Creative Arts Festival

Healing Power of the Arts
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Pete Dougherty was working late one night in VA Central Office when he decided to walk to a nearby fast-food restaurant to grab a bite to eat. As he walked down the streets of downtown Washington, several homeless men approached him and asked for money.

But instead of giving them money, Dougherty invited the men to accompany him to the restaurant, where he bought them dinner and, learning the men were veterans, told them about the resources that are available to them through VA.

That’s the level of commitment Dougherty brings to his job as director of VA’s homeless program, where he coordinates Departmentwide initiatives to assist this at-risk population.

He joined VA just before the national summit on homeless veterans in February 1994, following stints as a staffer on both the House and Senate Veterans Affairs Committees, where his duties included drafting legislation and preparing hearings on the homeless veterans issue.

Dougherty served as a special assistant on homelessness to the Secretary and the Under Secretary for Health, and also managed a specialized homeless veterans program for the VA Maryland Health Care System before recently being named director of the homeless program.

What he enjoys about his work, he says, is that “most people who work in the homeless program are really dedicated employees, and the community providers we work with are extraordinarily dedicated. There are some creative people out there who are committed to getting the job done.”

In recent years, through the Homeless Providers Grant and Per Diem Program and others, VA has branched out to involve a variety of nonprofit community groups in its efforts to help homeless veterans.

Dougherty likens VA’s best partnerships with these community providers to a good marriage. “Both partners contribute something, and both gain something in return — nobody loses.”

He believes the most successful partnerships are those that combine VA’s medical care and benefits expertise with the community’s ability to link homeless veterans with housing, jobs and other needed services.

“I like to say that true collaboration with our community partners — where we really work with each other and take strengths from each other — affords us the opportunity to design, deliver and provide services that center on addressing the totals needs of the veteran who is homeless.”

Dougherty would now like to focus on increasing access to VA’s services for homeless veterans. He points out that although “homeless veterans are everywhere, homeless programs are not. Some homeless veterans may be hundreds of miles away from the nearest VA provider. We need to provide more opportunities for them to receive the services they need.”

And as the Department heads into the new millennium, Dougherty says he would like to see VA make a renewed commitment to addressing the health care, housing and employment needs of all homeless veterans.

“There is virtually no VA office, from the Secretary on down, that doesn’t have some connection to what we’re trying to do.”
In November, VA leaders, human resources professionals, veteran advocates, and union partners assembled in Atlanta to discuss ways to better support employees in their efforts to serve veterans and their families.

It became clear early in the conference that VA would be unable to achieve its vision of having a high performance work force if it didn’t spend more time and resources on attracting talented employees to work for VA and developing those already in the VA family.

It was also clear that human resources professionals had an important role to play as employee advocates in assuring that VA’s goals and objectives were both employee and veteran focused.

It’s no secret that the best businesses in this country have achieved a high level of customer satisfaction with their products and services by investing in employee development and providing a safe and family-friendly workplace. Employees who work in this type of environment are highly motivated and capable of producing outstanding results.

When the discussions in Atlanta turned to how VA could better support employees, conference attendees turned their attention to employee development. A list of skills, competencies and attitudes that were characteristic of high performers was developed. These included problem solving, computer, communication, interpersonal, negotiating and technical skills.

In addition, attendees felt it important that employees care deeply about quality service, understand their role in helping VA succeed, are flexible and adaptable to change, have a take-charge attitude about their job, are open to constructive feedback, are creative, organized, accountable for their performance and conduct, courteous and, above all, committed to providing the best care and service possible to veterans and their families.

So what does all this mean for those of us in the VA family? Quite simply, it means that we need to come together as never before and plan better ways to provide opportunities for all employees throughout the Department to acquire and perfect the skills mentioned above.

In addition, we need to promote and reward the types of attitudes and behaviors that will result in VA achieving service excellence.

Planning is already underway throughout the Department to improve and increase our efforts in employee development. Through what is being called the VA Learning University (VALU), all employees will receive training in the competencies considered critical to successful performance.

For example, competency in using computers is becoming increasingly important in a variety of professions. Employees can expect to receive increased training in this area.

Once competencies have been identified, training sources will be identified and made available to employees. Take advantage of new opportunities that result from these efforts and if you have suggestions on how we can better support employee development, please share them.

VA employees are the human resource solution to achieve service excellence. Based on my personal observations, VA is well on its way to achieving this goal.

Dallas VAMC was the site for the kickoff of the National Partnership for Reinventing Government (NPR)’s Hassle Free Communities initiative last month. The program is aimed at making government more user-friendly by providing services from various local, state and federal agencies at one site. In addition to VA, representatives from the IRS, HUD and Dallas Area Rapid Transit, among others, were on hand providing assistance to veterans on such topics as disability benefits, housing and public transportation. The agency representatives will visit the VAMC one Monday each month.
The holidays can be particularly lonely and difficult for the homeless. Often separated from their families, their focus must remain on struggling to survive on the streets, while the rest of the nation turns its attention to turkey and pumpkin pie, brightly colored decorations, and exchanging gifts with family and friends.

That’s why Bob Rogers, homeless coordinator at the Indianapolis VA Medical Center, and Jim Powers, state adjutant of the Indiana chapter of the Disabled American Veterans (DAV), got together in 1992 to plan two homeless veterans stand downs to coincide with the Thanksgiving and Christmas holidays.

They knew homeless veterans in the Indianapolis area would greatly benefit from the opportunity to come in off the streets during the holiday season and enjoy traditional holiday meals, pick up warm clothing, and take advantage of services including medical screenings, flu shots and mental health counseling.

Organizing the events “was hard work,” Rogers said, “but whenever we ran into an obstacle or had a setback, we overcame it. We didn’t turn tail and run.”

Attendance has increased enormously since the program first began, when only 85 veterans attended a chicken dinner served in a back room of the state DAV headquarters.

This year, a total of more than 1,400 homeless veterans and their families attended the two annual holiday stand downs sponsored by the Indianapolis VA Medical Center and the Indiana DAV chapter.

Held at the Tyndall National Guard Armory in Indianapolis, these events brought together more than 40 agencies and organizations to provide on-site assistance to the veterans, including the Indianapolis VA Regional Office and Vet Center, the Salvation Army, the Social Security Administration, Ford Motor Company and local homeless groups.

