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VA Virtual Conference Archive

Live Audio Broadcast

This Live Audio Broadcast of the November 5-6, 1997 U.S. Department of Health and Human Services (HHS) National Committee on Vital and Health Statistics (NCVHS) Meeting being held in Washington D.C., VA will deliver the Live Audio Broadcast of this HHS Meeting in Washington D.C. from our distribution servers in Silver Spring, Maryland. You may link to the schedule or review the times.
If you try to locate Vivian Higgins on one of her workdays, you’ll need a lot of energy, some creativity and even a little luck. It is far easier to spot evidence of her work, because she is a person of high impact.

Higgins is a registered nurse on the Health Care for Homeless Veterans Program (HCHV) team at the VA Pittsburgh Healthcare System, Highland Drive Division.

Co-worker and nurse Randy Dickerson is quick to say that her work is so valued the city of Pittsburgh proclaimed a “Vivian Higgins Day” on May 15.

“Around here that’s the sort of thing usually reserved for the Steelers, Penguins and Pirates,” he said.

Higgins is also the recipient of the 1997 Outstanding Service to Homeless Veterans award from the Providers, an organization of homeless, formerly homeless and social services workers. The group honored her at the fourth annual Homeless and Crisis Services conference at the University of Pittsburgh.

Higgins was recognized for making a difference in the lives of people like a 65-year-old veteran she found in a shelter, who was depressed over the death of his wife whom he had taken care of for 12 years. He was having trouble getting a job and didn’t care if he lived or not.

Higgins got him into treatment, then placed him at a contract residential facility for homeless veterans. He got a part-time job with a local taxi service and is now a full-time supervisor. He keeps in touch with the center and Higgins.

As a nurse who has managed the HCHV Contract Residential Treatment Program since it began in Pittsburgh, Higgins’ work takes place in shelters and on the streets, for the most part.

What motivates her to help an average of 15 homeless veterans a day?

“Getting them into a warm, safe place,” she said. “I see successes, men and women who, for whatever reason, were disconnected from family, society and life. We help them reconnect and become productive individuals who respect themselves again.”

Higgins knows no bounds when it comes to serving these veterans, according to the medical center’s former coordinator for the HCHV Program, Alice Martin.

“She is out there at 7 a.m. and often finishing after 6 p.m., literally saving the lives of the most indigent and vulnerable veterans in our health-care system,” she said. “She has been called on weekends and evenings to intervene in crises, and she follows through to make sure the veteran receives adequate medical attention.”

Higgins’ nursing career began in 1964 at the Kankakee State Hospital in Kankakee, Ill. She joined VA in 1975 as a nurse in long-term psychiatry at the Danville, Ill., VAMC and, after a variety of nurse positions, went to Pittsburgh for more in 1980.

Higgins hopes to see more funds allocated for residential treatment housing in the future — long-term for people who are mentally ill with substance abuse so they can work toward gainful employment. She also trains staff and student nurses in working with chronically mentally ill and homeless populations and has conducted sensitivity training for law enforcement officers.
To Help Guide Change, VHA Adopts ‘Core Values’

In the last three years, VHA has undergone profound change: change in how we are organized; in how we provide care; in how we judge ourselves; and in how we fund our efforts.

VHA is transforming from an inpatient-focused, specialty-driven organization, which historically offered a fragmented range of services, to one dedicated to providing a coordinated continuum of care grounded in ambulatory and primary care.

Since late 1995, some 1,100 sites of VA health-care delivery have been reorganized into 22 veterans integrated service networks. During this time this has resulted in measurable improvements in access to care, quality of care, service satisfaction and cost-effectiveness.

Since September 1994, 42 percent of all VHA acute-care hospital beds — some 22,000 — have been closed. VHA treated more than 3.1 million patients last fiscal year, an all-time high, with 23,000 fewer staff than three years ago. Significantly, we treated 19 percent more homeless veterans and 8 percent more psychiatric and substance abuse patients last year than in 1995.

VHA recorded 32.6 million ambulatory care visits last year, an increase of 6.6 million, or 26 percent, compared to just three years ago.

We opened or will soon open 144 new community-based outpatient clinics (CBOCs) with savings achieved from our new approaches to care, and we expect to soon add 21 more CBOCs. We recently introduced new telemedicine primary care programs at 30 Vet Centers. We have also launched new initiatives to increase care management, home care, use of clinical guidelines and end of life care, to name a few.

