



WHO WE SERVE

OUR CONTINUOUS FOCUS ON OUR NATION'S VETERANS

Beginning with our Nation's struggle for freedom more than two centuries ago, approximately 42 million men and women have served their country during war time periods. Most (about 85 percent) served in one or more of the four major conflicts of the 20th century, with World War II veterans representing nearly 40 percent of all American war participants. Today, there are about 24.8 million veterans living in the United States and the Commonwealth of Puerto Rico; 19 million of these veterans served during at least one wartime period. There are also approximately 45 million family members of living veterans and survivors of deceased veterans. Figure 1 shows the population size of veterans that VA serves by period of service. Table 1 shows the expected number of participants that VA serves in our major program areas.

As we look ahead to FY 2001, the projected number of participants in VA programs demonstrates how we will continue to affect the lives of millions of veterans and their families.



FIGURE 1
VETERAN POPULATION BY PERIOD OF SERVICE (AS OF JULY 1, 1999)

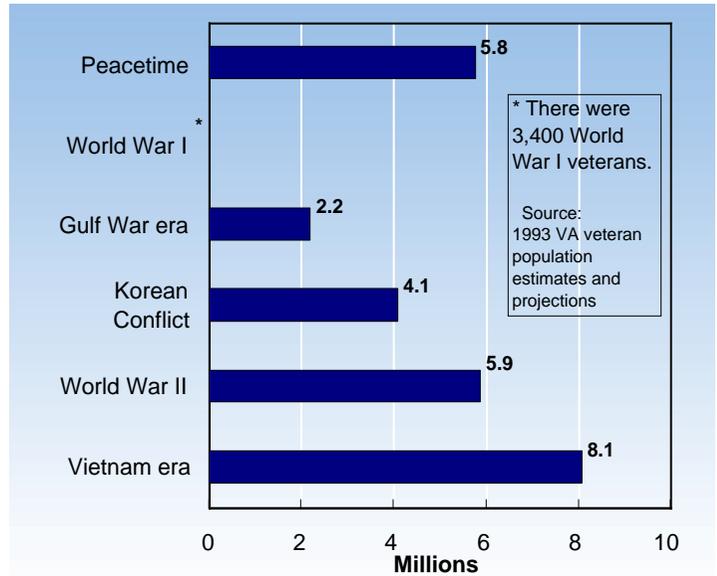


TABLE 1
PROJECTED NUMBER* OF VA PROGRAM PARTICIPANTS

Program	FY 2001 Participants*
Medical Care Unique Patients	3,895,000
Compensation Veterans	2,285,000
Survivors/Children	301,000
Pension Veterans	363,000
Survivors	253,000
Education Veterans/Servicepersons	309,000
Reservists	71,000
Survivors/Dependents	49,000
Vocational Rehabilitation Veterans Receiving Services	51,000
Housing Loans Guaranteed	250,000
Insurance Administered Policies	2,047,000
Supervised Policies (SGLI)	2,670,000
Supervised Policies (VGLI)	388,000
Burial Interments	88,000
Graves Maintained	2,447,000
Headstones/Markers Provided	349,000

* Numbers of participants are rounded to the nearest 1,000.



WHO WE ARE

VA's mission is "To care for him who shall have borne the battle and for his widow and his orphan."

These words, spoken by Abraham Lincoln during his second inaugural address, reflect the philosophy and principles that guide VA in everything we do.

President Lincoln's simple, yet eloquent, proclamation has captured America's commitment to many generations of veterans, and it is prominently displayed on the front of the Department of Veterans Affairs' headquarters building in Washington, DC. Each year, thousands of visitors from our Nation's cities, suburbs, and small towns view this quotation as an enduring symbol of our commitment to veterans.

In today's environment, President Lincoln's statement reflects VA's inherent responsibility to serve America's veterans and their families with dignity and compassion and to be their principal advocate for medical care, benefits, social support, and lasting memorials promoting the health, welfare, and dignity of all veterans in recognition of their service to this Nation.

The statutory mandate for the Department of Veterans Affairs reflects our Nation's commitment to veterans as we are tasked as an organization "To administer the laws providing benefits and other services to veterans and their dependents and the beneficiaries of veterans."
(38 U.S.C. § 301(b), 1997)

VA's total obligations for FY 2001 are projected to be \$52.9 billion. Of that amount, \$23.8 billion will be for compensation and pension benefits, \$7.5 billion for other benefits and programs, \$21.3 billion

will be spent on medical care, and \$316 million on burial operations and associated benefits.

