

U.S. Department of Veterans Affairs

Vanguard

March/April 2008

The Files Behind the Faces

VA's Construction Boom

One-Stop Service at Fort Bragg

Chronic Pain Research



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On the cover

Deborah D. Berry, acting Support Services Division Chief at the VA Records Management Center in St. Louis, inspects a claims file at the RMC's main storage complex. The stacks hold the records of 18 million veterans. The employee behind her is one of 20 on shift pulling 2,100 folders a day. *photo by Robert Turtill*

Oldest Survivor of the Bataan Death March

The former POW community of northern Nevada is saddened by the death of its oldest survivor of the Death March. An article appeared in

Vanguard (March/April 2007 issue) depicting the background and experiences of George Small. He was considered to be the oldest (at the time) known survivor of the Bataan Death March and

some three years and five months' imprisonment by the Japanese.

George was looking forward to celebrating his 100th birthday on Feb. 28. I was personally involved with

George as we were both survivors of the Death March and POW camps during the period April 9, 1942, to September 10, 1945.

George had recently finished his personal story of his past experiences and it had been submitted for inclusion in VA's Oral History program. We here at the Reno VA Medical Center shall most certainly miss George.

*Ralph Levenberg
POW Consultant/Coordinator
VA Sierra Nevada HCS
Reno*

Editor's note: Levenberg spoke at a tree-planting ceremony held at the Reno VA Regional Office on Feb. 28, which would have been George Small's 100th birthday. Plans had been made to host a birthday party for him. The tree and plaque honor the struggles of Small and all former POWs.

SVAC Member Named Chairman of West Point Board of Visitors

Senator Kay Bailey Hutchison (R-Texas) has been elected chairman of the Board of Visitors (BOV) at the U.S. Military Academy at West Point. "I am honored to serve as chairman of the Board of Visitors at West Point," said Hutchison. "For more than two centuries the Academy has been one of our nation's finest institutions, developing cadets for the challenge of national service. I look forward to working with the Board's members over the next year to continue their standard of excellence at West Point."

Created by the Federal Advisory Act of 1972, the BOV meets quarterly to review and receive updates on the academic, physical and military programs at the Academy. Specifically, the Board has oversight of the Academy's morale and discipline, curriculum, instructions, physical equipment, fiscal affairs and academic methods. The board consists of presidential appointees and members of Congress. Hutchison previously served as chairman of the BOV from 1998 to 2000. She is a member of the Senate Committee on Veterans' Affairs.



RAMONA PHILLIPS

Remembering a Fallen Hero

Family, friends and community leaders gathered in Granite City, Ill., to dedicate a billboard that went up there a few days before Veterans Day in memory of Army Sgt. Steven P. Mennemeyer. Mennemeyer, 26, was the son of Ramona L. Phillips, IT specialist at the St. Louis VA Medical Center. On his second tour of duty in Iraq as an Army flight medic, he was killed when his helicopter crashed on Aug. 8, 2006. In an effort to pay tribute to her son, Phillips envisioned a memorial billboard that would remind the public of the ultimate sacrifice made for freedom. The billboard, which was financed completely by donations, stands 24-by-10 feet tall. "[The billboard] has been very healing for me," Phillips said. Mennemeyer, assigned to the 82nd Medical Company based at Fort Riley, Kan., was buried with full military honors at Jefferson Barracks National Cemetery in St. Louis.

We Want to Hear from You

Have a comment on something you've seen in *Vanguard*? We invite reader feedback. Send your comments to vanguard@va.gov. You can also write to us at: *Vanguard*, Office of Public Affairs (80D), Department of Veterans Affairs, 810 Vermont Ave., N.W., Washington, D.C., 20420. Include your name, title and VA facility. We won't be able to publish every letter, but we'll use representative ones. We may need to edit your letter for length or clarity.



Beyond the Beltway: Learning What the 'Real' VA is Doing

James B. Peake, M.D.
Secretary of Veterans Affairs

Since becoming Secretary of Veterans Affairs, I've made a point of getting out of the office to find out what the "real" VA is doing and what veterans expect of us. I've traveled thousands of miles, talked with veterans and talked with VA staff and leadership.

This is the message I am leaving with them: I am proud to be a part of a system of excellence. Great men and women serve veterans every day with dignity, compassion, respect and technical excellence, whether in health, benefits delivery or in creating the lasting tribute of our cemetery system. That must be our standard and we cannot rest upon our laurels!

For our most senior veterans, that means respecting the reality of their advancing years and providing geriatric care, long-term care, and, when they die, honored tributes in our national cemeteries. It also means making certain we respond quickly and efficiently to their compensation and pension problems.

For veterans at the higher end of middle life, VA care means helping them address diabetes, heart disease and other mid-life health threats that, if left untreated, reduce quality of life and shorten life spans. VA must do a better job of responding to compensation and pension claims and servicing our Vietnam-era veterans without unnecessary waits for their benefits.

For the young men and women returning from Afghanistan and Iraq, VA care means strengthening our part-

nership with the Department of Defense to provide a seamless transition from military duty to civilian life. It means embracing the recommendations of the Dole-Shalala commission to ensure that servicemen and women injured during the Global War on Terror receive their health care services and benefits and return to full and productive lives as quickly as possible.

VA care also means meeting the needs of our wounded warriors injured by improvised explosive devices and suffering from traumatic brain injuries, burns and loss of limbs. It means helping them and all Operation Enduring Freedom/Operation Iraqi Freedom veterans reenter the everyday world of civilian life, confident that VA will be there for them with the best

health care and benefits they have earned through selfless service. That, in short, is our mission.

There are four goals in areas critical to the achievement of our mission:

- Provide timely, accessible and high-quality health care to our highest priority patients, veterans returning from service in Afghanistan and Iraq, veterans with service-connected disabilities, those with lower incomes, and veterans with special health care needs;
- Advance our collaborative efforts with DoD to ensure

continued provision of world-class health care and benefits to VA and DoD beneficiaries, including the development of secure, interoperable electronic medical record systems;

- Improve the timeliness and accuracy of claims processing; and

- Ensure the burial needs of veterans and their eligible family members are met and maintain veterans' cemeteries as national shrines.

The challenge is clear. During 2009, we expect to treat about 5,771,000 patients—90,000 above the 2008 estimate. Our highest priority patients will comprise 67 percent of the total patient population in 2009, but they will account for 84 percent of our health care costs.

In 2009, we expect to treat about 333,000 OEF/OIF

leader in telehealth-based care delivery, and that requires continued restructuring of elements of our clinical, technical and administrative processes.

A major challenge in improving the delivery of compensation and pension benefits is the steady and sizeable increase in workload. The volume of claims receipts is projected to reach 872,000 in 2009—a 51 percent increase since 2000. Disability compensation claims from veterans who have previously filed a claim comprise 54 percent of the disability claims received by the department each year.

We are now working closely with DoD to develop a pilot of a new Disability Evaluation System for wounded, ill and injured war-

Great men and women serve veterans every day with dignity, compassion, respect and technical excellence, whether in health, benefits or our cemetery system.

veterans, an increase of 40,000 above this year's number.

In April 2006 there were more than 250,000 unique patients waiting more than 30 days for their desired appointment date for health care. As of Jan. 1, we had reduced the waiting list to just over 69,000. Our goal is to virtually eliminate the waiting list by the end of next year.

Coordination of care in VA will help achieve this goal. We must integrate telehealth, health informatics and disease management and improve access to care. VHA is a world

riors being processed through the disability system. This has the potential to enable VA to award benefits to servicemembers on the day of separation or retirement.

In my many years in the military and now with VA, I've been privileged to know and care for men and women whose lives were changed forever by an injury or illness that affected their mobility, but never daunted their spirits. They are an incredible cadre of heroes who we must always keep in mind as we strive to fulfill our mission. **VA**



Celebrating 60 Years of Achievement in VA Research

Joel Kupersmith, M.D.
Chief Research and Development Officer

“VA Research: A Promise for a Brighter Tomorrow” is the theme for this year’s VA Research Week, May 11-17. My office, the VA Office of Research and Development, and research offices at VA medical centers across the nation annually observe Research Week.

VA Research Week provides the opportunity for VA research investigators and administrators to highlight their discoveries and innovations that have led to advancements in veterans’ care and the nation’s medical knowledge, and to recognize veterans for their participation in research studies that help make VA health care the high quality care that it is. As best stated by VA Secretary James B. Peake, M.D., “The VA research program is the foundation for advancements in veterans’ health care and represents the promise of a better life.”

During Research Week, activities and events will be held throughout the nation, including an event in VA Central Office on May 23 that I encourage all employees in the area to attend. During the event, which we are planning in collaboration with veterans service organizations and other key stakeholder groups, Secretary Peake and Under Secretary for Health Dr. Michael J. Kussman will provide remarks and lead off a panel of veterans that will speak about the impact VA research has had on their lives.

VA investigators will demonstrate research advances that are being developed, such

as a neurally-controlled arm and hand prosthesis that will feel, look and perform like a natural limb, and speak about cutting edge research such as the project that caught a ride on the space shuttle Endeavour when it was launched March 11. The research, which was transported to the International Space Station, will be used to create a *Salmonella* disease model that may ultimately lead to the development of a robust *Salmonella* vaccine with the potential to save many lives and billions of dollars. This is a landmark study as it is the first time a

Join the VA Research Week activities in your area and learn more about how VA research is improving veterans’ lives.

living organism has been infected in space for the purpose of study, and represents a new approach to vaccine development.

For the past 60 years, the VA research program has been improving veterans’ lives through innovation and discovery that have led to advances in health care for veterans and all Americans.

■ **A promise for a brighter tomorrow.** The VA Research and Development program is the only research program in which discovery and innovation are focused wholly on meeting the full continuum of veterans’ needs, from prevention to rehabilitation. VA researchers are: exploring new approaches to pain treatment that will help veterans with burn injuries; learning how to

deliver low-level, computer-controlled electric currents to weakened or paralyzed muscles to allow people with incomplete spinal cord injury to once again walk and perform other everyday functions; gaining new knowledge of the biological roots of post-traumatic stress disorder and developing and evaluating effective PTSD treatments; identifying genes associated with Alzheimer’s disease, diabetes and other conditions; pioneering new home dialysis techniques; and developing a system that decodes brain waves and translates them into


computer commands to allow quadriplegics to perform daily tasks like using e-mail. One veteran has said of the program: “Sometimes it works miracles.”

■ **Attracts exceptional investigators.** One program aspect that I am most proud of is the VA investigators. The opportunity to conduct vital research in an integrated health care system with a state-of-the-art electronic health record draws the best and brightest research investigators to the program. VA investigators have won three Nobel prizes, six Lasker awards, and numerous other distinctions. Because many investigators also care for patients, the VA research program is able to work with the VA health care system to quickly translate research find-

ings into advancements in veterans’ health care.

■ **Fosters dynamic collaborations.** While realizing the full advantages of an intramural research program, such as an investigator-initiated, merit-driven portfolio independently reviewed for quality without an eye for profit potential, we embrace our close partnerships with academic institutions, and foster dynamic collaborations with federal agencies such as the Department of Defense and the National Institutes of Health.

In short, by spearheading research that directly advances

the medical care of veterans and the nation’s medical knowledge and care practices, the VA Research and Development program has become an acclaimed model for conducting superior bench-to-bedside research—a program that all employees can be proud to call VA, as I am. Join the VA Research Week activities in your area and learn more about how VA research is improving veterans’ lives. Information regarding VA Research Week and research advances can be found at: www.research.va.gov. 

Celebrate VA Research Week May 11-17. Go to www.research.va.gov for more information.

Warriors in Transition

VA, Defense and Army team up to improve veterans' care.

Teamwork is the order of the day between VA, the Department of Defense, the Army and its 35 new military units dedicated since February 2007 to helping wounded soldiers and their families get quality outpatient care.

In the last year, the Army transformed how it provides care and assistance to all wounded, ill and injured soldiers through the Army Medical Action Plan. The Army completed a nationwide review this February that included dozens of leaders addressing everything from barracks upgrades for disability access to regular town hall meetings for soldiers and their families.

The Army's "full operational capability" review of the 35 new Warrior Transition Units found much has been accomplished—with much help. It noted strong support from Congress, VA, the Defense Department and the American public.

The Army Medical Action Plan created these units as part of a profound nationwide push focused on one mission: to help soldiers recover and aid their families. "I am a Warrior in Transition. My job is to heal as I transition back to duty or become a productive, responsible citizen in society," the Wounded Warrior mission affirms. "This is not a status but a mission. I will succeed in this mission because I am a Warrior."

Nationwide changes go well beyond the fence lines of Army forts.

"We found our Disability Evaluation System should be streamlined

and made more consistent and transparent," said Dr. Ward Casscells, assistant secretary of defense (health affairs).

