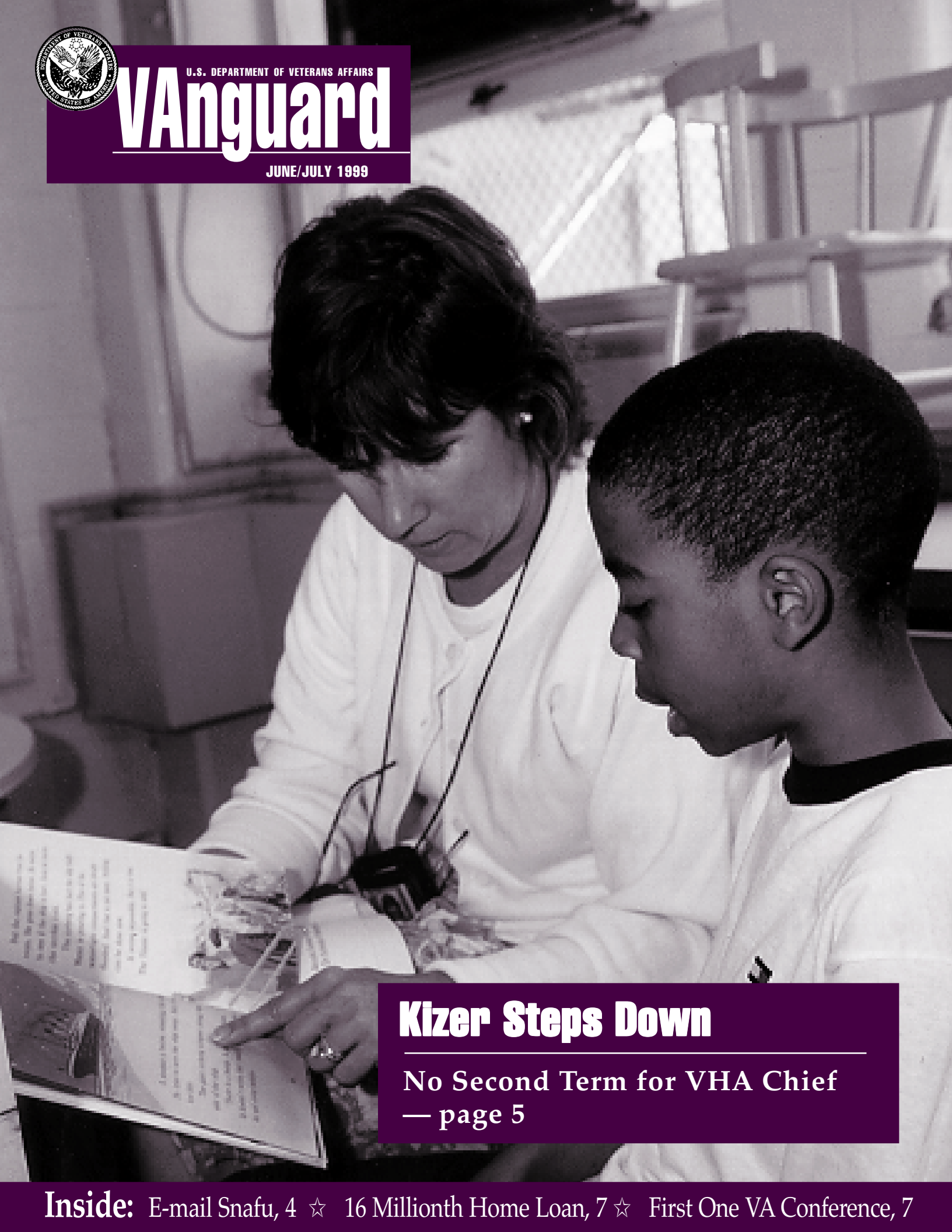




U.S. DEPARTMENT OF VETERANS AFFAIRS  
**Vanguard**

JUNE/JULY 1999



## **Kizer Steps Down**

**No Second Term for VHA Chief**  
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## COLUMNS

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### On The Cover:

VA Central Office employees responded overwhelmingly to President Clinton's request for federal employees to volunteer to be tutors in the "D.C. Reads This Summer" program. More than 80 VACO employees signed up to tutor first and second graders in reading and literacy skills at two D.C. elementary schools. Here, Shirley Pratt, from Financial Management System Service, reads with Seaton Elementary School student Darren Johnson. *Photo by Robert Turtill*

### Vanguard

VA's Employee Magazine  
June/July 1999  
Vol. XLV, No. 6  
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](mailto:vanguard@mail.va.gov)  
[www.va.gov/pubaff/OPAIndex.htm](http://www.va.gov/pubaff/OPAIndex.htm)

# INTRODUCING

Mary Walters

There she was, Tucson, Ariz., VA Medical Center geriatrics chief Mary Walters, in Washington, D.C., surrounded by the elite of women in government — state attorneys general, mayors, legislators, agency directors — and they were honoring her!

VA nurse Mary Walters, chief of the Geriatrics, Extended Care and Rehabilitation Healthcare Group at Tucson VAMC, where she has worked her entire 22-year VA career, was honored June 23 by Good Housekeeping Magazine as one of 10 government leaders selected to receive the Award for Women in Government.

"At a time when few older patients were offered any kind of rehabilitation," the July Good Housekeeping Magazine said of Walters, "she introduced a wide range of services aimed at getting patients up on their feet — and back into their own homes." Her ideas and her work reduced the average stay in Tucson's extended-care program from more than three years to 28 days.

"This award really recognizes the commitment on the part of VA to create innovative programs for aging veterans," Walters said. "VA is in the forefront, with 30 percent of our veterans over age 65 compared to only 13 percent of the general population. By 2030, 30 percent of the general population will be 65 and over and the work we are doing at Tucson VAMC and throughout VA is creating a model for their care."

At Tucson, that model is based on utilizing long-term care for rehabilitation and transition from hospital to home. Walters said one her biggest challenges was to change traditional expectations regarding nursing home care; that it is not an end to itself, but

a means to the ultimate goal of discharge and independent living in the community. "Once we got that idea across," she said, "we were able to make real changes. Everyone wants to live as independently as they can."

Walters is proud of Tucson's geriatric rehabilitation program and interim care programs, which provide older patients the recuperative support needed to return home from acute hospitalization involving things like stroke, hip or knee

replacement or heart surgery. "You can't expect an elderly person to go through acute treatment and leave the hospital immediately," she explained. "Our rule of thumb is at least two days of recuperation and rehabilitation for every day of acute care."

And the caregivers at home, usually elderly spouses, need support, too. Under Walters' leadership,

Tucson has pioneered respite programs that bring long-term geriatric patients back to the medical center for two weeks every six months to take the pressure off home caregivers. Emergency respite is also offered for caregivers suddenly confronted with other demands or needs. "Keeping the home caregiver healthy, physically and emotionally, is a key to keeping our patients at home," Walters said.

Walters, a Vietnam-era Navy veteran, began work at the Tucson VAMC in 1977 as a nurse manager. She worked her way up until appointed as geriatrics chief in 1996. She oversees an 84-bed geriatric unit, a 34-bed blind rehabilitation program and 14 outpatient programs staffed by 185 employees. □

By Chris Scheer



Gary A. Steinberg  
Deputy Assistant  
Secretary for Planning

## Regional Conferences Will Put Everyone on the One VA Track



Before the end of 1999, "One VA" will be more than just a phrase. It will be a shared vision backed by grass roots ideas, projects, and collabora-

tions of some 2,000 VA employees attending one of the four regional One VA conferences that begin this summer.

