



U.S. DEPARTMENT OF VETERANS AFFAIRS

Vanguard

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A black and white photograph of a person in a wheelchair, seen from the side, looking out a window with vertical bars. The person's hand is near their face in a contemplative pose. The scene is dimly lit, with light coming from the window.

A Living Testament to Veterans' Sacrifices

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On the cover:

This exhibit at the Los Angeles VA Regional Office depicts the sacrifices and struggles endured by prisoners of war. Employees at the regional office have turned their workplace into a veterans museum, one of numerous changes they've made to keep the mission of serving veterans foremost in their minds.

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INTRODUCING

Kimberly Floyd

Take a walk through any VA regional office and you're bound to spot some fresh faces. The Veterans Benefits Administration has been in a hiring frenzy of late, adding more than 1,000 new claims processors last year. It's the largest workforce increase there since the Vietnam War.

One of the new faces at the Winston-Salem, N.C., VA Regional Office is Kimberly Floyd, a rating specialist. She's one of more than 100 employees hired by the office over the past two years to help VA dig out of the claims backlog.

She said she was eager to start her first job after nearly 10 years as a "professional student" at the University of North Carolina's Chapel Hill and Greensboro campuses. During that time, she earned a master's degree in rehabilitative psychology and is just one course shy of a second master's in public affairs.

It's been a long road to get where she is today. Floyd was in a car accident in 1992 that left her partially paralyzed. She was just 19 years old at the time. It was the same year Title I of the Americans with Disabilities Act took effect, prohibiting discrimination against people with disabilities.

While in school, she completed several internships as an advocate for people with disabilities; she spent a year on the Governor's Advocacy Council for Persons with Disabilities, and did tours with the Greensboro Advocacy Project for Persons with Disabilities and the North Carolina Rehabilitation Council, where she

continues to serve.

One of her objectives was to travel throughout the state and identify independent living barriers. "I learned we've got a long way to go in terms of equal access, especially in rural areas," she said.

People who use wheelchairs are no different from those who don't, explained Floyd. "I think sometimes people underestimate us," she told a reporter from the *High Point Enterprise*. "But people have to realize that just because I have a disability

doesn't mean that I don't share the same things in common with people who don't. I have goals, and I have a life, and I have dreams," she said.

For her individual achievements and advocacy efforts, she was named Ms. Wheelchair North Carolina. The program is similar to the Miss America pageant in that finalists are chosen from each state and compete for a

national title. But the Ms. Wheelchair America competition is designed to identify and select the most accomplished and articulate spokesperson for millions of disabled Americans.

This summer, Floyd and her assistance dog, a 3-year-old golden retriever named Tuppence, head off to Rockville, Md., to compete in the Ms. Wheelchair America pageant July 30 through Aug. 4.

"Everybody's pulling for her," noted supervisor Rick Darnell, a coach on the Rating Board. "And I don't think they could pick a better person for it." □



By Matt Bristol

Stewart Liff,
Director, Los Angeles
VA Regional Office

The Transforming Power of ‘Visualizing’ Your Mission



We’ve come a long way at the Los Angeles VA Regional Office. There was a time when we had lost sight of both the veterans and the mission. In

VA’s first customer satisfaction survey, we ranked last out of 58 regional offices. The Department seriously considered closing our office or moving it to a different city. We needed a major makeover.

A concept I call visual communication has helped us achieve a remarkable turnaround. It involves a “whole brain” approach to communication. We use images to create an emotional response in the right side of the brain, the creative side. At the same time, we supply meaningful data and figures to stimulate the brain’s left side.

Images can evoke powerful emotional responses. They can be linked to a

point in time. They can grab our attention, influence our thoughts and shape our perceptions. Yet, despite their effect, managers generally rely on written words to convey important organizational information.

I’ve learned that this just doesn’t work—people don’t pay attention to the words on vision statements, strategic plans, and balanced scorecards if they’re not visually linked to the mission.

One of the first actions I took when I arrived in Los Angeles in 1994 was to create a roadmap that laid out visually the different steps we were going to take to reach our goal of becoming a world-class organization. We wanted to become a place where people are proud to come to work, where they feel a

connection to the mission and can clearly see how their work impacts people’s lives.

We started with the basics, the physical layout. Our office is housed in a beautiful building right next to UCLA, but through years of neglect, it had become a mess. Half the lights had been turned off because of the oil embargo in the 1970s and had never been turned back on. Carpets were held together by masking tape. Our work groups were crushed together on one half of the office and a row of file cabinets blocked one of the best views in southern California.

The first thing we did was reconfigure the office space. We put the file cabinets in the middle, creating teams on either side. This arrangement reduced the amount of socializing and wandering around, and within one month, our productivity increased by 8 percent. We turned on the lights, replaced the

carpets and painted the file cabinets. These physical changes had a major impact on attitudes and morale.

With our office looking more respectable, employees felt better about themselves and their jobs and they began dressing and acting more professionally. But to visitors, our office still looked like a typical government agency. We wanted our work environment to live and breathe our mission. We wanted veterans and their families to know instantly that we were here to serve them, that we respected their service to our country, and that we were going to try our best to grant their claims for benefits.

Using images, objects, colors, sounds and environmental surroundings, we have transformed the

entire regional office into a veterans museum. Along the way, we’ve reconnected with the VA mission and made tremendous improvements in how we serve southern California veterans.

Our turnaround was made possible only through the drive and commitment of our employees. They made it possible by believing in themselves and taking pride in our mission. They are integral to our success and it’s a privilege to work by their sides.

We no longer look or operate like any other government office. And people are starting to notice. More than 50 private and public organizations have visited our office over the past two years to study our transformation and learn about the visual communication approach.

Veterans have noticed as well. From their perspective, we used to grant 33 percent fewer claims than the typical VA regional office. Today, our claims processing customer satisfaction ratings, which were once the lowest in the

nation, are well above the national average. And we increased the number of veterans rehabilitated by more than 500 percent, jumping from 59 in 1994 to 376 last year. We achieved these results even as our staffing level dropped 37 percent.

Last year, we were one of two recipients of the Office of Personnel Management’s PILLAR Award for aligning employee performance goals with our strategic plan and linking incentives to customer service results. Take a look around your organization. Can you see your mission? Is it readily understandable, easily absorbed? If not, then the visual communication model may be for you. It’s a program that can be replicated anywhere; the only limit is your imagination. □

We wanted to become a place where people are proud to come to work, where they feel a connection to the mission and can clearly see how their work impacts people’s lives.

Leo S. Mackay Jr., Ph.D.,
Deputy Secretary
of Veterans Affairs



The medical care program of the VA is one of the largest in the world ... Obviously, a program of this magnitude is one of considerable interest to the Congress and

the people of the United States. That interest ... is considerably heightened by the fact that ... the quality of the medical care available to the beneficiaries of the VA has been raised to a point where it unquestionably represents the best medical care available anywhere ...

That estimation of VA medicine was not written today, although it well could have been. It appeared in a congressional report published in 1951. Ensuring that the nation provides benefits to veterans is a sentiment long held by the American people—one stemming from English law and adopted by the Colonists. National homes for veterans, established between the Civil War and the Spanish-American War, were precursors of today's VA hospital system.

Over the years, those responsible for administering veterans' programs restructured VA health care to adapt to the remarkable advancements in medicine and changes in veterans' needs following each successive war and conflict. In today's VA, we also are transforming the system as we continue on our course of bringing VA medicine into the 21st century.

In June, VA announced the beginning of the second phase of the Capital Asset Realignment for Enhanced Services (CARES) initiative. Some media reports stated that VA hospitals may be in peril of closing as a result of this restructuring. But these headlines distort the purpose of what we believe is an essential undertaking for the Department. The goal is *not* to identify

VA Health Care: On Course for the Twenty-First Century

hospitals for closure but to realign and enhance VA health care to meet veterans' needs effectively and efficiently, now and in the future.

Several factors prompted us to initiate CARES. VA's medical structure was built decades ago when the focus was inpatient care. VA has already begun to shift from a hospital-based system; today, the majority of the treatment we provide is outpatient care.

A new planning process is necessary to address the projected changes in the veteran population—their declining numbers over the next 20 years, their locations and their medical needs. We also must be prepared to treat younger veterans who may come to us with illnesses from their service in more recent deployments and to fulfill our role in Homeland Defense. In addition, VA needs to examine its infrastructure to find other uses for unnecessary and outmoded buildings that may no longer be suitable for the delivery of modern health care.

CARES first was conducted in Veterans Integrated Service Network 12, which includes Wisconsin, the Chicago area and the Upper Peninsula of Michigan. As a result, nursing home beds in Wisconsin will be dispersed, improving veteran access to long-term care. Four additional community-based outpatient clinics are planned in Wisconsin, Illinois and Michigan.

