



U.S. DEPARTMENT OF VETERANS AFFAIRS

Vanguard

MAY/JUNE 1998

Flags Fly High

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On The Cover:

Giant ceremonial flags billow between the columns of the Memorial Amphitheater at Arlington National Cemetery. **June 14, Flag Day**, was first officially observed in 1877 to celebrate the 100th anniversary of the adoption of the Stars and Stripes as the nation's flag.

The American flag has special meaning at VA: not only does it fly daily over VA facilities, it is the parting remembrance VA arranges on behalf of a grateful nation to the next of kin of a deceased veteran. VA will order about 500,000 burial flags for presentation this year. Photo by Robert Turtill.

Vanguard

VA's Employee Magazine
May/June 1998, Vol. XLIV, No. 4
Printed on 50% recycled paper

Editor: Laurie Tranter
Graphics: Michael Nacincik

Published by the
Office of Public Affairs (80D)
Department of Veterans Affairs
810 Vermont Ave., N.W.
Washington, D.C. 20420
(202) 273-5738/5735

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

INTRODUCING

Dr. Alexander McCausland

"A Southern gentleman doctor" is how patients and staff describe Dr. Alexander McCausland, the allergy specialist at the Salem, Va., VA Medical Center. He is 85 years young and continues his work with veterans as both their friend and physician.

On Mondays, Tuesdays and Wednesdays, McCausland is at the allergy clinic from 7 to 9 a.m. When he finishes at the clinic, he proceeds to his private practice where he works until 5 p.m. every weekday. On Saturdays he goes to the medical center where he does his paperwork and reviews the charts on the patients he will see the next week.

"I just love my patients and I love to come out here to treat them. I respect the sacrifices they have made and value their friendship," McCausland says. "I am proud of the way this medical center has evolved from a psychiatric custodial hospital to one of the finest medical centers in the area. I keep good company when I come out here to work."

Reportedly the oldest allergy specialist in the nation, McCausland has seen many changes in allergy treatments in 50 years. "In the early years we gave our veterans nearly 100 tests, but today it is around 60. We have medicines today that we did not have in the beginning. Earlier on all we had to give a patient was adrenalin and oxygen. We had no antibiotics. Nowadays, we have all the wonderful steroid, anti-asthmatic, antihistamine drugs to help our veterans live close to normal lives."

A native of Virginia, McCausland has lived in Roanoke since he was 16 years old. He received his pre-medical and medical school education at the University of Virginia. He is the founder of and continues to be a member of the Virginia Asthma and Allergy Society. Recently, he was honored by a lecture series established at their annual meeting called the McCausland Lectures.

A World War II Navy veteran, McCausland began his work at the Salem Veterans Hospital in 1948.

A chief consultant for VA and McCausland's mentor at that time, Dr. Swineford, was instrumental in the opening of an Allergy Clinic at

the Salem Hospital. Swineford recruited McCausland to run a veteran's clinic at a separate medical center located on Campbell Avenue in downtown Roanoke, while he maintained his private practice.

After the Allergy Clinic was established at the VAMC, allergy outpatients were sent there and the downtown operation was closed.

McCausland not only loves to treat the veterans, he feels he has a unique relationship with them, a bond, a camaraderie.

He tells one story with a twist. "During WWII when I was in the Navy, I had a patient on my medical ward. I couldn't get him well enough to go back to duty so I took him before the survey board to survey him out of the service and today — he is a patient in my clinic." □

By Bill Malcolm
Salem, Va., VAMC





March 4, 1789, the day the U.S. Constitution took effect, was also the day our brand new federal government passed its first law to help veterans. Thus began a two

century-long commitment by the American people to help those who wore our nation's uniform to defend the ideals embodied in the Constitution. Defending these ideals came with a very dear price: more than 41 million of America's sons and daughters served the cause of freedom, one million of whom died for that cause. In return, America has provided help to these citizen-soldiers in making the sometimes difficult transition back to civilian life.

Each wartime era brought an ever-changing society, and consequently, ever-evolving programs to help veterans. The agencies created to provide this help — the Bureau of Pensions, the Bureau of War Risk Insurance, the National Homes for Disabled Volunteer Soldiers, the Veterans Bureau, and the other forerunners of today's VA — had to change and adapt to these changing circumstances.

Today, we in the Veterans Benefits Administration, the heirs to this tremendous legacy, find ourselves in a rapidly changing world, one that can be stressful and confusing, but also one that provides many opportunities. We have no choice but to do the things that our predecessors had to do: learn, and grow, and change.

Just as our agency and its predecessors helped veterans in the 18th, 19th and 20th centuries, so too will VBA do the things necessary to ensure that veterans are well served in the 21st century.

VBA Vision 2001

The *Road Map to Excellence — Planning the Journey* is our plan for changing VBA to renew our focus and to accomplish our mission. While it is based on the input of many VBA employees, as well as our key stakeholders, it is the beginning of a dynamic process. It represents some important changes to our organizational structure, workflow, job designs, and our relationships with veterans, their representatives and our partners in the benefits delivery process.

Shortly after my confirmation, I brought together a group of senior VBA managers for a workshop that focused on assessing the issues and opportunities facing VBA and agreeing upon VBA's mission, vision, values and goals for the long term, and its critically important next steps. Based on an assessment of VBA's current operations, management and planning efforts, as well as input from our stakeholders, we outlined and defined a series of objectives to be achieved by 2001. These form the basis of the VBA 2001 vision. Chief among them:

- VBA will be customer-focused and -driven.
- Our work processes will be owned and shaped by our workforce.
- Teams and teamwork will be our structure and manner of operation.
- Innovation will be encouraged and recognized and collaboration will be a hallmark of VBA work management.
- VBA's data systems will be reliable, timely, accurate, integrated across the organization, honest and flexible. Our information technologies will support a centralized policy development and a decentralized field office structure.
- Employee skills and competencies

will be identified for every decision-making position. Training will be performance-based and connected to measurable outcomes.

- VBA will work closely with VHA and BVA in improving the quality of claims through an improved quality assurance program.
- VBA will not be bound by geographical limitations in our services to veterans.
- Authority and responsibility to make decisions will be driven down to the lowest appropriate level.
- VBA managers will share available resources and reduce redundancies.
- VBA's field organization will be realigned to better reflect our team-based, customer-focused and restructured organization.
- VBA is committed to improvement and change. This is our vision. This is our future. □

VBA's Road Map to Excellence — Planning the Journey is scheduled to be completed in June, at which time the complete text will be posted on VBA's Intranet for employees to review.

Home Computers Handle Tasks for Veterans

The Memphis, Tenn., VA Medical Center has one of the country's first Spinal Cord Injury units, inheriting that specialty from the old Army hospital in Memphis that was converted to VA after WWII.



Lisa Johnson, occupational therapist at the Memphis VAMC, discusses the automated environmental control system used by veteran David C. Cantrell in his home.

"It makes all the difference in the world."

"Now I don't have to depend on someone else for everything."

"It's really been a lifesaver for me."

These are comments from three spinal cord-injured veterans about their environmental control computer system (ECS) during a recent interview with Federal Computer Week.

VA has provided these veterans with one of the newest versions of voice-activated ECSs for their homes, to assist them in tasks that many people take for granted.

An ECS is designed for people who have lost the use of their upper-body, specifically their arms and hands.

Farris Hodges, chief, Prosthetic Treatment Center at the Memphis VAMC, helps veterans obtain the unit. "The appropriate ECS can mean the difference between having around-the-clock caregivers and living alone, going to school and/or being gainfully employed. This technology can help put meaning back into life," he said.

The devices, which are approximately 5"x5"x3," help the veterans to accomplish tasks such as opening and closing doors, answering the telephone, adjusting and/or turning on and off lights, ceiling fans, televisions, stereos, air conditioning and heating units, and other electrical appliances, such as coffee pots, blenders and even hospital beds.

VA began developing ECS technology in the early 1970s. The units then were functional but not user-friendly. They required the user to inhale and exhale on a "sip and puff" pneumatic tube to generate enough air pressure to signal the ECS electronically to perform preset tasks. Even though this older system controlled appliances and fixtures only in the room in which it was installed, it was a welcome assist.

VA was able to make ECS units available to SCI veterans who needed them through a contract with the Prentke Romich Company.

