

The cover of the VANGUARD magazine features two men in an office setting. The man in the foreground is wearing a light blue dress shirt and a dark blue striped tie, with his arms crossed. The man in the background is wearing a white dress shirt and a dark patterned tie. The office background includes a desk with papers, a computer monitor, and framed photographs on a shelf.

U.S. Department of Veterans Affairs

VANGUARD

September/October 2008

Veterans in the Workforce

Suicide Prevention

Paralympic Veterans

Patient Advocates



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On the cover

Retired Air Force personnel officer Dennis May (foreground) is at the helm of the new Veterans Employment Coordination Service, operating under the Office of Human Resources Management; longtime National Veterans Employment Program Manager Greg Alleyne is deputy director and D.C. area coordinator. They've been joined by eight other regional veterans employment coordinators. Their charge is to increase the percentage of veterans in VA's workforce. *photo by Robert Turtill*

Spreading a Message of Hope to Homeless Vets

As a once homeless Army veteran, I am hoping to get the word out that VA has many programs to help veterans. Here at the West Palm Beach VA Medical Center, we have the Veterans Resource Center. I came here in March 2004, dirty, hungry and homeless. I was offered a shower, clean clothes, a meal, and a way to get out of my situation. I received medical care and housing. I worked in the compensated work therapy program. All of this helped prepare me for re-entry into society.

To top it off, I was given employment here. As an Army medic my experience was valuable to VA, and they showed it. Today, I carry the mission to help another vet. I wish that everyone could spread the word that VA not only cares for veterans' health but

also their well-being. I am and will always be grateful to the West Palm Beach VAMC for giving me my life back. And the message of hope should be spread throughout the country. VA offers the best medical and mental health care in the world. One veteran helping another is without parallel.

Jose Sanchez
Nursing Assistant
West Palm Beach VAMC

Emergency Care

I am an employee at the North Chicago VA Medical Center and have been for 23 years. I want to share a very heart-warming story with you.

I have a daughter who lives in Tampa and she has severe asthma. On a Friday night, she had an attack and went to two hospitals. One told her she had to wait two hours without even doing an evaluation of her condition.

She left and went to a walk-in clinic. They told her they were closing and could not treat her. She told me at the time she could barely even exchange air.

She looked up and saw a VA hospital one block away. "And I remember you telling me all the time when I was growing up what a great place you work for and how they treat everyone with pride and dignity no matter who you are," she told me later.

She went to the VA hospital and told them she was not a veteran but needed medical care. They took her right away and gave her the treatment she needed.

I just want to thank you

and your staff for helping my daughter. I will always be grateful. I am so proud to be working for VA and to know facilities are the same no matter where you live. Because of me being proud of my job and telling my daughter how proud I was, she remembered and was able to get the medical care that more than likely saved her life. Without treatment, asthma can kill.

Dorothy Fain
Outpatient Clerk
North Chicago VAMC

Editor's note: The writer originally sent this letter to Stephen Lucas, director of the James A. Haley Veterans' Hospital in Tampa.

Help Fellow Employees in Need

Since Hurricane Gustav touched down along the Gulf Coast in early September, the Federal Employee Education and Assistance Fund has distributed more than \$300,000 in hurricane aid to 820 federal employees; the largest number (519) work for VA. FEEA is the only charity focused exclusively on federal employees and their dependents. The organization is offering aid to Hurricane Ike victims, as well, but those requests have only begun and many are expected. The CFC-supported charity expects more than \$1.5 million in requests to come in by the end of hurricane season, most related to Ike.



FEEA is a small organization—eight employees with an average administrative expense ratio of only 5 percent—that relies on public donations to help federal employees in need. This year demands will far exceed resources unless you and other federal employees step up to the plate. Donations may be made by credit card online at www.feea.org, or with a check made out to FEEA and sent to: FEEA, 3333 S. Wadsworth Blvd., Suite 300, Lakewood, Colo., 80227. FEEA's CFC Pledge number is 11185. You know where your money is going when you donate to FEEA—to VA and other federal employees who need help. **VA**

We Want to Hear from You

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



Pie for the Cause

Steve DiStasio, associate director for operations with the VA Black Hills Health Care System, takes a pie in the face at the Fort Meade, S.D., VA Medical Center. The pie-throwing fundraiser was sponsored by the Fort Meade "MASH" Relay for Life Team. Proceeds from the fundraiser benefited the American Cancer Society Relay for Life and the Iowa City VA Flood Relief fund.



Growing Our VA Workforce for the 21st Century

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

During my nine months as Secretary, I've been privileged to meet a broad cross section of the VA workforce—ranging literally from brain surgeons to file clerks.

I've enjoyed meeting the men and women who serve our veterans. I can't tell you how impressed I am with their skills and dedication. People are the most important ingredient in fulfilling the VA mission and our workforce is second to none in doing the right thing for our veterans.

The demands on VA employees are and will continue to be formidable. Mental health initiatives, the new GI Bill education program, seamless transition for our combat veterans, national cemetery expansion, new health care facilities, integrated computer systems—these are only a few of the changes underway that demand a skilled and committed and growing workforce.

