Strictly Speaking

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Remarks of
The Honorable Jesse Brown
Secretary of Veterans Affairs 1993 – 1997
Veterans Health Administration Consensus Conference
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Thank you for your kind introduction, and I gladly accept this award. But I think Dr. Kizer would agree with me in seeing our roles today as symbolic. The great change that the VA medical system has made was not the work of just two individuals. It is true, for many years I worked hard for change in VA health care, and I had my chance to put my ideas to the test. And yes, Dr. Kizer had strong convictions about forging new directions in the VA, and he, too, had his opportunity to make his mark. But from the beginning, the two of us found others in the VA who understood the challenge and had their own ideas to contribute. You were among them.

Some of you had prominent roles, dealing with changes on the high plane of concept and theory. Some were tasked to carry change forward to VA medical centers and clinics. The vast majority was asked for their commitment to change. Everyone came through — the doctors and the nurses, the orderlies and the clerks — and they created something grand.

Yes, there were those who did not believe. Looking at the VA from the outside, they questioned our commitment to change; they didn't believe that VA could turn itself around. And adopting a superior attitude, they questioned our goals and dedication of VA employees. But, we proved them wrong. We turned VHA around with great speed and effectiveness. And our veterans are enjoying the results.

The VA provides excellent health care. The VA is one of the best hospital systems in America. I make this statement not as a former DAV national service officer, not as a former Secretary. I make this statement as a former patient, and that is why I know it to be true.

The VA has everything going for it. We were providing managed care before the term HMO was coined. All it had to do was to provide comprehensive medicine to our veterans. Because of your leadership, we did that. With that leadership, we could not miss and we did not miss.

We must continue to seize the opportunities; we must continue to seize the moment and use this great foundation of talent, this foundation of leadership, to push the VA's health care delivery system to the forefront where it belongs. Because of you, the VA will be the first to address the complex issues facing health care in the world. Issues like access and quality of care, resources, formularies, special care in the future, medical errors, and embracing technology to help us do our jobs and do them well. And then, the VA will be listed along with the great hospitals. And at that point, we will take the lead.

We will take the lead in the eyes of the American people, because of the dedication that comes from VA employees. They are the best in the land, and they have a mission. Unlike some of the other great hospitals, the VA does not treat patients. The VA treats sick veterans. VA employees recognize the difference.

They know that our veterans have made tremendous sacrifices on behalf of the nation and the world. And because of that, they work so hard to help sick veterans regain their health and to live a quality life. These are just some reasons why I knew our vision for VA health care would succeed. To preserve our grand achievement, to stay in the vanguard of medical deliverance, we must maintain the momentum of change.

We aimed for the highest, nothing less than the best, possible model for health care. Please, keep your sights high! We confronted shortcomings without fear. Please continue to be courageous! We turned the complexities of our system to our advantage in delivering the highest quality of care to our veterans. Please, continue to be on the cutting edge of change. We worked with others who shared our interest in change, with the veterans community, their organizations, and Capitol Hill. Please, continue to strengthen those relationships. Compassion was our guiding light. Please make sure that it continues to burn bright. Make it the yardstick by which you measure everything you do.

The people of the VA — the honor you bestow on me today is their honor. I am thankful to have been a member of their team. And I am proud of what we accomplished together. In closing, let us always remember the way we deal with the warriors of the past will determine the enthusiasm that their children and grandchildren feel toward service in our armed forces. That is a tremendous responsibility, and a duty we have met, thanks to the greatness of the people who make up the Department of Veterans Affairs.

Celebrating the Past, Assessing the Present, Shaping the Future

Keynote Address by Morley Winograd
Senior Advisor to Vice President Al Gore and Director, National Partnership for Reinventing Government
Veterans Health Administration Consensus Conference
Las Vegas, Nevada

May 9, 2000

Thank you, Dr. Garthwaite, for that introduction. It's an honor to be here on behalf of the Vice President.

I understand you're here in Las Vegas to celebrate what you have accomplished over the last few years and to look toward the future to see what the next steps are. It's very encouraging to see so many stakeholders and partners take part in this important assessment process.

I came here today to give you my "reinventing government" perspective on your accomplishments and on the future.

One of the most important things we focus on at the National Partnership for Reinventing Government (NPR) [http://www.npr.gov] is having agencies clearly define their mission and then deliver services and reach results consistent with that mission. Your mission is one of the most important in all of government — making sure that those who have served this nation are in turn served well by the government they defended. Quality health care is part of their just reward for the sacrifices they've made to this country.

At NPR, our vision [http://www.npr.gov/library/vision2000.html] for the future is "America @ Our Best." And giving veterans their best is what you are all about.

Our mission is to reinvent government to work better, cost less, and get results Americans care about. **Our ultimate goal – restoring trust in government.**

All of you in this room are helping us accomplish our mission by making it easier for this nation's veterans to get the quality health care they need and deserve. You are our partner in restoring trust.

You've opened hundreds of new clinics. The number of community-based outpatient clinics has grown from 267 in 1997 to 622 this year! You've reduced travel time to and from appointments. The average distance for enrollees to travel to their closest site of care is less than 15 miles – a 30% decrease over a 19-month period. You've made it easier for veterans to

schedule appointments. Over 80% of outpatients say they get their clinic appointment scheduled at a time of their convenience. And you've reduced waiting time. Over 85% of outpatients say they wait less than 30 minutes to be seen when they go to the clinic. Overall, since 1997, the percentage of patients seen within 20 minutes of their scheduled appointment has risen from 55% to 75%.

Here's how one veteran summed it up after visiting his new clinic in October 1999: "Visiting a VA medical facility used to be an all-day affair. Before, if I came in at 9:00 in the morning, I wouldn't expect to leave until 5:00 in the afternoon, which stuck me right in the middle of rush hour traffic. When the North County clinic opened, it was a godsend."

Even more important than helping them get care faster and easier, you are working hard to make sure that our veterans get the kind of customer service they deserve– the very best health care in the world. You are making sure that heart attack patients get beta blockers. You are making sure that elderly patients get immunized. You are making sure that women veterans are screened for breast and cervical cancer – at rates that exceed both public and private benchmarks.

You introduced electronic entry of prescriptions to reduce mistakes in medications. (Rest assured, that had nothing to do with any doctors in the room who might have illegible handwriting…). You also introduced an electronic barcode system for medications. And soon you will be the first health system in the country to use bar coding of medications nationwide.

You are clearly on the cutting-edge of health care in this country. And you are dramatically improving service to veterans and their families. At NPR, we talk about your work in terms of following through on your mission. We also talk about your operational results in the context of customer and employee satisfaction.

Since the beginning of NPR more than seven years ago, one of our most important goals has been improving customer service. Customer service is key to restoring the public's trust in government. And at the VHA, you are leading the way throughout VHA and the Department of Veterans Affairs, customer service is central to your mission of ensuring the general health and well-being of our nation's veterans.

According to the American Customer Satisfaction Index (ACSI) [http://www.customersurvey.gov/] used since 1994 in the private sector, VHA scored 79 – well above the average private sector health score of 70. Not only that, but your score of 79 was more than 10 points higher than the overall federal government score of 68.6 – 6 points above the overall private sector score of 73.
Your scores for loyalty and customer service were even higher – 90 and 87, respectively.