Nurses and other health care staff from the Indianapolis VAMC were on hand providing medical screenings and care, while members of the medical center’s mental health, vocational rehabilitation, and homeless staffs provided on-site counseling.

Indiana University’s School of Optometry offered free eye exams and glasses through a grant from DAV, and warm winter clothes were provided courtesy of the citizens of Crawfordsville, Ind. Since the Indianapolis holiday stand downs first began, 18 tons of clothing have been collected for homeless veterans by the people of this town of 14,000.

Their generosity reflects the spirit of cooperation evident among all organizations involved in these annual events that Rogers believes has been the key to their success. Citizens from all over the state of Indiana volunteer their time to help out at the stand downs.

“For the veterans, it’s a time to rest, eat a good holiday meal, enjoy the camaraderie and get needed services,” said Rogers. “For the staff and volunteers, it’s a time to assist others, help lift veterans’ spirits and reflect on the things we have to be thankful for. It’s a win for VA, a win for DAV, and especially a win for the veterans.”

Nationwide, VA participated in more than 120 stand downs — named for the military term for a break in battle during which soldiers are allowed to rest and recuperate — in 1998. A total of more than 40,000 homeless veterans received assistance through these stand downs and benefits assistance fairs.
The Countdown to Y2K: Will VA Be Ready?

Will planes fly? Will we be able to make phone calls? Will we have electricity? Will medical devices go haywire? No one really knows what havoc the millennium bug may or may not wreak on January 1, 2000, because there is simply no precedent.

With only twelve more months to go, federal officials and computer experts are joining their private sector counterparts in the scramble to meet the challenges the first day of the new century could bring.

Where does VA stand? The Department has been tackling the problem since 1996, and has made better progress than many of its federal counterparts, with 99.7 percent of its mission critical computer software applications now compliant, including all payment-related applications and applications supporting health care.

Renovation, which involves modifying, replacing or eliminating an application to make it Year 2000 compliant, is the second of a simultaneous four-phase program VA has undertaken to resolve Year 2000 problems. More than 300 applications supporting 11 mission critical system areas such as compensation and pension, loan guaranty, insurance, and medical computer and corporate administration systems needed to be renovated.

The Department also has validated (tested) 88 percent and has implemented into production 73 percent of the applications.

The third phase, which validates new or changed code for date handling and functionality, is scheduled to be completed this month. The final phase involves implementation of all applications into production and is expected to be completed by the end of March, the administration’s deadline for Year 2000 readiness. VA completed the first phase, known as assessment, last January.

VA must also complete business continuity and contingency plans to mitigate Year 2000 impacts on benefits delivery and health care, according to Ernesto Castro, VA’s project manager for Year 2000 compliance in Information Resources Management.

To alleviate fears veterans may have about interruptions in benefits payments, all regular recurring benefits payments, such as compensation and pension, most education programs, vocational rehabilitation, Restored Entitlement Program for Survivors, and those for Vietnam veterans’ children with spina bifida, will be posted to beneficiaries’ accounts and be available on the morning of December 30, 1999.

VA also has completed implementation and closed out three of the 11 mission critical areas: the National Cemetery Administration, Financial Management and Vocational Rehabilitation.

Castro attributes VA’s overall success to the fact that the in-house personnel who developed and maintain VA computer systems have also been responsible for identifying and fixing Year 2000-related problems.

Although VA’s own computer systems will be ready, Castro points out that smooth operations on January 1, 2000, also will depend on the readiness of third parties from whom VA gets support services such as water and electricity. VA also relies on other agencies, such as the Department of Treasury, to help carry out some aspects of its mission.

Castro says VA is working closely with those third parties, including manufacturers of biomedical equipment, telecommunications service providers and commercial off-the-shelf products used at VA facilities to obtain the information needed to ensure that those products and services will be Year 2000 compliant as well.

New Atlanta VARO to be Built Next to VAMC

Georgia veterans and their families are a step closer to getting one-stop service from VA, now that ground has been broken for a new VA regional office building right next to the VA medical center in suburban Atlanta.

When completed at the end of this year, the four-story building will house more than 540 employees and representatives from veterans service organizations. A fitness center, extra training rooms and a food court are planned.

Under the terms of an “enhanced-use” lease agreement with the Development Authority of Dekalb County, the county will lease the building to VA for 30 years, after which it will revert to VA ownership.

“Veterans needing assistance with vocational rehabilitation, GI Bill or any other veterans benefits can get it at our new location, and get their health care needs addressed next door at the medical center,” said Atlanta VARO Director J. Gary Hickman. “This move will allow us to expand our services to veterans while providing more accessibility, ease of use and a quality work environment for our employees.”

Joining Hickman at the groundbreaking were Deputy Secretary Hershel Gober, Under Secretary for Benefits Joseph Thompson, Development Authority Chairman Robert Augustine and Georgia Department of Veterans Service Commissioner Pete Wheeler.
The most wonderful thing about the National Veterans Creative Arts Festival is the healing power of all the veterans — talking from their hearts,” said T.K. Laureano, a member of the Teague VA Singers from Temple, Texas. “I wasn’t going to come; I wasn’t going to participate. And then my therapist encouraged me — ‘Go... just try and let it happen.’ And it did!”

It happened in Houston with nearly 100 veterans from VA medical facilities across the country participating in this unique event that showcases the therapeutic value of music, drama, dance and art. The veterans, all winners of national competitions, spent the week in rehearsals and art workshops that concluded November 8 with a gala performance and art show.

The talent of these veterans is real and each one has a story of how the arts changed their life. Take, for example, Army veteran Wayne Richardson of Renton, Washington, winner in the Needlework category. Richardson’s piece, “In Fond Remembrance,” is dedicated to the memories of his wife and only child, both killed in separate vehicle accidents. The design is a rose mallow’s flower that came from a pattern, but was modified by him to include symbols representing the complexity of life.