We have a strong cadre of seasoned, experienced and committed employees, but a third of them are eligible to retire. They have taken VA to where it is today and we must plan and work hard to hire new employees behind them as retirements increase. How we bring new employees into VA and how they identify with our culture of commitment to veterans will determine VA's success in providing the seamless service our 21st century veterans deserve and the American people demand.

VA's workforce is now at more than 270,000, a growth of nearly 30,000 over the past few years; that's in addition to the nearly 40,000 jobs we

must fill each year to replace those we lose to attrition. Maintaining our workforce and building it to succeed in the changing environment of the 21st century are major tasks for the Department and top priorities for management.

We have one of the oldest and most experienced workforces in federal government, with an average age of 47.5 years and an average of 12.3 years with VA—high for any organization. Nearly a third (30 percent) are veterans, a figure I hope to increase, and

Maintaining our workforce and building it to succeed in the changing environment of the 21st century are major tasks for the Department and top priorities for management.

25,800 are under age 30—that will increase, too.

One of the challenges we face in building our 21st century workforce is the federal hiring system, itself.

Mike Hager, former VA assistant secretary for human resources and administration, now director of the Office of Personnel Management, says confusion and delay in the hiring process are the biggest customer service issues faced by federal agencies. Simplifying and enhancing recruitment and hiring are priorities he took with him from VA to OPM.

Willie Hensley now leads our HR program and is working to develop and maximize use of flexible hiring options such as student loan repayments, health care scholarships, hiring and retention bonuses, telework and flexible work schedules to attract the

diverse and skilled workforce VA needs. I admire his accomplishments here at VA Central Office and want to see our field managers emulate them at VA facilities.

Diversity is an essential part of VA's hiring plan. We must attract people with the skills we need as we move into this new century—college students primed with new technologies, career-changers with real-world experience, and veterans ready to put their energy to work for fellow veterans. It also means retaining

those new hires receive the two years of training and experience that will bring them to full productivity, VBA has brought back a number of retired claims experts to meet an ever-increasing workload—an innovative combination of fresh talent with old pros.

I've met some of these new employees, many fresh out of school. They are bright, talented and, I am glad to report, enthusiastic about serving America's veterans. How we attract, welcome and nurture newcomers like these is vital to

our own seasoned employees and growing our own professionals and specialists through innovative and accessible training programs.

I've seen the fruits of these efforts. By May, the Veterans Health Administration filled more than 90 percent of 4,300 new mental health positions with professionally qualified psychologists, social workers and technicians. VA nurse recruiting has been enhanced by the VA Nursing Academy partnership with nursing schools that is using VA professionals to expand nursing school staff to train more nurses for the Department and the nation.

Last year, the Veterans Benefits Administration launched an unprecedented national hiring program that brought more than 3,000 new employees into VBA ranks to speed claims decisions. While

the future of our mission.

Your role is vital, as well. Encourage students and trainees to pursue VA careers. Find out how you can support your local human resources program's recruitment and retention efforts. Welcome new employees and let them know the benefits and fulfillment of a VA career.

VA is the best place to work, in or out of government. Spread the word! **VA**

VA's Challenge By the Numbers

- Total workforce: 270,000 (second largest in government)
- Eligible to retire: 30,200
- Average age: 47.5
- Under age 30: 25,800
- Veterans: 30 percent
- New hires over the past five years: 90,000+



Getting America's Veterans Ready for Digital Television

Carlos M. Gutierrez
Secretary of Commerce

Americans have always been about progress, change and making the lives of people better, while advancing our national interests. This has been true for the most serious of issues, such as our nation's defense, and it's also true about matters of commerce, development and innovation.

Innovation creates economic growth, high-paying jobs and an ever-expanding array of new products and services. The transition to digital television (DTV) that's now underway will keep America leading, innovative and competitive.

The Department of Veterans Affairs has an important role to play in this process, as millions of veterans will be affected by this change. I'd like to take a moment to explain why we are moving to digital television and what you can do to be prepared for America's conversion to DTV.

Progress: Digital television represents progress and innovation. Our nation is leading the way with the digital conversion, which is a more efficient way of delivering news and entertainment to Americans all across the country. Not only does DTV make television reception sharper and crisper, it allows for the introduction of new technologies such as multicasting, which is the transmission of multiple programs at once.

Change: DTV is the biggest change in television since the arrival of color TV more than 40 years ago. Many older analog televisions without digital tuners will be affected by this transition. It's up to

all of us to be prepared for the change that's coming Feb. 17, 2009, the day our nation's TV reception will switch to all digital broadcasts.

Improving Lives, Advancing America: The move to digital television will free up airwaves for use by first responders in emergency situations—a key recommendation of the 9/11 Commission. It will also provide the spectrum needed for the next generation of innovative telecommunications

technologies and advanced wireless services.

The changes we've seen in telecommunications over the last 20 years have been nothing short of amazing—but it's only a preview of what will take place over the next 20 years. Many of the advances and improvements we will see tomorrow will take place over the airwaves we are making available through the conversion to DTV that's underway today.