While inpatient services will eventually be shifted from one hospital in the city of Chicago to another only six miles away, a large outpatient clinic will remain at the former hospital site. These changes illustrate how we are shifting care where it is most needed and, at the same time, expanding its availability to more veterans.

Phase II of CARES covers the remaining networks. Data and information about each network are being gathered to conduct an analy-

sis of veterans' health care needs. The process will be standardized to ensure objectivity and consistency. Market plans will be developed for each network.

Throughout the process, VA will involve all affected groups, seeking their input to ensure their concerns are considered. The Veterans Benefits Administration and the National Cemetery Administration will participate with the Veterans Health Administration in this undertaking. An independent commission will evaluate network market plans, and also hold hearings and solicit comments.

Following that process, VA will have a national plan for directing resources where they are most needed; preserving VA's missions and special services; and, at the same time, providing high-quality care to more veterans in more locations. The commission will forward its recommendations to the Secretary of Veterans Affairs, who will make his decision in late 2003.

The goal of CARES is not to identify hospitals for closure but to realign and enhance VA health care to meet veterans' needs effectively and efficiently, now and in the future.

We in VA owe it to the American people to use their tax dollars wisely in managing an efficient, effective health care system. But what is most important is fulfilling the debt we owe to our nation's veterans by maintaining a viable, modern, world-class health care system—one they can rely on now and in years to come. □

VHA Headquarters Gets New Management Structure

Secretary Anthony J. Principi has approved a reorganization of VHA headquarters proposed by Under Secretary for Health Dr. Robert Roswell. According to Roswell, what's most significant about the new organizational structure is that it reflects some of his strategic priorities.

The new management structure adds two more Deputy Under Secretaries, one for Operations and Management, and the other for Health Policy Coordination. The Deputy Under Secretary for Health will oversee such areas as patient care services, research, academic affiliations, quality and performance, policy and planning, ethics, and employee education. Also under this principal DUS is a new office of clinical logistics, which will focus on improving commodity standardization across the VA health care system.

The Nursing Strategic Healthcare Group will become the Office of Nursing Services, an elevation of its director to chief officer, reporting to

the Under Secretary through the Deputy Under Secretary for Health.

The Deputy Under Secretary for Operations and Management will oversee the 21 health care networks, three new network support offices (east, central and west regions), and other key services that support field operations, including finance, facilities management, information, and canteen services. A new business office will be aligned under this DUS, and will be responsible for enrollment and eligibility functions, as well as revenue cycle operations, including the Medical Care Collections Fund.

In announcing the reorganization, Roswell praised the 21 health care networks for improving efficiency while maintaining and enhancing the quality of care they provide patients. But he expressed concern that they've done so in such markedly different ways. "We have not been as effective as I would like us to be in replicating those best practices, those effective strategies, across the 21-VISN structure," Roswell said.

To improve VHA's ability to identify best practices and make the VA health care system more uniform, the focus of its National Leadership Board will be changed to put an increased emphasis on corporate performance across the networks.

The third Deputy Under Secretary represents a new venture for VHA, according to Roswell—broad coordination of health policy and programs with the Department of Health and Human Services. "Coordination of federal health care programs will play a larger role in the future of VHA," he explained.

The Deputy Under Secretary for Health Policy Coordination will provide leadership for VA's inter-agency activities with HHS, coordinating a wide range of health care issues with that department's Assistant Secretary for Health, including public health, mental health, aging, health care quality, patient safety, occupational health and safety, information technology and Medicare programs. □

VA to Reform Health Care Procurement Process

The final report of the VA Procurement Reform Task Force outlines more than 60 reforms aimed at improving efficiency and extending buying power for the VA health care system. VA Secretary Anthony J. Principi established the task force last June to review all aspects of VA's complex system for buying everything from bandages to X-ray equipment.

Last year VA spent nearly \$6 billion on pharmaceuticals, medical, dental and surgical supplies, prosthetic devices, equipment, information technology products and other items. Multi-year contracts on the books are worth about \$10 billion.

The 1,000 multi-year contracts currently in effect cover medical purchases not only for VA but for several other federal agencies as well. Last year alone, VA spent more than \$3 billion under these multi-year health care contracts, and other agencies spent more than \$1 billion.

The Department makes the second largest number of purchases in the federal government after the

Defense Department—more than 2 million in 2000—even though it ranks sixth in procurement spending.

Task force members examined the overall structure of VA's acquisition system, including staffing and oversight functions. They reviewed documents prepared by the IG's office and other sources, and conducted more than 100 interviews with VA staff, vendors, private health care organizations and others familiar with VA's acquisition program.

The reforms recommended by the task force will help VA achieve five goals: leverage purchasing power; standardize equipment and supplies; obtain and improve comprehensive procurement information; enhance organizational effectiveness; and ensure a sufficient and talented acquisition workforce. Recommendations ranged from administrative and policy changes to enhanced partnerships with the Defense Department.

Implementation of the report's recommendations isn't expected to

affect the size of the acquisition work force, which now includes 6,000 employees. Over time, however, the reforms will result in changes to the skills they will need. The task force identified a need for a sustained, well-trained work force of acquisition professionals who can do the work required in a dynamic environment.

Dr. Robert Wiebe, director of the VA Sierra Pacific Network (VISN 21), chaired the Procurement Reform Task Force, and VA Principal Deputy Assistant Secretary for Management Mark Catlett was the vice chair. Eleven other task force members represented headquarters and VA field organizations, including medical and administrative professions.

A new Business Oversight Board, chaired by the Deputy Secretary, will coordinate the work of a new health care acquisition board and other existing oversight groups. More information and a copy of the task force's final report are available on the Web at www.va.gov/prtf/. □

VHA Advisory Board Works to Raise Diversity Awareness

The roots of VHA's Diversity Advisory Board reach back almost 10 years, to some forward-thinking senior women executives. They formed a group to give a presentation at the 1993 VHA Senior Management Conference aimed at raising the awareness of executives attending the conference about some of the issues and stereotypes facing women in the workplace.

After the conference, the group reconvened to talk about setting up a committee that would continue the momentum they'd started to educate senior VHA executives about diversity. The committee they envisioned would also serve the Under Secretary for Health in an advisory capacity on diversity management.

The group's focus soon turned from women's issues to the broader topic of diversity in the workplace, encompassing not only gender but also cultural, ethnic and related issues that exist in the work environment. They took their idea to the Under Secretary for Health, who supported establishing a VHA Advisory Committee on Diversity. The committee later changed its name to the Diversity Advisory Board.

Today, the board advises the Under Secretary for Health and key VA health care system managers on diversity issues in the workplace. Its 18 members are promoting diversity through a number of activities, such as coordinating a systemwide awareness campaign, serving on key committees and workgroups, running an annual awards program to recognize facility achievements in diversity, and participating in education and training programs.

Their specific goals include:

- ensuring that diversity is fully integrated into everything the VA health care system does to improve services for veterans, and incorporated into the strategic planning process;
- helping to develop future leaders by educating them about managing the changing workforce;
- increasing awareness of how teams can capitalize on diversity and the unique contributions individuals bring to the workplace;
- collaborating with internal and

external organizations to increase recruitment and retention of employees with diverse backgrounds and skills;

- rewarding and recognizing facilities that have a high-performing culture of inclusion and are taking steps to develop and maximize diversity in their workplace; and
- assisting in the development of performance measures and monitors making managers more accountable for leveraging diversity to enable future success.

The board's five-year diversity awareness campaign, called REACH, gets underway in July. The acronym stands for Respect, Education, Awareness, Collaboration and Honesty. The idea is to focus on one of these areas each year, according to Dr. Dorothy Anderson, managing director of the Employee Education Resource Center in Durham, N.C., who is midway through her first year as chair of the Diversity Advisory Board. This year the focus is on respect.

"Respect for our individual differences," explained Anderson. "What makes us who we are. Diversity goes beyond race, ethnicity or gender. We want to set the tone for valuing and understanding the differences in heritage and background that we all bring to the workplace."

To kick off the campaign, the

board teamed with Canteen Service to display tent cards on cafeteria tables at VA medical centers throughout the country during the month of July. The table tents celebrate the integration of the military, highlighting the executive order signed by President Harry Truman on July 26, 1948 ending discrimination in the U.S. armed forces. It's the first of a number of diversity campaign-related activities planned for this year, according to Anderson.

The annual diversity awards program honors VHA facilities that have advanced the cause of diversity in the workplace and served as a role model for other facilities through a successful educational project, program or activity. Each year's winner is recognized for achievements over time that can be replicated at other facilities, said Anderson.



