusion of rural veterans in policy decisions.

Partnering with non-VA health care providers, other federal agencies, community organizations, businesses and state and local government enables VA to improve service delivery to veterans in rural areas. Time and money are saved, and veterans' needs are met. As new challenges and changes emerge, VA's outreach to the NRDP enables rural veterans to vocalize their concerns, and we resolve to listen. □

New VA Products Address Y2K Challenges

With just seven months left in the 20th century, VA is continuing its efforts to ensure that field facilities and the veterans they serve are ready to meet potential challenges brought on by the Year 2000 date change.

To that end, the Department recently issued two new products: a patient-focused contingency planning guide and an informational fact sheet.

The *Patient-Focused Year 2000 Contingency Planning Guidebook* provides an easy-to-follow, nine-step approach to constructing a Year 2000 contingency plan, complete with sample contingency plans for each department in a typical health-care facility as well as an overall plan for an entire facility. Suggestions to

limit adverse impacts and risks also are provided with each sample.

The guidebook contains an extensive outline to assess, renovate, validate and prepare contingency plans for medical devices; a comprehensive assessment of potential external threats, such as utility, trash and transportation systems failures or outages; and provides guidelines for Year 2000 emergency preparedness training and drills.

In addition to helping VA's own facilities get ready for the Year 2000 changeover, the guidebook is expected to be a valuable resource for other health-care facilities as well. As a public service, VA has made the guidebook available on the Internet at www.va.gov/year2000. One large health-care related organiza-

tion, Premier, Inc., has posted the guidebook on its Web site to help its 1,700 member hospitals refine their Year 2000 contingency plans.

The informational fact sheet, *Y2K Questions and Answers: Veterans and the Year 2000*, was developed and widely distributed to veterans and other stakeholders nationwide to alleviate concerns about the potential impact on VA operations. Specific answers are provided to questions such as: Will my benefits check be delivered on schedule? Will my prescription drugs be available? and Will operations be interrupted at VA national cemeteries?

VA met the Administration's March 31 deadline to achieve 100 percent Y2K compliance in all mission critical computer systems. □

VA Nurses Heal from the Heart



Recipients of the Secretary's Excellence in Nursing Awards were, from left: Linda Haas, Dorothy Huebener, Janis Cole and Lois Capers.

The Department honored its more than 55,000 nurses this month during National Nurses Week, May 2-8. VA is the largest single employer of nurses in the country, and many VA nurses are national leaders in professional development, education and administration.

Nurses have always been at the core of the VA health care system, but their roles are evolving and diversifying as VA continues to transform how health care is delivered to veterans.

Recipients of this year's Secretary's Awards for Excellence in Nursing and the Advancement of Nursing Programs were honored in a ceremony in Washington, D.C., this month. They are: **Linda B. Haas**, registered nurse at the Seattle division of the VA Puget Sound Health Care System; **Dorothy Huebener**, registered nurse at the St. Louis, Mo., VA Medical Center; **Janis Cole**, licensed practical nurse (LPN) at the Jackson, Miss., VA Medical Center; and **Lois Capers**, nursing assistant at

the New York campus of the VA New York Harbor Healthcare System. **Richard A. Silver**, director of the Tampa, Fla., VA Medical Center, was honored as the recipient of the Secretary's Award for the Advancement of Nursing Programs.

An endocrine clinical specialist, Haas' knowledge of diabetes mellitus and renal disease makes her the primary consultant for diabetes care not only for the medical center, but also the state of Washington. In addition to consulting with new patients each month, she manages a panel of chronic diabetic patients in the ambulatory care and acute care settings.



Richard A. Silver

As an associate professor at both the University of Washington School of Nursing and Seattle Pacific University, her design of an interdisciplinary teaching model for diabetes education includes students from nursing, medicine and other disciplines. Haas also designed and implemented the "Seattle Big Foot" diabetes teaching program, through which more than 500 diabetics get foot care, proper fitting of shoes and

prosthetic appliances to preserve their limbs.

Nationally certified as a diabetes educator, Haas has authored more than 45 publications and has served as president of the State of Washington Diabetes Association and American Association of Diabetes Educators.

Her colleagues describe her as an outstanding clinician who demon-

Broader Roles and Duties for APNs

VA currently employs more than 2,500 advanced practice nurses (APNs), and they are playing a key role in the transformation of the VA health care system from a hospital-based system to a primary care, outpatient-based system.

VA's APNs — nurse practitioners and clinical nurse specialists — are taking on broad roles and responsibilities in such areas as home health care, women veterans program management, education and administration.

Their duties include educating patients and family members, obtaining medical histories from patients and performing physical examinations. Many APNs have the authority to write prescriptions for patients and to order and interpret laboratory and diagnostic procedures.

As primary care providers, APNs commonly work in VA outpatient clinics, where they typically have caseloads of 600-700 patients. They manage chronic diseases such as coronary artery disease, hypertension and arthritis, and also treat acute, episodic illnesses such as flu, sprains and colds.

Many of VA's women veterans coordinators are APNs, and some provide primary care to other special groups such as older veterans or those with HIV infection, multiple sclerosis, psychiatric disorders or cancer.

strates each day the value of serving veterans and improving health care.

As a staff nurse, Huebener coordinates care for radiation oncology patients. She is known for using her broad clinical knowledge to meet both the physical and emotional needs of patients.

As the pivotal force in bringing together the Radiation Oncology team at the medical center to work toward improving patient satisfaction and use of resources, Huebener was instrumental in coordinating seamless care between the St. Louis VAMC and referral facilities. Her coordination efforts have resulted in a decrease in the number of inpatient days before and during radiation treatment.

Cole was recognized for continually demonstrating that patients are her primary focus by refusing to be satisfied with the status quo and taking the initiative to expand her activities in ways that improve patient care. Expanding her access to patient scheduling and initiating individualized medication flow records for clinic patients are examples of her initiatives.

Cole improves her job-related skills through continuing education and training, and she is currently pursuing a degree in nursing.

Capers works on the Rehabilitation Medicine/Neurology Unit, where she is described as a self-directed worker who promotes teamwork in the unit and takes a positive approach toward changes that may improve a process or support the unit's goals.

She proposed and initiated a system to ensure that hourly checks of patients are done on the off tours, which resulted in a decrease in the number of patient complaints and an improvement in patient satisfaction survey results. Capers is known for her commitment to improving the quality of care, and she frequently expands her skills through continuing education.

Silver was honored with the Secretary's Award for the Advancement of Nursing Programs for recognizing the nursing program's unique contribution across the continuum of care for veterans, and for consistently supporting contemporary and progressive nursing practices.

He is credited with fostering

growth of all nurses by providing them opportunities to assume increased responsibility and accountability at the facility, network and national levels. He actively supports innovative programming, research-based practice and interdisciplinary functioning for nurses in an environment that promotes ethical standards, caring and a spirit of inquiry.

Silver is described as a champion of nurses whose support has contributed to the national recognition of Tampa VAMC nursing projects.