VA employs more than 240,000 individuals, and almost 98 percent of these employees provide direct services to veterans and their families in VA field operations. VA has facilities in all 50 States, its territories and the District of Columbia, provides services and benefits through the following 10 major business lines:

- Medical Care
- Medical Research
- Medical Education
- Compensation
- Pension
- Education
- Vocational Rehabilitation & Employment
- Housing
- Insurance
- Burial

VA accomplishes delivery of veteran services through our 172 medical centers, 527 ambulatory and community-based outpatient clinics, 206 veteran centers, 57 regional benefit offices, more than 24 military discharge centers, and 119 national cemeteries.¹

1. The number of facilities is subject to change during FY 2000 – 2001.





OUR CORE VALUES

To implement our mission and achieve our strategic goals, we will strive to uphold a set of core values that represents the basic fabric of our organizational culture. These values transcend all organizational boundaries and apply to everything we do as *One VA*. Each member of the VA team endeavors to practice the following values when serving veterans and working with others.

RESPECT AND COMMITMENT

- Veterans have earned our respect and commitment. We direct our efforts toward meeting their needs.
- We believe that integrity, fairness, and respect must be the hallmarks of our interactions.

OPEN COMMUNICATION

- We are committed to open, accurate, and timely communication with veterans, employees, and external stakeholders.
- We listen to the concerns and views of veterans, employees, and external stakeholders to bring about improvements in the programs and services we provide.

EXCELLENCE IN SERVICES, PROGRAMS, AND PEOPLE

- We continually strive to meet or exceed service delivery expectations of veterans and their families by delivering accurate, timely, and courteous service and benefits in an effective and efficient manner.
- We are committed to improving access for veterans and their families through facility location and design, as well as innovative uses of information technology.
- We perform at the highest level of competence and take pride in our accomplishments.
- We are open to change and value a culture where everyone is involved, accountable, respected, and appreciated.
- We value teamwork and cooperation — operating as *One VA* to deliver world-class, seamless service to veterans and their families.

WHERE WE ARE GOING

VA's overarching strategic goals are veteran-focused and define the results we expect to produce. Our strategic goals, along with our enabling goal, represent the shared interests of the Department's organizations and form the foundation for the strategic plans and integrated business plans of our three Administrations and staff offices. Our strategic goals and enabling goal were developed by a team of career and political personnel representing each organization within the Department and reflect the results of extensive consultation with the veterans community as well as other partners and stakeholders.

To lead the Department in achieving our strategic goals, we established the VA Strategic Management Board (SMB), comprised of VA's senior leaders. The SMB identifies and manages strategic issues and provides a more unified approach to problem solving. The SMB meets as necessary to address the full continuum of issues associated with strategic management including: the revision and revalidation of the VA strategic goals and objectives; refinement of legislative proposals; prioritization of long-term capital investments; formulation of budget requests; development of performance measures and targets; and the evaluation of program performance and results.





VA STRATEGIC GOALS



RESTORE THE CAPABILITY OF DISABLED VETERANS TO THE GREATEST EXTENT POSSIBLE AND IMPROVE THE QUALITY OF THEIR LIVES AND THAT OF THEIR FAMILIES

Maximize the ability of disabled veterans, special veteran populations, and their dependents and survivors to become full and productive members of society through a system of health care, compensation, vocational rehabilitation, life insurance, dependency and indemnity compensation, and dependents' and survivors' educational assistance and home loan programs.

ENSURE A SMOOTH TRANSITION FOR VETERANS FROM ACTIVE MILITARY SERVICE TO CIVILIAN LIFE

Veterans will be fully reintegrated into their communities with minimum disruption to their lives through employment services, including vocational rehabilitation, education assistance, home loan guarantees, life insurance, transitional health care, and readjustment counseling services.

HONOR AND SERVE VETERANS IN LIFE AND MEMORIALIZE THEM IN DEATH FOR THEIR SACRIFICES ON BEHALF OF THE NATION

Veterans will have dignity in their lives, especially in time of need, through the provision of health care, pension programs, and life insurance; and the Nation will memorialize them in death for the sacrifices they have made for their country.

CONTRIBUTE TO THE PUBLIC HEALTH, SOCIO-ECONOMIC WELL BEING, AND HISTORY OF THE NATION

VA will support the public health of the Nation as a whole through medical research, medical education and training, and by serving as a resource in the event of a national emergency or natural disaster; VA will support the socio-economic well being of the Nation through education, vocational rehabilitation, and home loan programs; and VA will preserve the memory and sense of patriotism of the Nation by maintaining national cemeteries as national shrines and hosting patriotic and commemorative ceremonies and events.

