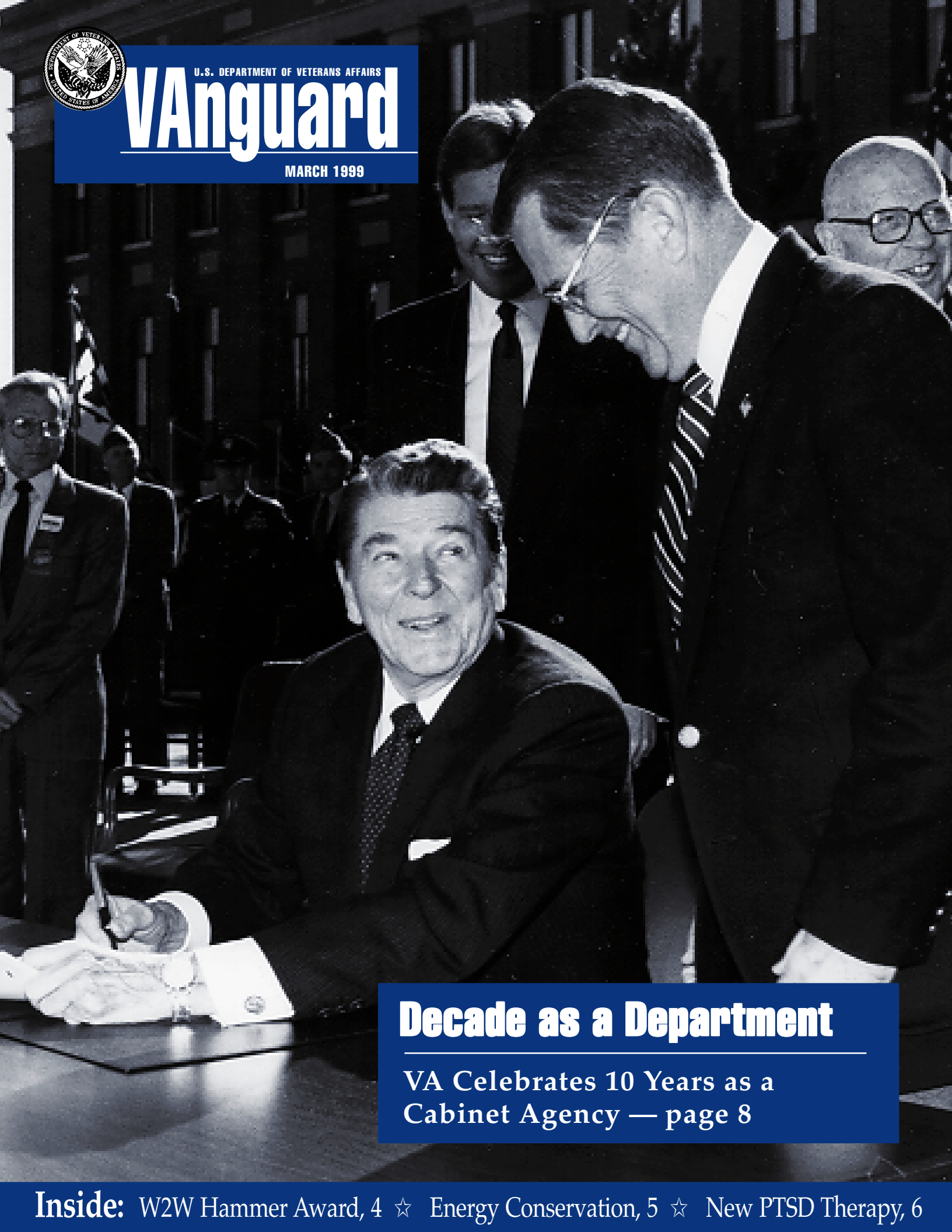




U.S. DEPARTMENT OF VETERANS AFFAIRS

Vanguard

MARCH 1999



Decade as a Department

VA Celebrates 10 Years as a
Cabinet Agency — page 8

CONTENTS

- ❑ W2W Hammer 4
VA's welfare-to-work success honored
- ❑ Energy Conservation 5
VA striving to reduce consumption
- ❑ New PTSD Therapy 6-7
Virtual reality helps Vietnam veterans
- ❑ Two New GRECCs 7
Pittsburgh and Cleveland added
- ❑ Unfair Labor Practices 7
VA has mixed claims record
- ❑ 10th Anniversary 8-12
VA celebrates decade as a department

COLUMNS

13-16

On The Cover:

President Ronald Reagan signs the legislation creating the Department of Veterans Affairs on Oct. 25, 1988, as Congressman Gerald Solomon looks on. The law became effective on March 15, 1989, elevating the 58-year-old Veterans Administration to a cabinet-level department. The move gave the nation's veterans, as the bill's co-sponsor, Congressman G.V. "Sonny" Montgomery, said at the time, "their seat at the table of government."

Vanguard

VA's Employee Magazine
March 1999
Vol. XLV, No. 3
Printed on 50% recycled paper

Editor: Lisa Respass

Published by the
Office of Public Affairs (80D)
Department of Veterans Affairs
810 Vermont Ave., N.W.
Washington, D.C. 20420
(202) 273-5746

E-mail: vanguard@mail.va.gov
www.va.gov/pubaff/OPAIndex.htm

VA Birth Defied the Odds

The two former congressmen who refused to let the cabinet bill die reflect on its success.

Ten years ago, on March 15, 1989, The Department of Veterans Affairs Act was implemented and the new Department of Veterans Affairs became the federal government's 14th cabinet department.

The legislation that made it all possible was passed the previous October. Departmental status for VA had been a dream of some since World War II, yet proposals to make VA a department had been introduced for three decades and gone nowhere. Few observers held much hope for the proposal when it cropped up once more in the 100th Congress. It started out in 1987 as one of 9,000 bills introduced. It survived House and Senate committees as one of 4,000 bills reported out of committee. Finally, it emerged as one of only 700 acts passed by Congress and signed into public law by the President.

Much of the credit for the act's success in beating those odds goes to the chairman and minority leader of the House Veterans' Affairs Committee at the time: Democrat G.V. "Sonny" Montgomery and Republican Gerald Solomon. Chairman Montgomery had the Congressional majority working for him and Rep. Solomon had the ear of the President.

Their combined effort turned a proposal with a doubtful future into a bill passed with overwhelming bipartisan support and endorsed and signed by a President elected to limit the size of government.

"We didn't make the government bigger," explained Montgomery, "we gave veterans a bigger voice in government." He noted that other House committee chairmen were concerned about adding another department because it appeared to make the government bigger. "We reassured everyone, particularly the

Republicans," he said, "that the only expansion involved was adding another chair to the Cabinet meeting room. The VA mission and operational structure remained basically the same."

Solomon was in the White House Cabinet room with President Reagan on November 10, 1987 for a photo session with veterans service organization leaders prior to Veterans Day. The House was behind the Department of Veterans Affairs bill, but there was concern that the Senate wasn't convinced. White House staffers were suggesting that Reagan dismiss the proposal, giving the

Senate a reason to kill it. But the President defied conventional wisdom. In response to a reporter's quick question about a Supreme Court nominee, President Reagan reflected on Veterans Day and said, "There is not a

better time or better way to salute that [service] of both men and women [veterans] than to announce today my decision to support the creation of a Cabinet level Department of Veterans Affairs."

"I publicly told the President that he surprised me, again," Solomon recalled, "but I'd had long discussions with him and his staff about the bill and knew he was convinced it was good for veterans and the country. He and I both believed that it supported his major effort to rebuild the military; that a strong VA and strong veterans benefits programs were the underpinning of a strong all-volunteer force." ❑

By Chris Scheer

Photo: VA Administrator Thomas Turnage (left), former Congressman G.V. "Sonny" Montgomery (center) and Gerald Solomon (right) joined President Reagan for the signing of the VA legislation in October 1988.