Today, VA no longer invests in the development of the ECS. After VA showed manufacturers the market need for ECS, they built on VA's work, made improvements and

created an entire industry, according to Saleem J. Sheredos, program manager of the Technology Transfer Section of VA's Rehabilitation, Research and Development Service in Baltimore.

VA's primary concern is to ensure that veterans receiving care at any of its 23 SCI Units are provided an ECS if they need it.

Today's multi-functional voice-controlled computerized systems can be programmed to accomplish tasks from any room in the home. These systems range in cost from \$7,000 to \$11,000.

While still hospitalized in the SCI Unit at the Memphis VAMC, veterans learn to use the ECS, which is connected to the television, radio, lights and bed controls. Their instructors are from the Memphis VAMC's Prosthetic Treatment Center and occupational therapists of the Rehabilitation Service.

"Advancements in technology have provided a wonderful way to empower people," said Lisa Johnson, an occupational therapist who works daily with veterans in the SCI Unit at the Memphis VAMC. "The initial hospital rehab is only the introduction — the real test is getting out there and living. It gives me great satisfaction to hear that veterans are actively involved in life, going to school, working, and interacting with family and friends."

After home needs are identified and a unit is installed in the veteran's home, the veteran receives between eight and 12 hours training on how to use the system. Following this initial training, the Prosthetic Treatment Center staff will again contact the veteran to ensure that the unit is performing properly and to determine if further input is required.

For any future concerns or needed adjustments, Hodges said, "Veterans using these systems know that the VA is only a phone call away." □

**By Willie M.T. Logan
Memphis VA Medical Center**

'Robotic Pharmacists' Cut Waiting Time For Veterans' Prescriptions

Automated prescription filling is spreading from coast to coast for VA pharmacies and the technology is reducing the number of complaints over prescription waiting times.

Seven automated VA Consolidated Mail-Out Patient Pharmacies (CMOPs) are speeding mailed prescriptions to veterans for 120 VA facilities. The CMOPs are at the Charleston, S.C.; Bedford, Mass.; Hines, Ill.; Leavenworth, Kan.; Murfreesboro, Tenn.; Dallas and West Los Angeles VA facilities.

"In addition, VHA is testing ATM-like unit-of-use dispensing machines in ambulatory care clinic settings and community-based outpatient clinics," said John Ogdon, director of VA's Pharmacy Service. The units are linked to VA's data base.

Some individual medical centers are also automating to help them with their unique situations. The Wilkes-Barre, Pa., VA Medical Center is the most recent of five VA facilities to adopt a robotic pharmacy

called the Pharmacy Baker 3000 Automated Prescription System. The others are in Hines, Ill.; Sepulveda, San Diego and West Los Angeles, Calif.

Wilkes-Barre, with five outpatient clinics (Allentown, Sayre, Williamsport, Schuylkill County and Tobyhanna), needed to shorten the waiting time for veterans picking up prescriptions and to improve its cost efficiencies for an increasing workload.

Fully operational, the robotic system will fill 180 total prescriptions per hour and automatically fill a maximum of 297 tablets or capsules. The system comes equipped with three imaging, two filling and three checking stations.

Its cost, approximately \$700,000, is expected to be offset by three full-time equivalent (FTE)

positions that were eliminated through attrition.

Besides providing robotic dispensing, which automatically processes and fills prescriptions, the system also provides for remote data and prescription entry through a wide-area network program. This means prescription imaging can occur at a satellite location miles away, and the image can be passed to the Wilkes-Barre VAMC for filling.

The Wilkes-Barre VA Medical Center's Outpatient Pharmacy



The robotic arm makes automatic placements on a counting device and the correct quantity is dispensed directly into the waiting bottle on the conveyor belt. The bottle then continues to the filling technician who completes the order.



After the Pharmacy Baker 3000 assigns a barcode to a prescription, scans it, generates a label and drops a bottle into the automatic labeler, the bottle goes into a "puck" on the conveyor belt. Each numbered white puck has a unique microchip in it to aid in the tracking of the medication through the filling process.

currently fills an average of 1,800 prescriptions per day. With mail-orders included, that amount will increase to more than 2,000 to meet the demand of the five community-based outpatient clinics under Wilkes-Barre's jurisdiction.

Wilkes-Barre VAMC officials say automation enhances the pharmacy's ability to meet the increased prescription demand, while allowing pharmacists to focus on one-to-one patient-education counseling services. □

Doctors Make Pronounced Improvements

If you ever wondered how Meryl Streep could sound like a native of Poland in "Sophie's Choice," then speak with an Italian accent in "Bridges of Madison County," Kathryn Donahue, speech-language pathologist at the Batavia, N.Y., VAMC, can tell you.

It requires a process called code switching and a lot of hard work — and it's what some physicians in the VA Western New York Healthcare System are doing to reduce their accents. A customer service survey a few years ago brought complaints from some veterans that they could not understand their foreign-born doctors.

Donahue noticed those responses after remembering how much better her French was understood in Paris a few years before when she made the effort to switch from an American to a French accent. After that, she took a course in accent reduction and asked management if she could offer the class. With an enthusiastic response from the top, a letter offering the



From left, Dr. Cartagena, Kathryn Donahue, Dr. Kim

class. Their native tongues were Bengali, Hindi, Korean and Spanish.

Donahue's course uses a structure developed at the Institute of Phonology in San Francisco. She starts by recording 66 words, 66 sentences and a reading passage from each student. She translates every accented sound into a phonetic one. She gets a baseline of information that includes the percentage of times that the speaker accents a sound in its position in a word or string of words.

Someone might accent the *r* sound 20 percent of the time when it is the first sound in a word, but 75 percent of the time when it is the final sound and 100 percent in connected speech. This information helps the speech pathologist set priorities for correction and also can be used to

measure improvement. Donahue has this analysis finished before the class begins.

Class participants meet weekly at the Buffalo VAMC for 90 minutes and commit to practicing with audio tapes one hour every day. Two to four sounds are targeted each class.

Class participants learn that every accented sound is due to one of four sound alterations: substitution, omission, addition or distortion.

Donahue calls it "mother tongue interference."

For example, in many languages *i* is pronounced like *ee*. Hence the non-American speaker may substitute "seester" for "sister." In Spanish, many words begin with *es* which in English begin with *s*. Hence a Spanish speaker often adds the *e* sound before the *s*. French speakers often omit the final consonant in English because the final consonant for French words often are not pronounced.

Donahue also corrects grammar errors that she sees in e-mail messages she gets from students; teaches pronunciation in sentences that use the rhythms and phrasing of American speech; and explains common American idioms.

Students ask her why they should "cool their heels" and what's wrong with "spilling the beans." In her second class that began in May, she will emphasize American intonation more.

And "the proof is in the pudding," so to speak. Measuring from the baseline words and paragraphs she recorded from her students, she found at the end of the first class a 64 percent average reduction in accented sounds.

And, "to top it off," she says, "It was a wonderful experience for all of us." □

By Jo Schuda

TYPES OF SPEECH SOUNDS (Continued)

Nasals	sing [ŋ] (no "g" in this sound)
Liquids	[r] and [l] contain features of both consonants and vowels, i.e. fluid sounds
Blends	2-Element and 3-Element (consonant + [r,l,s])
Glides	becomes like the vowel that follows [j] as in "yes" vs [j] as in "you"
Vowels	beet but boat [i] = front [ʌ] = mid [u] = back
Diphthongs	2 vowels combined/3 vowels combined "my" = [a]+[i] "hire" = [a]+[i]+[ə]

accent reduction course was sent to all physicians at the three medical centers of the VISN — Buffalo, Batavia and Rochester.

The need to keep class size small caused her to limit the invitation to doctors. Of those who responded, some could not make the commitment to the 13-week course because they were residents scheduled to leave VA soon, so Donahue had four foreign-born physicians in her first

New Health-Care Eligibility Law Clarified

As summer begins, VHA program directors are well on their way to accomplishing the monumental task of implementing a revolutionary new health-care eligibility law requiring that veterans wishing to receive VA health care apply for enrollment into new health-care priority categories. The law specifies that the new system begins Oct. 1, 1998.

"We know where we have to be October 1," said Kent Simonis, director of the Health Administration Service. "A lot of people from the medical centers on up are working extremely hard to make sure we get there."

"Getting there" means instituting a new system that will enable veterans to apply simply and quickly for enrollment at any VA medical center. That information would then be electronically transmitted to the expanded Health Eligibility Center in Atlanta for certification against data banks maintained by the Austin Automation Center. The final decision on an enrollment application will be made at VA Central Office based on resource projections and projections of the number of veterans VA can care for in the new system's seven priority categories.