Conference participants will return to work primed to implement the "One VA" approach to serving veterans in medical centers, regional benefits offices, national cemeteries and every other VA service venue. The goal is seamless service to veterans in a system where responding to veterans' needs promptly and appropriately has priority over organizational lines, professional turf and job descriptions.

The One VA regional conferences, beginning in Phoenix and moving on to Atlanta in September, Pittsburgh in November and St. Louis in December, are the incubators that will germinate seeds for growing One VA at every VA facility and within VA

Central Office, spreading the concept and the practice from the ground up. Here's how the conference in Phoenix will work.

Conferees will be seated at tables of ten, each table representing a number of different VA organizations. These ten employees become a team of "investigative reporters" who gather information and report on barriers they find that prevent employees from acting in a coordinated way to maximize service to veterans. They examine the progress made in overcoming these barriers at various VA locations and explore what it will take to export these successes to their organizations and across the entire Department.

Conference participants will see videos, interactive kiosks, and facility exhibits that exemplify the One VA approach. They will hear from managers of world-class organizations who have focused their entire organizations on customer service. They will utilize the VA Learning Map and the personal research they accomplish prior to the conference.

Their role is to develop action plans and proposals that senior VA leadership can study, endorse and

eventually implement throughout VA.

At the end of the conference, each team will write its own "news article" announcing what it learned and steps team members will take to implement One VA within their organizations and with other organizations in the local area. Those articles will be distributed to facilities and portions of the action plans will be showcased throughout VA via the One VA Web site, VAnguard and e-mail broadcasts.

At VA Central Office, my office will monitor and recognize progress in implementation of these action plans locally and nationally.

The theme of all of this discussion, collaboration, and planning is "one mission, one vision, one voice." Becoming One VA is a continuous process that is already underway. Our regional conferences will put us all on the One VA track. There's room for everybody. Come on board today and stay tuned for more One VA updates in VAnguard. And keep up with One VA on the intranet at [vawww.valu.lrn.va.gov/oneva/conf799/](http://vawww.valu.lrn.va.gov/oneva/conf799/). □



*Secretary Togo D. West, Jr. talks with VA Central Office employees during one of two "Ask the Secretary" forums he held in May for headquarters employees. The forums were conducted in town hall meeting style, with Secretary West sharing his perspectives on current VA issues, and taking questions from the floor about issues of concern to employees.*

## E-mail Snafu

# Lessons Learned from Recent Incident

**G**rowing reliance on electronic mail (e-mail) for quick, convenient communications means that disruptions in service have a greater impact than ever before.

And while VA's most significant e-mail disruption in recent memory may have been triggered by one employee, it was made worse by the actions of many other employees.

How did it happen, and what can all VA employees who use e-mail learn from the experience to prevent it from happening again, or at least limit the impact?

On May 26, a contract employee at the Anchorage, Alaska, VA Medical and Regional Office Center was attempting to create a distribution list on VA's Microsoft Exchange e-mail system when she inadvertently sent a message containing no subject or text to every employee on the Global Address List. Many employees received multiple copies of the message because their names appear on one or more of the approximately 400 shared distribution lists also included on the Global Address List.

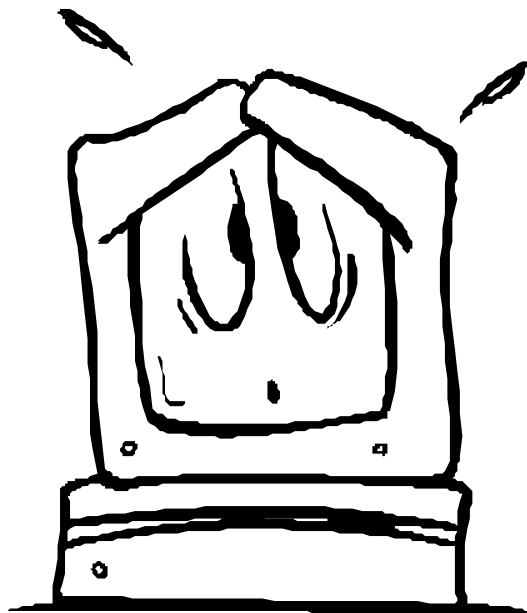
According to VA Acting Assistant Secretary for Information and Technology Harold Gracey, VA's Exchange mail servers could have handled the distribution of the accidental message itself without a significant disruption in service.

But the situation was exacerbated when many recipients responded using the "Reply to All" instead of the "Reply to Sender" feature on Exchange. Most of the respondents were attempting to ask the message originator who she was, what she needed or why she sent them the message. Others feared the original message was a virus, and began sending "Reply to All" messages raising this possibility. And each time a recipient responded using the "Reply to All" feature, the response was sent to everyone who received the original message.

The result: VA's e-mail system was nearly brought to a grinding halt

over the next several days. On the day after the incident, e-mail messages were not delivered until several hours after they were sent, and once they arrived, it took several minutes for recipients to open them. By the end of that day, according to Gracey, one of the three Exchange servers had reached maximum memory capacity and could no longer process mail. The mail servers resumed delivery of messages on May 28, but some of them had been sent two days earlier.

VA's Information Technology Support Service staff took several steps to minimize the impact of the



problem, including sending out an advisory asking message recipients not to respond to it, manually deleting as many of these messages as possible before they were delivered to employees' computers, and working with Microsoft to find a technical solution.

Microsoft technicians provided a new tool to remove the original message and subsequent replies from all e-mail users' mailboxes, and another that can remove a specific message before it is delivered to mailboxes.

So how can employees do their part to prevent a repeat of this incident? Here are some tips to keep in mind:

■ If you receive an e-mail message that contains no subject or text, chances are it's a mistake. Simply delete the message without responding.

■ If you believe a response is necessary, limit your reply to the originator of the message by choosing the "Reply to Sender" option. Do not select "Reply to All."

■ If you do send a response to the originator, do not send it with "high priority" status. The Exchange system sends messages in order of priority, but when VA's e-mail system administrators are dealing with a crisis, your "high priority" messages quickly become low priority.

■ Do not request a "Read Receipt," which sends notification back to the sender that the message has or has not been read, on messages sent to a large number of recipients. During the recent crisis, one employee sent a "Reply to All" message with a "Read Receipt" request and ended up with more than 40,000 messages to deal with.

According to Mike Donahue, Exchange administrator in the Information Technology Support Service, several adjustments to the network at the Central Office level are being considered to improve e-mail crisis management:

■ Access to distribution lists would be limited to the recipients on the list, preventing future incidents of multiple copies of the same message being sent to large numbers of e-mail users.

■ Mail delivery would be limited to a prescribed number of users. For example, with the limit set at 5,000, a message sent to the entire Global Address List would stop after the first 5,000 recipients.

■ "Read receipts" would be prohibited from use when a message is being sent to a large number of recipients.

These improvements, along with the cooperation of all VA e-mail users and the new tools provided by Microsoft, will make a repeat of the recent incident much less likely. □

# Kizer Withdraws Name from Consideration for Second Term as VA Under Secretary for Health



*Kenneth W. Kizer, M.D., M.P.H.*

**C**iting personal and family reasons, Under Secretary for Health Dr. Kenneth W. Kizer withdrew his name from consideration for a second four-year term as head of the VA health-care system at the end of June.

In a June 29 letter to President Clinton, Kizer noted the "prolonged interval of uncertainty" about his continued tenure as Under Secretary since Congress enacted an interim extension of his term more than six months ago. When it became clear that his renomination would be delayed a second time by senators who had raised concerns about VA's health-care budget, Kizer announced his decision to remove himself from consideration. "I promised myself and my family that I would not repeat that scenario," he wrote in the letter to President Clinton.