Criteria for the Secretary's Award for Excellence in Nursing include the recipient's integration of current

standards of nursing practice into clinical care, meeting performance standards, interaction with co-workers to achieve excellence in care, and maintaining skills through continuing education and inquiry.

The Secretary's Award for Advancement of Nursing Programs considers factors such as the incorporation of contemporary nursing practices into the facility's existing nursing program, the involvement of nursing as a clinical discipline at the facility, and provision of support services such as personnel or technology to enhance nursing's contribution to health care. □

Expansion of Nurse Research

Nurses are not generally thought of as scientists, but Mary Deletter, Ph.D., a nurse at the Lexington, Ky., VAMC, is one of an increasing number of VA nurse researchers working to identify health care-related problems and seeking solutions. She has been involved in a dozen research studies in the last 10 years and is currently working on three projects — two focusing on patients with chronic lung disease and another on evaluating home health care services for veterans.

Deletter says nurse researchers do not look for cures for diseases or illnesses; rather, they search for ways to reduce symptoms and improve the quality of life of patients with chronic health problems.

One of the goals of VA's Nursing Service is to increase the number of nurses with funded merit-review level research proposals. In fiscal year 1998, more than 40 nurses were principal investigators in more than 50 studies at VA facilities with total funding of \$2.5 million. Many more nurses participate in funded research but are not principal investigators.

Although VA has expanded the role of nurse researchers in recent years, nurses were always eligible to apply for VA research funds if their jobs allowed them time to conduct studies. In 1963, VA also became the first health-care provider in the nation to establish positions in hospital settings for nurse researchers with doctorate degrees.

But encouragement for more substantial research on nursing topics began in 1995 when Nursing Service and the Office of Research and Development created the Nursing Research Initiative (NRI) to increase the role of nurses in medical, health services and rehabilitation research.

The goal of the NRI program is to bring the perspective of nurses to high-priority, VA mission-oriented subjects in independent research. To date, 18 studies have been funded under this initiative, on topics such as congestive heart failure, dementia, post-traumatic stress disorder, management of cancer pain, spinal cord injury and falls.

In 1998, Eileen Collins, Ph.D., a nurse at the Hines, Ill., VA Medical Center, became the first nurse to receive an award in the VA Research Career Development Program. The Career Development Program provides full salary for promising investigators who devote at least 75 percent of their time to research, usually for three to five years.

Collins, a nurse scientist specializing in rehabilitation research, is studying the effects of training in breathing and aerobic exercise on people with chronic obstructive pulmonary disease (COPD), a common condition among elderly veterans. She is evaluating the effectiveness of a method of retraining breathing in coordination with various forms of exercise to improve tolerance for exertion as well as quality of life.

Colorado School Tragedy Spurs VA Help

Americans were riveted to their television sets last month as the horror of a suburban Denver high school under siege by two teenage gunmen unfolded on their screens. In the wake of the tragedy at Columbine High School in Littleton that left 15 people dead, 23 hospitalized and countless others in shock, employees of Denver-area VA facilities pulled together to lend a collective helping



Two of the Columbine High School shooting victims were buried at Fort Logan National Cemetery.

hand to the community.

At the Denver VAMC, Public Affairs Officer Joe Dean and Anita Urdiales, team leader of the medical center's Mental Health Crisis Intervention Team, coordinated assistance to the relief efforts.

As the news broke, medical center staff quickly conducted an internal bed status review to be prepared in case they were called on to receive some of the casualties. Eleven VAMC counselors who have special training in mental health crisis intervention and grief counseling were dispatched to the scene in coordination with the Red Cross Disaster Team.

Working in shifts to help provide support 24 hours a day, they manned the crisis hotline phones, worked directly in the park adjoining the school at the crisis command center, and provided assistance at memorials and church services. Nine VA police officers and additional staff from the medical center also provided security at the committal

services for two victims with support from the Denver Special Operations Police Unit.

Dr. Rodney Haug of the Denver Readjustment Counseling Service (RCS) Regional Manager's Office provided counseling coordination, arranging for an additional eight counselors from that office and the Denver, Boulder and Colorado Springs Vet Centers.

This team also worked long hours

to assist the Red Cross team on the phone lines and at the crisis command center. They worked into the night to cover when the Red Cross team's shifts ended, and provided a counselor to take calls on a local radio show that was receiv-

ing a large number of calls from students who were in distress and needed to talk. Team members also staffed two emergency counseling centers established at local churches.

Tom Balsanek, director of the Denver NCA Area Office, Leon Murphy, director of the Fort Logan, Colo., National Cemetery, and cemetery staff worked to arrange committal services for two of the students killed at the school who were the children of veterans. They worked directly with family representatives to ensure that their wishes were accommodated.

With the media spotlight focused intensely on all aspects of the tragedy, Paul Sherbo and Elaine Buehler of the Denver VA Regional Office of Public Affairs, and VISN 19 (Denver) Public Affairs Officer Jim Sandman were on hand to provide media strategy and coordination assistance.

They worked with the police and local and national media command centers to provide points of contact for questions, coordinate distribution

of information on VA involvement and on the committal services, and arranged pooling of media coverage to minimize impact on the services. They also provided additional media coordination during the services. Denver Regional Counsel staff rounded out local support by providing legal consultation and oversight to VA's relief effort.

Although no VA employee lost an immediate family member in the tragedy, one Denver VAMC employee was the godmother of one of the victims, and another has a child who attends the school but was absent on the day of the shootings. □

Tornado Devastation Affects VA Employees

Although the tornadoes that devastated Oklahoma and Kansas early this month did not directly affect operations at the Oklahoma City VA Medical Center, about 50 employees reported damage to their homes, ranging from blown-out windows to complete destruction. Some of the twisters were among the most powerful ever recorded, and damage was extensive.

Most of the casualties were sent to other area hospitals, but some veterans were treated at the VA medical center for minor injuries and released. A number of VAMC employees went to work in the community providing assistance in storm-ravaged areas, and the medical center also hosted a Federal Emergency Management Administration (FEMA) team.

The Oklahoma City VA Medical Center established a tornado relief program to help affected employees. Donations may be sent to the Oklahoma City VA Medical Center Tornado Relief Fund (OOA), 921 N.E. 13th Street, Oklahoma City, OK 73104. You may also send donations to the VA Employees Disaster Relief Fund, c/o VA Central Office Credit Union (831), 810 Vermont Ave., N.W., Washington, D.C., 20420. □

First 'One VA' Conference Set for July in Phoenix

Three Others Planned for Atlanta, Pittsburgh, and St. Louis

Phoenix, Ariz., will be the site of the first of four regional One VA conferences July 13-15. More than 375 employees are expected to attend from facilities and offices in 13 western states representing the three administrations and staff offices.

They will form cross-organization work teams and participate in exercises to better understand how to collaborate with colleagues from other VA components as a unified team.

The goal, according to planners, is to expose participants to successful experiences in improving customer service through inter-organizational initiatives and then have the teams develop action plans to implement One VA initiatives at the local level. The three other conferences are planned for Atlanta, Sept. 8-10, Pittsburgh, Nov. 3-5 and St. Louis, Dec. 7-9.