THE ENABLING GOAL

CREATE AN ENVIRONMENT THAT FOSTERS THE DELIVERY OF ONE VA WORLD-CLASS SERVICE TO VETERANS AND THEIR FAMILIES THROUGH EFFECTIVE COMMUNICATION AND MANAGEMENT OF PEOPLE, TECHNOLOGY, BUSINESS PROCESSES, AND FINANCIAL RESOURCES

VA will operate as a veteran-focused organization. We will work together to implement crosscutting processes that enable the provision of high quality, accessible, and timely information and service through effective communication, the development and maintenance of a high-performing workforce, the application of state-of-the-art technologies, and the effective governance of core management processes.



RECENT ACCOMPLISHMENTS

The following summary of accomplishments, as organized under the four strategic goals and the VA enabling goal, reflects our progress in providing accessible, timely, high-quality, and courteous services to veterans.

GOAL 1

RESTORE THE CAPABILITY OF DISABLED VETERANS TO THE GREATEST EXTENT POSSIBLE AND IMPROVE THE QUALITY OF THEIR LIVES AND THAT OF THEIR FAMILIES

- VA initiated the Telemedicine in Home Care project for paralyzed veterans to enhance the timely access and quality of care for veterans with spinal cord injuries.
- VA made major improvements in the telephone service it provides veterans and their families who seek information about benefits and services or the status of a claim. During the last year, VA reduced the blocked call rate (caller gets a busy signal) from 52 percent in FY 1998 to 4 percent in FY 2000 and the abandoned call rate (caller gets through but hangs up before speaking to a VA representative) from 13 percent to 6 percent.
- VA has assisted 10,281 service-disabled veterans to complete their programs of vocational rehabilitation. They have either entered the job market or obtained independent living status during FY 1999 (9,962 obtained suitable employment and 319 achieved independent living).

GOAL 2

ENSURE A SMOOTH TRANSITION FOR VETERANS FROM ACTIVE MILITARY SERVICE TO CIVILIAN LIFE

- VA benefits and medical center personnel are working with military personnel to establish “discharge centers” at major separation points. VA is active at 81 military installations in 32

states. VA has staffed 31 out-based claims processing centers to process claims on-site, with plans for up to 20 more by the end of FY 2000. These discharge centers provide veterans with a disability determination, vocational rehabilitation counseling, and assistance with all VA benefits.

- VA helped a record number of veterans purchase homes by guaranteeing 396,399 home loans last year.
- VA implemented an Internet - based process for veterans and their survivors to collect dividends and other proceeds from old VA life insurance policies they may have misplaced.

GOAL 3

HONOR AND SERVE VETERANS IN LIFE AND MEMORIALIZE THEM IN DEATH FOR THEIR SACRIFICES ON BEHALF OF THE NATION

- VA provided health care services to 3,610,000 patients, 5.2 percent above the number of patients in FY 1999, and 14.9 percent more than in FY 1997. While providing care to more patients, VA was also able to reduce the average cost per patient. The FY 1999 average cost of \$4,585 was 6.4 percent below the FY 1998 figure and was 16.0 percent lower than the cost per patient registered two years ago.
- VA set the national standard for error prevention and quality improvement in patient safety through application of new technologies and process redesign. Examples included a bar code system for medication that cuts medical errors by two-thirds and electronic entry of prescriptions to eliminate mistakes from illegible handwriting. VA also established four Patient Safety Centers of Inquiry, earmarking \$6 million to support these centers over the next 3 years. These centers are learning



laboratories that facilitate cross-industry knowledge and technology transfers and work extensively with universities and other public and private partners.