Kizer noted in the letter that he had met his mandate to "reengineer the veterans health care system so that it could effectively function in the 21<sup>st</sup> century."

"Indeed, without reservation I can tell you that no other health care system in the United States has changed as rapidly or as dramatically as the veterans health care system," he told the President.

"He was, by most accounts, the most dynamic and progressive leader ever in the VA health-care system," said VHA Chief Network

Officer Ken Clark of Kizer. "While the positive and dramatic changes VHA has experienced in recent years have occurred through the collective effort and contributions of the 185,000 VHA employees, Dr. Kizer led the way by articulating a vision for a new and improved health-care system for veterans that would not only be a significant part of the country's health-care industry in the new century but, in many ways, would find itself in the forefront of health-care delivery in America."

"While the loss of a leader makes it more difficult for any organization to move forward," Clark added, "the greatest tribute VHA employees can pay to Ken Kizer is to carry on the work he started in leading VHA into the new century."

Kizer led the veterans health-care system through an era of unprecedented change, serving as the chief architect of its transformation from a hospital-based system to a community-based outpatient care system. Access to health care was greatly expanded through a network of approximately 300 community-based outpatient clinics.

This reengineering effort mirrored a trend in private sector health care toward providing more care in outpatient settings. The goal was to provide health care for more veterans in the most medically appropriate and cost-effective setting, often much closer to a veteran's home.

A primary care treatment team approach also was introduced in VA during Kizer's tenure, allowing patients to see members of the same team during each visit to a VA health-care facility. Caregivers become familiar with an individual veteran's medical history and needs; this continuity of care has proven popular with patients, in addition to being medically beneficial and cost-effective.

More recently, Kizer has positioned VA to take the lead in American medicine in such areas as pain management, hepatitis C screening, Year 2000 compliance issues for medical devices, and geriatrics services, including end-of-life care. Other accomplishments include:

■ A patient enrollment system introduced last year assures patients in advance of access to treatment in the VA health-care system for any illness or injury when they need it during the benefit year. The number of veterans served has increased from 2.8 million receiving VA medical care in 1994 to an estimated 3.6 million in the current fiscal year.

■ In 1996, VA phased in a new health-care management structure with veterans integrated service networks (VISNs) decentralizing the decision-making processes. Within the networks, Kizer promoted the administrative integration of facilities, allowing dozens of medical centers to capture economies of scale and eliminate duplicative programs and services.

■ A capitation-based funding mechanism (veterans equitable resource allocation) was implemented to match the distribution of appropriations among the networks to workload levels.

■ Customer service standards were implemented with patient satisfaction surveys showing a growing percentage of veterans rating their quality of care as very good to excellent.

■ As a result of quality assurance measures, illness and death rates from high-volume surgical procedures have consistently declined.

■ A formulary and pharmacy benefits management program implemented in 1995 has produced an estimated \$347 million in savings annually.

■ Under Kizer's leadership, VA markedly expanded and modernized its information management capabilities, including systemwide implementation of a new cost accounting and clinical management system.

Kizer will stay on as a consultant to the Secretary on health care for a short period of time to ensure a smooth transition. A search committee will be assembled to recruit a new Under Secretary for Health, and Deputy Under Secretary for Health Thomas Garthwaite will serve as Acting Under Secretary in the interim. □

# VA Teams With National Parkinson Foundation



Under Secretary for Health Dr. Kenneth W. Kizer (left) with Nathan Slewett, chairman of the National Parkinson Foundation Board of Directors.

community's understanding of the causes, mechanisms, and treatment of Parkinson's Disease.

Common symptoms of Parkinson's Disease include slowness of movement, tremor, balance and gait problems, and stiffness of limbs. The symptoms, which typically affect one side of the body more than the other, usually

begin gradually and increase over time. Although the underlying cause is still unknown, research suggests that the condition results in the loss of neurons that use dopamine as a chemical messenger from key areas of the brain involved in the control of movement.

"This loss of dopamine causes a major disruption of the ordinarily finely-tuned brain circuitry responsible for the control of movement," according to Dr. William Marks, director of the new Center for Parkinson's Disease and Movement Disorders at the San Francisco VA Medical Center. "Modern treatments for Parkinson's Disease, whether medications or surgical procedures, help to return these brain circuits to a more normal state of operation."

A number of medications, including several new ones, are available to reduce the symptoms of Parkinson's Disease and other conditions and often provide patients dramatic improvement in their movement and function, according to Marks. Researchers at the VA medical centers in Augusta, Ga., New York City, Richmond, Va., San Diego and Sioux Falls, S.D., are currently involved in clinical trials to test the next generation of medications for the treatment of Parkinson's Disease.

VA's Office of Research and Development will spend \$3.5 million in fiscal year 1999 to support 24 individual Merit Review research programs and three Research Enhancement Award Programs

(REAPs) that focus on Parkinson's Disease. The REAPs in Baltimore, Bedford, Mass., and Denver are research centers with strong training programs that focus on understanding the mechanisms and treatment of neurodegenerative diseases such as Parkinson's and Alzheimer's Disease. These 27 programs cover the spectrum of Parkinson's research, including the development of new treatments, new procedures to more effectively deliver anti-Parkinson's medications, and new procedures to identify early-stage Parkinson's patients and follow the progress of the disease.

As the disease progresses over time, however, managing the symptoms of the disorder becomes increasingly difficult. At some point in the progress of the disease, many patients stop responding or respond significantly less to medications used to treat their symptoms.

Over the past decade, surgical treatments have become more widely used for Parkinson's Disease patients whose symptoms cannot be adequately controlled by medications. Until recently, no VA medical center in the country had the capability to offer these surgeries for Parkinson's patients. To address this need, the San Francisco VAMC recruited Dr. Philip Starr, an internationally recognized expert in the surgical treatment of movement disorders, to serve as chief of neurosurgery and surgical director of the Parkinson's Disease Center.

Since joining the San Francisco VAMC, Starr has provided surgical treatments to a number of VA patients with advanced Parkinson's Disease and related conditions. Veterans from all over the country have been referred to the Parkinson's Disease Center for the specialized treatment it offers.

The signing of the MOU between VA and NPF is expected to further raise the profile of Parkinson's research in VA as the two organizations use their alliance to raise public awareness of the disease, improve treatment and conduct more research to find a cure. □

(Ronald L. Hunt, San Francisco VAMC, and Dan Bruneau, VA Research Communications, contributed to this article.)

**P**arkinson's Disease is a common neurological disorder of unknown cause that is estimated to affect approximately 150,000 veterans who are eligible for health care from VA. In the general population, more than a million Americans are affected by the disease, with about 50,000 new cases diagnosed each year in the United States.

Now VA is joining forces with the National Parkinson Foundation, Inc. (NPF) to improve treatment for Parkinson's patients and search for a cure for this degenerative disease. Dr. Kenneth W. Kizer, VA Under Secretary for Health, and Nathan Slewett, Chairman of the NPF Board of Directors, recently signed a Memorandum of Understanding (MOU) between the two organizations. The agreement calls for the two organizations to develop:

- A series of symposia highlighting state-of-the-art Parkinson's Disease research being conducted around the world;

- Symposia targeted to VA medical personnel on advances in the understanding and treatment of Parkinson's Disease;

- Information for public dissemination on VA's Parkinson's Disease research and treatment programs;

- Continuing medical education (CME) training for VA physicians who treat Parkinson's Disease patients; and

- Jointly funded research initiatives to further the medical

## Texas Veteran Receives 16 Millionth VA Home Loan

**A** Texas veteran and his wife are the recipients of the 16 millionth home loan guaranteed by VA.

Gregory Lawrence Rhoads, a disabled Army veteran, and his wife, Rosita, are first-time home buyers who used their VA eligibility in combination with an interest rate reduction offered by the Texas Land Board Green Builder Program to obtain a 1,700-square-foot house in Spring Branch, Texas.