It took him eight months to complete the piece. Using a new and difficult technique, he chose the flower for its complexity and beauty. He added buds to symbolize birth; dead stalks to illustrate death; a little frog climbing up into the plant to demonstrate life’s unexpected turns; and butterflies representing sweetness. “It was the most complicated piece I had ever done,” he said. “It was my love for my wife and daughter that saw me through it.”

Suffering from depression and several health problems after the death of his daughter, Richardson entered the Seattle VA Medical Center in 1994. Bedridden, he found cross-stitch a safe haven from his physical and emotional pain.

“Cross-stitch seemed to get my mind going on a different track. The magic moment came when I put my daughter’s name on the piece. I felt a lifting off of my shoulders,” he recalled. After that, the phrase, “When I am down I try to focus on the colorful memories of the past and the beauty of life to ease the present tribulation,” came to him. “I kept the second ‘i’ in lower case to represent my insignificance,” he added. “When it was done, I had something that I could look at and I could remember. The meaning of the whole picture is that life is complex and it’s not perfect, but there is always beauty in life if you get that part of it.”

The Special Recognition Honor in the music division was awarded to veterans Charlie Roth and Loren Moor of the St. Cloud, Minn., VAMC. The song, written by Roth, is a tribute to a powerful friendship between the two men. Roth composed “The Ballad of Loren Moor” after befriending Moor on St. Cloud VAMC’s Respiratory Distress Unit. Moor was suffering from ALS, commonly known as Lou Gehrig’s Disease, and had been ventilator-dependent for more than 13 years.

During the course of their friendship, Roth was inspired to write a song about Moor — “one that really put into words the events of his life and set the facts straight,” Roth said. Songwriting is helpful for Roth as well. “It is my therapy,” he said.

Why did he write the ballad? “I wanted to pay tribute to one life — Loren Moor’s — a forgotten person, cut down in his prime, trying to keep his spirit up. There are a lot of guys out there just like him.”

Sadly, Moor passed away just days after Roth performed his ballad at the Festival in Houston. However, one thing is certain — Loren Moor will live on, thanks to Charlie Roth.

VA sponsors the annual National Veterans Creative Arts Festival with the help of co-sponsor Help Hospitalized Veterans, and long-time national sponsor, The Recording Industries Music Performance Trust Fund. The Festival was hosted this year by the Houston VA Medical Center and will be held in Grand Junction, CO in 1999.

By Kathy Salazar
Houston VA Medical Center
VA Launches Education Initiative for Nurses

The nation’s largest integrated health care system is also the nation’s largest employer of registered nurses, and VA has committed $50 million to a new education assistance program for those seeking baccalaureate or higher nursing degrees.

The program is part of a national initiative to support VA’s nursing work force. The scope of this initiative likely makes it the first of its kind in the nation. The initiative:
• adopts new performance standards for VA’s more than 36,000 registered nurses that establish new education and practice requirements for advancement;
• establishes the baccalaureate degree as the level of educational preparation that VA’s professional nursing work force must have by 2005, and puts this requirement in place for new hires immediately;
• earmarks $50 million over the next five years to assist its nursing personnel to attain the baccalaureate (or higher) degree, as well as to meet other specific occupational training needs; and
• provides the nursing work force innovative academic opportunities and educational programs in partnership with professional nursing organizations.

The first step in achieving the final element of the initiative was taken last month with the signing of a Memorandum of Understanding (MOU) between VHA and the American Association of Colleges of Nursing (AACN). Under the terms of this MOU, the AACN will work with VHA to find innovative ways of bringing nursing education opportunities to the VA workplace.

The standards and implementation plans were developed in collaboration with a variety of professional nursing organizations and institutions, including unions, the American Nurses Association, the Nurses Organization of VA, and the American Association of Colleges of Nursing. Provision is made for continuation of nurses in their current grades and for entry level hiring of all nurses.

The education assistance element of the initiative will largely be implemented locally by VHA’s 22 VISNs under national guidelines that will assist local education initiatives in meeting best-practice principles. It is estimated that more than 5,000 VA nurses are likely to return to school.

VA’s nursing performance and education requirements are contained in nurse qualification standards that were last revised in 1982. The former five-grade nurse classification system has been revised by a VA task force that collaborated with professional nursing organizations, unions and VA management, using the American Nurses Association’s “Standards of Clinical Nursing Practice.”

The education assistance incentives and revised qualification standards reflect VA’s need for nurses with additional education beyond entry-level credentials.

Former Pro Athletes Participate in Study

Members of the 1958 Baltimore Colts championship football team reunited recently at the Baltimore VA Medical Center to help researchers from the Geriatric Research Education & Clinical Center (GRECC) with their study to determine the cardiovascular risk factors for retired professional athletes versus non-athletes as they age.

Five of the former players, along with other members of the NFL Retired Players Association, underwent a series of tests at the medical center, including a complete physical with blood work, a stress test, and a dual emission x-ray absorptiometry test, which provides information about body composition.

The results of the professional athlete study will be compared to that of a similar study done at the medical center that investigated non-athlete veterans who are 60 and older.

The former players were in Baltimore to celebrate the 40th anniversary of what was dubbed “The Greatest Game Ever Played,” between the Colts and the Giants.

Above, research nurse Joyce Evans, RN, who attended that game, visits with study participant and NFL Hall of Famer Lenny Moore.
VA Leads Effort to Improve End-of-Life Care

The VA health care system is expanding its specialized expertise and using its vast resources and affiliations to lead the nation in improving the quality of care provided to patients at the end of life.

Advances in medical treatment and technology in recent years have dramatically increased the ability of health care professionals to save or prolong the lives of countless Americans.

And while the arsenal of advanced procedures and sophisticated equipment available to medical professionals in their battle against illness and disease has continued to grow at an unparalleled rate, the quality of care for one group of patients may have been neglected in the face of all of this progress — those who are terminally ill.

VA is positioning itself to become a national leader in improving end-of-life and palliative care provided to patients for whom medical science does not yet offer a cure.

What qualifies VA to lead the way in improving end-of-life care? First of all, VA’s patient mix tends to be older and more seriously and chronically ill than the general population, so it already has substantial expertise in this area. And that expertise is expected to grow in the new century as the veteran population continues to age.