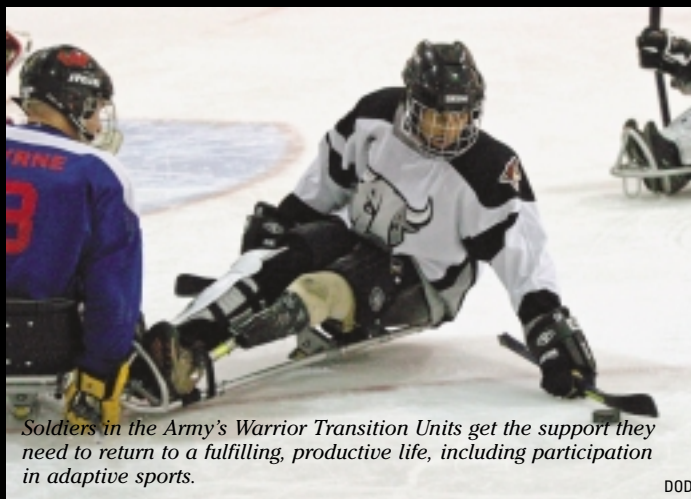
A pilot program is underway at three Washington, D.C., area military medical facilities and is chartered to both simplify and accelerate the disability process. "In the pilot, a single physical is conducted and accepted by both DoD and VA, eliminating the need for multiple medical evaluations and speeding up the receipt of benefits that are due to warriors who are

key advisors. This spring more VA staff will be working with the Army.

Kristin Day, VA chief consultant for care management and social work, agreed. "While much work remains to be completed," she said, "meaningful progress has been made through improved processes and greater collaboration between the Department of Defense and VA."

She noted that the two departments are in the process of implementing more than 400 recommendations of five major studies, as well as

implementing the Wounded Warrior and Veterans titles of the recently enacted National Defense Authorization Act (Public Law No. 110-181). "We continue to implement recommended changes through the use of policy and existing authorities," Day said. She added that in August 2007, the secretaries of the military departments were directed to use all existing authorities to recruit and retain military



DOD

and civilian personnel who care for our seriously injured warriors.

separated from the military," Casscells said. "Both departments are committed to building better relationships and systems for the benefit of our warriors and veterans," said Brig. Gen. Michael Tucker, Army assistant surgeon general for warrior care and transition. In mid-February, the Army and VA signed a joint statement of mutual support, further showing their mutual commitment to care for wounded, ill and injured warriors. The Army and VA also exchanged

and civilian personnel who care for our seriously injured warriors.

"We have done more than just change policies and processes," said Col. Jimmie Keenan, chief of staff for the Army Office of Warrior Care and Transition. "Breaking down the bureaucratic culture, changing attitudes about behavioral health issues and dispelling perceptions about asking for help are just some of our key goals." Changes in perception and culture will take time, she said, but "it is very clear to our warriors and their

families that we are listening to them by tailoring our programs based on their needs.”

“I am confident with VA’s continued support and that of our other stakeholders we are on the right glide path,” Tucker said. “We ask ourselves every day two basic questions: Is it right for soldiers? Is it right for families?”

The Army took major steps over the past year to improve the management and care of warriors in transition and is committed to providing a level of care and support equal to the quality of their service, Army officials say. These veterans undergo a healing process that uses comprehensive care



“We ask ourselves every day two basic questions: Is it right for soldiers? Is it right for families?” said Brig. Gen. Michael Tucker, Army assistant surgeon general for warrior care and transition.



Kristin Day, VA chief consultant for care management and social work, said VA and DoD are in the process of implementing more than 400 recommendations of five major studies.

plans focused on mending body, mind, heart and spirit.

As of Jan. 2, the Army’s 35 Warrior Transition Units reached full operating capacity providing more than 9,500 wounded, ill and injured warriors in transition the support they need to recover medically and handle administrative needs. Staffing levels are now at 95 percent or higher. In less than a year, the Army increased its staff dedicated to warrior care from a few hundred to more than 2,700.

Each Warrior Transition Unit is located near an Army Soldier and

Family Assistance Center. The centers offer one-stop access to essential services such as pay, legal, health benefits and housing. Nine community-based health care organizations located throughout the Army provide additional support to National Guard members and reservists who may not live near a military installation.

Meanwhile, the Army Reserve, whose soldiers and families have unique needs, has created its own Warrior and Family Assistance Centers to provide information to serving and retired members. Soldiers and

families can call the center’s around-the-clock toll-free hotline, 1-800-984-8523, to get help. Staff members contact each reservist who enters a Warrior Transition Unit to begin a partnership dialogue.

As part of this highly personalized approach, each warrior in transition is provided a squad leader, nurse case manager and primary care manager. Soldiers with severe injuries and wounds are also helped by Army Wounded Warrior Program and Soldier Family Management specialists who work closely to coordinate benefits, services and other assistance programs, for as long as they need.

Besides the chain of command, patient advocates and a toll-free hotline number, frequent town hall meetings and formal ombudsman programs provide independent avenues for warriors and their families to address concerns.

Tucker said the Army focused on improving case management, facilities as well as pay and benefits, restructuring the Disability Evaluation System, increasing Army, DoD and VA data sharing, and developing consistent assessments and treatment approaches for soldiers with traumatic brain injury and mental health issues. **VA**

By Paul Boyce, Army Public Affairs

Building for the Future



New 1,500-space parking garage at the VA Pittsburgh Health Care System's University Drive Division.

GLENN HANGARD

VA is in the midst of an historic surge in construction and leasing.

As the first traces of light are breaking over Frenchman's Mountain, Office of Construction & Facilities Management (CFM) Senior Resident Engineer Tom Kupris is already astride his motorcycle for the 20-minute ride to North Las Vegas. Despite the sunshine, it is cool in the desert this morning, but perfect weather for a large concrete pour at the site of the new Las Vegas VA Medical Center—VA's largest health care project now under construction.

This scene is being repeated across the country as VA engages in its most ambitious health care construction program since World War II. With more than 5,000 owned buildings (with an average age of more than 55 years), 1,100 leases, 32,000 acres of land and approximately 158 million gross square feet (owned and

leased), VA has one of the largest inventories of real property in the federal government, and huge requirements to maintain, renovate and replace these assets.

Begun in 2001, the Capital Asset Realignment for Enhanced Services (CARES) process examined the need for health care services and projected facility requirements in terms of location, size and function. CARES is now bearing its early fruits.

To date, 37 major medical construction projects have been identified and funded by Congress, in whole or in part, through this process. Three new construction starts were requested by VA for fiscal year 2009.

Of these projects, one (North Chicago) is complete, 21 are in design, and 18 are in construction. Two additional major projects were funded

with emergency supplemental funds at Biloxi and New Orleans in response to damage from Hurricane Katrina. In total, these projects translate to nearly \$5 billion of major projects currently in planning, design or construction, and include replacement VA medical centers in Las Vegas, Orlando, Denver and New Orleans, and major campus consolidations in Cleveland and Pittsburgh.

In addition to the dramatic growth in health care construction, VA cemetery construction is also occurring at a record pace. In fact, cemetery construction is at the highest level since the Civil War.

VA's 125th national cemetery—South Florida VA National Cemetery—opened in Palm Beach County in April 2007. This marked the fifth new VA cemetery to open since 2005.

Thirty-eight cemetery projects are now in planning, design, or construction, including five more national cemeteries that are projected to open in December 2008 and January 2009.

“VA has an ambitious but achievable plan to serve greater numbers of veterans at these new cemeteries as soon as possible,” explained William F. Tuerk, VA under secretary for memorial affairs.

The new national cemeteries will serve the areas of Bakersfield, Calif.; Birmingham, Ala.; Columbia, S.C.; Jacksonville, Fla.; and Sarasota, Fla. A sixth new VA cemetery will begin

construction, the department’s leasing program is also experiencing a dramatic increase in workload. According to Donald H. Orndoff, director of CFM, “leasing plays a critical role in VA’s ability to provide state-of-the-art health care facilities that serve veterans closer to where they live, and is a very good procurement option when construction dollars alone cannot fulfill VA’s space needs in a timely and cost-effective manner.”

Since fiscal year 2005, 27 prospectus-level leases, those requiring congressional approval, have been authorized in VA’s budget. With a single

(North East Central Bexar County, San Antonio, and Harlingen, Texas). Two additional leases are pending award later in fiscal year 2008 (Fort Worth, Texas, and San Diego). The remaining 14 leases are in various stages of procurement. VA’s fiscal year 2009 proposed budget requested funding and authorization for 12 additional major leases.

“VA is extraordinarily proud of its health care facilities, regional offices and national cemeteries, and the thousands of dedicated employees who build, lease and maintain them,” said Orndoff. “Modernizing and main-



Senior Resident Engineer Tom Kupris (third from right) and other members of the CFM resident engineer team on the site of the new VA medical center in Las Vegas, now under construction. CLARK CONSTRUCTION



South Florida VA National Cemetery began burial operations in April 2007, serving nearly 400,000 veterans and their families who reside in the West Palm Beach area. GARY DALE

operations to serve veterans in the Philadelphia area later in 2009.

VA also has an active program to establish, expand and improve state veterans cemeteries through its State Cemetery Grants Program. Ultimately, VA’s strategic goal is to serve 90 percent of veterans with a burial option at a national cemetery or a state veterans cemetery within 75 miles of their residence by 2010.

“The current rate of expansion of national cemeteries and state veterans cemeteries is unprecedented,” said Tuerk. “By establishing these new cemeteries, and extending the life of existing cemeteries, VA will meet the need for convenient, close-to-home burial options for our older veterans, and for all of America’s veterans.”

Coupled with the surge in VA



New VA/Navy Ambulatory Care Center in Pensacola, Fla. RUBEN ROMERO

exception, each of these leases was for outpatient clinics.

Of the 27 lease projects authorized, four leases have been awarded, two are in design/construction (Knoxville, Tenn., and Summerfield, Fla.), and two were completed/activated

taining these critical assets remains a top priority for Secretary Peake, and under his leadership VA will continue to make significant progress in addressing these challenges.” VA

By R. Michael Bowen

Newly expanded facility at Fort Bragg offers easier access to veterans benefits.

Veterans Service Representative Jim Watson and Program Support Clerk Lakeysha Byrd outside the lobby of the new Fort Bragg VA benefits office, located in the base's revamped Soldier Support Center, a building formerly occupied by Womack Army Medical Center.



One-Stop Service for Soldiers

ART GARDINER

If the Fort Bragg VA Benefits Delivery Office was listed on the New York Stock Exchange, its stock would be through the roof.

The recently expanded VA benefits office is located in Fort Bragg's revamped Soldier Support Center. Its new location offers one-stop service for soldiers assigned to the sprawling 1.74 million-acre post. VA shares the center with a multitude of other services, including the Army Career and Alumni Program (ACAP), Central Issue Facility, ID Card Facility, and the Military Welfare and Recreation Office.

Now, the VA office's veterans service representatives (VSRs) can literally walk soldiers through the claims process. They offer everything from VA intake interviews to medical exams, as well as on-site rating specialists and vocational rehabilitation and

employment counseling. Veterans service organizations (VSOs) are co-located there, including the Disabled American Veterans, Military Order of the Purple Heart and the Veterans of Foreign Wars.

Walk-in traffic at the office has increased by more than 50 percent since the move from the old location, said Nina Tann, supervisory veterans service representative at the office. She attributes the increase to the new location's visibility.

On any given day the office has 75 to 80 walk-ins, the majority of which are retirees, followed by initial term enlistees. "Soldiers attending other out-processing appointment services will often stop by to read literature, ask basic questions, or schedule an appointment with a benefits counselor," said Tann.

Tann joined the Fort Bragg ben-

efits office in 2005. As supervisory VSR, she receives a lot of feedback from soldiers, their spouses and family members, most of it positive. "Clients feel that their counselors can walk on water," she said.

Counselors often have to guide and support soldiers through uncertain times, from anxiety over what the future holds and their ability to provide for their families, to just taking care of themselves. Tann said her goal is for a veteran to always walk away from their meetings with a counselor knowing what the next step in the VA claims process will be and feeling confident that they are prepared to take it.

Tann's most memorable story is working with a soldier who was part of the Army's Wounded Warrior program. The soldier, wounded in combat, suffered from numerous injuries

resulting from gunshot wounds, including the loss of use of one leg and PTSD. The Fort Bragg benefits office facilitated his exam appointments, decided his claim, and awarded benefits, all within days of his retirement. Tann said that it was his gratitude and positive outlook on life that made him stand out. "He felt like we were doing him the biggest favor," she said.

Fort Bragg VA benefits counselors work closely with the new Wounded Warrior Transition Battalion specifically created to replace the Medical Hold Companies from the various military units on the base. VA counselors are able to assist soldiers with special needs and go to those unable to sit through a normal briefing.

The benefits office also arranges transportation to and from briefing locations, and arranges for spousal participation if the wounded soldier needs assistance.

Will the Fort Bragg/VA one-stop service approach become the template for future such offices? Only time will tell, but its parent facility, the VA regional office in Winston-Salem, N.C., certainly hopes so.

"One thing that will probably always be unique about Fort Bragg, though, is that the rating specialists who decide the claims are physically located at Fort Bragg," said Vincent

Hancock, management analyst at the Winston-Salem VA Regional Office. "For nearly all the other Benefits Delivery at Discharge sites (except Camp Lejeune Marine Corps Base), the records are forwarded to one of two centralized Rating Activity Sites in Winston-Salem or Salt Lake City."

With more VSO representatives co-located at the Fort Bragg benefits office, more soldiers are opting to speak with them as well as VA benefits counselors.