The milestone was commemorated in June at VA's Loan Guaranty Conference in San Antonio with a ceremonial award to Rhoads and his family.

Honorably discharged veterans, active-duty members and reservists are eligible for the VA home loan



Veteran Gregory Rhoads (back row, center) received the 16 millionth VA home loan. With Rhoads are: (front row) Hope Garcia, aunt of Rosita Rhoads; wife Rosita Rhoads; son Lawrence Rhoads; and Tom Wagner, director of the Houston VA Regional Office; (back row) Keith Pedigo, director of VA Loan Guaranty Service and Joseph Thompson, VA Under Secretary for Benefits.

guaranty program, which guarantees up to half the mortgage, depending on the value of the property and whether it is for a conventional

house or a manufactured home.

No down payment is required, which is one of the most attractive features of the program, and a subsequent buyer with credit approval may assume the loan under the original terms and the continuing government guaranty.

More than 29 million veterans and service personnel are eligible for VA-guaranteed financing. Since 1944, when President Franklin Roosevelt signed the Servicemen's Readjustment Act (better known as the GI Bill) into law, more than a half-trillion dollars worth of financing for veterans' and

servicemembers' home loans has been secured. In fiscal year 1998 alone, VA guaranteed more than 343,000 loans for mortgages worth more than \$37.9 billion. □

## Success Stories Shared at One VA Conference

**T**he July 13-15 One VA Conference featured exhibits from VA facilities and Central Office organizations that have broken barriers to service by partnering with other VA groups.

Here are a few successful coordination efforts that were recognized.

VHA provides funding to support VBA benefits specialists serving as part of an outreach team to homeless veterans. Thirteen VAROs located near sites where VAMCs have comprehensive homeless centers provide a staff member to join medical specialists in identifying and serving homeless veterans wherever they are found: at soup kitchens, shelters and stand downs, for example.

While the medical members address health-care needs, the benefits specialist gathers information that will permit filing a claim. The specialist can not only expedite the claim, but follow up with the veteran if more information is needed later, knowing where the

veteran can be found. The coordinated approach addresses the needs of the whole person and has resulted in more successful attainment of benefits.

The Sepulveda, Calif., Ambulatory Care Center for the VA Greater Los Angeles Healthcare System developed its first one-stop veterans resource center in 1996 and continues to host government and private agencies at sites throughout its service area. Veterans receive information on benefits, can file claims and enroll for health care at one location close to where they live.

The sites are open on a periodic, publicized basis. Along with a social worker, nurse, counselor from a Vet Center and benefits specialist, representation comes from the state employment department, the county veterans service office and a veterans service organization. Sepulveda's oldest site, 55 miles from the Center, still operates two hours a week and has served more than 2,000 veterans. In FY 98, these one-stop programs

enrolled more than 1,000 veterans in the Healthcare System.

Cooperation between VHA and VBA at the Anchorage, Alaska, VA Medical & Regional Office Center resulted in a decrease in average processing times for completing compensation and pension exams from 76.2 days at the start of FY 99 to 23.5 days. That's less than the national average processing time, despite Alaska's vast distances.

A combined Blitz Team was formed to reduce what had been increasing lengths of time for processing in 1998. Members flow-charted the process to spot the problems and recommended many actions. These included: reducing no-shows and rescheduled exams through additional methods to contact veterans and securing more community physicians as well as better training in what constitutes a sufficient C & P exam. □

By Jo Schuda

# Health Care Enrollment Communications Campaign Wins Three Top Public Relations Profession Awards

**O**n October 16, 1998, Lawrence Bruce Lyon, Sr., a 104-year-old Army veteran from Madison, W.Va., enrolled in the VA health-care program at Huntington, W. Va., VA Medical Center. He was one of the first as well as one of the oldest veterans to enroll in the new VA health benefits program created under the Veterans' Health Care Eligibility Act. Since enrollment officially began October 1, 1998, 3.9 million veterans have joined Lyon in participating in one of the most far-reaching changes affecting veterans' health care since the creation of the VA hospital system.

The law simplified eligibility rules and provided enrolled veterans access to a guaranteed health care package, but like any major change, it created apprehension and uncertainty among many veterans, as well as VA employees. VA planners knew that effective communication would be vital to the successful launch of this new program affecting millions of veterans.

"We had to get the word out, accurately and consistently, to the nation's veterans and their families virtually overnight," said Kent Simonis, director of VHA Health Administration Service. "That meant using the mass media, as well as our own internal VA resources."

With enrollment kickoff less than a year away, Simonis, Acting VHA Communications Director Jim Delgado, Deputy Assistant Secretary for Public Affairs Jim Holley and VA procurement experts joined forces to develop a communications strategy based on partnership with a full-service communications and advertising firm. That strategy spelled out active roles for VA staff at national, regional and local levels and armed them with a comprehensive array of communications products designed to inform the public, motivate veterans and educate VA staff.

Focus groups helped develop messages. Information materials were field-tested in local pilot

enrollment campaigns. When October 1<sup>st</sup> arrived, a communications plan and infrastructure were in place and a national outreach effort was underway. The success of that effort can be measured in the nearly 4 million new enrollees who applied and were enrolled in only 9 months. That success has been reaffirmed by the public relations profession, which recently conferred three major awards on VA's health care eligibility reform communications campaign.

The VA campaign took first place in the government agency category of the Creativity in Public Relations Awards competition. More than 1,500 public relations programs

*"We virtually had to get the word out, accurately and consistently, to the nation's veterans and their families overnight. That meant using the mass media, as well as our own internal VA resources."*

**- Kent Simonis, director, VHA Health Administration Service**

entered in the competition were judged on strategy, planning, research, challenges overcome, implementation, materials and achievement. VA's win here was significant, topping other high-power campaigns such as the Treasury Department's introduction of the redesigned \$20 bill and the Centers for Disease Control "AIDS Awareness" campaign.

The Maryland Chapter of the Public Relations Society of America (PRSA) selected the VA campaign for its Best in Maryland Award, Institutional Program category and Best in Show. This judging focused on the campaign's effect on the organization's stature, reputation and relations with its key publics.

The Washington, D.C.-based National Capital Chapter of PRSA honored the VA campaign with its Thoth Award. Named for the Egyptian god of communication

(pronounced tot), this competition typically attracts entries of the largest, most prestigious communications programs conducted by national and international organizations based in the nation's capital. VA won in this year's special projects category.

"These awards and our success in reaching out to the nation's veterans reflect a total team effort," Simonis said. "We developed clear, consistent and meaningful messages and translated them to professional quality tools — public service spots for radio and TV, news releases, pamphlets, posters, training guides and more. But it was the VA team up and down the line, from VA Headquarters to each facility, that put all this into effect and made enrollment work."

Simonis also stressed the role of other technologies in the campaign. The health care eligibility reform national call center, established soon after enrollment began, has fielded well over a quarter-million calls from veterans, responding to questions and referring

veterans to local enrollment contacts. Kiosk-mounted touch screen computers are being field-tested and will increase veterans' access to the latest information regarding health care eligibility and enrollment procedures. And the VA intranet eligibility reform Web site is being updated to provide employees easier access to more information about operational aspects of enrollment. Also in the works, an eligibility reform knowledge data base on compact disk designed for "front line" health care staff. Type in a question or topic and the CD gives the answer.

