



U.S. DEPARTMENT OF VETERANS AFFAIRS

Vanguard

SEPTEMBER/OCTOBER 2000



Local Cable TV Shows

Lights, camera, outreach —
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Gerry Culliton, host of "VA Insights," a locally-produced cable television show that airs twice a month throughout New York City, Long Island, N.Y., New York's Hudson Valley, and most of New Jersey, interviews Dr. Carol Allen, a physician at the Bronx, N.Y., VAMC, on the subject of diabetes during a taping of the long-running show.

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INTRODUCING

Sharon Draves

With nearly 30 percent of its work force eligible for retirement in the next few years, the Veterans Benefits Administration (VBA) is taking steps not only to hire new employees, but also to develop the professional and leadership skills of existing younger employees who may ultimately move into vacant management positions. One of those is Sharon Draves.

She joined VA while in her mid-20s as a claims examiner at the Chicago VA Regional Office and in 1998, made the move to VA Central Office to take the position of project manager of the Decision Review Officer Test in Compensation and Pension (C&P) Service.

"This was a pilot position created to improve the claims process," she explained, "so I was very eager to take on the challenge."

Shortly after arriving in Washington, D.C., she applied for and was selected to attend VBA's six-month Leadership Enhancement and Development (LEAD) program. "I was thrilled to be selected," she recalled. The LEAD program helps identify and develop the skills of high-performing employees in preparation for future leadership positions. "I gained so much from that program; with the assistance of a mentor, I created an individualized development plan to help me address my weaknesses and I gained a clearer understanding of the VBA mission and our role within the Department."

While in the LEAD program, she had the opportunity to shadow Nora Egan, VBA's Deputy Under Secretary for Management. "Sharon exemplifies the ideals promoted through the LEAD program," Egan said. "She has an understanding of, and passion for,

the mission of VA and the LEAD program helped her crystallize that passion and put it to effective use."

After completing the program, Draves began eyeing her next challenge—the Deputy Secretary's One VA Mentoring Program. Created by former Deputy Secretary (now Acting Secretary) Hershel Gober, the program allows VA Central Office employees, grades 9-15, to gain insight into the highest levels of VA management by following the Deputy Secretary through his workday for a two-month period. After a rigorous application and interview process, Draves was

selected to fill one of four slots in the mentor program.

By February 2000, her mentoring experience with the Deputy Secretary was underway. She attended conferences at the State Department and other federal agencies, sat in on closed-door meetings with members of Congress and

even attended the Memorial Day Breakfast at the White House where she met President Clinton.

But, she says, perhaps the most rewarding experience was simply observing the Deputy Secretary. "Watching him, I got to see the genuine interest he has in helping veterans and I learned how to balance individual interests with the interests of the Department."

Looking back, Draves says the LEAD and One VA mentoring programs had a big impact on her professional development. Next, she hopes to be accepted into the Leadership VA program and ultimately return to one of the VA regional offices where she can hone her leadership skills. ❑

By Matt Bristol



Hershel W. Gober,
Acting Secretary of
Veterans Affairs

Our One VA is Making Great Strides for Veterans



When I came to VA nearly eight years ago as Deputy Secretary of Veterans Affairs, I came as part of a team of veterans advocates

with definite goals designed to help VA become better by serving veterans better. Achieving those goals required a true team effort—a One VA effort—which I am proud to have been part of, along with you and every VA employee.

We have transformed VA health care. Eight years ago, VA treated 2.7 million patients; last year, that number was 3.6 million. In 1993, we operated 182 outpatient clinics; today we have 689, and we are adding new clinics at a rate of more than one a week.

More than four million veterans are enrolled in VA's health care benefits plan—a plan that has given every honorably discharged veteran the opportunity to be treated at a VA facility. In a recent national survey of veterans, 80 percent of those surveyed said that they are more satisfied with the health care they receive from VA than they were two years ago.

In addition, we have created an

unparalleled system of long-term care services for our aging veterans, including nursing home care, private residential care and assisted living programs. The Veterans Millennium Health Care and Benefits Act, passed by Congress in 1999, focuses on these issues.

The Act stipulates that veterans requiring nursing homes due to service-connected disabilities or veterans with a high disability rating, be guaranteed long-term care. We are in the process of establishing pilot programs to determine the effectiveness of different long-term models of care delivery.

We have worked in earnest to reduce homelessness among veterans, made great strides in caring for Gulf War veterans with undiagnosed illnesses, and now provide compensation for 13 illnesses related to Agent Orange exposure in Vietnam, as opposed to only four in 1993.

Claims processing today is more complex. The level of effort required to evaluate a veteran's claim for benefits is much greater, and our decisions are reviewed judicially by the Court of Appeals for Veterans Claims. This has created expanded procedural requirements.

We are aggressively hiring new veterans service representatives (adjudicators). By the end of 2001, we expect to have 1,000 more employees

adjudicating claims than we had in 1999. And by 2002, we will have more than 6,000 employees working on claims, more than half of the Veterans Benefits Administration work force.

Separating service members can now file claims for disability compensation and receive physical examinations during their separation process. This has significantly reduced the time it takes to get them into our system, and to adjudicate their claims.

It is critical that our national cemeteries meet the expanding need for additional burial space for veterans. Last year, 561,000 veterans died—more than 1,500 a day. VA has opened four new national cemeteries in the past two years, and we are planning new cemeteries in six states: Georgia, Michigan, Florida, California, Oklahoma and Pennsylvania. We are in the midst of the greatest expansion of our national cemetery system since the Civil War.

My time with VA has gone by much too quickly. I am proud of the great strides our One VA has made on behalf of veterans. We are going in the right direction, and I know that momentum will be maintained by employees charged with the most noble mission in government ... to care for those who have borne the battle. □

Senate Confirms President's Nominees to Head VHA, NCA

The Senate confirmed President Clinton's nominees for two key VA executive leadership positions on September 8. Deputy Under Secretary for Health Dr. Thomas L. Garthwaite moves into the top job in the Veterans Health Administration, and Robert M. "Mike" Walker is VA's first Under Secretary for Memorial Affairs. Both had served in acting capacities in those respective positions during the months leading to confirmation.

Before being nominated for the

position last May, the new Under Secretary for Health had served as Deputy Under Secretary for Health since 1995. Walker was nominated as Under Secretary for Memorial Affairs last December.

Garthwaite's VA career includes nearly 20 years of experience as a physician and clinical administrator at the Milwaukee, Wis., VA Medical Center. He served as the medical center's chief of staff for eight years.

Walker most recently served as deputy director of the Federal

Emergency Management Agency. He has served as Assistant Secretary of the Army for Installations, Logistics, and Environment; Army Acquisition Executive; and Under Secretary of the Army. He was Acting Secretary of the Army during the first six months of 1998.

Walker's career also includes 25 years of work in various staff positions on Capitol Hill. He is a former enlisted soldier in both the Tennessee and District of Columbia Army National Guards. □

New Project Allows Vets to Apply for Benefits Online



While stationed at Andrews Air Force Base in Maryland, Senior Airman Nicole Williams learned through VA's Transition Assistance Program for separating service members that she could apply for vocational rehabilitation and employment benefits over the Internet.

Electronic VA (eVA) is not just an abstract concept anymore. The Department has taken the first major step in this effort to use Internet technology to increase access to VA benefits and services with the launch of a Web site that allows veterans to file benefits claims online.

Veterans with Internet access, as well as service members who are within six months of separation or retirement from the military and whose installation is participating in VA's Benefit Delivery at Discharge (BDD) program, can now apply for compensation, pension and vocational rehabilitation and employment benefits at their convenience and in the comfort of their own homes. They no longer need to go to a VA regional office or fill out paper forms by hand.

The Veterans Benefits Administration, which developed the Veterans ON-line APPLICATION (VONAPP) Web site, began beta-testing it at nine VA regional offices in mid-July, and is now rolling it out to all regional offices. Although most federal agencies make forms available for downloading and printing from their

Web sites, VONAPP gives VA the distinction of being one of only a handful of agencies now offering the ability to actually apply for benefits, programs or services online. Veterans can link to the site from both the VA and VBA home pages.

Initially, the two forms available on the Web site are VA Form 21-526 (compensation and pension) and VA Form 28-1900 (vocational rehabilitation and employment). The form used to apply for education benefits, VA Form 22-1990, will be available on the site this fall. Future plans call for adding many other VA forms to the site, including those used to apply for medical care and burial benefits.

The idea for VONAPP grew out of discussions VBA began in 1997 to find new ways of using the Internet to improve access to benefits information and simplify the claims process for veterans. VA Under Secretary for Benefits Joseph Thompson envisioned an Internet-based veterans benefits application that would go beyond simply allowing veterans to download, print and fill out paper forms by hand. "I wanted something that would be interactive,

that would guide a layperson through the process of filling out a form on their computer and filing a claim electronically," he said.

The site, available directly at <http://vabenefits.vba.va.gov>, is designed to be user-friendly. Users are guided through the online forms by help text that appears in columns on both the left and right sides of the screen.

The text on the left side, which provides general information on how to respond to each question, changes as the user moves from field to field. The right side contains specific help topics the user can click on to get more in-depth information on how to complete the form. Once the basic information has been entered on the form, the user sees only the follow-up questions that are necessary to complete the individual claim.

VONAPP also has features allowing the user to check for errors or missing information and print a copy of the form. When the form has been filled out completely and checked for accuracy, the veteran hits the "submit" button to send it for processing by a VA regional office.

Veterans have up to 30 days from the time they begin an application in VONAPP to complete and submit it to VA. After the claim is submitted, VONAPP assigns the veteran a confirmation number, along with the address of the regional office that will process it, and the VA toll-free number to call for more information.