VA benefits services at Fort Bragg have come a long way. Prior to 1998, soldiers out-processing had to submit their VA claims packet through Army Transition Services. The packet was then forwarded to the VA regional office nearest the servicemember's home, often left to be completed by the receiving office. That changed in 1998 when the Fort Bragg benefits office opened its doors.

An old-style North Carolina farmhouse served as Fort Bragg's first VA benefits office. But it was far from ideal. The wood-sided building was small, barely large enough to house a few VA employees and two VSO representatives. They were confined to a cubicle environment in a single room.

When privacy was needed, an 8-by-10-foot room near the cubicles was available. This meant that staff could only comfortably see one veteran at any given time. Staff had to



ART GARDINER

Program Support Clerk Lakeyscha Byrd greets walk-ins looking for information on the VA claims process. Walk-in traffic has increased significantly at the new location.

send servicemembers from one city to another to complete the medical exam portion of their claims.

VA's new facility is built with a complete, seamless transition from active duty to civilian life in mind. Fort Bragg soldiers and veterans praise everything from the location's ease of use, accessibility and privacy, to the one-stop service experience provided by the new facility.

Combined with the VA/DoD Disability Evaluation System pilot program—part of the President's Commission on Care for America's Returning Wounded Warriors, or Dole-Shalala commission—the two agencies are striving to act in concert, establishing one medical examination under one disability rating system, all in an effort to simplify the rehabilitation and transition of servicemembers to civilian life. **VA**

By Art Gardiner

The New and Improved VA Benefits Office

- 14 VA employees and 3 veterans organization representatives, with a fourth located downstairs with ACAP
- 4 benefits counselors
- 3 rating specialists
- 1 claims assistant
- 1 program support clerk
- 1 supervisory veterans service representative
- 4 vocational rehabilitation & employment counselors



ART GARDINER

The new benefits office offers everything from intake interviews to medical exams and vocational rehabilitation and employment counseling.



Dr. Jose Lezama (seated) visits with veteran Billy Stephens bedside as medical residents look on.

ART NELSON

Doctor, Teacher, Role Model

Tampa VA's Dr. Jose Lezama, 36, is one of the youngest chiefs of medicine in the country.

At age 36, Dr. Jose Lezama is one of the youngest chiefs of medicine in the U.S. And at the James A. Haley Veterans' Hospital in Tampa—the nation's busiest VA hospital—these responsibilities are far-reaching. He supervises nearly 70 staff physicians, oversees the work of 60 respiratory therapists and other technicians, and keeps a watchful eye on medical students and residents when they rotate through Medical Service. And that's not all.

He also participates in various hospital committees, volunteers at the Hillsborough County Emergency Operations Center, and is associate professor of internal medicine at the

University of South Florida, where he has taught more than 1,200 students in various stages of their medical education. To date, he has prepared more than 200 residents for the Board of Internal Medicine exam, and nearly all have passed. When he has a spare moment, he answers e-mail from students, many requesting letters of recommendation.

Sound like a busy doctor? He is that, and much more. Lezama's medical students respect him, admire him, *adore* him. In fact, he is so well thought of by his students that they nominated him for the national 2007 Humanism in Medicine Award sponsored by the American Association of

Medical Colleges. The award honors a medical school faculty physician who is a caring, compassionate mentor practicing patient-centered care.

Only 24 physicians nationwide were nominated for the honor. While Lezama was not selected for the national award, he was USF's winner and was presented the award by Dr. Stephen K. Klasko, dean of the USF College of Medicine, on Feb. 8 at a luncheon held at the university.

Melika George is a fourth-year USF medical student who describes Lezama as a "wonderful" teacher.

Third-year medical student Whitney Lapolla agrees wholeheartedly. "I remember on that very

first day, he sat us down and talked to us for over an hour, just to get to know us,” Lapolla recalls. “We all knew he was incredibly busy ... the phones were ringing off the hook just outside the door, but his attention was totally focused on us. We were his top priority at that moment and I think that’s the way his patients feel, too. Rather than standing above them, he sits down on the bed to talk to them and to make them feel more comfortable.”

Third-year medical student Scott Hamlin says what impresses him about Lezama is his breadth of knowledge and how he relates to his students. “When you talk to Dr. Lezama, you don’t feel like you’re talking to the chief of medicine. He’s young, energetic, and not far removed from medical school himself. We connect with him.”

All agree Lezama is a role model and “humanist” they want to emulate. He has been on staff at the Tampa VA since 2000 after finishing internal medicine training. “I was 28 years old—a USF resident one day and a VA physician the next,” he says.

To watch Lezama in action during a test prep session with his students is to observe a whirlwind of en-

ergy and enthusiasm. He rapid-fires questions at his young apprentices, who hang on his every word. When they appear stumped, he offers a clue. And then another. When one finally gets the answer, he is quick with a smile and praise. “You’re the *first* student to ever get that right! Good job!” he tells the student, who nods in approval, clearly grateful for the acknowledgement.

How is this Cuban-American

“The VA has given me incredible opportunities to develop my teaching skills, leadership skills, humanism skills.”

doctor able to wear so many different hats successfully and still have a personal life? He credits his “absolutely outstanding” staff, led by Administrative Officer Andrea Davis. “They have me on a very tight schedule; not a minute of my time is wasted,” Lezama says, adding, “Working for the VA provides the structure for a very busy and productive career, but it also offers plenty of time for family.

“The VA has given me incredible opportunities to develop my teaching skills, leadership skills, humanism skills. And because of the VA’s

multidisciplinary approach to patient care, we all work together to care for our patients, who, to me, are the best in the world.”

And then there’s the unwavering support of his pharmacist wife, Amy, and his children, daughter Kaitlyn, 5, and son, Derek, 1. “I would not be able to do what I do without my wife’s support,” says this dedicated father, who describes himself as a “hands on” dad. “I can change a dia-

per in 3.5 seconds,” he says with pride.

Glancing around his office, it’s apparent family is everything to this bilingual doctor whose parents came to America from Cuba in the early 1960s at the start of Fidel Castro’s rule. Nicknamed “Joey” by his family, he was extremely close to his maternal grandmother, who taught Spanish at Catholic schools in Tampa for 25 years and inspired him to teach.

Although they certainly could be, his walls are not covered with honors, awards and plaques. Rather, there are photos of his family everywhere. It’s the first thing medical students like Lapolla notice when they enter his office.

“It’s important for me to see a physician with a healthy balance between work and home life,” she says. “He is totally dedicated to his work and to his career, but his family is his top priority.”

As for Lezama, he’s clearly thrilled about his award nomination. “Just being nominated for the award is the honor,” he says. “And to be honored for teaching is a tribute to my grandmother and my family roots. I tell my students, ‘Remember who you are, never lose sight of where you’ve come from.’” **VA**



Lezama with his family: wife Amy, a pharmacist; son Derek, 1; and daughter Kaitlyn, 5.

By Susan Wentzell

Turning No Veteran Away

Former homeless veteran Irvin Goodwin now provides homes, jobs and counsel to other homeless veterans.

For three years, Army veteran Irvin Goodwin slept on make-shift beds of sleeping bags and cardboard boxes behind apartment buildings, in parks, even behind a church before his life took a dramatic turn for the better.

One day in 1995 while standing in a food line, Goodwin was approached by the outreach team from the VA Palo Alto Health Care System's Menlo Park domiciliary program, who offered him substance abuse treatment and shelter through the Domiciliary Care for Homeless Veterans (DCHV) program.

After 25 years of drug and alcohol abuse and several short stints in prison, Goodwin was ready for a change. But like many homeless veterans, he was unaware of the services available to him through VA.

"If it hadn't been for people seeking out veterans, I would not be where I am today in life," said Goodwin.

VA's homeless veterans program recently marked 20 years of service to homeless veterans. After two decades of evolving to meet the needs of this special population, outreach is still the cornerstone of treatment for homeless veterans.

In fact, the majority of the homeless veterans who received services in

fiscal year 2006 were contacted through the Health Care for Homeless Veterans (HCHV) program outreach effort. Almost half (46.3 percent) of the veterans contacted through outreach (17,902) had not used any VA mental health services in the six months prior to outreach.

Goodwin completed the substance abuse treatment program at the Menlo Park Division of VA Palo

the Compensated Work Therapy (CWT) program. CWT programs offer vocational rehabilitation through supervised work contracted from private firms and public sector agencies, including VA.

In one year, Goodwin and his outreach partner made contact with 975 veterans in northern California. In one month, they went to 38 different homeless sites where veterans

lived. Goodwin used his success through the program as an example when encouraging other homeless veterans.

As a former homeless veteran himself, Goodwin understands the uniqueness of the situation for his fellow veterans.

"To help homeless veterans you have to have immediate services," said Goodwin. "Veterans are in dire need right there. Most are ready to make the decision to turn their life

around, but most services don't have the capacity to take them immediately."

That inspired Goodwin, with the help of like-minded friends, to begin opening homes (eight total) specifically designed to help homeless veterans return to the community. The veterans pay low rent while residing in houses that were offered to Goodwin by a friend's father—first



Irvin Goodwin started a facility offering transitional housing and supportive services to homeless veterans in an underused building on the VA Palo Alto Health Care System's Menlo Park campus.

Alto and was successfully discharged from the DCHV program in 1996. He went on to obtain employment in the warehousing field and continued to attend substance abuse meetings and use VA services as a support system.

While at Menlo Park, Goodwin told other veterans about the program. He was so successful at reaching these veterans that in 1999 he joined the DCHV outreach team through

one, then three more. Once others heard of Goodwin's success with the veterans, they began donating houses to the cause.

While still conducting outreach through the DCHV program, Goodwin noticed that he would offer the services to veterans and a short time later he would see some of those same veterans back on the streets.

"I wished that I had a building to take vets off the street and immediately put them in a safe environment to receive treatment," recalled Goodwin. "I could make referrals to shelters, but if they were full, then the vet was still homeless."

With the support of VA Palo Alto Director Lisa Freeman, Chief of Domiciliary Tom Burling and Assis-

"If it hadn't been for people seeking out veterans, I would not be where I am today in life."

tant Domiciliary Chief Chris Condo, Goodwin ended his employment with VA, obtained nonprofit status, and presented them with a proposal to use an underused building on the campus of the Menlo Park Division to provide transitional housing and supportive services for homeless veterans. As with the houses in the community, Goodwin's idea caught fire and others donated their services to the cause.

The Housing Industry Foundation gave him \$140,000 worth of furniture. VA Palo Alto supplied 14 telephone and four fax lines, didn't charge for utilities, and gave him all the support he needed. Goodwin later applied, through his nonprofit organization, for funding under VA's Homeless Providers Grant and Per Diem program, and received \$458,000 for two years.

Under this program, VA offers grants to nonprofit organizations to help develop supportive housing programs and service centers. Since 1994, VA has offered grants and per diem-only support to help create more than 11,000 new community-based beds for homeless veterans.

Goodwin started in 2000 with 12,000 square feet of the building—enough space to house 60 veterans. Today, the Homeless Veterans Emergency Housing Facility occupies 32,000 square feet of the building and has brought more than 500 homeless veterans off the streets of northern California every year for the past seven years.

The program offers 35 beds for immediate drug and alcohol rehabilitation and other mental health issues. These veterans are linked with the HCHV program and other local VA treatment services. Twelve beds are for women veterans. One hundred twenty-one transitional housing beds fall under the homeless grant program.

Through Goodwin's program, veterans can participate in drug and alcohol relapse prevention classes, Bible study and life skills classes in one central location. Professional staff such as social workers and benefits counselors are on board. Veterans can also receive financial and debt services and low-income housing assistance.

Wanting to leave no stone unturned, Goodwin also conducts prison outreach. His policy is to turn no veteran away, so he even offers some veterans a spot on the sofa for the night until a bed becomes available. His program is so well known in the community that local police officers will often bring a homeless veteran to his program with the intent to help treat the veteran instead of taking them into custody. The Homeless Veterans Emergency Housing Facility has 16 staff members, 14 of whom are former homeless veterans who came through the HCHV and DCHV programs.


Goodwin recently added employment services to his continuum of care for homeless veterans. He is now

a federal contractor who works with VA's National Cemetery Administration to provide headstone engravings. Once again, all of his employees are previously homeless veterans who, through the homeless veterans services and Goodwin's persistence, are now productive members of society.

Providing housing to homeless veterans is an integral part of assisting these veterans, said Goodwin. That's why he believes the homeless grant program is so important. "A lot of programs wouldn't be in existence without this funding," he said. "Housing is the key—you have to get the veterans out of their homeless state. Once we can take them out of the homeless situation, the sky's the limit."

The HCHV program is in accord with community providers like Goodwin that housing homeless veterans is the springboard to success. VA's homeless residential treatment programs provide safe housing with continuous staff supervision, are designed to reinforce abstinence from substances, and provide on-site psychosocial counseling and ongoing case management.

Goodwin's is not the only success story to come out of VA's homeless veterans program. Many other former homeless veterans have successfully completed the homeless program with job skills, health and financial benefits, permanent housing and life-coping skills. In fact, since 1987, more than 400,000 veterans have benefited from the programs and services VA and its community and faith-based partners have provided.

"Irvin Goodwin's story serves as an inspiration to all of us who work with homeless veterans," said Pete Dougherty, director of the Homeless Programs Office in VA headquarters. "VA was able to provide resources and help show the way. Goodwin deserves all the credit in the world for using his success to help others." 