Cabinet Status Has Given Veterans a Seat at the Table



In 1811, Thomas Jefferson wrote a letter to a French friend that sought to explain the workings of American democracy. On the subject of the President's

cabinet, Jefferson explained:

"Aided by the counsels of a cabinet of heads of departments with whom the President consults, either singly or altogether, he has the benefit of their wisdom and information, brings their views to one center, and produces an unity of action and direction in all the branches of the government."

Just as it did in Jefferson's time, the President's cabinet today plays a significant role in the way our nation is governed. Members of the cabinet represent the most important organizations in government, bringing the viewpoints of those organizations to

discussions of the greatest importance for America's future.

Ten years ago, the head of the organization then known as the Veterans Administration was invited to join those deliberations as a full member of the President's cabinet. When cabinet status for the new Department of Veterans Affairs was officially announced, Congressman G.V. "Sonny" Montgomery, then chairman of the House Veterans' Affairs Committee, said: "Veterans now can walk through the front door of the White House, not the back door."

Today, veterans' issues have the attention of the highest levels of the United States Government. Awareness of the contributions America's veterans have made, and their legitimate needs, has never been greater in Washington and elsewhere.

As a cabinet agency, VA sits at the table with the Departments of Defense, State, Justice and others. At meetings of the President's cabinet,

America's 25 million veterans and their families are fully represented, and their voices are heard.

Cabinet status has brought many benefits; but it has also brought increased obligations. Increased status has also brought increased visibility. Others, including the news media, Congress and veterans service organizations, routinely scrutinize our department's activities.

We should all welcome this increased visibility and scrutiny. It offers a heightened awareness of veterans' issues and the contributions of VA employees, while also allowing the healthy and constructive outside criticism that helps VA continue to get even better at serving all of America's veterans.

Your willingness to go the extra mile for veterans has allowed me to proudly represent them, and you, in the highest levels of government. Please accept my congratulations, and my gratitude, on this significant anniversary. □

Deputy Secretary Launches New Mentoring Program

Deputy Secretary Hershel Gober kicked off the "One VA" Mentoring Program last month with an orientation program and reception honoring the first six employees selected to participate in the program.

They are: Wayne Wrighting, program specialist, Office of Administration; Angela Prudhomme, general attorney, Office of the General Counsel; Terrence Graham, program analyst, Office of Planning and Analysis; Merry Dawson-Bown, budget analyst, Office of Resource Management; Isabel Soto, supervisory program analyst, Office of the Chief Information Officer; and James Engle, attorney / advisor, Board of Veterans Appeals.

Each participant will serve for two months as assistant to the Deputy Secretary. □



Deputy Secretary Hershel Gober with the first six participants in the "One VA" Mentoring Program. They are (from left): Angela Prudhomme, Terrence Graham, James Engle, Wayne Wrighting, Isabel Soto and Merry Dawson-Bown.

Welfare-to-Work Program Wins Hammer Award

VA far exceeded its original goal, achieving the second-largest number of hires by a non-DoD agency.

Most of VA's 150 Hammer Awards recognize local teams of VA employees whose innovation and implementation of home-grown ideas have resulted in "government that works better and costs less."

Yet VA's most recent Hammer Award, presented by Vice President Al Gore's National Partnership for Reinventing Government (NPR), honors the work of hundreds of VA people working across the country at virtually every major VA facility to implement a national initiative.

One year after President Clinton ordered federal agencies to hire 10,000 welfare recipients by the year 2000 under the Welfare-to-Work (W2W) program, VA had hired more than 1,323 W2W employees, far exceeding its original goal of 800. It is the second-largest number of hires by a non-DoD federal agency.

"VA has been an enthusiastic supporter of the Welfare-to-Work initiative since its inception," said Secretary of Veterans Affairs Togo D. West, Jr. "Our success has come through the commitment of VA facility leaders and the community partnerships established with state and local employment counselors and agencies. I look forward to seeing that collaboration grow."

Almost all of the VA hires were made at medical facilities, regional benefits offices and national cemeteries. Noteworthy efforts include medical centers in Phoenix with 43 hires, New Orleans with 38, Lexington, Ky., with 35, Dallas with 35, Tampa with 32, and Oklahoma City with 31 W2W hires. The Veterans Benefits Administration Records Management Center in St. Louis hired 24, as did the National Cemetery Administration in its cemeteries across the country. Hires were made in VA Central Office, as well.

The NPR Hammer Award specifically honors 95 VA employees representing these and other VA facilities across the country that made W2W work through initiating new partnerships and collaborations within the private and public sectors.

VA placed these new employees in diverse occupations, including food service worker, clerk, cemetery caretaker, veterans claims examiner, pharmacy technician and professional and non-professional nursing positions. Key to VA's W2W effort is supporting these new hires with training, mentoring and professional development to ensure their success as VA employees.

Here are other VA Hammer Awards presented this year:

- An **Indianapolis, Ind., VAMC** team was recognized for work that reduced inventory by \$160,000 in the medical center's Cardiac Catheterization Lab. The Acquisition and Materiel Management team changed the materiel management system and reorganized inventories in the lab. The team efforts freed up professional time for improved patient care, reduced breakage, improved control of inventory and streamlined stocking procedures. Because the reorganized inventory is smaller, it is easier to manage, better stocked and generates less waste.

- A team at the **VA Insurance Center in Philadelphia** was honored for developing a software program that streamlined insurance payments to families of deceased veterans. The system pays more than 100,000 beneficiaries each year. Because of the efficiencies in the program, VA was able to transfer all of its St. Paul, Minn., claims processing to Philadelphia without hiring additional staff. The Insurance Award Data Entry Team was credited with reducing processing time to 3.5 days, which benefited the families and saved \$800,000 in operating costs.

- Two teams were recognized at the **VA Medical Center in Syracuse, N.Y.** Audiology and Speech Pathology Service was honored for streamlining paperwork to permit an increase in caseloads without compromising the quality of treatment. Using a new checklist form, all necessary data was recorded, allow-

ing each audiologist to schedule one additional patient each day, for a potential increase of 500 visits a year. Also at the medical center, the Laboratory Expert System Team was honored for reducing the number of laboratory tests on patients, which improved convenience for patients and cut costs. Using a computer program, the team created a cost-reduction system that evaluates each lab test to make certain it is in line with patient medical history.

- **Veterans Village at the medical center in Tampa, Fla.,** was honored for helping homeless veterans. The two sites of Veterans Village, in Tampa Bay and Orlando, Fla., provide a continuum of care through a partnership of government, businesses, and community agencies. The transitional housing program has helped veterans to become independent and productive citizens. The two sites function through finding innovative ways to cut red tape and a mandatory savings program as part of the therapy for participants. Some graduates have gone on to own their own businesses.

- **The Acute and Intensive Medical Care Team at the Grand Island Division in Nebraska** was honored for trailblazing a health-care contract with a private hospital. The team reviewed the continued decline in the daily patient census for acute care at the VA facility and determined that Grand Island no longer could continue such care cost-effectively. To ensure such care continued to be available to veterans, the team developed a contract with St. Francis Medical Center, a community hospital. The contract, the first of its kind, continues access to acute and intensive care for veterans, while saving VA \$569,000.

- **VA's Centralized Direct Deposit Unit in the Support Services Division at the Seattle VA Regional Office** was honored for increasing the number of deposits from 46 percent to 78 percent. Their success was attributed to innovations in simplifying the enrollment process and to an aggressive information campaign. □

VA Actively Involved in Energy Conservation

Though we are enjoying lower gasoline prices at the pump these days, the hard lessons learned two decades ago during the Arab oil embargo have not been forgotten in the federal government.

Today, VA continues to strive and succeed at reducing energy consumption.