"Strategic communication planning continues," Simonis said. "Our goal is to reach as many VA enrollment stakeholders as possible in as many ways as we can with a message of critical importance to veterans' health care." □

**By Chris Scheer**



## Patient Safety Group Issues Guidelines on Drug Interactions

**A**t a May 12 news conference, Under Secretary for Health Kenneth W. Kizer, M.D., and the National Patient Safety Partnership urged consumers, health-care practitioners, provider organizations and purchasing cooperatives to adopt a set of guidelines designed to reduce the number of deaths and injuries from adverse drug interactions.

Calling treatment-related adverse drug interactions a major public health problem in the United States, Kizer said most of the estimated 100,000 injuries and deaths that occur annually from drug interactions could be prevented by following the 16 recommendations.

VA and other federal agencies joined with private sector health industry groups to form the partnership, which is dedicated to reducing preventable adverse medical events. In addition to VA, the patient safety group's charter members include the American Hospital Association, the

Food and Drug Administration, the American Medical Association, the American Nurses Association and the Joint Commission on Accreditation of Healthcare Organizations.

The group encouraged patients to do their part by telling their physicians about all medications they are taking as well as any responses or reactions they are having to the drugs, and by asking questions before accepting a prescription to ensure they have a full understanding of the medication.

Among the recommendations the group made to health-care providers and practitioners were to better educate patients, display allergies and all prescribed medications prominently on patient records, and use computers to track prescriptions.

The many new drugs coming on the market and new ways of using them have made the use of computers essential to prescribing medications safely, Kizer said, because it has become impossible for physicians to

remember every dangerous drug interaction.

VA and other large organizations can use their combined leverage as major buyers of medications to require pharmaceutical companies to take such steps as including barcoding on drug packages, improving package labeling and separating drugs in doses recommended for use, Kizer said. □

## VA Team Wins Plain Language Award

**T**he Veterans Benefits Administration (VBA) is a recognized leader in the federal government's plain language writing effort. Vice President Al Gore recently honored the work of more than 800 VBA front-line workers to simplify written communications to veterans and their families when he presented his plain language award to VA representatives in a Roosevelt Room ceremony at the White House.

Deputy Secretary Hershel Gober and Under Secretary for Benefits Joseph Thompson accepted the No Gobbledygook Award, along with three VBA employees representing the national reader-focused writing team: Melodee Mercer, Insurance Service, Philadelphia VA Regional Office and Insurance Center; Chuck Graffam, Vocational Rehabilitation and Counseling Service, VA Central Office; and Wayne Taylor, Compensation and Pension Service, VA Central Office.

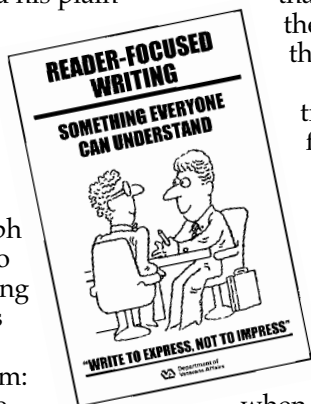
When VBA launched the plain

language initiative several years ago, team members developed and delivered training on how to write clearly for customers to more than 800 employees nationwide through distance learning. Employees translated hundreds of VBA's standard letters into plain language, getting customer feedback to ensure that readers understood the intended messages of the revamped letters.

A new round of training began recently for more VBA employees who have been designated to learn the principles of plain language writing.

Vice President Gore established the No Gobbledygook Award last June

when he announced a presidential directive mandating plain language in government writing. The award is presented monthly to a federal agency employee or team of employees for writing outstanding examples of plain language documents used to communicate with the public. □



## Nursing Students Participate in Virtual Graduation

Twenty-six VA clinical nurse specialists from across the country participated in a "virtual graduation" last month, receiving post-masters certificates as adult nurse practitioners from the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, Md.

They graduated as they learned, via interactive technology that linked their workplace classrooms with the university's faculty. While maintaining their full-time VA positions, the 26 students from VA medical centers in Atlanta, Bronx, N.Y., Baltimore, Charleston, S.C., Fayetteville, N.C., Leavenworth, Kan., San Diego and West Los Angeles attended classes twice a week, using two-way teleconferencing technology at their facilities.

The classes were augmented with eight to 24 hours per week of on-site clinical experience coordinated by a nurse practitioner who served as the lead preceptor at each facility. A designated site program coordinator provided administrative support.

The 26 students began the program in the spring of 1997 when VA and the Department of Defense entered into a collaborative agreement to train VA nurses as nurse practitioners. The success of this pilot class has paved the way for a new, larger class of 2001 to begin their virtual course work in September. □

## Questionable Employee Internet Use to be Targeted

**T**he Internet is a growing and versatile information resource for VA employees at all levels, but inappropriate use of access to the Information Superhighway by some employees is reducing productivity, wasting valuable bandwidth and slowing network performance.

To address this problem, VA's Office of Information and Technology is testing Internet filtering software and reminding employees about the proper use of Internet access.

According to Acting Assistant Secretary for Information and Technology Harold Gracey, once the testing of software is complete, a product will be selected and installed on the Internet firewall to block

access to certain non-business Web sites.

But if the filtering interferes with a site you need to serve the business interests of VA and veterans, you can have the site activated through your immediate supervisor and VA's Office of Telecommunications.

Here are some Internet usage guidelines to keep in mind:

- Remember that use of the Internet at work is limited to VA business, and there should be no costs associated with any Web site you access. For example, if you are prompted to enter a password or to register before entering a database on a Web site, it may be an indication that fees will be charged.

- Stay away from Internet

activities that may be offensive to co-workers or the public, such as playing electronic games or accessing sexually explicit materials or materials that ridicule others on the basis of race, creed, religion, disability, national origin or sexual orientation.

- Don't use government-issued credit cards for personal access to the Internet, or to purchase items from the Internet for personal use.

- Don't use dial-out modems at work to connect to commercial Internet service providers such as America Online.

- Remember that Internet use at VA is monitored, and incidents of inappropriate use are reported to the employee's organization for appropriate action. □



## Veterans' Honor™ Rose Dedicated as Living Tribute

*Left: "A rose by any name would smell as sweet," according to William Shakespeare. But could there be a sweeter name for the deep red hybrid rose planted at VHA facilities in May than the one it was given — the Veterans' Honor Rose? At the Jackson, Miss., VA Medical Center, the rose bush is thriving under the care of L.Q. McLaurin, a lifelong farmer and nursing home care unit resident. Better known around the VAMC as "Tomato Mac," the 83-year-old veteran raises tomatoes and watermelons in the courtyard of the nursing home, giving the produce to other residents and employees.*



*Right: Under Secretary for Health Dr. Kenneth W. Kizer (far right) participated in the Veterans' Honor Rose planting ceremony sponsored by Jackson & Perkins Company at Arlington National Cemetery on May 27. The Oregon-based mail order rose company developed the rose at the personal recommendation of Kizer. Similar planting ceremonies were held at VHA facilities across the nation that day.*

# Spokane VAMC Volunteer Still Going Strong at 100



John Matsch (left) with Spokane Mayor John Talbott at his 100th birthday party.

**J**ohn Matsch has logged more than 30,000 hours of service as a volunteer at the Spokane, Wash., VA Medical Center.

As a member of the American Legion for 65 years, he has been an active advocate for veterans in the community. And on May 24, he celebrated his 100<sup>th</sup> birthday.

Each of these accomplishments is remarkable by most standards, but the fact that Matsch has achieved all

three comes as no surprise to the staff and his fellow volunteers at Spokane VAMC.