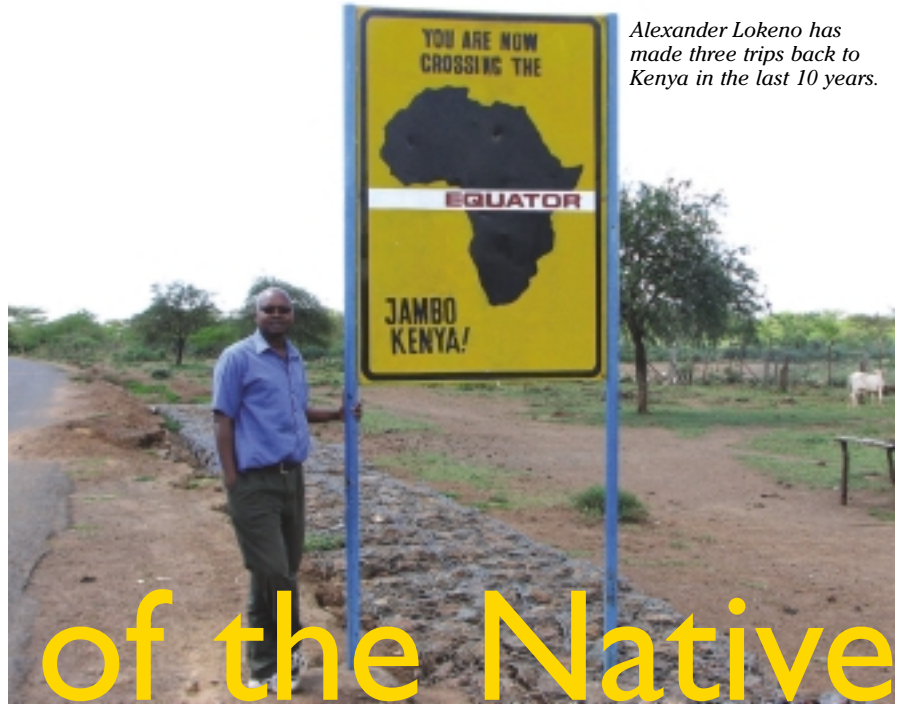
By Kenya Griffin

Kenyan returns to help eradicate disease in the African nation.

“Look at those kids, they’re wasting clean water!”

Alexander Lokeno was shocked. It was 1991 and Lokeno was watching a water balloon fight shortly after arriving in Oregon from Kenya. He could only shake his head in amazement as the kids threw balloons, laughing and chasing each other around, a scene unheard of in

Return of the Native



Alexander Lokeno has made three trips back to Kenya in the last 10 years.

COURTESY OF ALEXANDER LOKENO

his native country, where fellow tribesmen walked up to 20 miles a day for water, often finding it contaminated.

Today, Lokeno, a clinical pharmacist and HIV clinical case registry coordinator at the VA Southern Oregon Rehabilitation Center and Clinics in White City, has not forgotten the plight of the Kenyan people. He is a part of the East Africa Christian Mission (EACM) volunteer well water project, an effort to help dig new wells for clean drinking water in Africa.

Founded by missionaries Richard and Jane Hamilton, the EACM is run out of Medford, Ore. Called “Wells Angels,” the EACM works with volunteer groups and individuals interested in humanitarian efforts. The mission has been going to Kenya since the 1980s and sends teams at least twice a year. Consisting of five to 10 people, the teams stay anywhere from two to four weeks working on a particular project. Lokeno began volunteering with the mission in 1998 and hopes to sponsor a VA team next year to set up a mobile medical unit.

Born in the northwestern part of Kenya near the Ugandan border, Lokeno was raised in the nomadic Pokot tribe. His father and grandfather were both tribal chiefs. When Kenya gained independence in the 1960s, the government took over, the tribal chiefs lost their power, and the Pokot were pushed out to the border. Asked if he would have become a tribal chief, Lokeno laughed. “No, I have older brothers so they would have been the chiefs,” he said. “But I would have been some sort of leader.”

Lokeno, who adopted Alexander as his first name when he came to the U.S., laughs when asked his age. “Well,” he says, “I tell people I was born in 1972. But we call that my ‘pseudo’ birthday since I really don’t know. I’ve been told I was born during the reign of Idi Amin Dada (Uganda’s notorious president from 1971-1979) but I’m not sure how old I really am. I think I’m 35 but I could be older.”

After attending the primary school founded by the Hamiltons, he was sent to a public school outside his village. Once he got older, the

Hamiltons sponsored him to come to the U.S. for college. He arrived in 1991 and enrolled in Southern Oregon University, where he earned a bachelor’s degree in biochemistry and chemistry. After earning his doctorate in pharmacy at Oregon State University and Oregon Health & Science University, he joined VA in 2004.

Making time to participate in the mission’s efforts was easy for Lokeno. “Growing up there, I saw the need and I saw what AIDS was doing to Africa,” he said. “I wanted to help and since I’ve been lucky enough to get the education, I wondered how do I give back?”

Before the well project, the local Pokot tribe often dug holes by hand in dry riverbeds during the long dry season. These makeshift wells were up to five women deep, with each woman handing a bucket of water up to the surface. As the dry season went on, the holes got deeper and deeper, causing cave-ins and falls, but for many, this was the only source of water. Often contaminated and causing diarrhea, the makeshift wells were also perfect mosquito breeding



Lokeno volunteers with a group called East Africa Christian Mission, which works to bring clean drinking water to Kenya. COURTESY OF ALEXANDER LOKENO

grounds, allowing malaria to flourish.

The project's wells, aimed at decreasing the transmission of diseases, are drilled with the assistance of local geologists. Using a drilling rig and a compressor, holes are drilled 100 to 200 feet below to underground water sources, called aquifers. These wells are meant to never dry out.

With the majority of the wells already 20 to 30 years old, major repairs are now necessary. The hand-pump rods inside have begun to break, causing the people to turn back to hand-dug wells. On the next trip, the vol-

unteer team will repair almost 20 broken wells. The mission hopes to start training locals to help operate the rigs and repair wells so the problems can be fixed as they occur. Fifty wells have been drilled and eventually the mission hopes to have a well within five miles of every village of 100 to 500 people.

Married with three children and a busy career, Lokeno doesn't get to go back to Kenya as much as he would like. Due to the instability of the region, the upcoming trip, which Lokeno will not be participating in, has been postponed. "With everything that is going on over there right



COURTESY OF ALEXANDER LOKENO



COURTESY OF ALEXANDER LOKENO

Left: Lokeno was born in the northwestern part of Kenya near the Ugandan border and raised in the nomadic Pokot tribe; above: Lokeno says the people he volunteers to help in his native land "need basic things to help them in life."

now, the team that was to leave in February is now hoping to leave in May."

Lokeno hopes to make another trip in late summer 2009. He has made three trips in the last 10 years and each time sees progress. "[The people] are very thankful," he said. "They need basic things to help them in life. I'm able to make a difference. I'm kind of the bridge that's helping to make a difference in someone else's life." VA

By Amanda Hester

The Files Behind the Faces

VA's massive Records Management Center in St. Louis stores the military records of 18 million veterans, documents needed to establish their eligibility for VA benefits.

The family of a World War II Army Air Corps veteran wants him buried in a national cemetery.
A Vietnam veteran diagnosed with prostate cancer seeks treatment at a VA medical center.
An Air Force veteran whose hearing was damaged on the flight line hopes to have his compensation check increased.

All are entitled to VA benefits, but the law requires more than their word to prove eligibility.

Most veterans and their dependents have never seen the military records on which future benefits and

care may depend, let alone know where those files are stored.

Michael Picerno, director of New



File Clerks (left to right) John Daniels, Elgin Bailey and Zenobia Randolph sort and pitch folders in the bullpen to prepare for merging and interfiling incoming inactive claims folders that are received in the relocation shipments the RMC receives from VA regional offices nationwide.

ROBERT TURTEL



Chandra (Sandy) Thompson, a supervisor in the Customer Service Division, uses microfilm records to locate a World War I veteran's records.

ROBERT TURTIL

York's Calverton National Cemetery, is familiar with veterans' dependents lacking eligibility information at a most difficult time. "Often we're given nothing more than a person's name, a partial service number, or 'my Grandpa was on a ship during World War II'—fragmentary information at best," he said.

Proof of service could be stored in any number of government centers around the country, some run by a military service, others by VA; all will eventually end up in a National Archives facility.

More often than not, a veteran's military health record, also known as a service treatment record (STR), resides in a Veterans Benefits Administration facility within reach of veterans claims adjudicators and service representatives, veterans, their dependents and others, providing eligibility confirmation and data for a wide range of purposes.

If a VA claim has been established before, during or after discharge, a veteran's STR will usually be found in the VA regional office nearest a veteran's residence, or, for those still on active duty, at one of two processing centers in Utah or North Carolina. If no active claim ex-

ists, those records can be found at the VA Records Management Center (RMC), in St. Louis.

The RMC occupies a massive building in a three-acre complex, a former World War II small arms manufacturing facility on the outskirts of the city. Though it was established in 1992 when the first Army records were transferred to VA, the RMC's predecessor, the Records Processing Center, had existed on the site since 1966 as a VA-only storage facility.

Today, it houses the STRs, benefits claims folders, service data and discharge papers for 18 million veterans separated from the military services beginning in the early 1990s, along with VA records as old as the oldest living veteran.

The center's staff receives and tracks STRs and claims folders from service separation points. These records are reviewed, processed, stored and redistributed to requesting VA regional offices to provide proof of eligibility for VA benefits, generally within 24 to 48 hours of the VARO request.

RMC Director Patrick Prieb, an Army veteran who joined VA in 1991, describes the center's mission

simply: "Our job is to store these records so the regional offices don't have to. VBA is expanding, hiring new staff, and they need space for claims processing decision makers, not filing systems."

The center's organizational structure was established in 1995, streamlined into three divisions involved with receipt, storage and tracking, research and extract, and redistribution of records and data. Its \$13.6 million fiscal year 2008 budget covers more than 300 staff positions in administrative, support service, customer service, and VA-National Archives liaison divisions. Almost half of RMC's staff members are veterans.

Support Services Division's staff of nearly 124 is the engine that digests incoming folders and data from separation points and other sources. Employees input, consolidate and store inactive folders until requests are made. Each morning they are met with electronically generated lists for "B-prints," "FNOD-prints" and claims folder requests that have come in to the RMC overnight.

Deborah Berry, acting chief of Support Services Division, depends on three shifts of employees working round-the-clock, pulling more than 2,100 folders from the stacks for shipment to regional offices. When claims are complete, folders are routed back to the RMC, where they are re-filed in its massive storage complex.

Support Services Division's mailroom has processed nearly 2.5 million pieces of mail so far in fiscal year 2008, including incoming and outgoing folders filled with STRs (nearly half a million in any given year), claims folders and discharge papers, supplemental medical records from various sources, and written requests for records.

"We receive about 800 claims folder requests, known as 'COVERS' (Control of Veterans Records), every day. Until recently, we had a monthly average pending file of about 14,000 requests," Berry said. "Now, for the



ROBERT TURTEL

first time in our history, we've reduced our pending requests to approximately 3,000. We are quite proud of that. We've seen a lot of improvement."

While Support Services Division does the heavy lifting at the RMC, muscling folders into and out of the system and distributing them around the country, the Customer Service Division provides the smile that meets the customer.

Customer Service Division's 67-member team includes an analysis and inquiry unit and a direct service unit to deal one-on-one with requesting offices. Staffers input and track records, then respond to telephone and written inquiries.

"Inquiries come to our office by phone through the Automatic Call Distributor system," says Lattissua Tyler, chief of Customer Service Division. "Our customer service representatives answer calls, from a queue, in three minutes or less. We get calls from VA and other government offices, veterans and dependents, so my

Above: Customer Service Division Program Support Clerk Chrisantha McClendon transfers claims files to VA regional offices using the electronic COVERS system; right: Customer Service Division Program Support Clerk John Moss copies service treatment records (STRs) in response to a veteran's request.



ROBERT TURTEL

folks have to know a little bit about all the benefits VA offers to send a caller in the right direction."

In fiscal year 2007, Customer Service Division responded to nearly 109,000 telephone, fax and written requests, producing nearly 1.5 million copies of STRs and claims folder information supporting eligibility requests.

The most urgent eligibility requests are telephone inquiries from NCA offices, which are turned around within 24 hours, allowing

minimal wait times for families needing to bury veterans. Operation Enduring Freedom and Operation Iraqi Freedom service confirmation, congressional inquiries and those involving eligibility for homeless veteran programs also require immediate response.

VHA requests are usually calls to verify service and rank, but nearly every request requires pulling a folder, unless similar information was requested previously and entered into the RMC's Automatic Telephone Request System (ATRS).

ATRS is an internal system originally developed to track telephone inquiries. It proved so successful, it is now used to track and update all requests, particularly to ensure proper response to individual veterans.

The VBA Corporate Data Base includes the Beneficiary Identification and Records Locator Subsystem (BIRLS), which is used to update and

store veterans service data. All regional offices can access BIRLS.