Desegregation of the Military

Early in 1948, President Harry Truman decided to end segregation in the armed forces through administrative action rather than through legislation. By that summer, his staff had begun drafting the executive order. He had them add a section calling for the creation of a presidential committee to implement the order.

On July 26, Truman signed Executive Order 9981, which states, "It is hereby declared to be the policy of the President that there shall be equality of treatment and opportunity for all persons in the armed services without regard to race, color, religion, or national origin." The order also established the President's Committee on Equality of Treatment and Opportunity in the Armed Services.

Though the order set the official stage for ending the military's policy of segregation, the road from there was long and far from smooth. But by October 1953, the Army announced that 95 percent of African-American soldiers were serving in integrated units.

Nurses Bring Medical Experience to Regional Office Setting



John Capozzi and Barbara Whitty are two of the six nurses the Phoenix VA Regional Office has hired to rate veterans' disability claims.

Nurses have been the heartbeat of VA health care for years. Now it seems they are finding a role in VA regional offices as well. Within the last year, the Phoenix VA Regional Office has hired six nurses as rating specialists. They moved out of direct patient care for a variety of reasons—but job security and a 9 to 5 work schedule were among the top.

It was a job announcement in the local newspaper that caught the eye of registered nurse Nancy Miller. "Hey nurses! Do you want to have weekends and holidays off?" It was a tempting offer for someone who had spent the past 10 years working 12-hour graveyard shifts as a telephone triage nurse. "I jumped on it," said Miller, who served 20 years in the U.S. Air Force, "even though I didn't really have any idea what the job was about." Barbara Whitty admitted she wasn't quite sure what the job entailed either, but she knew she could use her 30-plus years of medical experience, and that was important.

A friend of a friend told John Capozzi about a vacancy announcement on the Office of Personnel Management's Web site that said VA was looking for registered nurses to

rate disability claims. A former Navy corpsman, Capozzi had worked at the VA domiciliary in Bedford, Mass., while in college and was between jobs. He called the number on the Web site and asked for an application. The job is not what he expected, but in a good way. "In patient care, you see daily changes in your patients and feel as though you're accomplishing something. Well, here you get the same feeling."

"Hiring nurses was our goal," said Janis Wood, a human resources management officer at the Phoenix VARO, explaining that it was part of an initiative outlined by Secretary Anthony J. Principi. She said the response rate from their hiring drive was "extremely good." So much so that they actually hired more people than they initially intended. In the past year and a half, Wood said the office hired or promoted 14 people as rating specialists; six of them were nurses.

"When you're rating veterans' disability claims, it helps to have a medical background," explained Jim Doerr, congressional liaison at the office. Registered nurse Cheryl Barnett agreed. "I can sift through the medical records and know

exactly what I'm looking at," she said, "and that makes it a lot easier to see connections between certain diseases."

She pointed to the case of a Vietnam veteran who was exposed to Agent Orange. He was rated 100 percent service-connected for non-Hodgkin's lymphoma, but also had several diseases she had never heard of.

She suspected his other conditions were precursors to the lymphoma so she searched three volumes of his medical records until she found the connection. Her suspicions proved correct and the veteran's other diseases were rated service-connected as well. "It was a very complex case," she said.

Other registered nurses who have joined the Phoenix VARO as rating specialists are Sandy Cook and Kelly Bennett. □

By Matt Bristol

Diversity (cont.)

son. Last year's winner, the VA New Jersey Health Care System, was honored for expanding two already-established mentoring programs. The Expanding Horizons Program is open to employees at the GS-8 and above level, and the New Frontiers Program is open to employees at all grade levels.

Though the board falls organizationally under VHA, in recent years it has been expanded to include other elements of VA. It's the Department's only diversity council, and its membership now includes representatives from VBA, NCA and the Office of Diversity Management and EEO. Members are drawn from both headquarters and the field.

"One of our goals is to serve as a resource for the field on how to approach diversity issues," said Anderson, and she pointed to the board's Web site as a good place for facilities to find a variety of diversity-related material, including VA directives, information on partnerships and programs, and links to outside resources. The site is on the Intranet at vawww.webapps.med.va.gov/diversity. □

Milwaukee VAMC's Rich History Comes Alive

The incongruous sounds of musket fire and fife music filled the air on the grounds of the Milwaukee VA Medical Center earlier this summer when the facility hosted a two-day Civil War encampment and living history event. The weekend event, called "Reclaiming Our Heritage," celebrated Milwaukee VAMC's rich heritage as one of the three original National Soldiers Homes established by President Abraham Lincoln.

Congress passed the law creating the Soldiers Homes in 1865, and it became one of the last pieces of legislation signed by Lincoln before he was assassinated. In May 1867, 36 soldiers moved into what was then called the Northwestern Branch of the National Asylum for Disabled Volunteer Soldiers.



Civil War reenactors march in the patriotic parade that kicked off the festivities.

From the time the home opened in 1867 through the turn of the century, Milwaukeeans used the beautifully landscaped grounds much as county parks are used today. They came by the hundreds to stroll the grounds, listen to band concerts, and row boats on the lake.

Today, the historic buildings and grounds around them, once bustling with the activities of thousands of residents, patients and visitors, are eerily quiet, and some are closed due to serious decay. But the nonprofit group that sponsored the June event, the Soldiers Home Foundation, hopes to change that, said Conrad Kaminski, chair of the foundation.

The group's mission is to raise both community awareness of this unique historic site and funds to restore the buildings, according to Laura Rinaldi, a training specialist in employee education at the Milwaukee VAMC and one of VA's liaisons to the group. For this summer's event, which kicked off the group's restoration campaign, "We wanted to focus on the life of a typical Wisconsin soldier during the Civil War," she said.

The event drew some 3,500 people. A patriotic parade started the festivities, which also included tours of several buildings in the historic district, a Civil

War fashion show, field artillery displays, and living historians who helped visitors learn what it was like to be a soldier back then. "Abe Lincoln" was on hand entertaining visitors in the Wadsworth Library, built in 1891.

One of the event's highlights was a special side-by-side exhibition of how wounded soldiers were cared for on the battlefield during the Civil War compared to how it's done today, complete with Humvee ambulances and helicopter evacuations.

Candlelight tours of historic Wood National Cemetery, also located on the grounds, were offered. Milwaukee is one of the few sites in the country with a VA medical center, regional office and national cemetery located on the same grounds, and Rinaldi credited all three with making this event a success. "It came about through the six-month effort of a devoted steering committee, enthusiastically supported by VHA, VBA and NCA directors all located on the Milwaukee VAMC campus," she said.

About 140 VA employees and their family members, hospital volunteers, veterans, schoolchildren, Boy Scouts and community members volunteered at the event. Information on VA health care and benefits was available for visiting veterans and their families. Veterans from all eras were invited into the event's "movie studio" to record their stories for the



PHOTOS BY ALEX SUKYS

A highlight of the two-day event was a side-by-side comparison of how field trauma care was provided in the Civil War, and today.



American Legion national adjutant Robert Spanogle displays a commemorative plaque for the D.C. hotel room where former national commander Harry Colmery scribbled some notes that became the first draft of the GI Bill. Looking on are, from left, former Cong. G.V. "Sonny" Montgomery, former Sen. Bob Dole, Secretary Principi, and GI Bill historian Michael Bennett.

NCA Chief Robin Higgins Resigns

Citing personal and health reasons, Under Secretary for Memorial Affairs Robin L. Higgins submitted her resignation to the President in June. The resignation is effective Sept. 1, 2002.



Higgins

Higgins presided over the opening of a new national cemetery at Ft. Sill, Okla., and moved five others—Atlanta, south Florida, Pittsburgh, Detroit and Sacramento, Calif.—closer to completion. While at VA, Higgins also has made the completion of long-deferred maintenance at national cemeteries a top priority, and has revitalized VA's relationship with state officials through a grants program for state veterans cemeteries.

She was confirmed by the Senate on May 24, 2001. A 20-year veteran of the Marine Corps, Higgins is the widow of Col. William R. (Rich) Higgins, a Marine officer captured by terrorists in Lebanon in 1988 and later murdered. □

GI Bill: Commemorating the Place Where It All Started

The GI Bill of Rights is widely credited with transforming the American economy and society. It helped millions of veterans realize their dreams of higher education, better jobs and homeownership.

VA Secretary Anthony J. Principi was among the officials on hand June 20 for an American Legion ceremony marking the law's 58th anniversary at the hotel where it all started.

World War II was still raging in December 1943 when a group of American Legion members met at the Mayflower Hotel in Washington, D.C., to talk about how the nation could help the war's veterans return to civilian life. Former national commander Harry Colmery scribbled some ideas on hotel stationery. His notes became the first draft of the Servicemen's Readjustment Act of 1944.