"VA has been actively involved in energy conservation since 1975," said Rajinder Garg, chief, Energy Management Program, Veterans Health Administration, Chief Network Office. He has managed VA's energy program since 1980. In July 1977, the White House issued the first in a series of executive orders that have mandated ever-increasing

investment throughout the federal government in equipment, systems and facilities that save BTUs and pay for themselves with those savings during the life of the project.

"The law authorized VA and other agencies to add energy-efficient improvements to our buildings through Energy Savings Performance Contracts (ESPC)," Garg explained. Under an ESPC, an independent contractor pays for the initial investment of replacing energy-inefficient devices with new technology in exchange for a share of the money saved by that investment.

All VA medical centers are planning to implement ESPCs and, as of December 1998, 92 have awarded contracts through various federal agencies or directly at the local level.

Completed projects include:

- retrofit of lighting fixtures throughout the Lake City, Fla., VA Medical Center;
- installation of a 3.3 million-gallon thermal storage vessel at the Dallas VA Medical Center;
- installation of new cooling towers at the Richmond, Va.,

VA Medical Center;

- retrofit of light fixtures at the Atlanta VA Medical Center; and
- energy efficiency retrofits at the West Los Angeles VA Medical Center.

Garg noted that the West Haven, Conn., VA Medical Center was the first VA facility to award and complete an ESPC contract in 1993. That project included the replacement of two existing chillers and 8,500 light fixtures. Since then, the medical center has completed another ESPC project — installation of a thermal ice storage system as part of a building expansion.

Similar VA projects now in various phases of design account for a \$30.2 million contractor investment

(no VA capital investment required) that will generate savings of \$5.5 million in operations and utility cost avoidance during the life of these projects.

Garg said that other energy conservation projects implemented through VA participation in local utility rebate programs have saved millions of dollars in investment funds and utility costs.

He said VA facilities can contract directly with local utilities to provide similar services as those available through independent ESPC contractors. He offered the Canandaigua, N.Y., and Tucson, Ariz., VA Medical Centers as examples of facilities that significantly reduced energy costs by negotiating with local power providers.

"Utilities around the country are marketing energy conservation services in order to keep some of their biggest customers. They are working with VA facilities to bring energy costs down," said Garg. "As utilities face more competition from other providers, we find them eager to join us in installing new energy-saving technology at little or no cost to VA."

In addition to ESPC projects, each VA medical center is required to identify and develop projects offering the most potential for energy savings based upon life cycle cost analysis. These projects are reviewed and prioritized by engineering staff in each Veterans Integrated Service Network (VISN).

A contract consultant checks on VA medical center progress in achieving energy reduction goals four times a year by tracking various types of fuel consumption and cost data. VA submits a consolidated quarterly and annual report to the Department of Energy, which is responsible for the overall federal energy management program.

"Since 1975, VA has met all energy consumption reduction targets," Garg proudly stated. "We've invested some \$200 million on energy-related projects which have saved about \$300 million in cost avoidance and utilities costs." □

By Katrice Pasteur and Chris Scheer



Dallas VAMC's new 3.3 million-gallon thermal storage vessel is one of 92 energy-saving projects VA medical centers have installed or plan to install under Energy Savings Performance Contracts.

energy reduction goals for federal buildings, including VA medical facilities — 20 percent reduction by 1985 (as compared to 1975 consumption), 10 percent more by 1995, 10 percent more by 2000, and 10 percent more by 2005 (as compared to 1985 consumption). The overall target is a total of 30 percent reduction in overall energy consumption as compared to 1985.

"As of the first quarter of FY 1999, VA has already achieved 62 percent of that 30 percent reduction," Garg said, "and our growing partnerships with the private sector should help us achieve the remaining goal by 2005."

The 1985 Energy Policy Act, revised in 1992, mandates capital

Innovative PTSD Therapy

Virtual World Provides Reality for Veterans



While holding the head-mounted virtual reality display, Dr. Renato Alarcon discusses the benefits of using VRE therapy as an alternative to traditional treatment.

You are standing in a clearing, a grassy field, alone and in silence. Down to your right, a few paces away, is something brown and murky.

You walk toward it, step in it, realize it's a swamp and hastily back out.

Turning around, you see darkened woods in the distance.

Anxiety soars as rifle fire begins to peel off in the distance. You look for cover. You see the trees but you are not in control of your legs. You try to scramble to the safety of the trees.

As you do, the distinctive sounds of an Army helicopter chop the air. It lands.

Rifle fire fills the area. Mortars explode.

You are still desperately trying to find cover. You think you see the sniper in the woods and maneuver out of his range.

Instantly, all of the sounds are gone and you are again standing in the grassy field, alone and in silence.

You remove the head-mounted

display and step down from the platform.

You have just left the virtual reality war zone.

For most people, this is a fun and exciting virtual reality experience. For veterans who served in Vietnam and are suffering from the chronic effects of post-traumatic stress disorder (PTSD), this could be an important milestone in confronting the catastrophic experiences of war.

The Atlanta VA Medical Center, in collaboration with Emory University and Georgia Tech, is taking advantage of the latest in computer technology and combining it with traditional methods of therapy in an effort to effectively treat veterans diagnosed with PTSD.

They are currently looking for Vietnam veterans diagnosed with PTSD to take part in a research study using virtual reality technology to help treat symptoms associated with the condition.

According to Dr. Renato Alarcon, chief of the VAMC's mental health service line, virtual reality exposure (VRE) therapy was used in a controlled study by Dr. Barbara Rothbaum at Emory to treat acrophobia, the fear of heights. Rothbaum worked with Dr. Larry Hodges,

associate director of Georgia Tech's Graphics, Visualization and Usability Center, to develop the software.

"The procedure put their acrophobia patients in a position to be therapeutically accessible without the expense and time associated with traditional treatment [frequent visits to tall buildings, bridges, etc.] and they were successful," said Alarcon. "The next step was to move on to a more complex clinical condition and PTSD was the next logical choice because it is triggered by and related to unpleasant experiences and exhibits a large number of symptoms.

"This is the first application of computer technology used specifically in this manner for the treatment of PTSD. The partnership between our staff, Emory and Georgia Tech in pioneering this treatment provides the veteran who undergoes the effects of PTSD with a wealth of expertise," he added.

Said Dr. David J. Ready, psychologist, Atlanta VAMC, who has been working with veterans and VRE therapy, "We all have memories of negative events that happen in our lives, but they are just memories. With sufferers of PTSD, these memories take the form of nightmares and flashbacks. The nightmares are so horrific that they wake



Speaking into a microphone, Dr. David Ready can easily communicate with the veteran through speakers in the head-mounted virtual reality display.

up feeling as if something has taken them over. They are in the past, not here," he said. "It is coming at them in an uncontrollable way.

"VRE therapy lets the patients recall and actually get re-immersed into the experience in a graduated and controlled fashion. We can slow it down with the cooperation of the patient. Most of the veterans we see are either flooded with their past experience or trying to stay away from it," said Ready.

According to Ready, treatment is free and available for Vietnam veterans who appear likely to benefit from this study, based on an independent evaluation at Emory.

Veterans who participate will go through eight to ten sessions of VRE therapy and four assessments. Sessions generally last an hour and a half.

During that time, the veteran's heart rate is monitored while he or she is introduced to the computer-generated surroundings. Situations gradually increase in intensity as the veteran feels more comfortable. Throughout the session, veterans are asked to describe what they are seeing and feeling, while being provided with adequate corrective therapeutic interventions.

The virtual reality software, developed by students at Georgia Tech, has two combat-oriented scenarios: the landing zone in a grassy field, and riding in a helicopter gunship.

In the helicopter scenario, participants are asked to sit in a bucket-like seat that simulates helicopter vibration while flying at various altitudes. The visual is simulated terrain in Vietnam.