Shorter application form used

The new enrollment process will begin with the veteran filling out a simple one-page application at his or her local VA medical center. The new one-sheet application form, the 1010EZ, is an administrative revolution in itself, according to Simonis.

"This single sheet replaces 11 pages of forms currently used to determine eligibility for care," Simonis explained. "With this one sheet, veterans will be able to apply for any type of VA care at any of 1,100 locations of care."

The veteran's application goes to the Health Eligibility Center in Atlanta, which certifies the information against VA records and assigns it to one of seven priority categories established by the law. That certified application is then assessed by VHA Medical Administration Service for final approval based on its eligibility category and the ability of the VHA

budget to provide health care to the number of veterans in that category.

VHA is now in the midst of "auto-enrolling" some 4 million veterans documented as having received VA health-care services between Oct. 1, 1996, and Sept. 30, 1997. This will ensure that "current users" are ready for a seamless entry into the new system this October.

"This automatic enrollment is being done through new and revamped information systems," explained Simonis. "In addition, since last October, we have been encouraging any veteran interested in obtaining VA health care after Oct. 1, 1998, to apply in advance so we can develop our enrollment data bases and project how many enrolled veterans we can expect."

Test phase redefined

Misinformation about the nature of the transition of pre-enrollment application processing swept the nation via Internet in March and April, giving the issue a sense of public urgency. A message put on the Internet by a Navy veteran warning veterans that they had until Oct. 1, 1998, to enroll with VHA or lose their VA health-care benefits forever rapidly made its way across the country between military and veterans' web sites.

Calls began streaming into VA facilities and VA headquarters from concerned veterans. VA responded with news releases, public statements and its own web site clarifying the process and explaining that veterans were being asked to apply now, but could apply anytime before or after the Oct. 1, 1998. That VA web site recorded more than 25,000 hits by the end of April, and news media across the country carried the story of the faulty message and VA's clarification.

"It is true, of course, that most veterans will have to be enrolled to receive VA health care after October 1 of this year," explained Simonis, "but they can enroll any time, even after October 1. We can accept an application whenever they visit a medical facility."

Once enrolled, veterans, for the first time, will have equal eligibility

for health-care services offered by VA in a benefits package, whether provided on an inpatient or outpatient basis. That "uniform benefits package" will encompass the comprehensive inpatient, ambulatory, and rehabilitative care services traditionally provided by VA, along with preventive care services, drugs and prosthetics. VHA has requested legislative support from Congress to clarify VA services in "uncertain" areas, such as maternity/newborn care and emergency care in non-VA facilities.

As E-Day approaches, much remains to be done. The patient enrollment information system that will support the application process and the sharing of eligibility information among all VA facilities through the Health Eligibility Center must be tested and refined. Applications must be encouraged and processed. In addition, information about this new process must reach VA employees and the veterans who will be coming to them to apply and ask the inevitable questions.

An enrollment "tool kit" is already on the web at the VHA eligibility and enrollment web site.

VHA has held two national teleconferences updating and instructing medical center staff on enrollment. A VA eligibility reform national conference will be held in Phoenix July 28-30 to ensure VA medical administrators across the country are on board the enrollment train.

An enrollment education and outreach contract has been awarded to a private contractor to develop communications plans and materials that will support the enrollment beginning in June as VHA sends out its first enrollment decision letters to veterans.

"October 1 will be a landmark for veterans and VA health care," Simonis said. "We will introduce a streamlined administrative process; a comprehensive, uniform health benefits package; and much improved customer service. For VA health care, this is truly a millennium event." □

By Chris Scheer

Alternative Healing Works Well For Navajo Veterans in Phoenix

Imagine that you have been raised in a world where you have learned to survive in harmony with your surroundings. You have called upon the sun to bring you more light, you have prayed to the rain gods for their dew so that your crops may grow and you have learned to dance with the wind, to relieve your worries of the day. That environment is quite different from the rigors of war, where a military member may be exposed to death, destruction or the firing of weapons.

Understanding that typical American beliefs are different from those of Native Americans helped officials at the Phoenix, Ariz., Medical Center decide to offer traditional healing ceremonies for Navajo veterans.

After a successful pilot project, VA signed an agreement April 7 to reimburse Navajo veterans for 12 such ceremonies. The agreement calls for reimbursing \$50 when they go through a Crystal Gazing, Star Gazing or Hand Trembling diagnosis. The diagnosis is then used to determine which Navajo ceremony

would be best for treating the patient.

For example, it may be determined that a Navajo veteran needs a Shooting Way ceremony. This consists of a one and a half-day herbal treatment plus a five-day, four-night ceremony to address and heal the illness due to the effects of evil power or war.

Another extensive ceremony is the Night Way ceremony, which is performed during the winter months, to address and heal hearing problems caused by explosion, shock or firing of weapons.

VA will reimburse the Navajo veterans, with fees ranging from \$150 to \$750. The funds are used to pay only the cost of the medicine man and his supplies and not any lodging or food.

"We know that in medicine spirituality is important, yet we ignore the spirituality of people who have different beliefs," said Medical Center Director John Fears. "This has been a sore point with our Navajo veterans who have served our country well and in times of trouble have volunteered at twice the national rate of any other group.

"They do this because their culture says they need to defend their land, so it's important we show that our country supports them as well," continued Fears.

For the past 21 months the Phoenix VAMC has been working with the Navajo tribes to determine what effects such alternative treatments might have.

"By furnishing the traditional services, we have found that many are substantially helped and that when modern medicine is necessary the Native American healer has no hesitation about encouraging the patient to seek that treatment," Fears said.

The medical center's survey showed that only 20 percent of the Navajo veterans would seek modern medicine for many of their problems like PTSD or substance abuse.

As outreach to minority veterans continues to expand, the Phoenix VAMC hopes to expand its services to other tribes as well. □

**By Paula Pedene
Phoenix VAMC**

RO Employees Help Find WWII Hero's Family

The Manila Regional Office and Outpatient Clinic and the Oakland, Calif., Regional Office joined forces to help the people of Bacolod, Philippines, find the relatives of Private First Class Theodore Vinther, the American WWII hero who saved their city.

When Joe Cooley, acting director of the Manila Regional Office and Outpatient Clinic, traveled to Bacolod to meet with the American Legion's commanders, city officials asked him to help find Vinther's relatives. When Cooley asked for more information, they invited him to attend the annual Bacolod Liberation Day festivities that coincided with the American Legion meeting.

March 30 is celebrated each year as Liberation Day, when the people

of Bacolod recall the story of how Vinther changed the course of their history.

On March 29, 1945, the Japanese knew the Americans were approaching and that, if they blew up Bago Bridge, they would be able to delay the advance of the Americans and make a defensive stand in Bacolod.

Vinther, who was on a scouting mission with some Philippine guerrillas, attacked the Japanese detachment of 40 men who were setting up explosives on Bago Bridge. Many Japanese died, and the rest of the surprised detachment fled without destroying the bridge. With the bridge open, the Japanese garrison in Bacolod abandoned their plan and retreated to the mountains. The city of Bacolod did not become a battleground and there were no

civilian casualties. Vinther, though, was killed in the 15 minutes of gunfire exchange.

This year, the smiles of the people of Bacolod, which give the city its nickname, "City of Smiles," were obvious, as they have been for over 50 years on Liberation Day.

When Cooley returned to Manila he found that Vinther was from Berkeley, Calif., so he contacted the Oakland RO. Tony Aponte, the veterans services officer, did some detective work and located Maureen Anne Vinther, the sister of Vinther. Because she was unable to travel from her home in Vallejo, Calif., to attend the Liberation Day festivities, her son may attend next year. □

Resolution Management Staff Announced

The Office of Resolution Management (ORM), the new equal employment opportunity complaint handling organization, is almost fully staffed and operational. Most of its new employees have already received additional training, although they have EEO work backgrounds.

Ventris Gibson was named by then Acting Secretary Togo D. West, Jr., as Deputy Assistant Secretary for Resolution Management. A Navy veteran, she had been director of the Office of Human Resources, Veterans Benefits Administration.