Regional offices generate the vast majority of requests for information. "The number of files we request from the RMC ranges from 150 to 250 per day," said Barry Barker, director of the VA regional office in St. Petersburg, Fla. "Most are routine requests needed to adjudicate veterans compensation and pension claims. But we've also received requests from congressional offices to deliver a claims file for a special project or case review based on

pending legislation.”

Other federal government requesters include the military services, Social Security, IRS, State Department and government health and research centers. “The National Institutes of Health and the Centers for Disease Control have visited the RMC to specifically review medical information for research on PTSD, Vietnam service, and other specific categories,” said Customer Service Division chief Tyler.

The RMC’s records are limited to STRs and claims files, not Official Military Personnel Files (OMPF), such as records of training, unit assignments, conduct reports, disciplinary actions, and awards and decorations.

When the RMC’s records don’t suffice, extracts from OMPFs are often needed to prove eligibility. Those records are stored at the National Personnel Records Center (NPRC), a National Archives facility located six miles from the RMC. Within this sprawling five-acre complex rest 1.5 million boxes of files and microfiche OMPFs documenting the military service of more than 57 million servicemembers dating back to the 1890s.

Minimal wait times are essential to the RMC’s mission of supporting eligibility inquiries and claims adjudication, yet VA has historically met with delays in obtaining documents from the NPRC. Adding to these challenges are the effects of a devastating 1973 fire which damaged or destroyed the files of 16 to 18 million Army and Air Force servicemembers, the largest loss of archival material in U.S. history.

To expedite requests, the RMC and Archives officials signed a 1999 agreement establishing a VA Liaison Office (VALO) of 76 VA employees at the NPRC. VALO and Archives personnel respond to inquiries using the unique electronic Personnel Information Exchange System (PIES), a request/tracking system that links VA

regional offices with the RMC and VALO.

VALO has processed nearly 2 million requests since its inception. Turnaround time for requests averages just over 21 days, down from 84 days for a typical verification of service request. Such is the volume of requests and the difficulties involved with restoring and searching through the remains of folders subjected to flame and firefighter’s water and ax, before being shoveled off the still smoldering roof of the complex.

VALO Chief Yvonne Hamilton has led the VA staff at the NPRC since 2003. “We get up to 1,500 requests a day and we try to answer that many, but it doesn’t always work out

“Family members are in no condition to search their attic for eligibility information, or deal with red tape, paperwork or lengthy delays. What they need is a burial and closure.”

that way,” she said. “Some are more difficult than others, especially if they are ‘burn’ or ‘mold’ records, which are not released to us because they are so damaged. NPRC has trained some of my staff, volunteers who go into a special review area to see if the documents we need are in the folder that remains.”

Not all files are stored equally. There is a special celebrity vault, which contains the records of presidents, senators and members of Congress, as well as actors and other famous people. Elvis’ records are there. Special place, special requests and escort required, but not a special name, just “Vault Records.”

The RMC and the NPRC are two entirely different agencies with the same mission of serving veterans, though people often confuse the two. The difference is the RMC’s primary mission is to serve VA entities (primarily VBA) by housing inactive VA claims folders, ensuring access to needed medical documentation and verification to adjudicate claims in a

timely manner.


The RMC is not the final resting place for veterans’ files. When a veteran dies, his VA regional office of record sends a Notice of Death form to the RMC. Twice a year, folders for deceased veterans (XC folders) are pulled and sent to the Federal Records Centers, under National Archives jurisdiction, where they are held in perpetuity.

While VA and the Department of Defense work on developing a uniform electronic medical records system, the paper-based work of the RMC continues.

“VBA will have to rely on DoD’s paper folder for benefits for years to come, since the services still haven’t

migrated to an electronic health record,” said RMC director Prieb. “And for years after that, we’ll be here to take the calls from NCA, VHA and regional offices as older paper records still won’t translate, but those veterans will still be in our system.”

Calverton cemetery director Picerno, who manages 6,000 burials a year, knows how important the RMC’s work is. “Considering their workload from across the country, RMC works miracles,” he said. “They allow us to provide the answers families need in as little as two hours. This is done for the families, not for us at the cemetery.

“Family members are in no condition to search their attic for eligibility information, or deal with red tape, paperwork or lengthy delays. What they need is a burial and closure. That is what we turn to the RMC for. They pull needles out of haystacks. They are as good as gold.” 

By Robert Turtill

The Problem of Pain

And what two VA researchers are doing about it.

Chronic pain. There are hundreds of pills designed to temporarily stop it, stretches, exercises and massages that are supposed to alleviate it, and millions of gimmicks that claim to cure it. But for the dedicated research team at the Richard L. Roudebush VA Medical Center's Center of Excellence for Implementation of Evidence-based Practices in Indianapolis, it's a serious issue that plagues many of the returning veterans they see each day and they intend to get to the bottom of it.

Erin Krebs, M.D., is a VA research scientist who is looking into the way pain is currently diagnosed, specifically the reliability of the zero-to-10 pain screening test used to indicate the level of pain patients are experiencing. Matthew J. Bair, M.D., another VA research scientist, has led a team to develop a clinical trial called Evaluation of Stepped CARE for Chronic Pain, or ESCAPE, to test a novel combination of pain treatments. With ESCAPE, they are throwing a new weapon from the treatment arsenal at chronic pain to improve how VA treats pain, and ultimately, quality of life for patients.

The Subject and Subjectivity of Pain

For years in the medical field, whenever a patient was seen at a medical center for any reason, four vital signs needed to be checked: blood pressure, pulse, respiratory rate and temperature. Recognizing pain as a serious detriment to vitality, VA pushed for pain level to be included as a

"fifth vital sign" as early as 2001. While this led to serious consideration of a patient's pain in medical offices across the nation, the fifth vital sign has proven to be a bit of a pain for practitioners.

Blood pressure, pulse, respiratory rate and temperature are all measured in patients with sophisticated instruments displaying precise numbers that clearly fall in ranges from good to bad, or life-threatening to non-life-threatening. These vital signs are easy to read and easy to comprehend. And though pain can also be measured numerically, it is done subjectively by the patient.

Clearly, there can be a diagnosis discrepancy. At least, that is what Krebs' research shows—she recently concluded a study that found fault with the way we currently screen pain.

"We found that the pain screening test, as it is currently used, missed a lot of pain that was important," Krebs said. "As a result, we're not sure how accurate pain screening in the field really is, and we are not sure how doctors and nurses currently use it to improve practice."

Krebs and her team analyzed pain-screening scores of visits and interviewed patients to determine if the current zero-to-10 scale was an accurate tool for physicians in the field.

"We have been required to screen for pain with the numeric pain scale for some time, but we are only now doing the research. We are kind of playing catch-up to see if we have

been doing this right," Krebs said. "Before pain screening was mandated, no one looked at how accurate the numeric scale is for this purpose or whether it provides important or useful information to providers. The key here is, if we are asking a question that changes nothing in the way we treat a patient, maybe it is not the right question to ask."

Typically in the field, nurses or



TERRY MINTON

Above: "I study pain because it is frustrating that we often don't know how best to assess and treat it," says Dr. Erin Krebs; right: Dr. Matthew Bair is working to find more effective treatments for patients with chronic pain.



clinic assistants ask patients coming in to rate their pain on the scale where zero is no pain and 10 is the worst possible pain. Everyone is asked this question when they visit a medical center, regardless of the reason they are coming in or their history of pain.

“As a result of our study, I would say that as we are currently doing it, pain screening isn’t perfect,” said Krebs. “It probably misses a lot of important pain and it doesn’t distinguish between patients who have very bothersome pain and patients who are doing okay with their pain. We need to take current pain screening results with a grain of salt and continue to fully evaluate our patients so we can try to understand how pain is actually affecting them. If the pain score is low, we shouldn’t ignore the possibility that the patient has important pain. We should still ask our own questions.”

For the record, Krebs is not suggesting that VA physicians forgo the current pain-screening test, she’s

merely suggesting physicians shouldn’t trust the test completely.

“Physicians should look at that pain screening number but they should also ask questions themselves,” Krebs explained. “As it is currently used, I don’t think we can rely solely on that pain screening number to tell us whether someone does or does not have an important pain problem. We still need to talk to our patients and hear what they have to say about what symptoms are most bothersome to them.”

Krebs has further studies planned in her quest to pinpoint important pain. She does hope to improve the pain-screening process or create a new model in the future that will more accurately measure pain.

“The end goal is really to improve pain assessment in VA and in clinical practice in general. This is an early study looking at what we are currently doing and pointing out problems with our practice,” Krebs explained. “Now come the harder questions. If this isn’t perfect, what will be better? A number of VA researchers are thinking about those questions right now. We are trying to define the next step to evaluate different options for pain screening and come up with evidence-based ways to do it better.”

In the end, Krebs acknowledges that since pain is inherently subjective, it is unlikely that any machine or scale can be invented that will perfectly reflect levels of pain in the human body. But she does see improvement as being well within reach and precision pain measurement as a valuable tool for her and her fellow primary care physicians.

“I study pain because it is frustrating that we often don’t know how best to assess and treat it,” Krebs said. “When a patient has high blood pressure or diabetes, I know exactly what to do. But when chronic pain is the issue, no one can say for sure what methods really work because the research simply isn’t there. Everyone

can agree that pain is important, but we have a lot of questions left about how we should be measuring and treating it. I think that alone makes it worth exploring.”

Looking for an ESCAPE from Pain

In his four years as a primary care physician in Indianapolis, Bair has seen a lot of patients struggling with chronic pain. Patients frequently anguish over not being able to play with their children or perform simple tasks at home or work because of restrictions secondary to their chronic pain condition. While a myriad of treatment options were always available to Bair and his colleagues, there is simply no clear-cut roadmap in medicine for treating pain.

“When I see patients, I struggle myself with how to best help veterans with chronic pain and I really feel my colleagues, especially in primary care, do as well,” Bair said. “When you really look at the medical literature, there are major gaps in it for effective pain management. I want to find more effective treatments for patients with chronic pain as well as help myself and my colleagues understand how to manage pain better.”

To do that, Bair and his colleagues developed ESCAPE, a three-year study funded by VA Rehabilitation Research and Development that is currently starting and looking for Afghanistan and Iraq veterans experiencing chronic pain of the lower back, neck, hips, knees and shoulders that is at least moderately disabling in terms of activities and functional limitations.

The veterans in the study will be randomly placed into one of two groups: the intervention arm or the standard care arm. The standard care arm will provide patients typical primary and specialty care currently practiced in VA and other health care settings. The intervention arm will test a stepped-care approach that essentially tries less expensive, less invasive types of treatments first for pa-

tients. If those measures don't work, patients will be elevated to new levels of care that introduce more expensive and invasive procedures as patients continue to experience pain.

The first step of the intervention cycle lasts three months and involves optimizing analgesics, or making the best use of pain medicines. This, combined with self-management strategies such as exercise, relaxation techniques, stress management and various other strategies, will treat the physical effects of pain.

Even the first step in the stepped care process is stepped. Bair described a complex algorithm in prescribing different pain medications, from simple anti-inflammatory drugs one might find in a grocery store, all the way to opiates, with stops in between, depending on the severity of pain. Different levels of pain management strategies such as relaxation and exercise also continue on a scaled basis as patients respond positively or negatively to the process.

If the patients do not respond to the basic pain medications and self-management in the first tier of treatment, step two involves psychological therapy, specifically Cognitive Behavioral Therapy (CBT), a well-established treatment for chronic pain. Patients in the study will receive six sessions of CBT during the second tier, the idea being that stepped-care will be more effective than standard care in reducing pain-related disability and pain severity. Bair also thinks the intervention will improve quality of life for his patients and reduce psychological distress.

"There are multiple dimensions to how chronic pain affects a person," he said. "Just treating the physical aspects with pain medication is not enough. So we believe that for the most optimal treatment you do need to affect the physical aspects through pain medication, but you also have to address the cognitive and behavioral aspects with some self-management strategies, coping strategies."

While many of the patients in the study will not be dealing with PTSD, Bair believes that CBT can be useful in pain management well beyond helping veterans cope with traumatic experiences.

"It's about changing certain behaviors that lead to pain as well," Bair said. "For example, it has long been believed that when you injure your back, you are supposed to rest for five to seven days. Now we know that is some of the worst advice you could possibly give a person. Through CBT we are trying to overcome that learned behavior to avoid activity and actually substitute it with increased activity through exercise."

Of course, CBT's recognized ability to help with serious mental health issues such as PTSD, depression and anxiety won't be ignored either. Many

"There are multiple dimensions to how chronic pain affects a person. Just treating the physical aspects with pain medication is not enough."

of the hypotheses behind ESCAPE's approach to treatment are in recognition of the fact that mental health affects physical health and vice versa.

"The thing about chronic pain is that it is complex. It affects the person on multiple levels," Bair said. "There is a sensory component where you feel pain. It physically hurts, but it can also affect a person's mood and that adds to a person's pain. So there is a strong association with chronic pain and depression or anxiety disorders and that chronic pain can lead to either one, or either one can cause chronic pain. Treating both may provide the best overall pain relief for the patient."

Adding the mental health component to the physical methods of pain management in step two is what really sets the ESCAPE study apart from others. While it is a departure from the straight, physical side of pain management currently practiced in primary care clinics, it is a welcome

avenue to some of the veterans already participating in the study.