For now, claimants still have to mail or fax their signatures to complete applications. But digital signature technology will eventually eliminate that requirement. The General Services Administration (GSA) recently awarded 100,000 digital signature certificates to VA. These certificates are used to verify the identity of individuals when they digitally sign documents over the Internet, and bring a greater level of security to Web transactions. VA has earmarked a large portion of the certificates it will receive from GSA for use with VONAPP.

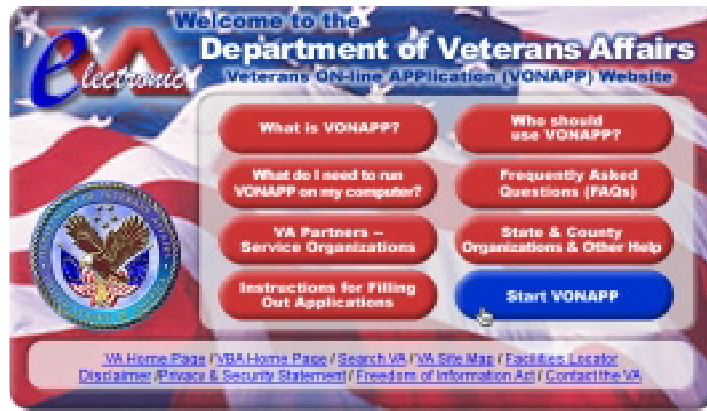
VA regional office staff can download and begin processing the claim before they receive the

claimant's signature, but VONAPP will not have a significant impact on claims processing times in this first phase, according to Bonnie Miranda, VONAPP project co-director.

VONAPP's help text and warning messages about missing information do save some time by ensuring that the form is filled out properly. And electronically-submitted forms do not have to work their way through a regional office mailroom, which also saves time. But because VBA databases are not yet linked to VONAPP, regional office staff still must re-key information from the electronic forms after they are downloaded.

VONAPP will decrease processing times, however, when it is linked to VBA's Modern Award Processing and Development (MAP-D) system in a future phase, Miranda said. MAP-D is a computer system being developed to assist regional offices with case management through improved reporting of information about claims.

Linking VONAPP with MAP-D will allow VA regional office employees to compare and validate the information submitted by a veteran through VONAPP, format it, and establish a pending claim with little re-keying. For now, however,



improved access and convenience are the main benefits of VONAPP. Future phases also call for adding features that will allow claimants to check the status of pending claims, change their address, or check the status of benefit payments.

Most of the feedback VBA has received on VONAPP so far has been positive, according to Larry Freiheit, VONAPP project director. Some users have reported glitches, many of which have been related to the computer hardware they used, but the majority said they were pleased with the ease and convenience of the site.

"This is a lot easier than waiting in line at a VA office," one veteran who used VONAPP reported. "I had all the paperwork needed to fill out the form here [at home]. It was better than having to only partially complete the process if I went into an

office without the stuff I needed."

"I think it's great that you have joined the Information Age," another said. "I like the access to forms and the ease of getting items any time of day that I want them."

Even with little or no publicity, the new site received more than 14,000 visits during the first six weeks it was available on the Internet, Freiheit said. About 1,100 compensa-

tion and pension claims and 270 vocational rehabilitation and employment claims have been started or submitted through VONAPP so far, he added. Those numbers are expected to increase significantly over the coming months as VA regional offices around the country publicize VONAPP in their service areas.

About 160,000 original compensation and pension claims, and 60,000 vocational rehabilitation and employment claims are filed with VA each year. VBA estimates that ten percent of both compensation and pension and vocational rehabilitation and employment applicants will use VONAPP in the first year. When the education benefits form becomes available on VONAPP, about 75 percent of Montgomery GI Bill applicants are expected to file their claims online. □

Digital Signature Technology Coming Soon to VA

VA's ongoing effort to make applying for and receiving benefits easier for veterans got a boost in July with the awarding of 100,000 digital signature certificates to the Department from the General Services Administration (GSA). These certificates will be used to positively identify beneficiaries transacting business with VA electronically.

Most of the certificates will be used with the new interactive, Internet-based Veterans ON-line APplication (VONAPP) launched by VBA this fall. VONAPP allows veterans to apply for some VA benefits online. VBA also plans to use the GSA-supplied digital certificates with two other new Internet applications: the Internet School

Enrollment Certification (VANetCert) application and the Web Automated Enrollment Certification (WAVE) application.

Pilot testing of VANetCert, which allows colleges and universities to electronically certify a veteran's enrollment, began in September. This certification, which must be done before VA can release a veteran's educational benefits, is currently handled by modem.

WAVE will allow veterans receiving educational benefits to verify their enrollment status monthly over the Internet. Currently, VA prints and mails monthly verification of enrollment forms that must be returned by mail and manually processed by VA

before payments can be released. The veteran also has the option of providing this verification by phone.

The digital signature certificates awarded to VA are among 500,000 GSA is distributing free of charge to qualified applicants as a way of encouraging their use in the federal government. VA received the first major award of digital certificates since President Clinton signed the Electronic Signatures in Global and National Commerce Act (E-Sign) into law June 30 using the first digital certificate issued by GSA.

The awards are being made under GSA's Access Certificates for Electronic Services (ACES) contract. VA will receive its supply of the certificates early next year. □

New VA Digital Satellite Network Set to Launch

A new digital satellite network will soon begin offering VA employees unprecedented access to educational opportunities and information about the Department. The VA Knowledge Network, a joint project of VHA's Employee Education System (EES) and Office of the Chief Information Officer, will have the capability to broadcast up to four channels of educational and informational programming 24 hours a day, seven days a week.

Initially, the VA Knowledge Network will offer two channels of programming to more than 200 VHA facilities and VA Central Office when it becomes operational in November. The VHA Learning Channel will broadcast a wide variety of educational programming, while the VA Communications Channel's programming content will primarily be informational and intended for a One VA audience.

A third channel offering a mix of programming may be added to meet scheduling demands. The VBA Network, which will air educational programming currently being broadcast by VBA on the existing analog broadcasting system, will join the three VHA channels as soon as it

is converted to the digital system. National cemeteries do not have the satellite dishes needed to receive the network's programming, but field-based NCA staff will be able to view broadcasts from a nearby VA medical center or regional office.

The new network will be a vast improvement over the outmoded analog broadcasting system that has been in use for more than a decade, according to Stan Sinclair, who directs EES as dean of the VA Learning University. Transmission quality will be better, and there will be greater programming flexibility and fewer operational requirements.

When a VA facility wanted to receive a broadcast on the old analog system, the facility's satellite dish had to be positioned in advance using precise coordinates. With the digital system, the satellite dish is permanently positioned to receive the downlink signal at the maximum strength available to each site. To better accommodate different time zones and employee work schedules, many EES-produced programs will be broadcast live twice on the day of the uplink, and taped for repeated airings at different other times.

Programming from other govern-

ment agencies that is already available on the existing analog network, such as broadcasts from the Office of Personnel Management and the Centers for Disease Control, will continue to be aired on the new network. EES is exploring the possibility of adding new programming from other agencies or outside content providers that would be appropriate for VA audiences, Sinclair said. Among those already purchased for systemwide broadcast are the Joint Commission Satellite Network series and the PBS Business Channel.

EES will also design, equip and operate a broadcasting studio in VA Central Office. Intended to be the primary origination point for VA Communications Channel content, the studio will be used by VA leaders and headquarters staff to communicate information and produce original programming of broad interest to VA employees nationwide.

Special programming is being planned for the network's official launch in December, including broadcasts from VA leaders. Until then, the network will air regularly scheduled programs. □

ITC 2000 is 12th Consecutive Record-Breaker

Acting VA Deputy Secretary Edward A. Powell, Jr., kicked off the Department's record-breaking Information Technology Conference (ITC) 2000 by challenging attendees from VA, other government agencies, veterans service organizations and the private sector to work as partners to deliver top-quality service to the nation's veterans.

He encouraged them to take from ITC 2000, which operated under the banner "Success Is Where You Find IT" (information technology), the information they need to make better use of technology in the work they do for veterans.

"Information technology is one of the most important tools available to meet the demands of the coming millennium. We must be vigilant in our efforts to discover new and



VA exhibitors and private vendors manned more than 170 booths at the EXPO in the Austin Civic Center, displaying a wide range of cutting-edge information technology products and services.

creative ways to utilize innovations in technology to provide veterans with the improved service they earned and deserve," said Powell, who at the time of the conference

was VA's Assistant Secretary for Financial Management.

Jim Cathcart, the keynote speaker at ITC's opening ceremony, set the tone of enthusiasm and excitement that characterized the conference. Cathcart, founder and CEO of Cathcart Institute in LaJolla, Calif., combined humor with the "Acorn Principle" he developed and published a book about to encourage attendees to begin a journey of self-discovery and fulfillment.

Nearly 3,000 people from all over the United States, and as far away as Australia, attended ITC 2000 at the Austin Civic Center. That broke last year's record attendance of more than 2,700. By comparison, the 1987 VAccess conference, the forerunner of the ITC, was held at a hotel

(continued on page 16)

HR LINK\$ Implementation Continues on Schedule

Five years after VA began an ambitious effort to replace PAID—its 30-year-old paper and labor-intensive human resources (HR) and payroll system—the first two phases of the HR LINK\$SM system have been fully implemented, a third has begun prototype, and a fourth will begin prototype later this year. The final phase will begin prototype in 2001.