“Many of our World War II and Korean Conflict veterans are approaching an age when serious, life-threatening illnesses are more common, so it is important for the VA health care system to be able to provide reliable, high quality end-of-life care,” explains Bonnie Ryan, RN, VA’s Chief of Home and Community-Based Care, Geriatrics and Extended Care Strategic Healthcare Group. Ryan is providing leadership for VA’s national strategy to improve end-of-life care.

In addition, since VA operates the nation’s largest integrated health care system, it can provide the full array of services needed to offer a comprehensive approach to caring for the terminally ill. Add to that the fact that VA can tap into its numerous academic and other affiliations to form the alliances needed to improve the way end-of-life care is provided, and VA’s leadership potential in this area begins to emerge.

VA conducted a national summit last spring to develop a comprehensive, system-wide strategy for improving the care of patients who are terminally ill. The health care professionals, managers and patient representatives from all over the system who participated in the summit, along with experts from outside VA, established goals for improving end-of-life care.

The overall goal is to assure that every veteran who is facing a terminal illness can count on the VA health care system to provide the kind of compassionate care that each one of us would want for ourselves and those we love.”

- Bonnie Ryan, Chief of Home and Community-Based Care

improving end-of-life care. They agreed that VA’s priorities for end-of-life care should be:

• no dying veteran should suffer from preventable pain while being cared for in the VA health care system;

• every veteran with a serious, life-limiting illness receiving care in the VA health care system should have an individualized plan for comprehensive services that minimizes physical, psychological, social and spiritual suffering and optimizes the patient’s quality of life; and

• every veteran with a terminal illness who is receiving care in the VA health care system should have access to hospice care and/or comprehensive palliative care services and should understand that those services are available.

Significant strides are already being made in each of these priority areas. To ensure that dying veterans, as well as other patients who are experiencing acute and chronic pain from a wide range of illnesses, do not suffer needlessly from preventable pain, VHA has adopted a national pain management strategy.

The elements of the strategy include implementing standard procedures at all VA health care facilities for recognizing and treating pain, expanding research on pain management, and ensuring that clinicians are adequately trained to assess and treat pain effectively. In fact, pain will soon be considered the fifth vital sign (after heart rate, blood pressure, body temperature and respiration), and every patient will routinely be assessed for it.

“The pain assessment will be systematically charted on every patient’s medical record, just like the other vital signs,” Ryan says. “Doctors and nurses should be expected to treat a patient’s pain promptly and appropriately, just as they are expected to treat an elevated temperature or an abnormal blood pressure.”

VA is quickly achieving the goal of having an individualized plan for each terminally ill patient as well, with the percentage of patients having a documented plan increasing from 67 percent in 1997 to 91 percent in 1998.

And progress also is being made in improving access to hospice and palliative care services. Ninety-eight percent of VA facilities have a hospice consultation team, and 80 facilities offer inpatient hospice care.

One innovative initiative in the end-of-life care national strategy, the VA Faculty Leaders Project, capitalizes on VA’s strong affiliations with 107 of the nation’s 125 medical schools. This two-year program is supporting 30 VA faculty physicians from VA-affiliated internal medicine residency programs to develop approaches that will promote a wider acceptance of end-of-life care concepts in education and training programs.

The Robert Wood Johnson Foundation awarded a grant of nearly one
million dollars to fund this project, which focuses on developing benchmark curricula for end-of-life and palliative care — and strategies for their implementation — for training resident physicians in general internal medicine and the subspecialties of internal medicine.

This project is expected to have an impact on as many as 25 percent of the nation’s medical schools. Each year, about one-third of the nation’s resident physicians and one-half of medical students receive part or all of their training at VA medical centers.

Dr. David Stevens, VA’s chief of academic affiliations, is directing the project, and a steering committee composed of national experts will help guide the work of the faculty leaders. Three national meetings of the faculty leaders and steering committee members will offer an opportunity to share ideas and discuss strategies to improve residency attention to the issues surrounding end-of-life and palliative care.

Ultimately, VA’s national strategy for improving end-of-life care will strive to ease the suffering and preserve the dignity of dying patients as much as possible, while at the same time empower them and their families to make informed decisions about available treatment options and support services.

“The overall goal is to assure that every veteran who is facing a terminal illness can count on the VA health care system to provide the kind of compassionate care that each one of us would want for ourselves and those we love,” says Ryan. “No veteran should suffer from preventable pain, and every veteran should have access to comprehensive palliative care services at the end of life.”

Secretary’s EEO Award Winners Announced

Five VA employees were honored recently in Washington, D.C., for their outstanding support of VA’s Equal Employment Opportunity (EEO) goals.

The recipients of the Secretary’s 11th annual EEO awards were: Stephan D. Nowling, administrative officer at the Omaha, Neb., VA Medical Center; Charlotte F. Carter, employee relations and development specialist at the Roseburg, Ore., VA Medical Center; Robert O. Stringer, EEO manager for the Jackson, Miss., VA Medical Center; Alan H. Sinclair, assistant director of the Phoenix, Ariz., VA Regional Office; and Robert Perreault, director of the Atlanta VA Medical Center.

Nowling was recognized for his contributions to programs for people with disabilities. He was cited for his creativity, motivation and insight into the problems people with disabilities face by helping to bring a variety of educational programs to the VAMC. He also has made significant contributions toward eliminating physical barriers at the VAMC for disabled patients, employees and visitors.

Carter was selected for her work as an EEO program representative. She has served as the Federal Women’s Program manager at Roseburg VAMC for more than 20 years. As a certified EEO counselor, she has provided training to all VISN 20 medical centers and has assisted in the resolution of many difficult employee relations issues.

Stringer was recognized in the category for supervisors and managers through GS-14 for outstanding leadership in administering major EEO programs. His accomplishments include conducting EEO training for service chiefs and supervisors, and facilitating sexual harassment prevention training for all Jackson VAMC employees.

Sinclair was selected in the category for managers and executives GS-15 and above for his dedication and interest in advancing the EEO program both at the Phoenix VARO and in the community. He participates and actively involves the VARO’s division chiefs and supervisors in various special emphasis programs.

Perreault was honored in the category for managers and executives GS-15 and above for instituting programs that develop the educational and professional skills of Atlanta VAMC employees, such as the Upward Mobility Tuition Program, VA Leadership Development Program and the Atlanta Enrichment Program.