"It's how I think about the pain," said one study patient. "If I am in the frame of mind that it is bad, it's bad. I don't know what that is, but if I think it is not good ... the level of that pain actually will go up in my mind."

Though Bair is not entirely sure what to expect from his trial and the addition of mental health practices to primary care pain management solutions, he is willing to speculate that ESCAPE will have at least a moderate reduction in functional limitations, physical disability and pain severity for his patients.

"The end result of this study, I hope, will be changed lives for the patients and the physicians involved," Bair said. "Obviously, the patients will benefit from reduced pain and a

greater quality of life, but hopefully my fellow physicians will be able to look at their patients with chronic pain confidently and say, 'We have a plan.'"

The Roudebush VA Medical Center in Indianapolis is the only site for this study in VA, so patients who want to volunteer for the study will have to use services there. The Defense Department has partnered with VA and is conducting the study from Walter Reed Army Medical Center in Washington, D.C., as well.

Ultimately, 300 patients will be enrolled in a nine-month study. Veterans are on step one for three months before they are moved to step two, which also lasts three months, followed by three months of follow-up with the patients. Veterans interested in participating in the study should call ESCAPE's study coordinator, Kate Nyland, at (317) 988-4312. 

By Ryan Steimbach

A Day to Remember in South Florida

VA's 125th national cemetery is dedicated near West Palm Beach.

The scenic landscape of the cemetery grounds is hard to forget—a grass-covered field surrounded by a semitropical forest on one side and a lake on the other on a beautiful Florida day. It served as a gathering site for more than 2,000 veterans, their families and others who came together to dedicate the South Florida VA National Cemetery.

VA officially dedicated its 125th national cemetery near West Palm Beach on March 9 in a vibrant, open-air ceremony. Senior VA officials, a U.S. congressman and other dignitaries commended veterans and praised the new 313-acre cemetery that serves more than 400,000 veterans in the Miami area.

VA Secretary Dr. James B. Peake delivered a keynote address emphasizing the importance of veterans cemeteries in pursuing the VA mission and expressing his gratitude to veterans for their service. Peake called the cemetery a “timeless field of honor” and a shrine to the memory of the “people who have worn the cloth of their country, who really laid the foundation for the freedoms we have every day.”

“The opportunity to provide and maintain cemeteries and memorials to those who came before us is a sacred trust—a part of VA’s historic mission,” said VA Under Secretary for Memorial Affairs William F. Tuerk, who introduced Secretary Peake.

Rep. Ron Klein (D-Fla.), who serves Florida’s 22nd District, made brief remarks and presented an American flag that flew over the U.S. Capitol building to Kurt Rotar, the

cemetery director.

Rotar spoke about deepening the partnership between the cemetery and the local service organizations. “We expect this national cemetery to become an important facet of the community,” he said. Rotar also recognized the cemetery staff for their hard work, and the active duty, National Guard and reserve units for providing military honors during burial services on a daily basis.

One of the most striking features of the event was the volunteerism of individuals and service organizations.

cal Center also provided vital support, which included emergency medical personnel, VA police, traffic control and parking, video, photography and outreach.

The ceremony opened with the band playing “Ruffles and Flourishes,” followed by the Florida Army National Guard firing two 105mm howitzers in a 19-gun salute to welcome the official party. The joint service color guard and joint Junior ROTC color guard presented the colors.

At one point in the ceremony, the cemetery’s resident bald eagle majestically glided over the crowd prior to the scheduled flyover by a Coast Guard HU-25C surveillance jet.

Throughout the ceremony, guests were entertained by the Palm Beach Central High School Bronco Band, which played the national anthem and a medley of military service songs, among other patriotic tunes.

The ceremony concluded with the unveiling of the dedication plaque

by Secretary Peake, a rifle salute and the traditional performance of taps by Sgt. Keston Marin of the Florida Army National Guard.

The cemetery has become the final resting place for more than 2,100 veterans and their eligible dependents since it opened for burials in April 2007. Upon completion of the first phase of construction in 2009, the cemetery will include 14,000 casket sites, 3,000 columbarium niches and 9,500 in-ground cremation sites. **VA**



VA Secretary James B. Peake, M.D., second from right, unveils the dedication plaque for the South Florida VA National Cemetery. He is joined by (from left): VA Under Secretary for Memorial Affairs William F. Tuerk; Florida Department of Veterans Affairs Executive Director LeRoy Collins Jr.; and South Florida VA National Cemetery Director Kurt Rotar. GARY DALE

Prior to the ceremony, more than 100 Patriot Guard riders came roaring into the cemetery on motorcycles and proceeded to greet the guests by flanking the entryway with American flags.

A group of Junior ROTC cadets helped transport older veterans to the ceremony from a remote parking area, Girl Scouts passed out programs to arriving guests, and uniformed members of American Legion Post 164 served refreshments before and after the event.

The West Palm Beach VA Medi-

By Eugene Oleynikov

National Cemetery Volunteers: A Vital Force

The dedicated group of volunteers at the Dallas-Fort Worth National Cemetery is one of the largest at any of VA's 125 national cemeteries.

It's a cold, damp Saturday and Mary Rogers is heading to her job on the outskirts of Dallas. She works at a place many have come to regard as a National Shrine.

A stickler for promptness, she wants to get there early because people are counting on her. She knows it will be a busy afternoon. But that doesn't deter her enthusiasm; she finds her job fulfilling and rewarding even though it doesn't pay her a cent.

It also brings her close to her late husband, John, who is buried nearby.

Rogers is one of 180 volunteers who work at the Dallas-Fort Worth National Cemetery. This dedicated group of volunteers is one of the largest at any of VA's 125 national cemeteries nationwide.

While VA lauds its more than 140,000 volunteers who give more than 13 million hours of their time to VA facilities throughout the country, it is not widely known that many of these volunteers do not work at medical centers but at national cemeteries. They are a vital force.

"Of the 180 volunteers on the roster, we have a group of 40 regular volunteers that manage our public information desk eight hours a day, seven days a week," said Mickie Prendergast, volunteer coordinator at the cemetery. "We actually have volunteers on the roster waiting for an open slot so they can begin volunteering!"

Prendergast, herself a volunteer,

said that many of the 40 regular volunteers have been with the cemetery since before it opened in May 2000.

"Every Monday from 8 a.m. to noon, I'm here," said John Fisher, who has been volunteering at the cemetery since 2000. "This is payback to the community for all it's done for me."

The 76-year-old Korean War veteran tells the story of a couple that came to the information desk distraught because the veteran had lost his DD-214 and wanted to be buried

spouses and loved ones interred here and they are truly a blessing to work with," said Pemberton. "Their dedication is unparalleled by volunteer groups at VA's other cemeteries."


It's a job they take seriously and cherish.

"As a volunteer I help visitors locate specific gravesites and provide them with information on burial requirements," said Rogers. "Many lonely spouses come to the cemetery to visit with their loved ones and then stop by the information center

to talk. It's a wonderful feeling to be able to help."

"I have been volunteering at the cemetery since the beginning, even before the dedication," said John Moore, an 85-year-old veteran who volunteers every Wednesday. "I like being personally involved. I work at the information center helping families and visitors and also support the grounds crew making sure everything is maintained as it should be."

Last year, VA national cemeteries conducted more than 100,000 interments. That number is likely to increase in 2008.

And while VA is prepared to meet the ever-increasing challenges of its national cemetery system, volunteers like Rogers, Fisher, Moore, Prendergast and their fellow volunteers at the Dallas-Fort Worth National Cemetery are ready to help. 



The Dallas-Fort Worth National Cemetery relies on faithful volunteers like (left to right) John Fisher, John Moore and Mary Rogers.

NANCY GRAY

there. After Fisher helped him, the tearful veteran hugged him in gratitude for the help he had received. "That is what makes my job worthwhile," said Fisher.

"Having volunteers who continually give of their time to help us accomplish our mission is priceless," said Cemetery Director Ron Pemberton, who oversees a full-time staff of 27 and whose cemetery conducts more than 3,100 burials annually.

"Some of these volunteers have

By Jessica Jacobsen and Lana Shuman

National Salute 2008



ROBIN CRONSHAW



PAM ENSOR



HARRY PULSCHEN



DEBRA RUSSELL



WALT CODY



SCOTT KRUEGER



RICK MILANICH

Clockwise from bottom left: Actor Mike Vogel, chairman of this year's National Salute to Hospitalized Veterans, meets patient Kimberly Breen during his visit to the Baltimore VA Medical Center; Legendary R&B group Little Anthony and the Imperials celebrated their 50th anniversary in show business at a special Valentines for Veterans Concert Feb. 14 in Prescott, Ariz., sponsored in part by the VA Voluntary Service Committee at the Northern Arizona VA Health Care System; A chorus from P.S. 14 in the Bronx performed at the nursing home care unit at the Bronx VA Medical Center and handed out valentine cards and gifts to residents, including Luis Tua Segarra; Four members of the Shaw Air Force Base Honor Guard visited Harry S. Younger and other patients receiving dialysis at the William Jennings Bryan Dorn VA Medical Center in Columbia, S.C.;

Members of the Shriners Jericho Highlanders bagpipers performed and visited patients at the VA medical center in Mountain Home, Tenn.; "Pork Chop," mascot for the University of Arkansas Razorbacks, visited patients at the Fayetteville VA Medical Center, including Richard King; University of Wisconsin Men's Basketball Coach Bo Ryan, the UW Spirit Squad Dancers and Marines visited Russ Eilders and other patients at the VA medical center in Madison.

FLITE: Offering Employees an Easier Way to Get the Job Done

When Kathryn Niederjohn, a biomedical engineer at the Milwaukee VA Medical Center, looks ahead to the arrival of FLITE, she sees all of her procedures available online with “everything at my fingertips.” She sees her work orders organized and prioritized automatically. And when a piece of biomedical equipment needs to be updated, FLITE will have been monitoring which parts are needed and will place the order for her. As an Internet-accessed system, FLITE will come with interfaces that will make it a lot easier for Niederjohn to automatically produce reports that today she must manually pull together.

Derry Bowling, of Jefferson Barracks National Cemetery in St. Louis, is also looking forward to the reports capability of FLITE. He now has to manually produce important ad-hoc reports, like the yearly inventory of “green” recycled products. With FLITE, these reports will be produced for Bowling automatically.

Luis Flores, of the Accounting and Loan Administration Center in Austin, works on quite a few different systems now and is looking forward to seeing them integrated under FLITE. Flores says that the Financial Management System, or FMS, is 15 years old. Having an up-to-date Web-based system will mean that he can do more timely research and eliminate a lot of the manual transfers he must currently make from other systems.

For Niederjohn, Bowling, Flores and thousands of other VA employees, work will become easier and more efficient through an initiative now in

development called FLITE, the Financial and Logistics Integrated Technology Enterprise.

For several years, financial performance audits have identified the lack of an integrated financial management system as a VA business weakness. The FLITE program will concentrate on two of the most important VA business elements: financial systems and asset management. Merging these systems in a streamlined way will give VA management access to department-wide point-of-use expenditures captured in a single database.

The database will support the roll-up of costs and statistical analysis of data throughout VA and produce more accurate and timely reports. Niederjohn, Bowling, Flores and many other employees will be able to turn on their computers in the morning, be greeted by modern Web-based systems and, for the most part, enter data only once into systems that will seamlessly transfer and track it.

When Deputy Secretary Gordon H. Mansfield spoke recently about FLITE, he stressed the importance of making sure VA's business practices and support systems are as efficient and reliable as possible. Mansfield said that the FLITE system will allow for better control of finances and assets as well as a better reporting system. He characterized FLITE as a way to do a better job of managing and called on senior leaders to embrace the system. It “makes good business sense,” he said.

FLITE has two components. The Strategic Asset Management (SAM) System is expected to begin its pilot program at the Milwaukee VA

Medical Center this fall. The other component of FLITE, the Integrated Financial Accounting System (IFAS), is expected to begin its pilot program in spring 2009. VA personnel who work within the business areas of financial management, asset management, logistics, accounting, purchasing, budget, funds control, real property, inventory and financial systems will become more efficient and effective through the capabilities provided by FLITE. FLITE will affect almost everyone in

VA serving veterans.

You can learn more about FLITE on the VA Internet at www.va.gov/FLITE or on the VA Intranet at vawww.va.gov/FLITE. You can also ask questions, offer comments and request status updates regarding FLITE. Just submit a question or comment to the AskFLITE box on the FLITE Intranet site or directly through Outlook at AskFLITE@va.gov. Or you can contact the FLITE program director, Leslie Abbott, at leslie.abbott@va.gov or at (202) 461-6161. [VA](#)



Bob Dole, center, with Deputy Secretary Gordon Mansfield, left, and Secretary James B. Peake, at VA Central Office.

Bob Dole Shares ‘One Soldier’s Story’

Former Kansas Senator and World War II hero Bob Dole was at VA Central Office on Jan. 29 to talk about his bestselling memoir *One Soldier’s Story*, in which he describes his experiences as a soldier on and off the battlefield.

The book offers a message of hope and survival. During World War II, Dole was a platoon leader with the 10th Mountain Division in Italy and is a recipient of two Purple Hearts and a Bronze Star with Oak Leaf Cluster.