According to conference co-chairs

Gary Steinberg, Deputy Assistant Secretary for Planning and Evaluation, and Dr. Larry Blevins, Dean of the VA Learning University, the conferences represent an important part of a long-term transformation that will see VA enter the 21st century providing high-quality, seamless service to veterans.

Steinberg said he hopes the conferences will accelerate development of a One VA corporate culture by helping VA employees see the value of initiating cooperative activities that go beyond their familiar territorial boundaries.

The conferences will bring senior leaders, middle managers and first-line employees together with union representatives and veterans service organization members.

Steinberg expanded on the format: "We plan to help participants see what success looks like by sharing outstanding internal One VA accomplishments from across the

country as well as the experiences of organizations similar to VA in the public and private sectors that have transformed their cultures."

Following each conference, "news stories" will be shared throughout the Department to inform all employees about issues that were addressed and specific action plans developed to enhance the delivery of seamless service.

Many of the employees selected to attend the conferences have jobs that bring them in direct contact with veterans or work on quality improvement teams. Exhibits and videos will depict successful ventures among organizations that have resulted in improved service to veterans and operational efficiencies.

Exhibits will be selected from the 300 success stories submitted in response to an invitation from Secretary of Veterans Affairs Togo D. West, Jr. □

Military Funeral Honors Plan Goes to Congress

The Department of Defense (DoD) has submitted to Congress a plan developed with the input of VA and veterans service organizations (VSOs) to improve the availability and delivery of military funeral honors for veterans.

If approved, the plan would require the military to provide funeral honors at the burial of any honorably discharged veteran if requested by the next of kin. A team of at least two representatives, one of whom will be a uniformed member of the service branch the deceased veteran served with, will conduct a flag-folding ceremony and present the flag to the family.

The plan also requires the playing of "Taps" at the funeral service, either by a bugler or a high-quality audio recording.

The Defense Department will improve access to and coordination of military funeral honors for families and funeral directors by establishing a toll-free request number and a Web site containing information on the benefit. The challenge of

providing military honors will be met by DoD in part by working with local VSOs that are currently providing military funeral honors and by expanding the use of National Guard and Reserve forces.

VA joined with DoD to host a meeting last November in Washington, D.C., to develop the plan to meet this increasing challenge. Eighteen military and veterans service organizations participated, along with senior officials from two national funeral directors associations and congressional staff.

Current DoD policy requires the military to provide honors only within the constraints of available resources. But the policy, which has not been changed in nearly 15 years, is no longer adequate in an era of increasing veteran deaths and a shrinking military.

The number of veterans who die each year has increased by 18 percent since 1989, while the size of the active duty military has decreased by 35 percent over the same period.

Reserves forces, which have long been used to help support requests

for military honors, have decreased in size by 25 percent. Military base closures have added a geographical challenge for funeral honor guard details, according to DoD, because they often must travel greater distances than in the past to provide final tributes for deceased veterans.

The military was asked to provide funeral honors for 37,000 deceased veterans last year, which amounts to approximately nine percent of eligible families. But with the activation of the toll-free number and Web site, as well as an anticipated 36 percent increase in the death rate of veterans by 2008, DoD expects demand to increase to 45 percent, or more than 250,000 funeral services per year.

If approved by Congress, the new policy will be implemented on January 1, 2000. The plan was developed in response to a requirement placed in the 1999 Defense Authorization Act after veterans' family members raised concerns about the lack of available resources for providing military funeral honors. □

More VA Teams Collect Scissors Awards

As VA teams continue to develop innovative initiatives to cut red tape, streamline operations and improve customer service, they collect more Scissors Awards from Deputy Secretary Hershel Gober for their efforts. Here are recent winners of the VA Scissors Award:

Deputy Secretary Gober visited the **Hampton, Va., VA Medical Center** recently to present a Scissors Award to a team of VA and Department of Defense (DoD) Tricare employees for their efforts in developing blanket purchase agreements (BPAs).

This group, originally formed to provide more cost-efficient, high-quality laboratory reference testing services for three VA medical centers in VISN 6 (Durham) and six DoD medical treatment facilities in Virginia and North Carolina, subsequently turned its efforts to other aspects of laboratory services.

The group redefined the participating federal hospital laboratories as a unified regional purchaser, using this combined purchasing power to obtain maximum discounts from national vendors. The group continues to execute VA/DoD combined BPAs and saved more than \$1 million last year.

Two teams at the **Lebanon, Pa., VA Medical Center** recently received Scissors Awards. The Food Service Department was honored for redesigning food service operations, incorporating technologically advanced equipment, and rethinking workflow to achieve increased efficiency while maintaining high quality patient meal service.

The VAMC's Quality Management Section was recognized for streamlining the process of reviewing medical records. Prior to implementing the new process, fifteen different staff members were responsible for reviewing a portion of the same record. The new process resulted in the combination of the Health Information Management Section and Quality Management Section working as one functional unit to eliminate duplication of effort and improve data validity.

The **New Orleans VA Medical**

Center and VA Regional Office received a Scissors Award for a joint telecommunications project that saved thousands of dollars and improved customer service.

In 1997, the VAMC was completing a facility upgrade, and the VARO needed to update its antiquated telephone system. The VARO's phone system would not allow calls to be transferred between the facility, the VAMC and the Baton Rouge Outpatient Clinic. It also lacked auto-attendant, which would have allowed quicker response to calls, and voice mail features.

Purchasing a new telephone system would have cost the VARO more than \$370,000 and upgrading the existing system would have cost \$150,000. But by teaming up with the VAMC, the VARO became a remote tenant on the medical center's phone system at a cost of \$106,000. In addition to the cost savings, the joint venture allows both facilities to improve customer service. Previously, callers had to hang up and redial a seven-digit number if they had contacted the wrong facility. Now, callers can easily be transferred between the VAMC, VARO and outpatient clinic. The facilities also recently received a Hammer Award for this successful joint venture.

The **Subsistence Prime Vendor (SPV) Management Team** received a Scissors Award for streamlining operations of Nutrition and Food Service, Acquisition and Materiel Management and Fiscal/Financial Management Services at VA facilities nationwide.

The team, composed of members of the VACO staffs of Nutrition and Food Service and the Office of Acquisition and Materiel Management as well as participating VA medical centers, initiated a consolidated group food purchasing program that saves money, is more efficient, and improves the quality of patient care.

By offering a wider food product selection at competitive market prices, the new direct vendor delivery system developed by this team reduced food costs by 10 to 15 percent nationwide and improved menu choices. A number of military hospitals and bases, as well as state

veterans homes are now participating in the SPV program. The team also was selected to receive a Hammer Award for this initiative. Team members from VACO and VA medical centers in Seattle/American Lake, Houston, Hines, Ill., and Denver were on hand to accept the awards from Deputy Secretary Gober at a ceremony last month in Washington, D.C.

The **St. Paul, Minn., VA Regional Office Information Center** received a Scissors Award for providing telecommunications support for VAROs serving 13 Midwestern states, allowing telephone inquiries from veterans and their families to be answered more efficiently.