The Upward Mobility program grants funds for tuition and books to employees who want to attend college, the VA Leadership Development Program provides career development opportunity for employees at the GS-5 (and equivalent) grade level and below, and the Atlanta Enrichment Program is designed to identify and implement upward mobility positions throughout the VAMC’s service lines.
National HR Conference Participants

To those whose business is to manage major change in large organizations like VA, Real Time Strategic Change means bringing together people from various ranks to talk in small groups about what works and what doesn’t, to question and challenge top executives, and finally to recommend actions. At least that was the format that 350 human resources professionals and top managers from VA’s nationwide system followed in a four-day conference in early November.

Before it ended, top executives from VA’s three operating arms exhorted HR professionals to become close, tight partners with the line managers they support, consulting with them to help managers reorganize and recruit, develop and retain employees. For their part, line executives said they would be open to suggestions about the training they will have to provide managers so they can take more responsibility for their work force planning as well as training for their HR staffs.

An outsider could be forgiven for seeing the event as a grand love fest. After all, in small table groups, participants delved into ways to link VA’s “human resources” — employees — to improved services for veterans. They were stimulated by calls to arms from leaders of the national veterans organizations (see sidebar). Underlying the brainstorming and exercises in collaboration, however, was a call for help from HR people to manage major change in large organizations.

Managers Linked Online to Planning Tools

HR LINK$, the key tool for changing how managers and employees handle many aspects of “personnel” functions, was a centerpiece of questioning. Phase 2 of LINK$, automated personal transactions by employees, has not yet come to most VA facilities; it’s being used with 12 sites, including some Central Office organizations. But Phase 3, management assistance, was launched September 28 at the prototype sites, so it’s clear that the Department has committed to centralizing many HR processes and putting the tools for work force

Executives Set Stage for HR Future

The future for HR people is changing, and VA executives at the recent HR conference in Atlanta spelled out just how.

Deputy Assistant Secretary for Human Resources Ronald Cowles said corporate HR — the Office of Human Resources Management in VACO — views itself as a strategic partner to help the Secretary of Veterans Affairs move the department forward with a high-performing work force.

Several actions are underway or needed to help make this happen:

- The National Partnership Council, comprised of management and labor, is reexamining its goals to become a stronger advocate for employees.
- Individual performance plans must be linked to organizational plans.
- Field HR employees must become more self-sufficient, and using web-based technology will help.

The Veterans Health Administration will hold a summit February 8-11 in St. Louis to begin planning field use of a model for a high-performing work force in which all employees have eight core competencies. Larry Deal, director of the Atlanta VHA network, announced the event. He also pointed out that the old image of a VA personnel officer was of a transaction executor and police officer. Under the new model, to be a valued consultant to management HR people must anticipate their customers’ needs.

Speaking for the Veterans Benefits Administration, Bill Stinger, director of the St. Petersburg, Fla., VARO, told HR people their future lies in aligning themselves with VA’s business lines. The crucial question they will be asked is, “Were you there” when line operations were designing their strategic plans?

Ventris Gibson, Deputy Assistant Secretary for Resolution Management and advisor on equal employment opportunity to the Secretary, identified three areas that have produced EEO complaints, which have escalated in the last year: restructuring, reassignment and non-sexual harassment.

Gibson urged HR people to keep managers informed of trouble in these areas before they become EEO complaints. She reminded managers that their front-line employees who serve veterans away from main facilities often serve people representing many diverse cultures. She asked managers and HR people to do more to end discrimination and save the costs of investigating and resolving EEO complaints. She promised that the Office of Resolution Management will respond to complaints in a timely way. “But,” she added, “I challenge you to put us out of business.”

Larry Blevins, Ed.D., dean of the new VA Learning University, said he plans to produce a One-VA orientation program. He called the conference a first step in partnership with HR staff to provide training which, he said, will use the latest technology. Blevins also said he hopes to see employee training become a line item in VA’s appropriations.
A Call to Arms from VSO Representatives

Representatives of national veterans service organizations who spoke at the 1998 Human Resources Management Conference told the audience that they must believe they have a stake and a career in serving veterans.

Although many in the audience currently face challenges in their own changing work environments, they responded enthusiastically to the call to arms issued by representatives of the American Legion, the Veterans of Foreign Wars, the Paralyzed Veterans of America and the Disabled American Veterans.

Fred Juarbe, veterans service director for the VFW, and Phil Wilkerson, deputy director of operations for the Legion, emphatically urged the audience not to call veterans “customers.” Juarbe said, “There’s a communication problem when you call them customers; they are veterans,” Wilkerson added, “Veterans believe very strongly that they are not customers. They can’t go elsewhere, like they would to Sears.”

Juarbe called VA “the disability insurance program of the active-duty military.” To fill the role, VA will have to provide more long-term care and burial sites for older veterans, assistance for families, catastrophic medical care and employment aid for younger ones. “We must share the veterans’ sense of urgency,” said Juarbe, and utilize information technology to work together and act as one VA.

Jeff Dolezal, director of field services for PVA, said HR managers should provide new employees with an orientation program that conveys the sacrifice veterans made. “We’re all from a veterans service organization,” he added. “VA is the mother of all veterans service organizations.”

Dave Gorman, executive director of the DAV, said future VA employees should have multiple tasks. He said too often VA takes shortcuts to improve a system that benefits the department but not veterans. “Keep the focus on veterans,” he urged.

Wilkerson urged employee veterans to enroll in VA health care because they may want that care some time in the future.

Allen “Gunner” Kent, special assistant to the Secretary for liaison to veterans organizations, urged employees to see their own parents in the older veterans who appear before them for care. A show of hands in the audience revealed that most had not been born when World War II participants became veterans.

(continued on page 12)
sites in the network (Buffalo and Batavia VAMCs are considered one consolidated site), plan to form teams of HR staff across the network who will improve their competencies in five areas: employee development and employee relations, labor relations, workers’ compensation and performance management. The network HR Council appointed a strategic development team to get information from the medical center care lines and HR employees. With it they have begun to assess future HR functions and are considering identifying “centers of excellence” where strengths exist across the network. One of their challenges lies in the fact that a reduction in force is scheduled to occur in VISN 2 early this year, and HR people will be among those affected.