Secretary West also selected Robert Poindexter as District Director to supervise ORM field offices in the eastern United States. Poindexter is a retired Army veteran with extensive EEO experience. One other district director position may be filled. Both the western and eastern district offices opened in April at the

Washington, D.C., VA Regional Office and are fully staffed with five employees each. Poindexter currently oversees both.

Gibson selected field managers for all 12 offices nationwide. All are trained in discrimination complaint processing and management. ORM now has 170 employees out of an expected total workforce of 258. Gibson said 86 percent of those hired are veterans, including women and disabled veterans, and all minorities are represented in the staff.

VA awarded a contract to the firm Booz Allen & Hamilton to assess current complaint handling activities by June 1 and to follow up next year at this time to determine how effective ORM and the new Office of Employment Discrimination Complaint Adjudication (OEDCA) have been. Established at the same time as ORM to review ORM's findings of discrimination, OEDCA is staffed

with attorneys. Both offices were created to implement Public Law 105-114.

These are the ORM field office locations, outbased satellite offices and field managers on board by May 1: Leavenworth, Kan. (Denver satellite) — Charlotte Jones; Lyons, N.J. (Pittsburgh, New York City satellites) — Rosa Franco; Little Rock, Ark. (St. Louis, Mo., Murfreesboro, Tenn.) — Austin Lewis; Cleveland, Ohio (Detroit) — Ty Wanna Halstead; West Los Angeles (Long Beach, Calif.) — Dennis Callahan; Washington, D.C. (Fayetteville, N.C.) — Peggy Joyner.

These offices were scheduled to open between May and July: Vancouver, Wash., James Foster; Bedford, Mass., Deborah Outing; Palo Alto, Calif., Mary Ellen Garcia; Bay Pines, Fla., Malcolm Porter; Hines, Ill., Joan Hansen; and Houston, Texas, Paul Crane. □

Phone Tips VA Employees Can Use

Are you answering the phone correctly? You can if you follow a few principles.

Peter Hayman is a counseling psychologist at Bay Pines, Fla. His experience as a Vet Center counselor has taught him the importance of correct phone procedures. In workshops for VA employees, he offers these tips:

1. Be an active listener. Use "encouragers" ("uh-huh," "please go on") Pay attention to the emotion in the caller's voice.
2. Don't interrupt.
3. Take notes.
4. Let the caller know you understand him. Paraphrase and summarize to aid understanding.
5. Acknowledge the caller's feelings.

Beyond these basics are the subtleties that establish rapport with a caller:

Start out by approximating the caller's volume and speed. ("Wow, you are very excited. I can hear it in your voice.")

If possible, find common interests or experience. ("I know someone who served in your unit.")

Use "Selective Agreement" ("You were right to call.")

Finally, try complimenting the caller. ("I admire your frankness.")

Hayman learned telephone techniques through experience. While at the Vet

Center in Syracuse, N.Y., he established a 24-hour help line and was responsible for training volunteer operators and reviewing their difficulties.

Says Hayman: "The most important point in using the phone is to be an active listener and to build rapport with the caller." □

By Bonner Day



Acknowledge caller's feelings. ("I can tell you are angry.")
Obtain and use the caller's name.

Primary Care Nurses Assume More Roles

Charlotte Roeber, a registered nurse and clinical nurse specialist in the Hines, Ill., VA Hospital's Mental Health Clinic, is clear as to why she has embarked on a year-long course of study toward certification as an adult nurse practitioner. Her first reason is in line with the primary care goals of the program.

"I am interested in providing primary care for psychiatric patients," Roeber said. "Besides managing psychiatric disorders and treatments, I would like to manage their other health problems. This will allow me to function more comprehensively."

A second motivating factor comes from individual pride. "I'm hoping to be the first adult nurse practitioner in psychiatry here at Hines." An adult nurse practitioner has skills uniquely suited for the care of the veteran population, in contrast to a family nurse practitioner who would be trained to care for children, as well.

The need for more advanced practice nurses — comprised of nurse practitioners, clinical nurse specialists and nurse anesthetists — in VA parallels the dramatic transition of the agency in moving toward primary care.

What each of these roles has in common is that the practice is based

on the nursing model and philosophy of care that stresses a client-centered approach. It builds on the strengths of the client and fosters education, independence and self-care.

Nurse practitioners are viewed as a resource for basic primary health-care delivery and are charged with conducting nurse-managed clinics and/or primary care patient management for a defined patient population.

Often described as employing a holistic approach, the advanced practice nurse attends to the full range of the patient's needs in relation to his or her environment. This nurse uses skills in both physical and psychosocial diagnosis, treatment, evaluation, coaching, communication and community referral.

According to Dr. Nancy Valentine, Ph.D., chief consultant, VHA's Nursing Strategic Healthcare Group, this holistic model of curing as well as caring is what contributes to a high level of client satisfaction.

Previously, care was provided according to an inpatient model that relied more on specialty care rather than the current focus of primary care and preventive medicine.

Today's veteran, however, often requires extended care and long-term basic care rather than acute, episodic care. Primary health-care delivery

also improves access to care, maintains quality of care and improves provider accountability for patients.

Consequently, VA Under Secretary for Health Dr. Kenneth W. Kizer mandated a 200 percent increase in the number of primary care providers systemwide over a two-year span as a more efficient way of delivering primary care.

VA and the Department of Defense Uniformed Services University of the Health Sciences (USUHS) are training 38 VA clinical nurse specialists to become adult nurse practitioners through an 18-month long-distance learning program.

The accredited program began in October 1997 after a successful two-month pilot.

Using two-way video teleconferencing, the USUHS faculties teach from the campus in Bethesda, Md. The signal is transmitted through the VA national telephone system bridge at Martinsburg, W. Va., to VA participants at eight sites: Bronx VAMC, Baltimore VAMC, San Diego and West Los Angeles, Calif., VAMCs, Fayetteville, N.C., VAMC, Atlanta VAMC, Charleston, S.C., VAMC and Leavenworth, Kan., VAMC. When participants conclude the 18-month program, they will be eligible to take the national nurse

(continued on page 11)



Mary Ann Noonan, an assistant professor in nursing at Loyola University Medical Center and a family nurse practitioner, teaches the nurse practitioner course to nurses at Hines and throughout VISN 12 via videoconferencing.

practitioner certification exam.

Unlike other distance learning programs, this nurse practitioner program has no requirement for students to spend four to six weeks in residency at the teaching campus. Rather, each facility provides one class coordinator and several clinical preceptors to supervise student practice.

At Hines, there are already about 10 nurse practitioners throughout the hospital.

The VISN 12 initiative is a "grow-our-own" program to prepare registered nurses holding a clinical master's degree in nursing as nurse practitioners. The program is in concert with the VHA Nurse Managed Care Initiative. Partial funding came from the VA Health Care Staff Development and Retention Office in New Orleans.

The program was developed between Loyola University School of Nursing and VISN 12 VAMCs. The master's degree nurse practitioner

programs at Loyola are accredited by the National League for Nursing, and students who complete the required course work are eligible for national certification as a nurse practitioner. By providing course work to employees who already have master degrees in nursing, the program completion time is just one year.

The VISN 12 multi-point videoconference system is used to transmit classroom activities — conducted at Hines by Loyola instructors — to other VISN 12 sites. VAMCs at Madison, Wis., North Chicago and Chicago (West Side and Lakeside divisions) provide a classroom, library, clinical learning sites and preceptors for employees.

Ten nurses are participating in the VISN 12 program. Four are from Hines, four are from the VA Chicago Health Care System and one each is from the North Chicago VAMC and the Madison, Wis., VAMC.

VA and some HMOs (health

maintenance organizations) are among the first health-care systems to recognize the importance of non-physician providers in primary care. Non-physician providers include nurse practitioners, clinical nurse specialists and physician assistants.

By achieving quality and cost-effective outcomes, these practitioners will assist VA in achieving the performance indicators outlined in the Under Secretary for Health's *Vision for Change, Prescription for Change and Journey of Change*.