Both Alarcon and Ready agree that virtual reality exposure is intensive therapy. Exposing veterans to the painful memories that they have been avoiding is a delicate process.

"Some patients will never be able to do it," said Ready. "Some will work up to it and some are ready to do the therapy right now. We need those people," Ready said.

For more information or to participate, call Dr. David Ready at the Atlanta VAMC at (404) 321-1111, ext. 7082. □

By Jan Northstar
Atlanta OPA Regional Office

Two New GRECCs Established

Two new Geriatric Research, Education and Clinical Centers (GRECCs) are being established at VA medical centers in Pittsburgh, Pa., and Cleveland, Ohio, bringing to 18 the total number of GRECCs around the country.

"The GRECC program is widely recognized as a national resource for preparing physicians and other health-care professionals to work with the problems of aging," said Secretary of Veterans Affairs Togo D. West, Jr. "Establishing these new centers will broaden our research and education on the aging process so that we can provide even better medical care for the aging veteran population."

Each GRECC has a general program of research and education in the fields of geriatrics and gerontology, as well as an area of special focus. The new Pittsburgh GRECC will focus on strokes in the elderly, while the Cleveland GRECC's focus

will be on cardiovascular diseases in the elderly.

Over the last two decades, VA researchers and clinicians have been in the forefront of the developing fields of gerontology and geriatrics. GRECCs are centers of excellence designed to increase the scientific knowledge of the aging process, share that knowledge with health-care providers and trainees and improve the overall quality of care for the elderly patient population.

"This is one of the several ways that the veterans health-care system not only benefits veterans, but also helps all Americans — indeed, people everywhere," said Under Secretary for Health Dr. Kenneth Kizer.

The nearly nine million veterans age 65 and older now represent 34.8 percent of the veteran population. This percentage will rise significantly in the next several years and is expected to peak at 46 percent in the year 2016. □

Unfair Labor Practice Record Mixed

Employees filed fewer unfair labor practice (ULP) claims against VA management in 1998 than 1997 but more than in 1995. In between, the rate spiked up due to employment changes in Veterans Health Administration networks.

Such spikes often come with changes in management or union leadership, said Federal Labor Relations Authority General Counsel Joe Swerdzewski at VA's Office of Human Resources Management meeting last fall.

Overall, Swerdzewski described a favorable VA record on ULPs compared to other federal agencies. But his main message was that the management-labor partnerships created by executive order five years ago are not facilitating changes in the workplace as they should.

Allowing that it takes about five years to effect "cultural" changes — ways of dealing with conflicting elements — the speaker nevertheless believed that while good relationships often prevail between unions and management at top partnership levels, buy-in by their constituents

does not always occur. This is the second tier of partnership.

Swerdzewski said 75 percent of federal labor relations are conducted in a compliance mode — observing the law — instead of through collaboration. Fostering, rather than forcing, change involves the recipients of the change in bringing it about. Since labor relations require making changes, it can't stick in a "love-in" mode, however, and will necessarily result in conflict. Effective changes come about only through negotiation, he explained.

The presenter said, "I can't stress enough how important it is for managers and union representatives to talk regularly. The concept of giving two minutes on a meeting agenda to the union is a mistake. There's no magic number as to how often meetings should be held — frequently enough to cover your issues."

He concluded, "We have partnership to make government more effective, but most managers fight it because they think it dilutes their authority." □

By Jo Schuda

Cabinet Status Prompts Decade

Though 10 years ago, it seems like yesterday that the Veterans Administration became a Cabinet department, the Department of Veterans Affairs. At first, the idea was a goal that few thought would ever come to pass.

Jesse Brown, the second Secretary of the Department, credits Congressman G.V. "Sonny" Montgomery, as the biggest supporter. "It was the right time, the right place, and we had the right champion, Sonny Montgomery," Brown said in a recent interview. "He was the bill's strongest ally and his insight and support made the difference."

Paul C. Light, a Senate staff member, wrote: "The sweet attraction of VA elevation was that it cost virtually nothing in an era of tight, tight budgets, yet gave members a chance to vote for veterans."

In remarks supporting the elevation, Congressman Montgomery said: "It should be emphasized that this bill will not expand the size of the federal government nor is there any significant cost associated with its enactment. There will be a cost associated with purchasing another chair for the Cabinet room, but that's all."

If the cost was insignificant, the results were earth-shaking. Former Secretary Brown called it "the most meaningful piece of legislation in 50 years." As Brown explained, "the VA law gave veterans a voice at the highest level of government." He pointed out that when the Cabinet meets, its members are dividing up the federal government's resources, making it essential that someone speak for the veteran.

But if Cabinet status was self-evident to some in Congress, in previous years it still did not have the votes.

Light, a long-time observer of legislative affairs, insisted that it took a concurrent move to create a court for veterans claims to add sufficient political strength to convert the elevation into a reality.

However it happened, on Oct. 25, 1988, President Reagan signed the legislation into law, effective March

15, 1989. Edward J. Derwinski, VA administrator at the time, was later appointed the first Secretary of Veterans Affairs.

Congressman Montgomery says ensuing VA secretaries did an excellent job, thanks to their Cabinet status.

Beginning in 1989, VA began to grow, not in size, but in importance, operating as an equal to other departments. As a department, VA has played major, if not lead, roles in issues that have dominated the national agenda — homelessness, health care management, reinvention/reengineering, AIDS, workplace diversity and office automation, to name a few.

Gulf War Brings New Wave of Wartime Veterans

VA's first 10 years as a department saw major new currents in veterans affairs in the aftermath of the Gulf War. A new generation of wartime veterans came to VA with many questions and concerns. Finding the answers has been a driving force with the Department throughout the decade.

In 1991, on the heels of Desert Storm, Congress passed legislation establishing the conflict as a war for determining eligibility for veterans benefits. VA readjustment counseling services were extended to Gulf War veterans that same year. In 1992, VA established Gulf War Referral Centers to assist veterans with undiagnosed illnesses and VA created a "blue ribbon panel" of scientific experts to advise the Secretary on policies concerning Gulf War veterans. VA's Persian Gulf Registry was established in 1993 to identify military members who served in the Gulf War theater and to establish a baseline medical record to judge future changes in their health.

The next year, President Clinton designated VA as lead coordinator of all Gulf War-related research funded by the executive branch. In 1994, the White House established the inter-agency Persian Gulf Veterans Coordinating Board with the Secre-

tary of Veterans Affairs as chairman. VA started environmental hazards research centers to pursue possible causes for undiagnosed illnesses reported by Gulf War veterans. Last year, the White House announced establishment of the Military and Veterans Health Coordinating Board, co-chaired by the Secretary of Veterans Affairs, to oversee planning and implementation of improvements to the government's response to the health needs of military personnel, veterans and their families.

Homeless Veterans Issue Dominates Early 1990s

Along with public concern and growing government interest, VA's response to the needs of homeless veterans grew steadily through the decade. The Domiciliary Care for Homeless Veterans Program was developed in 1989 to help destitute veterans. By the end of September 1989, some 26 medical centers had been provided funds to activate the program. In addition to its own facility and staff resources, VA began working directly with community programs through a homeless veterans grant program begun in 1992.

VA established a separate Emergency Medical Preparedness office in 1990. The office was put in charge of the VA-Defense Contingency Plan and given the job of coordinating VA's role within the National Disaster Medical System.

Congress recognized VA as the principal hospital backup to the Department of Defense in time of war or national emergency. VA's ability to mobilize resources in response to domestic disasters and military crises was put to the test time and again during a decade that began with the Gulf War and witnessed the ravages of domestic terrorism, hurricanes, earthquakes and floods throughout the United States.

VA's war on tobacco gained public attention in 1991 when the Department prohibited smoking

of Changes and Innovations

inside VA medical centers when outside smoking shelters were available. Since then, treatment to help veterans stop smoking has been made available throughout the VA health-care system.

