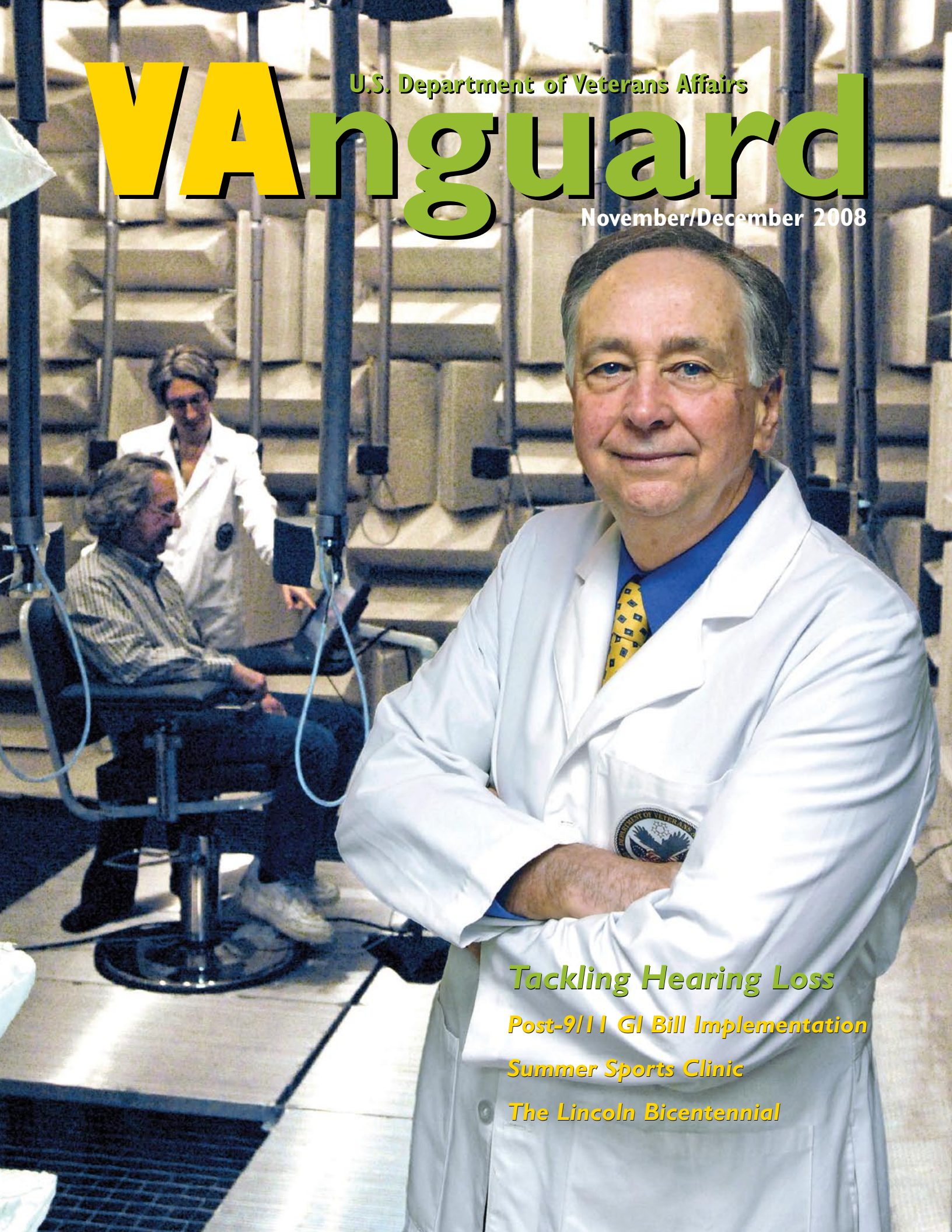


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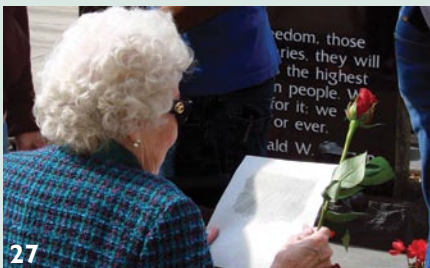


Tackling Hearing Loss

Post-9/11 GI Bill Implementation

Summer Sports Clinic

The Lincoln Bicentennial



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On the cover

Dr. Stephen Fausti directs VA's National Center for Rehabilitative Auditory Research at the VA medical center in Portland, Ore. One of VA's 14 Centers of Excellence, the NCRAR conducts research for hearing rehabilitation, education, professional training and technology development. Hearing loss is a growing problem in the veteran population, both among aging veterans and returning veterans exposed to blasts. *photo by D. Michael Moody*



ROBERT TURTEL

The first of 50 mobile counseling centers being assigned to vet centers around the country was on display on Capitol Hill and at VA headquarters in October.

Fleet of Mobile Counseling Centers to Deploy Across America

VA unveiled the first of 50 mobile counseling centers for use by vet centers on Oct. 23 at headquarters. Each vehicle

will be assigned to one of VA's existing vet centers, enabling the center to improve access to counseling by bringing services

closer to veterans.

The 38-foot motor coaches, which have spaces for confidential counseling, will

carry vet center counselors and outreach workers to activities and events to reach veterans in broad geographic areas, supplementing VA's 232 current vet centers, scheduled to increase to 271 by the end of 2009. The vehicles will also be used to visit events typically staffed by local vet center employees, including homeless "stand downs," veteran community events, county fairs, and unit reunions at sites ranging from Native American reservations to colleges.

While the vehicles will primarily be used in the delivery of readjustment counseling services, the local vet center manager may arrange with VA hospitals or clinics in the region to provide occasional support for health promotion activities such as health screenings. The normal counseling layout can be converted to support emergency medical missions, such as hurricanes and other natural disasters. The fleet will be activated over the next three months. [VA](#)

Need VA Images, Audio or Video for a Presentation? Medical Media Services Can Help

The VHA Medical Media Development Network is a consortium of more than 300 professionals in the fields of visual information, audio-visual production and medical photography. The group is composed of employees who work in Medical Media Services at VA medical centers throughout the country. They provide media services while creating products in support of direct patient care, continuing education, training, patient health education, research and public relations.

A partnership with the Employee Education System has worked to preserve and share much of the work done in Medical Media Services. MediaNet (vaww.mam.lrn,

va.gov) is the Department's digital media archive. It contains more than 17,000 photos, illustrations, animations, audio, text and video files that can be downloaded and used by any VA employee. Files are



contributed by medical media producers, public affairs staff, educators, and many others. The collection is growing daily, and most files have no usage restrictions. The MediaNet catalogue does not include any patient information.

"This really shows the

level of talent that we have in the VA," says Bill Browning, chair of the VHA Medical Media Council, a seven-member panel of media professionals who provide guidance and advice to the employees

of Medical Media Services.

"If you are putting together a presentation and need images, audio or video that are exclusive to the VA, then MediaNet is the place to go."

The Medical Media Development Network recently offered contests to its members

to provide a snapshot of the work being done in Medical Media Services. Two competitions were announced over the summer—the first was for a redesign of the Medical Media Development Network's logo and another that would feature work by photographers. One of the main criteria of how each entry was judged was how it represented the work that Medical Media Services provides. More than 50 entries in the logo design contest were reviewed and the judges selected the design submitted by Kim Chapman, visual information specialist at the Milwaukee VA Medical Center. Check out the winning photo on the back page of this issue of *VAnguard*. [VA](#)



Reflecting on Our Accomplishments This Past Year

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

Veterans Day has passed with the whole nation focused on those we serve and we celebrated Thanksgiving with an appreciation for the blessings we have as citizens of this country. As the New Year approaches, it is a good time to reflect on the contributions that you have made, are making and will make in the future.

Our critical mental health services have been strengthened and coordinated to ensure that all combat veterans enrolled in VA health care are screened for PTSD and TBI and provided necessary follow-up. Our vet centers are busier than ever, providing community-based counseling for combat veterans of all eras. We are adding more vet centers and we are launching a fleet of counseling vans to extend their reach to even the remotest areas.

Increased access to care has been a focus of VA operations and that will continue. New vet centers, new community-based outpatient clinics, and new applications of telehealth technologies are bringing more services to more veterans where they live. The dedication of six new national cemeteries this year caps eight years of national and state veterans cemetery expansion that has brought 85 percent of our veterans to within commuting distance of perpetual shrines honoring their service and sacrifice.

We are working for a new, younger generation of combat veterans plugged into iPods, cell phones and the Web. We are plugging them into VA as well. They expect

to hear from us about their health care eligibility, online benefits applications and new GI Bill education benefits, not read about them in a handout or news article. That's why our progress in conducting outreach has been so important and will continue to grow.

In May, we didn't wait for OEF/OIF veterans to come calling—we called them. A half-million men and women with OEF/OIF service were contacted by phone to inform them of their benefits. And as these calls were being made,

I share with all the veterans you serve a deep appreciation for what you do every day and I know the next administration will feel the same.

VA medical centers were inviting veterans to Welcome Home programs and veterans benefits counselors were visiting military installations to brief returning soldiers.

Outreach is a fundamental part of our homeless veterans program. This year, VA participated in 155 stand down events across the country. These community events touch thousands of homeless veterans and are part of the reason why the number of homeless veterans has dropped over the last decade, 40 percent in the last five years.

We are receiving more disability claims than at any time in recent history—50,000 more this year than last, with the claims volume now 50 percent above that of eight years ago. Yet here, too, there is progress.

We've hired 3,100 new claims staff in VBA, and while

they learn and train for a very complex job, VBA is bringing back some of its retired old pros to meet increased demand. We are seeing results already—the claims inventory is down, claims pending are down, and average days processing a claim are down.

We're also looking for ways to make this very complex process more efficient. VA and DoD have pilot-tested a new Disability Evaluation System over the past year—one streamlined claims application used by both departments to

records, better management of the process, better distribution of workload, better customer service ... and we will!

Change is part of life and work at VA now, next year and beyond. How we manage that change doesn't depend on things and processes. It depends on you.

In the end, people are VA's most important resource. Time and again it is you, VA employees, who are heroes to our veterans. I share with all the veterans you serve a deep appreciation for what you do

determine a wounded warrior's benefits. The pilot went well and we are expanding it to 19 military installations representing all of the armed service branches.

Another VA/DoD collaboration, the Benefits Delivery at Discharge program that delivers a claims decision to recently discharged veterans within 60 days of leaving military service, is also lowering wait times and backlogs.

The ultimate answer rests with development of a paperless claims process. We're getting there, but it will take time. VA has produced an electronic health records system that is the envy of the health profession and we are rapidly integrating that system with DoD's. Based on that success, I know we can digitize our benefits records, automate much of the claims process, and provide better control of

every day and I know the next administration will feel the same.

As we celebrate this holiday season, Janice and I personally wish you the happiest of holidays and send our best wishes for a wonderful new year ahead—one of change and challenge, but also one of fulfillment and pride in the special job you do. **VA**

Accomplishments By the Numbers

- Dedicated six new national cemeteries
- Participated in 155 stand down events
- Hired 3,100 new claims staff
- Expanded a VA/DoD Disability Evaluation System pilot to 19 military installations nationwide.



Making the Business Case for Diversity in VA

Georgia Coffey
Deputy Assistant Secretary for Diversity and Inclusion

It is with great pride that I greet you as your new Deputy Assistant Secretary for Diversity and Inclusion. When I came on board in September, the first initiative we embarked on was to develop a Strategic Plan for Diversity and Inclusion in VA, the first of its kind in the agency. The purpose was to create a living roadmap based on best practices in the public and private sectors that would drive our goals, objectives and work plans.

Our research revealed that the field of diversity management had evolved significantly over the years and the concept of *inclusion* was added. The term inclusion addressed the internal strategies that leverage the diversity in the workforce to realize the business advantages associated with diversity. Accordingly, I am pleased to announce that the Secretary recently approved the name change of our office from Diversity Management and EEO to Diversity and Inclusion.

This is a momentous time in American history. We are on the cusp of a major transformation that presents us with great challenges and even greater opportunities. The globalization of the American economy and labor force has had a profound impact on how we do business. Never before has it been more critical that public service agencies adapt to the rapidly changing profile of our global community. The viability of organizations in this millennium will depend largely on their ability to service an increasingly diverse market through a strategically managed workforce

that reflects the communities it serves. Herein lies the business case for diversity, a concept my office is leading in VA.

There is a growing body of research that shows that workforce diversity offers quantifiable advantages to an organization's performance and productivity. Studies have shown that, under facilitating conditions, workforce diversity is positively correlated with higher performance outcomes and greater economic returns.

The Diversity Research Network conducted a five-year longitudinal study of Fortune 500 companies and found that workforce diversity is positively associated with high performance outcome measures. Specifically, the study found that racial diversity was positively associated with

and gender diversity was positively correlated with higher establishment productivity, product quality, and economic return on investment.

Although government is not in the business of profits, it is in the business of equity—of service, protections and opportunity. There is a strong link between perceptions of fairness in the workplace and employee engagement. This speaks to the need for strategies that support inclusion as well as diversity in the workplace. As a major health care and benefits provider, VA must maintain an inclusive workforce that is reflective of the constituencies it serves. This is not an issue of legal compliance, but one of smart, fair business.

It is important to note

our best business interest, especially for our leaders. It is our mission in my office to promote VA policies that operationalize this concept. To that end, we are currently developing a Diversity Strategic Plan for VA that presents a living roadmap for promoting diversity and inclusion through creative and cutting-edge assessment, outreach, retention, education and communication strategies.

My vision for diversity in government is rooted in two fundamental beliefs: there is no higher calling than public service, and no more critical function in public service than the promotion of equity and diversity in the workplace. Diversity and inclusion must be the cornerstones of any human capital management

Never before has it been more critical that public service agencies adapt to the rapidly changing profile of our global community.

higher performance outcome measures in organizations that “integrate and leverage diverse perspectives.” It also found that gender diversity yielded more effective group processes and higher performance outcomes.

The renowned Center for Creative Leadership conducted a major study which revealed that diverse teams were more creative and performed better than homogenous teams. The study analyzed employer and employee data of more than 20,000 business establishments in the manufacturing, retail and service commercial sectors. The results showed that racial

that the business case for diversity in no way diminishes the legal and social imperatives for equity and diversity. In fact, the social imperatives are buttressed by the business case. The business case is rooted in the infinite value of diversity of thought—what I believe is the next evolution in the diversity management continuum. It is the value derived from leveraging diverse intellectual capital to garner multiple perspectives for better decision-making and superior business results.

The inseverable link between diversity of thought and our human identity makes workforce diversity in all of

strategy in public service. To harvest the talent in our labor force, we must define diversity in its broadest context, including physical, cultural, social and intellectual differences, and leverage those differences through strategies that support inclusion.

I am confident that working collaboratively with you, the dedicated employees, managers and stakeholders of VA, we will seize the challenges and opportunities to create a diverse and inclusive workforce that best serves our nation's most precious assets—our veterans. I invite you to join us in our journey. [VA](#)



The amount of benefits awarded will be based on the veteran's length of service and the location of the school they attend.

ROBERT TURTEL

Implementing the Post-9/11 GI Bill

The Veterans Benefits Administration is gearing up for the official rollout of the new education benefits program.