On your own national inpatient and outpatient satisfaction, courtesy of the staff was VA's best area of performance. Based on experience, we know that patients with one person or group in charge of their care are more satisfied with their care than those who don't. More than 75% of your patients now report having one provider or team in charge of their health care.

In addition to improving the ease and quality of care, as a department you've eliminated nearly 2800 forms and put the remaining ones on CD-ROM and the Internet. You created a single form – 10-10 EZ – for veterans to apply for medical benefits.

And it's not only your customers – the nation's veterans – who are taking note. The Vice President himself designated VHA a reinvention lab [http://www.napawash.org/waiver/index.htm]. This gives you unprecedented authority to continue your creative and innovative approach to serving customers and improving the quality of health care. This designation reflects the importance the Vice President places on giving outstanding service to this country's veterans. It's also a powerful example of what can happen when agencies like VHA take NPR's principles to heart and transform themselves and how they deliver services.

Two VHA jurisdictions are semifinalists in the Ford Foundation's 2000 Innovations in American Government Awards Program: [http://ksgwww.harvard.edu/innovat/update00.htm]

The National Center for Patient Safety, which has introduced new ways to identify, prevent, and fix problems that can lead to patient error, injury, or death.

The Performance Measurement System. The VHA's system has helped move America's largest integrated health care system toward its goal of delivering consistent, satisfying, high-quality health care to America's veterans. It holds managers and clinicians accountable for producing health care outcomes that meet or exceed national targets and private-sector performance.

We wish you luck in the final selection process. Both efforts are terrific examples of innovation and reinvention. And many other people are noticing what you are doing at VHA.

Leaders like Dr. Michael DeBakey and Dr. Donald Berwick have praised what you're doing to improve the quality of health care for veterans.

Pricewaterhouse singled out the former head of VHA — Dr. Kizer — as one of "the world's top business leaders."

None of these accolades would be coming your way without the hundreds of dedicated people in this room and at VA facilities across the country. Congratulations to all of you…

What you've accomplished together is an amazing record on two of our three reinvention "balanced" performance measures: operational results and customer service. It adds up to a great beginning and a solid foundation to build on. But it's only that — a beginning.

There are a host of operational improvements that need attention and you know them better than I do.

From a reinvention perspective the piece you need to focus on right now is employee satisfaction. It is the key to making the next quantum leap in performance on all the challenges you face.

Satisfied and motivated employees who are passionate about their work are the keys to satisfying customers, meeting your agency's goals, and, most important, improving the lives of our nation's veterans. How do we make sure VHA employees get the support they need to keep reinventing so they can deliver world-class care?

Our latest employee satisfaction survey shows that while VHA employees believe progress is being made in terms of training them to focus on their customers, there's still a lot more to do to make the VHA the best place to work.
Here is what some of your employees told us:

"A spirit of cooperation and teamwork exists in my immediate work unit." Across government – 59%. At VHA – 52%.

"Recognition and rewards are based on merit." Across government – 31%. At VHA – only 18%.

"Creativity and innovation are rewarded." Across government – 29%. At VHA – 17%.

"Is the use of plain language writing being emphasized in your workplace?" Across government – 26%. At VHA – 22%.

"Has your organization implemented simplified travel regulations?" Across government – 19%. At VHA – 13%.

"Has your organization streamlined the process for hiring employees?" Across government – 12%. At VHA – 10%.

"Are you clear about how 'good performance' is defined in your organization?" Across government – 26%. At VHA – 23%.

I think this gives you the picture. At NPR, we are very clear about what constitutes employee involvement and its link to high performance.

About one year into the current reinvention effort, the Vice President put it this way: "We want managers and employees to work together to paint a clear vision and articulate a compelling mission supplemented with clearly understood goals and shared values upon which anyone in the organization from top to bottom can base an intelligent decision. This approach results in the empowerment of all employees – managers as well as workers – to innovate and ensure a high level of performance."

From the outset, he knew that federal employees are key to getting results Americans care about because you can't treat your customers any better than you treat your employees. That's why career federal workers have always served on the staff of NPR – they know better than anyone else what needs to be reinvented. **We need to understand what employees need to be effective in their jobs.** The employee survey gives us insight into what works well and what needs to improve.

We're going to be facing a severe shortage of federal workers in the near future. To attract and retain the talent we need now and in the future, we must take action to make the federal work place a more compelling place to work. And that action must include robust management/labor partnerships dedicated to involving frontline workers in the decisions that must be made as we reinvent, every step of the way.

I've talked a lot today about operational results, customer service, and employee satisfaction. The reason a focus on these "balanced measures" is so important to government agencies can be summed up in one word — "trust." Trust in government and its agencies comes from great performance and that is what NPR is all about. At the VHA, you have a very special set of customers – many of whom have lost limbs and who suffer severe health problems because of their service to this country. That makes trust especially important to what you are doing. In some ways, that means the bar is set even higher for you.

According to a University of Michigan survey taken after national elections, the public's trust in government is on the rise again. After slipping to a disturbing low of 21% in 1994, it was back up to 40% in 1998. That's a positive trend that we welcome. But 36 years ago, it was 76%. We still have our work cut out for us to even think of approaching numbers like that.

To give you an idea of just how serious we're taking this notion of customer service, look at the Fiscal Year 2001 budget. The ACSI agency data is printed there because of the strong linkage between customer satisfaction and trust. The most important lesson we've learned from the first-ever customer service survey is this: When we measure customer satisfaction using third-party validation — and share the results with the public – it gives us an extraordinary window of opportunity.

That's the reason we also posted all of the employee satisfaction survey [http://www.employeesurvey.gov/] data on a website as well — employeesurvey.gov. We want you to share the data with everyone in the agency and get everyone involved in making improvements.

You've shown you can do it with customer satisfaction and high quality performance in health care delivery. Now is the time to become the leader in this dimension as well. You have the opportunity to move quickly to keep this extraordinary momentum going and in the process help improve America's trust in its government.

At the VHA, you are charged with an awesome responsibility. Vice President Gore knows how important your work is to the veterans of America and their families. On his behalf, I congratulate all of you for accepting this responsibility and for what you've already done to improve the quality of health care for our veterans – your unique customers. At NPR, we look forward to working with you to accomplish even more and to keep those trust levels going up. It's the only way we can redeem the promise of self-government, the fundamental idea of America and its highest ideal. Your customers risked their lives to defend our democracy. You can help all of America believe again in its potential.

Six for 2006 Strategic Goals

Frances M. Murphy, M.D., M.P.H.
Acting Deputy Under Secretary for Health
Veterans Health Administration Consensus Conference
Las Vegas, Nevada

May11, 2000

This morning we'd like to engage each one of you in a conversation about VHA's strategic vision for the future and the Six for 2006 strategic goals. During the past two days we have heard from Dennis Duffy about how VHA's goals align with the Department's "One VA" Strategic Plan, and Tom Garthwaite gave us a summary of the remarkable accomplishments made in transforming ourselves into high quality, performance-driven organization. In fact, your reinvention achievements are so impressive that Morley Winograd applauded you by remarking that the "kind of results you have made would make any organization jealous…you are second to none…" And Mercatus team's Performance Report Scorecard listed VA in the top three out of 24 federal agencies covered under the Government Performance and Results Act.

