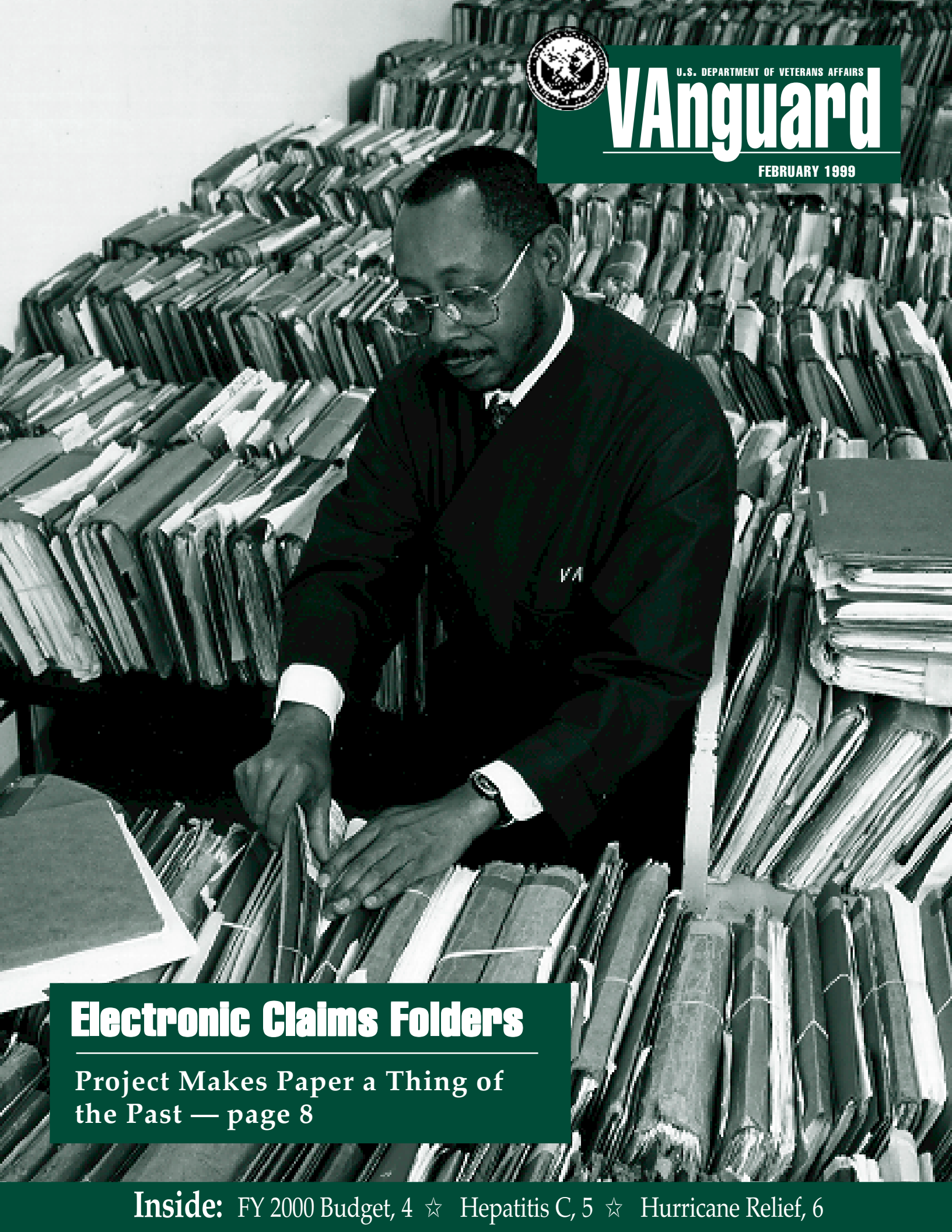




U.S. DEPARTMENT OF VETERANS AFFAIRS

Vanguard

FEBRUARY 1999



Electronic Claims Folders

Project Makes Paper a Thing of the Past — page 8

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On The Cover:

Active claims files are kept together in a "staging area" as opposed to being distributed to employees. The files are sorted and screened by supervisors, and then distributed to team members for appropriate action. Clissious Reeves, development clerk at the Washington, D.C., VARO, retrieves a file from the staging area. *Photo by Michael Carpenter for Highway 1.*

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INTRODUCING

Martha Vidal

A year ago, Martha Vidal's hopes of running the Boston Marathon were dashed when she was struck by a car while training. This year, she easily qualified for the event, which attracts runners from around the world. Admittedly, her year has been one of triumph, tempered by courage, determination, inspiration and a little perspiration.

Vidal, a registered dietitian at the Tampa, Fla., VAMC, was a "Jane Doe" when she was brought into a city hospital after the accident. For a time, there was no identification on the young woman, who had sustained a serious head injury, until a doctor from the Tampa VAMC, working at the hospital, recognized her.

Even though Vidal was treated for a fractured skull and bruises, she suffered no other serious injuries and before long was training again and looking forward to events in which to compete. Last October, she crowned her comeback by winning the women's division of the Great Floridian Ironman Triathlon, a grueling endurance event that consists of a 2.4-mile swim, 112-mile bike race and 26.2-mile run. Her time of 10 hours, 57 minutes and 27 seconds made her only the third woman in the Great Floridian to finish in under eleven hours.

"Other than the blinding sun during the swimming portion of the race, I felt mentally and physically well throughout the entire event," said Vidal, who surpassed 170 women to win.

Ever modest about her accomplishments, Vidal was told by her massage therapist, who was running nearby, that she was close to the

woman who had held the lead, right up to the last mile. Vidal, who came in ninth last year, decided to run alongside of her instead of passing.

But her therapist had other ideas and encouraged her to take the lead and be the first across the finish line for the women. Vidal mustered up the last of her strength and coasted ahead on the inspiration she gathers from the veterans she works with every day at the hospital.

Vidal's background in dietetics and nutrition is the reason she became interested in triathlon competitions. After hearing Hawaii Ironman Champion Mark Allen describe his diet, she decided to complete a triathlon herself in order to work with athletes and help them understand how to use nutrition in their training.

Unlike most triathletes, she does not have a rigid daily training schedule. Her workout happens to blend well into her other responsibilities and interests. She uses more long-term goals, like setting a weekly instead of a day-to-day training schedule, allowing her the flexibility she needs to fit it in with her lifestyle.

In January, Vidal won the Tallahassee Marathon (women's division) with a time of 3 hours and 13 minutes, qualifying her for the upcoming Boston Marathon in April.

True to form, she attributed her success to those around her. "I believe the continued support from my co-workers at VA was a factor, to a great degree, in my success," she said, "especially Bob Weiland (a disabled veteran who competed in the wheelchair division of the Great Floridian), who was a true inspiration." □

By Carolyn Clark
Tampa, Fla., VAMC



Donald Moses
Acting Director,
Social Work Service

Social Work Still a Growing Profession After 100 Years



Social work in America marked its 100th anniversary in 1998 — a century of tremendous growth for the profession, both in VA and

the nation at large.

Professional social work education began in 1898 in the form of courses for charity workers taught in what is now the Columbia University School of Social Work in New York. Social work developed in response to the mistreatment of prisoners, the neglect of the mentally ill, the plight of orphans and widows, the despair of the homeless and poor, and the concern for children laboring in factories and sweatshops. Social workers sought social justice for those who had no voice in public policy.