Previously, a caller would receive a busy signal, which resulted in a "blocked call." The St. Paul Information Center staff's efforts, working with the affected VAROs, have allowed more callers to reach VA and have their inquiries answered.

VA Podiatry Service received a Scissors Award for adapting and reproducing for nationwide distribution a monofilament device used to screen a diabetic's foot for areas that lack sensation.

When a diabetic has lost feeling in a foot, the chances of infections, ulcerations and amputations increase. Podiatry Service staff identified a monofilament device developed by the Bureau of Primary Health Care (Lower Extremity Amputation Prevention Program), and obtained permission to modify and reproduce it. About 22 percent of veterans have diabetes. The device is now being used in 70 VA health-care facilities, and has saved the government \$60,000.

The ultimate benefit, however, is that the devices are decreasing the number of amputations among diabetic veterans. At a recent "Heroes of Reinvention" awards ceremony in Cleveland, where VA Podiatry Service is based, the service received both the Scissors Award and a Hammer Award for this initiative.

The Hammer Award was shared with the Bureau of Primary Health Care, designer of the monofilament device. □

VA Co-Hosts Hispanic Federal Executives Summit

The Department's two-year partnership with the National Association of Hispanic Federal Executives (NAHFE) was underscored at the Hispanic Federal Executives Summit II conference held in Washington, D.C., recently. VA co-hosted the meeting of Hispanic executives and federal human resources managers whose mission is to increase the number of Hispanics in the top ranks of the federal workforce.

Hispanics continue to be the most under-represented group in career federal service, particularly at the top management level, the Senior Executive Service.

More than 200 attended the two-day meeting, which was organized and supported by the VA Office of Equal Employment Opportunity, directed by Acting Deputy Assistant Secretary Ellis Jones Hodges. The group heard from a number of high-ranking officials, including keynote speaker Togo D. West, Jr., Secretary of Veterans Affairs, and Office of Personnel Management (OPM) Director Janice R. Lachance.

VA EEO staff guided participants

through a series of focus group sessions designed to develop strategies to implement the nine Hispanic employment initiatives undertaken by OPM in 1997 and shared with other federal agencies by the President's Management Council.



VA executives take at break at Summit II, a meeting of federal executives to develop methods and strategies to bring more Hispanics into the top levels of the federal workforce. From left: Ada Neale, associate director, VA Health Care System, Fresno, Calif.; Dr. Anna Duran, management consultant; and Gabriel Perez, associate director, Honolulu VA Regional Office.

Lachance emphasized the need for the government to hire and promote Hispanics, whom, she said, "continue to be the only under-represented group in the federal service, representing 6.2 percent of the federal work force, compared to

11 percent of the civilian work force." She singled out the Social Security Administration for its work in bringing the Hispanic representation in its work force to 8.6 percent and "helping build a government that looks like America."

Secretary West acknowledged that VA had a long way to go to bring Hispanic representation in its work force up to civilian work force levels, but he said progress was being made and new initiatives were underway. He cited VA's partnership with the Hispanic Association of Colleges and Universities (HACU) as one source of diversity within VA management.

"We are happy about the growth in [HACU] interns in our Department," he said, "from a low single-digit number to more than 50 this year."

He also noted VA EEO staff outreach to potential Hispanic employees through job fairs, conferences, and mentoring.

Summit II recommendations go to the President's Management Council for incorporation into the Administration's federal employment strategy. □

New Veterans' Rose Dedicated This Month

A new rose dedicated to veterans will be planted at VA medical centers and vet centers in special ceremonies across the country on May 27 as the nation enters the Memorial Day weekend.

The dark red Veterans' Honor Hybrid Tea Rose was developed by Jackson & Perkins Company, the world's largest rose company, at the personal recommendation of Under Secretary for Health Dr. Kenneth W. Kizer.

"I wanted to create a commemorative rose to signify the pride and gratitude that we as citizens of this country have for our veterans," Dr. Kizer said. "Without their sacrifices

and beneficence, the freedoms that Americans and many other people enjoy today would not be possible."

The company donated rose bushes to VA for the planting ceremonies and has pledged 10 percent of the proceeds from the sale of the rose to VA medical research. VA's medical research program supports more than 7,000 investigators working on more than 15,000 projects.

Jackson & Perkins also will unveil the new rose on May 27 at a ceremony at Arlington National Cemetery, where it will be planted in a memorial rose garden donated by the Oregon-based mail order rose company.

The Veterans' Honor rose is described by the company as a "stunning dark red hybrid tea rose, with dark green, semi-glossy foliage and a light raspberry fragrance." The rose bush will grow to a height of about four feet and a width of about five feet. Its bloom opens to a large flower with a high centered bud.

Once planted on the grounds of VA facilities nationwide, the perennial flower will serve as a living and lasting tribute to the nation's veterans.

The rose will be available exclusively through the Jackson & Perkins catalog. The company's customer service number is 1-800-872-7673. □

Patient's Daughter Shares Quality Care Story

[Editor's Note: Jamie Mitchell Molitoris of Media, Pa., lost her father to cancer several months ago. During his 11-month battle with the disease, her father received his treatment from the VA Pittsburgh Healthcare System. Molitoris asked VAnguard to share with VA employees her story of the compassionate, quality care her father received "as a way of recognizing the fine work of all of the VA healthcare providers." What follows are excerpts from that story, in her own words.]

On January 31, 1998, my father was diagnosed with radical cancer that originated in the root of his tongue. By the time he sought medical help, the cancer was very far advanced. He required surgery that would entail the removal of his tongue, esophagus, voice box and vocal chords.

As I sat in the doctor's office and listened to the doctor explain all of this, my stomach turned. Not only was I concerned about the basic questions for Dad, but also, I was concerned with where the procedure would take place. My father was going to put his life in the hands of people at a VA hospital.

VA hospitals have been in the news repeatedly recently with articles decrying care. This was my DAD and there was no way I wanted him at a VA hospital. I wanted him somewhere that he would receive quality, caring treatment. By the time he sought treatment, it was too late to shop around for hospitals.

From the getgo, I was encouraged by the amount of communication that went on. My brother and I were trying to handle this long-distance, sometimes flying in for just a day of meetings. Ruth [Young], the [health technician] coordinating Dad's care, scheduled meetings when we could be there. Ruth always made us feel that Dad was her only patient, yet a visit to the crowded Ear, Nose and Throat clinic proved that she was caring for a lot of Dads and I would bet that they also felt like they were her only patient.

Dad's recovery from 14 hours of surgery was complicated [and] mandated heavy sedation and constant monitoring. "Not to worry (her favorite expression)," said Ruth,

"he can stay in ICU as long as he needs to, no insurance restrictions here." True enough, he needed two weeks in ICU and there was never pressure to move him.

In the next phase of his treatment, Dad required six weeks of radiation. Again I was panicked. Dad's home in Bedford was 80 miles from Pittsburgh where he was to receive the radiation and he did not have a car. Despite our constant nagging, Dad would not "bother" my brother or I by coming to stay with us and allowing us to help him through the radiation.