They hosted a special birthday celebration in his honor, with more than 100 current and former employees, family members, friends and patients in attendance. Spokane Mayor John Talbott was on hand to proclaim May 24, 1999 "John Matsch Day," and Matsch also received the Crystal Spire volunteer award,

honoring his 30,000 hours of volunteer service.

For two or three days a week over the past 30 years, Matsch has quietly done his job delivering the mail at Spokane VAMC. A beloved figure at the medical center, he always greets people by name, including patients and family members.

Matsch, who never married, served in the Navy as a machinist's mate in both World War I and World War II. He retired from his job as a traveling salesman in 1952, and says he volunteers at the medical center to stay busy.

"It's worth a million dollars to have a roving optimist in the medical center," Associate Director Ronald Porzio says of Matsch. "He is a cherished asset here."

But Matsch is quick to shift the focus from himself to the medical center and the job it does. "It's very efficient and people try to take care of as many people as they can as quick as they can," he says.

Spokane VAMC Director J.M. Manley says that although Matsch purposely avoids public recognition, he serves as a role model for staff and volunteers by his attendance record, his personable demeanor and his "can-do" attitude. □

## VA Geriatrics Expert Participates in NASA Briefing

**F**ormer senator and astronaut John Glenn's recent return to the "final frontier" aboard the space shuttle Discovery increased public awareness of the importance of aging research. Dr. William J. Evans, a geriatrics researcher at the Central Arkansas Veterans Healthcare System, recently joined Glenn and a panel of experts at a Washington, D.C., briefing on innovative approaches for meeting the unique health care needs of senior citizens.

At the briefing, sponsored by the National Aeronautics and Space Administration (NASA) and the American Federation for Aging Research, Evans discussed his research on the significant role of



Dr. William J. Evans discusses his research on aging as John Glenn (right) looks on.

exercise and strength training in improving the muscle function of older people. He also talked about why aging research is important, the changing demographics of the elderly population, and the pivotal

role VA plays in geriatrics research. Evans believes the real challenge of improving quality of life for the elderly is providing relevant exercise and wellness programs. "The key is learning how to get seniors involved in their health and well-being," he said. "It is possible to triple or quadruple the strength of a 100-year-old person, if given the right exercise and nutrition program."

Evans, who currently serves on NASA's Life Sciences Advisory Subcommittee, said he hopes Glenn's historic mission will lead to a better understanding of the need to promote healthier lifestyles for the elderly, and expand the body of medical knowledge about aging. □



## VA Researchers Link Sleep Apnea to Heightened Risk of Stroke

People with sleep apnea — a common disorder marked by loud snoring — have a greater risk for stroke, according to a VA-led team of researchers whose findings appeared in the May issue of the *Journal of Oral and Maxillofacial Surgery*.

The increased risk of stroke resulted from neck artery blockages found in 22 percent of sleep apnea patients whose head and neck x-rays were examined in the study. The researchers also found that a majority of sleep apnea patients with blocked neck arteries also had diabetes.

Study leader Arthur Friedlander, D.D.S., associate chief of staff for graduate education at the VA Greater Los Angeles Health Care System, noted that dentists can play a key role in early detection because routine panoramic dental X-rays can reveal the partially blocked arteries. Patients can then make lifestyle changes, begin taking medications or undergo surgical removal of plaque from the blocked arteries to reduce their risk of stroke.

Approximately 9 million Americans suffer from obstructive sleep apnea, in which a narrow or partially obstructed airway repeatedly collapses during sleep, cutting off air flow to the lungs. Symptoms include loud snoring, frequent waking, often accompanied by a gasping for air, and extreme drowsiness during waking hours.

According to Friedlander, the findings should serve as a warning to people with sleep apnea — especially those who also have diabetes — that they have a high risk of stroke and should be routinely checked for these artery blockages. Strokes are the third leading cause of death in the United States.

## VA Team Finds Steroid Therapy Effective for Common Form of Pulmonary Disease

A study led by two VA researchers found that patients suffering from exacerbated chronic obstructive pulmonary disease (COPD) — a severe respiratory disorder — recovered more quickly when they received intravenous and oral corticosteroids.

Dennis E. Niewoehner, M.D., of the Minneapolis VA Medical Center, co-chaired the study with Marcia Erbland, M.D., of the Central Arkansas Veterans Health Care System. Their findings were reported in a recent issue of the *New England Journal of Medicine*.

Niewoehner and colleagues found that the rate of treatment failure at 30 days — defined as further deterioration of health, a need for intubation (mechanically-assisted breathing) or death — declined from 33 percent in the patients receiving the placebo to only 23 percent in patients receiving steroids.

Initial hospital stays for patients in the combined corticosteroid groups also were 1.2 days shorter than in the placebo group (8.5 versus 9.7 days). Spirometric tests, in which patients inhale to capacity and exhale as hard as they can, showed that airflow obstruction improved faster in patients who received systemic corticosteroids than those who were given the placebo.

In addition, the VA team found that eight weeks of steroids was no better than two weeks. “It has been common practice to give patients extended doses of steroids and then taper the dose. This study is important because we found that all of the benefits of the drugs were present with only two weeks of therapy,” Niewoehner said. “Eight weeks of steroids was no more effective, and there may be an additional risk of infection.

“Hopefully, this will change the way physicians administer steroids. We want people to breathe easier sooner, but we don’t wish to harm them with unnecessarily long courses of steroid therapy.”

The study, conducted at 25 VA medical centers, divided 271 heavy smokers, 50 years of age or older, into three treatment groups. Eighty patients received eight weeks of corticosteroid therapy, consisting of intravenous methylprednisolone for 72 hours followed by a tapered dose of once-daily oral prednisone over eight weeks; 80 were assigned to receive two weeks of corticosteroid therapy; and 111 patients were given a placebo. Comparisons were made at 30, 90 and 182 days after the start of treatment.

Cigarette smoking causes 80 to 90 percent of all cases of chronic obstructive pulmonary disease, a combination of persistent bronchitis and emphysema which blocks the airways and traps air in the lungs. According to the American Lung Association, nearly 16 million Americans suffer from COPD, which is the fourth leading cause of death in the United States.

## New Gene Developed by VA Researchers Offers Hope for Diabetics

VA researchers have developed a gene that allows the liver to produce insulin, offering new hope for diabetics that they someday may not have to give themselves insulin shots or make decisions about how much insulin to give — the gene would do both automatically.

Dr. Peter Thule, the study’s leader and an endocrinologist at the Atlanta VA Medical Center, reported the findings at a meeting of the American Society of Gene Therapy in Washington, D.C. The gene, which has so far been tested only in rats, also prevents too much insulin from being produced, which can lower blood sugar to dangerous levels.

Thule said other scientists had previously used genes to develop insulin in rat cells, but those genes caused an overproduction of insulin. The hurdle scientists had been trying to overcome, Thule said, was to develop a gene that can regulate the amount of insulin it produces.

Diabetic rats that received the gene lived more than two months afterward, but the human insulin gene remains separate from the rat’s own genetic material. Eventually, cells carrying the “foreign” human gene will be destroyed, and the gene will stop working.

The next step will be to find a way to get the new insulin gene into a cell’s genetic material permanently, Thule said. □

# HONORS

and awards



Two of the "99 Outstanding Nurses in Virginia" recently selected by the Virginia Nurses Association work at the Richmond, Va., VA Medical Center. **Florence Jones Clarke** is a nurse manager for Geriatrics and Extended Care, and **Mary Jacobs** is a nurse researcher and patient educator. **Marva Banks Fretheim**, a community health nurse for Geriatrics and Extended Care, was selected as an honorable mention. The Virginia Nurses Association is the largest nursing organization in the state.