The goals of HR LINK\$SM, in addition to replacing PAID with state-of-the-art automated systems, are to streamline HR and payroll service delivery, use the latest technology to push HR and payroll transaction processing down to the lowest appropriate level, and provide cost-competitive HR and payroll services.

Since February of this year, all of VA's more than 200,000 employees have been able to initiate, change, or obtain information on more than 20 personal and benefits transactions through Employee Self Service. Employees can complete transactions seven days a week from 7:30 a.m. to midnight, Eastern Time.

Using their social security number and a four-digit personal identification number (PIN), employees have the option of accessing HR LINK\$SM by computer or touch-tone telephone. An Intranet-based desktop application allows employees to complete transactions right from their workstation computer or from any HR LINK\$SM Access Point computer.

To access HR LINK\$SM by touch-tone telephone, employees dial a toll-free number (1-800-414-5272) and use an Interactive Voice Response (IVR) system to complete their transactions. They can also speak with a customer service representative at the Shared Service Center (SSC) in Topeka, Kan., who can help them process their transaction.

The Position Classification phase of HR LINK\$SM was also implemented this year. Since May, VA managers have had the capability to create and classify positions on their own using the Coho expert classification system. Managers select the specific job duties for the position they want to create, and the system automatically determines the series

and grade for the position. More than 11,000 managers now have the authority to classify Title 5 positions, and about 97 percent of VA's Title 5 positions can be classified using Coho.

The Manager Self Service phase began prototype on August 21, 2000 in the National Cemetery Administration, the Office of Financial Management and the Office of Human Resources Management at VA Central Office, and at the Austin Automation and Financial Services Centers. At these prototype sites, managers are able to initiate personnel actions online through the HR LINK\$SM Self Service desktop application for employees under their span of control.

Once initiated, these personnel actions will automatically route through local management approval levels. After actions are approved, they will flow directly to the SSC for final processing. Online help in the form of programmed alerts, warnings, and messages make the process easier for managers.

The Recruitment phase will allow employees to review and apply for VA jobs online over the Internet from work or home. Payroll will be the final phase of HR LINK\$SM. Once this phase is implemented, employ-

ees will essentially maintain their own timecards by using the Self Service desktop application to electronically submit leave requests. Managers will use the same system to approve time and leave requests online. The payroll prototype is slated to begin in 2001. All HR LINK\$SM applications and functions are expected to be fully deployed nationwide by the end of 2001.

HR LINK\$SM project team members say implementing the new system has been a challenge because of VA's size, the significant cultural change that HR LINK\$SM brings to VA, and the need to integrate the many commercial and custom products that were in use throughout the Department into one seamless system.

The National Academy of Public Administration (NAPA) recently conducted an analysis of HR LINK\$SM and found that overall, VA has made great strides and is positioned to achieve its objectives for the project. NAPA, an independent, non-partisan organization chartered by Congress to help government organizations improve their effectiveness, also deemed VA a model for both the public and private sectors in HR/payroll transformations. □

Upcoming Open Seasons

This year, use HR LINK\$SM to enroll in the Combined Federal Campaign (CFC), enroll in or change your health benefits election, and enroll in or change your Thrift Savings Plan (TSP) contribution. It's quick, easy, and confidential!

Just log on to any desktop computer with HR LINK\$SM technology or visit your facility's HR LINK\$SM Access Point. When you use the HR LINK\$SM Self Service desktop application, there are no phone numbers to remember, and you can print a confirmation of your transaction.

This year's health benefits open season runs from November 13 through December 11, and the 2000 TSP open season runs from November 15 through January 31. The CFC fall campaign dates vary by facility, but will run sometime between September 1 and December 15.

Don't forget that you will need your social security number and HR LINK\$SM PIN to access HR LINK\$SM. For more information and/or assistance, call 1-800-414-5272; TTY users can call 1-800-877-8339.



20 Years and Counting

Wheelchair Games Clears a Milestone



Eleven athletes, including Pat Burns, of Bel Air, Md., competed in the grueling Slalom Super G event, a first-time exhibition at this year's Games.

Whether they were recalling Long Beach, Calif., in 1983, Pittsburgh in 1998, New Orleans in 1990, or any of the other National Veterans Wheelchair Games from years past, participants at this year's Games echoed one common sentiment: "They all have been great."

Held July 4-8 in sultry but richly-cultured San Antonio, Texas, the 20th National Veterans Wheelchair Games pulsed with the expectations of something special.

It was the same feeling as knowing this was the birthday that would make a difference, like finally being old enough to get a driver's license or cast a vote.

Tom Brown, chief of Recreation Therapy at the San Antonio VA Medical Center, knows that feeling intimately. He was one of the original founders, and now the national director, of the Games.

"I think 21 years ago, we didn't even think about whether the Games would go on and on—we were just interested in providing another experience for disabled veterans and giving the therapists another tool to help motivate their re-entry into the

community," Brown recalled. A former world-class wheelchair basketball player, he credits wheelchair sports with playing a major role in his own life.

Other Games founders included Wally Lynch, former chief of Recreation Therapy in VA Central Office, and Muriel Barbour, former chief of Recreation Therapy at the Richmond, Va., VA Medical Center. Both joined Brown in San Antonio for the first time in nearly 20 years as a special anniversary tribute.

"Little did we realize or even think that 20 years later these Games would be the largest [annual] wheelchair sports event in the United States," said an exhilarated Brown.

Co-sponsored by VA and the Paralyzed Veterans of America and hosted by the San Antonio VAMC and the VA Heart of Texas Network, this year's Games drew about 580 veterans from nearly every state in the U.S., Puerto Rico and Great Britain to participate in five days of events that required the right mix of strength, endurance and determination.

Longevity, however, was the mantra of some athletes. Proud of

their participation in the first Wheelchair Games in 1981 in Richmond were: Tony Barriga, of New Augusta, S.C.; James Bird, of St. Louis, Mo.; Stefan Florescu, of Lincoln Park, Ill.; Joseph Lacertosa, of Staten Island, N.Y.; Jimmy May, of Midlothian, Va.; Leon Thompson, of Englewood, Fla.; and Roy Nungester, of Circleville, Ohio. All but one have attended all 20 Games.

"It is seeing everybody every year, all the different people," said Thompson, using words echoed by the others. "As Lacertosa said, 'I've made many friends here.'" While Barriga enjoys the competition, he also enjoys watching veterans compete and "seeing them do the best that they can."

Fond memories fast forward to where all the "old heads" agree that technology has made equipment better while the Games have become tougher, more grueling, and heading toward a combination of traditional and "extreme" in the next century.

Paul Regan, of Clarence, N.Y., had a Cheshire-cat grin and a "game face" on as he spied what appeared to be a blur shooting across the convention center floor, heading directly toward him. Some, unaccustomed to seeing a hand cycle maneuver, scurried to get out of the way. But Regan stood his ground and greeted his fellow vet on the hand cycle with a thumbs-up.

"I can't wait for this to be an official event," Regan said. "It is a world of difference from when I first started to compete in basketball and swimming.

"We even play basketball by NCAA rules now. I dare say 'extreme' sports will be added to the Games menu in the not-too-distant future."

David Nau, of Madison, Ohio, a novice Games competitor who participated in the hand cycle exhibition, was attracted by the potential of future Games to feature contests in the "extreme" milieu.

Nau, a wheelchair bungee jump enthusiast, was among the first to join in the rock-climbing exhibition. Nau's hands were taped to the

handle of an assistive device to do the rock climb.

"I managed to climb to the top, then down and halfway up again," said Nau. "I truly believe that the demands of 'extreme' sports will challenge athletes with disabilities to greater preparation, greater accomplishments and greater life satisfaction."

Karen Wake, of Chester, Va., who has competed in three previous Games, was more restrained about the idea of competing in "extreme" sports but thrilled at the thought of being a spectator.

"Athletes with disabilities are in fact rock climbing, bungee jumping and surfing," she pointed out. "It's just an extension of society's maturation and the mainstreaming of persons with disabilities. The Games are no exception."

"Brutal" was a common description of the "Slalom Super G" course by the 11 athletes who competed in the first-time exhibition at the Games. The brainchild of head slalom official Jim Hayes, this event pitted top winners in earlier slalom competitions against each other in treacherous courses of steep ramps, sharp turns, and uncertain obstacles.

Spectators cheered wildly as each veteran completed the course. Top winners were Jody Shiflett, of Virginia Beach, Va., who finished with an amazing speed of 3 minutes, 7 seconds, and Laura Schwanger, of Williamstown, N.J., whose results were 3 minutes, 32 seconds.

For this year's Spirit of the Games Award winner, Larry Hughes, of Columbia, Md., traditional track and field events have been the primary focus for the past 17 years. He is the United States national record-holder in discus, javelin and shot-put, a world record-holder and a 1996 Paralympic gold medalist. At this writing, he is in Sydney, Australia, defending his title at the 2000 Paralympic Games.

Next year, the Games will reach another milestone when a new century of competition kicks off in "The Big Apple." The Bronx, N.Y., VA Medical Center will host the 21st National Veterans Wheelchair Games in New York City July 1-5, 2001. □

By Jan Northstar
Atlanta OPA Regional Office

New Policy Clarifies Personal Use of Government Office Equipment

A new directive issued in July spells out exactly how and under what circumstances VA employees can use government office equipment, including computers, for personal use. The new policy emphasizes that using office equipment for personal use is a privilege, not a right, and can be limited or revoked at any time.

According to the policy, personal use should involve minimal additional expense to the government, be performed during times when the employee is not on duty, and should not interfere with VA's operations or violate standards of ethical conduct.

The use of small amounts of electricity, ink, toner or paper are examples of activities that involve minimal additional expense to the government, as are brief personal phone calls, e-mail or Internet sessions.