When President Bush signed the new Post-9/11 GI Bill into law earlier this year, it meant increased education benefits for veterans serving after Sept. 10, 2001. For the Veterans Benefits Administration, it signaled a short period of time in which to complete a lot of hard work to ensure that benefits are delivered on Aug. 1, 2009—the official rollout date.

Keith Wilson, VBA's director of Education Service, immediately recognized the challenge that providing the new benefits would present the administration, as well as the claims professionals that make it happen.

"It's a complete paradigm shift and a great time to be part of the education business line," he said in July. "One of the biggest challenges between now and Aug. 1, 2009, is to modify our IT infrastructure to support eligibility determination and payment of the new benefits."

The challenge is that VBA's payment system is designed to support the education assistance programs VA currently administers. Under the current programs, eligible individuals receive monthly allowances based on established monthly rates. Under the Post-9/11 GI Bill, an individual is eligible for three payment types.

A payment will be made directly to schools for tuition and fees. Two payments will be made to the students. One will be a monthly housing allowance and the other will be a books and supplies stipend. The amount of benefits awarded is based on the veteran's length of service and the location of the school.

Benefits will be pro-rated based on time in service. Veterans who served honorably for 36 months will receive 100 percent, as will veterans who served at least 30 days and were discharged due to a service-connected disability. Those who served less time will see an incremental decrease in the paid benefit. At a minimum, those who served between 90 days and six months would receive 40 percent of

the maximum benefit.

That means claims processors must first determine eligibility and the percentage the veteran will receive. As an example, if a veteran qualifies for 50 percent of the maximum benefit, VA will pay half the school's tuition directly to the school, and the veteran will receive 50 percent of the housing stipend each month and half of the book stipend at the beginning of each semester.

Sounds simple, but there are more variables that VBA claims processors must take into consideration when computing the final benefits. The tuition payments will be limited to the cost of the highest in-state undergraduate tuition and fees charged by a public institution in the state in which the student attends school.

"Each housing allowance is based on the zip code of the veteran's school," Wilson said. "Our claims processors will use the same BAH (Basic Al-

lowance for Housing) rates that DoD uses, which is 300 different zones."

Since VA's existing payment system does not support the new program, the Office of Information and Technology will make some modifications to the Benefits Delivery Network to ensure VA can make payments beginning Aug. 1, 2009.

In the short term, claims processing will largely be a manual process. As such, VA will hire additional temporary employees for the four regional processing offices, located in Muskogee, Okla.; St. Louis; Buffalo; and Atlanta. In addition, the Office

of Information and Technology, with assistance from SPAWAR (Space and Naval Warfare Systems Command), will develop a new eligibility and payment system for the Post-9/11 GI Bill. It is anticipated that the new system will be available in approximately 24 months.

"We have conducted high-level training for VA employees and are developing training programs for claims processors," said Wilson. "Training for the new program will be incorporated into our recurring training to maintain the level of quality we've worked so hard to reach and the quality to

200,000 calls last month," he said. "When the new GI Bill was first announced, we fielded about 400 to 500 calls and we expect the calls will pick back up as Aug. 1, 2009, approaches."

Combined, the four regional processing offices currently have about 500 claims processors that are prepared to handle incoming claims. With the support of the additional hires and the Office of Information and Technology, "I have no doubt that we can process those claims," said Wilson.

In addition to training and other preparations taking place within

VBA, the benefits administration has taken numerous steps to reach out and inform veterans of the new benefits. Some of those efforts include direct mailings to veterans and active duty troops on a regular basis, partnering with professional education organizations, and presenting to schools at the grassroots level.



The Post-9/11 GI Bill is "a complete paradigm shift and a great time to be part of the education business line," says Keith Wilson, VBA's director of Education Service.

ROBERT TURTIL

which veterans have become accustomed."


Training for claims processors includes computer-based training and a series of VPN broadcasts at VA's four regional processing offices. Education Officer J.D. Dillingham, of the Muskogee office, which handles about 40 percent of all education claims, said his office has done everything they can to ensure a smooth rollout in their region and have been answering questions about the new GI Bill since its unveiling.

"We operate the National Education Call Center and fielded about

While VBA is responsible for the program, all VA employees can contribute to a successful implementation of the new Post-9/11 GI Bill, said Wilson.

"If asked by a veteran about the new Post-9/11 GI Bill or education benefits in general, all VA employees should be able to direct them to our Web site, www.gibill.va.gov, or to our call center at 1-888-GI-BILL-1," he said. "We have a very robust Web site that can answer a lot of questions that veterans may have." VA

By Gary Hicks



*VA mental health professional
Sonja Batten is embedded with
DoD to help the two agencies
deliver seamless care.*

Advancing Care for the 'Signature' Injuries of the War on Terrorism

"I live at the intersection of VA and DoD on issues related to psychological health and TBI," says Dr. Sonja Batten.

In the early days of Operation Enduring Freedom and Operation Iraqi Freedom, reporters scrambled to be embedded with U.S. fighting forces under a Department of Defense program that allowed them to eat, sleep and move with combat soldiers. Reporters and soldiers learned about and from each other as team members rather than adversaries.

In a similar way, an “embedded” VA psychologist is helping VA and DoD team up to deliver seamless quality care to military personnel returning from combat duty.

As acting deputy director of DoD’s Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Dr. Sonja Batten plays a key role in advancing clinical care, research and training related to what have been called the “signature” injuries of the Global War on Terrorism.

The DCoE is a premier health care center within the Military Health System dedicated to optimizing psychological health and traumatic brain injury care. DoD’s Military Health System provides a continuum of care from initial accession of an active-duty military member to their separation and discharge. The DCoE employs a “center of centers” concept that combines separate centers that focus on such health care disciplines as TBI, deployment psychology and deployment health, among others, under one umbrella.

“I feel truly honored to be able to represent these two departments at such a historic time,” said Batten, who brings extensive experience in traumatic stress and post-deployment psychological health, as well as expertise in acceptance-based psychotherapies, women’s health and sexual trauma, to both departments. “We are all serving the same service members, just at different points in their lives.”

Batten’s job is two-fold. First, as the acting deputy director, she has

to assist in the day-to-day operations necessary to successfully run a large organization. Then she steps in as a VA employee and subject matter expert on post-deployment health concerns.

“Each day, I live at the intersection of VA and DoD on issues related to psychological health and TBI,” said Batten. “Just being at the table during discussions helps the DoD staff consider what VA is doing and what VA can do to help. I make sure the two departments are communicating and know what is in progress on either side.”

Before taking her position at DCoE, Batten was the coordinator of Trauma Recovery Programs at the VA Maryland Health Care System and assistant professor of psychiatry at the University of Maryland School of Medicine. While the bulk of Batten’s work today is done at her DCoE office, she returns to VA Central Office at least once a week to meet with VA mental health and rehabilitation professionals.

“I spend at least a half-day a week at VACO to remain aware and up-to-date on VA initiatives that I can take back to the DCoE,” she said. “We want to make sure that we have close coordination on initiatives and see how each department can be involved.”

By embedding Batten with the DCoE, both VA and DoD are taking steps necessary to improve the health care of veterans as well as ensure a more seamless transition to VA health care after their active-duty service.

Though Batten is currently the lone VA employee at the DCoE, she has help on the way. Two additional VA employees are expected to be hired in the near future. One will be an expert in post-deployment mental health and the other a TBI expert.

“We are going to bring in the best people we can find in each field so they can focus on their two areas of expertise,” said Batten. “The organization is already too large for me to be at every meeting. With the two additional VA employees, they will be able to work much more closely in their respective fields and maximize the contributions of the two departments to the care of service members and veterans.”

While Batten works to share health care information between VA and DoD professionals, the two departments also teamed up in November for Warrior Care Month to share information with service members and veterans.

Injured service members have a variety of benefits, including those provided by DoD, VA and even Medicare. The new Warrior Care Web site, www.warriorcare.mil, provides links to information on programs, initiatives and support for wounded, ill and injured service members and their families. It includes links to VA’s home page and VA Web sites for OEF/OIF veterans and vet center services.

For more information about the DCoE, visit www.dcoe.health.mil. 

By Gary Hicks

Injured veterans take on summer sports at a first-ever clinic in San Diego.



Jacob O. Lietz, an Army National Guard veteran from Great Falls, Mont., catches a wave at La Jolla Shores with instructor Van Curaza, from the Association of Amputee Surfers, at the 2008 National Veterans Summer Sports Clinic.

GENE DAVIES

A World Away from the Hospital

A low mist hung over the beach at San Diego's La Jolla Shores as Mark Schrieber anxiously eyed the surf. The Air Force veteran from Georgia was about to go surfing for the first time since being paralyzed while surfing in Hawaii.

What else did he have to lose, he joked to his surf instructor, Hawaiian surf legend Buttons Kaluhiokalani. "I'm already hurt," he said, "I don't know how I'm going to get hurt again." Kaluhiokalani nodded silently in agreement and helped Schrieber onto his surfboard. They waded out into the ocean and never looked back.

Schrieber was one of nearly 60 recently injured veterans who visited San Diego Sept. 27-Oct. 4 for the first-ever National Veterans Summer Sports Clinic, a pilot program sponsored by VA. The clinic was open to veterans with spinal cord injuries, vision loss, amputations, brain injuries and post-traumatic stress disorder.

The event was intended to help veterans like Schrieber by challenging them with adaptive sports and giving them the opportunity to rediscover their potential. "I'm the same person I was before," said Schrieber, who receives care at the Augusta VA Medical Center. "I'm not going to let this [injury] slow me down."

That is exactly the point, according to VA Secretary James B. Peake, M.D., who addressed participants at the closing ceremony. He said events like the summer sports clinic help injured veterans build "new skills, new abilities and new confidence."

The VA San Diego Healthcare System hosted the clinic. Daniel A. Jones, a health systems specialist at the San Diego VA, led the planning effort. He said it was a real team effort, with a number of community groups joining forces to pull it all together.

Jones explained how the clinic

worked. First, the veterans were divided into five teams. Each team took part in a specific activity each day: surfing; kayaking; sailing; track and field; or cycling. But the veterans weren't the only ones able to participate. Their therapists, coaches and family members also took part.

The idea was to strengthen relationships and give everyone the tools they needed to pursue adaptive sports once the clinic was over, according to Sandy Trombetta, a recreation therapist at the Grand Junction, Colo., VA Medical Center who helped organize the event. "We wanted to capture their imaginations and demonstrate how these activities positively impact long-term therapeutic outcomes," he explained.

Each activity included a mini-competition, in which teams accumulated points by the number of waves surfed, for example. At the end of the week, organizers tallied the points to

declare the winning team. For the record, team Titan took top honors.

The teams had their own names, like Olympus, Neptune and Poseidon, and carried their own team colors perched atop a wooden staff, similar to a military guidon. The concept of teams and guidons was important, according to Jones, himself an Army veteran. "We didn't want to stress this as a competitive event, because it wasn't," he said. "But at the same time, we wanted to encourage team effort and build relationships and ca-

maraderie."

The team-building exercise worked wonders, according to Jennifer Day, an adaptive sports coordinator for the James A. Haley Veterans' Hospital in Tampa, Fla. She attended the clinic with three veterans from the Tampa area. They were all assigned to team Nautilus. She said her entire team bonded immediately and is still in contact after the event. "They came in a little timid due to their injuries, but they left feeling like they can conquer the world," she said.



Above: Eric McDaniel Jr., 25, of Weeki Wachee, Fla., adds a ribbon to his team's guidon. The Army veteran's energy and enthusiasm at the clinic was an inspiration to many; left: Stephen Bruggeman, 46, a Coast Guard veteran from Lennox, S.D., refines his shot put technique at the Olympic Training Center. He was one of the 56 veterans participating in the first Summer Sports Clinic, a pilot program sponsored by VA.

One of those ready to conquer the world was Michael Fradera, of Lakeland, Fla. The Army and Marine Corps veteran lost his legs in an IED blast last year in Iraq. The clinic was his first exposure to adaptive sports. He said his favorite activity was kayaking with his wife, Jennifer. "It was so calm and peaceful, you could just let go of your stresses and worries," he said. Attending the clinic was a life-changing experience that he said has

opened his eyes and taught him that anything is possible. "It is so important for people to realize this," Fradera said.

The veterans weren't the only ones inspired by the clinic, according to Jones, the local organizer. "This goes far beyond the participants," he said, explaining that several employees at the San Diego VA have stopped by his office to share their stories with him. "They all said it was really inspiring for them to see how we're giving the veterans hope, how we're making a difference."

Joanna C. Kadis, assistant chief of social work at the San Diego VA, is one of those who shared her story with Jones. She spent the week volunteering at the surfing event. She said she felt rejuvenated to see so many people working together to help the veterans do things that many thought they couldn't. "Everyone had such a positive attitude and I think that benefited the veterans, both physically and mentally."

Her thoughts are brought to life by Schrieber, the paraplegic who climbed back onto a surfboard after suffering a surfing injury. As he rode his final wave of the day, Schrieber said the experience was far better than he imagined. "I guess you could say it sort of blew me away."

As the day came to an end, Schrieber and the rest of team Titan boarded their bus back to the hotel. They had conquered the mighty Pacific. A sense of pride and accomplishment shone through their sun-kissed faces.

The yachts anchored in San Diego Harbor glimmered in the sun as the bus pulled into the hotel parking lot. This was a world away from a hospital setting. But the medicine administered to the body and spirit of the veterans, volunteers and VA staff who took part in the first-ever National Veterans Summer Sports Clinic was just as real, and just as effective. **VA**

By Matt Bristol

The Lincoln Bicentennial

VA commemorates the 200th birthday of the nation's 16th president.

As we ring in 2009, the last year of the millennium's first decade, our country begins a yearlong celebration to honor one of its most revered presidents: Abraham Lincoln. Born of humble roots in Hardin County, Ky., on Feb. 12, 1809, he rose, despite all odds, to become America's 16th president. Aside from being one of the most recognized figures in American history, he ended slavery, kept our nation united, and provided unprecedented new benefits for military veterans.

Two of VA's three administrations—the Veterans Health Administration and the National Cemetery Administration—descended from institutions signed into law by Lincoln. VA employees and the public will have an opportunity to learn more about VA's ties to Lincoln in February 2009.

Today's Veterans Health Administration began as the National Soldiers and Sailors Asylum, signed into law on March 3, 1865—the day before Lincoln's second inauguration. The asylum was created specifically to provide a "home" and medical care for disabled Civil War soldiers who fought in the Union Army.