- VA recorded significant improvements in patient satisfaction with outpatient services as measured by the American Customer Satisfaction Index (ACSI). Based on a nationwide survey commissioned by the National Partnership for Reinventing Government, VA scored 10 points above the score achieved by private sector hospitals.
- Two Centers of Excellence for Hepatitis C located at VA medical centers in Miami and San Francisco, coordinated treatment and research efforts and developed education for patients and their families, health care providers, and counselors advising patients.
- VA, the country's largest single provider of care for patients affected with the Human Immunodeficiency Virus (HIV), opened a new Center for Quality Management in HIV Care in Palo Alto, California. The Center uses "real time" clinical information to track the use of medical services (including pharmaceuticals) and patient care outcomes in order to assess and improve clinical care provided to HIV patients around the country.
- Over 567,000 surviving spouses, children, and parents received death benefits in FY 1999.
- VA opened four new national cemeteries to provide access to an additional 2 million veterans who were not previously served. Saratoga National Cemetery, located near Albany, and Abraham Lincoln National Cemetery, located near Chicago, opened in 1999. In 2000, Dallas-Fort Worth National Cemetery and Ohio Western Reserve National Cemetery were opened.
- Families of individuals interred in national cemeteries and other visitors expressed very high satisfaction with the quality of service provided by the national cemeteries. In FY 1999, 84 percent of Visitor Comment Card respondents rated the quality of service provided by the national cemeteries as excellent.
- VA officials participated in some 200 "stand downs" to assist homeless veterans. Stand downs are traditionally held before the onset of winter to provide homeless veterans with warm clothing, medical screenings, and other assistance. In addition, Miss America 2000, Heather Renee French, whose platform supports the cause of homeless veterans, is encouraging corporate and celebrity sponsorship to advance and promote greater participation in activities that assist homeless veterans. VA also awarded \$15 million in homeless grants to 51 public and private nonprofit groups under the Homeless Providers Grant and Per Diem Program for new programs to assist homeless veterans. Awardees from 26 States and the District of Columbia received grants ranging from \$25,000 to \$1.5 million to provide up to 65 percent of the cost of acquiring or renovating housing or service centers. Approximately 4,000 community-based beds will be available for homeless veterans when these and previously funded projects are completed.



GOAL 4

CONTRIBUTE TO THE PUBLIC HEALTH, SOCIO-ECONOMIC WELL BEING AND HISTORY OF THE NATION

- VA created a new Office of Research Compliance and Assurance to ensure VA's medical research programs give priority to the welfare and dignity of patients enrolled in clinical studies.
- In collaboration with the Substance Abuse and Mental Health Services Administration and the Health Resources and Service Administration of HHS, VA added six sites to a \$17 million multi-site research study on older adults with mental health and/or substance abuse disorders.
- VA continued to maintain the appearance of national cemeteries as national shrines. An increasing share of Visitor Comment Card respondents, 79 percent, rated the appearance of national cemeteries as excellent.
- VA worked closely with the Small Business Administration (SBA) to accomplish the successful roll-out of year one of the HUBZone Contracting Empowerment Program. VA's procurement dollars are spent with HUBZone enterprises, through competitive and non-competitive awards.
- By mid-1999, VA had hired approximately 1,400 individuals under the Welfare-to-Work initiative.

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- In FY 1999, A Discussion Draft of the Employee Strategic Plan was circulated for comment to over 2,000 employees during the *One VA* regional conferences. This document helped employees understand their role in the strategic direction VA is taking.
- VA made significant progress defining a *One VA* IT framework to allow for information exchange throughout VA. VA also successfully transitioned into the Year 2000 without any significant incidents. VA remained on a "green" operational status throughout the date rollover period. VA benefits were paid on time and VA health care facilities remained open throughout the date rollover. VA continues to deliver benefits and health care without any Year 2000 interruptions.
- VA's new *Four Corners* stakeholder consultation process during FY 1999 improved communication between VA leadership and VA stakeholders and fostered improved governance with respect to VA programs.



OUR NEAR-TERM PRIORITIES

* VA KEY STRATEGIC ISSUES FOR FY 2001 *

Over the next 12-15 months, VA will pursue a number of key initiatives and strategies to address the unique needs of veterans. Many of these initiatives such as assisting disabled and homeless veterans as well as providing housing, health care, vocational rehabilitation, insurance, and other benefits will also affect the American public. The following initiatives are aligned with VA's strategic goals:

GOAL 1

RESTORE THE CAPABILITY OF DISABLED VETERANS TO THE GREATEST EXTENT POSSIBLE AND IMPROVE THE QUALITY OF THEIR LIVES AND THAT OF THEIR FAMILIES
DISABLED VETERANS AND SPECIAL POPULATIONS OF VETERANS

VA will maximize the functional potential of disabled veterans and special populations of veterans, assess their needs, improve the quality of their care, and ensure their equitable access to VA programs and benefits. A major theme of this objective is to continuously assess the unique needs of special populations and to refine services being delivered. Overall, VA will evaluate current practices to implement state-of-the-art treatment practices, and will expand outreach efforts to ensure that all potential beneficiaries are enrolled in the VA system to receive treatment in one of these or other special programs:

- Post-Traumatic Stress Disorder
- Preservation/Amputation Care & Treatment
- Seriously Mentally Ill
- Spinal Cord Injury & Disorders
- Traumatic Brain Injury
- Blind Rehabilitation



COMPENSATION

VA will continue to assist more than 2.5 million veterans and their dependents and survivors to improve the quality of their lives. This will be accomplished by providing compensation benefits to those veterans who were injured while serving their country and to their surviving eligible spouses and dependents. Eligible veterans may also receive a combination of health care, vocational rehabilitation training, and insurance benefits provided for disabled veterans.