The **VA Pharmacy Benefits Management Strategic Health Care Group** was one of three health care teams honored during the RIT/USA Today Quality Cup Award ceremonies in May at the USA Today headquarters in Arlington, Va. A finalist award was presented to VA for expanding access to medications, improving results from drug treatments for VA patients, and reducing VA purchasing and distribution costs. RIT/USA Today Quality Cups are awarded to groups in six sectors for dramatically improving the quality of goods and services that their companies, businesses or agencies provide, and the health care sector is the most competitive.

A study conducted by physicians from Harvard Medical School and Beth Israel Medical Center in Boston ranked **Dr. Charles Ellis**, chief of dermatology at the Ann Arbor, Mich., VA Medical Center, as 11<sup>th</sup> on the

list of the top 25 most-cited authors of clinical dermatology articles. The study, which examined the number of times dermatology-related articles are cited in subsequent articles, offers one measure for determining the scholarly contributions authors make to their specialty.

**Martha Cothorn**, a chemotherapy oncology nurse at the Detroit VA Medical Center, was the 1999 recipient of the Nightingale Award for Nursing Practice, an annual award given to a nurse in the state of Michigan. Nurses selected for this award demonstrate knowledge, creativity and expertise in clinical nursing practice. An Army nurse who served in Vietnam, Cothorn retired after 30 years of military service and has had an 18-year career with VA.

**Deborah Williams**, director of the minority



*Williams* named Oregon's "Veteran Small Business Advocate of the Year" by the Small Business Administration. Williams plans and manages outreach programs designed to improve VA services for minority veterans. During the past year, Williams has participated in 31 outreach events across the state. She started the program in 1994, working as an advocate for

minorities because of her personal interest in minority veterans. She was named to the full-time position in 1995.

VA Austin Automation Center Director **Robert P. Evans** was selected as one of Federal Computer Week's "Federal 100," honoring achievements in the federal information technology community. Evans was cited by the publication for "laying the groundwork for improvements to the VA's information technology and telecommunications functions while managing a major data processing center."

**Paul Beadle**, counseling psychologist at the Des Moines, Iowa, VA Regional Office, was selected Counselor of the Year by the Great Plains Region of the National Rehabilitation Counseling Association. The annual award is the highest given by the association.

Tampa VAMC's **June Leland, M.D.**, received the Award for Excellence for Nurse Practitioner Advocates from the American Academy of Nurse Practitioners in a recent ceremony at the University of South Florida. Leland, a geriatric physician and medical director of Tampa VAMC's hospice, was honored for being instrumental in articulating the role and qualities of nurse practitioners to the medical profession.

**Martha Buffum**, associate chief nurse for research at the San Francisco VA Medical Center, was selected as a finalist in the 1999 Nursing Excellence Awards sponsored by NurseWeek, a bi-monthly publication for California nurses. The annual awards program recognizes and honors outstanding nurses in the state. Buffum was nominated in the "mentoring

or teaching" category and was recognized as one of six finalists because of her exemplary performance as a teacher and devoted mentor.

**D. Robert Dufour, M.D.**, chief of pathology and laboratory medicine at the Washington, D.C., VA Medical Center, recently received the 1999 Outstanding Civilian Educator Award from the Uniformed Services University of the Health Sciences in Bethesda, Md. He was selected to receive this award by the medical school's students. He began teaching at the university in 1978, while on active duty in the Navy. In addition to lecturing, he conducts review sessions for students before exams, and he developed educational software for use by the university.

Coatesville, Pa., VA Medical Center Director **Gary Devansky** was recently honored by the Women's League for Minority Education, a local nonprofit educational service organization, for the VAMC's program for students attending historically black colleges and universities. The medical center currently has eleven students participating in its Historically Black Colleges and Universities (HBCU) Summer Career Experience Program.

**VHA's VISN 2 (Albany, N.Y.)** has been awarded a \$300,000 grant for quality performance in both programs and delivery of care. VISN 2 serves more than 90,000 veterans in upstate New York through five VA medical centers and 18 outpatient clinics. Under Secretary for Health Dr. Kenneth W. Kizer presented the award, which will be used to enhance patient-care programs in the network, during recent ceremonies in Syracuse. □

# HAVE you heard

**“Kontum Diary: The Journey Home,”** a television special that aired in May on PBS, told the story of two soldiers — one from Texas and other from Vietnam. Enemies during the Vietnam War, they were brought together years later through a forgotten diary. The documentary recorded the meeting between the Texas veteran, Paul Reed, and Nguyen Van Nghia, author of the diary, and followed them on their journey toward forgiveness and reconciliation. They first encountered one another as adversaries in 1968 during a nameless battle in the hills near Kontum, Vietnam. Reed found the enemy soldier’s backpack and sent the contents — which included the diary — back home where

it remained untouched for twenty years. With the help of the counseling he received at the Dallas Vet Center and regular visits to the Dallas VA Medical Center, Reed decided the time had come to reconnect to his past and translate the diary. Nghia traveled to the United States after their reunion, where he met with a group of Vietnam combat veterans at the Dallas Vet Center and spoke to a group of veterans at the Dallas VAMC.

The **St. Petersburg, Fla., VA Regional Office** has hired five homeless veterans, bringing to eight the total hired since 1997. Sponsored by the VISN 8 Homeless Working Group, the veterans are full-time career-conditional



Deputy Secretary **Hershel Gober** performed Elvis Presley’s “If I Can Dream” at the Congressional Flag Day Celebration on Capitol Hill in June. The program of patriotic music, solos and inspirational readings was led by the VA National Medical Musical Group, composed of VA volunteer musicians and singers. Jonathan and Stephen Cohen, two brothers who attend Columbine High School in Littleton, Colo., performed “Friend of Mine,” the song they wrote in the wake of the shootings there. Other guests included Senators Bob Bennett and Paul Wellstone, as well as a number of congressional representatives.

employees hired as entry-level file clerks. Two of the first three hired have proven to be outstanding employees who have received performance awards. The third moved on to greater opportunities in the private sector. The initiative has given these homeless veterans the opportunity to become productive, taxpaying citizens, while VA gets quality employees in return.

**Fort Snelling, Minn., National Cemetery** Assistant Director Robert F. McCollum presided at installation ceremonies for the newly elected team of officers for the cemetery’s Memorial Rifle Squad. The squad was the first voluntary group of its kind established within the National Cemetery Administration (NCA), and by June 20, its 20<sup>th</sup> anniversary, it had provided honors for more than 30,000 veterans.

Honolulu VA Medical and Regional Office Center (VAM&ROC) Associate Director **Gabriel Perez** co-chaired Hawaii’s first federal diversity conference, “Capitalizing on the Power of Diversity,” in June. The conference was sponsored by the Honolulu Pacific Federal Executive Board and the FEB Women’s Council. The FEB Equal Employment Opportunity Council, chaired by Perez, presented the program. The affordable, comprehensive program received strong support from the VAM&ROC and Department of Defense installations. Corporate sponsors included McDonald’s USA and the Sheraton Waikiki Hotel. The conference program featured some of the country’s best diversity consultants and was designed to implement and enhance local diversity programs. The conference may become an annual event.



The **VA Pittsburgh Healthcare System** hosted a dedication ceremony recently to re-name the Aspinwall division in honor of the late Pennsylvania Senator H. John Heinz. The Aspinwall division is now known as the H. John Heinz III VA Progressive Care Center. Congressman Mike Doyle (right) joined the late senator’s widow, Teresa (center), at the ceremony, which was attended by more than 150 staff, community leaders and media. VA Pittsburgh Healthcare System Director Thomas Cappello is at left.