**SOGs Staging the HR Future**

This year’s conference in Atlanta built on last year’s in Topeka. Out of that conference came four initiatives and Strategic Opportunity Groups, or SOGs, comprised of 83 HR people from across the country and VA’s organizational lines who worked on them continuously, plus almost as many back-up participants and an advocacy group to facilitate the work. The four SOGs reported their progress and problems at Atlanta. SOG 1 formed to help HR people “learn the business” of VA’s programs. On the Office of Human Resources Management web site, they created links to sites with program information, “best practice” information and sources of training for VA professions. They asked field facilities to provide intranet access for their HR staffs; since the Topeka conference, many HR offices gained it.

SOG 2 consolidated VA’s HR regulations into one document, eliminating more than 200 issuances. They combined Title 38 and Title 5 personnel regulations and put them on the intranet for access by HR professionals and managers. This SOG will assist OHRM to develop legislative proposals to give VA more flexibility in managing its human resources.

SOG 3 researched HR learning systems, selecting the model of the Society for Human Resources Management. VBA purchased the system for its HR professionals. VHA and OHRM are pilot training employees with it. In a survey, the group asked VA managers what core competencies HR people should have. Then they identified technical skills, resources for developing them and a budget needed to deliver them. Delivery has started with several satellite broadcasts. This SOG has committed to develop training options to help managers with their new HR challenges, including technological ones. It will absorb the work of SOG 1.

SOG 4 presented for adoption a work force planning model. The model takes managers through planning stages, including assessment of existing skills in their organizations, of future needs and strategies for gaining skills through recruitment and employee development. The SOG said VA needs the tools to develop a national database about work force requirements of the future. SOG 4 recommended that VA carry out three pilot projects to build management capability for work force planning — one each for an organization (preferably a VISN), an occupational group (VBA’s rating specialists) and a specific population (VHA members of the Senior Executive Service).

Eugene Brickhouse, Assistant Secretary for Human Resources and Administration, cited for conference attendees what he sees as the VA-HR world’s challenges to achieve:

- Work force planning must become part of strategic organizational planning;
- HR people and line managers need tools to maximize their efforts. They must make HR LINK$ work. VA has specially allocated funds for it and the Office of Management and Budget supports it;
- Build on partnerships with labor, line managers, veterans organizations and other VA stakeholders;
- Recruit, develop and retain good people.

By Jo Schuda

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**Actor Dan Lauria Named National Salute Chairman**

Dan Lauria, veteran actor of film, stage and television, is 1999 Chairman of the National Salute to Hospitalized Veterans.

As chairman, Lauria, a Vietnam veteran who served from 1970-73 in the U.S. Marine Corps, will lead VA’s annual Valentine’s Day program honoring hospitalized veterans across the country.

Lauria is most recognized as Fred Savage’s Dad, Jack Arnold, on the Emmy-winning ABC television series, “The Wonder Years.” However, his acting career has kept him busy on stage and in film as well.

His feature films include “Prince of the City,” “Without A Trace,” and “Stakeout” with Richard Dreyfuss and Emilio Estevéz. Recent film credits include “Another Stakeout,” “Independence Day,” and “Dog Watch,” which he co-wrote.

He has been a part of the off-Broadway scene for most of his career and performed, wrote or directed more than 30 New York City productions before moving to Los Angeles ten years ago.

Lauria starred in scores of prime time television shows, including recurring roles in “Hooperman” and “Cagney and Lacey.” His more than 20 television movies of the week include four “In the Line of Duty” films for NBC. He co-starred with Bernadette Peters in the Emmy Award-winning “David.”

In 1991, Lauria co-produced the plays “A Bronx Tale” and “Faithful.” Both plays were later made as movies starring, respectively, Robert De Niro and Cher.

Lauria resides in Los Angeles with his wife Eileen.
VA Initiates Major Colon Cancer Study

A new VA-funded clinical trial to study the ability of folic acid to prevent the recurrence of colon polyps has begun at the Detroit VA Medical Center and three Detroit Medical Center Hospitals. Colon cancer is the second most common cancer in the United States and other western countries, with about 140,000 newly diagnosed cases per year in the U.S. alone. Most colon cancers are believed to arise in benign colon polyps that occur in as many as 30 to 40 percent of people over age 50. The mortality rate of about 40 percent has remained unchanged over the past 40 years.

Richard Jaszewski, M.D., Chief of Gastroenterology at the Detroit VAMC, and Adhip Majumdar, Ph.D., Professor of Medicine at Wayne State University, are the principal investigators. Their team includes physicians and scientists from the VAMC, the Detroit Medical Center Hospitals, Wayne State University and the Karmanos Cancer Institute.

Albuquerque Explores Medical Uses of Holographic Camera

The VAMC in Albuquerque has been test-running a hologram machine, the Voxcam manufactured by Voxel Inc. of California, to see how it can be useful as a medical tool. Albuquerque is the only hospital in the country that has the Voxcam on site.

With its ability to reconstruct bones, organs and blood vessels in a three-dimensional image, the hologram provides a unique view of the human body. The hologram is compiled from CT (computerized tomography) scans or MRIs (magnetic resonance imaging) data. Those images consist of a series of visual slices through the part of the body being studied. The Voxcam, using a laser, puts them together into a three-dimensional whole.

Dr. George A. Brown has used more than 100 of the images in treating people with broken pelvises. The hologram can show layers of bone fragments, without one obscuring another, says Dr. Brown, who is on the VA staff and is assistant professor of orthopedic surgery at the University of New Mexico School of Medicine. Knowing exactly where the pieces of bone are can help doctors be more precise, making smaller surgical openings.

Since the image is an exact duplicate and is presented in the same size as the actual body part, a doctor can make actual measurements and test angles on the image. Before going into surgery, for instance, a doctor could use the hologram to test if a pin or screw to correct a fracture is long enough.

The holograms have been particularly useful for doctors looking at blood vessels in the brain. They also have been used to examine blood vessels in the legs to pinpoint blockages.