At the ceremony, the American Legion unveiled a commemorative plaque for the Mayflower's Room 570, where Colmery did his work. The Topeka, Kan., lawyer and businessman died during a Legion convention in 1979.

Former Senator, World War II

veteran and GI Bill beneficiary Bob Dole also attended the ceremony, as did former Congressman and longtime veterans' advocate G.V. "Sonny" Montgomery, for whom the current GI Bill is named. □

Milwaukee VAMC (cont.)

Veterans History Project.

Admission was free, but money was raised from food and souvenir sales, a raffle and auction. "All proceeds from this event will go directly into restoration of the historic chapel," said Kaminski. "It was built in 1889, but has been closed for the past several years because of its deteriorating condition."

Other buildings in the historic district include "Old Main," the original soldiers home; a theater; the library; and "Governor's mansion," which currently serves as the home of the medical center director. They were all built between 1868 and 1891.

Rinaldi, a Civil War and history buff who has worked at the Milwaukee VAMC for 31 years, said she hopes the event got more community

members interested in joining the effort to preserve this unique part of their heritage. "The more people we have committed to it, the more hands we have," she said.

Plans are already underway for next year's "Reclaiming Our Heritage" event, set for May 31-June 1, and a formal auction in the fall of 2003, Rinaldi added. Once the chapel is restored, profits from events and donations to the Soldiers Home Foundation will go toward other projects, including restoration of the Ward Memorial Theater and Old Main. If you'd like to help with this restoration campaign, you can send donations to the Soldiers Home Foundation, P.O. Box 139, Milwaukee, Wis., 53295, or call (414) 389-4135 for more information. □

Lessons



Director Stewart Liff says the new and improved L.A. VA Regional Office is a “living testament” to veterans’ sacrifices.

The Los Angeles VA Regional Office has a new look that reflects its new attitude

The Los Angeles VA Regional Office has undergone a major facelift. Visitors say everything has changed except the street address. When Director Stewart Liff arrived in 1994, Los Angeles ranked the worst of VA’s 58 regional offices when it came to customer satisfaction. Today, it is well above the national average.

“This was a place where, far too often, veterans’ claims were denied, resulting in unnecessary appeals, remands and rework,” explained Liff, who began his VA career in 1978. “Today, it is a living testament to their sacrifice.” The entire seven floors of the regional office have been transformed into a veterans museum. In the process, the organizational culture has shifted; employees now focus on granting benefits when they can, denying only if they must.

On May 20, the office celebrated its new attitude with a grand re-opening ceremony. Secretary Anthony J. Principi flew in for the celebration and took a tour of the office and its new museum.

His first stop was the “War Room,” a regular meeting spot for top-level managers. Inside, Beckie Lubow, a management analyst, had just finished updating the performance reports, bar charts and line graphs covering the walls. The charts measure everything from the number of veterans rehabilitated to the number of claims granted. “What I’m most proud of is this,” Liff told the Secretary, pointing to a customer satisfaction chart.

Walking down the hallway, he stopped to show the Secretary photos of how the place used to look in the early 1990s. The photos revealed a gloomy, dark place with duct-taped carpets, nicotine-yellow walls and rows of government-issue file cabinets.

The drab photos are in sharp contrast to the brightly lit employee conference room

across the hall. The room is literally dedicated to employees. There are large color photos of new employees, pictures of employees while they were in the military, and shots of employees posing with their families. The veterans museum isn’t



Office systems manager Ray Ramirez conceived the museum’s bunker exhibit from personal experience. He spent 77 days in a bunker during the siege at Khe Sanh at the height of the Vietnam War.



Large banners and poster-size photos of employees and local veterans in their military uniforms hang from the ceiling, making it clear to everyone what the mission is.

in Liberty

centrally located, but spread throughout the towering federal building which houses the regional office. In the lobby of each VA floor, there are personal reflection areas like the 3-D hologram display outside the Veterans Service Center.



Sherry Maxwell, a human resources specialist, shows visitors her "favorite place" in the museum, an exhibit called "The Living Wall."



About 200 area veterans, including former POWs and Medal of Honor recipients, were among the guests at the grand re-opening ceremony for the L.A. office and veterans museum.

Stepping off the elevator, visitors are greeted by holograms of southern California veterans describing their wartime experiences. In one segment, Harry Corre describes his experience escaping from the Bataan Death March. He fled from his captors one night and used driftwood to navigate the shark-infested waters off Corregidor. One month later, he was recaptured by the Japanese and eventually sent to Japan, where he was forced to work

in a coal mine and witnessed the bombing of Nagasaki. "I'm still frightened to go into a room that is not lit up and I constantly wake up thinking I am in a cave-in," explained Corre, who was twice buried alive while working in the mines.

There are display cases showing photos, patches, and other wartime memorabilia, including the artwork of Doyle Lott, a World War II pilot who was shot down over Europe. While held prisoner of war, he made a paintbrush from human hair and painted scenes of his aircraft plummeting into the sea.

Another case holds items left at the Vietnam Veterans Memorial in Washington, D.C. There is a photo of a smiling middle-aged couple with three young girls. An accompanying note reads: "On the 34th

anniversary of your death, I miss you John. Even after so many years. This is me and my husband and my three daughters. You guys would have had lots of fun."

The stories are real, they're personal, and they carry a powerful message. "I think a lot of the younger people now feel a stronger connection with our mission," observed Larry Fillipo, a senior management analyst who doubles as the museum's curator.

"They see the photos, they meet the veterans ... it's had a tremendous impact."

Sherry A. Maxwell feels that connection. Prior to joining VA about a year and a half ago, the human resources specialist hadn't had much exposure to the military or veterans. Today, she's leading veterans as they tour the museum. "This is my favorite place," she said, stopping on the 4th floor beside "The Living Wall," a replica of the Vietnam

Veterans Memorial where visitors can search for names on the Wall while listening to audio recordings of veterans' wartime experiences. "Seeing all those names, I think about what they must have gone through and for their families," said Maxwell. "What they did for our country, nobody should disrespect that."

As powerful as it is, the museum is just one aspect of the visual management approach embraced by

(continued on page 12)

Former POW Finds 'New VA'

It's the kind of story you hate to hear—a decorated World War II veteran and former prisoner of war turns his back on VA after repeatedly being denied benefits for injuries sustained on the battlefield. That was 1947. Thankfully, more than 50 years later, he decided to give VA one more try.

James J. Hannon enlisted in the U.S. Army in 1942. The young paratrooper saw combat in Morocco, North Africa and Italy, and was taken captive by the Germans in 1944. After seven months in Oflag 64 prison camp in Poland, he escaped and eventually met up with American soldiers in Romania, 1,000 miles away.

He was debriefed by Gen. George C. Marshall and assigned to a military intelligence unit in Hunan Province, China. During what was his final mission, he parachuted into a cornfield opposite a prison camp in China as part of an elite team sent to rescue more than 1,500 men, women and children held captive by the Japanese.

(continued on page 12)

Liff, who holds bachelor's and master's degrees in fine arts. His style involves a "whole brain" approach to communication. It works like this: visual images stimulate the right side of the brain, the creative side, while data and figures spark the brain's logical left side.

The goal is to create a sense of purpose, to re-energize the employee's focus. "I believe in rallying the troops around our mission," explained Liff. "Nobody is going to pay attention to vision statements, strategic plans, and balanced scorecards if they're not focused on the mission." For Liff, it all comes back to creating a positive organizational culture and building a sense of pride among employees.

Frank Flores feels that sense of pride. The decision review officer and retired Air Force master sergeant has been at the Los Angeles office for 12 years. "I'm proud to say that this station has one of the best cadres of decision review officers and rating specialists," he said, while walking past Core Group 1, a group of compensation and pension claim raters.

On a maroon file cabinet next to their work area stood a sign showing the group's scorecard—nine out of a possible ten. Above, hanging from the ceiling, are banners reminding employees to "Grant When You Can." Flanking the banners are large color photos of employees wearing their military uniforms. The focus is clearly on veterans, but it wasn't

always that way.

Rick Brandenburg remembers when VA employees used to show up for work in shorts and T-shirts. The combat-injured Army veteran has worked in the building since 1978 and serves today as district manager in the Division of Veterans Services for the California Department of Veterans Affairs. He's recognized the recent changes and offered his perspective. "The quality of work here has improved tremendously," he said. "There are much less remands because people are doing a better job the first time ... it says a lot about the kind of people you've got working here."