Their hard work and perseverance resulted in better conditions in institutions, the workplace, the home and the community. Social Security,

child labor laws, the minimum wage, the 40-hour work week, Medicare, Medicaid, unemployment insurance and humane treatment of the mentally ill all came about because social workers saw injustice, acted and inspired others to do the same.

Professional social workers now have a century of experience helping and caring for people with problems and assisting communities in need of resources.

Social work continues to be a growing profession, and it is adapting to the changing health care needs our country now faces. The U.S. Department of Labor projects there will be more than 650,000 social workers by the year 2005, an increase of more than 30 percent over a decade. The increased demand for social workers can be attributed to an aging population, economics and other demographic trends. Social workers comprise the largest group of mental health services providers.

In VA, the profession of social work has come a long way since the Veterans Bureau General Order, dated June 16, 1926, established the

social work program and hired 36 professional staff for their psychiatric hospitals and regional offices. From this modest beginning, VA has become the largest employer of social workers in the United States.

VA's approximately 3,800 professional social workers are involved clinically and administratively in such programs as primary care, community residential care, mental health, alcohol and drug rehabilitation, spinal cord injury, extended care, homeless, AIDS and visual impairment services, among others.

As we move into the 21st century and VA health care continues its progression toward outpatient care, community-based involvement and sharing of federal and state resources through Medicare and Medicaid reimbursements, Social Work Service is adjusting and adapting to the times.

In a period of major changes, our Service's strengths remain in our ability to meet new challenges and our commitment to our patients and their families — these values will always remain constant. □



Dr. John F. Kurtzke received the Secretary's Distinguished Career Award for his pioneering work in the study and diagnosis of multiple sclerosis (MS). Dr. Kurtzke is an internationally known authority in neuroepidemiology who developed the benchmark standard for rating patients in all clinical studies of MS, called the Kurtzke Functional Scale, as well as the expanded disability scale. He served as chief of the Neurology Service at the Coatesville, Pa., and Washington, D.C., VAMCs, and continues his research and teaching as a consultant to the Washington, D.C., VAMC and as professor of Neurology at Georgetown University. At left, Dr. Kurtzke accepts the award from Deputy Under Secretary for Health Thomas Garthwaite, M.D.

\$44 Billion Requested for FY 2000 Budget

The fiscal year 2000 budget proposal submitted to Congress earlier this month requests \$44 billion in funding, a \$200 million increase over last year.

Among the proposal's highlights are funding for:

- vigorous testing and treatment of hepatitis C patients;
- an additional \$105 million for long-term care initiatives;
- expanded emergency care benefits for service-disabled veterans enrolled in the VA health-care system;
- an additional 440 full-time employees for adjudication of disability claims;
- opening a new national cemetery and fully activating three others;
- an additional \$50 million for homelessness activities (including \$10 million for new transitional housing loan subsidies); and

- prosthetics research.

The budget calls for \$18.1 billion to be devoted to medical care, including \$749 million in medical collections.

Secretary Togo D. West, Jr., told veterans service organization (VSO) representatives at a briefing on the

budget proposal that VA needs to continue to focus on providing better and more accessible health care to more veterans. To that end, VA will open 89 new outpatient clinics and treat about 54,000 more patients in fiscal year 2000 than in 1999, a 1.5 percent increase.

Other funding requests aimed at

smoking cessation programs for honorably discharged veterans who began smoking in the military.

A legislative proposal for provision of out-of-network emergency care for service-connected veterans enrolled in the system also is included.

The Medicare subvention demonstration program will again be sought by the Administration to test the feasibility of VA collecting Medicare payments for care provided to Medicare-eligible, higher-income veterans without service-connected disabilities.

And Secretary West told the VSO representatives that securing this program will be crucial to continuing to operate at current funding levels, which have essentially remained the same since the 1997 balanced-budget agreement. "We must have subvention settled in time for the 2001 budget," he said.

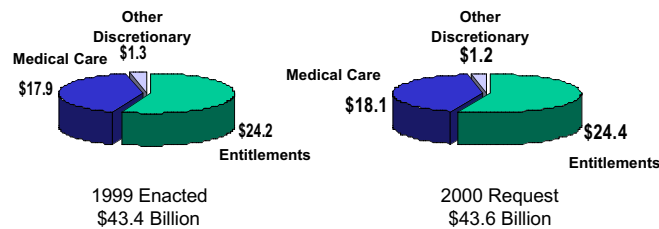
The budget proposal provides \$860 million — \$49 million over the 1999 enacted level — to further ensure the timely delivery of compensation, housing, education, pension and insurance benefits to veterans. An additional 440 full-time employees will be added to process disability claims efficiently.

To operate the National Cemetery Administration, the budget requests \$97 million, \$5 million above the 1999 enacted level. This increase provides the funding to complete the system expansion that has been underway for the past few years.

New budget authority of \$296 million is requested for VA's construction programs to fund major and minor construction projects, as well as grants for state veterans' nursing homes and cemeteries.

The budget also proposes to authorize the establishment of a new five-year pilot that would allow VA to sell, transfer, or exchange its excess properties, retain 90 percent of the proceeds, and reinvest those proceeds into non-recurring capital needs to benefit veterans. □

Department of Veterans Affairs Discretionary/Entitlements



Budget Authority - Includes Proposed Legislation

improving health care include an additional \$136 million over the fiscal year 1999 level of \$114 million to combat hepatitis C in all veterans who test positive and choose to receive treatment, \$106 million for alternative long-term care programs such as home health care, and \$56 million to contract nationwide

Medical Programs

A total of \$17.3 billion is requested to provide quality medical care to 3.6 million unique patients, an increase of 53,500 patients over last year. VA also is requesting authority for the expenditure of \$749 million in medical collections, for a total medical care budget of \$18.1 billion.

Benefits Programs

The budget requests \$21.6 billion to provide compensation and pension benefits to veterans and their survivors. Nearly 2.3 million veterans and 300,000 survivors will receive compensation benefits in fiscal year 2000. Pension benefits will be provided to more than 380,000 veterans and 268,000 survivors.

National Cemetery Administration

The Administration proposes a budget of \$97 million and 1,406 employees for NCA, an increase of \$5 million over the 1999 level. This increase includes an additional \$770,000 for more employees and equipment to address the projected fiscal year 2000 growth in the number of interments to be performed at existing cemeteries.

VA Launches Full Assault on Hepatitis C

Blood-Borne Virus Prevalent Among Veterans

The VA health-care system is launching a full assault on hepatitis C, a blood-borne virus that is being called a “silent epidemic” and is particularly prevalent among veterans.

The virus can cause serious liver damage, and is widely considered to be one of the most serious public health threats since AIDS. Hepatitis C kills 8,000 to 10,000 people a year, a number that is expected to triple in the next 10 to 20 years.

At a Washington news conference on the issue, Under Secretary for Health Kenneth W. Kizer, M.D., said VA is adopting a five-pronged approach to attacking the problem: patient education, health-care provider education, epidemiological assessment, treatment and research.

The overall goal, Kizer said, is to ensure that every VA patient who needs and wants treatment will receive it. Two new hepatitis C centers of excellence, to be located at the Miami and San Francisco VA Medical Centers and funded at \$500,000 each, have been established to coordinate treatment and research efforts.