Ultimately, the holograms may be most useful for someone with severe trauma, an auto accident victim, for example. But right now it takes too long, 35 minutes, to get the pictures. A newer version of the machine, scheduled for release later this year, should cut the time to 15 minutes.

Voxel currently has arrangements with about 38 hospitals around the country to translate their scans into holograms. The hologram images are returned to them one day after hospitals send the information to the company’s Laguna Hills headquarters.

Albuquerque operates as a beta site, where Voxel provides the machine and associated equipment for free, along with the technologists to run it. In return, doctors give feedback on problems and possibilities with the technology.

Study Finds Physicians Should Treat High Blood Pressure More Aggressively

A study conducted at five New England VA medical centers suggests that physicians are not being aggressive enough in their treatment of patients with high blood pressure.

Dr. Dan R. Berlowitz of the Bedford, Mass., VAMC, the study’s lead author, says that physicians should take some responsibility for poor hypertension management among patients. Although the hypertensive veterans followed in the study saw their doctors an average of six times a year, the physicians repeatedly delayed making changes in the patients’ medications that could have reduced their blood pressure, the study found.

The study, published in a recent edition of the New England Journal of Medicine, suggests one reason treatment may be lax is that hypertensive patients often break promises to lose weight or monitor their diet in an effort to control their blood pressure without drugs. But Berlowitz and his colleagues say doctors should monitor patients’ records more aggressively and make appropriate changes in treatment.

Richmond and Beckley VAMCs Linked with Telepathology Connection

The Pathology and Laboratory Services at the Richmond, Va., and Beckley, W.V., VA Medical Centers are using television technology to exchange pathology and laboratory services. Dr. Paul Wellisz-Carrington functions as Chief of Pathology at both sites.

Using the Apollo Telepathology System, technicians at Beckley prepare and place slides on a microscope, enabling pathologists at Richmond to render immediate diagnoses. Clinicians at Beckley receive pathology reports and hematology and urinalysis consults with instantaneous on-line speed.

It is anticipated that the bulk of biopsies performed at Beckley VA Medical Center will be reported directly using telepathology, although a few difficult cases may not be reported until the actual slides reach Richmond. The video teleconferencing system is also being used for document review and continuing education.
The Miami VA Medical Center presented a specially designed pendant to Beulah Meier honoring her for more than 50 years of voluntary service at the center. She volunteers seven hours a day, five or six days a week, and works with many of the center’s volunteer programs. She is coordinator of the Ambassador Program that greets newly admitted patients and co-chairs the VA Community Resource Fund Raising Committee. She has accumulated more than 61,000 volunteer hours with VA.

Kevin M. Means, M.D., Chief of the Physical Medicine and Rehabilitation Service at the Central Arkansas Veterans Healthcare System, received the 1998 Distinguished Service Award from the National Medical Association at their annual meeting in New Orleans. This award is presented to recognize a physician’s outstanding contribution to society in the area of health care, as well as prevention of disease, injury, disability and premature death.

The Veterans Health Administration received a Cheers Award from the Institute for Safe Medication Practices (ISMP) for taking action last year to remove concentrated potassium chloride for injection from all patient care areas throughout the VA health care system. Concentrated potassium chloride for injection is commonly mistakenly for other drugs, which has resulted in numerous patient deaths from erroneous injections. The ISMP knows of no other large health care system that has taken similar action. Under Secretary for Health Kenneth Kizer, M.D., accepted the award during the annual meeting of the American Society of Health System Pharmacists in Las Vegas. Charleston VAMC Pharmacist Dennis Dunn also received a Cheers Award recognizing his individual efforts to promote safe medication practices. The Cheers Award honors individuals, organizations and companies whose actions have set a superlative standard of excellence for others to follow in the prevention of medication errors. VHA also was recognized by the ISMP for its efforts to create a non-punitive medication error reporting program.

Carlos B. Lott, Jr., director of the Detroit VAMC, was recognized by the Michigan Civil Rights Commission and Department for the outstanding contributions he has made to both the veteran community and people with disabilities.

The National Rehabilitation Association (NRA) recognized the Indianapolis VA Regional Office’s Vocational Rehabilitation and Counseling partnership with public and private resources with its annual Excellence in Media award. The 19th Star Partnership is a combined effort of veterans employment representatives from the Indiana Workforce Development offices, private enterprise job developers, the Indianapolis VAMC and VARO. The partnership’s newsletter, which highlights success stories of veterans, was recognized with the NRA award for outstanding achievement in portraying people with disabilities in a positive way.

The Association of Military Surgeons of the United States (AMSUS) honored four VHA leaders during an awards program at its annual meeting in San Antonio. Dr. Kenneth Kizer, Under Secretary for Health, received the John D. Chase Award for Physician Executive Excellence; Larry Deal, VISN 7 Director, was presented with the Outstanding Federal Services Health Administrator Award; Dr. Robert Rosenheck, director of the Northeast Program Evaluation Center at the West Haven, Conn., VAMC, received the William C. Porter Lecture Award for his lecture entitled, “Mental Health Service Delivery in the 21st Century: Bringing the Community Back In”; and Dr. John Feussner, Chief Research and Development Officer, was presented with the Sustaining Membership Lecture Award for his lecture entitled, “Healthy Policies for Healthy People: Putting Research to Work.”

Phillip Pugh, who works with the eye clinic at the Durham, N.C., VAMC, received the Mayor’s Trophy from the Durham Mayor’s Committee for Persons with Disabilities for his efforts to help visually impaired people remain active and productive while learning new skills to deal with vision problems. Pugh, who is almost totally blind himself, conducts vision training, medical assessments and vision rehabilitation programs for more than 400 veterans every year.

Spinal cord injury physicians at Milwaukee and St. Louis VA Medical Centers distinguished themselves on the first board certification examination in Spinal Cord Injury (SCI) Medicine. Dr. Sunil Sabharwal, chief of the SCI Service at Milwaukee VAMC, achieved the highest score on the exam. All of the physicians associated with the SCI Service at St. Louis VAMC passed the exam, making it the only SCI Service in the VA health care system and probably the only SCI Center of similar size in the country where all physicians are now board certified.