After touring the museum, Secretary Principi and Director Liff went out to the courtyard where about 200 veterans and their families, local congressional representatives, and other dignitaries huddled beneath the awning as a rare rain-storm hit Los Angeles. Among those gathered were a dozen former POWs and two Medal of Honor recipients, including former regional office employee Walt Ehlers, who led a squad on Utah Beach during the Normandy invasion in World War II, and Lewis L. Millet, who served in World War II, Korea and Vietnam. Some credit Millet with being the most decorated living American war veteran.

While addressing the audience, Secretary Principi singled out former POW Lott, whose paintings were on display inside. "Mr. Lott, let me assure you that I would not trade your paintings for any of the works in the world-famous Getty Museum," he said. He also offered his thoughts on the office's 180-degree turnaround. "Welcome veterans, honor them for their service, and grant their requests for benefits when you can. That has to be a winning formula. That's the spirit evoked by the displays and exhibits in this office, and that's what I want to see in every VA office from Manila to Maine."

The museum was funded through donations from veterans service organizations and is open to the public. For more information, visit the regional office Web site at www.valaro.com. □

By Matt Bristol

Former POW (cont.)

His team secured the release of the American civilians and led them to safety. To this day, he still receives thank-you cards on the anniversary of the camp's liberation, Aug. 17. One of his well-wishers is Mary Previte, now a New Jersey assemblywoman. She was 12 years old when Hannon and his team rescued her from the prison camp.

Hannon said that after the war, he visited several VA facilities up and down the West Coast in an attempt to get treatment for his wartime wounds. "There was just no interest whatsoever," he said, shaking his head from side to side. "It was such a demeaning, embarrassing experience that I just said, 'forget it, no way' ... I gave up."

More than 50 years later, with his injuries worsening, his family urged him to try again. His daughter, Lisa, who lives on San Juan Island in Washington, contacted her father's congressman, Jerry Lewis (R-Calif.), and the case was referred to John Paxson, congressional liaison at the Los Angeles VA Regional Office.

"I gave him my personal guarantee that we would have a decision on his claim in the shortest time possible," said Paxson. It took a team effort by staff at the regional office, working side-by-side with employees at the Loma Linda VA Medical Center, to expedite Hannon's claim. "He was in a very difficult situation," explained Paxson, "and everyone handled his claim with the highest priority."

Ken Allen, an ex-POW coordinator at the regional office, researched the original claim and found an error in Hannon's 1947 rating decision. In addition to his 100 percent service-connected disability rating, he received a retroactive award back to 1947.

Describing his recent experience with the Los Angeles VA Regional Office and the Loma Linda VA Medical Center, Hannon said he found a new VA, totally different from what he once knew. "I was treated with consideration and concern ... you couldn't ask for more." □



Hannon

First Kidney Transplant Performed at New National Center



Carl Garrison, pictured with his son Maurice, became the first veteran to get a kidney transplant from the VA Pittsburgh Healthcare System, a newly designated national kidney transplant center. Maurice was the organ donor.

Carl Garrison, a 52-year-old Vietnam veteran, didn't think he'd have anything to do with VA after he was discharged from the Army in 1971. But on May 9, 2002, that changed. Garrison, a firefighter from Perth Amboy, N.J., became the first patient to receive a kidney transplant at the VA Pittsburgh Healthcare System (VAPHS).

His 22-year-old son, Maurice Garrison, was the living donor of the kidney. Maurice explained his decision to everyone by saying, "I told him I'd give it to him if he needed it. I was the one who brought it up ... it was something I wanted to do." It was obvious to Holly Woods, the VAPHS transplant coordinator, that this father and son shared a special bond even before they shared this experience.

The VA Pittsburgh Healthcare System has recently been designated as one of only four national kidney transplant centers for veterans. The three other centers are located in Nashville, Tenn., Iowa City, Iowa, and Portland, Ore. The VA Pittsburgh Healthcare System estimates that it will perform about 30 to 35 kidney transplants in the first year at its University Drive Division.

Medicare would have provided

coverage for Garrison to have a kidney transplant, but he would have had to be on dialysis for two years before Medicare kicked in. Garrison is a dedicated firefighter and didn't want to have to take time off from his job. "I love my work, I love my job," he said.

Because he got his transplant through VA, Garrison didn't have to be on dialysis for two years or face being too ill to work as a result of his kidney failure. He now hopes to be able to go back to work in August or September. Woods and the staff at the VAPHS are encouraging him to return to his job as soon as possible.

To be selected as a national kidney transplant center, the VA Pittsburgh Healthcare System first had to submit a specific proposal to VA Central Office. They also had to have the support of the community, and then submit a plan on how they would handle the additional caseload. The application process was open to all 163 VA hospitals. Thirteen submitted proposals.

One of the main reasons the VAPHS was chosen to be a national kidney transplant center is that it has been a national liver transplant center since 1989. It has a proven track record of providing quality

care to veterans, and the staff is dedicated to achieving excellence in surgery and organ transplantation.

The VAPHS was also chosen because of regional issues. Since there was no center on the East Coast, veterans had to travel to Nashville if they needed a kidney transplant. For many veterans, that just wasn't possible. Now, any veteran from any location can be sent to the VAPHS for a kidney transplant.

Brenda Salvas, the program manager for the liver and kidney program in VA Central Office, said that at one time about 20 VA hospitals across the country provided kidney transplants. The number of transplants provided at VA hospitals dropped dramatically when Medicare was expanded to cover all patients needing the procedure, regardless of age. However, according to Salvas, those hospitals have started charging co-payments to kidney recipients that are too steep for many veterans.

One of the benefits for veterans who come to VA for a kidney transplant is that VA pays for everything. In living-donor procedures, VA also covers the costs of the donor's care. Kidney transplants cost about \$85,000, and follow-up care costs about \$2,000 a month including the anti-rejection medication.

Garrison might not have expected to have anything to do with VA after his service, but the unexpected sometimes happens. Maurice Garrison was able to give his father the greatest gift he had to offer, one of his own kidneys, and VA was able to perform the life-saving transplant.

The VAPHS is now able to offer this service to any veteran who needs it. For Garrison, it couldn't have come at a better time. Now he sees VA in a whole new way. "The VA is a beautiful thing," he said after his transplant. "I can't say enough about the VA."

For more information about the VAPHS Transplant Program, contact Holly Woods, transplant coordinator, at (412) 688-6155 or via e-mail at holly.woods@med.va.gov. □

By Cora Ferraro
VA Pittsburgh Healthcare System

Cleland Helps Mark 25th Anniversary of LVA

Sen. Max Cleland (D-Ga.), who founded Leadership VA while serving as VA administrator during the Carter administration, was the guest of honor at a ceremony and reception marking the executive development program's 25th anniversary at VA headquarters June 12. He based LVA on a community leadership program sponsored by the city of Atlanta. At that time, some 40 American cities had similar programs, but the concept had not yet spread to the federal government.

More than 400 VA employees competed for a spot in the first Leadership VA class; 60 were selected. Interest in the program hasn't waned. Each year, about 70 senior VA employees are selected to participate from a pool of some 350 applicants. With 73 members, this year's 25th anniversary class is the largest in the program's history. To date, nearly 1,600 employees have participated.

During the ceremony, VA Secretary Anthony J. Principi presented Cleland with a replica of the bronze statue of three service men at the Vietnam Veterans Memorial. Cleland announced that he'd had a tribute to LVA inserted into the Congressional Record. Past and present VA leaders joined members of the 2002 class, graduates and other guests at the ceremony.

LVA is open to all VA employees in grades GS-13 (or equivalent) and above. The program is usually announced in August of each year, and selections are announced in January. Participants attend four one-week sessions during the year. Graduates are invited to join an alumni group, the Leadership VA Alumni Association, which produces a newsletter, conducts an annual forum, and sponsors other activities to continue the network. □



Secretary Principi escorts LVA founder Sen. Max Cleland (D-Ga.) as he arrives for the executive development program's anniversary ceremony and reception in VA Central Office.

President Honors Two Young VA Researchers

President Bush recognized two VA researchers with the Presidential Early Career Awards for Scientists and Engineers during a July 12 White House ceremony. It is the federal government's highest honor for rising young researchers. With the award, they receive up to five years' funding to further their research.

Award recipient Dr. James A. Tulsy is a senior research associate in the VA Health Services Research and Development Service Center of Excellence in Durham, N.C., and director of Duke University's Program on the Medical Encounter and Palliative Care. He was recognized for his contributions to the practical applications of medical ethics, including physician-patient communication and the quality of



Drs. Jeffrey R. Smith and James A. Tulsy are VA recipients of the Presidential Early Career Awards for Scientists and Engineers.

care for dying patients.

Dr. Jeffrey R. Smith, a researcher from the Nashville, Tenn., VA Medical Center and Vanderbilt University, was recognized for his

contributions to understanding the molecular genetics of prostate cancer. Smith used genetic linkage studies to identify two gene loci that confer susceptibility to hereditary prostate cancer, one of which may play a significant role in African American prostate cancer.