Together we have worked diligently to accomplish the transformation that was set in motion by the Vision for Change and Prescription for Change. We have described our organizational change to date as a journey. The implementation process has focused on re-engineering of our operational structure, streamlining processes, providing five-star service, making quality consistent and predictable, implementing lessons learned and practices, improving information management, reducing costs, and changing the culture in which VA health care is delivered.

The first step in any major reinvention program is to have a clear definition of the organization's mission. VA is fortunate in that regard because our mission is clear – it is to CARE for veterans. Secretary Jesse Brown stated it more eloquently yesterday when he said, "Unlike some other hospitals, VA does not treat patients. The VA treats sick veterans." It is an important and noble mission, a mission that fulfills America's promise to its veterans and wartime heroes.

In addition to a clear mission statement, major change programs must also be driven by a shared vision. Senior managers define that vision but in order to be fully successful, all major change must have broad organizational participation in the design and implementation phases. We ask you to participate in that development today.

We believe that the vision of VHA's future must firmly anchored in the VHA domains of value. These values are the rudder that has steered us through turbulent times and rough seas and kept us off the shoals. They are Quality, Access, Satisfaction, Functional Status, and Cost. Many of the Consensus Conference presenters have spoken about these five values. However, this year a sixth health care value has been introduced which recognizes those veterans' well being is dependent on the health of the communities they live in. Six for 2006 will translate these values into six VHA goals that guide all national planning and program management.

These goals are:

1. Put Quality First, Until We Are First in Quality – This goal is of key importance because, to quote Dr. Kizer, "Quality is the Holy Grail of the 21st century." We need to systematize quality and safety based on benchmarks. And ensure consistent reliable health care across our system.

2. Provide Easy Access to Medical Knowledge Expertise, and Health Care

3. Enhance, Preserve and Restore Patient Function

4. Exceed Customers' Expectations

5. Save More Dollars in Order to Serve More Veterans

And the finally the sixth goal being incorporated for the first time this year and because its new I'd like to give it a little more attention…

Build Healthy Communities: In order to provide value to all veterans, both enrolled and non-enrolled, we must contribute in a positive way to the health of the communities they live in. The health of the community as a whole is necessary for the well being of every individual in it. Therefore we must:

∑ Share our best practices in health system, quality and safety design;

∑ Advance knowledge on diagnosis and treatment of diseases, which affect veterans and the general public through our research program.

∑ Train physicians and health professionals who can deliver state-of-the art, quality health care to veterans whether the veterans chooses to receive care in a VA facility or in a private healthcare setting.

∑ Develop the global computerized patient record so that health records can be accessed from any facility connected to the internet.

∑ Create community partnerships to provide health care and housing homeless veterans.

∑ And we should improve the response to national emergencies – so that we can ensure the safety and well being of veterans.

The list of VHA goals has been kept intentionally short. We believe that it is vital for every employee understands how their job contributes to our success in meeting these goals and to exceeding the linked performance measures. It will be our challenge to assure that these goals are communicated to all employees and that VHA stays on course in its Journey of Change. VHA's goals will provide a compass to guide us through the un-charted waters ahead.

Yesterday, Dr. Orstein predicted tumultuous times for American health care during the next decade. Because of the rapid change within our own organization and its health care in general, some tell me that the Journey is leaving them breathless. However, the treatment is not to slow down, we all simply need to learn to breath differently. If we anticipate change, the future opportunities to make significant contributions are truly breath taking if we only have the courage to focus on our goals and continue to innovate.

We use the term "Florence Nightingale" as a symbol for compassion and quality in health care. The real Florence Nightingale was born on May 12, 1820. She was an incredible British woman, who in a time of great change transformed the organizational structure of the modern hospital; and altered the prevailing concept of medical care. On the eve of her birthday, we must keep alive her spirit and continue the kind of progress she was able to achieve. We need to aim high…and be courageous!

VA-DoD Health-Care Sharing

Statement of Thomas L. Garthwaite, M.D., Deputy Under Secretary For Health Before the Subcommittee on Health, Committee on Veterans' Affairs, U.S. House of Representatives

May 17, 2000

I am pleased to be here this morning to speak to you about the promise, challenges, and prospects for the sharing of health-care resources between the Veterans Health Administration (VHA) and the Department of Defense (DoD) military health system (MHS). VA fully supports Federal health-care sharing as a means to improve the quality and efficiency of services provided to Federal beneficiaries, particularly in instances where beneficiaries are dually eligible for health-care services. DoD is our single largest sharing partner. We welcome opportunities to provide health care to members of the military and the retiree community when we are able to do so.

Background

The "Veterans' Administration and Department of Defense Health Resources Sharing and Emergency Operations Act", Public Law 97-174, enacted in 1982, dramatically facilitated sharing arrangements between VA and DoD health-care facilities. Virtually all VA medical centers and nearly all military treatment facilities (MTFs) have been involved in sharing agreements under this authority. The expansion of VA-DoD sharing authority in 1995 to allow VA facilities to participate in TRICARE provider networks added a new dimension to our relationship with DoD. Consistent with this law, VA's primary focus is on providing quality care to our nation's veterans and, when resources are available, to DoD beneficiaries.

VA/DoD sharing has been widely recognized and endorsed as an effective means to provide better service to Federal beneficiaries cost effectively. The Congressional Commission on Servicemembers and Veterans Transition Assistance in its January 14, 1999 report stated that "it envisions a DoD/VA healthcare partnership offering beneficiaries a seamless transition from one system to the other, providing beneficiaries the highest possible return on the human and physical assets invested in the two systems while at the same time empowering each Department to fulfill its unique missions." The 1999 Defense Authorization law, Pubic Law 105-261 strongly endorsed the ongoing VA and DoD efforts to share resources and encouraged expansion of both health resource sharing and VA participation in the TRICARE program.

We note, furthermore, that sharing between DoD and VA may be subject in some respects to the medical privacy rules now being promulgated under the Health Insurance Portability and Accountability Act of 1996. The Department of Health and Human Services (HHS) issued proposed regulations last October. HHS has stated that it expects to issue final regulations this year for the handling of personal health information, including for such information held by Federal agencies. Both DoD and VA are participating with HHS in the inter-agency process to develop the final regulations.

Direct Health Care Sharing

A snapshot of VA/DoD health resource sharing activities (as of April 27, 2000) shows that there are 846 agreements (excluding TRICARE). VA medical facilities have agreed to provide 7,734 services to the MHS, while the MHS has agreed to provide 1,047 services to VA. In Fiscal Year 1999 VA earned $32,194,216 from sharing agreements while purchasing $23,853,957 in services from the MHS. TRICARE earnings in Fiscal Year 1999 were $4,897,427. Earnings from both programs increased from Fiscal Year 1998.

We are currently working with DoD to resolve issues that arose in Fiscal Year 1999 due to diverging business practices. Briefly, these issues involve confusion regarding the effect of TRICARE on the status of local sharing agreements between VA medical facilities and MTFs and difficulties that some of our medical facilities have experienced in receiving appropriate reimbursements. Similar issues also arose concerning services provided by VA in TRICARE Remote sites.