Getting Prepared to Switch to DTV: The first step is to identify televisions that need converter boxes. These are sets without integrated digital tuners that are now receiving free, over-the-air service with "rabbit ears" or a rooftop antenna.

If this is your setup there are a number of choices. Options include subscribing to cable, satellite or other pay TV service, or purchasing a new television set with a built-in digital tuner. Another option

is purchasing a digital-to-analog converter box, which keeps analog televisions working after the digital conversion.

We can help make the switch to digital television easy and affordable. Up to two coupons worth \$40 each can be ordered for each household through the TV Converter Box Coupon Program. These coupons are available at the Department of Commerce National Telecommunications and Information Admin-

to all digital broadcasting.

Those who decide that the right option for them is ordering coupons and installing a converter box will have 90 days to redeem their coupons. Converter boxes are available at nearly 20,000 retail outlets nationwide as well as through online and mail order retailers. No matter where you live in the United States you'll have access to the converter boxes you need to make the move to digital.

We want the conversion to digital to be a smooth one for you and the veterans you serve and we want every citizen to be informed about conversion options.

istration's Web site, www.DTV2009.gov, or by calling 1-888-DTV(388)-2009.

VA is an important partner and resource for veterans seeking assistance and information. VA employees are key points of contact between government and those who have served, with more than 1 million veterans using VA facilities every week. With a median age of 60, there are many veterans and their families with older televisions that will be affected by this switch

We want the conversion to digital to be a smooth one for you and the veterans you serve and we want every citizen to be informed about conversion options. With all the advantages of digital television and assistance available we hope you will agree that come February 2009 all of us, veterans included, can be ready for digital TV!

Don't be left behind—go to www.DTV2009.gov or call 1-888-388-2009 to request coupons today. **VA**

DTV Transition and the Coupon Program

At midnight on Feb. 17, 2009, all full-power television stations in the United States will stop broadcasting in analog and switch to 100 percent digital broadcasting. Congress created the TV Converter Box Coupon Program for households wishing to keep using their analog TV sets after Feb. 17, 2009. The program allows U.S. households to obtain up to two coupons, each worth \$40, which can be applied toward the cost of eligible converter boxes. A TV connected to cable, satellite or other pay TV service does not require a TV converter box from this program.

On the Spot Care

VA employees volunteer to provide on-site medical care for hurricane evacuees.

When hundreds of evacuees from coastal areas in Louisiana and Texas with special medical care needs required shelter and treatment in the immediate aftermath of Hurricanes Gustav and Ike, VA was there.

Responding to national emergencies declared by President Bush in the aftermath of the hurricanes, several hundred Veterans Health Administration employees from Alaska to Florida volunteered and were deployed to operate federal medical stations in Louisiana and Texas.

Federal medical stations are designed to provide a portable physical location for evacuees to receive needed medical care. In 2005, VHA operated shelters in Waco and Marlin, Texas, for Hurricane Katrina victims.

Many of these evacuees were special needs patients who came from nursing homes or home care. In the days after the hurricanes, VHA employees selected for this mission arrived on the scene to build an immediate medical care infrastructure.

VHA employees volunteer for service through the Disaster Emergency Medical Personnel System (DEMPS), which was developed in 1997 and used extensively during the hurricane seasons of 2004 and 2005.

“DEMPS exists to find the right volunteer with the right skills set to deploy them to the right place at the right time,” said Robert E. “Bob” Smith Jr., DEMPS national program manager.

On Aug. 31, VHA received marching orders from the Department of Health and Human Services to stand up a federal medical station in a gymnasium in the college town of Ruston in northern Louisiana. An initial management



staff of eight immediately began making deployment arrangements, arriving late that night at the Louisiana Technical University campus.

Hotels were overflowing with evacuees for miles in every direction. By midnight, the on-site staff had grown to about 60 volunteers. They conducted a quick safety inspection and set up the FMS to receive up to 250 patients. At 2 a.m., they were notified they would receive their first busload of patients within two hours.

The team quickly organized and worked feverishly to prepare the gym for 58 sick and weary evacuees.

As additional personnel flowed into Ruston from across the nation, the FMS mission began to take shape. The management team worked for 36 consecutive hours to unpack supplies, set up intake and treatment areas, coordinate the provision of food and water for patients and staff, and arrange support areas, including pharmacy and security.

Approximately 160 VHA personnel operated the Ruston shelter for 10 days, caring for a total of 158 evacuees. The senior management team in Ruston included Associate Directors Steve DiStasio, of the VA Black Hills Health Care System, and Rosalyn Cole, of the Fayetteville, N.C.,

VA Medical Center; Chiefs of Staff Dr. Michael Charness, of the VA Boston Healthcare System, and Dr. Steve Lieberman, of the VA New Jersey Health Care System; Nurse Executives Michael Grove, of the Lebanon, Pa., VA Medical Center, and Dorene Sommers, of the Erie, Pa., VA Medical Center; and Health Systems Specialist Patti Andrews, of the Biloxi, Miss., VA Medical Center.