It was in 1992 that the first step toward implementation of a single telephone number for veterans assistance calls was completed, linking veterans to their nearest VA regional office with one national toll-free number.

The age and increasing mortality of World War II and Korean War veterans was a driving force within the VA National Cemetery Administration. Annual veteran deaths increased some 25 percent since 1989 to an estimated 572,000 in the year 2000. In 1992, VA opened the new San Joaquin Valley, Calif., National Cemetery. By the year 2000, five more new cemeteries will have been added. With these additions, and expansions in older national cemeteries and in state veterans cemeteries, VA will be well on the way to achieving its goal of providing reasonable access to veterans cemeteries for 77 percent of the veteran population.

VA Takes Early Lead on Reinvention in Mid-1990s

VA's reinvention efforts were first recognized by Vice President Gore with a number of Hammer Awards, including the very first Hammer Award, which was presented to the New York VA Regional Office in 1994. A total of 14 were received by VA during the year, which was second only to the 22 awarded to the Defense Department. To date, VA employee teams have received more than 150 Hammers.

The results of reinvention efforts at VA included, by 1996, a decline in the number of supervisors by 28 percent, a cut of headquarters staff by 19 percent and a six percent reduction in management positions.

VA's cabinet muscles flexed in 1994 when the VA Office of Health Care Reform was established to prepare and plan for VA's role

under President Clinton's Health Care Reform proposal. A number of VA health planners worked on the national proposal in the White House.

In 1995, VA began restructuring VHA's field operations and its Central Office management in accordance with Under Secretary for Health Dr. Kenneth Kizer's "Vision for Change" roadmap. VHA replaced its four medical regions with 22 Veterans Integrated Service Networks.

Deputy Secretary of Veterans Affairs Hershel Gober created the Scissors Award Program in 1995 to recognize accomplishments of VA individuals or groups that improve processes, timeliness, and quality of service.

The Center for Minority Veterans was established in 1995. The Center is responsible for ensuring that VA addresses the unique circumstances and special needs of all veterans, but particularly minorities.

VA also established a Center for Women Veterans to ensure that services and access to services for women veterans are equal to those provided male veterans. The number of women veterans had risen to 1,233,000 by the end of the decade and their numbers were increasing.

Women now made up 14 percent of the nation's active duty force. VA developed the Women Veterans Health Program during the 1990s to integrate clinical care, education, research and outreach efforts for a comprehensive program to serve these women. In 1998, more than 140,000 women were served by the VA health-care system.

VHA, on April 1, 1997, implemented the Veterans Equitable Resource Allocation (VERA) system to allot its \$17 billion medical care budget to its 22 health-care networks to better align resources with demand for service.

On October 1, 1998, VA launched a new health-care benefits plan for veterans. It provided veterans, through an enrollment process,

(continued on page 12)

"In retrospect, it [cabinet status] is one of the most meaningful pieces of legislation in 50 years, second only to the GI Bill. Why? Because our political system of democratic institutions is charged with the responsibility of sending our gift to the future, our young men and women, in harm's way. They accepted that challenge over and over again and many paid the ultimate price ... yet, veterans, themselves, did not have a seat at the President's table. In effect, they were locked out of the process in having something to say about how veterans will be treated. The VA law gave veterans a voice at the highest level of government."

- Jesse Brown, Secretary of Veterans Affairs 1993-1997

"The change to a department was not particularly significant in terms of the VA's basic mission: to serve the veterans. It didn't change the VA's direct responsibilities. It was a long overdue adjustment of status. It should have been done right after World War II when 16-17 million veterans were returning...not doing it was an oversight...it was belated in 1989, but, nevertheless, in order."

- Ed Derwinski, Secretary of Veterans Affairs 1989-1992

"The Veterans Administration has always been a great national resource, not only serving veterans but contributing to our society as a whole. Elevation to Cabinet status will not change our basic mission of providing benefits to veterans, but it will afford us an even greater opportunity to have a positive national impact in the fields of health care, education, housing and insurance."(Oct. 1987)

-Thomas Turnage, Administrator of Veterans Affairs 1986-89

VA Key Events 1989-1999

1989

- On March 15, the Veterans Administration is elevated to cabinet status, becoming the Department of Veterans Affairs.
- U.S. Court of Veterans Appeals begins operation as an independent federal court to which veterans can appeal BVA claims decisions.
- Specialized treatment programs for homeless veterans begin at 13 existing domiciliary sites; 13 new programs at urban VA medical centers.
- 10th anniversary of VHA Readjustment Counseling Service Vet Center program.

1990

- VA creates an Emergency Medical Preparedness Office within VHA in charge of VA-DoD contingency planning and coordination with the National Disaster Medical System.
- VA-DoD contingency plan activated in September to support Operation Desert Storm.
- VHA reorganized — regions reduced from seven to four and 27 medical district offices closed.
- VBA works with DoD and DoL to begin pilot Transition Assistance Program in seven states designed to provide military personnel employment, training and benefits information 180 days before discharge.

1991

- Congress passes the Persian Gulf Conflict Supplemental Authorization and Personnel Benefits Act, which declares the conflict a war for determining eligibility for veterans' benefits.
- Agent Orange Act of 1991 establishes mechanism for VA to presumptively recognize disabilities for service-connection in Vietnam veterans based on exposure to herbicides used in Vietnam.
- VA Readjustment Counseling Service (Vet Center) eligibility extended to Gulf War, Lebanon, Panama and Grenada combat veterans.
- Smoke-free policy initiated at VA medical facilities.
- Martinez, Calif., VA Medical Center closed due to earthquake damage. New outpatient clinic designed, built and opened in 10 months.

1992

- VA inaugurates the Robert W. Carey Quality Award program to annually recognize outstanding quality achievement by VA facilities.
- Women Veterans Health Programs Act authorizes new services for women veterans.
- Public Law 103-210 establishes eligibility for Gulf War veterans to receive special VA health care.
- National Center for Post-Traumatic Stress Disorder includes sexual assault as a PTSD cause. Vet Center staff begin sexual assault program with new counselors, counseling and outreach to women veterans.
- National Cemetery System marks 10th consecutive year of interment increases.
- VA introduces new national toll-free phone service that routes caller to nearest VA Regional Office.

1993

- VA participates with a number of national task forces and working groups in determining the role of VA health care under President Clinton's National Health Care Reform proposals.
- VA establishes Persian Gulf Health Registry to provide information and health examinations to Gulf War veterans.
- As a result of National Academy of Sciences findings, VA announces that Vietnam veterans suffering several specific maladies are entitled to disability payments based on their service in Vietnam and presumed exposure to Agent Orange.
- Full-time women veterans coordinator positions funded at 18 VA medical centers and 34 Vet Centers.

1994

- VA leads celebration of the 50th anniversary of the signing of the GI Bill, highlighted by President Clinton's speech at VA Central Office.

- New York VA Regional Office completely reengineers its organizational structure and work processes providing faster, better, less costly service to veterans. Receives first National Performance Review Hammer Award from Vice President Gore.
- VA establishes the Women Veterans Program Office (Center for Women Veterans) to improve services to women veterans.

1995

- “Vision for Change,” setting structure for new VHA, is published. VHA initiates reorganization of veterans health-care system, replacing four medical regions with 22 Veterans Integrated Service Networks (VISNs) emphasizing patient-focused care and need-based resource allocation.
- VA provides disability payments for Gulf War veterans who have certain chronic disabilities resulting from undiagnosed illnesses that might result from Gulf War service.
- VBA regional offices sell a record 24,686 foreclosed properties during the year, generating \$1.6 billion. VA property inventory at lowest point in 14 years.