Efforts to Resolve Direct Health Care Sharing Issues

Dr. Bailey and I, along with our respective staffs, are committed to resolving any remaining issues concerning our joint sharing programs and to expanding these efforts when it is mutually beneficial. Of particular note, Dr. Bailey has taken a major step toward resolving these issues by issuing a directive clarifying the status of VA/DoD sharing agreements and requiring that payments related to those agreements be made at the rates specified in the agreements. We have also agreed to take additional steps under the auspices of the VA/DoD Executive council to assure that our sharing programs are functioning optimally:

- We plan to further review business practices to assure that those practices optimally support direct sharing and VA participation as a TRICARE provider.
- We plan to review case handling or case management – particularly involving patient movement to our centers of excellence and to VA national specialized programs.
- Over the next year, we plan to jointly review all existing agreements to assure that they optimally support our joint goals.
- We will also review issues raised by the GAO in its recent review of this program.

Other Health Resource Sharing

In addition to our efforts to resolve issues regarding direct care delivery sharing, there is significant cooperation in several other areas. With leadership from the VA/DoD Executive Council a number of important initiatives have been completed or are underway.

VA recently entered into a Memorandum of Agreement (MOA) with DoD to combine the purchasing power of the two Departments and eliminate contracting redundancies. The MOA has two appendices—one dealing with pharmaceutical, the second encompassing medical and surgical supplies. A third appendix, dealing with high-tech medical equipment, is under consideration. Regarding pharmaceutical standardization and joint procurement, staff from VA's National Acquisition Center, Pharmacy Benefits Management Strategic Healthcare Group, DoD's Pharmacoeconomic Center and Defense Support Center-Philadelphia are working together to address joint pharmaceutical procurement. Through joint committed use volume contracts we have already accomplished over $19 million savings annually from these efforts. Savings from these efforts help both Departments reduce health care costs.

In our role as primary backup to the DoD health care system, in times of war or national emergency, we are working with DoD in their development of an automated system to globally track and provide in-transit visibility of military evacuees to DoD and VA medical facilities. Interagency requirements to share both bed availability and patient information will be included in the U.S. Transportation Command's Regulating and Command and Control Evacuation System (TRAC^{2}ES). In addition, VA is collaborating with the Public Health Service to identify requirements for the National Disaster Medical System, which addresses civilian disaster needs. All of these projects were undertaken to overcome current difficulties associated with manually exchanging paper-based patient information.

The Government Computer-based Patient Record (GCPR) Project is a collaborative activity to create interoperability among information systems. Together VA, DoD and Indian Health Service are creating an electronic framework, which will allow us to easily and securely exchange medical information. This will enable us to provide better quality care to veterans, military personnel and their family members, and members of Native American tribes. The framework will develop and promulgate open standards for the sharing of health information and its security. The effort has the support of HCFA and has the potential to accelerate data interchange standards across the health care industry.

VA and DoD have made progress in the sharing and joint development of clinical practice guidelines. Guidelines for diabetes, smoking cessation, low back pain, hypertension, chronic obstructive pulmonary disease and asthma have been finalized in cooperation with other Federal health care organizations. During the next two years, we will be working on guidelines for pain management, preventative services, major depressive disorders, gastroesophageal reflux disorder, substance abuse, uncomplicated pregnancy, and redeployment health concerns.

VA and DOD jointly are taking a leadership role in the promotion of patient safety. Through the National Patient Safety Partnership, we developed a "best practices" initiative to reduce preventable adverse drug effects, and we are identifying ways of sharing patient safety "lessons learned". VA's mandatory reporting system is being adopted by DoD and our voluntary reporting system is being constructed to add DoD in the future if they wish.

At selected sites we have combined the military's discharge physical with VA's disability compensation examination for those service members applying for VA compensation benefits. VA is working cooperatively with DoD and HHS to establish a Military and Veterans Health Coordinating Board to oversee a variety of health care and deployment issues and build upon the accomplishments of the Gulf War Coordinating Board.

A number of these efforts parallel, or are a direct result of, recommendations of the previously mentioned Congressional Commission on Servicemembers and Veterans Transition Assistance. These include the streamlining of the disability physical examination process, the expanded use of combined purchasing power, and ongoing efforts to standardize information technology development.

Millennium Act Implementation

I would like to address briefly the status of implementation of Section 113 of the Veterans' Millennium Health Care and Benefits Act (Public Law 106-117) that provides for reimbursement to VA for medical care provided to eligible military retirees. The law calls for a Memorandum of Agreement (MOA) to be in effect by August 31, 2000.

OMB is working with VA and DoD to help develop a mutually acceptable agreement. OMB, VA, and DoD have formed a joint work group to draft such an agreement. We will continue to work to implement this provision.

Future

In the future, federal beneficiaries and the programs that serve them would be improved by seamless coordination of federal benefits. Today, a veteran who is a military retiree may have benefits from VA, DoD, Medicare and private insurance. As an unintentional result, they may have incentives to seek treatments and medication coverage from whatever system offers the least out of pocket expense. The opportunity to coordinate care for better quality and efficiency is lost in the process. An approach which first defined the benefits for each person and then optimized their choice of delivery systems would improve the patchwork set of rules and systems that has evolved.

Summary

Both VA and DoD remain committed to increasing resource sharing to not only achieve the efficiencies that are possible, but also to better serve the veterans, retirees and active duty service members that rely on us for health care services. Our goal is to achieve a seamless transition of former service members from one system to the other and, when joint sharing is possible and beneficial, to provide the highest possible level of quality health care services to the patients being served. Steps have already been taken to resolve payment issues concerning our sharing agreements with the MHS and we have agreed to jointly conduct a thorough review of sharing with the MHS and VA's participation as a TRICARE provider to assure that we have explored every opportunity to enhance these programs. VA is confident that with resolution of current challenges, the longstanding and beneficial sharing relationships will continue to grow for the benefit of both the taxpayers and the patients that we serve.

Lessons from the Past

Keynote Address at New Jersey Veterans Museum Open House
by Kenneth G. Swan, M.D.,
Medical Historian And Professor of Surgery,
University of Medicine and Dentistry of New Jersey
East Orange, NJ, VA Medical Center
February 14, 2000

Today we salute the New Jersey veterans of our Nation's armed forces. At the same time we introduce the "New Jersey Veterans Museum" at the VA New Jersey Health Care System. This is a most timely and important endeavor. As our Nation reigns supreme among others, as we begin a new millennium without any apparent major threat to our military forces, there is a tendency to grow complacent. Memories of the past fade and, all too soon, so do the lessons of the past. This museum is a magnificent tribute to the past and is created in part to keep our memories of our past forever alive. Why attach such importance to events that are seemingly of historical significance only? The American philosopher, George Santayana said, "Those who cannot remember the past are condemned to repeat it." Simply stated, we dare not forget those hard-won lessons of past American wars and the medical care given to those combat casualties that resulted from them. Two examples spring to mind.