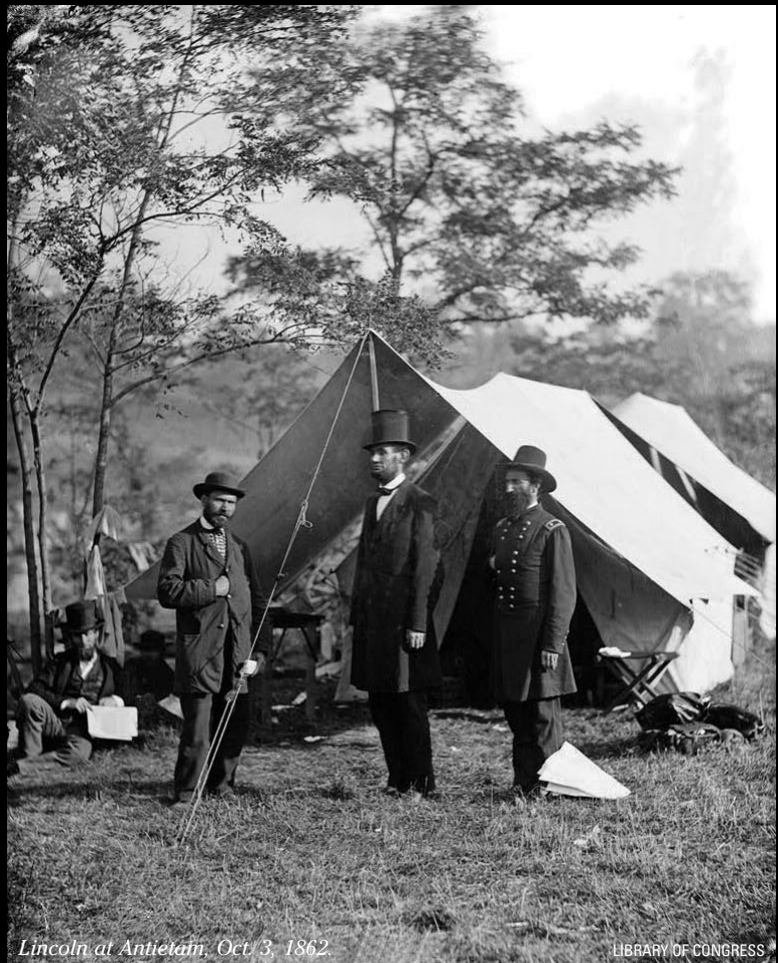
The asylum was renamed the National Home for Disabled Volunteer Soldiers in 1873. The homes were the first government hospitals constructed and operated for volunteer soldiers. In 1930, the 11 national homes were merged with the Pension Bureau and Veterans Bureau to create the Veterans Administration. All of the original national homes continue to operate as VA hospitals and have provided medical and domiciliary care to veterans for nearly 150 years.

National cemeteries were created in 1862, during the first full year of the American Civil War, to protect the graves of Union soldiers. After being managed by the Army for 111 years, the National Cemetery System was transferred to VA in 1973. The only national cemeteries not managed by VA are Arlington, the U.S. Soldiers and Airmen's Home, and National Park Service Civil War battlefield cemeteries. Renamed the National Cemetery Administration in 1998, they continue the tradition set down by Lincoln to provide for, honor and protect the graves of America's military veterans.

VA joins with other federal agencies and institutions across the country in celebrating the 200th anniversary of Lincoln's birth. As part of this national celebration, the VHA and NCA history programs have collaborated to create an exhibit entitled "Lincoln's Legacy at VA," to highlight President Lincoln's connections to the modern-era VA.

The exhibit has officially been endorsed by the Abraham Lincoln Bicentennial Commission and will be on display in the main lobby of VA Central Office in Washington, D.C., Feb. 16-27, 2009, and at the Veterans Museum at the New York VA Regional Office during the month of March 2009. If you are interested in hosting the Lincoln exhibit at your VA facility, contact VHA Historian Darlene Richardson at darlene.richardson@va.gov, or 202-461-7374.

- By Darlene Richardson



Bringing Hope to the Suffering

VA's new chief chaplain is setting a course for the future that includes a greater role for spiritual care and increased community partnerships.

The Rev. Stacy Kenney delivers communion during a Protestant chapel service at the VA Pittsburgh Healthcare System.



WARREN PARK

Keith Ethridge grew up the proud son of a veteran, wearing his father's sailor cap around the rural north Georgia hills and watching old World War II movies like "Midway" and "In Harm's Way" on the family's black and white TV. Anyone could have guessed the boy would grow up to serve in some form or fashion. So when Ethridge heard the call to ministry, it was only natural that his calling would also lead him to use his skills as a Navy Reserve chaplain, VA medical center chaplain and now, VA's newest director of chaplaincy.

After 20 years of counseling patients with his disarming drawl and

heartfelt concern for veterans and their families, Ethridge now guides 900 VA chaplains in their work, providing spiritual and pastoral care to veterans completely tailored to the desires and needs of the patient.

"All chaplains serving in VA, no matter what their faith tradition, have a very deep sense of commitment or calling into pastoral ministry," Ethridge said. "Pastoral care is an opportunity to stand with people who suffer in the greatest crises of their life and to walk with them as they struggle with meaning and purpose in their life. We represent hope to the suffering along the path to healing."

While chaplains at VA medical

centers may be most visible for the religious sermons and sacramental ministry provided within VA chapels, a significant portion of what they do happens at the bedside, working one-on-one with patients and their self-identified spiritual needs.

"It's not about preaching," Ethridge said. "The most important thing we bring to the bedside of the patients is ourselves and how we respond to people who are suffering in ways deeply meaningful to the individual. There is a lot of skill in knowing how to respond appropriately and helpfully. If chaplains can't listen, they can't help."

Learning to listen and function

appropriately in a medical setting is what separates a chaplain from the neighborhood minister, rabbi, priest or imam. The average chaplain will have a year of specialized clinical training on top of their master's in divinity and undergraduate degrees.

A VA chaplain's clinical training is more stringent than the military's chaplaincy requirements, according to Ethridge. Every VA medical center has at least one chaplain, many of whom are board-certified. Every chaplain has endorsement from their particular faith group.

"I get a very deep sense of fulfillment from being able to walk in the sacred spaces with people, particularly our veterans. So I take it seriously and insist that every other chaplain does as well," Ethridge said.

"Our veterans have unique stories of their lives which include combat experiences and deployment issues. Their military experience changes their lives. They are not the same people that they were before entering service or going into harm's way. So when we visit with those veterans, giving them the chance to reflect on their lives, it is a sacred moment."

Though many chaplains share Ethridge's sense of fulfillment providing spiritual care in government medical centers, it is not without its difficulties. The challenge every chaplain faces is providing religious services according to the veteran's First Amendment rights, while respecting the First Amendment's mandate not to establish religion.

In 2006, the Freedom From Religion Foundation sued VA over its use of the chaplaincy and spiritual care. The court ruled in VA's favor, and Ethridge is quick to point out how respectful the VA chaplaincy is of every veteran, believer or non-believer, and every religion, a tone he sets personally with new chaplains at employment.

"VA chaplains represent many faith groups present in the United States," Ethridge explained. "We have orientation for new chaplains, and



Above: Father Robert Craig offers bedside communion to a Catholic inpatient at the VA Pittsburgh Healthcare System; above right: Rabbi Stephen Steindel, holding the shofar, offers pastoral care to veterans of Jewish faith at VA Pittsburgh; right: As VA's newest director of chaplaincy, Keith Ethridge guides 900 VA chaplains in their work providing spiritual and pastoral care to veterans.



they spend time together face-to-face to meet the challenges of working with one another to facilitate care of those with different faiths than their own.

"Our veterans come from all walks of life, and have many different faith traditions or beliefs. We respect their beliefs. Each individual is unique and each individual must be respected for who they are and for what they believe. If they say they prefer no spiritual care or don't want to talk to a chaplain, that is perfectly fine."

However, Ethridge knows better than most that many veterans are people of faith and want to have spiritual care incorporated as part of their health care experience. It's a free exercise right Ethridge claims is deeply beneficial to the health care process.

"All of our chaplains have clinical training in a medical context. When they come into VA, they understand they are going to function in a clinical



setting and how clinical teams work," Ethridge said. "Chaplains are part of VA's inter-disciplinary teams. Some of our chaplains have special training in PTSD, palliative care, hospice care, a whole range of clinical specialties, so we provide spiritual care with a special understanding of the counseling needed for a unique patient."

The effectiveness of spiritual care should not be undervalued, either. A 1995 study in the *Journal of Religion and Health* showed patients who participated in spiritual care recovered

more quickly, complied better with follow-up treatment, had improved physical functioning at the 12-month follow-up visit, had higher levels of self-esteem, and had less anxiety and fewer health worries.

As recently as September, the *Journal of the American Medical Association* published a study showing nearly 70 percent of patients wanted their spiritual needs addressed, even though less than 50 percent attended regular religious services. None of the results surprise Ethridge.

“Spirituality is a great source of strength in times of trouble and helps people cope with the stresses of illness, and gives them hope,” he said. “Hope is key in successfully living and coping with any ailment.”

Ethridge may be new to his position as director of VA’s chaplaincy, but he already sees a clear direction in which to take his specialized staff. His vision is of a VA chaplaincy that will continue to be integrated into VA health care, while at the same time provide a vital link to, and resource for, community veterans and clergy.

Ethridge has already started a program for the latter, having VA chaplains host one-day educational clinics for veterans and their clergy. At the clinics, chaplains explain the struggle many veterans may experience readjusting after returning from multiple deployments and the effects of combat stress.

The participants are made aware of the symptoms of PTSD, mild TBI and other mental health issues, such as depression. An emphasis is placed on suicide prevention and awareness and the importance of spirituality and hope in suicide prevention. The chaplains seek to form relationships with the outside clergy and help them provide support to veterans of their faith and outline the referral process community clergy may use to assist veterans seeking VA care.

“A lot of veterans return home and don’t immediately seek VA’s help for the emotional, mental and

spiritual issues they are dealing with,” Ethridge noted. “Many of those same veterans will turn to their community place of worship, though, and many of those ministers do not have the clinical training or veteran-specific backgrounds that we do. By reaching out to those veterans and their community clergy, we can help veterans access the care they need from the VA.”

Ethridge plans to have chaplains get out of their communities as well, responding to emergencies with their fellow VA staff members and answering the call for veterans in dire emergencies.

“Spirituality is a great source of strength in times of trouble and helps people cope with the stresses of illness.”

“We want to be appropriately available to all veterans as they seek spiritual care. We want to be in the community and on the cutting edge of care,” Ethridge said. “For example, with Hurricanes Ike and Gustav causing so much destruction in Texas and Louisiana, we deployed seven chaplains to VA emergency shelters, where they provided care not just for veterans, but for all evacuees. It is crisis intervention ministry and it is proving valuable.”

Of course, Ethridge envisions chaplains being active in far more than emergency response. Chaplains are integral members of polytrauma care teams, offering spiritual care as an important component not just to the recuperating veteran, but to the families as well.

“With the kinds of traumatic injuries our polytrauma teams are treating, it is not just the veteran whose life has been completely changed,” Ethridge said. “A mother, father, spouse, they all have to face coping with someone who is not the same person as when they left. Helping them with the dramatic change in their loved one and affirming the dignity and self-worth of the veteran in the face of such serious

injury is vital.

“They are to be accepted and respected for who they are as people and veterans. It is very important to us that we be able to provide this message and care.”


Even returning veterans who do not face traumatic injuries pose a new challenge for Ethridge and the staff at each VA medical center.

“We have a challenge to provide care for a new generation of warriors from Afghanistan and Iraq and their needs are very unique in some aspects. They communicate with new technologies, texting, e-mailing, and they

want their computers,” Ethridge said. “We need to be as available as possible, which means providing resources through these technologies and on Web sites like MyHealthVet.”

While the communication technologies have changed, the focus of spiritual care remains tried and true. For the VA chaplain, the veteran is the mission.

“It’s about the individual. Every veteran has unique experiences and unique spiritual needs. The essence of the struggles they face is similar no matter what generation,” Ethridge said. “War changes people, so the questions of ‘who am I now that I have experienced war and combat?’ and ‘how will my injury or illness change who I am?’ or ‘what will I do with my life?’ will be asked by patients.

“For people of faith, the question of how faith and belief in God changes or guides a person through hard times is ever present. Every person struggles with that uniquely. We need to help them through that and walk with them as they find the answers to their struggles.” 

By Ryan Steinbach



Barry Sharp, current director of the Iowa City VA Medical Center, presents former director Dr. J. Gordon Spendlove a hat from the TEE Tournament, a golf tournament for blind veterans hosted annually by the medical center.

ELAINE BUEHLER

What's in a Name? His Says It All

Former VA medical center director Dr. J. Gordon Spendlove celebrates 100 years of life and love.

Barry Sharp, director of the VA medical center in Iowa City, Iowa, got a surprise in the mail. It was an invitation to share in a celebration of life, love and history—the 75th wedding anniversary and 100th birthdays of Dr. J. Gordon Spendlove and his bride, Elizabeth.

A letter accompanying the invitation explained that Spendlove had served as the administrator of the Iowa

City VA hospital from 1959 to 1969. Sharp eagerly accepted the invitation and arranged to travel to Lakewood, Colo., for the event.

“I thought, what a unique opportunity to do something special,” Sharp said. “Seventy-five years of marriage is unique enough, but add in the fact that they both are turning 100 years of age in the same year—that opportunity will never come along again in

my career.”

So much has happened in the lifetime of the Spendloves. Theodore Roosevelt was president when they were born. They experienced World War I, World War II, the Korean War, the Vietnam War, the Gulf War, Operation Iraqi Freedom, and every conflict in between.

They saw the rise and fall of the Berlin Wall, the break-up of the So-

viet Union, and numerous economic and social changes in the United States. Penicillin was discovered, smallpox was eradicated and men walked on the moon.

When the Spendloves were born, the average life expectancy in the United States was 49.5 years for men and 52.8 years for women. At 100 years each, they've seen so much more.

Elizabeth Hunt Ring (known fondly by her husband as "Betty") was born Sept. 22, 1908, in Farmington, Mo. Joseph Gordon Spendlove was born Oct. 10 that same year in a gold mining camp in Mercur, Utah. The couple first met while attending the University of Utah in 1930.

"We went to a retreat in the mountains put on by a professor," Spendlove recalled, chuckling at the memory. "I was there with a different girl, and when I looked over and saw Betty I said to myself, 'I'm in the wrong place!' But by the next year, I had it right!"

Sharing stories with Sharp of their life together, Spendlove beamed as he looked through old photographs.

"Look how beautiful she is and was—she had an infectious beauty," Spendlove said as he pointed out a

photo of Elizabeth. "Her name was Betty Ring ... Betty Ring. I put a ring on her finger and changed her name to 'Missus,'" he laughed.

Spendlove used to write poetry for his bride. "I love her more than anything in the world," he declared.

"I wrote her a poem called 'Little Things' because it's the magic in the little things she'd do or say that would make me love her more every day."

They were married on Sept. 22, 1933, on Elizabeth's 25th birthday. While Spendlove was in medical



COURTESY SPENDLOVE FAMILY



COURTESY SPENDLOVE FAMILY

Left: Dr. J. Gordon Spendlove, center, at an Iowa City VA Medical Center Voluntary Service recognition event in the 1960s; above: Dr. Spendlove at his desk at the Fort Wayne, Ind., VA Medical Center in the early 1970s.

school in Louisville, Ky., Elizabeth did social work. In 1934, they moved to Seattle, where Spendlove began an internship at Harborview Hospital. He became a medical resident there in 1937, and opened a private practice in 1939.

"Training in Seattle was a good thing for me," Spendlove said as he spoke with Sharp about the Depression years. "Nobody had a job then and everyone went to King County for care. By the time we were coming out of the Depression and people had jobs, they remembered me giving them care and started coming to me."

Then came World War II, and in 1942, Spendlove left his practice and enlisted in the Army.

"I didn't serve overseas," Spendlove told Sharp. "I had a 'physical defect' so they kept me in this country."

Spendlove served as a physician in the Army Medical Corps at hospitals in Nevada and North Carolina, rising to the rank of major.

In June 1944, Spendlove was transferred to Moore General Hospital near Asheville, N.C., where he worked in surgical service.