“The patients included men, women, children with special medical care needs, mentally ill, homeless and poor,” said Al Perry, director of the Ruston FMS and the VA Central California Health Care System, who was among the first VHA staff to arrive and the last to leave. “Many remarked it was the best care they’d received in their lives.”

After 12-hour shifts spent ensuring all patients were as comfortable as possible, VA staff retreated to nearby churches, where they slept on floors

or cots.

“This was the first time a VA team ever stood up in a non-hospital setting,” Perry said. “It required great creativity, flexibility and hard work through long hours. Our motto was: Everyone does everything.”

In San Antonio, the first DEMPS team of about 170 employees ran the FMS in an old airplane hangar for 12 days, working 12-hour shifts after arriving to set up the shelter on Sept. 11. They were relieved by a second team on Sept. 22.

The team arrived at the FMS in San Antonio just hours before Hurricane Ike hit the Texas coast. They had first gone to Atlanta, where they awaited their assignment and went over operational procedures.

Once in San Antonio, team members set up the medical station in a 25,000-square-foot section of the hangar. The FMS was embedded in a huge building that also housed more

than 4,600 people who did not need medical care.

They had no drinkable water or sanitation, just a few electrical outlets and no emergency electrical system. All they found when they arrived was a large group of unopened boxes of equipment and supplies from the Centers for Disease Control.

The team went to work immediately, setting up beds, supplies and equipment, and making needed connections to provide electricity. When they arrived, they had no power set up except for lights.

“We established a shelter that was capable of providing medical care in a matter of hours,” said Paul Bockelman, director of the Sioux Falls, S.D., VA Medical Center. “We started to receive evacuees immediately after we finished setting up the shelter.”

In addition to Bockelman, who served as director of the San Antonio FMS, the senior leadership team

Opposite: Physical Therapist Jeanne Habinyak, of the Altoona, Pa., VA Medical Center, with Hurricane Ike evacuee Merle Kidd, of Houston, at the federal medical station in San Antonio;

Clockwise from below: Mary Mather, R.N., of the San Antonio VA Medical Center, checks the blood pressure of evacuee Diane Deal, of Port Arthur, Texas; Carlotta Webb, R.N., of the Dayton, Ohio, VA Medical Center, treats evacuee Ross Thomas, of Houston; VHA employees set up the San Antonio federal medical station in an old airplane hangar. The employees volunteered to deploy for the hurricane relief mission through the Disaster Emergency Medical Personnel System.



LUPE HERNANDEZ



LUPE HERNANDEZ



LUPE HERNANDEZ

included Associate Director Lavonne Liversage, of the Fargo, N.D., VA Medical Center; Chief of Staff Dr. Steven Julius, of the Sioux Falls, S.D., VA Medical Center; and Nurse Executive Kay Bower, of the VA Hudson Valley Health Care System.

Six health care teams were established to care for the evacuees, led by four physicians, three nurse practitioners and one physician assistant. Each team also included several registered nurses, licensed practical nurses and nursing assistants.

“Everyone knew their roles and performed them well,” said Bockelman. “I’m especially proud of their ability to adapt to the evacuees that needed a higher level of care than was anticipated.”

In addition to taking care of pa-

tients, the VHA team had to provide for numerous caregivers who had come with their loved ones from the medical facilities. Some brought children with them, and the staff organized games for them to play.

“It was especially heartwarming for me to see our staff go above and beyond the call of duty,” Liversage said. “Patients were given haircuts and shaves. Staff members pooled their personal resources to support baby showers for patients and formed a choir to sing during church service.”

The DEMPS team performed all kinds of tasks, from medical needs to taking out the trash. One of the critical elements needed was communication—VHA employees and the evacuees wanted to know what was happening during the hurricane and what

was needed within the FMS. The VA Office of Information Technology Virtual Satellite system provided telephone and computer services.

VA staff from other areas provided critical assistance. Employees from the New Orleans VA Medical Center drove all night to bring a much-needed generator. Staff from the South Texas Veterans Health Care System in San Antonio came out on their own time to set up a decontamination tent, enabling patients to take showers.

“I’ve never been more proud to be a part of VA,” said Julius. “The staff represented some of the best of VHA. They effectively adapted to every challenge, and did whatever was necessary to provide care and comfort to our evacuees.”

DEMPS: Lending a Helping Hand to Devastated Communities

The nation has been and continues to be challenged with some of the most devastating events imaginable—hurricanes, floods and wildfires among them. Many lives have been lost. Many more lives have been shattered by injuries, illnesses and psychological issues.

When devastating events occur, national-level assistance is often requested by overwhelmed local and state agencies. One of the most robust forms of national assistance is provided by the Veterans Health Administration. As the largest comprehensive health care system in the United States, VHA is well known for its primary mission of care and support for the nation’s veterans.

Another VHA mission, however, is care of people and support of communities impacted by disasters or other emergencies. An important component of this mission is the Disaster Emergency Medical Personnel System, or DEMPS, run by the Emergency Management Strategic Health Care Group, a part of the Office of Public Health and Environmental Hazards.