The Battle of Shiloh occurred in April of 1862, exactly one year after America's Civil War had begun. The battle, often referred to as "Bloody Shiloh," lasted two days, the 6th and 7th of April. Commanding the Confederate Army was General Albert Sidney Johnston, the highest ranking officer in the South. He outranked General Robert E. Lee and some said he was even a better general than Lee. Johnston led his troops to victory on the first day of the two-day battle. The high point of the first day was the battle of the Peach Orchard, where fighting was so intense in one area it was later called the "Hornet's Nest." It was there that General Johnston personally led his troops in a final assault on the Union lines which appeared to be breaking up. In the heat of engagement, Johnston was shot four times; his horse, Fire-eater, twice. The general slumped over his saddle as blood exited his right boot. Aids rushed to his assistance; one rode off in haste for the surgeon. Johnston was moved to a nearby position of safety. There he died within minutes of the wound to his right leg. A 58 caliber round from a Confederate Enfield rifle had severed his popliteal artery and he bled to death. His successor in battle, General P.G.T. Beauregard tried to keep Johnston's death a secret in order to sustain his soldiers' morale, but was unsuccessful. The Union Army, under Major General Ulysses S. Grant, had been pushed to the edge of the Tennessee River, but they held there and on the following day swept the Confederates from the battlefield. When the time came for preparing General Johnston's body for burial, a search of his uniform revealed a half-eaten sandwich and a field tourniquet in its pocket! His life could have been saved; the Battle of Shiloh could have been a Confederate victory and a significant defeat for General Grant. The latter would have been seriously discredited and probably relieved of his position as commander, Union Forces, West. Grant would not have attained overall command of Union Forces, as he eventually did, and President Lincoln's re-election bid in 1864 undoubtedly would have failed in the absence of victories provided by General Sherman in Atlanta, General Grant near Petersburg and Richmond and General Sheridan in the Shenandoah Val-

ley. Successful Southern secession would have resulted and the course of American, hence world, history, forever changed. That story has been told and re-told to countless health-care providers and especially those responsible for combat casualty care.

At the outbreak of World War II a Swiss surgeon, Raoull Hoffmann, published a "new" technique for the treatment of mandibular fracture. Pins, placed through the bone on either side of the fracture, were connected by a rod parallel to the bone (mandible) and external to the skin. Hoffmann called this technique "external fixation" and the device subsequently bore his name. In his book on the subject, Hoffmann describes and pictures the Hoffmann External Fixator applied to fractures of all the long bones of the extremities and even to pelvic fractures by 1948. Somewhat surprising, the technique was not adopted by U.S. military surgeons in wartime until Desert Storm! In Vietnam, we used plaster casts with windows over wounds in the management of high velocity missile injuries of extremities resulting in open fractures. A similar technique was used in the Korean War and World War II. It does seem odd that Hoffmann's external fixator escaped the notice of so many, but apparently some of his writings (in the Belgium literature) were lost during the war. Even more embarrassing is the recent observation that in fact Hoffmann's device was preceded by almost a century by one described by an American surgeon, James Bolton in 1851. Dr. Bolton treated a patient with non-union of a femoral fracture using an external fixator. No different in principle from those in use today! Needless to say, Hoffmann was not apparently aware of Bolton's report and for perhaps the same reason. Bolton's paper on the subject was in the Confederate surgical literature in 1864.

It has been said by many that success in combat is a function of morale. The latter depends upon the three "C's", commitment or cause, collaboration and care. The soldier fights best when the cause is for him or her an important and just one; he fights best when he is with buddies and not alone and when he knows he will receive quick and appropriate medical care should he sustain a wound. He believes, literally, that if his head is blown off, the medics will sew it back on again! He's not taught this principle, but then again he's not discouraged from the thought! The U.S. has traditionally rendered the best medical care to its wounded soldiers, sailors, marines and airmen, of any nation in combat. The ground war in Operation Desert Storm did not begin until all the medical assets, 20,000 hospital beds and 2,000 physicians, were in place! This is the value we place upon the best care possible for our wounded service personnel.

At present, our civilian trauma centers produce battle-ready, combat casualty care providers that are the best in the world. They lack expertise in only three areas essential for success in combat, should they be needed. These are triage, wound debridement and limb salvage. And these principles can be learned only on the battlefield.

Of these three principles, triage is the most important. The word is derived from the French verb trier, to sort, and credit for introducing the principle goes to Napoleon's surgeon, Dominique Jean Larrey. In practice, casualties are sorted into "the walking wounded," or those who will probably survive without treatment, "the expectant," or those who will probably not survive despite heroic measures and the "priority." The latter are those casualties whose wounds are such that they will probably survive, with a meaningful survival, if available medical resources are utilized most efficiently. These resources are time, personnel and equipment. Triage is implemented whenever casualty load exceeds numbers usually cared

for. A typical triage situation in the Vietnam War was 45 casualties brought to a U.S. Army evacuation hospital by helicopter at 0200 hours. The largest number of casualties are "walking wounded;" the smallest, "expectant." Almost all of the priority require emergent or urgent surgery. Thus the triage officer is the most experienced surgeon present. He or she does not treat, does not even touch a patient, he just establishes which casualty belongs in which category and who goes to surgery when. I triaged many times in Vietnam, but never once in civilian life, despite spending over twenty-five years in a level 1 trauma center! The last time I triaged was in Saudi Arabia during Operation Desert Storm. There were 60 injured Egyptian soldiers brought to the 251st Evacuation Hospital (South Carolina U.S. Army National Guard) late one night. As in Vietnam, the last casualty left the operating room at approximately 1400 hours. So infrequently is triage performed in civilian life that virtually no one has any experience in the concept unless he or she has served in combat. For this reason, we must not forget what we learned in Vietnam and Desert Storm.

Wound debridement is the second principle of combat casualty care that can be learned only on the battlefield. It is true that surgeons debride wounds with regularity in civilian life, but the wounds they debride, with rare exceptions, do not compare with the wounds of massive soft tissue destruction encounter-ed in combat. There, high velocity rifles and machine guns, as well as rockets, mortars, artillery, mines and bombs are the sources of devastating wounds requiring extensive and radical debridement. Incidentally, debridement is another French term which derives from the verb debrider, meaning to remove devitalized tissue in and about a wound. Larrey's name is associated with debridement as well as triage. Inadequate debridement as well as over-debridement are dangerous to patient outcome. The former risks infection, worse yet gas gangrene. The latter is unnecessarily disabling and risks amputation. The uninitiated combat surgeon is guilty of both extremes.

The third principle of successful combat casualty care concerns limb salvage. Because of advances in limb re-plantation, vascular and neurosurgery, as well as orthopaedic and plastic surgeries, there is the ability to salvage many injured limbs that would otherwise have been amputated in civilian trauma centers today. But limb salvage is often a time consuming operation and the battlefield does not enjoy the luxury of lengthy surgical procedures. Instead, the surgeon must learn that expeditious amputation, taking minutes, subserves the greater number of casualties in the long run. A goal of triage is to conserve time, time as well as space, in the operating room. Larrey performed field amputation. In fact, at the Battle of Borodine, he is said to have amputated over 200 limbs! In obvious reference to him, Napoleon said, "My surgeon is more valuable to me than a battalion of soldiers." Larrey is perhaps most famous for introducing the field ambulance which provided rapid evacuation of the wounded from the battlefield to treatment centers out of harm's way.

We remember the lessons of the past in this museum that we celebrate today and in so doing re-affirm a pledge to our service personnel young and old. Whatever their injury or illness, we will render the very best medical care to affect recovery or cure. We will address their needs as expeditiously as possible, never forgetting what those before us have taught from experiences however distant in time.