VA will conduct specific outreach to those widows who recently had their benefits restored by sending individual letters notifying each beneficiary of the change in law and eligibility criteria.

CASE MANAGEMENT

VA will continue to implement a *Case Management* approach to claims processing, having individuals and



teams be responsible for every aspect of the claims process. The *case manager* keeps the veteran informed of the status of the claim by written, telephone, or personal contact. With this level of individual or team involvement, VA's commitment to enhanced accuracy in our claims process and better information for veterans is ensured. After six months of operation under the new system, we have identified systems enhancements. VA's future efforts will be aimed toward improving veteran satisfaction.

VETERANS BENEFIT CLAIMS

Systematic reviews of work products and the quality assurance program put in place by VA in each of the benefit program areas will result in improved accuracy in claims decision-making. In addition, VA is implementing the Training and Performance Support System (TPSS) program, which is targeted at specific needs to improve claims processing performance and to prepare employees for new or changed job requirements. This and other training initiatives will continue to result in improved accuracy of claims processing.

ACCELERATED DECISIONS

VA will reduce the appeals resolution time so that by the end of FY 2000 it will not exceed 670 days. VA will work with the United States Court of Appeals for Veterans Claims to accelerate decisions so veterans will have shorter waits for the ultimate resolution of their claims. In FY 2000, it is estimated that VA will request the filing of no more than 2,500 extensions.

VOCATIONAL REHABILITATION & EMPLOYMENT

VA rehabilitated 10,281 disabled veterans in FY 1999 by assisting them in obtaining employment or achieving independent living. By the end of FY 2001, VA will provide vocational rehabilitation services at a rate of over 55,000 veterans per year.

GOAL 2

ENSURE A SMOOTH TRANSITION FOR VETERANS FROM ACTIVE MILITARY SERVICE TO CIVILIAN LIFE TRANSITION ASSISTANCE

VA will work to provide veterans with a disability determination, vocational rehabilitation counseling, and assistance with all VA benefits within 30 days of military separation. VA regional offices will work with military and VA medical center personnel to establish a presence at major military separation points. Currently, VA is active at 81 military installations in 32 States. There are 31 out-based claims processing centers staffed by VA personnel to process veterans claims on-site with plans for up to 20 more by the end of FY 2000.

READJUSTMENT COUNSELING

VA will strive to provide counseling which may be necessary to improve the psychological and social well being of veterans who served in combat or were sexually assaulted or harassed during military service. VA will continue to provide veterans with easy access to effective, culturally sensitive readjustment counseling at VA hospitals, clinics, and Vet Centers throughout the country.

EDUCATION

VA will provide education benefits to those members of the armed services participating in the Montgomery GI Bill (MGIB). These benefits provide veterans more affordable higher education and restore educational opportunities that were foregone while serving in the military. VA will work in partnership with the Department of Defense to increase the rate of use for the Montgomery GI Bill.

HOUSING

VA will enhance home ownership opportunities for veterans and service members, especially



during their transition. VA will provide housing credit assistance to veterans by guaranteeing loans made by private lenders to veterans.

APPLICATION OF IMAGING TECHNOLOGY

Imaging technology that is currently in use for Montgomery GI Bill (Active Duty) claims processing in the Atlanta, St. Louis, and Muskogee regional processing centers will be extended to Buffalo. Other education programs will be converted to an image-enabled processing environment to reduce dependency on paper and allow for submission of electronic information from training institutions directly to VBA.

GOAL 3

**HONOR AND SERVE VETERANS IN LIFE AND
MEMORIALIZE THEM IN DEATH FOR THEIR
SACRIFICES ON BEHALF OF THE NATION**



COMPREHENSIVE HEALTH CARE

As part of the Veterans Health Care Eligibility Reform Act of 1996, all honorably discharged veterans will be enrolled at VA medical facilities to receive health care. During FY 2001, VA will continue to enroll veterans who apply for health care and to the greatest extent possible, will offer them an array of health care services such as preventive care and outpatient services. Veterans will be able to apply for enrollment in the program at any VA medical or benefits facility, and, once accepted for enrollment, veterans will be eligible

to receive care at any of VA's more than 1,100 service sites.