Directors of the Miami Hepatitis C Research and Education Center include Dr. Lennox Jeffers, chief of hepatology at the Miami VA Medical Center, and Dr. Eugene R. Schiff, former chief of hepatology at the Miami VA Medical Center. Dr. Teresa Wright, chief of gastroenterology at the San Francisco VA Medical Center, will direct the San Francisco Hepatitis C Research and Education Center.

The virus was first characterized by the name hepatitis C in 1989, testing of blood supplies began in 1992, and a combination drug therapy was approved by the Food and Drug Administration last June.

The Centers for Disease Control (CDC) estimates that 3.9 million Americans, or 1.8 percent of the population, are infected. Although current estimates of the prevalence of hepatitis C among active-duty military are substantially lower at 0.3 percent, inpatient surveys at the Washington, D.C., and San Francisco

VA Medical Centers indicated a prevalence rate of between 10 and 20 percent.

Fifty-two percent of VA liver transplant patients were found to have hepatitis C; end-stage liver disease caused by this virus is the leading reason for liver transplants in adults, according to the CDC.

VA is evaluating patients for risk factors and will undertake a surveillance activity to further assess hepatitis C prevalence. Patients who test positive will be offered the current drug therapy, which is a combination of interferon and ribavirin.

VA expects to spend between \$250 million and \$300 million on the initiative this year, but Kizer said the costs are likely to escalate in the coming years as more people become aware of the disease through public education efforts and seek treatment. “We see this as an ongoing issue and a substantial expenditure,” he said. “But we’ll spend whatever it takes to address the problem, and we’re optimistic that adequate funding will be provided.”

But because the impact of the disease is not restricted to the veteran population, Kizer believes VA’s response to the problem can be a national model. “Often VA is overlooked as a national resource,” he said. “This is a good example of how VA can be a national resource and can help find solutions to a national public health problem. We believe our approach will serve our population as well as others who will have to deal with the problem over time.”

Specific objectives of VA’s hepatitis C initiative include:

- develop culturally appropriate educational modules for patients and their families;
- develop training programs for counselors to provide them with information needed to counsel patients appropriately prior to and following testing;
- develop educational modules for health-care providers at all levels in the ambulatory and hospital setting;

- coordinate research efforts within VA and other federal agencies;

- develop a national hepatitis registry to provide information for management and research; and

- conduct periodic national screening studies. □

Silent Epidemic

Hepatitis C has been labeled a “silent epidemic” because most people who are infected are unaware they have the disease, yet they can transmit it to others. Unlike other forms of hepatitis, which produce symptoms shortly after infection, hepatitis C often lies dormant and may not produce symptoms for many years.

When symptoms do appear, they are similar to other forms of hepatitis and include fatigue, decreased appetite, jaundice and abdominal pain.

Also unlike hepatitis A and B, hepatitis C mutates frequently over time, making it difficult for the body’s immune system to fight. There is no vaccine to protect against infection, and the antiviral drugs used to treat it are not a cure.

Prior to 1992, when accurate blood-screening for hepatitis C began, blood transfusions were a common way in which the virus was transmitted. Intravenous drug use is the most common form of transmission, and although alcohol use does not cause infection, it does advance the progression of the disease.

Health-care workers who may have been exposed to the blood of infected patients, mostly through accidental needlesticks, are at risk, as are long-term kidney dialysis patients. The virus appears to be particularly common among Vietnam veterans.

Other less common sources of infection include tattooing, body piercing and straws used to snort cocaine.

VA Employees Volunteer to Help Victims of Devastating Hurricane in Honduras



Bonnie Anderson walks through a village devastated by Hurricane Mitch with a group of local children.

When Bonnie Anderson was in the Peace Corps thirty years ago, she lived with a family in Honduras for two years and worked at a hospital. So when she heard of the damage Hurricane Mitch had done to the country last October, she knew she had to go and provide help.

Anderson, a registered nurse practitioner at the VA Palo Alto, Calif., Health Care System (VAPAHCS), was a member of the first group of VA Palo Alto employees to travel to Honduras and provide medical aid.

Other VAPAHCS group members were Dr. Nancy Kaplan and Dr. Serrina Yoza. The groups, made up of VA employees and other medical care providers from private hospitals, are funded through Church World Services, Employee Association fundraisers and personal funds.

When Anderson was looking for funding for her trip, a conversation with VAPAHCS Chief of Chaplain Service Ed Bastille led her to Church World Services. Bastille had recently attended a meeting where representatives of the organization had asked for medical volunteers to assist in Honduras. Church World Services would provide funding and coordi-

nation of the groups.

What follows are portions of Anderson's firsthand account of her experiences in Honduras.

The devastation is enormous — affecting lives, families, homes, towns, industry and agriculture. The losses are still being calculated, but it is accurate to say that it will take years for this country to recover. The hurricane struck

on October 30 and continued to destroy the country from North to South for the next three days.

While waiting for our arrival, the other team members collected and packed medicines and supplies. Once we arrived, our team of nine was off on a five-hour ride to a town called La Laguna, in the department of Santa Barbara, a mountainous region that grows coffee. The towns here had been cut off by washed-out roads and mudslides.

We hiked the last two days of the journey. The town of La Laguna consisted of a small cinder block church and various adobe houses — maybe 20 in total. There is no running water and no electricity. Families from two other villages were relocated here. Our task was to set up a clinic in the church and see these people and others from ten surrounding villages.

The mud was unimaginable. Knee-high rubber boots were a must. If you were not careful you could sink in up to your knees. Some of the Hondurans had boots; most did not. They walked barefoot, sometimes three hours to get to the clinic. Some family members were too sick to make the walk. Three of our team members went to another village for two days to reach those who needed help.

The people arrived at the church, gave



Villagers gather outside the church waiting to be seen in the makeshift clinic set up inside.



Bonnie Anderson examines one of the young hurricane victims.

their names, ages and medical problems.

They gathered with their pieces of paper and sat on benches to have their blood pressure or temperatures taken. Then they went to one of three consultation areas for evaluation. We had three, sometimes four practitioners diagnosing, treating and prescribing. The treatments and prescriptions were written on their papers and they were sent to the "pharmacy table" to receive their medications and instructions. Each day we got better at our plan and organization. Each village had its own personality.

We would break for lunch and then return to work until everyone was seen. We saw 250 to 280 people some days. It got dark quickly and the day would be over. We would gather for dinner and

then to our beds, which were made of church benches and our sleeping gear. You would think that this remote area would ensure a quiet night's sleep but the roosters had their job to do, starting at 4:00 a.m. They would call out to each other for miles around, and the dogs and pigs would join in the chorus.

The days were full. We saw 1,200 to 1,500 people in seven days. We treated colds, upper respiratory infections, asthma, fevers, wounds, diarrhea, parasites, scabies, muscle aches, dehydration, gastritis, mastitis and event-related depression.

Two female infants had club foot, which would be easily corrected if proper medical care were available. The children were all malnourished and

small for their age. The 40-year-old women looked 80.

It was hard to give appropriate advice for treatment when you knew the people did not have the resources to comply. How do you keep a wound clean when you walk in mud all day? Buckets and pots would be so welcomed.

The nights developed into a wonderful experience. After dinner, people would gather in the one room to see the big excitement in town — us. We asked them to sing a song and then we sang a song. Then it was their turn and we went back and forth. We did this each night. Everyone was crowded into the tiny room, lit by a lantern, all singing.

We made good friends. We would sometimes climb a hill and watch the sun go down over this tiny village in Honduras. It is a deep, moving experience. There are many teams coming and going. The need is great and the job is huge. I believe each one of us feels privileged to have participated and we are talking about a return trip.