Downloading large files, such as motion picture video, or the contents of an entire compact disc for personal use, are examples of activities that are not considered minimal additional expense.

The policy specifies that employees should not use government office equipment at times when they are expected to be performing official duties. They may, however, use office equipment before or after work hours, during lunch periods, autho-

rized breaks, weekends or holidays.

Any personal use that could cause congestion, delay or disruption of service to any government system or equipment is not allowed, according to the directive. Personal use for activities that are illegal, inappropriate, or offensive to fellow employees and the public are prohibited as well.

The directive also warns employees against unauthorized posting of agency information on external news groups, bulletin boards or other public forums, particularly when these activities are at odds with the agency's mission or positions, or could create the perception that the employee is acting in an official capacity.

Employees should keep in mind that they have no right to privacy while using government office equipment at any time, the policy states. Those who want their private activities to remain private should not use government office equipment, including their desktop computer and its access to the Internet and e-mail.

More detailed information about how VA employees can and cannot use office equipment for personal use can be found in VA Directive 6001, which has been distributed nationwide. It can also be downloaded from the Internet at www.va.gov/publ/direct/irm/6001dir.pdf. □

VA to Hire More Disabled Employees

To commemorate the 10th anniversary of the Americans with Disabilities Act (ADA), the law establishing a "clear and comprehensive prohibition of discrimination on the basis of disability," President Clinton on July 26 issued an executive order calling for federal agencies to hire 100,000 people with disabilities over the next five years.

At VA, the weight of that challenge falls on the shoulders of Keith Bailey, national manager of the People with Disabilities Program in VA Central Office. And he is off to a running start.

The day before the President's order was issued, Bailey took hold of the ADA torch and held it high

during the Spirit of ADA National Torch Relay in Washington, D.C. He carried the torch, along with nearly 200 other participants, in a march across the Memorial Bridge and on to the Franklin Delano Roosevelt Memorial where a ceremony commemorating the 10th anniversary of the ADA was held.

The cross-country torch relay began in Houston and traveled through 25 cities to raise public awareness and consolidate support for the goals of the ADA and the Individuals with Disabilities Education Act. Bailey says he was honored to participate in the torch relay. "It was very emotional, a great feeling of

(continued on page 11)

Cable TV Offers Unique Way to Reach Veterans



VA North Texas Health Care System employees (left to right) Deatra Childress, management assistant in Quality Management; Sharon Balthrop, assistant chief of Medical Media; and Gene Davies, chief of Medical Media, edit an edition of "Veterans Health Today," the health care system's local cable access TV show.

It's no secret that reorganizations, advances in information technology and other factors have pushed VA into an era of unprecedented change in recent years. And those changes have led VA facilities to look for new and more cost-effective avenues for getting information about VA's programs, services and role in the community to veterans, their families, employees and the general public. One increasingly popular way to reach all of those audiences is through producing or participating in local cable television shows.

More than 65 million U.S. households subscribe to cable television, according to the National Cable Television Association, and many cable providers set aside channels for public, educational or governmental use. Most provide facilities, services and equipment free of charge to produce programming for these channels. Some even offer training to fledgling producers.

The first VA facility to tap into this relatively inexpensive communications vehicle was the Montrose, N.Y., VA Medical Center, in 1990. Then-director Edward Gamache challenged his new public affairs officer, Gerry Culliton, to find ways of improving the image and aware-

ness of the medical center in the Hudson Valley.

One of Culliton's initiatives was to start a cable program in a talk show format called "VA Insights," produced at a local cable television studio in Peekskill, N.Y. He put his 12 years of broadcasting experience to good use as host/producer of the show, and the guests were mostly clinicians, experts and veterans from the medical center. The show quickly became popular with area veterans and VAMC employees.

When Culliton became chief of communications for VISN 3 (Bronx, N.Y.) in 1996, Network Director James Farsetta asked him to turn the show into a network-wide production. The show was gradually expanded throughout the network, and is now aired in New York City, Long Island, the Hudson Valley and most of New Jersey.

Ten years after it began, "VA Insights" has a potential weekly viewership of 20 million people. Twenty-six half-hour shows are produced each year, two per month, featuring guests from each of the network medical centers, area vet centers, VA regional offices, leaders in the veterans community, and VA headquarters officials.

The taping of the show was

moved farther south, to White Plains, N.Y., to make it easier for guests coming from different parts of the network to get to the studio. Tapes of the show are mailed once a month to each station that airs it.

The show boasts a guest list that over the years has included Vice President Al Gore, former VA secretaries Edward Derwinski, Jesse Brown and Togo West, Miss America Heather French, and national and state veterans service organization leaders. Clinicians have appeared on the show to talk about health-related topics such as smoking cessation, hepatitis C, heart disease and depression. Local VA regional office and national cemetery staff have also been frequent guests, providing information on benefits and other VBA and NCA-related topics.

Culliton has trained other public affairs officers from VISN 3 to help with hosting duties, as well as booking guests and distributing tapes. He also has shared his expertise by working with other VA facilities interested in starting their own cable TV shows. Network Director James Farsetta contributed an item on how to produce a VA cable TV show to the VA Virtual Learning Center, and he recently spoke about the network's success with the program on a national conference call with medical center management.

Using "VA Insights" as the model, several other VA facilities are now producing their own cable shows.

"Veterans Health Today," a monthly cable show produced by the VA North Texas Health Care System, airs in 21 cities throughout North Texas. Public Affairs Officer Jessica Brakefield serves as producer of the show, which started airing in February 1999. She recently began sharing hosting duties with Assistant Chief of Medical Media Sharon Balthrop. A special edition of the show was recently produced as part of Dallas VAMC's 60th anniversary celebration, and featured interviews with past and present chiefs of staff.

The Northern Arizona VA Health Care System's monthly show, "Veterans News and Views," is produced and hosted by chief of

Voluntary Service and Public Affairs Frank Cimorelli. The show began airing in September 1999 throughout the health care system's service area. Since February of this year, Cimorelli and the show's volunteer staff have been producing a second edition that airs in 28 markets throughout VISN 18 (Phoenix). Guests have included a variety of local and national officials from VA's three administrations, veterans service organizations and the military.

The Omaha VAMC's monthly cable TV show, called "Accent on VA" is aired on a local cable provider's health and wellness channel several times during the month. Associate Chief of Staff for Education Dr. William Gust serves as the host, and interviews VA staff on topics that have included alternative medicine, women veterans health, aging, and VA volunteers. The show is produced by the facility's Television Services staff members Jim Prucha and John Campbell.

Culliton's best advice to facilities interested in starting a cable show is to keep it simple, at least for the first six months to a year. "It's easy for new producers to get too caught up in creating a show that ends up being much more complex than it needs to be, and it becomes too cumbersome for them to continue," he said. "The reason we've been able to continue our show for so long is that we started simple and have kept it that way. Simplicity gives way to consistency and longevity."

Because most local cable TV stations offer production facilities and air community, non-profit shows free of charge, the costs of doing a show are minimal, according to Culliton. A few hours of staff time by the host, producer and other participating staff members must be devoted to each production, and there's the cost of copying and mailing tapes of the show to the cable stations.

Some VA facilities have found an even more cost-effective way to use cable access television as a veteran outreach and employee communications tool—participating in shows produced by others. A number of employees from the St. Petersburg, Fla., VA Regional Office have appeared on "Veterans Talk Back!," a local television program for veterans and their families produced by the

Pinellas County Government and Pinellas County Veterans Services. They discuss VA topics of interest and take calls from local veterans.

Several VA facilities in Michigan provide guests for a cable TV show produced by the Michigan chapter of AMVETS. The half-hour show, called "The AMVETS Story Continues," and hosted by an AMVETS service officer, is taped monthly and sent to about 40 cable stations throughout Michigan.

VA medical center employees have appeared in educational segments on topics such as preventive health services and the advantages of a living will, as well as to promote positive programs such as local teams competing in the National Veterans Wheelchair Games or National Veterans Golden Age Games. Employees from the Detroit VA Regional Office have also been guests on the show to talk about VA benefits.

Kim Byers, public affairs officer at the Ann Arbor, Mich., VA Medical Center, said the facility has used the

program to help recruit volunteers, sponsors for the its holiday "Adopt a Veteran" program, and nominations for its VA "Wall of Heroes."

"The AMVETS tapings are an excellent opportunity for us to let people know what's going on at our facility without all the work of producing the shows ourselves," Byers said.

Since ratings for local cable TV shows are not tracked by Nielson or Arbitron, no hard data is available on how many viewers these programs are drawing. But facilities producing or participating in local cable shows report receiving a significant amount of positive anecdotal feedback from veterans, employees and community members, suggesting that their efforts are paying off.

More information on VISN 3's pioneering cable TV program "VA Insights" is available on the Virtual Learning Center on the Intranet at vaww.va.gov/med/osp/cgi-bin/browse.asp?lesson=79&single=yes. Click on "Show Detail" at the top to view the entire lesson. □

Employees With Disabilities (cont.)

accomplishment," he said.

And he's taking the executive order in stride. "In the federal government, VA is second only to the Department of Defense in the hiring of people with disabilities, approximately 2,000 people each year," he explained. "This order calls for us to continue that pace, a figure I think we can easily surpass."

The order states that federal agencies must prepare an action plan detailing how they will increase employment opportunities for people with disabilities and submit it to the Office of Personnel Management within 60 days of the order date.