1996

- “Prescription for Change” is published. Sets forth VHA mission goals and strategic principles to guide reengineering of VA health-care system.
- VA Readjustment Counseling Service eligibility extended to veterans of any era who served in a combat theater.
- As a result of the National Academy of Sciences Agent Orange update, VA announces that Vietnam veterans with certain additional illnesses are entitled to disability payments based on their service in Vietnam and presumed exposure to Agent Orange.
- VA Voluntary Service celebrates its 50th anniversary.

1997

- VA implements the Veterans Health Care Eligibility Reform Act of 1996 by introducing the veterans’ health-care enrollment program, requiring most veterans to enroll in the VA health-care system to receive a Uniform Benefits Package.
- “Journey of Change” published. Sets strategic targets and initiatives for implementation of reengineering of VA health-care system.
- VHA begins establishing community-based outpatient clinics across the country to increase points of access to veterans’ health-care system.
- VHA implements the Veterans Equitable Resource Allocation (VERA) system to allocate its resources among VISNs on a workload basis.
- VA begins providing benefits and services to the Vietnam veterans’ children who have the birth defect spina bifida, in accordance with provisions of Public Law 104-204, based on the National Academy of Sciences’ finding of limited/suggestive evidence of an association with herbicides used in Vietnam.

1998

- The Veterans’ Program Enhancement Act strengthens a number of veterans’ benefits programs — extending VA authority to treat Gulf War veterans, simplifying veterans’ educational benefits programs, and strengthening veterans’ employment rights.
- VA reorganizes its EEO complaint process by creating the new Office of Resolution Management, removing operational managers from the employee complaint handling process.

1999

- The Congressional Commission on Servicemembers and Veterans Transition Assistance releases its report to Congress. Proposes upgrading the Montgomery GI Bill education benefits program, broadening the DoD Transition Assistance Program, providing transition health care for veterans and their families, and better coordination of VA and DoD health care delivery and medical research.
- VHA launches aggressive campaign against hepatitis C viral infection.
- VHA directs doctors and nurses to incorporate pain management into their standard practice of health care. Pain measurement made the “fifth vital sign,” along with temperature, blood pressure, pulse and respiration.
- VA leads \$20 million effort with the Department of Defense to conduct large-scale, multi-center clinical trials of two potentially effective treatments for the undiagnosed illnesses of Gulf War veterans.

10th Anniversary (cont.)

easier access to a guaranteed package of services at VA facilities throughout the United States and Puerto Rico.

VA established an Equal Employment Opportunity Complaints Task Force in May 1997 to address concerns over the existing complaint process and its effectiveness in furthering the goal of zero tolerance for sexual harassment and discrimination. After a review, the task force recommended the establishment of an independent Office of Resolution Management that took local management out of the complaint handling process.

Despite Status Change, Mission Remains the Same

While this 10th anniversary marks but a short span in the seven-decade history of VA, it has been filled with growth and change. The number of hospital patients has declined from 1.1 million to 695,000 a year, while the number of outpatient visits has grown from 22.6 million visitors to 37 million. The number of VA employees has declined from 246,000 to 203,000 while the number of outpatient clinics has grown from 230 to more than 600. Interments in national cemeteries rose from 58,000 in 1989 to nearly 80,000 last year.

But the mission remains the same, to care for veterans, today numbering some 25 million, and for their dependents.

On Veterans Day 1998, President Clinton spoke movingly at Arlington National Cemetery of the debt we owe our nation's veterans. He said:

"Every day, some of us have the privilege to see these silent white rows inscribed with the crosses and crescents and stars of David to remind us that our achievements in peace are built on the sacrifices of our veterans in war, and that we owe the most solemn debt to these brave Americans who knew their duty and did it so well. We come together today to acknowledge that debt to them; a duty to provide for our veterans and their families, to give them every possible opportunity to improve their education; to find a job; to buy a home; to protect their health." □

By Bonner Day

10 Years as a Department

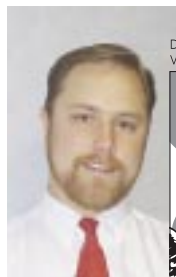
Then and Now

	1989	1999
VA Budget Authority	\$30.1b	\$42.8b
Veteran Population	27.1m	25m
VA Employees	246,000	203,000
C&P Budget	\$14.6b	\$21.8b
C&P Cases	3.6m	3.3m
Education Benefits Enrollees	406,000	421,000
Vocational Rehabilitation	3,200 rehabilitated	9,300
Medical Care Budget	\$10.3b	\$17.7b
Inpatients Treated	1.1m	695,000
Outpatient Visits	22.6m	37m
VA Medical Centers	172	172
Outpatient Clinics	230	600+
Nursing Home Care Units	117	131
Vet Centers	196	206
Medical Research Budget	\$210.5m	\$316m
Medical Investigators	5,900	7,000
Medical Research Projects	11,000	15,000
VA Regional Offices	58	58
Domiciliaries	16	40
National Cemeteries	111	115
National Cemetery Interments	58,400	79,700
Cemetery Graves Maintained	1,783,240	2,321,900

Meet the Artist...

Being asked to design the 10th anniversary logo for the Department of Veterans Affairs would have been a great opportunity for any artist, but for one Philadelphia VA Medical Center employee, it was the greatest honor of his young career.

Andrew Scheller, a 25-year-old visual information specialist, created the two logos being



used to commemorate the Department's 10th anniversary as a cabinet agency.

"This has been an incredible honor," Scheller said, "because it allowed me to be involved with something that will not only illustrate the patriotism and pride VA employees feel, but also to create something I hope the veterans are proud of as well."



VA to Study Spinal Cord Injury Care

VA has contracted with Booz-Allen & Hamilton to conduct a study comparing VA spinal cord injury and disorders (SCI&D) care with that provided in the private sector.

In what may well be a landmark study, the results will allow VA to better determine the best modes of care to provide to paralyzed veterans. VA serves approximately seven percent of the U.S. SCI&D population.

VA's SCI Centers provide veterans a continuum of health care from the time of injury throughout their lives, integrating both primary and specialty care. Acute rehabilitation services are provided to approximately 400 newly injured veterans and active-duty military personnel annually and more than 15,000 with more remote injuries. The contracted study will compare delivery modes of SCI&D health care and rehabilitation for benchmarking purposes.

Heart Patients Benefit from New Cardiac Echo Material at Dallas VAMC

A specially developed compound that improves visualization of the heart on echocardiograms will help thousands of heart patients avoid the time, expense and risk of a second or third diagnostic test. Clinical testing of contrast echocardiography has been going on for several years at the Dallas VA Medical Center, and the technique is now spreading throughout the United States and overseas, according to Dr. Paul Grayburn, chief of cardiology at the Dallas VAMC and associate professor of medicine at the University of Texas Southwestern Medical Center.

The new contrast material, tiny microbubbles of perfluorocarbon gas surrounded by an albumin shell, is important because 10-15 percent of all heart patients are not well-suited for echocardiography, a relatively low-cost, non-invasive diagnostic technology. The problems may be caused by obesity, underlying lung disease, or chest wall deformities which cause the normal echocardiogram to produce poor quality images.

The contrast agent, which is given by injection, "lights up" the cavity of the heart, Dr. Grayburn said, and makes it much easier to detect problems with the heart muscle and blood flow. The enhanced images and more accurate diagnoses enable patients to avoid more expensive, time-consuming and riskier procedures such as cardiac catheterization and radionuclide angiography. Dr. Grayburn said the VA cardiologists also are finding

that the contrast echo can identify blood flow to the heart and eliminate another expensive diagnostic test, nuclear imaging with thallium.

Minneapolis VAMC Researcher Finds Effective Herbal Extract Prostate Drug

An herbal remedy for an enlarged prostate gland may be as effective as a mainline drug treatment and cause fewer side effects, according to a VA researcher in a recent issue of the Journal of the American Medical Association (JAMA).