Since it was established in 1997, DEMPS has been a big part of the nation’s response and recovery efforts and has made a difference in the lives of thousands of victims in need—and DEMPS continues to stand ready to respond to future events. The power of DEMPS lies in its volunteers.

What is DEMPS?

DEMPS is a personnel management system that pre-identifies VHA personnel, both currently employed and

retired, who possess a variety of skills that are needed in disasters and other emergencies. Some of the skills that have been used by DEMPS in previous emergencies are reflected in the types of DEMPS volunteers that have deployed: medical personnel; medical support personnel; facility support personnel; and administrative and IT specialists, among others.

DEMPS is an all-volunteer system. These volunteers come from one of two sources. One group is current, full-time VHA employees. The other group, the Emergency Reserve Corps, is made up of VHA retirees.

DEMPS volunteers may be deployed to support a VA facility impacted by a disaster or emergency. However, they may go to another location based on the needs of the mission in the impact area. The latter scenario usually occurs when the federal government’s National Response Framework has been activated for a Presidentially-declared disaster, and health and medical services are needed.

How does the DEMPS deployment process work?

When VHA receives a request to provide support to a disaster or emergency, staff at VA headquarters, along with EMSHG in Martinsburg, W.Va., Veterans Integrated Service Networks and VA medical centers quickly collaborate and search the DEMPS database for volunteers with skills that match the needs generated by the specific emergency.

Once approved by local VA medical center management, identified DEMPS volunteers are notified for a po-

tential deployment. Local VA medical center staff manage travel arrangements, pay and other administrative aspects of the deploying DEMPS volunteers.

When called upon, DEMPS volunteers need to be prepared to deploy to the disaster site within a day or two. Upon arrival at the site, DEMPS volunteers will be oriented and transported by EMSHG's area emergency managers or other support staff. Most deployments last around 14 days, including travel time, but can be shorter or longer, depending on the mission and other conditions.

DEMPS volunteers need to be prepared to work long days, often for 12-hour shifts, and may get few, if any, days off while deployed. Because of these demands, it is important that DEMPS volunteers are in good physical condition.

Lodging will be provided near the deployment site, but DEMPS volunteers need to be aware that provisions may be basic or sparse. Hotels are not always available, and volunteers may sleep in tents, trailers or temporary housing, and may sleep on cots or even on the floor. Volunteers may also be expected to stay in close quarters, sharing space with other volunteers. Special diets are not available, and volunteers may be served Meals-Ready-to-Eat (MREs), or other meals in military-style facilities.

How do you become a DEMPS volunteer?

The first action you need to take to become a DEMPS volunteer is to contact the DEMPS coordinator at the nearest VA medical center. If you are unsure who that might be, check with the medical center's human resources office.

The DEMPS coordinator will explain more about the program and answer any questions you may have. The coordinator will also give you an application to complete—or point you to the DEMPS Web site to apply electronically—and a copy of the *Volunteer Deployment Guidebook*. The guidebook addresses many of the questions you might have about administrative details, and even has guidance on what

to pack for deployment.

If you are a VHA employee, you will need to get your supervisor's permission and written approval to be a DEMPS volunteer on the paper application. If you apply electronically, your supervisor will approve you online. Local VA medical center human resources staff will manage issues for Emergency Reserve Corps retirees.

Once approved as a DEMPS volunteer, your name and pertinent information will be active in the DEMPS database, and when a search for volunteers is executed, your name will show up if it meets the search criteria. You will also be encouraged to complete a family plan in preparation for potential deployment. You may be asked to participate in periodic meetings and training. You will not receive training on your specific skill area, but may be trained on the Incident Command System and other topics relevant to all who respond to disasters and emergencies.

If you are called upon to deploy, your supervisor and the medical center director must grant approval. (They must first ensure that the medical center can function adequately and that someone can cover your job responsibilities in your absence.)



Why should you become a DEMPS volunteer?

For answers to this question, you need look no further than already-enrolled DEMPS volunteers who have deployed to disasters and other emergencies. One DEMPS volunteer summed it up by saying, "As a DEMPS volunteer, I know I make a difference and am part of something big."

In a world of uncertainties, one thing is certain: VHA stands ready to respond to all hazards, and DEMPS volunteers will be called upon to make a difference. - *Bob Smith and Connie Boatright*

Editor's note: Smith is the DEMPS national program manager; Boatright is the retired director of education and training for EMSHG.


"VA employees are compassionate," added Bower. "They provide quality care and they take it personally. It felt like family. It was as if we had all worked together for a long time. I think there is a bond that manifested itself there."

The success of the DEMPS operation in San Antonio built on lessons learned from the VHA team that had

been deployed in Ruston.

"In both cases, VA staff demonstrated great flexibility, skill, compassion and spirit," said Perry, who also led the second rotation of VHA employees at San Antonio.

The team's service received strong praise from Under Secretary for Health Dr. Michael J. Kussman in a letter to the DEMPS staff. "You have

demonstrated, on behalf of all of us, the spirit and 'can do' attitude that makes VA the greatest health care system in the world," he wrote. "You and your co-workers have beaten a mighty storm together, and performed in a manner that does great credit to yourself, and to all of VHA." 