This journey of change has accomplished much, but more remains to be done. We have to find more and better ways to enhance quality, increase access, reduce costs, and otherwise improve performance. The remaining two years of the 20th century present unparalleled challenge and unprecedented opportunity.

Amidst the turmoil and uncertainty of profound change, we must maintain a clear sense of purpose and a clear understanding of what is important. It is critical that everyone in the organization understand what we stand for and what we value. That is why we developed a list of VHA “core values.”

We analyzed nearly 100 VA facility and program value statements and surveyed nearly 24,000 VHA employees. From this, it became clear that a number of core values are held by the majority of VHA staff. In December, five VHA systemwide core values were identified.

These five values are: trust, respect, commitment, compassion and excellence — will be the compass that gives direction to VHA’s journey of change.

“Trust” means having a high degree of confidence in the honesty, integrity, reliability and sincere good intent of those with whom we work, the services we provide, and the system we are part of. It is the foundation for any caregiver-patient relationship and is fundamental to all health care.

“Respect” means honoring and holding in high regard the dignity and worth of our patients and their families, our co-workers, and the system we work in. It means relating to each other and providing services in a manner that demonstrates an understanding of and a sensitivity and concern for each person’s individuality and importance.

“Commitment” means dedication and a promise to work hard to do all that we can to provide service to our co-workers and our patients in accordance with the highest principles and ethics governing the conduct of the health-care professions and public service. It is a pledge to assume personal responsibility for our individual and collective actions.

“Compassion” means demonstrating empathy and caring in all that we say and do. It means sharing in the emotions and feelings of our co-workers, patients and their families.

And, finally, “excellence” means being exceptionally good and of the highest quality. It means being the most competent and the finest in everything we do and continually improving all that we do. These values will see us through. They are VHA!
Top-Performing VA Programs Recognized

The department has designated 36 programs around the country as Clinical Programs of Excellence that provide innovations in clinical approaches, service delivery and customer service.

VA Under Secretary for Health Dr. Kenneth W. Kizer said, “These exceptional, high-performing clinical programs have been identified as the finest in what they do compared with the best in American health care. They serve as models for the VA health-care system in measurement of clinical outcomes, as well as in education, training and research.”

Judged by peers in specialized clinical areas, the programs are in eight categories: cardiac surgery, renal dialysis, geriatrics, home-based primary care, health care for the homeless, spinal cord injury, serious mental illness and substance abuse.

A total of 87 programs were nominated and screened by clinical rating panels based on factors designed for each type of program. Criteria included excellence in clinical care outcomes, outstanding clinical care processes, exemplary customer service or patient satisfaction, efficient resource utilization and, where applicable, the best in teaching and research.

Nominators were asked to compare performance, outcomes and benchmarks to other programs inside and outside the VA health-care system, using measurable criteria accepted by outside organizations. Designation as a Program of Excellence is for two years. Programs may apply for recertification.

Examples of successful nominations include:

- The Cardiac Surgery Program of the VA Puget Sound Health Care System serves Washington, Alaska, Montana, Idaho and Oregon in an integrated program. Its patient-centered approach and rehabilitation model involve patients in defining their goals and treatment plans. It boasts a high rate of returning those with spinal cord injury to independent living.
- Among the accomplishments of the New Orleans, La., VA Medical Center’s health care for homeless veterans program was a reported 90 percent improvement rate after discharge among veterans with alcohol problems, some 17 points higher than the VA national average. Three-fourths of these homeless veterans leave the program for a stable residential setting, and more than half are employed when they depart the program.
- The Dallas home-based primary care program of the VA North Texas Health Care System was recognized for innovations in its delivery of primary care to veterans in their homes through an interdisciplinary hospital team. Examples include an aggressive preventive medicine program, timely reviews of medication profiles by a clinical pharmacist, and monthly calls that provide education and support-group services for patients and caregivers.
- Both inpatient and outpatient services are offered in the geriatric evaluation and management (GEM) program of the Little Rock, Ark., VA Medical Center. The program supports about 280 admissions per year in the inpatient GEM while expanding its outpatient services to cut clinic waiting times, reduce bed days of care, and increase customer satisfaction.
- The Cardiothoracic Surgery Section at the VA Palo Alto, Calif., Health Care System was recognized for better outcomes with patients undergoing cardiac surgery. The program has developed new approaches to manage cardiac surgical diseases and earlier this year became the first VA medical facility to perform a new, minimally invasive mitral valve procedure.
Surfing VA’s Cyber Sites

The department’s web sites teach human resources employees electronic report writing techniques, list foreclosed properties for sale, let veterans e-mail questions and school officials get on an e-mail list to receive information from Education Service on future changes. They even let individual VA medical facilities promote their special programs and expert clinicians to potential patients.