What kinds of people respond to Third World countries in times of disaster? "Ordinary people who are lucky enough to participate," said Dr. Nancy Kaplan, Podiatry Service. "I saw representation from many nations, bringing in supplies and people to help."

A disaster is always difficult, but when it happens to people who can't afford to rebuild for themselves, it is disastrous in a whole new way. □

**By Irene Ohlendorf
VA Palo Alto Health Care System**

Answering the Call for Help

VA employees from other facilities across the country joined the Honduran hurricane relief effort as well.

Dr. Ana Mello, chief of Nuclear Medicine Service at the VA North Texas Health Care System, and Sara Alvarez, registered nurse at the Dallas VAMC, were also among the VA employees who made the trip to Honduras to offer their assistance.

Mello heard a televised plea for volunteers to provide medical

assistance to victims of Hurricane Mitch, and after spreading the word among her fellow employees, she recruited Alvarez for the effort as well. They both applied and were sent to Honduras the following week.

Once there, Dr. Mello and Alvarez were assigned to a team of five physicians and five nurses and sent to a rural area in the mountains.

The first night, the team was given a tour of a local hospital and ended up spending the next four hours assisting the local medical staff with

various procedures. The conditions of the facility were extremely poor, and the injuries the Hondurans faced were enormous. Mello and Alvarez reported that the locals were extremely grateful, warm and receptive to the assistance provided by the medical team.

"I wish everyone could experience something like this," said Dr. Mello. "It is definitely a life-changing experience, and it gives you a different perspective of the world."

VA Takes to the “Highway”

Electronic Workfolder Project Improves Claims Processing

Shortly after his confirmation as VA’s Under Secretary for Benefits, Joe Thompson approached the National Partnership for Reinvention (NPR) with a proposal to address some of VBA’s technology-based claims processing problems.

Thompson, well aware of the perception that VBA’s information technology (IT) had not kept pace with the demands of claims processing, envisioned a public/private partnership to look at the workload problems and develop solutions that would mesh with existing IT platforms and ongoing development efforts. He hoped this effort would ultimately restore the vitality and credibility of VBA’s IT operation, once one of the finest in the federal government.

Under the leadership of Greg Woods, NPR researched Thompson’s proposal. A visit to the Washington, D.C., VA Regional Office (VARO), and a meeting with Director Fay Norred and the Compensation and Pension staff, gave them a better understanding of a typical claims processing operation.

They then called on the General Services Administration and Highway 1, a consortium of high technology corporations, and secured their involvement and commitment to this public/private partnership.

Highway 1, named after the first U.S. highway designed to connect disparate communities, is a non-profit organization that serves as a nonpartisan resource on information technologies for Congress and federal agencies; state and local governments; international officials; nonprofit organizations; and the public.

Its mission is to educate government leaders about how to use information technologies to improve efficiency and productivity in their daily work environments, and to improve communication with the American people.

To launch the project, Highway 1 created an “Industry Team,” composed of Eastman Software, Cisco Systems, Computer Sciences Corpo-

ration, Kodak, Radian Systems, IBM and Microsoft, to work on a pro bono basis to improve the delivery of services to veterans.

In February 1998, the team, in partnership with the Washington, D.C., VARO, began developing an electronic workfolder environment for processing compensation claims.

The electronic workfolder system allows veterans’ paper-based claims folders to be scanned into the system, ultimately eliminating the need for paper.

In addition to reducing the sheer volume of paper in a typical claims folder, this system allows complete access to the information in the folder to anyone with access to the electronic environment. The potential also exists to reassign work electronically among regional offices.

Since the electronic folder can be accessed by two or more employees simultaneously, time once spent requesting or waiting for a folder is

essentially eliminated. The team took great care to ensure the confidentiality of veterans’ records. All participating employees were issued an access card, similar to a standard credit card, which allowed them to use this system.

A demonstration project is now in place at the Washington VARO and about 20 percent of the original claims received are being processed in this electronic environment. A formal study on expanding the system also is underway.

While the first phase of the Industry Team’s direct involvement expired at the end of December, the team members, Highway 1 and VBA will reunite at the Armed Forces Communications and Electronic Association’s Virtual Government Conference in late February.

Following Vice President Gore’s keynote address, a video produced by Highway 1 will debut detailing the VBA electronic workfolder



Members of the Washington, D.C., VA Regional Office Highway 1 Project Team discuss a claim while viewing the various pages of a veteran’s file with ease. They are (left to right): P.J. Wood, veterans claims examiner; Pamela Liverman, veterans service counselor; Lucille Dunlap, veterans claims examiner; Gwendolyn Hinnant (seated), veterans service representative; and Christine Hamilton, rating technician.



Jeryle Dorsey, unit chief and Highway 1 Project Team coach, reviews files prior to introduction of the electronic workfolder system, which allows veterans' paper-based claims folders to be scanned into the computer.

environment project. A panel discussion featuring NPR, Under Secretary Thompson, regional office employees, Highway 1 and the

industry team members will follow.

Projects such as this will transform VBA into a premier customer-service organization, leading the federal

government as the world takes to the Information Superhighway. □

By Pam Gates

Commission Recommends Benefits Overhaul

A Congressionally appointed commission has recommended the first major overhaul of veterans benefits since post World War II, including improvements to the GI Bill and other programs administered by VA.

The Congressional Commission on Servicemembers and Veterans Transition Assistance was established as part of the Veterans' Benefits Improvement Act of 1996 to review benefits and services provided to veterans and to servicemembers making the transition to civilian life.

After an 18-month study of benefits administered through VA and the Departments of Defense and Labor, the 12-member commission, chaired by former VA Deputy Secretary Anthony Principi, delivered a report to Congress advancing more than 100 recommendations to revitalize the transition process.

The major recommendations affecting VA programs and services,

most of which would require legislation, include:

- enhance the Montgomery GI Bill to pay full educational costs at any four-year college plus a monthly subsistence allowance of \$400 for veterans who serve at least four years on active duty (at the discretion of the service, servicemembers could transfer this benefit to a spouse or child);

- refocus VA's home loan guaranty program toward veterans in transition, including provisions to eliminate the two percent funding fee veterans are currently required to pay and limit VA home loan guaranty to a single use;

- increase VA use of DoD's TRICARE managed care program for selected VA medical services;

- coordinate VA and DoD medical research;

- streamline the disability physical examination process by requiring VA and DoD to consolidate the two separate disability compensation

systems into a single system;

- modernize VBA's benefits delivery processes and infrastructure;

- improve the effectiveness of VA's vocational rehabilitation program;

- require VA and DoD to develop a joint formulary and establish a joint procurement office to purchase pharmaceuticals, as well as medical/surgical supplies and equipment; and

- require VA and DoD to ensure that future information system replacements and enhancements are done jointly.

The commission's fact-finding efforts included a series of hearings with government, military and business leaders; extensive meetings with servicemembers, veterans and employers; and discussions with military service organizations and public policy institutes.

VA and the other affected agencies have 90 days to review and comment on the report. □



Rating Specialist Michael Nelson works on a claim from a file in the electronic workfolder. He can work on the file concurrently with other regional office employees — another obvious benefit of the electronic workfolder system.