"They had German POWs there," Spendlove recalled. "A lot of the work at the hospital was done by German prisoners as researchers and scientists in the laboratories. Many of them became citizens after the war."

At the end of World War II, Moore General was converted to a Veterans Administration hospital. Opting not to go back into private practice, Spendlove stayed and began his long and distinguished VA career.

Spendlove was transferred to the VA regional office in Seattle in 1948, then to the VA hospital in Fort Harrison, Mont., in 1949.

"Some of the most beautiful places in the world are in Montana," said Spendlove as he recounted several stories from his time there. The fishing, which was a passion of his, was obviously superb there, as evidenced by several photos of Spendlove with full stringers of fish.

In a newspaper article from Fort Wayne, Ind., at the time of his retirement in 1976, Spendlove said he took particular pride in the Montana assignment, where he met the challenge of heading a 265-bed hospital in a sparsely populated state, pulling the facility "up by the bootstraps" and succeeding in recruiting a completely new staff of 11 physicians, all certified by American boards of surgery.

During the 1950s, Spendlove transferred to the Portland, Ore., VA hospital, which included a one-year tour at the Vancouver, Wash., campus.

Spendlove moved on to Iowa City in 1959, where he served as the administrator (director). Sharp had brought a binder filled with photos and newspaper clippings from Spendlove's time there, and contrasting photos of the facility today.

A good number of changes happened at Iowa City on Spendlove's watch, including the development of an audiology-speech pathology clinic, a 10-bed hemodialysis center, and Iowa's first kidney transplant. Research and training programs were also expanded, adding laboratories and programs in gastroenterology, pharmacology and dentistry. In a 1962 newspaper article on the 10th anniversary of the hospital, Spendlove noted that a total of 625 employees earned a part-time or full-time salary at the hospital, and with a budget of \$4.5 million, it was the city's second largest industry.

In December 1969, the Iowa City newspaper announced the transfer of Spendlove to the VA hospital in Fort Wayne, where he served until his retirement on July 1, 1976.

Flipping through some of the memorabilia at the party that had been compiled by family and friends, Sharp commented that many of the newspaper headlines were the same as you might see today: "Veterans' hospital makes numerous advances in year" (1949); "VA hospital's goal: Get sick folks well" (1970); and "Challenges inspire physician" (1979).

Not surprisingly, when Sharp asked Spendlove what he liked best about VA, he responded, "For whatever reason, it's the people."

Spendlove's passion for his work and dedication to those he served is made clear in a quote from a 1967 Iowa City newspaper article: "Each hospital is a monument to veterans living and dead whose service to this country preserved the freedoms which Americans everywhere enjoy."

When Spendlove retired, he and Betty moved to Salem, Ore., where a favorite thing to do was spend time

on the coast watching the waves crash on the shore. In 1989, they moved again to be closer to their children, son Gordon and daughter Linda, in Lakewood.

Sharp asked Spendlove what advice he might offer younger generations. His response: "Just keep loving life."

As four generations of family and a host of friends gathered, Sharp presented Spendlove with a letter from Secretary James B. Peake, M.D. (which daughter Linda says now hangs proudly on the Spendloves' wall). Sharp also presented Spendlove with some small gifts from the Iowa City VAMC staff.

"The one that he really enjoyed was a photo I.D. badge labeled 'Director, Iowa City VAMC' that has his photo from when he was the director," said Sharp. "He put it on immediately and didn't take it off all day."

Sharp spoke privately with Spendlove for nearly an hour.

"It was a thrill to have a conversation with a person who was 100 years of age, and the fact that he preceded me in the position of director made it very special—something I will remember for the rest of my career," Sharp said. "And what a love story! It was clear that the love of Dr. and Mrs. Spendlove was the real deal—must be in the name, pun intended."

As the celebration wound to a close, no one could help noticing a touching photo of Spendlove and his Betty sitting hand-in-hand on the Oregon coast watching the waves under a setting sun.

Spendlove lived essentially independently until 2007, and is just now selling his 1976 Lincoln Continental (Bicentennial edition). He and Betty now live in a retirement community, and as they celebrate 100 years of life and 75 years of beautiful sunsets together, they are still hand-in-hand—a true testament to life, love and devotion. **VA**

By Elaine Buehler

VA researchers are looking for ways to restore hearing or rehabilitate those who suffer from hearing loss.



Drs. Robert Folmer and Debra Wilmington review 3-dimensional brain maps that show how the brain processes sounds.

D. MICHAEL MOODY

Tackling a Growing Problem for Veterans

Hearing loss. Not only can it be embarrassing, sufferers can also find themselves feeling depressed, isolated or emotionally unstable. It can affect relationships and reduce quality of life.

“The problem of hearing loss is an enormous one for the VA and for the military,” said Dr. Stephen Fausti, director of the National Center for Rehabilitative Auditory Research at the VA medical center in Portland, Ore.

Hearing loss can manifest as sounds not being loud enough to be understood, the inability to hear certain sounds at all, or cluttered noises that aren’t completely intelligible.

Understanding conversation becomes complicated, because either the ear is not picking up sounds properly or the brain cannot fully recognize the sounds as words.

In an aging population of veterans, this is an increasing concern for VA, even though many people consider it only a minor health issue.

“It doesn’t typically affect health in a way that we need to worry about it causing death,” said hearing expert Dr. Lynn Luethke, of the National Institutes of Health, which is partnering with VA to conduct research. “It affects the quality of your life in that you can’t communicate with people.

It can cut people off and cause depression and health conditions that are more serious.”

About 850,000 veterans receive compensation for service-connected hearing disabilities, with nearly 444,600 receiving disability benefits for hearing loss, which ranks number one. Tinnitus is number two, with nearly 400,000 veterans receiving benefits.

Tinnitus is currently the number one service-connected health condition for Afghanistan and Iraq veterans, with nearly 70,000 diagnoses.

Fortunately, the NCRAR in Portland is one of VA’s 14 centers of

excellence and is conducting research for hearing rehabilitation, education, professional training and technology development. NCRAR researchers are working on more than 25 hearing loss projects.

Unlike most common illnesses, hearing loss cannot be cured. Once it's gone, it's gone forever, at least until researchers like those leading the way at the NCRAR uncover a way to

“Once you have hearing loss, it’s permanent. It’s not something we’ve got a pill for.”

restore hearing or rehabilitate those who suffer from hearing loss.

“Hearing loss is typically gradual and builds up over time,” Luethke said. “Once you have hearing loss, it’s permanent. It’s not something we’ve got a pill for.”

There are numerous causes of hearing loss, including excessive noise, aging, infections, injury, birth defects, genetics or damage caused by some medications, most of which are not reversible.

Hearing loss can also be caused by exposure to loud noise over an extended period of time, or even in one instance, such as the detonation of an IED on a road in Iraq. The first is preventable; the latter is not.

People exposed to loud noise as a part of their job can wear hearing protection when doing things such as firing weapons or operating heavy machinery. There is not much anyone can do to prevent hearing loss from a blast or another powerful one-time occurrence—not yet, anyway.

Pharmaceutical and dietary agents that may prevent hearing loss resulting from noise exposure and other ototoxic exposures, such as some medications and solvents, currently are under investigation at the NCRAR and other research institutions. (Otoxicity is damage to the hearing or balance functions of the ear by drugs or chemicals.)

VA researchers are digging deeper, trying to learn more about how

people hear.

To understand the possible connection between the two different issues, the first step is to understand the hearing process. In simple terms, sound waves travel through the ear canal to the eardrum. The sound waves cause the eardrum to vibrate, sending vibrations to three of the smallest bones in the body (middle ear). These bones amplify the vibra-

tions and forward them to the inner ear, called the cochlea, which contains fluid. The fluid in the cochlea transfers the sound waves into waves in the fluid.

These fluid waves create a movement in a membrane and the sensory cells on top of it. The action leads to chemicals creating electrical signals. The auditory nerve carries these electrical signals to the brain, where it translates the sound into words, music, and more.

Traumatic brain injury occurs when physical trauma injures the brain, such as exposure to an IED or a direct force to the head. People suffering from TBI can have numerous

symptoms. A person with mild TBI may remain conscious or may experience a loss of consciousness for a few seconds or minutes.

Other symptoms of mild TBI include headache, confusion, light-headedness, dizziness, blurred vision, ringing in the ears, fatigue or lethargy, a change in sleep patterns, behavioral or mood changes, and trouble with memory, concentration, attention or thinking.

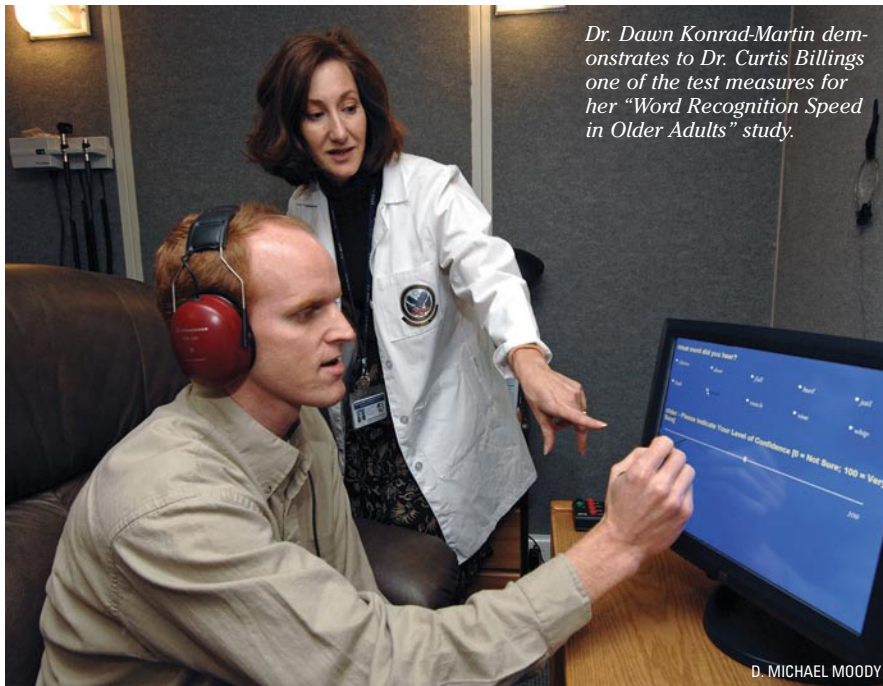
A person with moderate or severe TBI may show these same symptoms, but may also have a headache that gets worse or does not go away, repeated vomiting or nausea, convulsions or seizures, an inability to awaken from sleep, dilation of one or both pupils of the eyes, slurred speech, weakness or numbness in the extremities, loss of coordination, and increased confusion, restlessness or agitation.

TBI is a complex disability because its symptoms are inter-related, requiring care from multiple medical specialties. One such area of research is the connection between hearing loss and TBI.

Auditory deficits in TBI patients are often misdiagnosed; symptoms can be confused as cognitive or mental



Jeff Shannon and Elizabeth Eskridge (in cap), audiology externs, and Michele Hutter, research audiologist, prepare for a test that records the brain’s response to sound.



Dr. Dawn Konrad-Martin demonstrates to Dr. Curtis Billings one of the test measures for her "Word Recognition Speed in Older Adults" study.

D. MICHAEL MOODY

health problems.

"As an example, impairment due to a blast can include peripheral hearing loss, central auditory processing deficits, vestibular impairment and tinnitus," said Fausti. "These deficits are particularly challenging in the TBI population, as symptoms could be mistaken for post-traumatic stress disorder, mental health issues, and cognitive deficits."

Significant challenges exist to accurately differentiate auditory and vestibular impairments from multiple, and often overlapping, symptoms exhibited by veterans with TBI. Once the correct diagnosis is made, a multidisciplinary rehabilitation strategy must be devised to improve treatment and quality of life for each veteran.

NCRAR researchers are taking the lead in the investigation of the relationship between blast exposure and deficits in brain function related to auditory processing. Last fall, the NCRAR began collaborating with Walter Reed Army Medical Center in Washington, D.C., on a VA-funded project to examine central auditory processing disorders associated with blast exposure.

They are studying the auditory

abilities of 100 returning soldiers who have been exposed to blasts compared to those of 100 control subjects who were not exposed to a blast. The rationale is that good auditory function depends on the integrity of the brain as well as the ear.

"It is almost certainly the case that some of those who have been blast-exposed will have auditory damage related to their brain injury," said Fausti. "It is well known that in addition to damaging the outer ear, the shock wave of the blast can impact the middle ear by rupturing the eardrum and damaging the small bones in the ear. The pressure of the blast can also cause permanent hearing loss by damaging the inner hair cells, which turn the sound energy into nerve impulses."

The types of damage that potentially could occur in the central auditory system include stretching and shearing of nerves in the brain stem as well as impact and abrasions of the cortical lobes. These stresses to the brain and the brain stem could result in loss of connections as well as reductions in the signal-to-noise ratio of communications traveling up and down the auditory pathways.

Hearing loss isn't new. Veterans have experienced hearing problems since the first guns were fired. But what is new is the survivability of today's modern war fighter. During the Vietnam War, brain injuries were mainly due to a penetration of the brain, and hearing loss was caused by physical damage to the middle and inner ear.

Today, with modern technology and protection, more combatants survive what would have killed previous-era fighters. The survivability rate is up, leading to different types of wounds that are inflicted without necessarily breaking the skin or bones. According to military audiology reports, 60 percent of U.S. personnel exposed to blasts suffer from permanent hearing loss, while 49 percent also suffer from tinnitus.

Though hearing loss isn't new to combat veterans, the types of injuries are, so there will be future medical care and treatments as researchers begin to better understand the connection between the normal hearing process and the brain. Their research may also lead one day to being able to diagnose TBI through hearing tests.

The NCRAR's Dr. Marjorie Leek is currently working on research in collaboration with Walter Reed to develop tests to isolate specific central auditory processing disorders in TBI patients. The identification of an effective central auditory battery of tests can lead to the development of rehabilitative techniques to help veterans with TBI.

"In the future, the NCRAR will begin researching the extent to which tests of central auditory processing can be used to screen for the presence of milder forms of traumatic brain injury," Fausti said. "With so many of our returning veterans having been exposed to one or more blasts, it is crucial that we learn as much as we can about the auditory effects of blast exposure." **VA**

By Gary Hicks

Helping Alternative Energy Become the Norm

VA explores unique energy sources to help cut costs.

With increased energy usage, rising prices and a concern for the future, VA is exploring measures to cut energy costs through four major pilot programs currently being tested across the country.

Last year, VA screened its major facilities for the potential to use solar, wind, geothermal and biomass energy and identified 16 potential sites for solar photovoltaic (PV) projects, 15 for solar water heating, six for wind and two for direct geothermal energy systems.

“Hospitals are big users of energy, so whatever VA can do to become a good green neighbor will benefit all of us, both in the short and the long terms,” said Secretary James B. Peake, M.D.

The first of the alternative energy sources are the rooftop PV systems. By harnessing sunlight, these systems reduce electricity costs and provide environmental benefits. After a nationwide search, the VA medical centers in Loma Linda, Calif., and Dallas were chosen to kick off the PV pilot program because of an abundance of year-round sunshine in these areas and the availability of roof space.

The Jerry L. Pettis Memorial VA Medical Center in Loma Linda installed nearly 1,600 solar panels on the facility’s roof. The silicon panels, which measure 4 feet by 3 feet, generate 195 watts of electricity each during daylight hours.