Again, "not to worry." The



Health Technician Ruth Young

Oakland / Aspinwall VA provides rooms they call a "hoptel." Patients can stay there and come and go as they please for the duration of their treatments. During his six weeks in the hoptel, Dad came out of his shell more than I had ever seen. He played bingo every day, painted stained glass for both friends in the hospital and family members, and became part of the VA community. At every turn, there was someone my brother and I could call to find out about Dad's care and Dad was never alone or lonely.

Thanks to the wonderful extended care provided by VA and to Dad's fortitude, he was able to come home and live on his own. "How will he communicate?" I wondered. Again, not to worry. He was pro-

vided with a Godsend device called a Lightwriter. This little computer about the size of a purse allowed Dad to type in whatever he wanted to say. He then simply pushed a button and the computer spoke for him.

The true extent of the care provided by the staff at the VA center in Aspinwall came toward the end of Dad's life. The recurrence of his cancer was quick and horrible. When we couldn't be at his bedside the nurses we spoke with daily were calming and reassuring. Dad got to a point where he couldn't use his Lightwriter to communicate anymore so he wrote notes; sometimes just scribbles, sometimes partially coherent fragments.

When he died, I went through his tablet to try to understand how he felt and thought as his head blew up like a beach ball from fluid and tumor. Did he have any epiphanies? Any regrets? I found none of that type of writing.

What I did find was remnants of what looked like a particularly difficult night: "TAKE ME TO BEDFORD" was followed by angry violent scrawls. "I'M GOING HOME" followed by more incomprehensible scribbling. My heart was breaking as I read this until I got to the bottom of the page. Very carefully and lovingly was written: "I enjoy taking care of you, and I want you to be safe. Please don't get out of bed. If you need anything, please just call and I'll be right in."

I had seen the way the nurses stroked my father's swollen face; a face that I was sometimes afraid to touch. I had heard the way they talked gently to him, calling him "buddy" and encouraging the faintest of smiles when it truly was difficult to tell if he was smiling, but reading that carefully worded note sealed the deal. My father received the best possible care and all in a VA hospital.

Does this piece settle my score with the VA hospital in Pittsburgh? I think not. How does one properly thank an organization for allowing her father to die with dignity as comfortably as possible? To me that is an impossible task. Now at least, I feel as though I've made an effort. □

Presidential Rank Awards Honor 19 VA Executives

Vice President Al Gore honored 54 members of the federal government's Senior Executive Service (SES) with the Presidential Rank Award of Distinguished Executive last month.

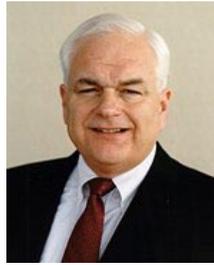
Presented to no more than one percent of career senior executives, the award recognizes top federal executives for their extended exceptional performance in government resulting in more cost-

efficient service to the public and valuable contributions in leading vital federal programs.

Among those honored were four VA executives:

John J. Donnellan, director of the VA New York Harbor Healthcare System; **Frederick L. Malphurs**, VISN 2 (Albany, N.Y.) director; **William T. Merriman**, Deputy Inspector General; and **Thomas A. Trujillo**, former

VISN 18 (Phoenix) director (retired). In addition, 252 members of the SES were honored with the Presidential Rank Award of Meritorious Executive, which is awarded to no more than five percent of career senior executives. The 15 VA recipients were:



Frederick L. Malphurs

Vincent L. Barile, director of Operations Support for the National Cemetery Administration; **Joyce E. Felder**, Associate Deputy Assistant Secretary for Human Resources Management; **Glen W. Grippen**, Milwaukee VA Medical Center director; **Peter P. Henry**, director of the VA Black Hills Healthcare System in Fort Meade, S.D.; **Smith Jenkins, Jr.**, VISN 22 (Long Beach, Calif.) director; **Howard C. Lem**, Assistant General Counsel, Group VI; **James A. Maye**, Roanoke, Va., VA Regional Office director;

Laura J. Miller, VISN 10 (Cincinnati) director; **Richard F. Robinson**, Fayetteville, Ark., VA Medical Center director; **Robert W. Schultz**, Deputy Assistant Secretary for Administration; **William L. Shelton**, Associate Deputy Assistant Secretary for Financial Operations; **Stanley R. Sinclair**, Deputy for Management; **Michael G. Sullivan**, Assistant Inspector General for Auditing; **David M. Walls**, Phoenix, Ariz., VA Regional Office director; and **Leo C.**

Wurschmidt, Jackson, Miss., VA Regional Office director.

The Presidential Rank awards were established to recognize executives with careers of sustained accomplishment — those who have consistently demonstrated strength, leadership, integrity, industry and personal conduct of a level that has established and maintained a high degree of public confidence and trust. □



John J. Donnellan



William T. Merriman



Thomas A. Trujillo

Stand Down 2000 Aims to Reach More Homeless Vets

In 2000, every state in the nation should have at least one stand down for homeless veterans with VA participation. Nearly 100,000 homeless veterans will receive help as a result. That's the goal of Stand Down 2000, a VA department-wide millennium observance.

Tipper Gore, wife of the Vice President, has agreed to serve as honorary spokesperson for Stand Down 2000.

"We hope the Martin Luther King, Jr., Birthday weekend in mid-January will serve as the focal point for holding many of the stand downs next year," said Pete Dougherty, director of VA's Homeless Veterans Programs Office, which will coordinate VA efforts nationwide.

The reason he sees the goal of reaching 100,000 veterans at stand downs as reasonable is that a 1998 poll of all VA medical centers

revealed that more than 43,000 veterans and family members visited 123 stand downs and benefits fairs last year. Those events were held in just 42 states and the District of Columbia. An estimated 24,550 volunteers, including VA employees, assisted at these events. And already in 1999, more than 70 stand downs are scheduled. With the added emphasis this year to stage stand downs in 2000, the number of participants should greatly increase.

The concept of the three-day, or multiple-day, stand down began in 1988 when a group of Vietnam veterans believed that the highly effective military model of a stand down could be used to provide a safe and supportive environment for homeless veterans. Stand downs provide a means of bringing homeless veterans out of their "jungle."

They draw homeless veterans living under bridges or sleeping in

the woods and on the streets of cities to places where they are welcomed by people committed to helping them.

Stand downs offer a safe haven by providing health care and medical assessments, benefits assistance and other community-based assistance in one location at one time. Veterans can receive medical evaluations and referrals to VA medical treatment facilities, receive benefits counseling, hot meals, showers and haircuts. Stand downs often renew the spirit and give many the tools to make informed choices for the future.

VA staff and community organizers estimate that 25-35 percent of all veterans who attend stand downs (10,000-15,000) had not received medical treatment or benefits assistance from VA previously, and received it as a result of participating. □

Austin Automation Center Wins Award for Web-Enabling MVR System

The newly formed Center of Excellence for Information Technology (CEIT), sponsored by the Government Information Technology Services Board, serves as a clearinghouse for best information technology practices in both the public and private sectors and supports Vice President Al Gore's Access America Plan.

The CEIT grants awards to public and private sector organizations that demonstrate the benefits of using the best technology to improve government operations. Late last year, VA's Austin Automation Center (AAC) applied for and won the CEIT award, along with 15 other organizations.