One of the greatest barriers to be overcome is physician acceptance of these roles. As outcomes of this alternative model to those traditionally employed in the department are both experienced and measured, acceptance will grow rapidly, Valentine predicts. □

**By Gary Roberts
Hines, III., VAMC**

Imaging Speeds VBA Document Processing

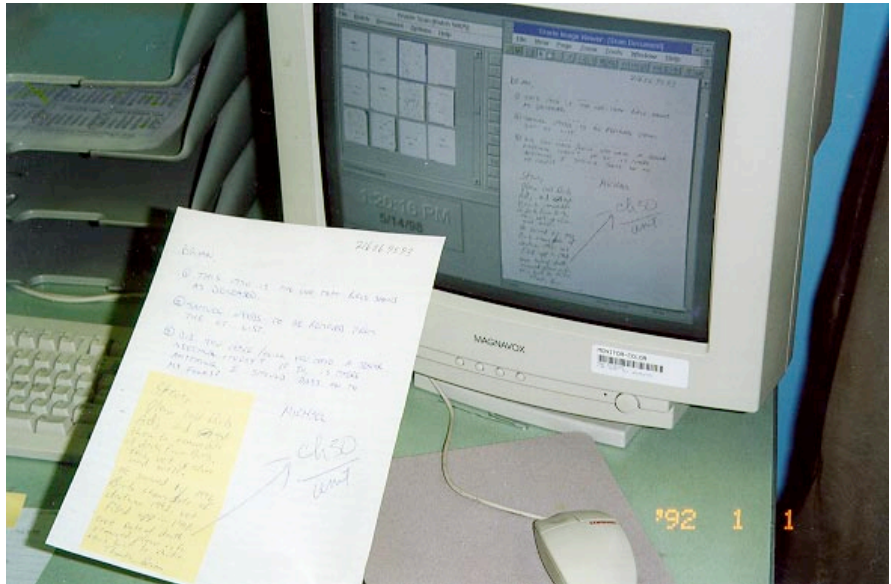
Gone are the days of shuffling papers and looking for missing documents at the Atlanta and St. Louis Educational Regional Processing Offices.

Now The Image Management System (TIMS) "takes pictures" of paper documents and converts them into electronic images. This document capture and management system gives vocational rehabilitation counselors access to a veteran's entire folder with a touch of a button.

TIMS houses electronic versions of all the documents in a veterans education claim folder. It is used in the processing of Montgomery GI Bill education claims but could be expanded to handle other VA benefit programs.

TIMS also allows multiple users to view a particular veteran's folder simultaneously, eliminating "folder competition" between employees.

Schools can transmit documents directly into the TIMS system via fax or the VA Certification (VACERT) computer program. This eliminates the scanning process and makes for a totally paperless claim.



High resolution scanners copy veterans' handwritten letters, enabling VARO employees to create less cumbersome electronic files. More than 60,000 pieces of correspondence are scanned monthly at the Atlanta Regional Processing Office.

The system was installed in the Atlanta and St. Louis sites in fall 1997. Plans are for the other two education regional processing

offices (Buffalo and Muskogee) to have TIMS soon. □

Veterans' Spirits Soar at Winter Sports Clinic



Mt. Crested Butte, Colo., site of the National Veterans Winter Sports Clinic

"I have new respect for the word *steep!*" Those are the words of a novice disabled skier after finishing his first run down the slopes of Mt. Crested Butte, Colo., at the 12th National Veterans Winter Sports Clinic.

Open to any veteran with any physical disability, the Winter Sports Clinic this year hosted more than 300 disabled veterans who were ready to take up the challenges of downhill and cross-country skiing. Included in the ranks of paraplegic, quadriplegic, visually impaired and amputee skiers were 40 percent novice skiers, many of them newly injured. These novice skiers share an absolute terror on the first trip up the mountain, and unrestrained joy when they arrive safely at the bottom. Said one, "Being able to ski — just using your upper body — makes you feel like you can do *anything!*"

The Winter

Clinic is jointly sponsored by VA and the Disabled American Veterans (DAV), with support from dozens of corporations.

"The Winter Sports Clinic has opened up a new world of freedom and independence for me," said Bailey King, a Navy veteran from San Francisco. "When I get into the ski, I leave behind my wheelchair and all of the physical barriers and confinements. Gone are the curbs, stairs, and closed doors — swallowed up by sheer exuberance!"



David Farris, one of about 200 volunteer instructors

"We come here and ski, but the event really isn't about skiing," said Sandy Trombetta, VA Clinic founder and director. "The vets come here and challenge themselves. This event makes each vet get more out of their lives — not

because they are skiing, but because of what skiing has taught them about how to handle adversity."

These lessons in skiing and in life would not be possible without the ski instructors. More than 190 instructors, the best who are certified to teach skiing to the disabled, come from around the nation, most at their own expense.

Instructor Sue Marcote offered this insight: "Someone asked me what the hardest thing was about this Clinic. I decided it was trying to remember what 'disability' someone had. I'd go out and ski with people and could never remember the rest."

The strong relationship goes both ways. Bud Klepps, of Camp Douglas, Wis., says, "They feed, house and treat you like a king here. But it's the instructors like Dave who really make the difference. He really opened my eyes to the potential that's there. Someday, I want to be able to ski as well as Dave."

"After my first day on the slopes, I couldn't sleep," said Klepps. "All I could think about was what Dave had told me, how to move to make my turns, and I was twitching around in bed practicing. And I actually did better the next day. And, the next night, I fell asleep and skied all night in my dreams." □

By Bob Klear

Four Earn Award for Nursing Excellence

Recipients of the Secretary's Award for Excellence in Nursing include: Penelope (Penny) Abegglen, R.N., of the Fort Harrison, Mont., VA Medical and Regional Office Center; Estella M.



Doris Conley

Reynero, licensed vocational nurse, at the Temple Integrated Clinical Facility of the Central Texas Veterans Health Care System; and Doris Conley, certified nursing assistant, at the Chillicothe, Ohio, VA Medical Center. Director of the Fargo, N.D., VA Medical and Regional Office



Douglas M. Kenyon

Center
Douglas M. Kenyon is the recipient of the Secretary's Award for the Advancement of Nursing Programs.

Penny Abegglen was credited with implementing the mechanical ventilator care map used to enhance quality of care for patients requiring mechanical ventilation.

This care map has become the prototype. She developed training criteria for nurses in intensive care units and is consulted by many disciplines for collaborative treatment planning. She also serves as an Advanced Cardiopulmonary Life Support (ACLS) instructor and teaches EMT, respiratory care and defibrillation for the Air National Guard and Eagle Ambulance Service.

Estella M. Reynero demonstrates professionalism and compassion for all patients. She is an effective patient advocate for Hispanic patients in Central Texas because of her fluency in speaking and understanding Spanish. She frequently assists other staff members in reviewing perioperative procedures and provides reassurance to anxious

patients, often accompanying them during intravenous sedation and subsequent procedures.

Doris Conley can be counted on to interact well with patients, whether in groups or on a one-to-one basis. She is an astute observer of changes in patients' conditions and her input often leads to modifications of the interdisciplinary treatment plan. She orients patients successfully to their environment and expectations of the treatment programs.

Douglas M. Kenyon initially established nursing as a clinical practice discipline at the senior executive level. The Nurse Execu-



Penelope Abegglen

tive is responsible for the delivery of care, excluding medical services, with an interdisciplinary focus. This includes sharing in the responsibility for overall hospital management, policy determination and implementation strategies. Kenyon demonstrates a strong commitment to the full professional role of nurses and efforts to foster their career growth and development. He strongly supports community



Estella M. Reynero

activities, highlighted by his leadership during the spring 1997 floods that ravaged the Red River Valley. □

\$nip, \$nip — the Sound of Red Tape Falling

As VA teams continue to find better, less costly and more efficient ways of doing business, they have received more VA Scissors Awards from Deputy Secretary Hershel Gober. Here are some recent Scissors winners:

In moving the VA Forms and Publications Depot from Alexandria, Va., to the VA Service and Distribution Center at Hines, Ill., the **Hines Forms and Publications Team** transferred more than 14,000 forms and publications with no disruption in service and a savings of \$908,000 in rent.

They reengineered all processes, and, with fewer staff, incorporated these changes, saving \$296,000. The cost of warehouse functions dropped from \$487,000 to \$262,000, by employing patients in Compensated Work Therapy, administered by the Hines VA Hospital.

Team members continued their reengineering through audits, filling orders faster, reducing paper, and establishing a document control system that can locate an order any time, anywhere, and provide its status to the customer in minutes.

The **Buffalo, NY, Medical Center Remanufactured Equipment Team** used benchmarking best practices and bought remanufactured equipment for the cardiac catheterization lab, saving almost \$500,000. The team benchmarked with private health-care facilities, toured vendor sites, and developed contracts defining "high quality, factory rebuilt to new equipment performance specifications." This best-value situation has become standard practice for the VISN.