Seminar Highlights Employee Relations Risks

The Department has not had a good record in dealing with employee disputes with management, if findings of the Merit Systems Protection Board (MSPB) are a gauge. Analyzing the number of adverse actions taken by bosses that workers have appealed to the Board since 1992 shows that the number of VA managers' actions that the MSPB affirmed has declined more than those of five other large agencies, including the departments of Defense and Treasury.

The information was revealed in a seminar on supervisors' risks or "exposures" to employee relations problems held during VA's national human resources conference last fall.

The seminar presented trends that affect VA negatively in dealing with employee relations issues and presented a methodology to quantify and analyze risks to supervisors in managing employees.

There was more bad news for Veterans Health Administration management: VA loses in two-thirds of its cases when it tries to discipline Title 38 employees for misconduct in patient care matters and the cases are brought to disciplinary appeals boards.

The reason that management has been faring poorly in such cases is that VA is losing employee relations staff who have the expertise to suggest management actions that will be sustained, according to James Scaringi, employee relations officer in the Office of Human Resources Management (OHRM), one of the seminar presenters. Jennifer Long, now with the New York VARO but previously in OHRM, and Juan Morales, chief of Nursing Service at the Birmingham, Ala., VAMC, also presented the seminar.

Required overtime work over a long period can lead to stress-related workers' compensation claims, according to Scaringi. Long said workplace stress also is causing increased abuse of co-workers, which includes harassment and even avoidance. Too often managers deal with these situations by simply blaming personalities. The result is that employees stop reporting problems and become less productive.

Scaringi said it's often assumed that medical mistakes that harm patients in hospitals could be prevented by better training and discipline to produce better work. But system errors cause many of the problems. For example, hospital crash carts may be left at various locations; if they were kept in the same place in all units, nurses could respond to code blue alerts more quickly.

Long said managers can minimize their risk of facing employee relations problems by using alternate dispute resolution methods, ombudsman programs, alternative discipline methods (such as letters in lieu of suspension), management training and having policies to prevent violence.

One trend in employee profiles that Scaringi wanted managers and HR staff to be aware of is the tendency for young workers to be lifestyle, rather than career, oriented, viewing their careers as a means to

satisfying leisure time.

He had this confirmed in talking with more than 20 VA chief nurses who said nurses hired just out of school increasingly plan to stay only a couple of years. VA has to design work that best utilizes them, create incentives and plan for rehiring.

Federal supervisors are faced with assuming more responsibility for traditional HR functions, including recruitment, assessment, selection and promotion decisions, training and performance management.

Yet, in a study of public and private-sector line managers by the Society for Human Resource Management, only about half of line executives said they believed that HR staff are their partners in business. And they recommended making sure the line is adequately trained to perform these HR activities before handing them off. □

By Jo Schuda

Medical Sleuths Probe Death of Pericles

The Golden Age of Athens was brought down in 431 BC by a mysterious plague that wiped out 25 percent of the population, including Pericles, Athens' great military and political hero.

What caused this devastating plague? Doctors and historians have long puzzled over this, with some speculating that the ebola virus was the culprit, while others blamed the bubonic plague or dengue fever. But results of a modern medical review of Pericles' death presented at a recent meeting sponsored by the VA Maryland Health Care System and the University of Maryland School of Medicine tied the plague to typhus fever.

Hundreds of medical students, medical practitioners and history buffs gathered in Baltimore last month for the 5th Annual Historical Clinicopathological Conference ("Historical CPC") to learn new details about the death of the ancient war hero. Still others could log on live to the meeting on the Internet.

To add suspense to the proceed-

ings, the identity of this year's Historical CPC remained a mystery until the participants reviewed the case presentation.

The Historical CPC concept was developed as a problem-solving clinical exercise to train medical students. A medical and historical review of a patient's illness is presented to an experienced clinician, who then makes a diagnosis of the probable cause of death.

Dr. Phillip Mackowiak, director of the Medical Care Clinical Center for the VA Maryland Health Care System, is an originator of the Historical CPC and is primarily responsible for selecting the historical cases and putting together the medical histories.

He believes it is important to show medical students and in-house staff how an experienced clinician goes about investigating a difficult case. "We generally present an unusual modern case on a weekly basis, but once a year we stray from the present to look into the case of a famous historical figure in a didactic setting." □

Martin Luther King III Visits North Chicago VAMC

North Chicago VA Medical Center's observance of Martin Luther King Jr.'s birthday took on added meaning as the slain civil rights leader's second-oldest child, Martin Luther King III, spoke to an audience of more than 500 assembled in the facility's auditorium on January 14.

The patients and staff, community and religious leaders and personnel from the Great Lakes Naval Training Center listened as King spoke about his father's legacy.

"The love of my family and the prayers of the nation got me through the difficult time of my father's assassination," said King, who is president of the Southern Christian Leadership Conference, the organization his father co-founded in 1957.

Martin Luther King Jr. would have turned 70 on January 15, and his son said that if he were still alive, he would be asking questions and challenging Americans to build a better nation.

"We can do better. We must do better," King said. "To be a better nation, we should start paying attention to things that link us, not the things that divide us."



Martin Luther King III speaks at North Chicago VA Medical Center.

King reminded the audience that he was one of those "four little children" whose futures his father spoke hopefully of in his "I Have a Dream" speech, delivered on the steps of the Lincoln Memorial in 1963. "I think we can and will make my father's dream a reality — he left us a blueprint," King said.

"Our destinies are tied together," he added. "While we may have come on different boats, we are all in the same boat now — a boat called America. The many nationalities melding together to make the nation should be a source of strength, not a hindrance." □

Expert Panel Reviews VA's Long-Term Care Programs

The Federal Advisory Committee on the Future of VA Long-Term Care recently released its report on how VA can enhance an area of care that is expected to tax the system tremendously over the next decade.

Although the VA health-care system has undergone a dramatic reorganization over the past few years, the main focus has been on shifting from hospital-based to outpatient care. According to the committee's report, it is now time to direct attention to meeting the rapidly increasing demand for long-term care.

Currently, about 36 percent of the total veteran population is age 65 or older, compared with 13 percent of the total population. The number of veterans age 65 or older will peak at 9.3 million in the year 2000.

While the report includes more than 20 specific recommendations on

improving various aspects of long-term care, the committee's overall conclusion is that while VA should maintain and enhance the core of its existing services, new demand for long-term care should be met mostly through non-institutional services and contracts.

Even though long-term care was introduced in VA in the 1970s, it developed incrementally and has never been considered an integral part of the VA health-care system, according to the report. Primary emphasis remains on nursing home care, while home- and community-based care are underdeveloped. Long-term care programs are unevenly funded, and access is restricted in some areas.

To strengthen its long-term care programs, VA must allocate a larger portion of the budget to long-term care, contract out most new demand for services, develop more integrated

home- and community-based care, implement strong performance goals for management, and provide services more fairly across the system, the committee concluded.

Other options considered but rejected by the committee included downsizing VA's long-term care system and ultimately contracting out all services, and continuing the way long-term care is currently provided with no major new investment.

The expert panel convened by Under Secretary for Health Kenneth Kizer, M.D., to evaluate VA's current long-term care programs and recommend a strategy for meeting the increased demand was comprised of top VA officials and clinicians, veterans service organization representatives, university health care officials and private sector health care executives.