At the recent Virtual Government information technology conference held in Washington, D.C., the AAC was officially recognized for its contributions toward Web-enabling the Master Veteran Record (MVR) system. Nationwide in scope, MVR provides VA employees rapid access to veteran status data, simplifies data collection and eliminates duplication.

Before MVR, it was difficult to uniformly access databases and share data across organizational lines within the Department. In some cases, when veterans sought assistance from VA offices, they often had

to contact multiple locations to get complete benefits information. Collaborating with nearly all elements of the Department, VA Central Office and AAC staff members wrote and designed the system.

As the hub for MVR, the AAC facilitates the movement of data among systems and performs translations to ensure that data is delivered in a usable form. Gateways in each VA organization provide the linkage between this central hub and the component systems.

VA identified MVR as an ideal system for Web-enabling because of its scope, its widespread and frequent use, the number of employees involved and their need for quick access to large volumes of sometimes disparate data.

Using a browser, authorized employees at VA health care facilities, benefits offices and national cemetery offices will have ready access to demographic data on veterans, allowing them to quickly serve veterans. As one of the CEIT award winners, the AAC's demo will be included in CEIT's permanent display showcasing information technology success stories. □

Patient Safety Centers Established

The Department is establishing four Patient Safety Centers of Inquiry — the first of their kind in the U.S. — and has committed \$6 million to support the innovative centers over the next three years.

In addition to researching new knowledge on improving patient safety, these centers will focus on disseminating existing knowledge that can be immediately used.

The four centers, which will work with universities or other public and private partners, are: the VA Palo Alto, Calif., Health Care System; VA's Health Care System of Ohio, Cincinnati; the New England Healthcare System/White River Junction, Vt.; and the Tampa, Fla., VA Medical Center.

Although the extent of the patient

safety problem has not been adequately measured, a variety of studies from the private sector indicate that approximately five to 15 percent of hospitalized patients are injured during the course of their medical treatment. Some studies have shown that such injuries affect more than 30 percent of patients, and about a quarter of these injuries appear to be serious or fatal.

The goal of these centers will be to develop and share improved models of care in such areas as medication errors and adverse drug events, wrong site surgery, transfusion reactions, restraint-related injuries, falls and burns.

The centers were each awarded approximately \$500,000 per year following a nationwide competition among VA medical facilities. □

Vanguard Web Watcher

We launch a new recurring feature in this month's issue to help VA employees navigate the Internet/Intranet. It is designed to be a guide to helpful and informative Web sites of interest to employees. Vanguard readers are invited to submit suggestions, including the Web site address and a brief description of the site's contents, to our e-mail address: vanguard@mail.va.gov.

■ Can't recall what CHAMPVA stands for? Try the **VA Acronym Database** that has been added to the VHA Intranet Reference page at <http://vawww.va.gov/med/reference/index.asp>. More than 500 acronyms are currently included. You can search by entering the beginning of the acronym (such as "V" for VA, VHA, VBA), and users are invited to suggest new acronyms to add.

■ The **Congressional Medal of Honor (MOH) Society** Web site contains a wealth of information on the MOH, as well as a list of living and deceased MOH recipients, citations for many, and a history of the MOH. The address is: <http://www.awod.com/gallery/probono/cmhs>.

■ Need to find out if a local World War I veteran is on the list of eligible recipients for the French Legion of Honor Award? Try the **French Embassy** Web site at: <http://www.info-france-usa.org/80ww1>.

■ The **Philadelphia VA Regional Office & Insurance Center's** Web site has gone bilingual, and the response from Spanish-speaking visitors has been positive. The entire Web site was completely translated into Spanish late last year, and is registering more than 1,500 hits per month. More than 250 visitors have submitted questions or requested assistance through the site. The address is: <http://www.vaphilly.com>.



VA Study Finds No Link Between Blood Transfusions and Creutzfeldt-Jakob Disease

A study of more than 1,500 veterans who received blood products from a donor who later died from Creutzfeldt-Jakob Disease (CJD) — the human equivalent of “mad cow” disease — found no evidence that any of them contracted the disease.

The results are in line with other studies that have not found a documented case of CJD transmitted by blood or blood products, adding to the mounting evidence that it may not be transmitted by blood. The study’s lead author, Dr. Abid Rahman, an epidemiologist with VA’s Office of Public Health, presented the findings at a recent meeting of the Society for Healthcare Epidemiology of America in San Francisco.

Rahman and his VA colleagues examined medical records and death certificates of patients known to have received blood products between 1991 and 1996 that were made from plasma obtained from a donor who was later found to have died from CJD.

In CJD, sponge-like holes form in the brain, which cause loss of muscle control, personality changes, dementia and eventually death. Virus-like proteins called prions are believed to be responsible. These prions are infectious, but scientists believe they can also arise spontaneously from genetic mutations.

Creutzfeldt-Jakob Disease occurs in one person in a million in the U.S. each year. Although the FDA banned blood products from people with this disease in 1995, it can have a long incubation period, so it may be years before the disease is discovered in someone who gave blood.

There have been documented cases of transmission to people who received transplants of infected corneas or brain tissue, and natural human growth hormone may also be a source of transmission.

Study Sheds Light on Use of Emergency Departments for Non-Urgent Care

Emergency department visits for non-urgent health conditions cost billions of dollars each year, placing financial and service burdens on health-care organizations nationwide. Dr. Laura Petersen, a physician-health researcher at the Houston VA Medical Center and assistant professor of medicine at the Baylor College of Medicine, led a study to examine the reasons patients use emergency department services for non-urgent needs. She found that one of the strongest predictors of non-urgent emergency department visits is the failure to have an established relationship with a primary care physician who would treat minor illnesses and injuries.

“An ongoing relationship with a physician tends to promote appropriate use of emergency facilities, regardless of insurance status, education level, ethnicity, or health status,” said Petersen, whose results were published in the journal *Medical Care*.

Petersen selected a cross-section of nearly 1,700 patients from five urban teaching hospitals in the Northeast for the study. Patients presenting to the emergency department with chest pain, abdominal pain or asthma completed a survey, including information about their relationship with a regular doctor. She controlled for potential variables that might influence the results, including race, education, insurance and health status.

According to Petersen, keeping patients out of the emergency department when they don’t need it is more cost-effective and reduces crowding for those who really do need emergency care.

VA Researcher Finds Primary Care Doctors Getting More Involved in Mental Health Care

Limits placed on psychiatric visits by managed-care plans are leading primary care doctors to fill the gap for patients by becoming more proficient in diagnosing depression, according to a study by Dr. John Williams, Jr., from the San Antonio VA Medical Center, and Dr. Allen Dietrich of Dartmouth University published in the *Archives of Family Medicine*.

Because many patients first experience depression with a cluster of physical problems such as fatigue, headache and disruptions in eating or sleeping patterns, general internists, family practitioners and obstetricians/gynecologists are well-positioned to monitor their patients’ psychological well-being, according to the researchers.