Satellite TV Report on One VA

Transcript of Remarks by
The Honorable Hershel Gober,
Deputy Secretary of Veterans Affairs

April 11, 2000

Welcome to our first VA-wide televised report to the national audience of participants and observers of our *One VA* program.

Last July in Phoenix, Arizona, we held the first of four regional conferences on *One VA*. That started the ball rolling on what I believe will become the catalyst for unifying VA into a single system providing seamless service to Veterans.

At that first conference, we introduced the theme of "One Mission, One Vision, One Voice."

Those six words define how veterans see VA.

Veterans and their families do not see VA as a health care delivery system separated from a benefits system and independent of a national cemetery system. They see us as one government agency with the singular purpose of providing to and for veterans and their families all those elements of service contained in our three administrations.

I came to Washington seven years ago with some thoughts about how VA served veterans based on hundreds of conversations with frustrated veterans I met in Arkansas and at Veterans Service Organization conferences and conventions around the country.

There were anecdotal stories about:

- delays in getting appointments at medical centers;
- delays in getting approval of initial disability claims;
- delays caused by lack of communication between Benefits and Health Administrations and even within those organizational structures;
- delays caused by being routed to several VA offices before getting an answer to a question; and
- the inability to get information about benefits and services from a single source.

It seemed to me that the men and women working in this large and vital Department of Veterans Affairs understood its mission to serve veterans and their families.

But they didn't necessarily understand what someone in the next office was doing to help veterans, much less in a different administration. That was a perception. In some places it was a reality. To veterans it was frustrating. It was hurry up and wait.

From that perspective, the concept of *One VA* is important in reaching the reality of offering full and friendly service to every veteran or family member that calls seeking help. That is what we are expected to do and it is right that we do it.

Essential to providing those services to veterans is that we all have a better understanding of what each element of VA provides. It is necessary that we recognize the importance of working together to provide seamless service to veterans.

With that understanding we all become more capable of guiding veterans and their families to the element that can most appropriately meet their needs.

Almost two years ago we began developing the idea of bringing people together from different communities and states, from VHA, VBA and NCA, from partnership councils, management, labor, state veterans agencies, veterans service organizations and the leadership of Central office. In many ways we were plowing new ground.

We put together a program of four regional conferences with about 450 to 600 people at each conference. We tried to make the conferences interesting, interactive, and oriented to overcoming communications barriers and focusing on ways to work together for veterans.

We found that when we put ten people from different disciplines and different facilities around a table at our *One VA* conferences, they began understanding more about the elements of our organization that make up the whole of VA.

They began identifying problems of mutual concern and solutions that could benefit veterans, employees, stakeholders, and others. The process of cross-fertilization of ideas created an epidemic of enthusiasm.

We built on each succeeding conference and the ideas and enthusiasm built. The naysayers found ways to come to the table with open minds and got caught up in the possibility that moving toward a *One VA* was possible. Not a monolithic, unchanging bureaucracy, but instead a unified organization of problems solvers and service deliverers.

We told the participants there were no limitations on what they could suggest. During each conference dozens of suggestions were made. Some of them required national decisions and commitment. Most of them only required an agreement among the participants that they could better serve veterans and their fellow workers by moving forward on implementation of their own ideas.

It was simply empowering people to act on their own good common values and common sense. We will share some of those good ideas with you today as well as a progress report on initiatives that resulted from the conferences.

Two suggestions called for developing revised versions of the Learning Maps used at the conferences and distributing them to all VA field installations.

This has been completed and learning maps are being used by many VA facilities to help employees learn more about the entire department and the full range of benefits and services.

One item that came at the top of the list of suggestions at each conference was the development of information technology that would permit employees to find answers for veterans regardless of where the information was gathered. That is not an easy task but we are committed to creating it at the national level.

Another really good suggestion is the development of an information guide to help VA Employees direct veterans to the right source for information they are seeking. We are continuing to work on that and to make it available on VA's Internet. It will also provide printed directions to the nearest VA facility that provides the services required and the name of the point-of-contact for the service.

It is very important that we institutionalize *One VA* as part of the culture of VA. That should include periodic town hall meetings with employees and stakeholders to share updated *One VA* activities and results. Town hall meetings provide opportunities to gather more ideas and identify more barriers that need to be removed.

We certainly need to share *One VA* success stories and promote best practices among all our employees, managers, partnership councils and stakeholders.

Some states such as Alaska and Idaho are publicizing *One VA* activities in newsletters. Other states like Maine are holding quarterly meetings to share information on seamless service initiatives. Oregon has produced an annual Calendar of Events for all VA facilities in their state.

We are working together on community events as well — from standdowns in Maryland to Ex-POW outreach meetings in West Virginia.

Another idea we have moved forward with is the establishment of state and local *One VA* Councils. It is up to the leadership of the councils to determine how broad a representation will work to help provide solutions to help implement *One VA*.

The states of Minnesota, Tennessee, Utah and Wisconsin – to name a few – have included their respective State Departments of Veterans Affairs and Union representatives as State Council members.

Every state has established a council. We are highlighting their plans, activities and accomplishments on a new *One VA* Homepage on the VA Intranet homepage. The *One VA* Homepage also has a hot link to Virtual Learning that includes hundreds of *One VA* Best Practices and success stories.

I encourage each of you to review the *One VA* Homepage frequently to get a sense of the progress we are making in *One VA* and to get new ideas that you can use.

There were lots of good ideas about ways to implement *One VA* programs at the local level. Here's a good example of a program in Hawaii where the VAMROC developed and distributed a Wiki Wiki reference card. From the Far Western Pacific to the state of Maryland, the ideas were abundant and they could be put into effect almost as quickly as a Wiki Wiki card. In Maryland they are considering a *One VA* card that can be attached to name badges that includes important numbers for VA sites in their state.

I am pleased that most of the states have adopted the success stories shared at the regional conference regarding cross training of rating specialists and nurse practitioners. For example, in the District of Columbia VA has a Regional Office Rating Specialist assigned to the medical center.

Here in Central Office we are continuing to track progress being made in each state in creating a *One-VA* atmosphere and inter-administration working relationships. We want to share the best practices and we continue to need your input as you come up with additional ways to work together for veterans.

One state that has put together several elements of cooperation is Oregon. In that state they are pursuing a link to the VA Homepage on the kiosk already housed at the State Employment Office.

Key to the success of *One VA* is that it becomes a critical element of how we think about our Department in relationship to Veterans. When the leadership of any VA facility or the manager of any team within VA find obstacles to success they need to find ways to help each other resolve the problem.

It can be as simple as having *One VA* as an agenda item for any meeting that takes place. Asking each other what else can we do? How far can we expand our services? Where can we combine our resources to better serve veterans? What can we do jointly that is mutually supportive of our common goal of service? When we begin to think in those terms in all that we do we will have taken a giant step in bringing about the VA that veterans want to see – *One VA*.

In Central Office, health care and entitlement benefits staff members hold monthly meetings to discuss *One VA* opportunities for consideration. The next step is a *One VA* conference for employees in our Washington Central Office. That conference will be much like those you attended and it will take place the last week of April.