HEALTH CARE PROVISIONS AND THE MILLENNIUM ACT

- After publishing regulations in FY 2000, VA acting as a payer of last resort, reimburses certain veterans for emergency care. To be eligible, the veteran has to be enrolled in the VA health care system and received VA care within 24 months of the episode of emergency care. Veterans who have insurance coverage or other entitlements to care will not be eligible for reimbursement.
- VA will take appropriate action to ensure that during the four-year period beginning in FY 2000, nursing home care is provided to veterans who have a 70 percent service-connected disability and to veterans who require such care for a service-connected condition.
- Beginning in FY 2000, VA will conduct three pilot programs to determine the effectiveness of different models of all-inclusive care delivery in reducing the use of hospital and nursing home care for the frail elderly.
- VA will increase access to noninstitutional extended care services through home and community-based care for enrolled veterans when clinically indicated.
- A pilot program to provide assisted living support for enrolled veterans when clinically appropriate will be initiated in FY 2000. This pilot will support an average daily census of 750 enrolled veterans in FY 2001. The pilot will be evaluated in FY 2002, and resulting data will be used to establish the strategic goal.
- To respond to increasing concerns regarding a complicated, fragmented, and confusing co-payment structure, VA is considering restructuring the co-payment system.



These new procedures would include consideration of the amount of pharmacy co-pay, possible monthly and annual pharmacy co-pay maximum amounts for individual veterans, and outpatient co-pays for each visit. Under these new procedures, it is estimated that the first year of implementation will result in an overall increase of \$41.9 million in collections. As part of this effort, VA will implement required co-payment changes for extended care of more than 21 days in a year for certain veterans.

- VA and DoD will enter into an agreement in FY 2000-2001 that provides for DoD to reimburse VA for the cost of providing care to retired service members who are eligible for TRICARE and who are enrolled as Priority 7 veterans in the VA health care system. These patients would not have VA inpatient and outpatient care co-payments.
- Access and timeliness of veterans' health care are being improved through several initiatives in which VA invested \$200 million in FY 2000. These initiatives involve ensuring patients timely access to specialist and new patient appointments, providing 7 day-a-week, 24 hour-a-day telephone triage, and enhancing use of technologies such as telemedicine.
- A network-based planning mechanism, the Capital Asset Realignment for Enhanced Services (CARES) Program, will identify how best to use existing space and facilities to achieve an appropriate balance between veterans' needs and health care delivery options.

SERVICE FOR HOMELESS VETERANS

VA will work to reduce homelessness among America's veterans and continue efforts to ensure

that all homeless veterans seeking assistance have an individual plan addressing their specific health, housing, and employment needs. Homeless veterans will have an opportunity to receive benefits counseling, medical assistance, job information, housing referral, legal advice, and clothing at sites in every State. Designated as "Stand Down 2000," VA staff will work with community organizations, veterans groups, and other Federal and local government agencies to provide these services.

- VA expects that in FY 2000, its grants will result in approximately 700 new community-based beds to serve at least 3,500 homeless veterans.

REDUCED AVERAGE COST PER PATIENT

VA will decrease bed days of care to 1,328 days per 1,000 unique patients and reduce average costs per patient by 18 percent from the FY 1997 baseline of \$5,458. This will be accomplished by shifting health care resources and patient treatment modalities to outpatient care, implementing a computerized patient medical record system, and implementing the Clinical Information Resource Network to support primary care nationwide.

CONSOLIDATED NATIONAL CONTRACTS

A continuing focus of the Department in FY 2001 is the enactment of Medicare subvention so that Medicare-eligible veterans may choose VA for their health care and continue to use their Medicare benefits.

INCREASED ACCESS FOR VA SERVICES

VA's current goal is to have 659 Community Based Outpatient Clinics in FY 2001 for veterans to receive health care services. VA will improve access to care in rural areas through the use of telemedicine. VA will provide veterans with a number of options to easily submit claims at a convenient time and place. Access strategies include



physical locations and/or virtual environment such as walk-in appointments at regional offices, Discharge Centers, internet, fax, phone, mail, video-conferencing, expanded hours, interactive voice response, and case management. This process allows policyholders to access and change certain account records in a wide variety of ways.

INSURANCE

The Government Life Insurance program is converting to a paperless processing system. All incoming correspondence and claims will be imaged and processed on-line. In conjunction with this conversion, a special mailing is underway to all policyholders who have not updated their beneficiary designations within several years. Once updated, beneficiary designations are returned and imaged, VA will be able to retire over 2.2 million paper insurance folders. These improvements will result in faster service and savings of \$1.0 million annually in office space and folder handling costs.