Receiving a diamond usually signifies an engagement. In the case of employees of the Nutrition and Food Service at the West Palm Beach, Fla., VA Medical Center, it signifies that they are engaged in the pursuit of safe food production and handling. Their state-of-the-art food service practices have been recognized with an international award. They recently received the Diamond Award for Food Safety, sponsored by Healthcare Food Service, an international food industry publication. West Palm Beach VAMC is the first VA medical center to receive this award.

Donna Chirwa, financial service supervisor at the Columbus, Ohio, VA Outpatient Clinic, received the Distinguished Local Financial Management Award at the annual VA Fiscal Officers meeting in San Antonio. She was cited for introducing program-budgeting methodology by combining annual functional reviews with budget calls, and for the success of the clinic’s Medical Care Cost Recovery program.
For the first time, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has surveyed an entire Veterans Integrated Service Network, and VISN 1 — the VA New England Health Care System — received JCAHO’s highest level of accreditation. The network received accreditation with commendation after an on-site review found that the network met standards regarding the rights and responsibilities of patients, organization ethics, education and communication with patients, human resources, management of information and improving network performance. VISN 1, which includes nine medical centers and 52 ambulatory care and community-based outpatient clinics, received a score of 99 out of a possible 100.

The San Francisco VA Medical Center teamed up with the California Palace of the Legion of Honor on Veterans Day to offer local veterans the opportunity to get a dose of both health care and culture. The VAMC sponsored a basic health screening for local veterans, and in collaboration with the Palace of the Legion of Honor, offered free VIP tickets for a special Picasso exhibit to veterans who attended the health screening. The Palace of the Legion of Honor, built to honor Armistice Day and veterans of World War I, is the premier Northern California museum dedicated to European art. The VAMC also offered parking and shuttles for those who wanted to see the exhibit.

More than 200 homeless veterans obtained clothing, blankets, immunizations, referrals and a hot meal at the Personal Care Day event sponsored by the Kenny Nickelson Memorial Foundation (KNMF) in November at the Greater Los Angeles VA Healthcare System’s ambulatory care center. Secretary Togo D. West, Jr., was the keynote speaker at the event, which highlighted the contributions the KNMF makes towards assisting homeless veterans. In 1991, homeless veterans comprised 54 percent of the homeless served by the KNMF; today, the portion is down to 38 percent.

A memorial honoring the 86 African Americans who have received the Congressional Medal of Honor throughout history was unveiled in Wilmington, Del., in November. Attendees at the ceremony included descendants of African American Medal of Honor recipients from the Civil War to the Vietnam War. Houston VA Regional Office employee Clarence Sasser, who received the Medal of Honor for his service in Vietnam, made the trip from Texas to participate in the unveiling ceremony.

VA and the Oneida Nation of Wisconsin have signed an historic sharing agreement that will enhance service to Native American veterans and serve as a national model for additional partnering between the Department and Indian nation tribes. The agreement will allow the Oneida Community Health Center to provide primary health care to hundreds of veterans who are members of the Oneida Tribe of Indians of Wisconsin. The agreement sets up a fee-for-service program in which the tribe will directly bill VA when it serves veterans. This is the first such agreement with an Indian nation.

Recognizing that surrounding Alzheimer’s disease patients with familiar objects from their past helps spark their memories and makes them more responsive, the Alzheimer’s unit at the Kerrville division of the South Texas VA Health Care System recently acquired a World War II vintage vehicle for their patients. The M151A1 Jeep was donated by an Army Reserve unit based in Laredo, Texas. Staff members note that while many of the Alzheimer’s patients no longer recognize loved ones, they almost always salute a person in uniform when they see one.

The 1998 Combined Federal Campaign (CFC) in VA Central Office concluded last month with near-record results. VACO employees made more than $473,000 in cash and payroll contributions, exceeding the goal of $383,000 by nearly 25 percent. It is the highest dollar amount contributed by VACO employees since 1995. More than 62 percent of VACO employees contributed to the campaign, and 11 percent of those who contributed donated at least 1 percent of their salary to the CFC.

The Wilmington, Del., VA Medical & Regional Office Center (VAMROC) recently sponsored a day-long information fair for veterans in Delaware and neighboring states (Pennsylvania, New Jersey and Maryland). The “Veterans Homecoming 1998” event brought together more than 50 federal, state and community agencies, as well as colleges and universities, to assist veterans with a wide variety of benefits. Delaware Governor and veteran Thomas Carper attended the first of what organizers hope will be an annual event to provide one-stop service for area veterans.
Charlie Gustafson, a program support assistant at the Health Administration Center in Denver, helped rescue a woman and her dog after they became trapped in the woman’s motor home. Gustafson was following the motor home when a gust of wind blew it onto its side and it burst into flames. Gustafson climbed on top of the vehicle and managed to open the passenger door, while another man arrived on the scene and kicked in the windshield. They were able to rescue the woman and her dog before the vehicle was consumed in flames. Gustafson was severely injured when he jumped from the burning vehicle, but he is now back at work.

Karen Creekmore, a registered nurse at Las Vegas VAMC, saved a life and recruited a new patient for VA VARO, displayed heroism once again.

Robert Howard, a rating specialist at the Houston VARO, displayed heroism recently. While dining in a local restaurant, she heard someone screaming for help. She rushed to investigate, and found a man lying on the floor. Determining that he had no pulse and was not breathing, she began CPR. After about three minutes, the man responded. Paramedics arrived and transported him to a local hospital, where he recovered. Later, the man sought out Creekmore to thank her for saving his life and, since he turned out to be a veteran, he now chooses to receive his health care from the Las Vegas VAMC.

While shopping at a local store, Fayetteville, Ark., VAMC registered nurse Judy Gardenhire came to the aid of a man who had collapsed on the floor after suffering a seizure. He had hit his head during the fall and was bleeding from a head wound. Gardenhire stayed with the man until the ambulance arrived, making sure he did not suffer further injury, and gave the ambulance crew a detailed account of the seizure and head injury.

Correction

In the November/December issue of VAnguard, we erroneously credited Albany VAMC registered nurse Rosemary Duncan with saving the life of New York Congressman James T. Walsh. Duncan in fact saved the life of Congressman Walsh’s District Director, John McGuire, and not the congressman. We regret the error.