You would be surprised how much interest your participation in the *One VA* conferences has generated. After each conference people would tell me of changes that could occur in their facilities. They told me of new relationships that had been forged from their participation in the conference. And they wanted to be sure that we keep the program moving forward. That is why it is so important that all of you who attended *One VA* conferences continue to press forward to make *One VA* a reality. That is why it is important that you involve your colleagues to allow them to be part of our *One VA* transformation.

I said at each conference and I reinforce it today. I cannot make *One VA* by simply issuing a memorandum or a directive. It can only work when you and your associates believe in it enough to make it work. It will happen when you and your associates create the atmosphere of cooperation and you see the benefits received by veterans and their families when they are provided seamless service.

As each conference ended I was filled with pride and expectation that you had caught the spirit of what *One VA* can mean to veterans. I applaud your efforts and urge you on to greater achievements.

I thank you for all that you have accomplished and I know that you will continue to find new and better ways to work together to serve our nation's veterans. Thank you very much.

Women's History Month

Remarks by the Honorable Janice R. Lachance
Director, Office of Personnel Management
VA Medical Center
Martinsburg, West Virginia
March 20, 2000

Good afternoon, and thank you, George [Moore] for that gracious introduction, and for hosting today's event. I'd also like to thank Denise Burton for welcoming us all here and opening this ceremony. And let me thank all the VA employees here today. Every one of you has reason to be proud of the good — and important —work you do here, every single day.

Each of you contributes your talent and dedication to a mission that touches and improves the lives of America's veterans, and I want to take a moment to say that I salute you for it, and I thank you for it. Please give yourselves a round of applause — you have certainly earned it! It is a great pleasure to join you here to recognize this first national Women's History Month of the new millennium! This year's theme — "An Extraordinary Century for Women - Now, Imagine the Future" — speaks to the dual focus of our celebration.

We must recognize the tremendous accomplishments of women throughout history who have enriched all of our lives, and laid the foundation for our current successes. And we must honor those women by rededicating ourselves to setting ever-higher goals and building an ever-brighter future.

There is no doubt, the 20th century was a time of extraordinary challenges and triumph for women. Throughout the past 100 years, women had to struggle for basic fundamental human rights both in the United States and abroad. We struggled for the right to vote; we struggled for the right to take our place in the American workplace; and we are still struggling — to this day — to be accepted as leaders in our society. Basically, over the years, we found ways to define and nurture a community of women leaders by resisting all efforts to confine our talents or limit our potential.

Like all successful women, I am here today because of the leadership and strength of the great women who preceded me. Let me quickly mention one of those women. On this day in 1852, Harriet Beecher Stowe published her classic antislavery novel, "Uncle Tom's Cabin." The controversy it kindled helped change the American conversation about slavery, and forced 19th Century readers to confront the ugly truths of racism in American society.

As one of the first and most influential social commentaries written in America, her work blazed the trail for women to fight injustice and foster social change in America. As women living on the cusp of the 21st century, we must honor trailblazing women like Harriet Beecher Stowe by continuing their unfinished journey. We must continue to reach for our goals and objectives, because we are not finished yet.

Some day, a future generation will observe Women's History Month from a position of true equality by looking back at the long road to that goal. We do not have that luxury. We must use this month to rededicate ourselves to the effort — and yes, imagine the future.

When we speak of the future in the Clinton/Gore Administration, the discussion usually turns to our commitment to create a government that looks like America and befits our great heritage. When President Clinton tasked me with building a Federal government that looked like America, he was not stating a wish, he was voicing an imperative. He understood that America must utilize the full talents of all our citizens if we are to succeed.

Quite simply, we can not have a truly representative nation or democracy until everyone has a seat at the table. We value diversity because our private sector, our government, and our nation are all learning the same lesson, that diversity means strength and vitality, and that exclusion means division and weakness. Diversity encourages us to use all of our skills and talents and invites the best performance from all of our nation's institutions, especially our government. As President Clinton has said, "Quality and diversity can go hand in hand, and they must." And he has followed through.

As we enter the eighth, and final, year of the Clinton Administration, I look back with a sense of pride at this President who has appointed more women to senior level positions than any President in history. I know that you will agree that we are a stronger and better nation today for the service of Attorney General Janet Reno; Secretaries Albright, Shalala, and Herman; Administrators Browner and Alvarez; and Ambassador Barshefsky, the United States Trade Representative. These appointments are the real evidence of this administration's promise to deliver a government that recognizes and employs the skills and talents of all the American people.

With the President's appointments as our guide, we at OPM are working to build this dynamic workforce — one that is built upon the talents of all our citizens and equipped to meet the rapidly evolving challenges of the 21st century. Then, we will serve as a model for all employers. But don't just take my word for it. The American Management Association published a report, entitled 'Senior Management Teams: Profiles and Performance' which found, and I quote: "a mixture of genders, ethnic backgrounds, and ages in senior management teams consistently correlates to superior corporate performance."

That is my mission – to help Federal agencies recruit and retain the best and the brightest from all America's rich and diverse communities so we may create a high performance, high quality and diverse workforce. And we are succeeding! Even with government downsizing, OPM's latest figures show that the number of women in high level, Federal positions continues to increase. Proudly, we are shattering the government's glass ceiling.

In 1993, 41 percent of the women working for the Federal government were in Professional and Administrative occupations, while 27 percent worked in the clerical field. By 1999, there had been a dramatic shift — fully half of all federally-employed women are now working in Professional and Administrative occupations, and only 19 percent in Clerical positions. What does this mean? Essentially, over the past six years, even more Federally-employed women are working in the types of occupations that allow them greater opportunities for higher pay and upward mobility.

Remember, these are exactly the occupations that feed into the SES and other Senior Level positions — our government's leadership for the 21st century. And, it's working! Seven years ago, at the beginning of this Administration, women comprised only 22 percent of the Federal employees at the most senior pay levels of our government.

By 1999, women had improved their representation to almost 30 percent at these most senior jobs — *double the improvement made by any other group during that period.* This means there are now over 25,000 more women working at these most senior levels than there were at the start of the Clinton/Gore Administration. These women are the leaders in their departments and agencies. And they ensure that the issues important to women are heard and addressed at the highest levels of government. And I'm proud to say that OPM has taken a leadership role to improve representation and enhance the career development of women.

In 1998, we published a guide to help managers and supervisors recruit more women into the Federal government and laid out specific steps to advance their careers. For example, if they are to move ahead, women must have the opportunities to develop credentials, organizational knowledge, and management and executive competencies. So, we have worked hard to make sure that agencies and managers use the many options available for developing high potential Federal women, including the use of significant, high impact assignments; mentoring; formal career development programs; and lifelong learning programs.

OPM is also working hard to make the Federal government a family focused and competitive employer. This enhancement starts with improving health care benefits for all Federal employees. You may not realize this, but the Federal Employees Health Benefits Program, or FEHB, is the largest employer-sponsored health insurance program in the world. Over nine million Federal employees, retirees, and their family members are enrolled in close to 300 health plans.

This year, the President's budget lays the groundwork for a fundamental reshaping of our health benefits that will support Federal employees and their families for years to come. Echoing this Administration's longstanding commitment to making the highest quality health care affordable for all Americans, this budget lays out a plan to advance the quality — and lower the cost — of FEHB services.