VA employees were ready and willing to help the nearly 4,000 Kosovo refugees sheltered at Ft. Dix, N.J. While the Public Health Service provided clinical care and treatment, clerical help was needed to create medical records for each refugee. VA's Emergency Management Strategic Healthcare Group, based in Martinsburg, W.Va., contacted the VA Stars and Stripes Network (VISN 4, Pittsburgh) for that assistance. Nine VA clerical personnel have rotated through the refugee camp thus far. One of those is **Jason McKinley**, from the Altoona, Pa., VAMC. He said he never expected to be involved in such an effort when he came to VA, but he was glad to be able to contribute his skills.

Recognizing that many veterans of past wars have received awards and decorations for service to their nation, only to have their heroic deeds forgotten over time, Chillicothe, Ohio, VA Medical Center Dental Service employee **John Hofer** suggested creating a "Hall of Heroes" at the facility to honor patients. Roy Wilson, a Marine Corps veteran, and John Booth, an Army veteran, were the first inductees into the VAMC's new Hall of Heroes. Both received the Silver Star — Wilson for his service in World War II, and Booth for his service in Vietnam. More than 100 family members, friends, employees and military representatives attended the recent dedication ceremony. □



The **Prescott, Ariz., VA Medical Center** hosted a concert featuring 60s group *Gary Lewis and the Playboys* recently to show appreciation for former POWs and other area veterans. Although inclement weather forced the planned outdoor concert inside, more than 1,000 people attended, waving small American flags tied with yellow ribbons. *Gary Lewis and the Playboys* had seven top 10 hits in the 60s and 70s, including "This Diamond Ring" and "Count Me In." Lewis, the son of actor/comedian Jerry Lewis, was drafted into the Army at the height of his career and served in Vietnam. Above, Lewis (far left) signs autographs at the concert with other members of the group.



**Secretary Togo D. West, Jr.** led a panel discussion on education and training for health care providers at the recent White House Conference on Mental Health. The conference, "Working for a Healthier America," focused on cutting-edge treatments and resources, and covered issues surrounding mental illness and its impact on people of all ages. The 14 panels culminated in a presentation that included the President's Mental Health Policy Advisor, Tipper Gore; First Lady Hillary Rodham Clinton; Vice President Gore; and President Clinton. Secretary West also announced that VA had joined the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration in co-sponsoring a \$17 million multi-site research study on older adults with mental health and/or substance abuse disorders. With the Secretary above are Congresswomen Lois Capps (left) and Nancy Johnson (right).



The **One VA concept** was in action in West Virginia's Eastern Panhandle recently. VA regional offices in Huntington, W.Va., Roanoke, Va., Baltimore, Pittsburgh and Philadelphia joined forces with the Martinsburg VA Medical Center to conduct a day-long outreach event for former POWs in a four-state area. The approximately 100 former POWs and family members who participated heard presentations on POW issues and received benefits counseling and claims assistance. Above, two POWs receive assistance from Huntington, W.Va., VA Regional Office Disability Rating Specialist Gary Stapleton (seated, second from right) and Training Coordinator Bob Thompson (seated, far right). Standing is William Rolen, executive director of American Ex-Prisoners of War.

# HEROES



**Dallas Dugger**, a communications clerk at the Poplar Bluff, Mo., VA Medical Center, was on duty when he noticed an elderly woman who had wandered into the hospital lobby. She appeared disoriented, so he approached her to offer his assistance. The woman was confused, didn't know who or where she was, and complained of feeling faint. Dugger got a wheelchair and took the woman to the Emergency Department. The emergency room staff provided care for her until she could be identified. She turned out not to be a veteran, but a family member was located and gave permission for her to be transported by ambulance to a private hospital for treatment.



**Tracy Britt**, a registered nurse in the Ambulatory Care Department and Emergency Room at the Leavenworth, Kan., VA Medical Center, came upon the scene of a three-car, head-on collision shortly after he left work. Several vehicles had stopped at the scene, but no one was helping the victims. As Britt was parking his car, an initial emergency response team arrived at the scene, and Britt helped them triage and assess the victims. Britt provided emergency treatment to an elderly woman complaining of chest pains and difficulty breathing, and another woman whose lower leg had nearly been severed in the accident. He briefed the helicopter crew on the second woman's condition

when they arrived to transport her to a Kansas City hospital, and helped load her into the helicopter. An emergency crew transported the elderly victim to a Leavenworth hospital.



**Dr. Peter Lavalley**, a staff psychiatrist at the VA Northern California Health Care System's Mental Health Clinic in Oakland, was on his lunch break in downtown Oakland when he heard a woman screaming. He then saw a man trying to enter the woman's car. By the time Lavalley began approaching the car, the man had gotten inside and was choking the woman. When Lavalley began yelling at the man, he got out of the car and came after Lavalley, threatening him with a metal club. But Lavalley stood his ground, and the assailant fled the scene. The woman was not seriously injured.



While visiting a new patient in her Homemaker/Home Health Aide program, Spokane, Wash., VA Medical Center employee **Gloria Harzke** noticed that his memory was poor, he was not taking his medications, and he was having difficulty caring for himself. The next afternoon, she went back to the patient's home, where she planned to meet with him and his daughter and son-in-law to discuss assisted living facilities in the area. Shortly after Harzke arrived, the patient excused himself.

While she was waiting for him to return, the patient's daughter and son-in-law arrived. While the three of them were talking, they heard a thump in the patient's bedroom. When they went to investigate, they found the patient unconscious on the floor of his closet. Harzke and the son-in-law pulled the patient out of the closet so Harzke could clear his airway. She asked the daughter to call 911 while she continued to maintain the patient's airway and prepared to perform CPR. Paramedics arrived and transported him to the nearest hospital, where he recovered.



As **Dale Kincaid**, Engineering Service employee at the Cleveland VA Medical Center, was approaching the facility one day, he encountered an accident involving a car and a bicyclist. The injured bicyclist was lying in the street. The accident had occurred in a busy traffic circle, a moderately heavy rain was falling, and the victim was at risk of being hit by vehicles trying to get around the accident scene. After assisting with the call for emergency help, Kincaid got an umbrella to shield the injured cyclist from the rain. He stood by the injured man and directed oncoming traffic safely around him until emergency personnel arrived. Witnesses credited Kincaid with putting himself at risk to ensure that the cyclist was spared further injury.



**Robin Larson, RN**, emergency room nurse at the VA San Diego Healthcare System, was driving to work on the freeway early one Sunday morning when she came upon the scene of a

serious car accident. Five people were involved in the two-car accident, and only firefighters were on the scene. Larson, who has pediatric advance life support certification, triaged the victims and provided trauma care to a two-year-old boy with massive facial trauma. She continued to provide support when the paramedics arrived to stabilize the victims and transport the boy to Children's Hospital.



Bay Pines, Fla., VA Medical Center Stress Treatment Program Coordinator **Tony Taylor** and Social Worker **Tom Stancik** came face-to-face with a veteran who entered their program area recently carrying a loaded, concealed handgun. When the veteran indicated he planned to kill himself, Taylor and Stancik teamed up to talk the veteran out of taking his life. The veteran eventually handed over his weapon to Taylor and was provided counseling before being arrested by VA Police for handgun violations. Thanks to Taylor's and Stancik's careful handling of this potentially lethal situation, a veteran's life was saved, and other patients and staff in the area were unharmed. □

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## Corrections

In our article on the National Disabled Veterans Winter Sports Clinic in the April issue, we neglected to mention the many contributions of the event's host VA facility, the Grand Junction, Colo., VAMC. Grand Junction VAMC, a national center for adaptive winter sports, has hosted the Clinic for more than 13 years. More than 30 employees worked on-site supporting this year's Clinic.