With his characteristic candor and wit, Dole talked to the audience of headquarters employees about his early life, his military service, his fight to return to normalcy after suffering a debilitating injury in the war, his political career, and his long-time service to veterans, which continues today.

Dole’s visit was the third offering in the VACO Book Forum series, a collaborative effort of the VACO Library, VA Learning University and Canteen Service to bring authors to Central Office to speak about their books. [VA](#)

Oldest Known American Veteran of WWI Honored at Pentagon

Frank Woodruff Buckles, 107, the last known living American-born World War I veteran, was honored at a Pentagon ceremony on March 6. The ceremony included the unveiling of an exhibit of World War I veterans' portraits by photographer David DeJonge.

"I feel honored to be here as a representative of the veterans of WWI and I thank you," said Buckles, who lives on his family's cattle farm near Charles Town, W.Va., and was one of the eight men and one woman whose portraits are included in the exhibit. Family members joined him at the ceremony.

DeJonge worked with VA to identify, contact and document the nine World War I veterans. He began the project in 2006; seven of the nine have since died. The other surviving veteran, John F. Babcock, of Spokane, Wash., is a native of Canada who served in that country's army during World War I, and later served in the U.S. Army. He became a U.S. citizen in 1946.

"History is fading away before the very eyes of America," DeJonge said during the ceremony. He donated the exhibit for permanent display at the Pentagon.

Defense Secretary Robert M. Gates praised the portrait project for raising public awareness of a war that "is not well understood or remembered in the United States," noting there is no national memorial on the Mall in Washington, D.C.

"We cherish the chance to say thank you in person to Cpl. Frank Buckles," said Gates. "Whoever views this display will, I am sure, feel a connection to Mr. Buckles



World War I veteran Frank Buckles' portrait is unveiled during a Pentagon ceremony March 6. Looking on are (left to right): Defense Secretary Robert M. Gates, photographer David DeJonge and Army Secretary Peter Geren.

and his comrades in arms. We will always be grateful for what they did for their country 90 years ago."

Buckles lied about his age to join the Army in 1917 at the age of 16. The Missouri native served as an ambulance

driver in France and Great Britain during the war.

Earlier in the day of the Pentagon ceremony, Buckles met with President Bush in the Oval Office. He shared some anecdotes with the President, including the one about

the time he got to meet John J. "Black Jack" Pershing, the legendary WWI general. Late in the day, Buckles also visited the World War I memorial in Washington, D.C., which was built to honor local veterans of the Great War. **VA**

VA Careers Web Site Launched

The new VA careers Web site—www.vacareers.va.gov—was launched on Feb. 14. Its theme is "One Source – One Solution" and its enhanced features include the ability to do the following:

- access streamlined search criteria that help you select career opportunities by occupation, internal merit promotion, geographic location, series and grade;
- enjoy improved customer support to answer inquiries about job announcements, qualifications, benefits and application requirements;
- learn about valuable scholarship programs, employee benefits and legislative issues pertaining to employment; and
- create your profile, manage your resume, access required forms and get e-mail alerts in your career interests as jobs become available.

The target audience for the new Web site includes:

- current VA employees looking for new and exciting career opportunities throughout the entire VA system;
- potential Executive Career Field or Senior Executive Service applicants; and
- individuals looking to start a VA career.



Job Shadow Day Gives Students an Inside Look at Federal IT

The Office of Information and Technology (OI&T) hosted the second annual Information Technology Job Shadow Day on Feb. 7 at VA Central Office in Washington, D.C. Seven high school students from Marshall Academy in Falls Church, Va., participated in the daylong session, which included members of VA's top management in the IT field.

The program is an academic activity designed to give students the unique opportunity to observe the federal IT workforce up close. Through hands-on experience, students learn about OI&T and "shadow" IT professionals through their workday. The program encourages students to pursue federal careers in the IT workforce.

After a brief welcome from VA's Executive Employee Recruitment Office, the students were assigned a mentor. Some mentors, like Arnaldo Claudio, executive director, Oversight and Compliance, offered more than just career advice. "You can set your goals at a slower pace because you're very young, so you have time. But time is of the essence," he warned. "Go through it with passion. If you find something you are comfortable with, stick with it."

The students spent time with their mentors, got hands-on experience, learned tips of the trade, and observed VA systems and programs. At a roundtable discussion, several IT employees discussed how they deal with Freedom of Information Act requests, VA data theft incidents, and how they got into the IT field.

After lunch, former OI&T interns, now VA employees, spoke to the students



Charles Ashley, center, and Socheath Eap, right, were among the students participating in IT Job Shadow Day at VA Central Office with Office of Information and Technology staffers like Dirk Barrineau, deputy director, Certification Program Service.

about how they can parlay an internship into a career. Janine Lafayette, IT specialist, spoke to the students about motivation in the workplace. "Explore! Find what part of IT you like. During your internship, make mistakes. Find out what your passions are, focus, learn, develop and grow. If you don't like it, you can move around. Get a detail. Take every opportunity, even if it's not in the IT field, to build your character."

Later in the afternoon, the students received a tour of the Section 508 Compliance Lab and the Omar Bradley Conference Room.

Peter Kalis, a 17-year-old senior from Langley High School in McLean, Va., is prepared to jump right into the IT field. Already a Microsoft Certified Professional, he is hoping to get an internship as well. "We got to meet with people who were in our shoes not too long ago," he said.

"That was really helpful."

Charles Ashley, a 17-year-old senior from George C. Marshall High School in Falls Church, Va., was impressed with his mentor's knowledge

of software programs. "I learned a lot of useful skills," he said. "The people here have a passion for what they do and they all seem to love their jobs." **VA**

Search Gets Underway for New Under Secretary for Benefits

A 10-member commission has been formed to recommend candidates for the post of under secretary for benefits.

VA's under secretary for benefits directs nearly 15,000 employees and administers a budget of more than \$45 billion, mostly for disability compensation and survivor benefits. The under secretary is also responsible for VA's educational assistance, insurance program and pensions.

"I have asked Deputy Secretary Gordon Mansfield to lead this important effort," said VA Secretary James B. Peake. "With a new generation of combat veterans re-

turning from Afghanistan and Iraq, the search commission must ensure we fill the under secretary's job with a person having the right skills, experience, vision and commitment to our nation's veterans."

The new under secretary will replace retired Navy Vice Adm. Daniel L. Cooper, who resigned recently after six years on the job. Cooper had been the longest serving under secretary for benefits in VA's history. Patrick Dunne is the acting under secretary.

The under secretary for benefits is a non-political appointee, subject to Senate confirmation, who serves at the

Portray Woods

Portray Woods' smile is as big as his heart. Woods, a customer service greeter at the Richard L. Roudebush VA Medical Center in Indianapolis, suffered a traumatic brain injury (TBI) in April 2004 from an improvised explosive device blast in Iraq that killed seven other soldiers. It's remarkable that he's even alive.

In a coma for two months, Woods awoke to find himself in the Minneapolis VA Polytrauma Rehabilitation Center. The first thing he saw: his then 4-year-old daughter singing "You Are My Sunshine" to him. Unable to speak or respond to commands, Woods faced a long road ahead.

In 2005, after a successful surgical procedure to relieve pressure on his brain, Woods entered outpatient therapy services at the Roudebush VAMC. Going three times a week to speech and occupational therapy, Woods has reached many milestones originally thought impossible. In the fall of 2006, he began working with the Polytrauma Vocational Rehabilitation Service to explore re-entry into the work force.

Last January, at the suggestion of his multidisciplinary treatment team, Woods began volunteering at the medical center. Currently,

Woods, 36, spends three days a week at the front desk, answering phones and personally escorting incoming patients to their destination. He now believes it was the best decision he's ever made. "I love what I'm doing," he said. "The best part of my job is helping people out. Now, I'm happy."

In his free time, Woods visits injured Operation Enduring Freedom/Operation Iraqi Freedom soldiers receiving TBI treatment at the VAMC. By relating his own story to them, he encourages them to succeed. "I let them know, don't give up, just keep your head up," said Woods. "They are going through the same thing I went through and I made it. So can they."

What most people don't know is that Woods is also an amputee. He lost his right arm and left thumb in the explosion. A former right-handed person, Woods has discovered a surprising side effect of using his left hand: "I now have neater handwriting as a left-hander!"

But trying to adjust to a world made for two hands has proved challenging. In his therapy sessions, he has learned to tie his shoes, first with just his left hand and then by using his left hand and his prosthetic arm. The prosthetic arm, which mirrors



Portray Woods works the phones at the VA medical center in Indianapolis.

a real arm with veins, skin coloring and even hair, is so authentic that most people who meet him don't even realize it's fake.

A promising high school basketball player, Woods earned an athletic scholarship to Southern Illinois University, receiving an associate degree in science. One of Woods' dreams is to eventually play basketball again, though left-handed this time. He later completed a bachelor's degree from Trinity University in Germany while serving in the Army. In 2005, after 12 years of service, he was medically discharged as a sergeant first class, earning both a Purple Heart and a Bronze Star.

A divorced father of two small children, Woods is an encouraging figure in their lives. "We talk all the time about their future," he said. "I

tell them, 'you can do anything you want to do. Don't be like me, be better than me.'" Woods is optimistic about the future, and that shapes his outlook on life, too. "I'm learning—I know I can't do what I used to do, but I can adapt."

Robin Paul, polytrauma vocational rehabilitation specialist, has worked with Woods since October 2006. "Portray exhibits the attitude of a true American hero," Paul said. "Despite his long and continual road to recovery, every day he says 'it's all good.' He is truly representative of veterans serving veterans, and loves the opportunities he has to help others. He has certainly helped me stay focused on what's really important, and he is the heart of why I love working for the VA." **VA**
By Amanda Hester

VBA search panel (cont.)

pleasure of the President. Candidates must demonstrate ability both in fiscal management and in the administration of programs of the Veterans Benefits Administration or of similar content and scope.

Under federal law, the search commission must recommend at least three candi-

dates to the Secretary of Veterans Affairs, who forwards the list to the President along with any recommendations.

Members of the commission, in addition to Deputy Secretary Mansfield, include Brian Chappelle, president of Potomac Partners and former executive vice

president of the Mortgage Bankers Association; Charles Rowe, president of the National Association of State Approving Agencies; Fran Hackett, from the Office of Servicemembers Group Life Insurance; John F. Sommer Jr., executive director of the American Legion; Homer

Townsend, acting executive director of Paralyzed Veterans of America; James Bombard, chairman of VA's Veterans Advisory Committee on Education; Tim S. McClain, former VA General Counsel; Guy McMichael, former VA acting under secretary for benefits; and Cooper. **VA**

Study Shows Flat Growths on the Colon Can Turn into Cancer

While the majority of colon cancers were thought to develop from polyps, a new VA study challenges that and points out that so-called non-polypoid (flat or depressed) lesions in the colon are also likely to turn into cancer.

Published in the March 5 issue of the *Journal of the American Medical Association*, the study reports that such lesions were present in almost 10 percent of people screened for the study, and that these lesions were 10 times more likely to be cancerous than polyps were.

“Colorectal cancer is common, it is preventable, and it can be prevented even better,” said the study’s lead author, Dr. Roy Soetikno, chief of gastroenterology at the VA Palo Alto Health Care System in California. “Not all colon cancers are created equal, and doctors will now start looking for those that aren’t so obvious.”

The good news is that with current colonoscopy technology, doctors can find and remove these lesions. The bad news is that virtual colonoscopy (CT colonography) is not yet sensitive enough to pick up these dangerous lesions.

Previously, experts believed that these non-polypoid lesions were mainly found in people of Japanese descent, and U.S. doctors weren’t specially trained to look for them. Soetikno and his colleagues underwent training with specialists from Japanese endoscopy centers to learn to better detect these potentially precancerous lesions.

Using their new knowledge, the VA researchers searched for non-polypoid lesions among 1,819 veterans

who were already scheduled to undergo standard colonoscopy. The average age of the study participants was 64, and 95 percent were male. And most—79 percent—were white.

The researchers found that 764 people (42 percent) had at least one unusual colorectal growth. One hundred and seventy (9.35 percent) had non-polypoid colorectal lesions. Eighty-one of these people had both polyps and non-polypoid lesions.

Soetikno said that in a general screening, the chance of finding a polyp is about 30 percent, and that doctors are about five times more likely to find polyps than non-polypoid lesions. But non-polypoid lesions are far more likely to be cancerous than polyps are. The new study found the odds were 9.78 times higher that a non-polypoid lesion would be cancerous than a polyp.

Generally, non-polypoid lesions can be removed at the time of a colonoscopy. Soetikno said that if the lesion is completely flat, you’ll probably need to go to a more experienced center to have it removed.

Dr. David Lieberman, chief of the division of gastroenterology at Oregon Health & Science University and the Portland VA Medical Center and author of an accompanying editorial in the journal, said, “I think this study will be very enlightening for the [gastroenterology] community. It points out that the non-polypoid lesions are found in the U.S., and that they can be somewhat ominous because they carry a reasonably high risk of cancer.”

Both Soetikno and Lieberman stressed that this study’s findings don’t mean that a colonoscopy isn’t useful.

It definitely is, at both screening for and preventing colorectal cancer, the second leading cause of cancer death in the United States.