One proposal I am particularly proud of is a health insurance premium conversion that allows Federal employees to pay their health insurance premiums with pre-tax dollars — a critical step which guarantees employees immediate savings on their health care expenses. This kind of pre-tax premium conversion benefit has been widely available in the private sector, but off limits for the vast majority of Federal employees in the Executive Branch. This was not right, it was not fair, and the President decided it was high time to fix it.

We have also proposed utilizing our size and purchasing power to achieve economies of scale in negotiating individual benefits. This is a smart way to purchase benefits that are desirable but expensive. It means we can offer you good benefits at lower rates. For example, it will allow us to offer our customers an affordable, comprehensive dental insurance benefit — a benefit I know many of you want and need.

In addition, the FEHB currently serves Federal families by offering the rights and the protections of the President's **PATIENTS' BILL OF RIGHTS**. This guarantees, among other things, continuity of care protections, direct access to specialists, a guarantee that doctors and patients can openly discuss treatment options, a "prudent person" standard to covering emergency services, and direct access to women's health care professionals to meet women's unique health care needs. And we did it all for less than $10 per year per enrollee — what a bargain!

As a model employer, it is our hope that once the private sector sees our successes, it will adopt these initiatives for their own employees. And, the Federal government is a leader in providing family-friendly leave policies, part-time employment, job sharing, and telecommuting arrangements. In fact, we believe these issues are so important that we have an office dedicated to these policies and practices — OPM's family friendly advocacy office. By providing flexibility in the workplace, we are enabling the Federal government to take advantage of a larger pool of qualified, and more diverse, candidates. But that is not enough.

Let's face it. Modern society is fast-paced, complex, and ever changing, and it places enormous demands on working parents — particularly working women, the traditional care givers in the family. Today, three out of five mothers with children under age six work outside the home. That means that more and more women have to rely on some type of child care to meet the competing demands of work and family. In the Federal government we were faced with a familiar problem: affordable, quality child care is hard to find. Parents are often forced to accept expensive and/or poor quality care, or no care at all.

So, last year we fought for and won authorization for agencies to use appropriated funds to support affordable, quality childcare for Federal employees. The impact of this legislative victory cannot be overstated in its importance to women. The availability of affordable, quality child care will open up the ranks of Federal employment to women — secure in the knowledge that their children are well cared for while they are at work.

Finally, we are addressing an issue that unfortunately requires the attention of all women — domestic and workplace violence. Today, we have found that, all to often, workplace violence is an outgrowth of a domestic dispute. Unfortunately, this is a lesson we at OPM know all too well. Two years ago, my own staff experienced first-hand the tragedy of unchecked domestic violence. We suffered the loss of a valued co-worker and dear friend who sat just outside the door to my office. She was murdered after requesting, and being denied a restraining order. She left behind two children and the potential of a lifetime. Our agency remains the poorer for her absence, but we are determined to do all we can to prevent this sort of tragedy from happening again. Taking on that challenge, we released a new publication on domestic violence for Federal employees and supervisors.

This guide, called *Dealing with Workplace Violence*, not only educates the reader about the tragedy of the issue, it also provides concrete information — about resources, flexibilities, entitlements, and specific protections available in the Federal workplace for the victim, and her — or his — co-workers. Overall, our family-friendly programs are cost-effective, well thought out, and most importantly, they really address the needs of our employees. That is our goal

for every family-focused initiative that OPM sponsors, and it ought to be the goal for every employer in the country. In every initiative that we undertake, in every effort to promote inclusion and fairness in employment, we want to be a model for all employers.

You know, I mentioned "Uncle Tom's Cabin" a few minutes ago. Well, within nine years of this novel's publication, our nation was plunged into the most terrible war ever to be fought on American soil — the Civil War. And one of the greatest tragedies of this war was that the Northern states and the Southern states were never able to simply talk about their differences in a way that would have allowed them to reach an agreement. Countless lives on both sides — Americans all — could have been spared simply by using of negotiations in place of bloodshed.

Thankfully, in the Federal community today, the disputes agency managers and employees face do not rise to this level of tragedy, but the inherent value of expeditious and fair dispute resolution remains the same. More and more, we are using something called ADR — Alternative Dispute Resolution — to quickly and fairly resolve *internal* workplace disputes.

For those of you who may not be familiar with ADR, it uses mediators, fact-finders, and objective, neutral case evaluators to resolve difficult workplace disputes before they grow into costly, time-consuming litigation. We know that ADR offers us a better road — one that not only saves resources but has the potential to lead to a more satisfied and productive workforce, and its impact is real and, in these times of Government Performance and Results Act, ADR results <u>can</u> be measured.

For example, one of the programs I honored at last year's Federal ADR awards — the Bureau of Engraving and Printing at the Department of Treasury — evaluated its ADR program's impact in terms of estimated cost avoidance — that is, the amount of money that is saved by resolving a matter early without going through a formal process.
During a two-year pilot, it estimated that almost 2 million dollars were saved. That's a "2" with <u>six</u> "0s"! And this was just the savings associated with EEO and grievance cases! That same ADR program resolved 94 percent of its cases within 15 days, as opposed to the more typical 180 days or more for the traditional process. That is two weeks as opposed to five-and-a-half months! The success of ADR can be measured in other ways as well.

Another of the programs recognized last year — the Postal Service's "REDRESS' program, which stands for "Resolve Employment Disputes, Reach Equitable Solutions Swiftly" — conducted extensive surveys of ADR users — the employees, supervisors, and employee representatives — to determine how satisfied they were with the process.
<u>Ninety percent</u> said they were satisfied with the mediation process and their mediators. Now, when was the last time that 90 percent of Federal supervisors, employees, and their representatives agreed on anything?

This program's evaluation also showed that in locations where ADR was available, the number of formal EEO complaints declined by as much as 45 percent from a comparable period the year before. These are real numbers that show ADR is good for our government.

President Clinton, in his May 1, 1998, memorandum to Federal agencies, directed the Attorney General to set up an Interagency ADR Working Group to encourage the use of ADR throughout the Government. Since its inaugural meeting, the Group has been extremely active under her leadership. The Group developed — and is delivering — an ambitious program designed to share the expertise of ADR practitioners with those who are in the process of setting up or enhancing their own ADR programs. So we are seeing ADR programs growing by leaps and bounds.

OPM has been, and will continue to be, a strong proponent of ADR programs. We recently published an updated version of our resource guide to ADR, and it's one of the government's best sources of ADR information. In it, we showcase a number of ADR programs that are helping agencies resolve disputes more quickly and at far lower cost than ever before. We also provide a listing of training and resources available from Federal and non-Federal sources, and point readers toward ADR-related web sites.
Certainly, the information in the Guide can be helpful in exploring the feasibility and appropriateness of implementing or enhancing alternative dispute resolution programs you may have now. You can find it on the OPM Web page: **WWW.OPM.GOV.**

In conclusion, let me say that it is a great personal honor for me to serve this Administration and work to carry out its goals. During the last seven years, women have achieved remarkable success, but our journey is not complete. Let these achievements and success inspire you to imagine new frontiers — new ways to guarantee physical safety, economic security and fulfillment for women in our government and our society.

Remember that even as we revere history — we are also making it. This is our moment, and we must make the most of it.