The **Denver Regional Office of Public Affairs** coordinated the efforts of 13 facilities to reach veterans with the VA toll-free phone number through a one-of-a-kind, first-ever federal communications project.

The Public Affairs Team promoted VA services to some 2.9 million veterans and 31.6 million Americans in 13 states, using roadside billboards, retail outlet newspaper ads, paper and plastic shopping bags, coupon books and even the

cover of a metropolitan telephone book. Walk-ins to one VA facility increased by 12 percent and phone-ins at all facilities increased, with some more than doubling. This approach publicized the toll-free number at no cost to VA, and the media placement value was estimated at \$1 million.

Columbia, Mo., VA Medical Center cardiothoracic surgery and cardiology services formed a **Cardiovascular Services Team** to provide better continuity of care, shorter hospital stays and reduced cost. The two programs were fully integrated by January 1997 into a "center of excellence." Since then, increased teamwork has saved almost \$400,000 annually.

The **Hines, Ill., VA Hospital Drug and Pharmaceutical Product Management Team** partnered with VA's National Acquisition Center and developed a method for standardizing the selection, prescription, contracting, and procurement of high-use drugs.

The method facilitates integration of drug requirements in each VISN and helps to identify drug items for potential national standardization and centralized national procurement.

To compete these pharmaceutical items on a national level, VA's National Acquisition Center began a business strategy with VHA. To date, national contracts awarded following this process have saved and estimated \$71 million annually for VA and an additional \$20 million annually for other federal government customers. This team developed clinical and business criteria for evaluating offers. Front-line, practicing clinicians guide the selection process.

The **VA Community Nursing Home/Multi-State Contract Team** (VACO/field) consolidated nursing home contracts nationwide, which led to a simpler, more cost-effective process and improved quality of care.

VHA and the Office of Acquisition and Materiel Management partnered to reinvent the process. The team developed a competitive process using only seven multi-state

contracts, down from 465, and more than doubling the number of available nursing homes. Placement in nursing homes now occurs within two days of referral. Instead of on-site evaluations, certification is examined in each state on-line.

The **Bath, N.Y., VA Medical Center Accounting Handbook Team** developed an accounting handbook to address new products needed because of nationwide conversion of the CALM Accounting System to the Financial Management System (FMS). It is now widely used throughout VHA.

The **Philadelphia VA Regional Office and Insurance Center Finance Division Team** improved the processing of payment invoices to schools and vendors who provide services to veterans in the vocational rehabilitation program.

The team reduced the average processing time from 30 to 20 days — an improvement rate of 33 percent. The team developed a program to improve workload control and reduce the number of hand-offs involved in inquiries associated with invoices. Vocational Rehabilitation and Counseling representatives have access to this data and can reply directly to inquiries from schools and vendors.

John Dietrich of the Roanoke, Va., VA Regional Office, while with the Baltimore VARO Loan Guaranty Division, changed the way home sales listings reach customers by developing Fax on Demand.

Every month's listings were manually collected and mailed, many times reaching the customer too late because mail was slow and office hours too short. Printing was costly, and requests continued to increase.

Using equipment purchased in 1995 for other purposes, Dietrich began offering sales listings via fax in 1996. Today, 3,000-plus customers receive timely information via Fax on Demand at no cost to the regional office. The customer calls from a fax machine and pays for the call and printing. The service is available 24 hours a day. □

Central Office Hosts Youth Town Hall Meeting

A Lake Braddock High School student from Burke, Va., makes her point about race relations at a VA Central Office Youth Town Hall Meeting of 65 students from the Lake Braddock, Georgetown Preparatory School, The Bridges Academy and The Potomac School.

VA White House Liaison Heyward Bannister, left, facilitated the students' dialog on race, along with Ellis Jones Hodges, director of VA Affirmative Employment Service, and Thomas Barritt, VA training officer.

VA Assistant Secretary for Human Resources and Administration Eugene Brickhouse hosted the event and Deputy Secretary Hershel Gober made opening remarks.

The VA Central Office Youth Town Hall Meeting invited the students to discuss issues of race in America based on their experience



and understanding. The students focused on ways to overcome racial divisiveness, such as respect, education, community involvement, dialog, honesty and self-assessment.

Deputy Secretary Gober shared some of his observations and experiences and encouraged students to discuss the issues openly.

Facilitators posed questions and themes and the students took it from there.

The students gave the town hall high marks, and one teacher said he looked forward to future VA programs like this involving more schools. □

Veterans Warm Up to Visiting Pets



World War II veteran Shep Mooney welcomes a nuzzle from a llama named Elvira, one of Little Rock, Ark., VA Nursing Home Care Unit's favorite volunteers. Veteran Bobby Enwright brings Elvira not only to visit VA patients, but also to spend time at area nursing homes.

Little Rock VAMC has a wide variety of pet therapy programs. Pets are interviewed and approved by the Associate Chief Nurse for the Nursing Home Care Unit, Betty Carr-Richards.

Clinical studies have shown that a person's blood pressure drops below the point of resting when petting an animal or watching fish in an aquarium. □

Cerebral Malaria Possible Cause of Medical, Psychological Problems

Cerebral malaria may be the cause of neurological and psychological difficulties that are often attributed to post-traumatic stress disorder (PTSD) or exposure to Agent Orange, research at the Iowa City VA Medical Center has found.

Dr. Nils R. Varney, reporting in the November issue of the *Journal of Nervous and Mental Disease*, compared the psychiatric status of 40 Vietnam combat veterans who contracted cerebral malaria between 1966 and 1969 with that of 40 who were wounded but did not have the disease. Participants underwent various tests for sensory, cognitive and behavioral symptoms. The veterans who contracted malaria had more problems with depression, subjective distress, auditory information processing, memory, emotional instability and seizure-like symptoms.

Estimates indicate that up to 250,000 Vietnam veterans suffered cerebral malaria, which is contracted from mosquitoes. The disease causes an inflammation of the brain and can damage cerebral nerve tissue.

"I would suspect that doctors who treat Vietnam veterans with unexplained neurological and psychological problems would find a significant number of them with a history of malaria," Varney said. "Now we may be able to move these patients into a category where their problems make sense — and where they are treatable."

Signals from Fat Cells Influence Food Intake

Although diet and exercise remain critical in determining body weight, scientists are beginning to understand how fat cells use the chemical leptin to tell the brain how much a person should eat. Researchers, including Dr. Michael Schwartz of the VA Puget Sound Health Care System in Seattle, recently reported that in many overweight people a communication glitch disrupts the signal to stop eating.

Speaking February 12 at the annual meeting of the American Association for the Advancement of Science in Philadelphia, Schwartz explained that leptin is supposed to tell the brain that energy reserves are high and food consumption should stop. When heavy people cut calories and lose weight the number of fat cells and leptin levels decline, telling the brain that energy reserves are declining, he said. The body then begins to conserve energy and stimulate appetite, making it difficult to maintain weight loss.

Scientists have found in animal studies that activating alternative communication pathways can make the brain more sensitive to leptin. Schwartz thinks such advances may lead to better obesity treatments in humans.

"If I had said just a few years ago that fat cells send signals to your brain telling it how much you should eat, no one would have believed it," he said. "But that appears to be just what is happening."



Research Places Choline Among Essential Nutrients

Research at the Durham, N.C., VA Medical Center is

among a number of studies that have led the Institute of Medicine to advise adding choline to the government's list of essential nutrients.

Dr. H. Scott Swartzwelder, who conducts neuroscience research at the VA medical center and Duke University, found that rats whose mothers consumed extra choline during pregnancy were better able to find their way through mazes and to retain the skill over time. He believes that choline — a compound found in liver, eggs, peanuts, whole milk, and other foods — may prove to be helpful in developing humans as well.

In research published in the April issue of the *Journal of Neurophysiology*, Swartzwelder and colleagues found that the improved learning and retention in offspring occurred only when the rats received extra choline between the 12th and 17th days of their pregnancies. He said a similar opportunity may exist in human development.

"We have found that manipulating a single nutrient for a few days during gestation has a lifelong effect on how brains function," he said. "In theory, we could develop ways to significantly reduce age-related memory deficits."

Vitamin C and Alcohol May Help Fight Gallstones

A vitamin C supplement and regular, moderate drinking of alcohol may reduce rates of gallbladder disease in postmenopausal women, according to research conducted at the San Francisco VA Medical Center.