Among the challenges primary care physicians face in meeting their patients’ needs for mental health care include lack of skill in diagnosing depression and time constraints that prevent about half of them from adhering to the recommended two-week follow-up of depressed patients.

Everyday Activities Can Stress Hearts of Cardiac Patients, Study Finds

Even routine activities such as gardening and driving can stress the hearts of people with heart disease, according to a study by Fresno, Calif., VA Medical Center Chief of Cardiology Dr. Prakash Deedwania.

Although they may not experience pain, only slight exertion or excitement can lead to the heart being deprived of the oxygen it needs. Deedwania’s team put continuous monitors on nearly 100 patients and asked them to go about their daily lives while keeping diaries in which they recorded how they felt, what they were doing and whether they experienced any chest pain.

The monitors tracked episodes of ischemia — blockages in the arteries that restrict blood flow and sometimes cause occurrences of chest pain known as angina. They found that the activities most likely to cause ischemia included driving, housework and yardwork.

They also found that patients with angina only felt the pain once for every five episodes of ischemia. Presenting the findings at the annual meeting of the American Heart Association, Dr. Deedwania advised heart patients not to stop exercise or normal activities, but recognize that some routine activities may stress their hearts even if they are not feeling pain. An appropriate exercise program, he said, will eventually reduce ischemia. □

HAVE you heard

Emergency Medical Response Teams from the **Central Arkansas Veterans Healthcare System** and the **Central Alabama Veterans Healthcare System** joined other federal, state and local agencies participating in QUAKE '99, an exercise designed to test the ability of local emergency response organizations to work with state and federal teams during a large-scale urban disaster. The exercise, which took place in Blytheville and Little Rock, Ark., simulated an earthquake measuring 6.8 on the Richter scale. Massive explosions, destruction of roads and property and lack of communication were among the devastating effects of the simulated disaster.

Parking is never easy, but perhaps nowhere is that more true than in New York City. The Brooklyn campus of the **VA New York Harbor Healthcare System** reorganized its parking plan to provide more parking for patients, employees and volunteers, but had to place the new patient parking area at the far end of facility grounds. To alleviate the problem this posed to less ambulatory patients, the Brooklyn "Key" Chapter of the American Ex-POWs contributed \$7,000 to purchase a six-passenger golf cart. The golf cart is driven by volunteers who transport patients and employees alike to the main entrances and back to their cars during the day. The Polish Legion of American Veterans purchased a golf cart to deal with a similar situation at the health care

system's St. Albans campus. The cart transports veterans, employees and visitors from the front gate of the facility to the main entrances of both the VA Primary and Extended Care Center and the New York State Veterans Home.

VHA's **VISN 15 (Kansas City, Mo.)** has taken telemedical practice to a new level through innovative efforts to employ the VISTA Image Project in conjunction with telemedicine technology. This VISN-wide imaging transfer capability was demonstrated recently by Dr. Vincent L. Alvarez, VISN 15 chief medical officer, as he consulted from his Kansas City office simultaneously with a teleradiology interpretation center across town and a surgeon in Topeka while all viewed the same CAT scan images via desktop computers. The VISTA Imaging Project, developed by VA, integrates medical record text with clinical diagnostic images, including radiology and non-radiology digital images, EKGs, scanned documents and video conferencing. Dr. Alvarez reports that the availability of diagnostic images across the network "significantly raises the standard of care within the VISN."

The **Office of Personnel Management (OPM)** has authorized a special solicitation for cash donations from federal employees who wish to help Kosovar Albanian refugees. The special solicitation period runs through August 31. The Combined Federal Campaign

(CFC), the government's annual charity drive, is the only solicitation permitted in the federal workplace and has been around since 1961. OPM may grant exceptions that permit fundraising outside the CFC, and OPM Director Janice R. Lachance called the exodus of refugees from Kosovo an "appropriate circumstance" for a special solicitation of funds from federal employees. Federal employee donations can go to any of more than 50 charitable organizations listed on the Web site <http://www.info.usaid.gov>, or employees can call 1-800-USAIDRELIEF for more information.

The **Houston VA Medical Center** is marking its 50th anniversary throughout 1999 with a slate of activities celebrating this milestone. One recent event was the rededication of the facility's chapel and its symbolic stained glass windows. The ceremony featured representatives of various religious faiths, and honored the many individuals and organizations that donated funds to restore one of the chapel's most treasured stained glass windows, known as the "medicine" window.

Former Major League Baseball star **Tug McGraw** recently visited patients at the New York VA Medical Center, and he also signed baseballs and photos for veterans and visitors. McGraw's visit was part of the third annual Heroes to Heroes National Tour, sponsored by MCI and the Major League Baseball Association to honor and remember each veteran's service to the nation.

The **Tampa, Fla., VA Medical Center** recently dedicated a new memorial

honoring the 13 Florida natives who have received the Congressional Medal of Honor. Made from Arizona sandstone, the memorial holds the names of the 13 men, and is situated in a specially designed landscaped area. Four Florida Medal of Honor recipients attended the dedication ceremony, which was held on Medal of Honor Day, March 25.

Staff from the **Washington, D.C., VA Regional Office** provided benefits information and claims assistance to family members of victims of the embassy bombings in Kenya and Tanzania, as well as the families of military personnel killed in action in Somalia more than five years ago, at a recent State Department meeting. Although VA initially provided benefits assistance to the families shortly after the incidents occurred as part of the Casualty Assistance Program, family members at the meeting were interested in obtaining additional information on a variety of benefits programs available to survivors through VA.

Thirty employees from the **Manila VA Regional Office and Outpatient Clinic** in the Philippines pitched in recently to help former President Jimmy Carter and Habitat for Humanity International build low-income housing for the poor. They joined Ambassador Thomas Hubbard and nearly 200 mission employees to help build four houses in Paranaque, a city near Manila. Habitat for Humanity is a U.S.-based nonprofit organization that aims to alleviate the housing problem plaguing low-income families of the world through volunteer work. □

HONORS and awards



The **Centralized Direct Deposit Unit in the Support Services Division at the Muskogee, Okla., VA Regional Office** received the Vanguard Award from the Treasury Department's Austin Regional Financial Center (ARFC). This award is presented annually to an organization that has clearly demonstrated leadership and a high level of cooperation in a project or initiative sponsored by the Treasury Department's Financial Management Service. The Muskogee unit was recognized for the success of its efforts to convert veterans benefits payments from checks to direct deposits.

Nick Maske, a volunteer at the Milwaukee VA Medical Center, has been named Outstanding Youth Volunteer by the Daughters of the American Revolution (DAR) Service for Veteran-Patients Committee. Given to a youth volunteer between the ages of 16 and 21 who is serving in a VA facility, the award recognizes outstanding or unusual achievement in caring for veteran patients. Maske, a high school senior, has volunteered at the VAMC for their past four summers and during school holidays. His mother, Terry, is a personnel assistant at the Milwaukee VAMC. He accepted the award at a reception in Washington, D.C., last month.