So, what is VA's plan? According to Bailey, major features of the plan include:

- the Workforce Recruitment Program for College Students with Disabilities, a 12-week intern program that gives college students practical job experience while giving employers an opportunity to work with people with disabilities;

- a statement on all VA vacancy announcements indicating the Department will make reasonable

accommodations for people with disabilities; and

- an annual Disability Training Forum to provide human resources staff and equal employment managers with the latest guidelines on disability hiring practices. The next training forum, scheduled for December 5, 2000, is being held in conjunction with a three-day national conference hosted by the President's Committee on Employment of People with Disabilities.

In 1945, Congress enacted Public Law 176, designating the first week of October as National Employ the Physically Handicapped Week. That week was extended in 1988, when Congress designated the month of October as National Disability Employment Awareness Month.

For additional information on the Workforce Recruitment Program or the Disability Training Forum, contact Keith Bailey at (202) 273-8921. Or for information on hiring people with disabilities, visit the President's Committee on Employment of People with Disabilities Web site at <http://www50.pcep.gov/pcep/welcome.html>. □

Tampa Takes Top Honors in President's Quality Awards



Jodi Strudwick, a nurse at the Orlando, Fla., VA Healthcare Center, part of the James A. Haley Hospital and Clinics, checks the blood pressure of Marty Reiss, director of the VACO Management Improvement Service, during the Excellence in Government 2000 conference in Washington, D.C., where winners in the President's Quality Award Program were honored.

The James A. Haley (Tampa, Fla.), VA Hospital and Clinics was one of three federal organizations to take top honors at the 13th annual President's Quality Award program in Washington, D.C. The Award for Quality Improvement is the latest in a series of honors presented to the Tampa facility during its decade of continuous quality improvement.

"It's been a real team effort," declared Tampa Director Richard Silver. "We've seen a tremendous amount of dedication from our staff, who take pride in delivering the highest quality of care to veterans."

Their journey began around 1990, explained Lynette A. Roff, associate hospital director. "And we believe that working on quality improvement has helped us achieve many measurable and significant improvements in patient care and quality." Timeliness and improved access to care have been common themes throughout the process.

The turnaround time for radiol-

ogy exam reports went from a high of eight days to one; routine lab reports from four or more hours to 30 minutes; C&P exams from 72 to 29 days; and the delivery time for a drug critical to heart attack victims went from 92 to just 20 minutes. These improvements occurred even as the number of veterans treated increased by 49 percent, the number of inpatient beds decreased by 36 percent and costs per patient decreased slightly during the past three fiscal years. Perhaps most significant is the response from veterans in a recent customer satisfaction survey—85 percent indicated that they would choose to continue to receive care at the facility even if they could get care outside of VA for free.

Roff says the improvement process began when the Quality Leadership Team narrowed the facility's 17 multiple goals down to five "key drivers" strategically aligned with the mission of providing compassionate, high-quality care. The key drivers are:

- transition from a hospital to a health care system;
- customer satisfaction as defined by the customer;
- becoming an employer of choice;
- innovation in information management systems; and
- organizational excellence.

According to Andrea K. Hixon, R.N., executive assistant for continuous quality improvement at the facility, the key drivers were then disseminated throughout the organization with an emphasis on ensuring that each of the approximately 3,300 employees fully understood how to incorporate the drivers into their daily operations. "The key drivers serve as the framework for conveying leadership values, strategic planning, resource allocation, educational efforts and evaluation of our progress," notes Hixon. "With the drivers as our guide, we're constantly getting better."

And getting better they are. A series of national awards plots Tampa's quality improvement course—the Robert W. Carey Achievement Award in 1996; the Carey Trophy, VA's top quality management honor, and the Office of Personnel Management's Labor

Partnership Award in 1997; and the Merit Award in the President's Quality Award program in 1998.

In that same year, the facility received a 95 percent accreditation score from the Joint Commission on Accreditation of Healthcare Organizations and also became the first VA facility to be accredited by the Commission for Accreditation of Rehabilitation Facilities for multiple programs. Tampa is home to several VA Centers of Excellence, including Spinal Cord Injury, Rehabilitation, Home Care Services and the Patient Safety Center of Inquiry.

The Tampa VA Hospital and Clinics provide comprehensive care to the more than 450,000 veterans living in eight central Florida counties extending from the Gulf of Mexico to the Atlantic Ocean.

Administered by the Office of Personnel Management, the President's Quality Award program recognizes organizations that make government work better and cost less. □

By Matt Bristol

Getting on the Path to Quality Improvement

Interested in replicating Tampa's quality improvements? The VA Management Improvement Service (MIS), part of the Office of Policy and Planning, can help. That office administers VA's top quality management honor, the Robert W. Carey Quality Awards.

The Carey Awards recognize VA organizations that demonstrate outstanding achievements in organizational effectiveness. And those who administer the program say that going through the application process can often have a more significant impact than actually winning the award.

"Using criteria in the Carey Award application, we can help organizations conduct a self-assessment," said Darine Prok, a

National Initiative Spreads the Word on VA's Health Care Achievements

program analyst who runs the Carey Awards program. "The goal is not to identify weaknesses, but to show how the Carey criteria are linked and how recognizing that linkage can be the first step toward systems thinking. We've developed tools to help organizations evaluate the system instead of the individual parts."

The application process is simple. Applications for the 2001 Carey Awards program are being distributed in October 2000 and will also be available on the MIS Web site at vaww.va.gov/VAQuality/appguide.htm. At that site, you can learn about the awards process, the value of self-assessments, tips on preparing an application, site visit issues and how to optimize the use of feedback reports.

Once complete, application packets are submitted to the Office of Policy and Planning, where they are assessed by a board of examiners composed of employees from VA and other federal agencies. Based on the examiners' assessments, site visits are conducted to determine final applicants.

All finalists' applications and site visit reports are then forwarded to a panel of judges for final ranking. The panel is composed of top leaders of quality organizations from both the private and public sectors and often include past Malcolm Baldrige Award winners.

Thomas Barritt, a program analyst in MIS, says that completing the Carey Award process can help organizations develop a baseline by which to measure the progress of quality improvement programs. "Team members in MIS are anxious to work with anyone who has decided to take the initiative to move their organization forward using quality improvement processes such as the Robert W. Carey Award Program," he said.

For more information about the Carey Award or other VA quality improvement programs, contact Marty Reiss, director of the Management Improvement Service, at (202) 273-5131. □

Did you know that staff courtesy was VA's best area of performance on the national inpatient and outpatient satisfaction surveys?

Or that VA scored 79 on the externally-conducted American Customer Satisfaction Index, significantly above the average private sector health care score of 70?

Or that 80 percent of VA outpatients report that they get their clinic appointment scheduled at a convenient time?

These and other systemwide accomplishments in the VA health care system resulted from the implementation of the Performance Measurement System, launched in 1996 by the Office of Quality and Performance.

The Performance Measurement System was established to meet the challenges of improving health care quality, patient and stakeholder satisfaction, and economic efficiencies. Broad, statistically reliable, ongoing measurement of performance objectives is the foundation of the system.

Under Secretary for Health Dr. Thomas Garthwaite, looking for a way to call attention to VA's health care accomplishments, asked Dr. Jonathan Perlin, VA's chief quality and performance officer, to create a pamphlet that could be distributed to all VHA employees.

The result was a pocket-sized, three-fold Quality Checks pamphlet containing highlights of VA achievements in such areas as patient satisfaction, access to health care, and patient safety. The pamphlet proved popular, and has been distributed to all VA medical centers for use as a handout to employees, patients, at health fairs and meetings.

And now a new national effort is underway to get the word out on VA's achievements in health care quality. Jim Donahoe, director of the Veterans Canteen Service (VCS), saw the Quality Checks pamphlet while attending a meeting and thought the



information would be ideal to convey on the paper liners used on food trays in all VCS food courts and cafeterias.

He believed the tray liners, similar to the ones used in many restaurants, would help patients, their families and staff answer the question, "Why should you recommend the VA health care system?" Staff from Canteen Service, the Office of Quality and Performance and Publications Service teamed up to produce two tray liners that are being distributed to all VA canteens in September.

Cited for helping to move the nation's largest integrated health care system toward its goal of delivering consistent, high-quality health care to veterans, the Performance Measurement System was a recent semifinalist in the 2000 Innovations in American Government Awards Program. These awards are sponsored by the Ford Foundation and administered by Harvard University's John F. Kennedy School of Government in partnership with the Council for Excellence in Government.

VA's Performance Measurement System and National Center for Patient Safety were among 21 federal initiatives to be named semifinalists for the awards. Overall, 96 semifinalists were selected from a field of 1,300 candidates from federal, state and local government agencies. □

Former POW Seminar Highlights Successful Initiatives



Dr. Jo Harbour, a POW physician at the Jackson, Miss., VA Medical Center, examines former prisoner of war T.L. Strickland of Forrest, Miss., who was taken captive at Pork Chop Hill in Korea.

Before an audience of more than 200 VA employees, veterans service organization representatives, and former POWs and their families at the *One VA-Meeting the Needs of Former Prisoners of War* seminar held July 25-27 in Washington, D.C., Edith Eva Eger, Ph.D., shared a moving account of a 16-year-old girl's struggle to survive in a Nazi concentration camp. It was a story she knew well.

"I had to dance as a ballerina for Dr. Josef Mengele, the Angel of Death," she began in a soft, gentle voice, "and I didn't want to make a mistake and be the next to go to the gas chamber." Reaching for an audience member's shoulder, she continued. "So I closed my eyes and pictured myself not in Auschwitz, but as Juliet starting a mournful dance above the body of Romeo on the Budapest Opera House stage." Raising her arm high in the air, she

swayed and pivoted, as if reliving her dance with death.