“Colonoscopy is a very good tool. It’s not perfect, but it’s a good tool,” Lieberman said. “This study emphasizes the need for a high-quality examination with a fully-trained endoscopic technician,” he added.

VA Research Project Launched into Space Aboard the Shuttle Endeavour

“*Salmonella* in Space.” No, it’s not a sci-fi B movie. It’s a VA research project aboard the International Space Station that may lead to a vaccine to prevent *Salmonella* poisoning.

The space shuttle Endeavour transported the project to the International Space Station March 11. When the research package returns to earth, VA investigators and other researchers will use it to develop a *Salmonella* vaccine with the potential to save many lives and billions of dollars.

The project came about through the teaming of VA researchers with investigators from the National Space Biomedical Research Institute, Duke University Medical Center, the Baylor College of Medicine, the University of Colorado at Boulder, Germany’s Max Planck Institute, and a commercial industry sponsor, SPACEHAB Inc.

Previous research has identified several genes that weaken *Salmonella* when they are removed from the host. One of these weakened strains may be suitable to use in a vaccine, but the *Salmonella* organism quickly loses its infectious characteristics under normal earth-bound test environments, making it difficult

to study. Researchers believe the microgravity of space can bring about key genetic changes in cells that affect the ability of the organism to invade human tissue and cause disease.

To induce these changes, minute worms will be grown from eggs onboard the space shuttle. While in space, these worms will be fed *Salmonella*. The extent of damage will be measured when the worms are returned to Earth, helping to identify which of the weakened strains is the best to use in a vaccine.

“This represents a new approach to vaccine development, as it is the first time a living organism has been in-



A VA research project bound for the International Space Station was onboard the shuttle Endeavour when it launched into space March 11.

NASA

ected in space to study its immune response,” said Timothy Hammond, lead VA investigator on the project from the Durham VA Medical Center in North Carolina.

Salmonella infection is the most common form of food poisoning in the U.S. VA

Cuddly comfort for patients



Salem VA Medical Center patient Ernest C. Gibson Jr. and ICU Nurse Kris Bivens, R.N., with the Spinoza Bear.

The Restraint Reduction Team at the VA medical center in Salem, Va., was recently challenged with reducing restraint use within the medical and surgical units. The team researched evidence-based literature, explored options and alternatives, and came up with the use of the Spinoza Bear at the suggestion of Music Therapist Beth Woodward. The Spinoza Bear is a soft, cuddly teddy bear who loves to be hugged and will carry on a conversation in either English or Spanish. Ann Benois, chief of Voluntary Service, found a sponsor to purchase the bears. The Lions Club purchased two bears—named Yogi and Boo Boo—that are now used to comfort patients who are agitated, have cognitive memory disorders, or are on ventilators in the intensive care unit. In addition, family members can record their own tapes with stories and memories designed to comfort their relative.

75 years of service at Canandaigua VAMC

The Canandaigua VA Medical Center in New York recently celebrated its 75th anniversary in grand style. Almost 250 people showed up for the festivities, which included music, a video history of the medical center, tours and dancing. On display for the ceremony was a gingerbread replica of the medical center, an assortment of clocks made by veterans, and a performance by the 98th Division Army Reserve Band featuring patriotic tunes. In addition, Rep. Randy Kuhl (R-N.Y.), offered a House resolution to honor the VAMC for its 75 years of dedicated service to area veterans. Kuhl says the Canandaigua VAMC has “a long history of providing exceptional psychiatric treatment to our nation’s bravest heroes.” The medical center, which sits on 171 acres, broke ground in 1931 and officially opened in 1933.

85th anniversary celebration at Tuskegee VAMC

On Feb. 12, national, state and local officials joined Tuskegee VA Medical Center staff, volunteers and patients to celebrate the historic Alabama facility’s 85th anniversary of service to veterans. The special program and reception featured the Tuskegee University Concert Band, ROTC Honor Guard and several veterans of the renowned Tuskegee Airmen.

Shortly after World War I, Congress authorized building a hospital to care for the more than 300,000 black veterans in the region who were having difficulty receiving quality care. The Hospital for Sick and Injured Colored World War Veterans was constructed at a cost of \$2.5 million on more than 450 acres of land adjoining the Tuskegee Normal and Industrial Institute campus. In a Feb. 12, 1923, ceremony officiated by then-Vice President Calvin Coolidge, management of what was the third largest of the 19 hospitals being erected by the government at that time, was transferred to the Veterans Bureau. [VA](#)



Martinsburg VAMC staff celebrate with Frank Buckles and his caregiver, Linda Binder.

107 ‘candles’ for Frank Buckles

Frank W. Buckles, the oldest known U.S. World War I veteran, turned 107 on Feb. 1. To celebrate, the staff at the VA medical center in Martinsburg, W.Va., where Buckles receives outpatient care, decided to throw him an early birthday party. Held at the medical center’s Audiology and Speech Pathology Service on Jan. 28, the celebration was a surprise for Buckles. Accompanied by his caregiver, Buckles came in for a hearing aid adjustment and met with audiologist Rene Donley. After his appointment, he was greeted by employees and volunteers and taken to the small birthday party, which included a balloon bouquet, cake and punch. At the party, Ann R. Brown, Martinsburg’s new director, met Buckles for the first time. During the celebration, Buckles, an Army veteran, spoke excitedly of his upcoming birthday plans with family and friends.

Cardiology leader in Houston

Blase A. Carabello, M.D., Medical Care Line executive at the Michael E. DeBakey VA Medical Center in Houston, was recently selected as the new president of the Association of University Cardiologists (AUC). A chairperson of the Program Committee of the Council on Clinical Cardiology, Carabello is the Moncrief Professor of Medicine and vice chairman in the Department of Medicine at Baylor College of Medicine and a founding member and immediate past president of the Society for Heart Valve Disease. Listed as one of the best doctors in the nation in the field of cardiovascular disease in 2007 by the medical knowl-



Carabello

edge company Best Doctors Inc., he is the author of more than 200 peer-reviewed and invited journals and publications. Founded in 1961, the AUC limits membership to 125 academic American cardiologists, elected by their peers, whose members try to shape the course of research and training in cardiovascular disease.

Taking top honors in health services research

David A. Asch, M.D., is the recipient of the 2008 Under Secretary's Award for Outstanding Achievement in Health Services Research. This award recognizes a VA researcher whose work has led to major improvements in the quality of veterans' health care, has made key contributions to the future of health services research through excellence in training and mentorship, and has enhanced the visibility and reputation of VA research through national leadership.

Asch has nearly 20 years as a VA health services researcher and is the co-director of Health Service Research and Development's Center for Health Equity Research and Promotion (Pittsburgh/Philadelphia). He practices internal medicine at the Philadelphia VA Medical Center and teaches health policy at the Wharton School at the University of Pennsylvania. Asch received his bachelor's degree from Harvard University, his medical degree from Cornell University and his MBA in health care management and decision sciences from the Wharton School.

Excellence in health care ethics honored

The 2007 William A. Nelson Award for Excellence in Health Care Ethics was presented to Jessica Steckler, R.N., at the VHA National Leadership Board meeting on Jan. 15. Steckler is an education specialist and instructional systems specialist in the Employee Education System and Education Resource Center at the VA medical center in Erie, Pa. Throughout her 26-year career with VA, Steckler has provided outstanding leadership in clinical ethics education, consultation and policy development. Since 1988, she has served as chair of the Ethics Committee at

the Erie VAMC, providing crucial guidance on the implementation of ethics strategies and policies.

The award, given annually, recognizes VHA employees whose career exhibits the highest standards of excellence, dedication and accomplishment in the field of health care ethics. It honors Nelson, who retired in 2003 after 30 years of federal service during which he was instrumental in promoting ethical health care practices throughout VHA.

Bronze Star for Iron Mountain VAMC physician

An emergency medicine doctor from the VA medical center in Iron Mountain, Mich., has been honored by the U.S. Army. Lt. Col. Edward A. Perez-Conde, 47, was awarded the Bronze Star Medal for exceptionally meritorious service from June 5, 2005, to Sept. 3, 2005, while serving as the Battalion Surgeon for Task Force, 3rd Battalion, 116th Brigade Combat Team during Operation Iraqi Freedom. While serving in Kirkuk, Iraq, Perez-Conde volunteered to be on the Quick Reaction Force because of the critical shortage of combat medics, participating in several rescue missions supporting combat operations.

A native of Puerto Rico, Perez-Conde joined the U.S. Army Reserve shortly after Sept. 11, 2001. Perez-Conde is board-certified in emergency medicine and completed military training as a flight surgeon in August 2007. The Bronze Star is the 9th highest military award (including both combat and non-combat awards) in the order of precedence of U.S. military decorations. VA

Prestigious award for researcher

Scientific American magazine announced in its January issue that Dr. Robert Rohwer, a researcher at the Baltimore VA Medical Center, will receive the prestigious Scientific American 50 Award. Listed 31st of the 50 recognized, Rohwer is honored for his groundbreaking research to develop a protective "filter" that might be able to purge red blood cells of disease-causing protein particles, called prions. For the past 30 years, Rohwer has conducted research on the transmissible spongiform encephalopathy (TSE) diseases, including Creutzfeldt-Jakob disease (the human form of mad cow disease)



Rohwer

and scrapie, which infects sheep and goats. Rohwer consults on the management of TSE risks for the World Health Organization, the European Commission, Health Canada, the U.S. Food and Drug Administration, the American Red Cross, the U.S. Department of Agriculture, and numerous commercial clients in biotechnology, pharmaceuticals, agribusiness and related industries.

Coming to the aid of a crash victim in Connecticut

En route to the VA Connecticut Healthcare System's West Haven campus on Dec. 20, Penny Vasilas, R.N., surgical case coordinator, saw an overturned vehicle down a highway ramp embankment. The wrecked vehicle's engine was smoking as Vasilas pulled over to ask bystanders if there were any injuries. They told her there was an unconscious man trapped inside the vehicle. Vasilas gained entry into the wreckage through the broken rear windshield and saw the elderly driver suspended by his seatbelt.

As the car filled with smoke, she checked the unresponsive victim and found a rapid pulse. Concerned that the smoldering engine might catch fire, Vasilas made the decision to move the victim to safety. She managed to unlatch his seatbelt and lower the man down. With the help of two other bystanders, she was able to break the front windshield, allowing fresh air into the

Just in time to save a life

A planned early morning trip to the gym on Feb. 15 led to an unexpected workout for Alexandria, La., VA Medical Center's Chief of Pharmacy Paul Moreau. As he set out from home, he spotted a car with an elderly woman behind the wheel driving on the sidewalk, heading towards him against the flow of traffic. He turned his truck to follow her as she drove erratically through yards, and called 911 on his cell phone for help. Moreau stayed on the line with the dispatcher, flashing his lights at oncoming cars endangered by the driver, who remained oblivious to all traffic patterns and signs.

She eventually ran up on and was stopped by a dirt mound. Moreau ran to her and urged her to stop driving, saying that help was coming. He then headed back to his truck to move it out of traffic. The woman suddenly sped off again, running down a mailbox and heading straight into the waters of a murky bayou. Moreau jumped into the cold, muddy water and swam out to the car. With doors and windows locked, water began seeping into the woman's car. Moreau tried unsuccessfully to bash in the rear window with a T-post from his truck. The woman finally hit the window button, creating a crack just large enough for Moreau to reach in and lower it further. He was eventually able to pull her out of the sinking car.



Moreau

Averting a tragedy on the line

The speech of the caller on the end of the line was "groggy and slurred," according to Deanna Kruk, medical support assistant at the VA Western New York Healthcare



Sargent (left) and Kruk

System's Primary Care Clinic in Buffalo. She asked for his name and the last four digits of his social security number. He gave her two different sets of numbers and the name he spoke was unintelligible. The caller mentioned a provider's name and said, "I'm taking care of my pain myself. I just took all my pills." Then he hung up. Kruk quickly phoned clinical psychologist Dr. Erica Sargent and relayed what had just transpired. After multiple entries of letters and numbers and connecting all the details, the identity of the patient was determined. A call was made to the veteran's house, but there was no answer. The police were then called and responded immediately to the veteran's house. He was taken to the hospital. "This situation really shows us that suicide prevention is everyone's business," said Joan Chipps, suicide prevention coordinator at the Buffalo medical center. "We never know when or where a call like this will come in. Deanna's quick thinking and teamwork approach saved this man's life."

car. After assessing the victim for blunt trauma and bleeding, Vasilas loosened his clothing and the man regained consciousness. Emergency personnel soon arrived on the scene and took over care of the victim. After a call and visit with the victim at the hospital, Vasilas learned that he did not suffer any major injuries. During the visit, Vasilas also learned that the victim is a volunteer at the West Haven campus.

Helping a fellow employee in crisis in Atlanta

Responding to a call for help, Debra Markart, program support assistant in Biomedical Engineering at the Atlanta VA Medical Center, ran to find a fellow employee lying near the doorway of a maintenance shop. Markart checked to see if he was breathing and had a pulse. She then ran to the Biomedical Engineering shop and told someone to call an emergency code, that someone was down with a possible heart attack. Returning to the victim, Markart tilted the man's head back to assure a clear airway and checked for a pulse. She shook him to keep him as responsive as possible. A short time later the emergency response team arrived and took over resuscitation efforts. VA

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