After the award ceremony, Tulsy and Smith presented their findings to VA Research and Development staff. During the introductions, John Demakis, M.D., director of VA Health Services Research and Development, turned to Tulsy and Smith and summed up the sentiments of those gathered when he said, "To be identified by the President is a rare honor and I want you to know we are very, very proud of you." □

New Partnership Benefits Disabled Employees

A new partnership between the Department of Veterans Affairs and a program managed by the Department of Defense is providing assistive technology and other types of accommodations for disabled employees at no cost to VA.

The devices and services offered by the Computer/Electronic Accommodations Program (CAP) through this partnership are available to employees with visual, hearing, cognitive, and dexterity disabilities. They include magnification systems for visually impaired employees, teletypewriters for hearing-impaired workers, and alternative computer keyboards for those with dexterity disabilities.

The Defense Department started this program in 1990 to eliminate employment barriers for its workers with disabilities. Today, it's the federal government's centrally funded accommodations program. In addition to the assistive technology, the program provides training on how to use it, plus software upgrades, to employees at nearly 50 federal agencies. Since its inception, the program has filled more than 28,000 requests for accommodations.

Noemi Pizarro-Hyman, VA's national program manager for people with disabilities, says the devices and services offered by CAP are available to any new or current VA employee in the country who needs and qualifies for them. The first step is to conduct a needs assessment, which involves identifying the accommodations that are most suitable for the employee's specific situation. Normally, the assessment is conducted by CAP staff, although they will honor assessments made by, for example, the Blind Rehabilitation Center.

Next, CAP disability experts work with employees and supervisors to research the available options. Once the employee and supervisor decide what products they want, they fill out a request form and fax, mail or e-mail it to the CAP Office. They can also complete the form online through the CAP Web site at www.tricare.osd.mil/cap.

The program staff processes the form and buys the equipment, which usually arrives in seven to 10 days.

When the equipment arrives, they install it and train the employee on how to use it. They also survey their customers every month to find out how well the equipment is working and whether improvements are needed.

According to Pizarro-Hyman, about 9 percent of VA's current workforce are assistive technology users. But that figure is expected to grow as VA strives to meet its goal under Executive Order 13163, which calls on the federal government to hire and advance employees with disabilities at all levels and occupations in the workforce. The legislation sets a government-wide goal of hiring 100,000 employees with

disabilities; VA's portion of that target is 17,700 new hires.

The partnership with CAP increases VA managers' ability to hire people with disabilities without the cost of accommodations being an issue. It also supports another piece of legislation, Executive Order 13164, which requires federal agencies to establish procedures for providing reasonable accommodations to disabled employees.

For more information on the CAP partnership, contact Pizarro-Hyman at (202) 273-8921 or (202) 345-7590, or visit the CAP Web site. Information also is available on the VA Office of Diversity Management & EEO Web site at www.va.gov/dmeeo. □

LTC Insurance Open Season

Open season for the new Federal Long Term Care Insurance Program runs from July 1 through Dec. 31. Under this program, about 20 million members of the federal family—civil service and postal employees and retirees, active-duty and retired military personnel, and certain family members—can apply for federally-sponsored long term care insurance.

What is this new program?

The Federal Long Term Care Insurance Program provides insurance to help you pay for chronic, long term care (such as help getting out of bed, eating or dressing) that you may develop due to an illness, accident, or the normal aging process. You may be healthy now, but who knows what will happen next year, in five years, or even in 20 years or beyond. About half of us will need long term care at some point in our lives. And you can't count on Medicare and your Federal Employees Health Benefits (FEHB) plan to provide it.

Who is sponsoring it?

The Office of Personnel Management sponsors the program, established by Public Law 106-265, the Long-Term Care Security Act.

What companies are providing the insurance?

Two top insurance companies—Metropolitan Life Insurance Company and John Hancock Life Insurance Company—joined ranks and won the competition to provide coverage under this program. They formed a partnership called Long Term Care Partners.

Will I be guaranteed coverage?

Not all employees who apply for the insurance will be eligible for the standard insurance. However, all employees who apply will be offered something, perhaps non-standard insurance (different benefits and/or higher premiums) or a non-insurance product. It's not like the FEHB program where everyone eligible who applies for a given policy gets the same coverage and pays the same premium.

I have a lot more questions about this new program. Who can answer them?

You can visit the Office of Personnel Management Web site at www.opm.gov/insure/ltc. You can also call or visit the Web site of LTC Partners. They have a toll-free number, 1-800-LTC-FEDS (1-800-582-3337), and the Web site address is www.ltcfeds.com. □

Dining with the Secretary: It's Not Just Lunch



Secretary Principi greets Peter Ahn at one of his bimonthly employee luncheons in VA headquarters. With them are other luncheon guests, from left, Lindee Lenox, Theresa Boyd, and Mary Burdick.

If you get an invitation to dine with Secretary Principi during one of his bimonthly employee luncheons, be sure to bring your appetite and be prepared for a candid conversation. That's what a group of eight VA Central Office employees discovered June 3 as they sat down to lunch with

the Secretary in the executive dining room. They came from all three VA administrations as well as various staff offices and joined Secretary Principi for cold cut sandwiches, potato chips and fresh fruit.

But if you ask Peter Ahn, an actuary with the Office of Policy and Planning, what he ate for lunch that day, he'll tell you he doesn't really remember. "It's not the food that's important," he pointed

out. "We were talking with the Secretary and he was interested in hearing our concerns." He told the Secretary that he was honored to work for veterans. "I'm from South Korea and a lot of veterans fought for my homeland. This [working for VA] is one of the ways I can pay them

back," the 34-year-old said.

Theresa Boyd, a counseling psychologist with VBA's Vocational Rehabilitation & Employment Service, was also at the lunch. She said she was very impressed with the Secretary's openness. "It was wonderful for him to take the time to talk with us rank and file folks," she said, adding that she'd never experienced such accessibility to top leadership during her 16-year VA career.

That's exactly the point, noted Lisa Roth, a staff assistant for the Secretary who coordinates the lunches. She said Secretary Principi wanted to meet positive, energetic employees who have demonstrated outstanding performance and shown a potential for future growth. "This was his idea," said Roth. "He enjoys talking to employees and he made it clear that he wants to hear about any issues they'd like to raise." This was the second in a series of employee luncheons with the Secretary. The next one is scheduled for August. □

Elvis Has (Not) Left the Building in Albuquerque

It's been 25 years since the world said goodbye to the "King of Rock and Roll," but two employees at the Albuquerque, N.M., VA Medical Center are doing their part to keep his memory alive. Jonni Gardey and Michael Grubb, both audiologists who work in Surgical Service, have created Elvis Presley World in the basement of a building at the facility.

The Elvis museum is packed with memorabilia from their extensive personal collections, as well as items donated by staff and patients. More than 200 items now brighten the basement, and there's room for expansion.

Grubb's affection for all things Elvis began with a gift from his mother, an Elvis clock with swinging legs. Gardey began collecting Presley memorabilia in 1999.

Their shrine elicits lots of smiles and comments from employees,



Albuquerque VAMC's Jonni Gardey and Michael Grubb, above, created Elvis Presley World in the basement of a building. At right, no Elvis memorabilia collection would be complete without a black velvet portrait of the King.

patients and volunteers. Generous contributions, too. The daughter of a deceased patient, for instance, gave Gardey and Grubb her father's Elvis collection because she believed the museum would be an appropriate



place to exhibit the treasured items.

On Jan. 8, the audiologists host an annual Elvis birthday bash, complete with cake and ice cream, plus some of the King's favorite foods, like fried peanut butter and banana sandwiches. This year, about 125 people gathered at Elvis World to celebrate Presley's 67th birthday. □



Los Angeles VA System Expands Popular Pain Acronym

Pain is one of the most common reasons people consult a physician, according to the American Academy of Pain Medicine and the American Pain Society. Throughout VA, health care providers treat pain as a fifth vital sign by assessing and recording patients' pain when they note the other four health care basics—blood pressure, pulse, temperature and breathing rate. They ask patients to rate their pain on a scale of zero to 10 and discuss ways to reduce pain levels.

The VA Greater Los Angeles Healthcare System has added a twist to a popular acronym used to assess pain. Specialists added the letter "U" to Morton's P-Q-R-S-T acronym to designate an "Unacceptable pain level." An article on the enhanced pain management acronym, co-authored by Ahnnya Slaughter, R.N., a pain resource nurse clinician with VA in Los Angeles, appeared in the May 2002 *American Journal of Nursing*.