Later, she encouraged the VA counselors, psychologists, POW coordinators and rating specialists to continue searching for ways to improve services to veterans. "I ask you to re-commit yourself to my heroes, the American service members. Because it was a GI who, in 1945, noticed a small breath of life in my tiny body." Inspired, audience members leapt to their feet and filled the room with applause.

The seminar had come to a close. But much had been gained during the three-day event, the fourth in a series of training conferences for VA employees who work with former POWs. They learned of successful One VA programs for ex-POWs such as the Seattle Experience, where employees of the VA Puget Sound Health Care System work with the Seattle VA Regional Office to identify ex-POWs and bring them to the medical center for extended

protocol examinations and periodic re-evaluations. The goal is to establish and maintain accurate rating levels for presumptive conditions.

Drs. Mack Orsborn and Steve Hunt, of the Seattle VA Medical Center, described how it all came about. "Many of the ex-POWs we were seeing in western Washington were relatively underserved by the VA for a variety of reasons," Hunt noted. "And our VA regional office did an outstanding job of locating these veterans and encouraging them to come in for protocol exams.

"Due to their advancing age, the complexities of their POW experiences and medical histories, we decided to spend additional time with them and consequently have seen an average 56 percent increase in their rating percentages following the extended exam."

Attendees also heard the Jackson, Miss., One VA Case Management Team for Ex-POWs describe how

restructuring operations allowed them to provide personalized one-on-one service that's receiving high marks from Mississippi ex-POWs. At the Jackson VA Regional Office, Ratings Specialist Nancy Mullins handles all ex-POW claims—from conducting the initial interview to rating the claim—while next door at the Jackson VA Medical Center, Physician Jo Harbour conducts both primary care and claims-related protocol examinations for ex-POWs. "This way, Nancy and Dr. Harbour can build a relationship with the veteran, someone they can trust," said team member Amy Owen, a POW coordinator.

In addition to learning about One VA initiatives, employees also had the opportunity to share their thoughts on how VA might improve services for ex-POWs. When ex-POW Thomas M. McNish, M.D., chair of the Secretary's Advisory Committee on Former Prisoners of War, asked how the committee could further its efforts to improve the delivery of services and benefits to ex-POWs, employees eager to share their views formed lines behind microphones.

Their suggestions included adding a special symbol on the computerized patient records of ex-POWs that would better indicate their priority status, and improving training for newly appointed POW coordinators.

When VA Acting Secretary Hershel Gober addressed the group, he reminded them why former POWs deserve special status. "While we owe every American veteran a great deal for his or her service," he said, "we have a special responsibility to those who gave up their liberty so that all of us could remain free."

Want to learn more about the *One VA-Meeting the Needs of Former Prisoners of War* seminar? Contact Dr. Walter H. Cox, program manager in the Employee Education System and education consultant to the Secretary's Advisory Committee on former POWs, via Outlook e-mail, or call (205) 731-1812 ext. 206. □

By Matt Bristol

Unique Program Helps Homeless Women Veterans



A group of women veteran VA employees in Nashville, Tenn., helped turn a dilapidated house into this shelter for homeless women veterans.

When Angel's Landing, a shelter for homeless women veterans in Nashville, Tenn., opened its doors in April 1999, it was the first facility of its kind in the state. But that's not the only reason the facility is unique. Its existence is due in large part to the efforts of a group of women veteran employees from the Nashville VA Medical Center, VA Regional Office and community volunteers working together as the Nashville Women Veterans Network.

The Network started as an outreach and education group to support women veterans. But it quickly grew into much more. Fifteen months after the group was formed, members forged a partnership with Operation Stand Down Nashville Inc., to help homeless women veterans.

MaryAnn Woodward-Smith, women veterans program manager for the VA Tennessee Valley Health Care System, knew from her work that there was a great need in the Nashville area for a homeless shelter for women veterans. So she approached the Women Veterans Network about taking on the challenge of renovating one of four dilapidated houses acquired by Operation Stand Down, a non-profit agency that helps homeless veterans, and opening it as a shelter for homeless women veterans.

They agreed, and in February 1999 began renovating and furnishing one of the houses to be used as a

landscape, furnish and decorate the small house. Donations from local veterans service organizations, businesses and community members helped them reach their goal.

To date, Angel's Landing has helped 13 homeless women veterans. It has been at maximum capacity since opening, and maintains a lengthy waiting list.

The program provides much more than just a temporary home for women veterans. A wide range of services are offered, including individual and group therapy, compensated work therapy, substance abuse treatment, and other special programs such as smoking cessation, physical therapy and occupational therapy.

Woodward-Smith serves as case manager and conducts weekly house meetings with residents. Each resident is also assigned a "sister sponsor" from the Women Veterans Network who offers friendship and helps the resident re-establish community ties.

Residents also get help with transportation and job hunting, and can stay at Angel's Landing for as long as six months. Six of the women who have been through the Angel's Landing program are now employed, and two are totally disabled and receiving VA benefits. Two others have returned to school to further their education. Three are current residents.

Now the Women Veterans Network is sharing the story of its success with the Angel's Landing

three-bed transitional residence for homeless women veterans. Over a period of two and a half months, the women gave more than 1,000 hours of their time to clean, paint, replace doors, plumbing and wiring,

program with VA facilities nationwide. As part of a workshop Woodward-Smith led at the second National Summit on Women Veterans Issues held in Washington, D.C., in June, she presented a 19-minute video about Angel's Landing.

The video, which includes interviews with members of the Women Veterans Network and women veterans who have benefited from the Angel's Landing program, was well received by summit participants. Joan Furey, director of VA's Center for Women Veterans, said she considered it one of the highlights of the summit. "It demonstrated, in a way that words alone can't," Furey said, "why those of us in the business of caring for women veterans strongly support our women veterans program managers and our women veterans programs. It showed the intangible benefits that come from a strong women veterans program."

Michael Barrett, of VA's Employee Education System, served as executive producer of the video, which has been distributed nationwide to VA medical centers, VA regional offices and vet centers. In it, women veterans tell the often heart-wrenching stories of the downward spiral that led them to homelessness, and how Angel's Landing helped them get back on their feet.

"Through the help of the women in the network who knew things that were available for me," one woman veteran says, "I was worked into the VA medical program, I was able to stay here [at Angel's Landing] while my treatment was started, and I was eligible for a veterans disability pension. I now have a steady income and I have health care. My whole life has changed."

"Angel's Landing gives you hope," said another, "and makes you feel that one day you can have a real life again."

Woodward-Smith and the members of the Women Veterans Network hope the video will serve as an example of what can be accomplished when a group of people join together for a common cause, and that it will inspire other VA facilities to launch similar programs across the nation. □

New Stamp Series Honors Four Distinguished Soldiers

The U.S. Postal Service has issued commemorative stamps honoring four of the nation's most distinguished soldiers, three of whom also have strong connections to VA. The four soldiers selected for the stamp series—Omar N. Bradley, Alvin C. York, Audie L. Murphy and John L. Hines—are being commemorated for their heroism and leadership in World Wars I and II.

General Bradley, who commanded the First Army during the 1944 Allied landing in Normandy and later served as Army Chief of Staff and the first Chairman of the Joint Chiefs of Staff, also served as VA administrator from 1945 to 1947. Bradley's VA tenure was brief but critical—the burden of managing the tremendous increase in VA activities after World War II ended fell squarely on his shoulders. More than 15 million new veterans became eligible for benefits during those years.

Tennessee native Sergeant York was awarded the Medal of Honor for his single-handed capture of German soldiers during World War I. The VA medical center in Murfreesboro, Tenn., is named for him.

Texan Murphy, the most decorated American combat soldier of World War II, received the Medal of Honor for saving the troops in his company and single-handedly breaking up a German attack toward the end of World War II. The VA medical center in San Antonio bears his name.

Hines, a World War I veteran, was awarded the Distinguished Service Cross and the Distinguished Service Medal for his bravery and leadership in combat. He went on to serve as Army Chief of Staff.

The San Antonio VAMC hosted a stamp unveiling ceremony on June 20 in conjunction with what would



Employees wait in line at the Murfreesboro, Tenn., VA Medical Center to purchase the Alvin C. York commemorative stamp.

have been Murphy's 76th birthday. Murphy, who had a successful acting career in Hollywood after the war, was killed in a plane crash in 1971. The San Antonio VAMC was named in his honor two years later. The Postal Service offered the Murphy stamp for sale at the unveiling ceremony, as well as a special cancellation for collectors. About 500 commemorative envelopes and stamps were sold following the ceremony.

The Murfreesboro VAMC hosted a special ceremony in July to mark the second release of the York commemorative stamp. Sgt. York's sons, George Edward York and Andrew Jackson York, were special guests at the ceremony honoring the life and legacy of their father. York, who died at the Nashville VAMC in 1964, devoted much of his time after the war to community service.

Employees and visitors lined up an hour before the program to purchase the new stamp from a Postal Service representative, and cancellations were also available for collectors. The Distinguished Soldiers commemorative stamps are available at post offices. □



South Texas Veterans Health Care System Director Jose R. Coronado, Medal of Honor recipient Louis R. Rocco, and San Antonio Postmaster Manny Arguello (left to right) unveil the Audie L. Murphy stamp at the San Antonio VA Medical Center.

ITC 2000 (cont.)

for some 500 attendees, and focused primarily on the operations of the Austin Automation Center. This year's attendees had a wide choice of training and information sessions on more than 350 topics and a total of more than 400 sessions, including telemedicine, video conferencing, data management, and online and satellite training.