Timothy Wilt, M.D., of the Minneapolis VA Medical Center, is the lead author of the study. "As many as 40 percent of men age 70 and older are affected by Benign Prostatic Hyperplasia (BPH) symptoms," Dr. Wilt said, "and the condition is the reason for 1.7 million doctor visits a year." Symptoms include getting up at night to urinate, a weak urine stream, a frequent urge to urinate and difficulty urinating.

Dr. Wilt analyzed 18 studies in which the saw palmetto plant extract "Serenoa repens" is used to treat a condition known as benign prostatic hyperplasia (BPH). The results showed that the herbal remedy improved urinary tract symptoms by 28 percent and reduced nighttime bathroom visits by 25 percent. This remedy is as effective as the well-known prostate drug Proscar (finasteride) in treating BPH symptoms, and it is less likely to result in erectile dysfunction and other side effects.

Catheter Coated Inside and Out Can Protect Patients Against Bloodstream Infections

A central-vein catheter coated internally and externally with two particular drugs (minocycline and rifampin) is more likely to protect against bloodstream infections that affect 150,000 patients each year in the U.S.

This type of catheter was compared to a catheter coated with other drugs on the exterior only in clinical trials headed by Dr. Rabih Darouiche, a staff physician at the Houston VA Medical Center and an associate professor of physical medicine and rehabilitation at the Baylor College of Medicine. Results of the study were published in a recent issue of The New England Journal of Medicine.

"The choice of one catheter over another has the potential to not only spare many patients the misery and health dangers — including death — caused by bloodstream infection, but also to save billions of dollars in hospital costs," said Dr. Darouiche. Central venous catheters are commonly used in hospitals to give drugs or fluids to patients. If a catheter becomes infected with bacteria, the bacteria can spill into the bloodstream and cause widespread infection throughout the body. Twenty-five percent of patients in intensive care units who develop such problems die from the infection. □

HAVE you heard

VA's **Compensation and Pension (C&P) Electronic Fund Transfer (EFT)**

participation rate recently reached an historic milestone of 77 percent — including a two percent increase during the month of December. Even prior to the enactment of the Debt Collection Act of 1996, VA regional offices, led by the Muskogee VARO, where EFT processing is centralized, were aggressively marketing EFT and achieving appreciable savings to the government and taxpayers. Beginning last month, all C&P check recipients now receive enrollment material in both Spanish and English.

The 1999 **Information Technology Conference (ITC)** will be held August 9-13 in Austin, Texas. Presented "by VA staff for VA staff," there will be sessions of interest to all VA employees — from software developers and information managers to users of VA-developed or off-the-shelf software. Exhibits by VA staff and vendors will provide information and demonstrations of the newest technologies. Hosted by the Austin Automation Center, the conference is co-sponsored by the Office of Information and Technology, Veterans Health Administration and Veterans Benefits Administration. The "call for presentations and exhibits" was sent out in January; fliers with more specific information have also been mailed. Visit the ITC website at <http://vawww.aac.va.gov/itc1999> for the most current information about this conference. Send

electronic mail to vaitc@mail.va.gov, or call the ITC staff at (512) 326-6025.

The **Butler, Pa., VA Medical Center** teamed up with its private sector counterpart, Butler Memorial Hospital, to bring a state-of-the-art diagnostic scanner to the area. In the first major joint venture between the two facilities, the VAMC purchased the \$1.2 million spiral computerized tomography (CT) scanner, and Butler Memorial maintains, staffs and operates it. Butler VAMC Director Michael Moreland and his counterpart at Butler Memorial, Joseph Stewart, hope the partnership will lead to more alliances between the only two major health care providers in the community.

On February 1, VA's **Annual Performance Plan** was submitted to Congress as an integral part of the FY 2000 Budget. Tied directly to the goals and objectives contained in the Department's Strategic Plan, the FY 2000 Performance Plan presents the performance targets VA is striving to achieve to get closer to accomplishing major service improvements. Taken together, the Performance Plan and the Budget present a comprehensive picture of what VA is striving to achieve, how progress can be measured, and the resources needed to accomplish goals and objectives. This year's plan: 1) places greater emphasis on outcomes, particularly for benefits programs; 2) identifies priority goals and measures VA

leaders consider critical to the success of the Department; 3) includes a much fuller discussion of data validation and verification methods; and 4) identifies the total budgetary resources (both staffing and funding) for each VA program. The FY 2000 Performance Plan is available on VA's home page.

Roland L. Bessette,

Regional Counsel for Region 11 (Michigan and Wisconsin) has written a book entitled, *Mario Lanza: Tenor in Exile*, that has been published by Amadeus Press. The book is the first full-scale biography of opera singer Mario Lanza (1921-1959) to be published. Bessette spent more than five years on the project.

More than 200 members of the **VA-National Medical Musical Group** performed at their annual Veterans Day Concert, held for the first time in Chicago at the Symphony Center. Many of the group members then departed for overseas concerts in Prague and Budapest and a visit to Vienna. The group's plans for this year include a Flag Day concert for Congress in June, and a Veterans Day concert in Washington, D.C., followed by an overseas goodwill tour of Sweden, Denmark and Norway. Group members volunteer their time and travel at their own expense to participate in the programs.

Patients at the **VA Pittsburgh Healthcare System's Progressive Care Center** who are too weak or ill to leave their units to participate in patient activities are enjoying a unique activity called bedside bingo. Coordinated by Recreation Therapist Kelly Lassinger and volunteers from the Disabled American Veterans Auxiliary, Veterans of Foreign Wars

and the American Legion, the event is held twice a month. Staff and volunteers distribute bingo cards to the bedridden veterans, and the numbers are called out over the public address system. Winners receive books from the facility's canteen as prizes. According to staff and volunteers, the activity lifts the spirits of bedridden patients and allows them to feel involved and to interact with staff, volunteers and each other.

The **San Diego VA Regional Office** has a new home on riverfront property in the city's Mission Valley District. The new four-story, 128,000-square-foot office building was dedicated recently. The building also houses a VA outpatient clinic. With more parking and convenient bus and trolley access, the new location enhances service provided to San Diego veterans. The new structure also achieves improved efficiency through sharing support services such as mailroom, warehousing and computer and phone systems.

Eleven-year-old **Brittany Staub**, daughter of Martinsburg, W.V., VAMC employees Loretta, EEO Office, and Mark, Canteen Service, is a national winner of the United Way Communications Contest/Campaign Poster Division. Her winning design shows two children building a pyramid of toy building blocks labeled with various beneficiaries of CFC/United Way funds. Surrounding the artwork is the theme "Building a Caring Community. We All Need to Help." Brittany first won the local competition for Berkeley and Morgan Counties and then went on to take national honors. □

HONORS



and awards

Joan Furey, director of VA's Center for Women Veterans, recently received the 1999 "Breaking the Glass Ceiling Award" in the public sector category by the Women Executives in State Government. Presented annually, the award honors individuals in state government, public service, the private sector and a state governor for their achievements in helping women break through the glass ceiling.

Registered Nurse **Kevin Morrisroe**, HIV coordinator for the Albuquerque, N.M., VA Medical Center, received the Joanne Ruiz Achievement Award for Excellence in Clinical Practice in HIV Care from the Association of Nurses in AIDS care. Morrisroe has provided care to HIV-infected veterans throughout New Mexico for the past 10 years, and volunteers with the New Mexico AIDS Education and Training Center to educate health professionals throughout the state in caring for people with HIV. He also teaches and counsels veterans, their families and VA employees about HIV.

Larry D. Collins, Mountain Home, Tenn., VA Medical Center's chief of Environmental Services, was elected 1999 president of the American Society for Healthcare Environmental Services (ASHES). As president, he will preside over members nationwide who work in health care environmental and housekeeping services. The

organization has a membership of more than 1,500 and is the largest health care environmental organization in the world.