These topics and more are out there — somewhere — on the World Wide Web under http://www.va.gov, or on VA’s internal network at vaww.va.gov. Given the ease of setting up a web server, the number of VA websites is growing rapidly.

Under “Organization” alone, on VA’s external home page, one can find 14 headquarters offices and in some cases be linked to their regional units. A department-wide team of webmasters, working with the Information Management Service, writes and maintains web pages for VA offices.

Most field facilities are connected to VA’s Integrated Data Communication Utility (IDCU), which allows them to gain access to and build internal, intranet pages as well as to connect to the Internet. The Office of Telecommunications maintains the IDCU and also writes web pages for VA offices. Access to VA data on intranet is controlled.

A recent visit to the PAY VA Home Page showed that VA’s Shared Service Center is preparing to automate the procedures for record keeping on employees. Hospital staff can test a pilot program for developing report updates on individuals’ educational credentials. This is an internal, or intranet, web site only.

VBA’s Internet capacity currently allows responding to requests for assistance and posting of information and forms. In the future, a secure site is considered possible for accepting applications for benefits and updating personal information.

The Veterans Health Administration has an intranet web site, the Virtual Learning Center (VLC), where employees can submit “Lessons Learned,” browse through the described innovations of others and ask colleagues for suggestions. The address is vaww.va.gov/vlc.

VLC visitors can click on “Lesson of the Day” for the latest submission. People who want to share their how-to successes can click on “Submit Lesson,” prepare their text in Word format and import the lesson directly into the database. Looking for what the database holds on particular subjects, a viewer selects “Search Lessons” and fills in a box for date, title, author, VAMC/VISN or keyword.

“Ask Colleagues” sends anonymous questions to VHA employees nationwide. Readers can browse the questions and offer responses. On Dec. 3, 1997, for example, someone asked, “Does anyone have a strong violence prevention in the workplace program that others could adapt in support of the performance measure on violence in the workplace?”

Facilities promote programs

In addition to VA medical center web sites, numerous separate programs at VAMCs and VAROs, as well as outstationed national offices, proliferate under “Links,” followed by “WWW Servers.” For example, a new Alzheimer’s and Neurodegenerative Disorders Center at the Oklahoma City VAMC promotes itself and provides biographies of clinical staff members.

The same list of servers shows even an employee group with an internal web site. The VA Hispanic Association in Central Office is constructing a section on career opportunities. In “What’s Happening,” it reports on meetings and other events affecting Hispanics.

VA-wide, more than a dozen employees respond to hundreds of veterans and other people every week who click on the graphic for “Putting Customers First” on VA’s home page. Visitors to this site have a menu of subject choices to get answers to e-mail questions on a 1-Stop Customer Service Inquiry Page. Each subject block provides information and e-mail correspondence.

Subjects in addition to VBA benefit programs include: Cemeteries, Bosnia Home Page, Agent Orange, Persian Gulf Illness, Board of Veterans’ Appeals, Consumer Affairs, Inspector General Hotline and the Centers for both Minority and Women Veterans. A block for the VA Voluntary Service allows someone to apply to be a volunteer.

By Jo Schuda
Welfare-to-Work Program a Success

VA leads the way as federal agencies continue searching for jobs for former welfare recipients to meet President Clinton’s goal of 10,000 federal hires by the year 2000.

By the end of September, VA had achieved 75 percent of its welfare-to-work hiring commitment with 604 new employees added to VA staff from welfare rolls.

“There has been an excellent response to this initiative at field and headquarters levels,” Acting Secretary Hershel Gober said. “Our commitment to the final goal is unchanged. As we reach the target, we will also focus on keeping these new employees motivated and successful so they stay with us for long, productive careers.”

Most of VA’s new welfare-to-work hires came on board as file clerks, laborers, food service employees or laundry workers, said Barbara Panther, team leader for the customer advisory group at VA Central Office.

She said success came through creative use of a variety of recruitment strategies involving VA-unique hiring authorities, the worker trainee program and the Veterans’ Readjustment Act. She also said many facilities worked with state employment services and local agencies to provide job-ready candidates.

Four VA organizations achieved notable success.