By *Bill Outlaw*



Winning the War Within

Comprehensive suicide prevention strategy is getting results.

The Vietnam veteran held a loaded shotgun against his chest and said he was going to “end it all.” He had a history of medical problems and post-traumatic stress disorder. After getting into an argument with his girlfriend, he began drinking and became suicidal.

He called VA’s Suicide Prevention Lifeline after seeing the number (1-800-273-TALK) on a sticker that had been placed on his phone by his VA home care team. He told the counselor who answered the hotline that he did not want emergency services, stating he would shoot himself and whoever came to try and stop him. He just wanted to talk to someone before he died.

The response team at the hotline, after determining his address from his phone number, contacted local emergency services personnel, who dispatched their crisis team.

The counselor stayed on the line with the veteran for five hours, working with him and serving as a negotiator between him and the rescuers. Together they finally convinced the veteran to put his gun down. The veteran was taken to a local hospital and then transferred to his local VA inpatient mental health unit, where he is now receiving care.

The veteran’s story is one of more than 1,600 calls to the hotline in which rescues from a likely suicide have been made since the hotline went into operation in July 2007. More than 33,000 calls have been made to the call center, many of which come from the families and friends of veterans.

The phone stickers with the hotline number are part

of a series of activities VA has launched to increase public awareness of the warning signs of suicide. During National Suicide Prevention Awareness Week, Sept. 7-13, VA released a nationwide public service announcement featuring actor Gary Sinise, who portrayed a suicidal veteran who was saved at the last minute in the movie “Forrest Gump.” Another PSA featuring newswoman Deborah Norville is being developed to target family members of veterans. Norville, host of TV’s “Inside Edition,” has written a book about her battle with depression.

In addition to the phone stickers and PSAs, VA is distributing brochures, wallet cards, bumper magnets, key chains and stress balls to promote awareness of the hotline number and to educate veterans, their families, VA employees and the community about how to identify and help those who may be at risk.

Large posters highlighting the hotline number and Web site are displayed at all VA medical facilities. They feature the slogan: “It takes the courage and strength of a warrior to ask for help.”

All VA medical centers have suicide prevention coordinators. Jan Kemp, VA’s national suicide prevention coordinator, said that new staff at each facility will bring the number of VA employees dedicated to suicide prevention to more than 400. VA also has hired more than 3,900 new mental health employees since 2005—bringing the total number of mental health workers to more than 17,000.

VA’s efforts to identify veterans who may be at risk for suicide have also increased. All new patients at VA medi-

cal centers are screened to determine if they are at risk for suicide.

In addition, VA has sponsored two previous suicide prevention awareness events and placed announcements about suicide prevention and the VA hotline on the home page of VA's Web site (www.va.gov).

VA also recently began a pilot project involving an advertising campaign in the metropolitan Washington, D.C., area. Display ads on transit buses and in subway stations are designed to make veterans and their family members aware of the VA suicide prevention hotline.

The suicide prevention program includes two centers that conduct research and provide support to all locations of care. One is the Mental Health Center of Excellence in Canandaigua, N.Y., which focuses on developing and testing clinical and public health intervention standards related to suicide risk and prevention. The VA hotline call center also is located in Canandaigua, and was developed in partnership with the Substance Abuse and Mental Health Services Administration's National Suicide Prevention Lifeline.

The other center for suicide research is the Mental Illness Research Education and Clinical Center in Denver, which focuses on the clinical and neurobiological conditions that can lead to increased suicide risk.

"Suicide prevention is everyone's



A pilot advertising campaign in the Washington, D.C., metropolitan area that included the use of display ads in subway stations and on transit buses proved successful and is being expanded to other cities.


business," said VA Under Secretary for Health Dr. Michael J. Kussman. "Each and every veteran suicide is a tragedy. We are committed to doing everything we can to reach out to veterans and prevent these sad events from occurring."

To raise family and community awareness of the warning signs of suicide, VA suggests that if a loved one is exhibiting any of the following behaviors, he or she should seek help immediately:

- Talking about wanting to hurt or kill oneself.
- Trying to get pills, guns, or other

ways to harm oneself.

- Talking or writing about death, dying or suicide.
- Hopelessness.
- Rage, uncontrolled anger, seeking revenge.
- Acting in a reckless or risky way.
- Feeling trapped, like there is no way out.
- Saying or feeling there's no reason for living.

Additional information is available on VA's Web site at www.mentalhealth.va.gov. 

By Bill Outlaw

Blue-Ribbon Panel: High Marks and Recommendations

A panel of experts praised VA in September for its comprehensive strategy to prevent suicide among veterans.

The Department received high marks on the panel's scorecard, reflecting VA's commitment to veterans, the devotion of its leaders, and the employees that reach out and help veterans at risk of taking their own lives.

"Every human life is precious, none more than the men and women who serve this nation in the military," said Secretary James B. Peake, M.D. "The report of this blue-ribbon panel, and other efforts underway, will ensure VA mobilizes its full resources to care for our most vulnerable veterans."