Several sessions were broadcast via satellite to VA offices across the nation for employees who were unable to attend. More than 30 employees participated in the Equal Access Program for visually impaired employees, including attendees from five other federal agencies. One of the conference highlights was EXPO, the exhibit area,

which increased this year to 175 booths, including both private vendors and VA exhibitors who displayed a full range of cutting-edge products and services related to information technology.

The 12th annual conference was hosted by the Austin Automation Center, and co-sponsored by the Office of Information & Technology, the Veterans Health Administration and the Veterans Benefits Administration. Information about the conference and topics presented is available on the ITC Web site at www.aac.va.gov/itc. Session handouts from ITC 2000 and links to other sites also are available on the site. □



Patient Awake as Pittsburgh VA Surgeons Perform Heart Surgery

Surgery seems to be everywhere these days. Watch laser eye surgery performed on strangers at a Fairfax, Va., shopping mall, or sit back on the couch as the drama unfolds on one of the “real life” emergency room shows popping up on cable TV.

But how about watching doctors perform surgery on your own beating heart? A team of surgeons from the VA Pittsburgh Healthcare System (VAPHS) and University of Pittsburgh Medical Center (UPMC) made history this summer by performing the nation’s first coronary bypass surgery on a patient as he lay awake, chatting with staff in the operating room.

Instead of using general anesthesia on the patient, Juhan Paiste, M.D., an anesthesiologist in the VAPHS and assistant professor of anesthesiology and critical care medicine at UPMC, injected an epidural through a tiny catheter near the patient’s spinal cord to numb his entire chest area. The epidural is a less-risky regional anesthesia routinely given to block labor pains during childbirth. Then Marco Zenati, M.D., a VAPHS cardiac surgeon and director of the Minimally Invasive Cardiac Surgery Program at the University of Pittsburgh School of Medicine, began the two-inch incision required for the operation. The minimally invasive direct coronary bypass technique significantly reduces a patient’s hospital recovery time.

In this case, Zenati believes the patient could have gone home the day after the surgery. He was, however, held five days longer for observation and a post-surgery cardiac catheterization. “Our goal is to make bypass surgery an outpatient procedure,” said Zenati.

Portland VA Scientists Hopeful of Preventing Multiple Sclerosis in Women

Often called the female hormone, estrogens are essential molecules found in both males and females that influence growth, development, behavior, reproductive cycles and many bodily functions. And scientists at the Portland, Ore., VA Medical Center are hoping the powerful hormone can also be used to prevent multiple sclerosis (MS) and other autoimmune diseases in women.

Physicians have long noted that women with MS go into remission during pregnancy, when estrogen levels are high, explained Halina Offner, Ph.D., co-director of the Neuroimmunology Research Program at the Portland VAMC and professor of neurology at Oregon Health Sciences University (OHSU). Using this information, she teamed with Arthur Vandenbark, Ph.D., a VA senior career scientist and OHSU professor of molecular microbiology, immunology and neurology, to study how estrogen would interact with a T-cell receptor vaccine shown to slow the progression or improve the symptoms of patients with MS.

The T-cell receptor vaccine works by blocking certain receptors on the surface of errant white blood cells that attack

the myelin sheaths surrounding nerves. Damage to myelin sheaths causes inflammation and scarring which interferes with nerve function. This can lead to muscle weakness, fatigue, numbness and loss of balance—all symptoms of MS.

The results of their study, appearing in the May 15 issue of the *Journal of Clinical Investigation*, show estrogen improves the vaccine’s potency—the female mice treated with either a T-cell receptor vaccine or estrogen developed fewer symptoms of an MS-like disease than mice getting no treatment. “But when we used combined therapy [both the vaccine and the estrogen], the animals were completely protected and didn’t become even mildly ill,” said Offner. The combined therapy also boosted the number of regulatory T-cells, those that keep the errant T-cells in check, and increased levels of proteins responsible for reducing inflammation. The researchers don’t know whether their promising results can be repeated in humans. But they will pursue the possibility of trials in MS patients, and plan further studies looking at estrogen’s potential to augment other types of immune system therapies.

San Diego VA Researchers Link Osteoarthritis to Defects in Cartilage Cells

Researchers in the VA San Diego Health Care System have found that defects in how cartilage cells “breathe” and produce energy may cause osteoarthritis, a debilitating joint disease that affects about 16 million Americans over age 60. Results of the study, published in the July issue of *Arthritis and Rheumatism*, suggest that osteoarthritis may come to be viewed as a “power failure” in the mitochondria of cartilage cells.

Mitochondria are important structures within the cells of the human body. Oxygen-dependent electron transport in mitochondria helps produce energy in the cell. The study found that when this process is hampered within cartilage, the rubbery tissue between joints, osteoarthritis could develop. The research suggests that new osteoarthritis drugs could be aimed at preserving this vital mitochondrial function in cartilage cells.

VA Physician Describes Uncertainty in Prostate Cancer Care

In an editorial appearing in the June 28 issue of the *Journal of the American Medical Association*, Timothy Wilt, M.D., of the Minneapolis VAMC Center for Chronic Disease Outcomes Research, says that urologists and radiation oncologists too often recommend prostate cancer treatments that they personally provide, rather than providing patients with a balanced presentation of the known risks and unproven benefits of all available options.

“Specialists mean well when they make treatment recommendations,” said Wilt. “Unfortunately, these intentions are frequently not supported by convincing evidence and may not be in the best interest of the patient.” In the article, titled “Uncertainty in Prostate Care,” Wilt explains that current treatment recommendations are based on physician advice, patient testimonials and media reports of methodologically-flawed studies. He suggests that those diagnosed with prostate cancer consider enrolling in research clinical trials that offer the opportunity to receive scientifically sound treatment while helping to further research on the disease. Wilt is currently leading a 15-year study comparing surgical removal of the prostate to a more conservative treatment approach. □

HAVE you heard

VA Under Secretary for Memorial Affairs **Robert M. Walker** recommended a Cherokee County, Ga., site for construction of a new national cemetery in the Atlanta area. The owner of the 770-acre site, a World War II veteran who landed at Omaha Beach on D-Day, offered the land as a donation, with no cost to the government. Following an environmental assessment, a recommendation to accept the property will be transmitted to the Secretary of Veterans Affairs. A total of 12 sites were considered. The Atlanta area is one of six locations identified in VA's Report to Congress on the Establishment of Additional National Cemeteries as required by the Veterans Millennium Health Care and Benefits Act of 1999.

The LIFT: Leadership Initiatives For Tomorrow Intern Program at the **St. Paul, Minn., VA Regional Office** helps employees interested in advancing their careers prepare for future leadership roles within VA. Seven employees in the Class of 2000 recently completed the interactive two-year program. The goal is to develop the existing talents of participating employees at the St. Paul VARO who may then compete for supervisory or leadership positions. **Bonnie Lacki**, the LIFT program chair and a management analyst at the regional office, developed the plan, direction and goals of this group. The graduates are: **Candace Anacker, Barbara Arntzen, Susan Berres, Michael (Mattie) Mathisen, Cheryl Seanoo**

and **Cindy Turcott** of the Regional Loan Center, and **Mary Michels**, of the Veterans Service Center. Planning is underway for the 2001 program.

Staff from the **Eagle Point, Ore., National Cemetery** used to drive nearly 100 miles to Roseburg, Ore., to maintain the grounds of the national cemetery there. But now, thanks to a contract between Eagle Point and the **Roseburg, Ore., VA Medical Center**, they don't have to make that long trip because veterans in the medical center's Compensated Work Therapy program are now maintaining the Roseburg cemetery grounds. But that's not all. They're also preparing sites for burial, cleaning, setting and repairing headstones and even assisting visitors. According to **Dona L. Brewer**, public and community relations officer at the Roseburg VAMC, the program has generated a great deal of individual and community pride in knowing the cemetery is being properly cared for.

In the spirit of One VA, the **San Juan VA Medical Center** teamed with the **San Juan VA Regional Office** to establish a benefits office strategically placed so as to be easily accessible to the reported 1,500 outpatients visiting the medical center each day. Staffed by two veterans service representatives and a receptionist, the benefits office will make it easier for veterans interested in learning about VA benefits to do so. The project was

coordinated by **Rafael Marciano**, VARO project manager, **Jose A. Alicea**, VARO information resources management chief, **Lisa Morales**, VAMC facilities, and **Mike Figueroa**, VAMC project engineer.

This summer, the **Northport, N.Y., VA Medical Center** was host to "Touched by Fire: The Australian Experience in Vietnam," an original 36-foot mural, painted in oils, that chronologically depicts Australia's involvement in the Vietnam War. **Derek Walsh**, the artist, and several members of the Veterans of the Vietnam War, Inc. Australia are traveling this summer throughout the States to promote the respect and standing of Vietnam veterans, particularly among the youth, and to raise community awareness of historic military events. The Australian exhibit, which many Americans have

compared to the Vietnam War Memorial in Washington, D.C., is a lasting memorial dedicated to the memory of those who served alongside American soldiers in Vietnam and who paid the ultimate sacrifice during the war.

Enhanced-use leasing and the recent GAO report alleging that VA wastes \$1 million a day on unnecessary facilities were among the timely topics that drew more than 260 VA facility planners, managers and leaders to New Orleans this summer to participate in the **VA Capital Asset Management Conference**, known as CAMCON 2000. Attendees heard speakers from the highest levels of VA, other government agencies and the private sector; learned about capital management trends and alternate strategies; and reviewed VA's asset portfolio and how it is managed. □

Thanks for the Memories



Derek Mumford, a retired schoolteacher and veteran of both World War II and Vietnam, has created a nostalgic environment for patients with Alzheimer's Disease at the North Little Rock campus of the **Central Arkansas Veterans Healthcare System**.