The National Cemetery System placed 12 welfare-to-work job seekers nationwide in cemetery caretaker, clerk and laborer positions. Most are veterans. The Veterans Benefits Administration Records Management Center in St. Louis accounted for 14 welfare-to-work hires, far exceeding its goal. Dallas VA Medical Center, with 28 hires, the most of any VA facility, started early and generated enthusiasm for the recruitment effort throughout the staff.

VA Canteen Service hired 46 welfare-to-work candidates nationwide. They are working in food court/retail store customer service jobs and being trained in transferable skills and work habits.

According to Panther, every VA welfare-to-work hire is significant. “While we have to focus on the numbers,” she said, “you can’t forget that each of these new hires is a personal success story in the making.”

She recalled how VA and state officials worked together to provide eyeglasses to a West Virginia applicant who otherwise could not have taken a VA job. An Alabama facility hired two sisters who impressed officials during a volunteer work experience program and used job-sharing to accommodate the sisters’ family needs.

Not all the welfare-to-work hires come to VA without prior training or experience.

The Pittsburgh VA Regional Office hired two college graduates to train as benefits counselors. They are both women veterans with prior work experience who had found themselves on welfare.

“This program has the potential to do great good,” said one new VA hire, “but it can also put pressures on people new to the workforce that may make them unsuccessful. They need on-the-job support after being on welfare so long.”

Panther noted that welfare-to-work recruitment and support activities continue in VA. Facilities are being surveyed to identify successful tools and strategies that can be shared throughout the system as “lessons learned.” A one-day training package, “Coaching the New Workforce,” is being used to help supervisors and co-workers retain new employees.
Richard J. Griffin’s appointment by President Clinton as VA’s Inspector General was confirmed by the Senate. Before his confirmation, Griffin served as the Deputy Director of the U.S. Secret Service and was responsible for planning and directing all of the Secret Service’s investigative, protective and administrative programs. He also formulated and implemented operational policies and procedures that ensured laws over which the Secret Service has jurisdiction were properly enforced.

Griffin received a B.A. in economics from Xavier University in Cincinnati, Ohio, and an M.A. in business administration from Marymount University in Arlington, Va. He is also a graduate of the National War College.

Inspector General Named

Medical Musical Group Plays Kennedy Center

About 225 musicians and singers who make up the VA National Medical Musical Group gave a performance November 8 at the Kennedy Center in Washington, D.C. They came from 40 states to honor veterans through music, with Dr. Victor S. Wahby directing. The program included the group giving an award to former Rep. G.V. “Sonny” Montgomery for his service while chairman of the House Veterans’ Affairs Committee. After the concert the group traveled to Portugal and Spain.

‘Pay for Applied Skills’ Test Approaching

The New York and Detroit VA Regional Offices are looking forward to a final Federal Register notice to appear later this year announcing their proposed five-year “pay for applied skills” demonstration project. It involves replacing the classification and General Schedule pay systems with a compensation system that includes pay for applied skills and variable pay. Emphasis will be on organizational and team performance instead of individual performance.

The project builds on the New York RO’s interim compensation system adopted three years ago that fits skills-based pay into the General Schedule System. At that time the RO redesigned its work processes into self-directed work teams, which were recognized in 1994 with the first Hammer Award.

Realizing that the self-directed team members needed to expand their knowledge and skills to provide customers with “one-stop” shopping, the RO also formed an interim compensation committee that included union representatives.

The office created 26 “skill blocks,” and GS grades were defined as collections of several different skill blocks. Every six months, employees can request certification for the next pay level based on skills acquired and certified.

The “pay for applied skills” demonstration project will pay employees for individual skill blocks they have acquired and used and that have been certified. The range of skills required for certification for a skill block will be smaller than what will be required for a grade. The new system will compensate employees for learning a broader range of skills.

Unlike the current system, the demonstration project will include “lump-sum blocks” in addition to the other skill blocks.

Lump-sum blocks consist of skills required to perform short-term tasks or ones that only one or two team members need to perform in support of the team.

The demonstration project’s variable pay component will reward group performance based on the results achieved as shown on the organization’s balanced scorecard. The N.Y. RO developed balanced scorecard measures of customer satisfaction, speed, cost, accuracy and employee development as a Government Performance and Results Act pilot site. These same measures will be used by the Office of Personnel Management (OPM) to evaluate the demonstration project.

The demonstration project requires OPM’s waiver of statutory restrictions to implement the flexibility inherent in the project.