A team of investigators led by Dr. Joel Simon reported in the March issue of the *Journal of Clinical Epidemiology* on their survey of the dietary habits and incidence of gallbladder disease in 2,744 women between 44 and 79 years old. The researchers reported vitamin C supplementation produced no significant reduction in disease among nondrinkers, but it was linked to a 50 percent reduction in incidence of disease and a 62 percent decrease in gallstone removal among those who said they had at least one alcoholic drink in the month before the survey.

Simon and associates said it is unclear how vitamin C and alcohol interact to lower the prevalence of disease. Precise levels of consumption of the two substances by study subjects could not be determined, and the researchers said public health recommendations should not be made until the best dosages become clear. □

**By Dan Bruneau and Pat Forsyth
VA Research Communications**

HONORS

and awards

Dr. William Monaco moved from Oklahoma to Washington, D.C., to become VHA's chief of optometry. Before he left the "Sooner State," he was recognized by Congress and the state for his service. Congressman Dr. Tom A. Coburn honored Monaco for being part of his Congressional Medicare/Social Security Advisory Committee. The state legislature issued a citation recognizing Monaco for his service as dean of the College of Optometry at Northeastern State University of Tahlequah, Okla.

William R. West, Jr., Beverly, N.J., National Cemetery foreman, received the state of New Jersey Distinguished Service Medal in recognition of his combat service in Vietnam with the U.S. Marine Corps. To receive the state medal, a New Jersey veteran must have been awarded the Bronze Star, Silver Star or other medals recognizing individual heroic action in combat, or the Purple Heart for wounds received in combat action. West was seriously wounded in 1969 while on a reconnaissance patrol in Vietnam.

Miami VA Medical Center Registered Nurse **Bessie Garrett** received the "Individuals of Merit" award from the Greater Miami Chamber of Commerce at its 1998 Health Care Heroes Award luncheon. She received a Waterford crystal bowl mounted on a wood base with her name inscribed on it. She was honored for her consistent

display of excellence in her work and inspirational commitment to her profession and community. As a nurse educator for immunology, Garrett conducts AIDS workshops at VA and in the community. She also participates in and supports health outreach initiatives to Miami's "at risk" population.

Three VA research investigators — **P.A. Ubel, J. Shea and D.A. Asch** — are co-winners, along with J.F. Merz, of the Nellie Westerman Prize, a national honor from the American Federation for Medical Research for the best paper discussing an issue in the ethics of clinical research. The research that won the prize, is titled, "How Preliminary Data Affect People's Stated Willingness to Enter a Hypothetical Randomized Controlled Trial."

Dr. Walter Rivera, director of the Perioperative Care Line at the VA Healthcare Network Upstate New York, Albany, has been appointed state surgeon for the New York Army National Guard, making him the highest ranking medical authority within that organization.

Six VA North Texas Health Care System registered nurses were named to the 1998 "Great One Hundred Nurses" sponsored by the Dallas-Fort Worth Hospital Council. They include **Joy A. Law-Brennan, Wanda Sue Rose, Nan Saage, Jewel West, Jeanie Zelanko, and Michael E. Zelanko.** Great

One Hundred Nurses are chosen based on contributions to profession and community.

Kimberly A. Rude, Medical Service secretary at the Fargo, N.D., VAM&ROC received the 1997 VA Alumni Association Exemplary Service Award for the GS-1 through 8 category. She was selected from applicants nationwide for demonstrated potential for increased leadership and managerial responsibilities.

Frampton Ellis, III, formerly at VA Central Office, was a 1998 finalist in the Intellectual Property Owners (IPO) National Inventor of the Year Awards program. An independent inventor, Ellis invented Adidas "Feet You Wear" sport shoes featuring naturally contoured soles. Designed to avoid ankle sprains, the invention originated with Ellis's observation that a tilted bare foot is more stable than a tilted conventional shoe. It is estimated that six to seven million pairs of the shoes will be sold this year.

The Black Hills, S.D., Health Care System's Associate Chief of Staff for Mental Health, **Robert Phares, Ph.D.,** has been selected as Psychologist of the Year by the South Dakota Psychological Association. He has worked with VA for 19 years.

Long Beach, Calif., VA Medical Center **Chaplain Rabbi Sidney S. Guthman** delivered the prayer for the U.S. Senate May 14.

Joan Furey, director of the Center for Women Veterans at VA Central Office, received the Common Cause Public Service Achievement Award. The nonpartisan

citizens' lobby honored her as one of five who "by force of imagination, initiative and perseverance have made an outstanding contribution to the public interest." She also received the 1998 Annual National Public Service Award, sponsored by the American Society for Public Administration and the National Academy of Public Administration. The award goes to public service practitioners who have exhibited the highest standards of excellence over a sustained period of time.

Veterans Services Officer **Ted O'Brien,** Hartford, Conn., VA Regional Office, is a winner in this year's FTS Awards program sponsored by the General Services Administration. He was recognized for his contributions to development of the New England Connection telephone initiative that increased workload flexibility and improved client access in Boston, Hartford and Providence.

A team of research investigators at the **New York VA Medical Center** were selected as finalists in the "Windows World Open" — an international competition that awards innovators for use of the Microsoft Windows platform in solving problems. The New York VA team developed the VA Pedorthic CAD/DAM System for computer-aided design and manufacture of custom orthopedic footwear for veterans and other patients suffering injury and biomechanical disorders of the foot and ankle. The project was one of three finalists in the competition's health-care division. □

HAVE you heard

In the spirit of “**One VA,**” employee survey results are available on a VA Intranet site (<http://152.125.190.53/qm/start.htm>). Through the technical expertise and cooperation from VHA’s Office of Performance and Quality (10Q), VA employees with a web browser and access to VA’s Intranet may now obtain comparative analysis of the survey results for VHA, VBA and BVA. The interactive nature of the site allows selection of two variables to create custom cross-tabulations. Those accessing this data should note that, although VBA and BVA data are found under the same link, the data have not been combined. Analysis of some demographic groups of less than 10 employees will be restricted for privacy considerations.

Dr. Inder Perkash, chief, Spinal Cord Injury Center, VA Palo Alto Health Care System, spent 18 days in India in March as a member of the American Team for Spinal Injuries Consultation in India. The visit was sponsored by the National Institute on

Disability and Rehabilitation Research (NIDRR) and sanctioned by the U.S. State Department under the Indo-U.S. Collaboration. The team provided consultation to the new Indian Spinal Cord Injury Center in New Delhi and trained staff in regional spinal cord injury centers elsewhere in India. Perkash, who holds the Paralyzed Veterans of America Professorship in Spinal Cord Injury Medicine, also lectured at workshops. Under the auspices of the NIDRR, the team also worked toward developing academic research projects to collect epidemiologic data and to study certain medical problems in India.

Visiting a hospital isn’t fun, especially for children. **Charleston, S.C., VAMC police** noticed this and decided to donate toys and stuffed animals to give to visiting children to keep them busy and make their hospital visit a little happier. **Quality Management staff** joined the effort, and last year more than 80 children received toys and stuffed animals during hospital visits.

Harold E. “Speedy” Wilson

Mr. Harold E. “Speedy” Wilson, former employee at the Regional Office in Columbia, S.C., died March 29.

Mr. Wilson, Medal of Honor recipient and a retired chief warrant officer of the Marine Corps, was buried with full military honors on April 1 in Lexington, S.C. He had retired from VA in 1989.

His medal recognized his bravery during a night attack in the Korean War, when he rallied troops, delivered ammunition and administered first aid, despite wounds to the arm, leg, shoulder and head.

The West Virginia Legislature over the past two years has purchased 16 vans for use at **VA medical centers in West Virginia** and **VA medical facilities in Pittsburgh, Pa.** For the purchase, the legislature appropriated \$300,000. In 1997 alone, 37 drivers at the **Beckley, W. Va., VAMC**

customers through electronic funds transfer (EFT). This milestone surpasses the government-wide average of 65 percent. Social Security may be leading the EFT effort government-wide, but VBA is hot on their heels.

Detroit VA Medical Center Director **Carlos B. Lott, Jr.**,



Volunteer greeters at **Richmond, Va., VAMC** — readily identified with bright green vests — answer questions, offer directions and drive the parking lot shuttle. Volunteers in the new greeter program include (from left) Donald Wright, Shyleen “Charlie” Bradshaw, Ollie Wright, Tom Reid, Loyce “Tex” Walker, Florence Scott, James Shipmon, James O’Neill.

volunteered about 7,600 hours to transport nearly 2,000 veterans 196,293 miles.