“It’s a good thing to do because we will save on electricity and it’s good for the environment,” said Larry Barrett, the hospital’s energy manager. “You don’t burn as much fossil fuel, so our carbon footprint is reduced.”

The solar panels cover approximately 70 percent of the facility’s 200,000-square-foot roof and are

Manager Dennis R. Halloway. “Part of the reason the city switched to solar was to encourage others to do the same. We would like to be known as an environmentally conscious city and this type of project supports that image.”

The Dallas VA Medical Center installed the second and largest system in VA using a 337-kilo-watt peak (KWp) PV system mounted on the roof of its clinical addition. The PV system consists of 1,728 solar panels tied directly into the hospital’s electrical system that immediately absorb a portion of the building’s electrical consumption. Expected to be up and running in December, the \$2.24 million system takes up approximately 47,000 square feet of rooftop space.

“By using sunlight, a renewable fuel, these systems will reduce the medical center’s electricity costs while providing environmental benefits,” said Dallas VAMC Engineering Chief Byron Abshier.

Funding for both the Loma Linda and the Dallas systems was made possible through the VA Energy Management Task

Force under a Renewable Energy Initiative.

The Dallas VAMC has long been a leader in energy-efficient solutions and innovations. On the Dallas campus, a thermal storage tank sheds energy needed to heat and cool the facility, and biodiesel buses are used to shuttle patients from the Bonham VA



E-85 fueling stations like this one are in place at six VA medical centers across the nation.

estimated to shave about \$60,000 off its electric bill. As an incentive, Southern California Edison Company is reimbursing the hospital almost one-third of the system’s \$2 million cost, pleasing both VA and the local community.

“I applaud the VA for their forward thinking,” said Loma Linda City

facility to the Dallas VAMC.

Last year, the facility worked to re-commission its solar hot water delivery system to the Community Living Center and is currently constructing a federal E-85 fueling station for alternative-fuel vehicles at both its Dallas and Bonham campuses. E-85 (a fully biodegradable fuel) stations are already in place at six VA medical centers across the nation: San Francisco; Altoona, Pa.; Augusta, Ga.; Cleveland; Danville, Ill.; and Little Rock, Ark.

The use of solar energy for water heating is also being explored at the West Los Angeles VAMC and two facilities in Arizona.

Expected to generate nearly 30,000 kilowatt hours of energy a year, a small wind turbine was installed at the VA medical center in Ann Arbor, Mich., in November. Weighing close to 1,000 pounds, the \$100,000 turbine is 16 feet tall and 3 feet wide. As the wind spins the turbine, a generator in its base sends direct electrical current through several boxes, transforming the power into alternating current to be used by the hospital.

The hospital also recently installed new energy-efficient air conditioning and modified existing air-conditioning generators to save more than 811,000 kilowatt hours of energy and almost \$70,000 a year. Lighting in the facility's parking decks was replaced with LED technology, slashing energy consumption in half and saving an additional 78,000 kilowatt hours of energy a year.

In addition to alternative energy sources, VA facilities have strived to become ENERGY STAR compliant. In 1992, the EPA introduced the ENERGY STAR program as a voluntary, market-based partnership to reduce greenhouse gas emissions through energy efficiency.

In October, the Michael E. DeBakey VA Medical Center in Houston earned the prestigious ENERGY STAR endorsement, which means the facility uses on average 40 percent



BARBARA CORBIN

Members of the Martinsburg, W.Va., VA Medical Center's "Green Kitchen" project team; the project was initiated to help the facility's Nutrition and Food Service with energy and water conservation and waste management. Innovations include a dishwashing system that uses green chemicals.

less energy and releases 35 percent less carbon dioxide into the atmosphere than a typical building.

To maximize energy efficiency and achieve the rating, the facility replaced chillers and cooling towers with variable speed drive units, upgraded general lighting, implemented an energy management program, added a full-time energy manager, and provided energy awareness training to all new employees. Hospital officials estimate that the cost-effective improvements have saved \$5.5 million in annual energy bills.

"Through this achievement, we have demonstrated our commitment to environmental stewardship while also lowering our energy costs and saving taxpayer dollars," said Director Edgar L. Tucker.

The VA medical center in Martinsburg, W.Va., started a "Green Kitchen" project to reduce Nutrition and Food Service's use of natural energy. The project's goals were sustainable food and beverage procurement, energy conservation, water conservation and waste management. To help, the kitchen purchased some of their produce from a local organic farm under its "Farm to Hospital" program.

"It keeps us in touch with our community and those who are raising our food," said Sandy Spicher, the

facility's administrative dietitian. "The vegetable prep staff also likes working with the farm-raised produce and can tell a difference in the freshness."

Other innovations include a new dishwashing system that uses green chemicals and an efficiency monitor to conserve water. In addition, the kitchen installed a new pulper, decreasing food waste by approximately 75 percent.

The Huntington, W.Va., VA Medical Center received their third Partners for Change Award for environmental excellence this year. The award recognizes facilities that continuously work to improve and expand programs to eliminate mercury, reduce waste and prevent pollution. The VAMC has eliminated mercury in patient care areas, achieved a recycling rate greater than 50 percent and has an infectious waste ratio of less than 3 percent.

"This award affirms the medical center's hard work and determination to protect the environment and public health," said Edward H. Seiler, medical center director. "We have made a commitment to reduce waste and recycle in an effort to create a better, safer, greener workplace and community." **VA**

By Amanda Hester



California's Sacramento Valley National Cemetery opened for burials in 2006.

DEAN MOLINE

VA National Cemeteries: A Decade of Growth

The 2009 opening of Washington Crossing National Cemetery north of Philadelphia will cap a remarkable decade of growth for VA national cemeteries—a period of expansion that is unprecedented since the end of the Civil War. The new cemetery, located approximately three miles from the historic Washington Crossing State Park in Bucks County, will be the last of 14 new VA cemeteries to open across the United States since 2000.

More than half a century after the largest mobilizations of armed forces in our nation's history, the demand for burial space has reached an all-time high. VA's planned expansion is designed to provide veterans access to

burial space in dignified and solemn national shrines, at locations that are close by and convenient for the families.

Much of the new cemetery construction has been concentrated in regions of the country where more veterans have moved, primarily in the South and the West. For example, since opening in 2007, South Florida National Cemetery has offered space for burial of casketed or cremated remains to nearly 400,000 veterans residing in the Palm Beach region.

Fort Jackson National Cemetery is scheduled to begin serving the veterans of South Carolina's Midlands region in December. Florida veterans will have new options for burial at

Sarasota National Cemetery and Jacksonville National Cemetery beginning in January 2009. Alabama National Cemetery is scheduled to begin serving veterans of the Birmingham region in the spring of 2009. To the west, veterans of the southern region of California's Central Valley will have access to new burial space at Bakersfield National Cemetery beginning in the summer of 2009.

In addition to new cemetery construction, projects to expand or improve existing cemeteries are key to ensuring veterans will have access to burial space in the future. Current projects include gravesite expansions at Dallas-Fort Worth National Cemetery and at Fort Sam Houston

National Cemetery in San Antonio. Other major expansion projects are under design at Calverton National Cemetery on Long Island, N.Y., and at Puerto Rico National Cemetery near San Juan. These projects will provide enough space for at least 10 more years of burials in major metropolitan areas that have among the largest populations of veterans in the United States.

New state veterans cemeteries are a critical component to providing burial options for veterans living in more rural areas of the country. This decade, between 2000 and 2009, VA will have funded construction of 33 state veterans cemeteries. When the state cemeteries to be funded in fiscal

year 2009 are opened, VA will have achieved the strategic goal of providing burial space that is close to the homes of 90 percent of the nation's veterans.

Also in the near future, VA will establish an annex to Fort Rosecrans National Cemetery in San Diego. The cemetery annex will be located on land transferred from the Department of the Navy at Marine Corps Air Station Miramar. Based on current plans, an initial section will be ready for burials at the Miramar Annex in the summer of 2010. This critical project will resume the option for the interment of casketed remains in the San Diego region—a service that has not been available locally since Fort Rose-

crans National Cemetery exhausted its burial space more than 40 years ago.

Each of VA's 125 national cemeteries is operated and maintained as a national shrine befitting the veterans whose service we honor and commemorate. In addition to maintaining the highest standards of appearance, VA cemetery employees are committed to providing caring and compassionate service during the most difficult and emotional times in the lives of a family.

Although the National Cemetery Administration conducts more than 100,000 interments a year, VA employees handle each interment service as if it is the only activity scheduled for the day. As a result of such impeccable service, NCA earned a customer satisfaction rating of 95 out of a possible 100 points in the American Customer Satisfaction Index survey conducted by the University of Michigan in 2007. This is the highest rating in customer satisfaction ever received by a federal agency or private corporation, as recorded by ACSI.

In a separate survey conducted annually by NCA, 98 percent of visitors rated the appearance of VA national cemeteries as excellent. NCA's goal for this measure of performance is 100 percent.

With the expansion of national cemeteries, and the implementation of a service culture that is second-to-none, veterans today have greater access to burial services—services that are unsurpassed in quality and responsiveness to the needs of the families we serve.

The people of NCA are honored to serve the best of our fellow citizens: those who served faithfully, and in many cases, gallantly. VA national cemeteries ensure that each veteran's service and sacrifice will be honored in perpetuity, and memorialized for generations to come. **VA**

By William F. Tuerk, Under Secretary for Memorial Affairs



Crypts being installed at the Jacksonville National Cemetery in Florida, set to open for burials early next year.

ANDY LAMENDOLA

VA National Cemetery Openings 2000-2009

Dallas-Fort Worth National Cemetery	2000
Ohio Western Reserve National Cemetery	2000
Fort Sill National Cemetery (Okla.)	2001
National Cemetery of the Alleghenies (Pa.)	2005
Great Lakes National Cemetery (Mich.)	2005
Georgia National Cemetery	2006
Sacramento Valley National Cemetery (Calif.)	2006
South Florida National Cemetery	2007

Projected Openings

Fort Jackson National Cemetery (S.C.)	2008
Sarasota National Cemetery (Fla.)	2009
Jacksonville National Cemetery (Fla.)	2009
Alabama National Cemetery	2009
Bakersfield National Cemetery (Calif.)	2009
Washington Crossing National Cemetery (Pa.)	2009

Veterans Day 2008



ED SWANSON

Above: A paratrooper drops in on the Veterans Day ceremony held at the Veterans Memorial at Kanapaha Park in Gainesville, Fla. The ceremony is a combined effort of the Malcom Randall VA Medical Center and Alachua County; below: Veterans and community members filled the stands at the Bonham High School Warrior football stadium for the 18th annual regional Veterans Day program hosted by the VA North Texas Health Care System and the city of Bonham; top right: Nearly 800 people attended the dedication of a Wall of Honor at the Fresno, Calif., VA Medical Center. The wall features the names of 246 veterans engraved on black granite plaques. Family members of the veterans attended the ceremony.



DAVID PHILLIPS



NANETTE FURIO



NANCY GRAY

Above: Veterans service organizations march in to post their colors at the Veterans Day ceremony at Calverton National Cemetery in New York; below: Memphis VA Medical Center employees participated in the city's annual Veterans Day parade.



TERESA MOERMAN

VA Among the First Federal Agencies to Receive 2009 Budget

While many of the federal departments and agencies work under a continuing resolution, VA is one of three departments with a “real” budget for fiscal year 2009.

On Sept. 30, President Bush signed the Consolidated Security, Disaster Assistance and Continuing Appropriations Act into law, establishing the budgets for the Departments of Defense, Homeland Security and Veterans Affairs. VA received \$94.35 billion—\$9 billion more than in 2008.

“The 2009 budget will allow VA to provide timely, accessible and high-quality health care to our highest priority patients—veterans returning from service in Operation Enduring Freedom and Operation Iraqi Freedom, veterans with service-connected disabilities, those with lower incomes, and veterans with special health care needs,” said Secretary James B. Peake, M.D. “The additional funding will also allow us to advance our collaborative efforts with the Department of Defense; improve the timeliness and accuracy of claims processing; ensure the burial needs of veterans and their eligible family members are met and maintain veterans’ cemeteries as national shrines.”

VA and DoD have been working towards the development of secure, interoperable electronic medical record systems to allow for a more seamless transition of patients from DoD to VA care. After a successful trial run with Walter Reed Army Medical Center in Washington, D.C., a program is now in place to allow the electronic transfer of veterans’ medical records from any Army medical treatment facility to one of VA’s four major

polytrauma centers, located in Tampa, Fla.; Richmond, Va.; Minneapolis; and Palo Alto, Calif.

VA’s increased budget is also intended to boost enrollment of Priority 8 veterans by providing funding to support veterans whose income exceeds the current means test by 10 percent or less. An estimated one-half of all uninsured veterans fall under Priority 8.

The Veterans Health Administration received \$40.96 billion, which includes a \$1.15 billion increase to address critical needs such as mental health care.

“VA will spend more than \$3.5 billion for mental health services in fiscal year 2009, and we are very proud of our accomplishments in this area,” said Under Secretary for Health Michael J. Kussman, M.D. “Indeed, many mental health professionals and organizations outside the Department have recognized VA’s leadership in this area, and I firmly believe that no one receives better mental health care in this nation than veterans enrolled in VA’s health care system.”

Along with mental health care, VHA will spend about \$584 million for substance abuse programs. Its portion of the budget will also be used to:

- Provide veterans with a new generation of advanced prosthetics to help improve quality of life for injured and aging veterans.
- Provide more accessible health care to rural veterans.
- Improve fee-based services to improve access to medical care where VHA facilities aren’t available.
- Improve access to medical care for veterans in rural areas.
- Increase the patient travel

reimbursement rate from 28.5 cents per mile to 41.5 cents per mile, while freezing the deductible.

■ Hire additional personnel for the HUD-Veterans Affairs Supportive Housing Program and spend about \$130 million to support homeless grants and per diem programs.

VHA also received \$769 million above the 2008 budget, which includes a \$300 million increase for ongoing maintenance and renovations of existing facilities to address identified shortfalls and to ensure VA facilities remain capable of delivering world class medicine.

The Veterans Benefits Administration will hire roughly 2,000 additional claims processors and will receive \$46.74 billion for entitlement programs.

“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,” said Peake. “This increase in staffing is the centerpiece of our strategy to achieve our 145-day goal for processing compensation and pension claims in 2009.”

The National Cemetery Administration will receive an additional \$49 million, with at least \$25 million go-

ing to fund projects to raise, realign and clean headstones, rehabilitate turf and repair sunken gravesites. These funds will help maintain national cemeteries as shrines dedicated to the service and sacrifice of veterans.

“State veterans cemeteries are important complements to VA’s national cemeteries,” said Under Secretary for Memorial Affairs William F. Tuerk, referring to an additional \$10 million set aside to assist state cemeteries. “Grants to the states play a crucial role in helping NCA achieve its strategic goal of providing 90 percent of the nation’s veterans with reasonable access to a burial option. Working with our state partners, additional funding will allow us to address more projects in the current inventory of grant requests.”