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Griffin received a B.A. in economics from Xavier University in Cincinnati, Ohio, and an M.A. in business administration from Marymount University in Arlington, Va. He is also a graduate of the National War College.
Matthew A. Zimmerman, director of VA Chaplain Service, was selected by The Chapel of Four Chaplains — a non-profit organization that encourages unity among Americans of all faiths — to receive its Legion of Honor Gold Medallion.

The Chapel presents the award each year to someone whose service and leadership reflects the sacrificial spirit of four World War II U.S. Army chaplains who gave up their lifejackets to soldiers and drowned with their sinking transport ship in 1943. The Chapel of Four Chaplains was established in Philadelphia in 1951 and dedicated by President Harry S. Truman “to teach Americans that as men can die heroically as brothers, so they should live together in mutual faith and good will.”

Chaplain Zimmerman has served as director of VA’s National Chaplain Center since 1994. He retired from the Army in 1994 as chief of chaplains with the rank of major general.
Research Finds Clozapine Effective Against Schizophrenia

A large multi-center VA study is the first long-term research to show that the antipsychotic drug clozapine is effective in treating patients with severe schizophrenia. Study results, published in the September 18 issue of The New England Journal of Medicine, showed that clozapine improved patients’ overall quality of life, reduced hospital dependency, and is more cost-effective than other commonly prescribed medications, such as haloperidol.

“In a chronic illness like schizophrenia, it is important to know what the long-term effects of treatment and the resultant costs are,” said lead author Dr. Robert Rosenheck, of the VA Connecticut Health Care System, West Haven Division. “What’s exciting about this study is that, for the first time, we have evidence from a controlled trial that clozapine helps quality of life, which hopefully will improve treatment compliance, thereby preventing relapses and reducing hospitalizations.”

Under the VA Cooperative Studies Program, Rosenheck and colleagues at 15 medical centers conducted a randomized, double-blinded study involving more than 400 patients with severe schizophrenia. The researchers found that the clozapine group had fewer psychiatric hospital days than the haloperidol group, and the greater costs of clozapine treatment were offset by the savings in inpatient care expenses.

They also found that clozapine was less likely than haloperidol to cause involuntary movements similar to those in patients with Huntington’s chorea, Parkinson’s disease and some types of cerebral palsy.

Study Offers New Hope for Treating Chronic Pain

VA researchers have reported findings that offer hope for an entirely new approach against intractable pain. A team headed by Drs. Patrick W. Mantyh, of the Minneapolis VA Medical Center, and Ronald G. Wiley, of the Nashville VA Medical Center, targeted certain pain-associated nerve cells with a poison ferried into the spinal cord by a protein that nerves use to communicate with each other.

Their results in animal studies suggest that the new technique may eliminate nerves involved in transmitting severe chronic pain signals, while nerves that transmit normal sensations of pain and heat are left unaffected. The findings were reported in the October 10 issue of Science.

“Our results are very encouraging,” Wiley said. “This holds out the promise that we may be able to use something like this to treat pain for which our current treatments are inadequate.” Better treatments for chronic pain rest in part on the ability to sort out mechanisms that distinguish this kind of hammering, unremitting pain from the normal alarm pain sensations that serve to protect people from injuries and burns, he noted.

The research team infused the spinal fluid around the spinal cords of rats with substance P, a small peptide that nerves use to communicate, and a toxin called saporin. The rats retained normal responsiveness to mild stimuli such as touch or warm heat, but they failed to develop hypersensitivity to heat and touch after the application to their foot pads of capsaicin—the chemical that makes chilies hot. This led the researchers to conclude that substance P receptors play a pivotal role in the transmission of highly harmful stimuli and the hypersensitivity present in chronic pain.

Smaller Defibrillator Controls Heart Rate

A patient at the Lexington, Ky., VA Medical Center was the first person in the country to receive an experimental electronic defibrillator that is 10 percent smaller than currently available models. The new defibrillator, called the Ventritex Angstrom MD and made by St. Jude Medical Inc., of St. Paul, Minn., is powered by a battery that lasts 8 to 10 years. Batteries on earlier models lasted about five years.

“It’s the smallest one available in the world right now,” said Dr. Andrea Natale, one of the doctors who implanted the device. “Since it is smaller, it causes less discomfort for the patient and there is a reduced risk of long-term complications.”

Defibrillators automatically sense potentially dangerous rapid heartbeats and issues an electric shock to the heart. The patient who received the new device suffers from ventricular tachyarrhythmia, in which the heart’s lower chambers start beating so rapidly they can no longer pump oxygen-carrying blood. Severe attacks can produce almost instant death. Dr. Fabio Leonelli, another VA physician supervising this case, said the new model also can distinguish non-life-threatening arrhythmias in the upper chambers from those in the lower chambers of the heart, thus minimizing the shocks to the patient.