P-Q-R-S-T stands for Precipitating-provoking-alleviating; Quality; Radiation-region; Severity; and Timing. Clinicians use the acronym to help assess and alleviate pain. By adding the letter "U," pain management specialists in Los Angeles encourage clinicians to establish a minimum pain level with each patient and continually monitor their pain to ensure it doesn't exceed that level.

The pain management acronym was printed on small cards that clinicians can slide into their photo ID holders, and offers a few words of wisdom in the form of "Pain Pearls," which were designed to prompt pain evaluation and intervention. Among the "Pain Pearls" is a list of behaviors indicating inadequate pain management—such as patients asking for a dose of medication before it is due or staying in bed all day—along with the reminder, "If the patient's pain is not controlled, it is your duty to report it."

Study Finds Common Knee Surgery No Better Than Placebo

Patients who underwent placebo arthroscopic knee surgery were just as likely to report pain relief as those who received the real procedure, according to a study conducted by researchers from the Houston VA Medical Center and Baylor College of Medicine. Results of the study appear in the July 11 *New England Journal of Medicine*.

The researchers say their results challenge the usefulness of a common medical procedure on which Americans spend more than \$3 billion each year. "If the effectiveness of arthroscopic lavage or debridement in patients with osteoarthritis of the knee is no greater than that of placebo surgery, the billions of dollars spent each year on these procedures might be put to better use," said lead investigator Dr. Nelda P. Wray, a health services researcher at the Houston VAMC and Baylor College.

In the study, 180 patients with knee pain were randomized

into three groups. One group received debridement, in which worn, torn or loose cartilage is cut away and removed with the aid of a pencil-thin viewing tube called an arthroscope. The second group underwent arthroscopic lavage, where the bad cartilage is flushed out. The third group underwent simulated arthroscopic surgery; small incisions were made, but no instruments were inserted and no cartilage removed. All participants fully understood that they could receive only placebo surgery. During two years of follow-up, most patients reported modest improvements in pain and the ability to walk and climb stairs, with no significant differences among the three groups. The placebo patients actually reported better scores than the debridement patients at certain points. Throughout the two years, the patients were unaware of whether they had received real or placebo surgery.

Osteoarthritis, a degenerative joint disease, is the most common form of arthritis, and most often occurs in the knee. Symptoms include pain, stiffness, and inflammation. Treatment typically involves pain-relieving and anti-inflammatory drugs, along with heat therapy and exercise. When these fail, surgery is often recommended. It is estimated that more than 650,000 arthroscopic debridement or lavage procedures are performed each year in the United States, at a cost of about \$5,000 each.

The research was funded by VA and conducted through the Center for Quality of Care and Utilization Studies, based at the Houston VAMC. The center is co-funded by the department of medicine at Baylor.

Bronx VA Surgeons Perform Historic Procedure

Doctors from the Bronx VA Medical Center made history on April 29 in a 10-hour surgical operation. Drs. Glen W. McWilliams and Stephen J. Savage became the first in VA and the third in the nation to remove a patient's left kidney, ureter, bladder and prostate *en bloc* through a single incision barely four fingers' breadth.

The patient, a 73-year-old Korean War-era Air Force veteran, was diagnosed with bladder cancer in the summer of 2001. Though he had the tumors surgically removed, they returned and blocked his left ureter, the tube from which the left kidney drains. Once again, the tumors were removed, but three months later, in March 2002, they resurfaced in his ureter, left kidney and prostate. Doctors considered all options and discussed chemotherapy, radiation and surgery with the veteran and his family.

Conventional surgery would have required an incision from below the sternum down to the pubic bone to open the entire abdomen. The intestines would then be exposed and retracted under pressure for the duration of the procedure. Instead, McWilliams and Savage performed laparoscopic surgery to minimize fluid change and blood loss. The veteran recovered quickly, resuming a normal diet three days after the operation, and was discharged after six days with minimal or no pain.

"The most difficult part was the fatigue factor, having to perform delicate dissection which becomes increasingly difficult after five to six hours of operative time," noted McWilliams, director of Uro-oncology and Laparoscopy at the Bronx VAMC. "It was like walking a tightrope for 10 hours." Savage, director of Minimally Invasive Urology at the Mt. Sinai School of Medicine, pointed out that the veteran was functioning well with his one remaining right kidney and ileal conduit. □

HONORS and awards



Christena Merrill, a volunteer at the **New Orleans VA Medical Center**, received the 2002 Disabled American Veterans National Commander's Youth Volunteer Scholarship. She started volunteering at the hospital five years ago, after her grandfather, a World War II veteran, suffered severe heart failure. Merrill recently

graduated from high school and plans to attend Louisiana State University. She hopes to continue on to medical school and ultimately be accepted into a VA residency program and become a surgeon.

George H. Gray Jr., director of the **Central Arkansas Veterans Healthcare System**, was

chosen as the 2002 Veteran Small Business Advocate of the Year for the State of Arkansas. Since arriving in Little Rock in 1994, Gray has consistently supported contracts with small and minority-owned businesses. Today, the Central Arkansas VA awards approximately 40 percent of its contracts to small businesses.

Thomas W. Kellogg, a seventh-degree black belt and instructor at the **VA Law Enforcement Training Center** in Little Rock, Ark., was accepted into the United States



Kellogg

Martial Arts Association Hall of Fame and named their 2002 Law Enforcement Instructor of the Year. A combat-decorated Vietnam veteran, Kellogg joined the training center in 1987. He previously worked as a police officer at the **Des Moines, Iowa, VA Medical Center**. Kellogg is a master in Isshin-ryu karate, and holds fifth-degree black belts in Sanuces Ryu Ju Jitsu and American Combat Arts Self Defense.

The Suffolk Division of the New York State Chapter of the National Association of Social Workers selected **Jack Maloney**, team leader at the **Manhattan Vet Center**, for their Social Worker of the Year award. Maloney is a trauma and addiction counselor who is certified by the Red Cross in disaster mental health. He used his skills and training to assist rescue workers and families following the Sept. 11 terrorist attacks.

Lexington, Ky., VA Medical Center volunteer

Dorothy Hackworth is the national recipient of the Disabled American Veterans 2002 George H. Seal Memorial Trophy. For the past 12 years, the 73-year-old DAV Auxiliary unit commander has volunteered seven hours a day, three days a week at the medical center's Cooper Drive Division. "I love my work," she said, noting that her late husband and brothers received VA care. "The VA treated them so good here that I felt like I should give something back."

The Myasthenia Gravis Foundation of America named **Robert L. Ruff, M.D., Ph.D.**, associate director of the **VA Rehabilitation Research and Development Center for Functional Electrical Stimulation**, in Cleveland, Ohio, their 2002 Doctor of the Year for his work on neuromuscular disorders. An estimated 70,000 people in the United States are living with myasthenia gravis, a neuromuscular autoimmune disorder characterized by chronic weakness of voluntary muscles such as those in the face, arms and legs.

Al Perry, director of the **VA Central California Healthcare System**, received



Perry

the 2001 National Combined Federal Campaign Hero Award for the federal civilian workforce during a Washington, D.C., ceremony held at the White House on May 22. The award is given to a federal employee for "outstanding contribution to the 2001 Combined Federal Campaign and commitment to local community service." □

Leaders of the future



Assistant Secretary for Human Resources and Administration Dr. Jacob Lozada, left, talks with HACU interns at a leadership forum held this summer in Washington, D.C.

VA received a recognition award from the Hispanic Association of Colleges and Universities for supporting their National Internship Program during a June 3 leadership program in Washington, D.C. About 100 summer interns attended the forum.

They met **Dr. Jacob Lozada, Assistant Secretary for Human Resources and Administration**, who shared his story of growing up in San Lorenzo, Puerto Rico. He reminded the interns that there is no limit to what they can offer the world. "You are our future," he said.

The students also heard from **Jaime Alvarez**, who interned last summer in VA's Voluntary Service office. The business major has returned to **VA Central Office** this summer and will help the Voluntary Service office prepare a strategic plan. VA has hosted about 300 HACU interns since the program's inception in 1992.

HAVE you heard

“From Saddlebags to PDAs: the World of Medical Libraries,” was the title of an exhibit presented by the **VA North Texas Health Care System** and the Dallas Public Library in honor of the annual Medical Library Association conference held in Dallas in May. The exhibit traced the history of medical libraries from the early days of Texas, when medical books were stowed in saddlebags, to the sophisticated computer devices doctors carry today, such as the Personal Digital

Assistant, which can be loaded with drug information, basic medical textbooks, a calendar and patient notes. Medical libraries are an essential part of any health care system, and the **VA Library Network** is available for outpatient and community-based clinics and all programs and staff within the agency.