Other notable budget increases include: \$103 million for general operating expenses; \$47 million for information technology to cover critical unplanned needs at medical centers, additional claims, the eye injury registry and FLITE (Financial and Logistics Integrated Technology Enterprise); and \$854 million for new and major construction, grants for state extended care and state cemeteries. VA will also use its increased budget to facilitate the new GI Bill and traumatic brain injury care. **VA**

FY 2009 Budget at a Glance

Total funding: \$94.35 billion
 Increase from FY 2008: \$9 billion
 Total Veterans Health Administration: \$40.96 billion
 Total Veterans Benefits Administration: \$46.9 billion
 Total National Cemetery Administration: \$230 million

Minneapolis VA Medical Center Wins Trophy in 2008 Carey Awards



Surrounded by his leadership team, Steven Kleinglass, director of the Minneapolis VA Medical Center, holds the Carey Trophy. The Trophy is the highest award given in the annual Robert W. Carey Performance Excellence Awards program. Kleinglass said the Minneapolis VAMC entered the Carey program “to honor patients—the real heroes of our nation who we so proudly serve.”

The Minneapolis VA Medical Center is the 2008 Robert W. Carey Performance Excellence Awards Trophy winner.

The Carey awards are presented annually to recognize VA organizations that have demonstrated noteworthy levels of performance excellence in seven areas: leadership; strategic planning; customer and market focus; measurement, analysis and knowledge management; workforce resource focus; process management; and results. The Trophy is the highest award given to eligible organizations.

“The purpose of the medical center’s journey to excellence was to honor patients—the real heroes of our nation who we so proudly serve,” said Minneapolis VAMC Director Steven Kleinglass.

“While leadership may

have had the vision to pursue the Carey journey, it’s really all about our staff, who made this a reality.”

The facility is a 279-bed university-affiliated tertiary care medical center with active research and education programs and provides comprehensive inpatient and outpatient care to approximately 80,000 veterans.

The Minneapolis VAMC completed their fourth Carey/Baldrige organizational assessment as part of their framework for improvement with a continued focus on their four-part mission of improving the health of veterans through medical care, research, teaching, and providing medical backup for the Department of Defense.

The Carey program follows the Malcolm Baldrige

National Quality Award Criteria. It provides a model against which organizations can assess their quality transformation efforts, organizational effectiveness, and performance in delivering service and satisfying customers.

There are four categories of awards:

- Achievement awards are given to applicants that score 325-399 points.

“While leadership may have had the vision to pursue the Carey journey, it’s really all about our staff, who made this a reality.”

- Excellence awards are given to applicants that score more than 400 points.

- Trophy awards are given to applicants that score 400 or more points.

- Circle of Excellence awards are given to organizations that have recently won the Trophy award and are not eligible to compete due to the five-year waiting period. To qualify for the COE award, an organization’s score must be equal to, or higher than, the current Trophy winner.

This year’s COE winners include last year’s Trophy winner, the Durham, N.C., VA Medical Center, and Vermont’s White River Junction VA Medical Center.

Five VA facilities, four medical and one national cemetery, were named Performance Excellence winners. They are: the Bay Pines, Fla., VA Healthcare System; the Dallas-Fort Worth National Cemetery; the Louisville, Ky., VA Medical Center; the VA Healthcare Network Upstate New York (VISN 2); and the Washington, D.C., VA Medical Center.

The Fayetteville, Ark., VA Medical Center, the South Texas Veterans Health Care System, the James H. Quillen VA Medical Center in Mountain Home, Tenn., and the VA Southern Oregon Rehabilitation Center and Clinics earned Performance Achievement awards.

The awards program is dedicated to the late Robert W. Carey, who, as director of

the Philadelphia VA Regional Office and Insurance Center, was recognized as a quality leader and champion of excellence in the federal government. [VA](#)

Washington VA Medical Center Team Wins 2008 Teague Award



Washington, D.C., VA Medical Center Director Fernando O. Rivera holds the Teague Award presented to the facility's OEF/OIF Task Force by Secretary James B. Peake, M.D., third from left, during a ceremony on Sept. 24.

VA Secretary James B. Peake, M.D., presented the 28th annual Olin E. Teague Award to the Washington, D.C., VA Medical Center's Operation Enduring Freedom/Opera-

tion Iraqi Freedom Task Force during a ceremony held at the National Guard Association "Hall of States" building in the nation's capital on Sept. 24.

The task force was recog-

nized for its work improving quality of life for war-injured veterans. The team identified opportunities for improved case management of OEF/OIF veterans and designed a health care structure that assigns one case manager to each of the more than 7,400 OEF/OIF veterans currently enrolled at the D.C. VAMC. This model is considered a "best practice" throughout the Veterans Health Administration.

Patient feedback has been positive. "The best thing about having a case manager is having one person who knows about you, your medications and your appointments and who can speak to others in the hospital to make sure all your treatments and medications are compatible," said OEF veteran

Donald Lange.

Air Force veteran Brian Isenhour, who regularly receives polytrauma care at the D.C. VAMC, said the facility's OEF/OIF Task Force "deserves this recognition because the team not only helps the veteran, but also the veteran's family."

The Teague Award was established by VA to honor the late Texas congressman, whose leadership as chairman of the House Committee on Veterans' Affairs provided vital support to the agency's mission of serving America's veterans. The award recognizes an employee or team within VA whose achievements have been extraordinarily beneficial to the rehabilitation of war-injured veterans. [VA](#)

Former Secretary Principi Returns to Unveil His Official Portrait

Former Secretary of Veterans Affairs Anthony J. Principi returned to VA Central Office in October for the unveiling of his official portrait. He was joined by Secretary James B. Peake, M.D., and guests from VA and Capitol Hill in a program televised throughout the VA system.

The oil portrait by Steven Polson hangs outside the Omar Bradley Conference Room in the Secretary's office suite alongside those of Principi's predecessors and depicts Principi as most at VA knew him—animated, with arms reaching out and hands gesturing as he makes his point across an executive desk.

"I've been with Tony Principi at many occasions," said Peake, "and his passion remains as strong as when he was with VA. It's like following a rock star; you follow him with admiration, appreciation and reverence."

Principi served as VA Deputy Secretary from March 1989 to September 1992, when he was named Acting Secretary by President George H.W. Bush. He served in that position until January 1993. He was nominated as VA Secretary by President George W. Bush on Dec. 29, 2000, and confirmed by the Senate on Jan. 23, 2001, as the fourth Secretary of Veterans Affairs.

Looking at his portrait and then back at the audience, Principi said, "I say to all who are called in service to veterans that all the good things said about me are a reflection of your work, your dedication and your skill."

After leaving VA in 2005, Principi was appointed by President Bush to chair the military Base Realignment and Closure Commission. In 2007, President Bush appointed him to serve as chairman of the board of visitors for the United States Naval Academy. Currently, Principi is chairman of the board of directors for QTC Management Inc., and senior vice president of Pfizer Inc.

Other subjects by portrait artist Polson include prominent figures such as former Secretary of State Colin Powell and former Secretary of Defense Donald Rumsfeld. [VA](#)



Anthony J. Principi's official portrait hangs outside the Omar Bradley Conference Room in the Secretary's office suite at VA headquarters.

Valentines for Veterans: National Salute to Hospitalized Veterans

Daytime television actor and Emmy nominee James Reynolds is this year's chairman of the National Salute to Hospitalized Veterans. Best known for his long-running performance as police officer Abe Carver on the popular "Days of Our Lives," Reynolds will lead VA's annual patient recognition program inviting the public to visit and honor hospitalized veterans during National Salute Week, Feb. 8-14, 2009, and serve as national spokesperson for more than

Veterans Career Fair a Success

More than 300 veterans attended the One-VA Veterans Career Fair at VA Central Office on the last day of September to learn more about jobs available at headquarters and other VA facilities in the metro area.

While VA has participated in job fairs in the past, this was the first hosted by VA aimed at veterans; turnout exceeded all expectations.

"The job fair was a huge success and is another indication of VA's commitment to serving veterans," said Acting Deputy Assistant Secretary for Human Resources Management Willie Hensley.

The fair was sponsored by VACO human resources and included numerous offices within VA's three administrations—the Veterans Health Administration, Veterans Benefits Administration and National Cemetery Administration. Participating veterans had an opportunity to learn more about the application process, get their questions answered by HR professionals, and talk one-on-one with VA employers with open positions ready to be filled.

131,000 volunteers serving veterans at VA facilities across the nation.

Reynolds, born Aug. 10, 1946, was raised in the small farming community of Oskaloosa, Kan. During high school, he performed in many school plays and was active in sports.

Following graduation, Reynolds joined the Marines and was assigned to an information service office in Hawaii as a reporter. Later, he was sent to Vietnam and

The job fair, along with other veteran recruitment programs such as the newly created Veterans Employment Coordination Service, is one of several tools designed to help VA meet its succession planning goals and boost the number of veteran employees in its workforce from 30 to 33 percent.

Severely injured veterans of Operation Enduring Freedom and Operation Iraqi Freedom are the primary targets of VECS, whose regional employment coordinators will contact more than 2,000 known severely disabled veterans from the Global War on Terrorism. They will then reach out to other veterans seeking employment with VA by working closely with VA managers and human resources offices to ensure supervisors are aware of programs that make it easy to hire veterans.

They will also collaborate with military transition programs, veterans service organizations and other VA programs to promote careers in the VA workforce through initiatives such as the career fair held at VACO. [VA](#)

served for almost a year with a variety of units in and around Chu Lai, adding battlefield reporting to his combat duties, until a wound resulted in his discharge.

He used his background and experience in journalism to land jobs with newspapers such as the *Topeka Daily Capitol* and the *Colorado Springs Sun*, for which he wrote about theatre, film and music. The journalism posts allowed him to report on his passion while pursuing acting as a career.

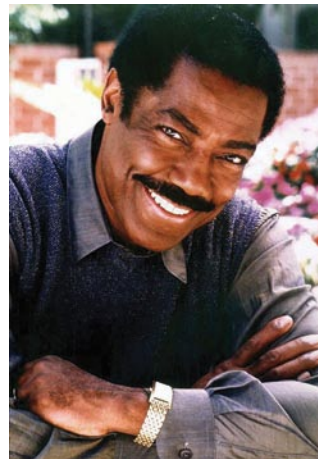
In 1974, he landed his first television commercial as well as a featured role in "Mr. Majestyk," which starred Charles Bronson. He moved to Los Angeles and soon amassed an impressive list of primetime television and motion picture credits and became one of the foundation blocks of "Days of Our Lives." He has logged more hours on television than any other African-American actor in the U.S., averaging more than 100 hours of airtime each year for 22 consecutive years.

Reynolds received an Emmy nomination for Best Supporting Actor in a Drama Series for his role as Carver, as well as NAACP Image Award nominations for Outstanding Lead Actor in a Daytime Drama Series. He was also nominated for an NAACP Theatre Award for his work in the theatrical production "Buffalo Soldier."

Despite a heavy TV schedule, Reynolds is deeply committed to charitable works such as Ronald McDonald House and touring with the USO. He has been to Cuba, the Mediterranean, Kuwait and Afghanistan to meet and show support for troops overseas. In 2007, Reynolds was



Little Anthony and the Imperials



James Reynolds

honored by the Beverly Hills/Hollywood NAACP Veteran Affairs and Armed Services Committee for his contributions to the U.S. armed forces.

In other National Salute news, the Valentines for Veterans Concert will return again in 2009 following last year's hugely successful inaugural event featuring the legendary Little Anthony and the Imperials in Prescott, Ariz.

The concert led to a partnership with the Rock and Roll Hall of Fame in Cleveland, which will feature Little Anthony and the Imperials once again as the headline act for the 2009 National Salute Valentines for Veterans event there on Feb. 13. The Hall

continued on page 32

Terry Schmidt

What makes a good football player? “Certainly, physical and mental skill,” Mike Ditka, legendary former coach of the Chicago Bears, might say. “Plus rock-solid confidence. And let’s not forget the most important part: a real passion for the game.”

Dr. Terry Schmidt, chief of Dental Service at the James A. Haley Veterans’ Hospital in Tampa, Fla., has all of these attributes, but passion is what he’s really all about. A former professional football player for the Bears and the New Orleans Saints, Schmidt’s passions are a lot different now than when he played defensive back for those NFL teams.

Today, the Columbus, Ind., native’s passion is for the men and women who served their nation in the armed forces, and for those who continue to serve. It’s also for those who live in faraway places and have great needs.

Chief of Dental Service at the Tampa VA since 2003 and a VA employee for nearly 20 years, Schmidt is a tall, broad-shouldered, yet soft-spoken man. He is also a naval reserve officer who was recently promoted to the rank of commander. In the Navy Reserve, he works on the teeth of young active-duty troops, including new recruits.

Schmidt has great respect

for the men and women he provides dental care to at MacDill Air Force Base in Tampa, and at the Marine Corps Recruit Depot on Parris Island, S.C. “The general public isn’t aware, I think, of how much reservists are contributing—they deploy and redeploy,” he says.

A married father of two and grandfather of two more, Schmidt says the Navy approached him eight years ago, inviting him to join. Schmidt didn’t hesitate. His many years of working closely with veterans had been very satisfying; joining the Navy was yet another way he could reach out to those in uniform. The only problem? His age. “At 48, I did have to get an age waiver,” the dentist says with a smile.

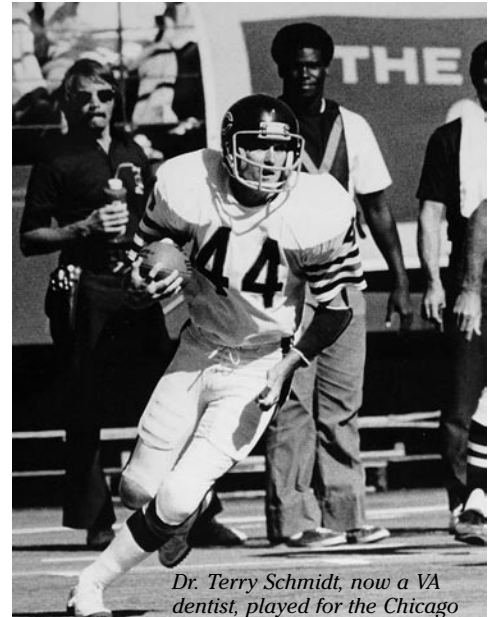
But the question looms: why would a pro-football player want to leave such a glamorous career to become, well, a dentist? Schmidt answers matter-of-factly. “Football was a means to an end—it paid for my education. I’d wanted to be a dentist since junior high.”

A 1974 graduate of Ball State University in Muncie, Ind., Schmidt started playing for the Saints that year. Two years later, he left to join the ranks of the Bears, staying with that team for nine years, from 1976 to 1984.

In his last contract with

the team, the Bears offered to pay for dental school—something Schmidt says he greatly appreciated. He attended Loyola University School of Dentistry, graduating in 1989.

“I was so busy in dental school, I knew that was what I



Dr. Terry Schmidt, now a VA dentist, played for the Chicago Bears from 1976 to 1984.

COURTESY TERRY SCHMIDT



wanted to do,” he says. “It was time to leave football. And it paid off. Unlike some of my colleagues, I left dental school with no debt.”

Since that time, Schmidt has never looked back. Besides his career with VA and his military duties, he also takes

mission trips overseas once or twice a year, providing much-needed dental care to children in such far-flung places as Guatemala, Ecuador, Brazil and the Dominican Republic. Plus he’s a scuba diver and photographer, with breathtaking underwater shots lining the walls of his office.