“There is no way to predict when these episodes can occur,” he said. “This device is always there, watching the heart beat, ready to administer a shock whenever it is needed.”

AIDS Virus Survives Despite Drug Therapy

Although drug therapy can suppress the AIDS virus (HIV) to nearly undetectable levels in the bloodstream, VA researchers in San Diego have found that latent strains of the virus still hide in the immune system. Reporting in the November 14 issue of Science, Drs. Douglas D. Richman, Joseph K. Wong and Celsa Spina and colleagues said they found latent virus in immune system cells of six patients. The patients had no detectable HIV in their blood after as much as two years of treatment with a drug cocktail of AZT (zidovudine), lamivudine and the protease inhibitor indinavir.

“Clearly this has major implications for our prospects of eradicating HIV,” Richman said. “But we now know what we are contending with. Either we have to figure out how to eliminate this reservoir of virus or continue suppressive therapy indefinitely.”

Richman said HIV can hide inside CD4 lymphocytes because the viral genetic material is dormant until something such as an infectious agent stirs the immune system into action. The CD4 cells become an active part of the immune defense, but the HIV also awakens and causes the cells to manufacture more virus.

By Dan Bruneau & Pat Forsyth
Research Communications Service
Government Computer News honored nine VA employees for excellence in systems development, management and implementation. They include: **Stanley R. Sinclair**, deputy to the Assistant Secretary for Management, for spearheading strategic information technology goals; **Raymond Poore**, computer specialist with the Information Technology (IT) Support Service, for developing nationwide standards that assure unique identification for VA’s “new technology” file servers; **Susan Boaz**, computer specialist with IT Support Service, for providing computer training to visually impaired employees; **Sandra Weisman**, associate deputy assistant secretary for financial management, for implementing VA’s first integrated core accounting system; **Sally Wallace**, Veterans Benefits Administration’s year 2000 project manager, for her work on VBA’s date code conversion effort; **David Bradley**, VBA’s Data Networks Division, for planning and implementing telecommunications infrastructure improvements across VHA; **W. Kenneth Ruyle**, director of the Tuscaloosa, Ala., VA Medical Center and chief of Veterans Integrated Service Network 7’s Mental Health Service Line, for his work on the Computerized Patient Record System; **Richard V. Zucco**, director of the Chief Information Officer Training and Education Office and deputy director of training and education in the Decision Support System Program Office, for creating a virtual training environment for VHA employees; and **Craig Davis**, telemedicine project manager at the Iron Mountain, Mich., VAMC, for his work on telepathology services.

Two VA investigators were among 60 young researchers to receive the second annual Presidential Early Career Awards for Scientists and Engineers at a White House ceremony in November. The award is the highest given by the President to outstanding scientists and engineers beginning their careers. The first VA recipient, **Dr. Martin Gluck**, is a physician in the Neurology Service at the Bronx VA Medical Center. His major research interests lie in the mechanisms of mitochondrial, parts of cells involved in energy production. He sees potential application of investigation in this area to the causes of Parkinson’s disease and other neurologic disorders. He intends to use his training as a basic research scientist to focus on the mechanisms of neuronal damage in neurodegenerative disease and in stroke.

**Dr. J. Michael Gaziano**, the other VA recipient, is an internist in the Medical Service, cardiology section, at the Brockton/West Roxbury VAMC. He is also assistant professor of medicine, Harvard Medical School. His major research interests are in the causes and control of cardiovascular disease.

Much of his research has focused on biochemical mechanisms that underlie risks associated with various lifestyle factors in the development of atherosclerotic disease. He hopes to establish an independent laboratory of cardiovascular epidemiology closely associated with clinical activities in preventive cardiology.

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**Hammer Award Goes to Two Medical Centers**

Two more VA facilities honored with Vice President Gore’s Hammer Award include the Ann Arbor, Mich., VA Medical Center and the Indianapolis VA Medical Center.

The Ann Arbor VA Medical Center’s Cardiac Observation Unit won a Hammer Award for outpatient cardiac services. Diagnostic cardiac catheterization, implantable cardioverter defibrillator, permanent pacemaker implant and percutaneous transluminal coronary angioplasty are just a few of the procedures now being handled effectively and safely on an outpatient or short stay basis, saving substantial time, money and inconvenience for patients, insurers and health-care providers.