The partnership between **Loma Linda VAMC** and **Southern California Edison** to reduce energy costs and protect the environment is expected to yield over \$1,312,000 in annual energy savings. Recognizing the medical center’s initiatives, Edison rewarded the facility with a cash award of \$280 thousand.

VBA has reached a milestone: Of the \$1.7 billion compensation and pension benefits paid monthly, 68 percent is going to VA

had his hands full after accepting the presentation of a \$1 million check from the estate of Peter P. Burda. The veteran’s will left the money to the medical center, which plans to use it for scholarships to train employees in scarce specialties of which the medical center has particular need.

The widow of a World War I veteran bequeathed \$50,000 to the **Sheridan, Wyo., VA Medical Center**. The bequest came from the estate of Marna M. Kuehne, a lifelong resident of Campbell County. Mrs. Kuehne’s family homesteaded in the area in the early 1900s. She continued operating the

family ranch after her husband died in 1949. Maureen Humphrys, the hospital director, said the money would be used to assist disabled veterans.

A national disaster response drill was held recently by the **VA North Texas Health Care System**. At a command center set up at the Dallas VA Medical Center, coordinator Bill Bossert practiced collecting information on the types and locations of available hospital beds. Then he directed the transport of casualties to specific hospitals. In a true national disaster, VA hospitals, working with the U.S. Public Health Service and the Defense Department, would coordinate the disposition of casualties. The casualties would be transported on Air Force planes to Carswell Naval Air Station Fort Worth or to Dallas-Fort Worth International Airport. The drill, the first for the VA team in Texas, is scheduled to be an annual event.

Many Yavapai County organizations assisted the **Prescott, Ariz., VAMC** when the Traveling Vietnam Memorial, "**The Wall That Heals,**" came to Prescott. The traveling memorial is a replica of the Vietnam Veterans War Memorial located at the Constitution Gardens in Washington, D.C. An estimated 10,000 visitors viewed the traveling memorial. Volunteers assisting in host duties included an Air Force ROTC unit and the following veterans organizations: Vietnam Veterans of America, Marine Corps League and American Legion.

The new **National Prisoner of War Museum in Andersonville, Ga.**, dedicated April 9, honors the nation's estimated 800,000



The **Augusta, Ga., VAMC** hosted a visit from **Phil Niekro**, former pitcher for the Atlanta Braves. The April 29 visit was through the MCI/Veterans Canteen Service Heroes to Heroes Tours. Niekro talked with roughly 500 people, visiting in patients' rooms, signing autographs and posing for photographs. Fifteen former sports figures visited medical centers through the Heroes to Heroes Tours.

Americans who have been held as POWs. Money for the \$5.8 million project was raised by the sale of commemorative coins, private donations and appropriations by the federal and Georgia governments. Exhibits include narrators reading from the letters of POWs and videotaped interviews with modern-day POWs, including U.S. Sen. John McCain, former vice presidential candidate James Stockdale and U.S. Ambassador to Vietnam Pete Peterson.

For 12 years the nursing staff of the **VA Medical Center in Washington, D.C.**, has held an Easter Basket contest to benefit the Hospital for Sick Children, St. Anne's Infant and Maternity Home and the Chi Child Care Center for Boarder Babies. This year's baskets were filled with clothes, toys and practical gifts donated by the nurses.

What a month! That is about the amount of time that the **John D. Dingell VAMC (Detroit)** had to prepare to host Vice President Gore and

600 people. It was like having a month to plan a huge wedding, only at weddings you usually don't invite the secret service. Thanks to the help from almost everyone, the event was a positive experience. Even employees who were not directly working on the ceremony helped out by filling in for those who were.

Veterans Health Administration recently established a \$1 million Quality Achievement Recognition Grant. The grant will be awarded annually to any Veterans Integrated Service Network (VISN) that achieves truly outstanding performance leading to exceptional outcomes and demonstrating exemplary processes. Additional grants of \$500,000 and \$300,000 may be awarded to promising VISNs. VHA staff are preparing application materials and expect to have these "on the street" by early June. Due date for submission of applications this year is Nov. 1.

Secretary Togo D. West, Jr. – not to mention the guest of honor, Congressman Dingell, Senator Carl Levin, Congressmen David Bonior, John Conyers, Sander Levin and Congresswoman Carolyn Cheeks Kilpatrick at the naming ceremony. The invitation list came to almost

Juel E. Marifjeren

It is with much regret and sadness that I report to you on the events of Tuesday, May 19, 1998. **Juel E. Marifjeren**, a Service Center Division Team Coach at the Chicago Regional Office, was shot to death as he left work and entered the subway adjacent to the Federal Building. Mr. Marifjeren, an Army veteran, was a valued and respected employee of the Department of Veterans Affairs for some 26 years. He is survived by his wife Kathy, his daughter Elizabeth, and son Steven. We are taking every step possible to assist his family in their time of grief. We are also assisting with the personal needs of our employees by making counselors available to them, on request. We will make every effort to share information on this tragic event as it becomes available. I believe John McCourt, Acting Director of the Chicago RO, spoke for us all in his statement to the Media, and I quote, "VA to many, is more than just an employer, it is a family.....We have surely lost a member of our family with the death of Juel."

From Under Secretary for Benefits Joe Thompson

Secretary of Veterans Affairs Togo D. West, Jr. Sworn In



Togo D. West, Jr., received Senate confirmation as Secretary of Veterans Affairs April 28 and was sworn in by Vice President Al Gore May 5 at the White House, with Mr. West's wife, Gail Berry West, at his side.

HEROES



Linda Waldrop, licensed practical nurse at North Texas Health Care System (Bonham), teamed up with Old Glory to save lives at an automobile accident she came across near Telephone, Texas. Four people were injured, one was four months pregnant. Waldrop was first at the scene and immediately triaged the injured, using what was available to control bleeding. She found a 5'x8' American flag in her husband's truck she was driving and used it to cover a victim going into shock. She continued to assist after paramedics arrive. Later, she and her husband properly disposed of the bloodied flag, knowing it had been put to most honorable use.



Wilkes-Barre, Pa., VA Medical Center police officer

Alan D. Magliaro was driving home on a busy four-lane highway. As he rounded a dangerous blind curve, he noticed a smoking, overturned car on the other side of the road. He stopped on the shoulder, crossed four lanes of highway and a concrete divider and assisted the shaken driver out of the car, providing comfort until an ambulance arrived. He also helped with traffic control to protect the medical crew from possible danger.



Jenny Urban, R.N., Central Texas Veterans Health Care System (Waco), was driving home from exercise class when she came upon a collision between a gasoline tanker truck and a car carrying three people, one a 15-month-old girl. Arriving just as an

ambulance pulled up, she identified herself as a nurse. A moment later another paramedic yelled out, "Where is that nurse?" He took her to the baby who was not breathing. She began mouth/nose CPR breathing for the child and then used the paramedic's pediatric ambu-bag to continue respiration. As she worked, the paramedics put a neck brace on the toddler and placed her in an infant wrap. Police said the child was flown by helicopter to Cook Children's Medical Center in Houston and later released. Urban credited her effectiveness to her VA Clinical Education Department, which offers employees instruction and certification in CPR and infant/child CPR.



Professional follow-through by Ann Arbor, Mich., VA Medical Center police officer **Terry Campion** resulted in the closing of a 20-year-old unsolved Detroit murder case. Campion responded to a disturbance in the medical center endoscopy unit where a patient had threatened a

physician. After escorting the patient back to his inpatient unit, Staff Sergeant Campion decided to run a Law Enforcement Information Network check on the person in light of the threats he had made. The check revealed that the man was wanted on a 20-year-old murder arrest warrant. Campion contacted Detroit police who came and took the patient into custody.



Omaha, Neb., VA Medical Center police officer **Jeff Garrett** responded quickly and professionally when a veteran parking his car at the center for an outpatient appointment mistakenly stepped on the accelerator instead of the break, plunged down a steep hill, crossed four lanes of traffic, knocked over a light pole and crashed into a house across the street. Garrett administered first aid while awaiting the rescue squad, instructed bystanders to avoid downed power lines, and guided emergency vehicles to the scene.