The **VA New York Harbor Healthcare System's** Cancer Survivors Day has become a major health awareness event in the Big Apple. **Dr. Robert**

Roswell, VA Under Secretary for Health, visited the **VA Brooklyn Campus** June 2 for the 7th Annual Cancer Survivors Day celebration along with hundreds of veterans, staff and invited guests. He joined Director **John J. Donnellan Jr.** in a ribbon cutting officially opening the new 11,000-square-foot VA Radiation Oncology Service.

Marine Corps veteran Aaron Dawson had been trying to get his Purple Heart since 1951. In a last-ditch effort, the World War II veteran stopped by the **Tampa Vet Center** to see if anyone could help. When office manager **Bill Pressel**, a retired Marine Corps sergeant major, heard Dawson's story, he requested a unit diary search from Marine Corps headquarters. The search verified that Dawson was wounded in a grenade blast on June 22, 1945. Pressel wrote a letter to the Old Breed News, a 1st Marine Division Association publication, requesting anyone who knew Dawson and could recall him being wounded, to contact the vet center. One Marine responded. Thanks to Pressel's efforts, Dawson finally received his long-awaited combat decoration.

The **National Cemetery Administration's** Web site has been a hit on the Internet. As of May 23, more than 2 million visitors have logged on to www.cem.gov to learn about burial in a national cemetery, Presidential Memorial Certificates, burial flags and other topics. Each month, the Web site averages 90,000 visitors and generates 400 e-mail inquiries.

Seven Boy Scouts earned their Eagle rank by completing a community service project with the **Cardiac Health and**

Hypertension Education Research and Screening Team at the **Detroit VA Medical Center**. Over a three-year period, the scouts escorted people to screenings, helped them fill out necessary forms, and took blood pressure readings under the supervision of the nursing staff. In recognition of their achievements, the Detroit VA hospital held a ceremony where the young scouts received awards from the mayor, the Detroit City Council, Ford Motor Co., and Cong. Carolyn Cheeks-Kilpatrick (D-Mich).

A 28-mile stretch of Interstate 81 winding through West Virginia was renamed the West Virginia Veterans Memorial Freeway during an Armed Forces Day ceremony in May. Stone for the two large markers, located at rest areas in Inwood and Falling Waters on each end of the freeway, came from the historic Charles Downs property built in 1835 and now owned by **Deborah Pigeon**, a registered nurse at the **Martinsburg, W.Va., VA Medical Center**.

Diane Larsen, a supervisor in recreation therapy at the **Sioux Falls, S.D., VA Medical Center**, started the hospital's carnival for local kids back in 1982. Twenty years later, the annual celebration is still going strong, attracting about 400 preschoolers this year, the largest turnout yet. They came into the hospital for a couple of hours of fun and games, and in the process, brought smiles to the faces of hospitalized veterans. "It's really grown and blossomed," Larsen told local reporters. Volunteers like veteran **Ken Youmans** organize the carnival each year. "I get a real good feeling in my heart from it," he said. □

About time to enroll?



Lancaster, Pa., Community-Based Outpatient Clinic physician Joseph Caldwell, left, and Cong. Dave Hobson, right, greet 100-year-old veteran Dr. Hubert Amstutz.

When he turned 100 years old last December, Army veteran Dr. Hubert Amstutz decided it was about time to enroll for VA health care. He stopped by the Lancaster, Ohio, Community-Based Outpatient Clinic on May 30 to enroll and ran into Cong. Dave Hobson (R-Ohio), who was there for a meeting with leadership from the **Chillicothe VA Medical Center**, including **Betty Bolin Brown**, acting director, and **Keith Sullivan**, acting associate director. Needless to say, Amstutz, who is believed to be Ohio's oldest living World War II vet, received a warm welcome.



Police Officer **Richard Dube** was on foot patrol at the **Brockton Campus** of the **VA Boston Healthcare System** when he saw a vehicle going the wrong way on a one-way street. He called to the driver, who immediately stopped. As he approached the vehicle, the female driver yelled that she had an emergency. She opened the door and held out her lifeless 4-year-old son. Dube, an emergency medical technician in his second job, immediately realized the gravity of the situation. He took the child and ran to Urgent Care while another officer in the area called “Code Blue” and radioed for an ambulance. VA staff revived the child and he was transported to a local hospital, where he made a full recovery. It turns out the boy had a 104-degree temperature and was having trouble breathing. His mother was driving him to their family doctor when the boy suffered a seizure and stopped breathing. She saw the VA sign and drove in seeking medical assistance.

☆☆☆☆☆

Joel Crandall, a registered nurse at the **Erie, Pa., VA Medical Center**, was with a friend preparing to launch a boat onto Lake Erie from the East Avenue ramp when a fisherman yelled out that a boy had fallen in the water. Crandall raced to the end of the pier and tried to grab the boy, but he was just out of reach. So he jumped in the water and swam him back to shore. Once they reached land, he took care of the boy until paramedics arrived. His

quick thinking and decisive actions prevented a tragedy.

☆☆☆☆☆

Chaplain **Fleming Otey** started choking in the basement of Building 21 at the **Salisbury, N.C., VA Medical Center**. Frantically, he searched several empty offices before bursting into the room where **Greg Miller**, a draftsman, was sitting. “I found this gentle giant ... he immediately assessed the situation and offered to do the Heimlich maneuver, which I accepted,” wrote Otey. When his first attempt failed, Miller cried out for help and “Code Blue” echoed through the intercom system. The crisis team arrived less than three minutes later, but by then, Miller had successfully dislodged a piece of a Snickers bar that was blocking the chaplain’s airway. “Greg Miller quite likely saved Chaplain Otey’s life this afternoon,” wrote **Dr. Kris Nordberg**, who was on the responding team, in an e-mail message to Salisbury VAMC Director **Timothy May** about the incident.

☆☆☆☆☆

A telephone call from a local congressional office might have shaken some people, but not **Joann McAlvey**, chief of fee services at the **Walla Walla, Wash., VA Medical Center**. As soon as the caller explained the situation—that a veteran’s pension check had suddenly stopped arriving—McAlvey suspected paperwork might be the culprit and got right on

the case. She started by calling the veteran, who said he was getting desperate for funds after missing two pension checks. She called the Seattle VA Regional Office to determine which forms needed to be filled out and then contacted the local **Vietnam Veterans of America (VVA)** service officer, **Todd Camden**, who jumped on his motorcycle and cruised over to the veteran’s house. By working with staff at the VA regional office and the VVA service officer, McAlvey ensured the veteran received his pension checks within just a few days.

☆☆☆☆☆

When he saw a patient with a broken arm trying to perform the Heimlich maneuver on a woman who was choking on some food at the **Albany, N.Y., VA Medical Center**, Food Service employee **Rafael Diaz** knew what to do. He ran over and quickly performed the Heimlich maneuver three times to successfully dislodge a piece of food that was blocking her airway. The woman turned out to be the patient’s wife. The couple was very grateful to Diaz for his quick actions.

☆☆☆☆☆

On June 9, **Ronald B. Ragan**, a pharmacy technician at the **Fargo, N.D., VA Medical and Regional Office Center**, was flying home from Amsterdam when flight attendants got on the intercom and called for anyone with medical experience. Ragan, who is also a respiratory therapist, was the first person to respond. He found a female passenger slumped over in her seat and tried to wake her. When she didn’t respond, Ragan, a former Army medic, quickly cleared

four seats and laid the victim in the Trendelenburg position, with her legs elevated on an armrest. As he administered oxygen and checked the victim’s vital signs, her family told him she had low blood pressure and was taking medication. By this time, a physician had also come forward to help. Ragan stayed with the woman for the next five hours, checking her vitals and encouraging her to drink fluids as she drifted in and out of consciousness. “A couple hours outside of Minneapolis, she started throwing up repeatedly,” he recalled. “The doctor went to the cockpit and had the pilots call ahead for medical assistance.” Thanks to Ragan’s efforts, the woman was awake and sitting upright when medics wheeled her off the plane.

☆☆☆☆☆

Steve Schlenker, a supervisory medical technologist at the **Sheridan, Wyo., VA Medical Center**, was driving home with his wife when they decided to stop at a local convenience store for a frosty root beer float. While his wife Beth placed their order, Steve walked around the corner and saw a young couple with an infant sitting at a table. As they waited, the baby’s mother jumped up and screamed, “My baby is choking!” Steve turned to see the parents frozen in place. He immediately rushed over, picked up the baby, and gave it a quick back thrust. As he did, the baby spit up some mucous which was obstructing its airway. Once his airway was cleared, the baby boy had a big smile for Steve. His mother was equally appreciative, exclaiming, “You just saved my baby’s life.” Schlenker teaches a lifesaving course at the medical center. □