On May 5, Peake chartered a "Blue Ribbon Work Group on Suicide Prevention in the Veteran Population." The five-member group was composed of suicide prevention experts from VA, the Department of Defense, the Centers for Disease Control and Prevention, the National Institutes of Health, and the Substance Abuse and Mental Health Services Administration.

The group was asked to provide advice and consultation on research, education and program improvements relevant to the prevention of suicide in the veteran population. The group found an impressive, comprehensive strategy in this area

already deployed in VA, including the Suicide Prevention Lifeline, 1-800-273-TALK.

"Since late July, VA has tested the value of advertising our lifeline in the D.C. Metro area along public transportation routes and near military and veteran installations," said Under Secretary for Health Dr. Michael J. Kussman. "The results of this test have shown us, through an increase in calls from Washington-area zip codes, that we are indeed reaching more veterans. So we are very proud to announce we will be expanding our advertising campaign to other cities."

Previously, there had been a moratorium on advertising; Secretary Peake lifted the ban due to the urgent need to get the message out to veterans, their families and friends.



ROBERT TURTEL

Dr. Jane Pearson (second from left), a member of the blue-ribbon panel on suicide prevention, speaks at a news conference held in VA Central Office on Sept. 9 to unveil the panel's findings. Looking on are: (left to right) Dr. Antonette Zeiss, VA deputy chief for mental health; Dr. Richard McKeon, also a member of the blue-ribbon panel; and Dr. Michael Kussman, VA under secretary for health.

- Design a study that will identify suicide risk among veterans of different conflicts, ages, genders, military branches and other factors. VA has committed to work with other federal agencies to design such a study within 30 days.
- Improve VA's screening for suicide among veterans with depression or post-traumatic stress disorder. VA is in the process of designing a new screening protocol, with pilot testing undertaken during the fiscal year quarter beginning Oct. 1.
- Ensure that evidence-based research is used to determine the appropriateness of medications for depression, PTSD and suicidal behavior. VA is providing written warnings to patients about side effects, and the Department's suicide prevention coordinators are contacting health care providers to advise them of the latest evidence-based research on medications.
- Devise a policy for protecting the confidential records of VA patients who may also be treated by the military's health care system. VA is already developing a plan to clarify the privacy rights of patients who come to VA while serving in the military.
- Increase research on suicide prevention. VA has announced several funding opportunities this year for research on suicide prevention and is developing priorities for suicide prevention research.
- Develop educational materials about suicide prevention for families and community groups. VA is examining the effectiveness of support groups and educational materials for the families of suicidal veterans, and producing a brochure about suicide for the families of veterans with traumatic brain injury that will be available within 30 days.
- Increase training for VA chaplains about the warning signs of suicide. VA offices responsible for chaplains and mental health professionals are studying ways to implement this recommendation, with a report due by Nov. 1.
- Develop a gun-safety program for veterans with children in the home, both as a child-safety measure and a suicide prevention effort. A VA directive establishing the program is being developed, with full implementation expected during the fiscal year beginning Oct. 1. - Gary Hicks

Other initiatives lauded by the panel included the hiring of suicide prevention coordinators at each of VA's 153 medical facilities; the establishment of two centers that conduct research on suicide prevention; and an increase in staff resulting in more than 400 mental health professionals entirely dedicated to suicide prevention.

The panel also recommended a mixture of more research, greater cooperation among federal agencies, and more education for health care workers and community leaders to further strengthen and share VA's ability to help veterans and their families.

"We accepted the report and are generating action plans to implement the recommendations," said Dr. Antonette Zeiss, VA's deputy chief consultant for mental health.

Among the panel's recommendations to further enhance VA's programs, many of which the Department has already begun to implement, are:

Wheelchair Games athletes travel to China to compete in the 2008 Paralympic Games.

The rush of the crowds, the excitement of the stadium, everything an athlete dreams of culminating in the biggest athletic event of their lives—and some of them got their start at the National Veterans Wheelchair Games, co-presented annually by VA and Paralyzed Veterans of America.

Three 2008 Wheelchair Games participants recently returned from Beijing, where they competed in the 2008 Paralympic Games. Carlos Leon, Scot Severn and Scott Winkler, all first-time competitors in the Paralympics, represented the U.S. Paralympic Team in several track and field events.

The 2008 Paralympic Games, held Sept. 6-17, followed the Olympics, which ended the last week of August. The U.S. Paralympic Team placed third in the overall medal count, earning 99 medals during the competition. More than 200 U.S. athletes competed during the 11-day event, including 16 military veterans, two of whom received war-related injuries in Iraq. According to Tom



Secretary James B. Peake, M.D., and Carlos Leon, U.S. Paralympic Team member, share a smile after the flag-raising ceremony for the 2008 Paralympic Games on Sept. 5 in Beijing, China.

JENNIFER DAVIS

Aiming for Gold in Beijing

Brown, director of the Wheelchair Games, 11 of the veterans that competed in the 2008 Paralympics previously participated in the Wheelchair Games.