Ask Schmidt if there’s anything he misses about football and he pauses, thinks for a minute and replies, “I do miss the camaraderie. But I get that through my military service and mission trips. And I so enjoy working with the veterans here. It’s the thing that keeps me coming back day after day.” VA

By Susan Wentzell

National Salute cont.

of Fame also will proclaim Feb. 14 as National Salute to Hospitalized Veterans Day and will offer free admission to every veteran and member of the military in the community on that day.

Other concerts featuring well-known national and regional musical groups will

be held on Feb. 13 in Charleston, S.C., and on Feb. 14 in Prescott. The Charleston concert features The Tams and The Embers, known in the area for their southern, rhythm and blues style of “beach music.” The Feb. 14 concert will take place again in Prescott, with musical entertainment

from Russell Thompkins Jr., and the New Stylistics (known for such hit songs as “Betcha By Golly Wow” and “You’ll Never Get to Heaven if You Break My Heart”).

During the National Salute, VA invites individuals, veterans groups, military personnel, civic organizations,

businesses, schools, local media, celebrities and sports stars to participate in a variety of activities at the VA medical centers. The activities and events include special ward visits and valentine distributions; photo opportunities; school essay contests; and veteran recognition programs. VA

Retraining the Brain with Extraordinary Eyeglasses

With its cutting-edge technology and specialized programs for Operation Enduring Freedom and Operation Iraqi Freedom veterans, the Michael E. DeBakey VA Medical Center in Houston is a well-known leader in the treatment and rehabilitation of veterans with traumatic brain injury.

The facility's latest breakthrough is the use of specialized prism eyeglasses that retrain the brain to treat hemispatial neglect.

Hemispatial neglect is a neurological condition caused by damage to one hemisphere of the brain resulting in a deficit in attention and awareness. It most commonly results from brain



Dr. Kia Eldred, an optometrist at the VA medical center in Houston, works through a prism adaptation therapy session with Marine veteran Steven Schulz, who was wounded in an IED explosion in Iraq.

injury to the right cerebral hemisphere, causing visual neglect of the left-hand side of space. Right-sided spatial neglect is rare because there is redundant processing of the right space by both the left and right cerebral hemispheres, whereas in most left-dominant brains, the left space is only processed by the right cerebral hemisphere.

Patients suffering from TBI may lose half of their vision in each eye. This type of vision loss is called hemianopsia. Patients who have hemianopsia are often aware of their vision loss and can be taught to scan their environment to compensate for the visual field loss. Patients with hemispatial neglect unintentionally ignore part of their vision because of a lesion in the visual processing section of the brain.

In the last year, Dr. Kia B. Eldred, an optometrist and member of the Visual Impairment Services Outpatient Rehabilitation (VISOR) program at the medical center's Visual Impairment Services Center, began using prism adaptation therapy to treat veterans suffering from hemispatial neglect.

"Prism glasses are intended to shift the image to the right in order to retrain the visual and motor system to become aware of objects on the left side," said Eldred.

Marine Cpl. Steven Schulz was serving his second tour in Iraq in April 2005 when an improvised explosive device left him blind in his right eye and suffering from TBI.

"The vision in my left eye isn't that good. My brain forgets to look to the left so I bump into stuff," said Schulz. "About a

month ago, I began working with Dr. Eldred, Tonya Mennem, who is a low vision therapist, and the prism glasses to retrain my brain. I do the exercises twice a day at home and have already noticed an improvement."

Advances in armor and Kevlar helmets have reduced the number of fatal gunshot wounds but still leave the brain vulnerable to improvised explosive devices, land mines and mortar attack. TBI, the signature injury of recent combat, can result when the brain ricochets inside the skull during the impact of an object or blast waves.

"Improving field of vision dramatically increases a veteran's ability to respond to rehabilitation programs and function more independently," said Mennem. "We want to maximize a veteran's quality of life, reduce dependence on family and community, and address patient safety issues such as falls, burns and medication errors."

A Better Way to Detect Heart Attacks

A Birmingham, Ala., VA Medical Center doctor recently discovered that adding three more leads to an EKG machine can significantly increase the ability to identify patients experiencing heart attacks that would otherwise go unnoticed.

In a study published online Nov. 3 in the *American Journal of Cardiology*, VA interventional cardiologist Dr. Raed A. Aqel discovered that traditional 12-lead EKGs were unlikely to detect heart attacks occurring in an artery at the posterior of the heart. However, by adding three additional leads to the left sides and backs of patients, detection of these types of heart attacks nearly doubled.

"Doing these extra leads would keep emergency departments from sending 10 to 12 percent of those patients with inconclusive EKGs home, and instead admit them because they are having a heart attack," Aqel said.

Heart attacks occur when an artery becomes blocked and cuts off the flow of blood to the heart. Severe blockages can cause the heart to stop beating. EKG machines are used to measure the electrical activity of the heart. Abnormal readings alert doctors to blockages that could lead to heart attacks and cardiac arrest.

Aqel noticed the advantage of using the extra leads while monitoring 53 patients undergoing balloon angioplasty. During the procedure, a serious heart attack is simulated when a tiny balloon-like instrument is inserted into a blood vessel and then inflated, causing a complete blockage temporarily.

The 15-lead EKG detected the simulated heart attacks about 75 percent of the time. The 12-lead EKG detected the blockage 40 percent of the time. That means the traditional 12-lead EKG machine would miss between 10 and 15 percent of the heart attacks, according to Aqel's findings.

"It's a very simple maneuver," Aqel said. "Add the three more leads and it should save our patients from having a heart attack at home."

While use of the 12-lead EKG machine is standard, many medical guidelines call for using the additional three leads if the initial test proves inconclusive. However, not many emergency medical doctors use them, according to Aqel. He believes use of the three extra EKG leads should be standard procedure and hopes his study encourages the health care community to do so.

Soft Suicide Door Gaining Nationwide Recognition

Believe it or not, the ordinary door is the most common object suicidal patients on mental health wards take advantage of when they attempt to take their own lives.

"Doors are the number one tool used on inpatient units for suicide," said Jackie Van Mark, public affairs officer at the Sheridan, Wyo., VA Medical Center. "Patients can use the hinges or the knob. They can even close a door with a cloth or string wedged at the top or in the hinge and hang themselves."

Van Mark and fellow VA employee Lisa Garstad, the facility's patient safety manager, have developed a new type of door that eliminates that risk. It's called the soft door. And like most inventions, it was developed out of necessity.

In 2007, VA's National Center for Patient Safety sent out an "Environment of Care" checklist designed to address suicide reduction on inpatient mental health units.

"The checklist really made us look at our units from a completely different perspective," said Garstad. "One thing we had to deal with right away was the bathroom doors in patient rooms. We looked all over for alternatives."

Garstad initially ordered a composite door to use as a trial. The door was made of three pieces sandwiched together in such a way that it would slide down if any weight were applied. But there was a high demand for that door and her request was placed on backorder.

She needed to find an alternative as quickly as possible, so she began searching the Internet for sources and ideas.

"I had a vision of doing something with vinyl. I was thinking of a Wild West-type saloon door that would swing open and closed," said Garstad. "I went to a local mom and pop awning shop in town."

The shop worked up a prototype, using half-inch plastic plumbing tubing that acted as the frame to support the vinyl. Along one side, a two-inch strip of Velcro was attached to act as the hinge. The vinyl wasn't solid enough, even with the tubing support and Velcro hinges. "It was at this point that Jackie got involved," said Garstad.

Van Mark believed that the door would function properly if it was supported by a solid core. A stroke of luck then led to a solution to this aspect of the door's design.

Van Mark had ordered an item on the Internet that was packed using foam sheeting.

"I opened the box and instead of looking at my purchase, I took out the packing foam sheet and got all excited and knew this material would be best for the door."

She and Garstad settled on lightweight foam that could be sewn within the vinyl of the prototype. Unfortunately, the awning company couldn't handle the project. The pair soon found a local firm that made windshield and engine covers for aircraft.

"This company was familiar with the industrial aspect of manufacturing," said Van Mark, "and it was in a niche market right here in Sheridan."

The original prototype was made from dark brown vinyl. While functional, it wasn't very attractive. Another turn of events would lead to an additional improvement just like the foam sheeting.

During a risk assessment walk-through, a VISN team noted framed artwork as a potential hazard because the hooks and

framing material could be used as a weapon.

"We wanted to somehow make this clinical setting more comfortable for our patients and mentioned this to the manufacturer," Van Mark said.

It turned out the manufacturer also owned a local graphic design company and suggested printing outdoor photos on the doors to make them look better.

The medical center obtained a patent on the soft door and the local firm has since secured a license to manufacture the doors under that patent.

The soft suicide door is gaining recognition all over the country and has gone through a few modifications since the original design, gradually improving the product.

Cancer-causing Gut Bacteria Identified

There are millions of microbes in the human body. In the colon alone, there are more bacteria than the human body has cells. Most of these bacteria are absolutely harmless and some even have known beneficial effects, such as those that help digestive processes. However, scientists have speculated for a number of years that bacteria living in the gut may also play a role in the formation of sporadic colorectal cancer.

"We wanted to investigate how colon cells respond to normal gut bacteria that can damage DNA, like *E. faecalis*," said Dr. Mark Huycke, chief of Medical Service at the Oklahoma City VA Medical Center. "We found that superoxide from *E. faecalis* led to strong signaling in immune cells called macrophages. It also altered the way some cells in the gut grew and divided and even increased the productivity of genes that are associated with cancer."

Enterococcus faecalis, or *E. faecalis*, is a normal gut bacterium that, unlike most gut bacteria, can survive using two different types of metabolism: respiration and fermentation. When bacteria use fermentation as their main metabolic strategy, they release byproducts. One of these is similar to an oxygen molecule referred to as a superoxide. Superoxide is a free radical; it is highly reactive and can easily damage DNA, which may play a role in the formation of colon tumors.

Huycke and his team discovered 42 genes in epithelial cells in the gut are involved in the regulation of the cell cycle, cell death and signaling based on the unique metabolism of *E. faecalis*. This suggests that cells of the lining of the colon are rapidly affected when *E. faecalis* switches to fermentation. It also indicates that *E. faecalis* may have developed novel mechanisms to encourage colon cells to turn cancerous.

Intestinal cancers occur almost exclusively in the colon, where billions of bacteria are in contact with the gut surface. For years, scientists have tried to identify links between gut bacteria and people who are at risk of colon cancer. This has been made difficult by the enormous complexity of the microbial communities in the intestine.

"Our findings are among the first to explore mechanisms by which normal gut bacteria damage DNA and alter gene regulation in the colon that might lead to cancer," Huycke said. "This research puts into perspective the complexity of the effects normal gut bacteria can have on the health of an individual."

His team's research was published in the October issue of the *Journal of Medical Microbiology*. **VA**

Seattle, Dallas Fisher Houses Dedicated

Two VA medical centers recently added Fisher Houses to their campuses. On Sept. 10, the families of veterans hospitalized at the Seattle VA Medical Center finally received their home-away-from-home when the VA Puget Sound Health Care System opened its first Fisher House. The nation's 40th Fisher House contains 21 private guest suites, allowing up to 63 family members to stay near loved ones undergoing treatment at the Seattle VAMC. The 16,000-square-foot house includes a manager who acts as a full-service concierge. "His or her mission is to try to make every problem go away for that family, so that they only need to be concerned about medical care for their loved one," said Jim Weiskopf, of the Fisher House Foundation.

On Oct. 23, the VA North Texas Health Care System and the Fisher House Foundation dedicated a 16,800-square-foot Fisher House located on the grounds of the Dallas VA Medical Center. It is the 18th Fisher House on VA property and the 42nd for the foundation. The house is the largest to date and comes equipped with an elevator to access the second floor. The Fisher House Foundation donates these "comfort homes," strategically built on the grounds of major military and VA medical centers. Once open, VA assumes responsibility for all operating costs.

VA/DoD File Transfer Program Implemented at Polytrauma Centers

A successful pilot program between VA and the Department of Defense is expanding to allow the electronic transfer of veterans' medical records from any Army medical treatment facility to one of VA's four polytrauma centers, located in Tampa, Fla.; Richmond, Va.; Minneapolis; and Palo Alto, Calif. A uniform, standard method of communicating patient information, such as the patient's situation and background, assessment of their condition and recommendations for future care, will ensure veterans receive high quality care immediately after being transferred and that information is available and accessible at all times.

A collaboration between VA and DoD nurses and information technology professionals, the VA-funded project aims to make all electronic patient records interoperable. Recently, VA and DoD completed a successful pilot project, sharing patient information between Walter Reed Army Medical Center in Washington, D.C., and VA's polytrauma center in Tampa, which led to the project's expansion.



Attendees listen to a speaker at the dedication ceremony for the new Fisher House located on the grounds of the Dallas VA Medical Center.

Freedom Rings at the Pro Football Hall of Fame Parade

Each year, the Pro Football Hall of Fame Parade in Canton, Ohio, serves as the unofficial kickoff of the most popular professional sports season in the United States. This year, veterans from the Northeast Ohio region, with support from Canton VA Outpatient Clinic employees, celebrated in star-spangled glory. On May 31, after raising more than \$9,000 from community members and businesses, 25 volunteers, including VA employees and veterans, began the float's construction at the home of VA employee Shirley Toland.

The Lady Liberty float, which took more than 825 hours to create, celebrated the sacrifices of those who served. A bald eagle carved with a chainsaw by a veteran was among the float's motifs. During the parade on Aug. 2, decorated veterans, including six POWs and a Purple Heart recipient, stood proudly on the float, representing all the branches of military service.



The Valor Center provides rehabilitation for up to 16 patients with recent amputations, strokes and joint replacements.

APRIL JONES

New Rehab Unit Opens in Tuscaloosa

The Valor Center for Rehabilitation, a new inpatient unit opened July 1 at the Tuscaloosa, Ala., VA Medical Center, is the latest enhancement to expanding access, quality and continuum of care in the VA Southeast Network (VISN 7). The center provides rehabilitation for up to 16 patients with recent amputations, strokes and joint replacements.

Recently, the Tuscaloosa VAMC was designated as a Polytrauma Support Clinic Team site for returning veterans from Afghanistan and Iraq. This designation helped lead to the new evaluation and treatment program designed specifically to assess veterans for the effects of mild to moderate traumatic brain injury and post-traumatic stress disorder. Due to the new program, the Tuscaloosa VAMC now serves as a referral facility for comprehensive rehabilitative care and moderate TBI/PTSD assessment from neighboring states and across VA's health care system.



ROBERT TURTEL

Secretary James B. Peake, M.D., center, was on hand for the ribbon-cutting of the new VA Acquisition Academy in Frederick, Md., on Nov. 24. Thirty interns entered the inaugural acquisition class to begin a rigorous three-year training program.

New Acquisition Academy Helps VA Educate and Train New Workers

If you had \$93.7 billion dollars, who would you trust to spend it? In the federal government, acquisition professionals and contracting officers do the spending. VA is in the process of training the next generation of trusted business advisors highly skilled in the intricacies of federal acquisition. On Sept. 2, 30 interns entered the inaugural acquisition class to begin a rigorous three-year training program.

The new VA Acquisition Academy in Frederick, Md., offers a holistic approach to developing technical, interpersonal and leadership skills. Designed to provide an in-depth understanding of health care purchasing needs and knowledge of supply markets, the goal is to keep VA running on time, within budget and focused on results. The interns are in career ladder positions beginning at the GS-9 and ending at the GS-12 level. Upon graduation, the interns will become full-time VA employees and serve in VA acquisition offices nationwide.