The committee's recommendations are currently under review. □



Old Drug Found to be Effective in Reducing Risk of Heart Attack

In the first study of its kind, researchers at 20 VA medical centers found that an old drug significantly reduces the risk of heart attacks and cardiac deaths in millions of patients with heart disease triggered by abnormally low levels of good cholesterol. Good cholesterol is important because it prevents the bad cholesterol from clogging arteries. VA researchers followed 2,500 people with documented heart disease who had abnormally low levels of good cholesterol.

Hannah Rubins, M.D., chief of General Internal Medicine at the Minneapolis VA Medical Center, was the lead investigator in this study. "If your LDL (bad cholesterol) is high, greater than 130, then you should be on some sort of cholesterol-lowering therapy," Dr. Rubins said. "But if you are one of those 25 percent of people with heart disease, and your LDL is below 130 and your HDL (good cholesterol) is below 40, now we have a drug option for you. The popular cholesterol-lowering statin drugs do not work for this group of patients and, until now, no one has tried treating them with gemfibrozil, an anti-cholesterol drug that has been marketed for years under the trade name Lopid."

The researchers also found that gemfibrozil raised the level of good cholesterol and lowered the level of triglycerides, another group of dangerous fats that circulate in the blood.

Regional Variations in Health Care Use Linked Mainly to Physician Practice Style

The regional differences in hospital and clinic utilization that have long puzzled health care providers may be primarily due to physician practice styles, according to a new VA study. Reporting in a recent issue of the *New England Journal of Medicine*, researchers found that physician tendencies were a greater factor in health service usage rates than patient characteristics or financial motivations of doctors.

Previous studies of non-VA facilities suggested that variations may be caused by such factors as differences in health status across the country, availability and accessibility of high-quality care, overprescribing of services and numbers of health maintenance organizations. The study's lead author, Dr. Carol M. Ashton,

director of the Center for Quality of Care and Utilization Studies at the Houston VA Medical Center, and her colleagues studied more than 280,000 VA patients in eight disease groups, theorizing that the uniformity of administrative structures and similarity of patient populations at VA medical centers would lead to less dramatic differences in health care utilization.

Instead, their five-year study found that usage rates in VA closely resembled those in the private sector, running highest in the Northeast and lowest in the West. For example, veterans hospitalized in 1995 for chronic obstructive pulmonary disorder in the Albany, N.Y., area averaged about 21 days as inpatients. By contrast, similar patients in the San Francisco area spent an average of only seven days in the hospital. Dr. Ashton and her associates found they could not attribute the regional variations in health care usage to financial incentives.

VA doctors, who are salaried and cannot increase their revenue by treating more patients, had nearly identical patterns of prescribing care as their non-VA colleagues in the same geographic area. Dr. Ashton's team concluded that the variations in usage rates probably occur because VA doctors practice styles similar to their regional non-VA colleagues. She said more research is needed to determine which usage rates produce the best results for patients.

New Surgical IV Set-Up Procedure Benefits Patients, Reduces Costs at Northport VAMC

Until recently, patients undergoing procedures at the Northport, N.Y., VA Medical Center's ambulatory surgical unit had to endure two separate IV set-ups, one for the anesthesia department and one for the operating room, since each staff had different preferences. Fluids administered through the initial IV were only in use for 15 to 30 minutes before the patient was moved to the operating room and the entire IV set-up was replaced.

Registered Nurse Carol Cirina decided there had to be a better way of handling the IV set-up for the patients and shared her concerns with her supervisor and the chief of Anesthesia Service. They formed an interdisciplinary team to come up with a more efficient, cost-effective approach.

A simple change in the procedure at the nursing station was implemented, and the new one-step IV set-up incorporates the needs of both the anesthesia and ambulatory surgical staffs.

For patients, the new IV set-up procedure is less stressful, and it has resulted in a cost savings in supplies for the medical center. The cost of IV set-ups per patient was reduced from \$13.29 to \$6.60, and Cirina estimates that the VAMC will save nearly \$10,000 annually. In addition, as the number of ambulatory surgical procedures performed increases, so will the savings. □

HONORS and awards



William R. Berryman, M.D., chief of staff at the Grand Junction, Colo., VA Medical

Center, received the Mark Wolcott Award for Clinical Excellence in recognition of his national leadership and contributions to revolutionizing VA health care. The award, presented to outstanding VHA health care practitioners who have made contributions of national significance to enhance clinical care, was given to Dr. Berryman because of his pioneering efforts to make primary care teams the standard for all VA patient care.

Michael Merrill, Vocational Rehabilitation Specialist at the Wilmington, Del., VA Medical and Regional Office, has been appointed by Delaware Governor Thomas Carper to a three-year term with the Delaware State Rehabilitation Council. In that capacity, he will provide advice and support to the state's Division of Vocational Rehabilitation on providing rehabilitation services to the disabled community. Merrill was appointed to the council based on his 22 years of experience working with the disabled.

Five VA employees recently graduated from the 1997-1998 Women's Executive Leadership (WEL) Program. They are: **Janice Jacobs**, rating specialist at the Cleveland VA Regional

Office; **Alvertis Ramsey-Parrish**, program specialist with the Office of Resolution Management in VA Central Office; **Julie R. Culberson-Watts**, vocational rehabilitation specialist at the Chicago VARO; **Margo Georgian**, vocational rehabilitation specialist at the Seattle VA Regional Office; and **Desiree Long**, program analyst with the Office of Inspector General in VA Central Office. This year-long program provides supervisory/managerial training and development opportunities for high-potential federal employees at the GS-11 or GS-12 level, preparing them for future positions as supervisors and managers. The 1998-1999 WEL Program began September 27 and also includes five employees.

The Governor's Veterans Affairs Advisory Committee and the Washington State Department of Veterans Affairs honored **Barbara Hatred**, director of the Voluntary Section of the Human Resources Management Service at VA Puget Sound Health Care System, as the Outstanding Female Non-Veteran. Hatred has been with VA for more than 20 years, and has served as director of Voluntary Service since 1980.

Coatesville, Pa., VAMC Chaplain Lieutenant Colonel **Arthur W. Coffey, Jr.**, was the recipient of the 18th Annual Witherspoon Chaplains Award by the National Bible Association. Named for Captain Maurice M. Witherspoon, one of the most outstanding

chaplains in the history of the U.S. Armed Forces, the Witherspoon Award is given each year to the deserving chaplain in conjunction with the start of National Bible Week.

Richard Lockey, M.D., Professor in Research at the Tampa, Fla., VAMC, was named to the Board of Directors of the International Association of Allergology and Clinical Immunology, an umbrella of many allergy and immunology groups. The Board consists of 16 members; three of the members are from the United States. Dr. Lockey has been contributing to VA clinical research for 25 years.

Donna J. Charles, chief of Voluntary Service for the South Texas Veterans Health Care System, is the recipient of this year's National Voluntary Service Award for Excellence. Voluntary Service chiefs across the nation are nominated for this award and the VA Voluntary Service National Advisory Executive Council chose Charles for her outstanding work in such areas as patient care and employee morale; innovations and new programs; cost savings initiatives; and her service's professional involvement with state and local community organizations.

Father Richard Wolbach, chaplain at the Omaha VA Medical Center, was named monsignor by Pope John Paul II. The former Marine served in the Pacific during World War II and fought on Iwo Jima. He was ordained in 1956 and has been a VA chaplain since 1984.

David Asch, M.D., chief of Health Services Research at the Philadelphia VA Medical Center, was recently selected

by the American Federation for Medical Research to receive the organization's 1999 Outstanding Investigator Award in Clinical Science.