Studies of dementia patients indicate they retain some long-term memory but lose short-term memory. So creating an environment that reminds them of the 40s and 50s may have therapeutic benefits. Mumford volunteered to create wall murals, a soda fountain in the dining room and a nostalgic barbershop, to help the veterans rekindle their old memories.

HONORS and awards



Charles O'Brien, M.D., chief of Psychiatry at the **Philadelphia VA Medical Center**, received the

American Psychiatric Association's highest research honor, the Award for Research in Psychiatry. O'Brien, who founded the Addiction Research Center at the Philadelphia VAMC in 1971, leads the team that first demonstrated in humans that addiction produces conditioned responses that continue after drug use stops and increase the risk of relapse. The team also invented the Addiction Severity Index used by clinicians and researchers all over the world and discovered the efficacy of naltrexone, an opiate antagonist, in the treatment of alcoholism.

The **Government Computer-based Patient Record (GCPR) Framework Project** received the Pioneer Award at the national electronic Government Conference and Exposition in July. GCPR is a federal inter-agency health care technology initiative expected to improve the highly secure electronic exchange of patient medical information among participating health care organizations. The GCPR Framework Project was cited in the award as one of the year's 20 most significant federal, state and local electronic Government programs that increase productivity, save resources,

and improve the quality, timeliness and accuracy of citizen services.

Dr. Harvey Jay Cohen, director of the Geriatric Research, Education and Clinical Center at the **Durham, N.C., VA Medical Center**, has been elected president of the Gerontological Society of America (GSA) for the period 2000-2001. Cohen is a professor in Geriatric Medicine and director of the Center for the Study of Aging at Duke University Medical Center. He currently chairs the Board of Scientific Counselors of the National Institute on Aging and has authored more than 200 scientific publications on cancer and on the immunology of aging.

This summer, the **Los Angeles National Cemetery** received an incentive award of \$50,000 from the Los Angeles Board of Water and Power Commissioners for implementing several water conservation practices. Cemetery Director **Bill Livingston** and his staff pursued the incentive award for more than a year, installing a new irrigation system, controlling watering schedules, conducting proper aeration and implementing good mowing techniques. The funds from the incentive award will be used for a central irrigation control system and weather station.

Richard H. Wilson, Ph.D., chief of Audiology and Speech Pathology Service at the **Mountain Home, Tenn., VA Medical Center**, was

designated a Senior Research Career Scientist by VHA Rehabilitation Research and Development Service in Washington, D.C. He is the only audiologist in the nation to have received this competitive award, which provides funding for research projects for seven years. The award will support Wilson's experimental work in the Auditory Research Laboratory at the Mountain Home VAMC. His research focuses on how people hear in noisy backgrounds and on the types of hearing loss that are best treated with hearing aids.

The **National Memorial Cemetery of the Pacific (NMCP)** in Hawaii received an Institutional Award from the Commerce Department's National Oceanic and Atmospheric Administration for collecting, recording and forwarding daily rainfall information over the past 50 years. The information gathered is forwarded to the National Weather Service's Pacific Region Headquarters in Honolulu and then on to the National Climatic Data Center in Asheville, N.C., where it is compiled with information on weather patterns from around the nation. **Alan Sumitomo**, NMCP support services supervisor, accepted the award from David Hilea, Jr., cooperative program manager for the local National Weather Service.

Colleen M. Sasso, a radiology nurse clinician at the **San Francisco VA Medical Center**, became the first VA nurse to be named president-elect of the American Radiological Nurses Association (ARNA). She has been an ARNA board member since 1997 and will assume the position of president for the year 2001. As the charge nurse of the Radiology Department, Sasso oversees

nursing staff and patient care issues in a complex environment that provides conscious sedation, interventional radiology, magnetic resonance imaging, computed tomography, ultrasound and nuclear medicine.

Marianne Mathewson-Chapman, director of the Federal Strategic Health



Alliance in **VISN 8** (Bay Pines, Fla.) and deputy surgeon general in the Army National

Mathewson-Chapman Guard, recently became the first woman in the Guard to be promoted to the rank of major general. In VISN 8, Mathewson-Chapman is responsible for linking VA and Department of Defense health care assets with Army Reserve units throughout Florida, Puerto Rico and the U.S. Virgin Islands. A decorated Gulf War veteran, she is also an advanced nurse practitioner in adult health and oncology.

The Disabled American Veterans named **Danny Merced**, a 17-year-old volunteer at the **Miami VA Medical Center**, the most outstanding VA youth volunteer in the nation and awarded him a \$10,000 National Commander's Youth Volunteer Scholarship. Merced, who is supervised at the medical center by **Hattie Pittman, R.N.**, and **Remberto Rodriguez, M.D.**, began volunteering there at the age of 12 and has since logged nearly 2,000 hours. He recently graduated from Miami-Dade Community College and began attending classes at the University of Florida as a 17-year-old Junior. □

HEROES



While driving to work late one evening, **Tony Marangoni**, a staff nurse in the Intensive Care Unit at the **Lake City Division of the North Florida/South Georgia Veterans Health System**, came upon an overturned vehicle. Stopping to investigate, he discovered a young woman trapped inside the car. As he assessed her condition, he noticed severe head trauma and quickly summoned paramedics. He then stayed on the scene to help free the woman from the mangled wreck. She was airlifted to the nearest trauma center, where she underwent emergency surgery.

☆☆☆☆☆

While driving home from a conference, **Beatrice Rue**, an employee at the **St. Petersburg, Fla., VA Regional Office**, saw a van lose control and slam into the guardrail. The impact caused it to flip in the air, ejecting some of the passengers, and then roll over several times. Rue immediately pulled over to help. Other rescuers rushed toward the van, so she decided to search the tall grass for the victims who were thrown from the vehicle. She heard crying and located a small girl. Nearby, a toddler lay strapped in its child seat, apparently unharmed. Rue stayed with the girl and directed others to the toddler. She learned the girl's father was a diabetic and relayed this information to the paramedics on the scene. She then followed the ambulance to the hospital at the young girl's request. Ironically, the girl's father is

also a VA employee, at the Jefferson Barracks Division of the St. Louis, Mo., VA Medical Center.

☆☆☆☆☆

Karen L. Lee, an employee in the canteen at the **Gainesville Division of the**



Lee

North Florida/South Georgia Veterans Health System, became concerned

when she noticed a patient purchasing large quantities of cold medicine over a two-day period. So after the second incident, she asked **Roderick A. Fair** and **Derek W. Owens**, Engineering Service employees, to check on the patient while she contacted the VA police for assistance. Captain Milt Gordon, of Police and Security, arrived and confronted the patron, who identified himself as a second-floor inpatient. It was noted that the patient had ingested the contents of at least six packets of the cold remedy. Because of Lee's careful observation and quick thinking, a potentially deadly incident was averted.

☆☆☆☆☆

Early one morning, **Michael Dudgeon**, an irrigation technician at the **Riverside, Calif., National Cemetery**, was driving to work when he spotted a car accident on a heavily traveled rural road. He immediately pulled to the side of the road

to see if he could help. Using skills he learned in the military, Dudgeon first identified the most seriously injured. He then enlisted the help of others involved in the accident who were not injured to help stabilize those with more serious conditions. He asked someone to call paramedics and helped direct traffic around the accident scene until the victims had been taken to local hospitals. For Dudgeon, this was the latest in a series of selfless acts. Once, while shopping downtown, he chased a purse-snatcher and tackled the thief, holding him until police arrived. He also helped prevent a suicide at the cemetery and once rendered first aid to an elderly gentleman who had fallen and injured himself while visiting the final resting place of a loved one.

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Employees at the **Battle Creek Mich., VA Medical Center** recently gave new meaning to their "We Care" motto. Two co-workers were facing a terrible tragedy—their daughter was killed and they were left to care for her three small children. Learning of the tragedy, a group of employees quickly organized a surprise "baby shower" for the couple and presented them with items donated by fellow employees including a check for several thousand dollars, two clothes dressers, toys, food and presents for the children.

☆☆☆☆☆

As she went to inform a patient at the **Northampton, Mass., VA Medical Center**, **Donna Darcy, LPN**, saw the man climbing out a second story window and onto a roof platform. She quickly yelled

for assistance. **Nabil H. Raheb, M.D.**, and **Edward J. Harnois**, a nursing assistant, arrived at the window and rushed to grab the man. Raheb leapt onto the platform and caught the patient by his arm just as he was about to jump from the roof. Harnois helped bring the patient under control and escort him back inside. Thanks to the quick thinking and disregard for personal safety demonstrated by these employees, a potential tragedy was averted.

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When the call came for volunteers to travel to Guatemala on a humanitarian mission, **Richard T. Shelton, D.D.S.**, staff dentist at the **Tampa, Fla., VA Medical Center** and a major in the U.S. Air Force Reserve, stepped forward to take the challenge. During the 11-day mission, his team saw more than 1,400 dental patients within the Chimaltenango Sacatepequez region of Guatemala. It's not the first time Shelton has used his skills as a dentist to help others. In 1997, he provided dental care to Oglala-Lakota Native Americans on Pine Ridge Reservation in South Dakota and in 1998, he provided dental care to Native Americans in the Yukon-Kuskowin area in Alaska.

☆☆☆☆☆

When a patient in the Nursing Home Care Unit of the **Altoona, Pa., VA Medical Center** threatened to cut himself with a large, jagged piece of glass, **Mark Vinglish**, a nursing assistant, stepped in to take control of the situation. Showing no regard for his own personal safety, Vinglish quickly disarmed the man and prevented him from harming himself or others. □