BURIAL BENEFITS

Seventy-six percent of the Nation's veterans will have reasonable access to a burial option in a national or State veterans cemetery in FY 2001. In addition to the four new national cemeteries opened in FY 1999 and 2000, eleven State veterans cemeteries will open in partnership with VA in Arkansas, Delaware, Georgia, Indiana, Kansas, Maine, Massachusetts, Missouri, Montana, and Wisconsin during FY 2000 and 2001.

The State Cemetery Grants Program intends to award seven grants totaling \$25 million in FY 2001. This includes funding for six new State veterans cemeteries.

KIOSKS

By the end of FY 2001, interactive kiosks will be installed at more than 30 national cemeteries. The kiosks will



enable veterans and other national cemetery visitors to readily locate gravesites, particularly outside normal business hours. The kiosks will also provide information regarding eligibility requirements, headstone and marker ordering, customer service standards, floral regulations, and upcoming events.

As required by the Millennium Act of 1999, VA has identified locations to establish the next six new national cemeteries. In addition, to assist in future planning, an independent study will be conducted to identify the geographic areas with the greatest concentration of veterans whose burial needs are not served by a national or State veterans cemetery as well as the number of additional national cemeteries required through 2020.

As public acceptance of cremation as a burial option continues to grow, construction of columbaria, as shown in the above picture, provides an option to maximize use of existing sites.



GOAL 4

CONTRIBUTE TO THE PUBLIC HEALTH, SOCIO-ECONOMIC WELL BEING, AND HISTORY OF THE NATION



EMPHASIS ON EXCELLENCE IN TRAINING

VA will monitor medical residents and other trainees to ensure that their VA experiences are comparable or superior to their other academic training opportunities. By providing an excellent academic experience, VA will enhance staff recruitment and retention capabilities and improve the quality of health care for veterans as well as for the public at-large.

VETERAN-FOCUSED MEDICAL RESEARCH

The VA research program continues to make significant contributions to medicine and health care nationwide while it increases its focus on research that directly benefits veterans. VA will strive to maintain a 99 percent (up from 87 percent in FY 1996) level of funding for medical research projects that are demonstrably related to the health care of veterans or to other Departmental missions. Continued funding will only be provided following an independent assessment that progress toward stated goals and/or quality of research is

satisfactory. Focusing research resources specifically on health problems significant to veterans will provide data-driven advancements in prevention, diagnosis, and treatment protocols as well as in technology and equipment.

CONTINGENCY MEDICAL SUPPORT

VA will provide backup to DoD in the event of a national security emergency and provide medical and other support during Federal disasters. In FY 2001, VA will increase to 80 percent the proportion of its Federal Coordinating Centers that complete at least one National Disaster Management System casualty reception exercise every three years. VA emergency preparedness capabilities benefit the Nation by providing resources that can be strategically deployed throughout the country on short notice.

FORECLOSURE AVOIDANCE

VA contributes to the socio-economic well being of the Nation in several ways, including contributions to education, employment, and housing. One of the critical functions of VA's Loan Guaranty Program is to assist veterans after they use their housing benefit. VA will continue to provide assistance to help veterans pursue alternatives to foreclosure and help them retain their homes through a foreclosure avoidance assistance program.

NATIONAL SHRINE COMMITMENT

VA is committed to ensuring that national cemeteries are shrines dedicated to preserving our Nation's history, nurturing patriotism, and honoring the service and sacrifice of veterans. As required by the Millennium Act of 1999, an independent study will assess the feasibility of making standards of appearance of national cemeteries equal to the "finest cemeteries in the world" and to assess the repairs required at each national cemetery to ensure a dignified and respectful setting for our veterans.



THE ENABLING GOAL

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COMMUNICATIONS

VIDEO-TELECONFERENCING

VA will establish a nationwide video-teleconferencing network to improve VA claims and appeals processing. VA will conduct hearings from Washington, DC, while appellants and their representatives present their cases at 31 sites nationwide. There are currently 65 Regional Offices and out-based stations hooked up for video-teleconferencing. Video-teleconferencing will afford veterans the opportunity to have hearings without incurring travel expenses, especially important for those veterans in more remote areas.