Besides improving customer service, the program saved about $200,000. The Unit provides post-procedure care, follow-up visits and telephone calls, and urgent care for patients who would otherwise have gone to the emergency room, or not received care.

Surveying the patients and their families about their overall satisfaction produced a 92 percent rating of excellent. No one rated their experience as less than good.

The Indianapolis VA Medical Center received a Hammer for reinventing the process of discarding unneeded government property through “enhanced use.” Because recent changes in medical technology and care delivery reduced the need for hospital beds from 659 to 219, the medical center was able to lease about 33 percent of its physical plant to the state. In exchange, the medical center received an estimated $11 million from Indiana to provide state-of-the-art surgical and medical inpatient facilities. This enabled VA to reduce its recurring costs by $5 million annually and avoid additional facility capital improvement costs of $11.7 million. The arrangement permits the creation of satellite clinics.

The enhanced use team, including field and headquarters employees, implemented the project in nine months.
The bowlers of the VA Chicago Health Care System, VA Regional Office, and Benefits Delivery Network, Hines, will host a National Bowling Tournament June 5-7, 1998. All VA employees and members of VA bowling leagues are eligible to compete in mixed doubles and a five-person team event. Pre-registration is required for both events by April 1; for information write to: Tyrone E. Reese, committee person, P. O. Box 371, Hines, Ill. 60141

A handbook on reasonable accommodations is available from VA’s Blind Rehabilitation Service’s Committee on Reasonable Accommodations. The handbook offers an overview of legislation and examples of reasonable accommodation and case law. For a free copy, call Margie Donovan, VIaST coordinator, (415)750-6604, and request either large print or ASCII computer disk.

Applications are available for the 1998 Public Employees Roundtable Public Service Excellence Awards. Selection factors include: measurable productivity or service delivery improvement, increased cost effectiveness of governmental services and improvement in Americans’ quality of life. Winning organizations will be honored in May during Public Service Recognition Week. Request nomination materials by calling PER at (202)401-4344 or by downloading from its website at http://www.patriot.net/users/permail.

Nearly 2,000 veterans and family members attended the San Juan, Puerto Rico, Regional Office’s first “Feria de Beneficios” (benefits fair). The Sunday activity, in conjunction with National Consumers Week in October, enabled about 2,000 veterans and their families to spend time with RO, vet center and national cemetery employees, representatives of other federal agencies and veterans service organizations.

An exhibit at Central Office in November featured photographs of Earl J. Simmons, an Army veteran who served in Korea and became a photographer through a rehabilitation plan of self-employment at the Fargo, N.D., VAM&ROC. His photos of North American architecture and landscapes, which have been featured in many Canadian and U.S. shows and galleries, were shown on Veterans Day at the Canadian Embassy. Veterans Day is also Canada’s annual Remembrance Day in honor of those who served in WWII. Simmons is a citizen of both countries. His work will be on permanent display at the New York RO’s new veterans museum.

The Tuscaloosa, Ala., VAMC and the Tuscaloosa community sponsored a workshop on rural homeless-ness in west Alabama to better understand the needs of homeless veterans in remote and rural areas and work toward solutions. Keynote speaker was Dr. Craig Burnett, national co-ordinator for the VA Community Homeless Assessment Local Education Networking Group (CHALEN). A formerly homeless veteran who recovered through the VAMC’s Substance Abuse Program and is now employed at the medical center told attendees, “Most homeless don’t really need your sympathy, they need your understanding.”

The podiatry section of the Columbus, Ohio, VA Outpatient Clinic staffs a free clinic at a local homeless shelter housing many veterans. Dr. Ronald Halgado, VA podiatrist, organized the program offering primary foot care and foot screening exams by podiatric residents. At the same time, homeless veterans learn more about the overall ser-vices of the outpatient clinic.

VA has awarded three major contracts for construction of national cemeteries. The first is a $17 million contract for the first phase of a 982-acre national cemetery near Joliet, Ill., that will be one of the largest in the National Cemetery System. The second is a $12.7 million contract for the first phase of a 638-acre Dallas-Fort Worth National Cemetery. The third is an $11.6 million contract for the first phase at a 373-acre Saratoga, N.Y., National Cemetery.