San Joaquin Valley, Calif., National Cemetery Foreman **Troy Hulsey** was selected as the National Cemetery Administration's Wage Grade (WG) Employee of the Year,

and Program Assistant **Maria Jones** was named General Schedule (GS) Employee of the Year. **John O. Barger**, cemetery caretaker at the Fayetteville, Ark., National Cemetery, was named WG Employee of the Year in the Southern Area, and **Barry Woodin**, gardener/pest controller at the Fort Custer, Mich., National Cemetery, received the award in the Northeastern Area. **Bruce A. Schaffer**, cemetery representative at the Fayetteville, Ark., National Cemetery, and **Pauline S. Suarez**, program analyst at the Quantico, Va., National Cemetery, are GS Employees of the Year in the Southern and Northeastern Areas, respectively.

The **Central Arkansas Veterans Healthcare System** received first place in the Large Government Agency category in the national Consumer Protection Week consumer education and outreach contest. The facility was recognized for designing an educational program for employees about consumer credit and credit fraud. The award will be presented at this month's National Consumer League's Centennial Conference in Washington, D.C.

Nine nurses from the VA North Texas Health Care System were named to the 1999 Great One Hundred Nurses, sponsored by the Dallas-Fort Worth Hospital Council. This annual recognition program honors 100 nurses from the Dallas-Fort Worth area who have made outstanding contributions to the nursing profession and the

community. Honored were: **Graciela Arredondo, Gregory Brown, Cheryl Thomas-Green, M. Allison Green, Vicky Haynes, Carolyn K. McElroy, Frances Phillips, Jacquelon Howard-Rodgers and Valerie Speller.**

Patrick J. Bastow, a staff dentist at the Canandaigua, N.Y., VA Medical Center, recently received the Excellence in Teaching by Part-Time Clinical Faculty Award from the University of Rochester School of Medicine and Dentistry. The award was presented to him in recognition of his dedication and selfless contribution to the school's dental education programs. Bastow's entire 23-year career has been spent at the VAMC. He also has been a member of the University of Rochester's teaching faculty for that period of time.

Deborah Grady, M.D., M.P.H., staff physician at the San Francisco VA Medical Center, was one of five University of California at San Francisco faculty to receive the Chancellor's Award for the Advancement of Women. Grady is a national leader in hormone replacement therapy and mammography screening, a mentor for women medical students, residents, fellows and junior faculty, and an advocate for improved access to health care. She also established San Francisco VAMC's Women Veterans Comprehensive Health Center in 1993, one of six such VA centers in the nation.

Robert W. McCarley, M.D., deputy chief of staff for mental health services at the Brockton/West Roxbury, Mass., VA Medical Center, won the 1998 William S.

Middleton Award for his achievements in research on sleep and the neurophysiology of behavior. He accepted the award last month at the annual meeting of the American Federation for Medical Research. Recognized as a leading authority on rapid eye movement (REM) sleep, McCarley has made major contributions to the understanding of sleep and dreaming. His work has helped set the stage for new approaches to sleep abnormalities, including sleep disruptions in psychiatric and other disorders.

Laura F. McNicholas, M.D., Ph.D., Philadelphia VA Medical Center's associate director of education for the VA/Penn Center on Studies of Addiction, has received the University of Pennsylvania's Dean's Award for Excellence in Clinical Teaching at an Affiliated Hospital. The award honors commitment to medical education and excellence in clinical teaching by recognizing outstanding faculty members from affiliated hospitals. As associate director of the Fellowship Program in the VA/Penn Center on Studies of Addiction, she is in charge of recruiting new fellows and managing the program.

VISN 3 (Bronx, N.Y.) Director **James J. Farsetta** received the annual National Award for Excellence from the American Hospital Association's Section for Federal Hospitals. Farsetta was recognized for leading the network through improvements in quality, outreach and access for veterans despite significant budget reductions. The award was presented recently at the American College of Health Care Executives National Conference in Chicago. □



Secretary of Veterans Affairs Togo D. West, Jr. received the Lampighter Award for Public Service from the Black Leadership Forum, Inc., in recognition of his distinguished record of leadership. Founded 21 years ago, the Black Leadership Forum, Inc., has been a leading advocate for civil rights. Secretary West accepted the award at the group's annual awards gala in New York City last month. With the Secretary are, from left: former Illinois Senator Carol Mosley-Braun; Percy E. Sutton, Esq., Inner City Broadcasting; and Daisy M. Wood, President, National Pan-Hellenic Council.

HEROES

Sometimes it pays to have a physician in the family. **Dr. Warren Browner**, chief of General Internal Medicine at the San Francisco VA Medical Center, arrived at the airport late one night to pick up his father for a family get-together. While waiting to retrieve his father's luggage at baggage claim, Browner saw him collapse to the floor. Determining that his father was not breathing and did not have a pulse, Browner quickly asked a bystander to call 911 and then began CPR. He continued CPR for about 10 minutes until the paramedics arrived and took his father to the hospital, where he later underwent successful cardiac bypass surgery.

☆☆☆☆

VISN 17 (Dallas) employee **Willie Breland** and his wife April volunteer their time to provide free haircutting and

grooming services to the homeless at the Fort Worth Day Resource Center. Breland, once homeless himself, says he recalls the psychological boost he got when someone offered him a haircut, and he finds it rewarding to do the same for others.

☆☆☆☆

Dr. James LeClair, staff dentist at the San Francisco VA Medical Center, received a phone call one weekend evening from one of his patients. The 74-year-old veteran said he was experiencing dizziness and difficulty breathing. LeClair urged his patient to call 911, but the patient worried about the cost. When the veteran told LeClair that he was unable to drive himself to the emergency room, LeClair drove to the patient's home and personally took him to the emergency

room. Although the veteran was diagnosed with a serious heart ailment, he resisted the emergency room staff's efforts to admit him to the hospital. When the emergency room physician informed LeClair that the patient would soon die if he was not admitted, LeClair intervened and convinced the patient to be admitted. The veteran has since recovered, and now credits his dentist with saving his life.

☆☆☆☆

Employees of the **VA Boston Healthcare System** came to the aid of military patients whose plane had to be diverted to Boston's Logan Airport while en route from Europe to Bethesda Naval Hospital in Maryland. During the flight, a three-week-old infant became critically ill and the plane had to land in Boston. While the infant was being transported to a nearby children's hospital, a fuel leak that needed to be repaired was discovered on the plane. The 27 patients on board, along with their family members and attendants, were transferred to either the Jamaica Plain or West

Roxbury campus, where they were admitted, lodged and cared for until they could continue to their destination. □

Corrections

In the article on Hammer Awards in the March issue, we incorrectly identified the location of the Centralized Direct Deposit Unit, winner of a Hammer Award for increasing the number of deposits from 46 to 78 percent, as the Seattle VA Regional Office. The Centralized Direct Deposit Unit is located at the Muskogee, Okla., VA Regional Office, and not Seattle.

The telephone number listed for Dr. David Ready in the article on virtual reality therapy for veterans with PTSD in the March issue contains a typographical error. Dr. Ready can be reached at the Atlanta VAMC at (404) 321-6111, ext. 7082.

We inadvertently left an "s" off of the saving bonds Web site address we included in the April issue. For future reference, the correct address is: www.savingsbonds.gov.