READER FOCUSED WRITING

To improve and simplify communication with veterans, VA established a plain language Reader

Focused Writing (RFW) initiative. Presently, 3,500 VBA employees have received training on RFW which focuses on what the reader needs to know and is based on research on how people read and absorb information. VA's standard for good writing is no longer measured by personal taste but is based on what readers tell us they understand. Writing teams are rewriting VBA's pattern letters and paragraphs to improve overall customer satisfaction. VBA's efforts have been recognized by the National Partnership for Reinventing Government (NPR) as the government leader in plain language letter writing. The RFW program has been awarded the Vice President's Hammer Award and his *No Gobbledygook Award*. VA will expand RFW initiatives throughout the Department.

EDUCATION AND OUTREACH

VA will deploy its *One VA Learning Map* intended to enhance veterans' knowledge about their own potential entitlement to the benefits and services provided by VA. It will be made available to VA field facilities, national and local VSOs, State Departments of Veterans Affairs, military discharge centers, and other facilities.

PEOPLE

INNOVATIVE EDUCATION AND TRAINING PROGRAMS

VA will ensure that employees have access to innovative education and training programs that promote a systematic approach aimed toward providing high quality, seamless service to veterans. By the end of FY 2000, VA will increase by 10 percent the education products, services, and activities targeted to *One VA* priorities, and increase training time to a minimum of 2 percent of total work time or 40 hours per year for each employee.



WORKFORCE ENHANCEMENTS

- VA's budget includes an increase of over 400 employees in VBA in FY 2000. This increase is part of a strategy aimed at succession planning since the average age of the VBA's workforce is 52.5 years, and the average number of years of service is 26. VHA and NCA have also initiated succession planning efforts.
- Substantive resources to provide training to new and existing employees as well as to VA's veterans service organization partners are being invested by VA in FY 2000. This training is being provided via satellite and on-line packages as well as through traditional classroom sessions. This training will result in greater consistency of benefit decisions, and improved employee performance and proficiency.



EMPLOYEE ORIENTATION/RE-ORIENTATION

One major initiative that resulted from the *One VA* regional conferences is the redesign of VA's employee

orientation process. The orientation package will be made available to all new VA employees; it can also serve as a refresher course for current employees. Specifically, the purpose of the enhanced orientation package is to:

- Promote an understanding of VA's history, culture, values, and diversity;
- Enable employees to build a foundation of knowledge about VA's mission, objectives, policies, organizational structure, and functions; and
- Help employees better understand their roles and how they contribute to the accomplishment of VA's mission.

TECHNOLOGY

ELECTRONIC COMMERCE

VA will electronically post procurement solicitations in one centralized location for all business opportunities and respond to vendor inquiries on the Internet. This use of electronic commerce will increase competition by allowing more vendors to respond and actively compete for VA business.

GOVERNANCE

FOUR CORNERS MEETINGS

VA will continue holding its *Four Corners* stakeholder meetings once every 2-3 months. These meetings, composed of representatives from VSOs, Congress, OMB, GAO, and senior VA leadership, are intended to foster communication and consultation with all VA stakeholders on a routine basis. VA also expects to use these meetings to focus on key issues confronting VA, to focus on the development of future scenarios for VA, and to improve the overall governance of the Department.



OUR COMMITMENT TO SUCCESS

The Department of Veterans Affairs is fully committed to achieving the strategic goals and near-term priorities contained in this document. In this 21st Century, our Nation shall continue to honor its commitment to veterans. The premise for this pronouncement is sustained by our Nation's rich history of honoring veterans for the sacrifices they have made.

On Veterans Day, November 11, 1999, at Arlington National Cemetery, President Clinton spoke movingly about the debt we owe our Nation's veterans. He said:

Today, in our imaginations, we must try to imagine the measure of all the lives that might have been, had they not been laid down in service to our Nation. What about the more than 1 million men and women who have given their lives so that we could be free? What would they have accomplished for their families and their country if only they had had the chance?

Of course, we don't have any of those answers. But because we have the question, we clearly have a responsibility to stand in the breach for them. We are not just the beneficiaries of their bravery. We are the stewards of their sacrifice. Thanks to their valor, today, for the very first time in all of human history, more than half of the nations of the world live under governments of their own choosing. Our prosperity and power are greater than they have ever been. It is, therefore, our solemn obligation to preserve the peace and to make the most of this moment for our children and the children of the world, so that those who sacrificed so much to bring us to this moment will be redeemed in the lives they could have lived by the lives that we do live.

As a member of the President's Cabinet, the Secretary of the Department of Veterans Affairs will continue as the principal advocate for veterans. We will ensure that veterans' issues are discussed at all levels of the United States Government and the prospective mix of services and benefits delivered by VA will be based on the needs and expectations of veterans and their families.

To the men and women in uniform — past, present, and future — the Department of Veterans Affairs will always be here for you. This is our commitment.