In memory of Dr. Gabriel O. Manasse, Under Secretary for Health Dr. Kenneth Kizer unveiled a portrait and plaque at VA’s second annual cancer symposium in San Antonio in October. Dr. Manasse, a psychiatrist who died last summer, served as the chief consultant with VHA’s Acute Care Strategic Health Care group from 1970 to 1997. The plaque describes Dr. Manasse as “a talented and caring physician who treated patients, colleagues and friends with dignity and respect.”

From left, Dr. Artie Shelton, VA consultant; Eugene Brickhouse, Assistant Secretary for Human Resources and Administration; and Joseph Pryor, VA Media Services Division of Administration, who painted the portrait.

The third annual Disabled American Veterans Charity Golf Tournament, sponsored by DAV Chapter 137 of Garland, Texas, was held on Veterans Day. Tournament proceeds will be used for transportation and lodging for Dallas-Fort Worth area veterans who participate in four national veterans programs: Wheelchair Games, Winter Sports Clinic, Creative Arts Festival and Golden Age Games.

VA’s Office of Occupational Safety and Health received a Centers for Disease Control grant for a national satellite broadcast in October on how to prevent and treat tuberculosis. Approximately 87 VA sites participated, and 1,300 VA and private healthcare professionals will receive continuing education units for the training.
Togo D. West Jr. Named Acting VA Secretary

The President announced December 2 the appointment of Togo D. West Jr. as Acting Secretary of Veterans Affairs; the appointment became effective January 2. West will be nominated as Secretary after the U.S. Senate reconvenes in January.

West has served as Secretary of the Army since 1993, after a lengthy career in public service. He was called to active military duty in the Army’s Judge Advocate General Corps in 1969. He served in the Office of the Judge Advocate General and the Office of the Assistant Secretary of the Army for Manpower and Reserve Affairs until 1973. In 1975 he joined the Justice Department as Associate Deputy Attorney General. From 1977 to 1979 he served as the General Counsel for the Navy. From 1979 to 1980 he served as the Special Assistant to the Secretary of Defense and the Deputy Secretary, and in January 1980 was appointed General Counsel of the Defense Department.


West received a bachelor of science degree in electrical engineering from Howard University in 1965 and was commissioned a second lieutenant in the U.S. Army Field Artillery Corps. In 1968 he earned a degree in law from the same university, graduating cum laude. Upon graduating from law school he served as a law clerk in the U.S. District Court in New York.

For his military service, he was awarded the Legion of Merit and the Meritorious Service Medal, and for his public service, the Defense Medal for Distinguished Public Service.

Enroute to work at a VA community-based clinic, three medical staff members of the Clarksburg, W.Va., VAMC acted quickly to save an automobile accident victim. Seeing that a car had collided with a truck and emergency assistance had not arrived, they went to the aid of the car driver, who was trapped in his vehicle and had injuries, including to his head. Physician assistant Steve Milligan and nurses Brenda Bennett and Rebecca Beets were carpooling and Milligan, also a firefighter, had protective gear and a first-aid kit in his vehicle. He donned the gear and entered the wrecked car, crawling through broken glass to reach the victim. Bennett and Beets used the first-aid kit and applied pressure dressings to the victim’s wounds. The three stayed with the man until emergency workers arrived and extracted him using the jaws-of-life device.

Three recent phone calls to VA facilities found employees’ ingenuity and compassion in action. First, as Don Reynolds, a pharmacy technician at the Northampton-Springfield, Mass., Outpatient Clinic, was leaving for lunch one day, he took a phone call. It was a patient who sounded upset and talked about taking his own life. Reynolds kept the patient talking until a member of the psychology staff took over. Reynolds then called 911 and provide enough information for police to find the veteran and take him to the medical center.

At the Northern California Health Care System, Medical Administration Service secretary Alma Jamison got an early morning call from a patient who was threatening to end his life. A coordinated effort by Jamison, program support assistant Shannon Hill and Joyce Locke, R.N., a telephone advice nurse, kept the patient from harming himself. Police were called and they transported the patient to obtain medical care. Lastly, at the Waco, Texas, VA Regional Office, Mike Colby, a veterans benefits counselor, answered a call from a despondent veteran who threatened suicide. Colby kept him talking while a nearby adjudicator, Corky Holland, located Steve Donaldson, a counselor who called authorities in the veteran’s county. Colby kept the conversation with the veteran going until the sheriff’s deputies reached the veteran and took him into protective custody until receiving treatment at the North Texas Veterans Health Care System in Dallas.

Correction: The November/December VAnguard mistakenly identified Jerry Bowen’s alma mater. He is a graduate of Arkansas State University.