New and Improved VA Clinic in Columbus

In 1995, when the Chalmers P. Wylie Veterans Clinic opened, it was designed to handle 135,000 patient visits per year. In 2008, the Columbus, Ohio, outpatient clinic handled 310,000 patients and regularly sent patients to the VA medical centers in Cincinnati and Dayton for minor surgeries. That was until Nov. 12, when the new \$95 million Chalmers P. Wylie VA Ambulatory Care Center opened its doors.

At 295,000 square feet, more than twice the old clinic's size, the new center has 12 procedure rooms, four operating rooms and 23 recovery beds. With a staff of more than 150 health care providers, including physicians, psychologists and nurse practitioners, "we believe that 80 to 90 percent of surgical procedures can be performed" at the new clinic, says Dr. Miguel LaPuz, chief of staff. Other improvements include an on-site lab that makes artificial limbs for patients, larger waiting areas, and wireless capabilities throughout the building.

VA North Texas Receives Human Research Accreditation from Association

The VA North Texas Health Care System was among nine health care organizations to receive accreditation from the Association for the Accreditation of Human Research Protection Programs Inc. An independent, nonprofit body, the association partners with worldwide organizations that conduct human research, helping ensure all participants are respected and protected from unnecessary harm. To earn accreditation, organizations must provide tangible evidence—through policies, procedures and practices—of their commitment to scientifically and ethically sound research.

The association's strict and rigorous accreditation offers assurances—to research participants, researchers, sponsors, government regulators and the general public—that programs are focused first and foremost on excellence. "This is a great accomplishment for VA North Texas and demonstrates the tremendous amount of work done by investigators, coordinators and research staff towards accomplishing this goal," said Dr. James LePage, VA North Texas associate chief of staff for research. To date, 138 organizations representing 600 entities have earned accreditation from the association.



TERENCE GOLDEN

Rep. Ileana Ros-Lehtinen (R-Fla.), left, with Georgie Carter Krell during the ceremony to re-name the Miami VAMC after Krell's son.

Miami VAMC Re-named After Medal of Honor Recipient Bruce W. Carter

On Oct. 27, the Miami VA Medical Center was officially re-named the Bruce W. Carter VA Medical Center after the Medal of Honor recipient. In attendance was Carter's mother, Georgie Carter Krell, national president of the Gold Star Mothers and a longtime volunteer at the medical center. Marine Pfc. Carter, 19, was a radio operator with Hotel Company, 2nd Battalion, 3rd Marines Division. On Aug. 7, 1969, during combat in Vietnam's Quang Tri Province, Carter threw himself on an enemy grenade, giving his life to save his fellow Marines.

An unofficial count of VA medical centers shows 45 named after individuals—six of those after MOH recipients. In addition to Miami, they are: Audie L. Murphy VAMC in San Antonio; Alvin C. York VAMC in Murfreesboro, Tenn.; Ralph H. Johnson VAMC in Charleston, S.C.; Raymond G. Murphy VAMC in Albuquerque, N.M.; and George E. Wahlen VAMC in Salt Lake City, Utah.

Mobile Pharmacies Deliver for Veterans in Need

We deliver—even in a disaster! That's what VA's new pharmacy on wheels promises veterans recovering from storms, floods, earthquakes or other emergencies.

The VA Mobile Pharmacy, housed in a 40-foot-long solid steel trailer, is built to withstand Category 3 storm winds. With a satellite connection to VA's Consolidated Mail Outpatient Pharmacy system, a computerized state-of-the-art mail out pharmacy with automated systems that can process more than 1,000 prescriptions per hour, pharmacists can quickly obtain a veteran's prescription data to dispense the drugs on site. Additionally, VA can send replacement medications during an emergency by mail or carrier services to a veteran's home or temporary address.

The need for a mobile pharmacy unit was recognized in 2005 after Hurricanes Katrina and Rita severely damaged VA medical centers in the Gulf Coast region. In 2008, the Department deployed several mobile medical clinics as part of its emergency response to this year's hurricanes.

Golf Training Systems Donated to VA Southern Oregon Rehabilitation Center & Clinics

The Golf Supports Our Troops organization recently donated two pieces of golf training and exercise equipment to the VA Southern Oregon Rehabilitation Center & Clinics in White



Golf course volunteer Vern Robinson demonstrates the use of the Explanar Swing Training System that was donated to VA Southern Oregon by Golf Supports Our Troops.

City. The Explanar Golf Swing Training System, a hoop-like apparatus that teaches the proper golf swing, and the NetReturn Pro Series sports net, an indoor/outdoor portable practice net that automatically returns the ball back to you, allows users to practice as if they were at the driving range.

these training devices, VA Southern Oregon's Veterans Golf Course has both systems assembled and ready for use on their driving range. "Our goal is to donate equipment to at least 100 military rehabilitation centers within the next 18 months," says Brian Coleman, GSOT president. For more information on GSOT, visit www.golfsupportsourtroops.org.

City. The Explanar Golf Swing Training System, a hoop-like apparatus that teaches the proper golf swing, and the NetReturn Pro Series sports net, an indoor/outdoor portable practice net that automatically returns the ball back to you, allows users to practice as if they were at the driving range.

One of only 20 VA facilities that have received



Crystal Littlebend sings the National Anthem in Navajo at the first annual Gathering of American Indian Veterans on the Navajo Nation in Window Rock, Ariz. More than 1,400 participants attended the two-day gathering, where veterans, spouses and family members learned about VA eligibility and benefits.

VA Reaches Out to Native American Veterans in Arizona

Nearly 1,400 people attended the first annual Gathering of American Indian Veterans on the Navajo Nation in Window Rock, Ariz. The two-day event, held Sept. 25-26, registered 697 veterans, including 32 first-time enrollees, in VA's health care system. More than 20 breakout sessions, featuring such topics as VA enrollment and eligibility, compensation and pension, home loans and suicide prevention, were offered to veterans, spouses and family members.

Walt Cody, media specialist from the Northern Arizona VA Health Care System, photographed more than 300 veterans at a special photo booth, allowing each to have a copy of their photo when finished. The Joe Tohannie White Mountain Apache Crown Dancers provided nightly entertainment, singing several songs in the Apache language while the audience danced. Reflections on unity, peace, respect and harmony ended the evening events, appropriate tributes to honor and recognize the American Indian veteran.

New Outreach Center Helping With Both Health Care and Benefits Needs for Veterans

The VA Multi-Use Outreach Center in Logansport, Ind., is the first vet center to offer services from both the Veterans Health Administration and the Veterans Benefits Administration at one location. Opened on June 17, the community center provides VBA counselors to inform veterans of their benefits, assist with applications, and fully explain VA decisions to them. Additionally, VHA offers outpatient group therapy twice a month, targeted to veterans suffering from post-traumatic stress disorder.

Currently in a temporary location, the center hopes to expand services to include other treatments, such as substance abuse counseling, in the future. For now, the center has a counselor available two days a month to provide psychological assessments and readjustment counseling. **VA**

The monthly video program *Diversity News* airs on the VA Knowledge Network. Watch it!

VA Honors Actress, Festival Emcee Jane Powell

VA honored legendary actress Jane Powell for her legacy of service to military personnel and veterans during a ceremony at headquarters on Oct. 15. Secretary James B. Peake, M.D., presented her with the Secretary's Diamond Award, VA's highest honor to private citizens for helping the Department carry out its mission.

"I have been associated with our service men and women for most of my life," said Powell. "In my opinion, this award represents one of the greatest honors I have ever received."

Peake noted that Powell, who starred in MGM musicals in the '40s and '50s and who is still active on the stage, has volunteered her time and talent for nine years to serve as mistress of ceremonies for the National Veterans Creative Arts Festival.

"I'm most grateful to Secretary Peake and all the selfless and talented people who have contributed to these annual programs that exhibit the talents and dedication of America's veterans," Powell said. "We all owe our gratitude to the VA employees and volunteers who make this possible."

The National Veterans Creative Arts Festival, presented by VA, Help Hospitalized Veterans and the American Legion Auxiliary, is the culmination of a yearlong fine arts talent competition involving more than 3,000 veterans nationwide.



Actress Jane Powell accepts her award at VA headquarters.



D. Robert McCaffree, M.D., chief of staff at the Oklahoma City VA Medical Center, takes the stage at the Making a Difference Awards dinner held by the CHEST Foundation in Philadelphia in October. The foundation's board of trustees recently renamed their Humanitarian Awards program after McCaffree. The foundation is the philanthropic arm of the American College of Chest Physicians.

Oklahoma City VAMC Chief of Staff Honored

D. Robert McCaffree, M.D., chief of staff at the Oklahoma City VA Medical Center, was recently honored by the CHEST Foundation Board of Trustees. At the 10th annual Making a Difference Awards dinner held Oct. 25 in Philadelphia, McCaffree learned the foundation re-named their Humanitarian Awards program after him. McCaffree, who serves as assistant treasurer on the foundation's board of trustees, was honored for his outstanding leadership, commitment and humanitarian efforts on behalf of the foundation.

The foundation is the philanthropic arm of the American College of Chest Physicians, a 16,000-member international medical society that blends specialty medicine, public health, and a commitment to serve those in need. To date, the foundation has awarded more than \$1 million in grants to 157 patient care projects in 40 countries around the world.

VA Physician Receives Prestigious Lynn Payer Award

The American Academy on Communication in Healthcare recently awarded its 2008 Lynn Payer Award for Outstanding Contributions to the Literature on the Theory, Practice and Teaching of Effective Healthcare Communication and Related Skills to Paul Haidet, M.D., a staff physician at the Michael E. DeBakey VA Medical Center in Houston. The presentation was made at the AACH Research and Teaching Forum on Oct. 18 in Madison, Wis.

Haidet serves as the editor of *Medical Encounter*, AACH's quarterly journal, and is the sixth recipient of this prestigious award. During his career, Haidet has focused on team-based learning as an educational strategy as well as contributing to the literature on individual provider-patient relationships.

This award is a tribute to Payer, a journalist and managing editor of *Medical Encounter* for more a decade. She was the author of the classic book *Medicine and Culture*, and wrote hundreds of news stories and features during her career.

Bronx Physician Named President-Elect of ATA

Terry F. Davies, M.D., a renowned expert in thyroid disorders and director of the division of endocrinology and metabolism at the James J. Peters VA Medical Center in Bronx, N.Y., has been elected to become president of the American Thyroid Association, beginning in October 2009. He took office as president-elect at the ATA's 79th Annual Meeting in Chicago in October. A nonprofit medical society founded in 1923, ATA is the lead organization in promoting thyroid health and understanding thyroid biology.

Recently noted as one of *The New York Times*' "Super Doctors," Davies has a long and distinguished record of significant contributions in understanding endocrine physiology and pathology. He has published more than 400 scientific papers, chapters and books, mostly in the area of thyroid disease at a basic level, in the areas of immunology and genetics, and in the clinical arena of autoimmune thyroid disease and pregnancy. To learn more about the ATA, visit www.thyroid.org.



Jeff Hester, third from left, public affairs officer with the Birmingham, Ala., VA Medical Center, was at the American Hospital Association-Health Forum Leadership Summit in San Diego this summer to accept the AHA Circle of Life Award on behalf of the medical center's palliative care partnership with the University of Alabama-Birmingham. Rodney Tucker, M.D., third from right, director of palliative care at UAB, represented the university.

Birmingham VAMC Receives Palliative Care Award

The Birmingham, Ala., VA Medical Center was recently awarded the Circle of Life Citation of Honor recognition award from the American Hospital Association. The award was presented to the Joint Palliative Care Programs of the University of Alabama at Birmingham's Center for Palliative Care and the Birmingham VAMC at the AHA-Health Forum Leadership Summit in San Diego this summer.

"The programs clearly are an example of the innovation that is improving palliative and end-of-life care and the collaboration between UAB and the VA is an important element in making this program both innovative and effective," said AHA President Richard Umbdenstock.

In addition, the Birmingham VAMC is the first VA facility in the country to be named a Palliative Care Leadership Center. The Circle of Life award recognizes organizations that focus on expanding the frontiers of palliative and end-of-life care through expertise, compassion and assistance.

HAC in Denver Gains URAC Accreditation

It is no secret that for the past five years, VA has been rated the top large health care provider in the country. What is less known, but equally important, is that VA meets the highest industry standard in processing the associated medical claims as well. As proof of the quality of VA operations, the VA Health Administration Center has been awarded URAC (Utilization Review Accreditation Commission) accreditation for claims processing.

The Health Administration Center, located in Denver (the largest non-clinical directorate within the Veterans Health Administration), manages four health care programs for VA. The nearly yearlong process by which the HAC received its accreditation is very rigorous. The URAC accreditation is valid for two years, and at the end of that period, the HAC will have an opportunity to update the accreditation by continuing to show their claims processing excellence.

Jackson VA Doctors Honored by University

Two senior faculty physicians at the G.V. (Sonny) Montgomery VA Medical Center in Jackson, Miss., were recognized for excellence by the Department of Medicine at the University of Mississippi School of Medicine.

Dr. Stephen Geraci received the Langford Research Mentor Award of Excellence in recognition of exceptional service as research mentor to faculty, residents and students. "Developing the academic skills of our young faculty, fellows and residents is the most important part of what we do in leadership positions," said Geraci, chief of medicine at the Jackson VAMC and professor and vice chairman of internal medicine at the University of Mississippi School of Medicine. Dr. Celso Gomez-Sanchez received the Fred Allison Research Award of Excellence in recognition of sustained productivity of superior and significant research. "Continuing excellence in research is crucial for the long-term advancement of our country," said Gomez-Sanchez, a physician and researcher at the Jackson VAMC and professor of internal medicine in endocrinology at the medical school.

VA Western New York Nutrition Chief Honored

Mary Lindberg, chief of Nutrition and Food Service at the VA Western New York Healthcare System, was recently awarded the 2008 Under Secretary for Health's Award for Excellence in Nutrition Care Practice. The national award honors one employee from the Veterans Health Administration for their contribution to the provision of patient care services.

Lindberg, a 28-year VA employee, has made major cultural transformations in the refined dining program for community living center residents at the Batavia, N.Y., VA Medical Center. She has also been a mentor for new chiefs and program managers in nutrition and food services, as well as dietetic interns and dietetic technicians from local university affiliates.

Lexington Employee Receives Torch of Excellence

Dorothy Offutt, social work supervisor at the Lexington, Ky., VA Medical Center, received the Lyman T. Johnson Torch of



Dorothy Offutt

Excellence Award from the University of Kentucky in October. The award is given to individuals who have been instrumental in providing opportunities for others to succeed.

Offutt serves as the community care coordinator/community nursing home coordinator for the medical center. She was instrumental in reestablishing the social work student intern program at the Lexington VAMC. Currently there are four social work student interns, three from the University of Kentucky and one from the University of Louisville, participating at the facility. The Torch of Excellence award is inspired by the grandson of slaves whose successful legal challenge opened the university to African American students in 1949. **VA**



Heart Surgeon

This striking environmental portrait of Dr. J. Michael DiMaio was taken during a coronary artery bypass graft and DOR procedure at the Dallas VA Medical Center by Donna Alexander, a 20-year VA medical photographer with the VA North Texas Health Care System. The photo was the winning entry in a contest sponsored by the VHA Medical Media Development Network to showcase the work of VA's Medical Media Services employees.