Margaret Alderman, associate chief of staff for patient care/chief nurse executive and currently acting associate director at the San Francisco VA Medical Center, has been selected for the 1999 Johnson and Johnson-Wharton Fellows Program in Management for Nurse Executives. The fellows program was developed by the University of Pennsylvania's Wharton School of Business and each year, by invitation, offers to a small number of nursing executives current perspectives on strategic thinking, managing complexity, developing learning organizations and financial planning. The tuition scholarships are competitively awarded and support the three-week intensive training program.

The Canadian Federation of Biological Sciences has awarded **Dr. Charles S. Lieber**, chief of the Alcohol Dependence and Treatment Program and Section of Liver Diseases and Nutrition at the Bronx, N.Y., VA Medical Center, the Burroughs Wellcome Visiting Professorship in the Basic Medical Sciences for the 1998-1999 academic year. The title of Dr. Lieber's Basic Science-Burroughs Wellcome Lecture was "Metabolism and Toxicology of Ethanol, Including its Interactions with Other Drugs," and was delivered

recently at the University of Toronto.

Dr. Susan McCutcheon, division director for Community Mental Health at the Brecksville unit of the Cleveland VAMC, received the Metro Cleveland Mental Health Professional of the Year Award. The award was presented by the National Alliance for the Mentally Ill of Metro Cleveland, which is an organization dedicated to serving families who care for a relative who suffers from a serious and persistent mental illness.

Father William Vander Heyden, chaplain at the North Chicago VA Medical Center, received the Distinguished Service Award by the Illinois Mental Health Counseling Association. The award is the highest honor given by the organization. Heyden has been a member of the organization since 1989, and has been chaplain at the North Chicago VAMC for nearly 15 years.

Terence Keane, Ph.D., received the Edward Weisband Distinguished Alumni Award for Public Service or Contributions to Public Affairs from the Alumni Association at Binghamton University. The award recognizes a graduate who whose life, work, career and contributions exemplify the highest standards of public service and deepest dedication to public affairs locally and internationally. Keane is the chief of psychology at the Boston VAMC, where he directs the Behavioral Science Division of the National Center for Post-Traumatic Stress Disorder.

Gordon L. Snider, M.D., chief of medicine at the Boston VAMC, received the David M. Worthen Award,

VA's highest award for academic achievement. Snider also is the Maurice B. Strauss Professor of Medicine and Vice Chairman of the Department of Medicine at Boston University School of Medicine. Snider has been with VA for 32 years as a clinician, researcher, administrator and author. He is regarded as a national resource for chiefs of medicine throughout the VA health-care system and has served on numerous national policy committees in his specialty of pulmonary medicine.

A paper by **Lori Hagen**, nurse manager on the inpatient surgery floor of the Mountain Home, Tenn., VA Medical Center, was published in a recent issue of *Infection Control Today*. Her article, "Operating Room Specialty Tools and Techniques," discusses the continuing challenges operating room personnel face in staying knowledgeable on the safe functioning, operation and maintenance of surgical equipment.

James B. Donahoe, director of the Veterans Canteen Service, received the Distinguished Service Award from the American Logistics Association (ALA). The ALA represents many of the nation's major manufacturers and distributors dealing with the government resale community. The award recognizes distinguished service in the field of resale services to the nation's military and veteran community.

Paul Beadle, counseling psychologist with the Des Moines, Iowa, VA Regional Office, has been selected the Iowa Rehabilitation Counseling Association's Counselor of the Year. □

HEROES



While representing the St. Paul, Minn., VA Regional Office at the "Government on Display" Expo held at the Mall of America, Field Examiner **Correne Crawford** assisted a panic-stricken mother whose 17-month-old son appeared to have stopped breathing. After examining the boy to ensure he was not choking on a foreign object, Crawford determined that he was having a seizure, and positioned him in her arms to prevent physical harm. A nurse and doctor from a Mall of America medical clinic arrived on the scene and took over the medical care. Crawford stayed on to comfort the mother while paramedics stabilized the child and transported him to a nearby hospital.



John Bunce III, police officer at the Saginaw, Mich., VA Medical Center, was driving on the expressway with his girlfriend when they spotted a pickup truck in the grass along the side of the road and stopped to see if anyone needed help. Bunce found a small child strapped into a car seat, crying that something had happened to his daddy. Bunce went around to the other side of the truck, found the driver unconscious on the ground, and realized that the truck had rolled over and ejected the driver. Bunce's girlfriend removed the child from the truck and flagged down a vehicle with a cellular phone to call for help. Bunce attempted CPR, but the victim

did not respond, and was later pronounced dead by paramedics who arrived on the scene. The child was uninjured, and Bunce was later thanked by the Michigan State Police for his help.



Sharon Morgan, Health Unit coordinator for the Lexington, Ky., VA Medical Center, went above and beyond the call of duty when a 71-year-old veteran was admitted to the Surgical Intensive Care Unit recently. When the patient was admitted, he said he had no family. The surgery did not go well, and the patient was placed on a ventilator. The patient's co-workers believed he might have a teenage son from an earlier marriage. Morgan spent hours of her own time over the next two days searching for the son. She located the son and he rushed to the hospital and was able to spend an hour with his father before he died.



Linda Poole, an Emergency Room nurse at the Central Arkansas Veterans Healthcare System in Little Rock, recently volunteered her help at a mass casualty scene. She came upon the scene of a vehicle accident involving two school buses and provided emergency medical field care in conjunction with civilian emergency medical services and personnel from the 314th Medical Group from the Little Rock Air Force Base. □

In Memoriam

Clyde C. Cook, 75, former director of VA's Supply Service, died February 11 after a lengthy battle with Parkinson's disease. Cook retired in 1985 after a long VA career. He was director of Veterans Canteen Service before becoming director of Supply Service in 1975. Today, his position would be Deputy Assistant Secretary for Acquisition and Materiel Management.

During his tenure, Cook was particularly devoted to ensuring opportunities for women and minorities in management positions throughout VA's supply program. In addition to his impact on VA's acquisition and materiel management programs, Cook represented VA on the Committee for Purchase from People Who Are Blind or Severely Disabled, and served as chairman of the committee from 1977 to 1984.

Under his leadership, procurements from the non-profit agencies employing people with severe disabilities more than tripled, and the number of people with disabilities who were employed on federal contracts increased by more than 10,000. Cook was the first recipient of the Distinguished Service Award from NISH, the central non-profit agency serving people with severe disabilities through contracts with the federal government.

Margaret Davis, 82, former editor of VAnguard, died of pneumonia on February 23. Davis served as VAnguard editor from 1967 until her retirement in 1986. She took VA's national employee magazine to new heights, both graphically and editorially, during her tenure.

Before joining VA, Davis worked in public relations for George Washington University in Washington, D.C., for more than 20 years, where she was a founding editor of an award-winning university magazine. Prior to that, she worked as a reporter for the Washington Post, writing a sports column and covering Capitol Hill.

Wilmer D. "Vinegar Bend" Mizell, 68, former VA Deputy Assistant Secretary (DAS) for Intergovernmental Affairs, collapsed and died February 21 while visiting relatives in Texas. He had a history of heart disease and had suffered a major heart attack in October. Mizell served as DAS for Intergovernmental Affairs from 1991 to 1993.

He was a former Major League baseball player who pitched for the St. Louis Cardinals, Pittsburgh Pirates and New York Mets during the 1950s and 1960s. He later served as a North Carolina Republican in the House of Representatives.

After losing a bid for a fourth congressional term in 1974, Mizell served as an Assistant Secretary of Commerce in the Ford administration. He also served as Assistant Secretary of Agriculture for Government and Public Affairs in the Reagan administration.