Arline B. Rubin, Workers' Compensation Program (WCP) coordinator at the Long Beach, Calif., VA Medical Center, recently received an Inspector General (IG)'s Contribution Award for her efforts as part of a joint project between the IG's office and the Veterans Health Administration to improve the Workers' Compensation Program. This joint effort included developing a protocol package and handbook for use in daily case management and detection of program fraud. The goals were to enhance case management, reduce WCP costs and detect fraudulent workers' compensation claims. Rubin was recognized for her assistance during a review of VISN 22's Workers' Compensation Program conducted to test and refine the methodologies used in the protocol package.

Under Secretary for Health **Dr. Kenneth Kizer** received the Justin Ford Kimball Innovators Award from the American Hospital Association. The award recognizes outstanding, innovative contributions in bringing together health care delivery and financing. Dr. Kizer was honored for restructuring VHA into integrated service networks, expanding private sector partnerships and introducing a newly designed finance system that pays each network annual per-patient prices, one rate for veterans who need basic care, and another rate for those who require specialized services. The award was presented at the AHA's recent annual membership meeting in Washington, D.C. □



Kathy Helmick, LPN at the Clarksburg, W.V., VAMC, was on her way to work on snow-covered roads when she rounded a turn into blowing snow and encountered an overturned tractor trailer. She stopped her vehicle, approached the wreckage and called to the driver. Helmick entered the cab through the broken windshield and instructed the driver to turn off the engine. She checked the driver for injuries, removed debris from around him and pulled him through the windshield. After other motorists stopped and gave her blankets, she covered the driver and stayed with him until an emergency crew arrived on the scene and transported him to the hospital.

☆☆☆☆☆

Matt Huey, a nursing assistant with the Central Arkansas VA Healthcare System, noticed a fellow shopper at a local store having a seizure. A family member was trying to give the victim water to drink, and Huey quickly discouraged the family member from doing so, explaining the negative consequences of such an action. Huey asked the family member to call 911 while he stayed with the victim.

☆☆☆☆☆

Shortly after resigning his position at the Bronx VAMC, a disabled Vietnam veteran was reported missing. The New York Police Department's missing persons squad

contacted the veteran's former supervisor, **Sumite De Soya**, chief librarian at the Bronx VAMC, for information or leads on the whereabouts of the veteran. De Soya offered to accompany the police on their search, and they found the veteran at a local hospital where he was listed as a "John Doe." He had apparently been involved in a tragic, disfiguring accident. De Soya provided positive identification of his former employee, and the veteran was transferred to the Bronx VAMC and later to the Richmond VAMC for special rehabilitation.

☆☆☆☆☆

When **Valarie Jones**, a laboratory technician at the Biloxi, Miss., VA Medical Center Mobile Division, learned CPR through VA's Learning Resources Service, she had no idea that she would use her skills to save a boy's life only a few weeks later. Jones answered a knock at her door from a man who asked her to call 911 to report an accident that had occurred at the end of the street. After calling 911, she went to the accident scene to see if there was anything she could do. At the scene, she saw a dirt bike under a car, and soon heard moaning coming from a nearby ditch. She ran to the ditch and found the 16-year-old boy who had been riding the bike complaining that his leg was hurting. Jones began talking to the boy to calm him until the ambulance arrived. But when he stopped responding, she

climbed into the ditch to check his pulse. When she found the boy did not have a pulse and was no longer breathing, she began CPR until the ambulance arrived and took over. The ambulance crew later credited her with saving the boy's life.

☆☆☆☆☆

Eddie Shepard, a cardiothoracic physician assistant at the Charleston, S.C., VA Medical Center, was driving with his family when they saw a man lying in the middle of an intersection. Assuming the man was injured, Shepard cleared the intersection and pulled off the road to walk back and assist the man. As he approached the intersection, he saw an elderly man and his wife in a truck stop to assist the person in the road. But as Shepard walked toward the man in the road, he saw him stand up and jerk the truck door open. The "injured person" then punched the driver in the face and tried to pull him out of the truck. The driver managed to drive away, stopped near Shepard's car and told Shepard he was having chest pains. Shepard reassured the man and monitored his condition until an emergency crew arrived to transport him to the hospital. He was evaluated and found to have no major injury, and an off-duty policeman who was in the area subdued the assailant.

☆☆☆☆☆

Sherveriria Ross, dental assistant at the Cleveland VAMC, was on her way to her car parked in a lot across the street from the medical center when she saw a man assaulting one of her co-workers. She ran towards the man and shouted at him to leave the victim alone. By the

time she reached the men, the assailant had knocked the victim to the ground, had his foot on the victim's neck and was grasping his wallet. Ignoring her own safety, Ross threw herself against the robber and pushed him away from her co-worker. The robber then ran away. Ross said the incident happened too fast for her to give much thought to whether she should get involved — she just reacted as she hopes others would if she found herself in the same circumstances.

☆☆☆☆☆

When a Compensated Work Therapy patient failed to show up as usual for work in the Supply Processing Distribution section at the Columbia, Mo., VA Medical Center, his supervisor, **Chris Culbertson**, began to worry. She called **Vickie Eich**, a social worker at the domiciliary, and together they began trying to reach him. After enlisting the help of other employees, they tracked down the domiciliary manager, who went to the patient's room. He found the patient face down and half off the bed, the victim of a stroke. The persistence of Culbertson, Eich and other employees helped save the patient's life.

☆☆☆☆☆

While at the airport to pick up her husband, Milwaukee VA Medical Center Registered Nurse **Mary Flaherty** heard a noise and saw a man lying on the floor. Determining that he had no pulse and was not breathing, she began CPR and continued until paramedics arrived and transported him to the hospital.

☆☆☆☆☆

At the Sepulveda, Calif., VA Medical Center's Ambulatory Care Center and Nursing Home, the **Center for Ambulatory Education and Rehabilitation (CARE)** staff frequently take patients on recreational outings. They recently took a group to Knott's Berry Farm, a recreational park, for a day of fun and relaxation. The day was going well until lunchtime, when a patient began choking on his food. Staff members immediately performed the Heimlich maneuver, but could not completely dislodge the obstruction. They managed to clear the patient's airway enough to keep him breathing until paramedics arrived. The paramedics were able to completely clear the patient's airway and they transported him to a local hospital, where he recovered and soon returned to the VAMC to take a turn around the dance floor with his wife at a holiday event.

☆☆☆☆☆

Boston VAMC Registered Nurse **Shirley Burnett** was returning home on a flight from England when she heard a flight attendant ask if a doctor was on board and offered her assistance. An elderly woman who was on a prescription blood pressure medication had fainted because her blood pressure was too low. Burnett worked with the doctor throughout the flight and, learning that the woman was visiting the U.S. from overseas, she accompanied the woman and her husband to a Boston hospital to ease their anxiety. The woman recovered.

☆☆☆☆☆

Kenn Gennari and **Oscar Balague**, supervisors in Facilities Management Service at the VA Puget

Sound Health Care System, were performing duties off station when they witnessed an accident. A van ran a red light, struck a vehicle and fled the scene. Balague quickly exited the government vehicle they were driving and called the police on his mobile phone. He gave the police a description of the vehicle and informed them that Gennari was following the perpetrator. Gennari pursued the perpetrator at a safe speed for several miles, finally boxing the van in and detaining the driver until police arrived to arrest him.

☆☆☆☆☆

Kathie Heerwagen, RN, telephone advice nurse at the San Francisco VA Medical Center, was on duty one night when she got a call from a patient who said he lived alone and was depressed. The caller said he had "masses of pills," that he was tired and that it would be so easy to end his life. The caller's speech was slurred and faded away at times, but Heerwagen kept him on the line and talking while she asked a colleague to call the police. The police arrived at the caller's house within five minutes and informed Heerwagen that they had the situation under control and were getting him to the nearest hospital.

☆☆☆☆☆

New Orleans VA Medical Center Special Programs Coordinator and CPR Instructor **Patricia Giles** used her expertise to save the life of a co-worker recently. She and the co-worker were eating lunch at a local restaurant when Giles noticed that the co-worker was choking. Giles quickly rushed around the table and used the Heimlich maneuver to dislodge the food

and clear the choking victim's airway.

☆☆☆☆☆

Philadelphia VA Medical Center Registered Nurse **Kate O'Hara** was driving down the main street in Ardmore, Pa., when she noticed a man lying on the ground and several people standing around him. She stopped her car and went to the man's side. After discovering that the man was not breathing and had no pulse, she began administering CPR. After several minutes, the paramedics arrived and transported the man — who turned out to be a World War II veteran — to the hospital, where he recovered.

☆☆☆☆☆

Three Washington, D.C., VAMC employees were returning to the medical center from a community visit in the facility's new mobile health clinic when they came upon an automobile accident. When Nurse Practitioner **Pamela Escobar**, Registered Nurse **Vanessa Brown** and Van Driver **Ken Palermo** saw the accident on the opposite side of the highway, Palermo stopped the van. He halted oncoming traffic as Escobar and Brown rushed across the highway to help the accident victim, who had crashed his pickup truck head-on into a jersey wall. The driver was sprawled unconscious over the dashboard — his head had hit the windshield. Escobar and Brown administered first aid while Palermo kept bystanders at bay. Paramedics arrived, and the victim was later airlifted by helicopter to a nearby shock trauma center.

☆☆☆☆☆

San Francisco VA Medical Center Psychiatric Clinical Nurse Specialist **Stu Berger** works in the Transitional Community Care program, which identifies and provides ongoing care for homeless veterans suffering from psychiatric disorders and substance abuse. Berger had been keeping a particularly close watch on one patient when he discovered him in his bed in extreme pain. Berger quickly got the patient to the VAMC, where a lengthy workup revealed the patient was suffering from acute renal failure. The doctor told Berger that had he not brought the patient to the VAMC when he did, the patient would have died. The veteran recovered, and has since expressed his gratitude to Berger for being his guardian angel.

☆☆☆☆☆

Alan L. Klein, security officer at the Fargo, N.D., VAM&ROC, came to the aid of a staff nurse who was having difficulty with a psychotic patient. When the patient lunged at the nurse, Klein intervened to shield the nurse from the patient, allowing her to escape to safety. When the patient continued pursuing the nurse, Klein immediately restrained the patient and got him into a seclusion room without injury.

☆☆☆☆☆

Red Ibson, support service specialist in Medical Administration Service at the Bonham, Texas, VAMC, noticed that a veteran in the facility's domiciliary began gasping for breath while eating a piece of candy. Ibson quickly performed the Heimlich maneuver and dislodged the candy, clearing the veteran's airway. □

HAVE you heard



Former President George Bush with Congressional Medal of Honor winner Clarence Sasser at the opening of the Houston VARO's veterans' museum.

Former President George Bush participated in ribbon-cutting ceremonies officially opening the **Houston VA Regional Office Veterans' Museum**. After a brief tour of the museum, Bush spoke to about 300 employees, veterans service organization representatives and others about his personal experiences while on active duty and while serving as Commander-in-Chief. To commemorate the event, Bush presented the VARO with a painting of the American flag by Irving Boker that will be a permanent part of the museum. The opening displays included memorabilia from the Vietnam Veterans Memorial; exhibits on World Wars I and II, Korea and Vietnam; material honoring female veterans for their contributions; and memorabilia loaned by Houston VARO employees Clarence Sasser and Robert Howard, Medal of Honor recipients, and Ron Ridgeway, former POW.

VA Central California Health Care System in

Fresno found a unique way to provide food for area homeless veterans as well as San Joaquin Valley citrus work families affected by the devastating winter freeze. New Director Al Perry gave his staff added incentive to contribute to the Fresno Community Food Bank through a program called the Honcho Exchange Labor Program (H.E.L.P.). For every 50 cans of food collected, he agreed to work one hour in the service, section or unit that made the donation. The result was a total donation of more than three tons of food, and Perry is now scheduling 93 hours of his time over the next several months to work off his commitment. He's also getting to know the employees and the work they do, and has challenged other area CEOs to adopt similar programs at their organizations.

The **Nurses Organization of Veterans Affairs (NOVA)** will hold its 19th Educational Conference at the Washington, D.C., Marriott

Hotel March 10-13. The conference theme is "A Century to Remember — A Century of Promise." The March 10 pre-conference workshop will provide updates on proposed changes affecting VA nurses such as R.N. qualification standards, the future of long-term care, and strategic planning. Special interest group sessions will cover administration, advanced practice nursing, clinical/staff nursing, education, research and informatics. The 16-credit hour conference is aimed at VA nurses and other health-care providers. It will present nationally known speakers, veterans service organization representatives, government officials and nurse leaders. For registration information, e-mail nova@vanurse.org or fax (202) 833-1577 or call (202) 296-0888.

VA has joined with the Center for Evaluative Clinical Sciences at Dartmouth Medical School in Hanover, N.H., to establish the **VA National Quality Scholars Fellowship Program** to develop a fellowship curriculum in the science of health care quality. Coordinated by VA's Office of Academic Affairs, the fellowship program will provide learning opportunities for physician scholars to create and apply new knowledge to improve health care. Physicians who have completed their residency training will be eligible for the two-year funded fellowships at VA facilities in San Francisco; Iowa City, Iowa; Cleveland, Ohio; Birmingham, Ala.; Nashville, Tenn.; or Hanover, N.H. These sites will be linked electronically and by two-way interactive video to develop a virtual national health care quality improvement laboratory. For

more information on the program, or to apply for the fellowship, contact Sandra Rood at (802) 291-6285, or e-mail Sandra.Rood@med.va.gov

The **Dallas VA Medical Center's** new clinical addition houses one of only five automated laboratory systems in the country, and the only one in the VA health-care system. The system will handle about 2 million diagnostic tests annually for inpatients and outpatients, but is designed to handle even more. The automated system processes patient samples for hematology, chemistry and immunology. It does the work of ten full-time technicians in a lab that functions 24 hours a day, seven days a week, and automates the most tedious and hazardous processes that previously were handled by laboratory staff. Medical technologists are now free to devote their time to interpretation and other tasks that demand more than simply processing specimen samples.

More than 150 **minority veterans program coordinators** received training on techniques and procedures for outreach to minority veterans in the communities during the Center for Minority Veterans' annual training conference last fall. Participants attended workshops on a variety of relevant topics. Center for Minority Veterans Director Willie L. Hensley recognized Bobbie L. Carlin of the Atlanta VAMC as Minority Veterans Program Coordinator of the Year. Other coordinators recognized included James F. Brown, St. Petersburg, Fla., VARO; Earl Parker, Muskogee, Okla., VARO and De Borah Williams, Portland, Ore., VAMC. □