Leon, 23, a disabled Marine Corps veteran from North Lauderdale, Fla.,

participated in the shot put event, finishing 15th in his competition. In 2007, Leon set the world record in discus at the U.S. National Track and Field Championships in Georgia. Later that year, he won a silver medal in discus and a bronze medal in shot

put at the Parapan American Games in Brazil. Leon has been a Wheelchair Games participant for the past three years, competing in the shot put and discus events. He also plays wheelchair basketball—he's currently a member of the Miami Heat Wheels

team.

In December 2004, Leon was sent to the Sunni Triangle in Iraq with the 15th Marine Expeditionary Unit. After completing his combat tour, his next assignment was to be an easy one: Hawaii. But in June 2005, a swimming accident changed his life forever. Diving into the water, he hit a rock, breaking his neck. At only 20 years old, Leon became a quadriplegic.

Leon recently relocated so he can live and train full-time at the Lakeshore Foundation, an Olympic and Paralympic training site located in Birmingham, Ala., as part of the U.S. Olympic Committee's Veterans Paralympic Performance Program.



VA WHEELCHAIR GAMES PHOTOGRAPHY TEAM



VA WHEELCHAIR GAMES PHOTOGRAPHY TEAM

U.S. Paralympic Team member Scot Severn won gold in quad rugby at the 28th National Veterans Wheelchair Games in Omaha (above right); Paralympics teammate Scott Winkler won gold in javelin at the 2008 Wheelchair Games (above).

Severn, of Caro, Mich., competed in the men's shot put, finishing ninth. He enlisted in the Army Reserve while still in high school and served four years before a freak accident ended his military career. In 1989, while on duty at Camp Grayling in northern Michigan, Severn was struck by lightning. Thrown 40 feet and suffering internal and external burns, he was left a quadriplegic. With limited function in his torso and hands, he uses a wheelchair for daily activities.

Severn, 40, began competing in wheelchair sports in 2003. Today, he competes in bowling, handcycling, rugby, and track and field. In 2004, Severn competed in his first Wheelchair Games, winning medals in most of his events. He's competed every year since, winning first place in air gun, quad rugby and swimming events, second place in discus, and third place in bowling at the 28th Wheelchair Games held in Omaha in July. At the 2008 U.S. Paralympic Track and Field Trials, he took first place in the javelin and discus events, and set an American record for shot put. He currently serves as sports director for the Michigan Paralyzed Veterans of America and plays with Michigan's Great Lakes Storm quad rugby wheelchair team.

Winkler, 35, a former Army food service technician from Grovetown, Ga., entered the Paralympics as the current American record holder in the shot put. Coming in fifth place, Winkler's attempt, while not a gold medal placement, was enough to break the American record.

Well-known in the throwing circuit, Winkler broke the shot put record at the 2008 U.S. Paralympic Track and Field Trials in the F55 class. In 2007, he broke shot put records around the world, first at the U.S. Paralympics Track and Field National Championships in Georgia. Then, at the Canadian Nationals in Ontario, he broke the world record again, and at the Parapan American Games in Brazil, he won gold in shot put and bronze in discus.

Competing in discus, shot put and javelin at the 2007 and 2008 Wheelchair Games, Winkler won gold in all three events, as well as a silver medal in basketball in 2008, and a bronze in basketball in 2007. "Everybody has ups and downs in life," he said. "Just because I'm disabled doesn't mean that it's all over. It just means that I have to find a different way to live it."

In 2003, Winkler fell off an ammunition truck he was unloading in Tikrit, Iraq, resulting in paralysis. Co-founder of Champions Made From Adversity, a group that promotes the power of sports and leisure activities for disabled veterans, Winkler hopes he can help others focus on life after disability. "If I can inspire one person out of a million that's disabled to try sports, that's my goal for the future," he said.

Winkler is hospital chairman of the Paralyzed Veterans Association at the Charlie Norwood VA Medical Center in Augusta, Ga., and trained at the Lakeshore Foundation until two months before the games. "I never dreamed I would have opportunities to do this," he said, "but it gives me one more chance to do something for our country and do the best that I can do."

Jeff Underwood, CEO of the Lakeshore Foundation, said involvement with sports has helped put these veterans' lives back on track. "It's exciting to see them be able to use sports as part of their rehabilitation and we can have them getting back to an active lifestyle." Emphasis on psychological assistance for athletes and the adoption of advanced technologies in their training has greatly improved the quality of U.S. Paralympic athletes' performances, according to Underwood.

Training also has its obstacles. A specially designed chair for seated throwing, staked to the ground, allows the athletes to strap into the chair for balance. The stationary chairs, specifically built for their injury and their body size, act as the athlete's legs.

The athlete throws from a power position, but their chair provides lower body balance that their body cannot provide because of their injury. According to the rules, the athlete has to stay seated to throw from the chair, but everything from the waist up is performed the same as an able-bodied thrower.

It typically takes about three years to adequately rehab and train for the Paralympics. A chance to travel, train and compete costs nearly \$20,000, most of which is funded through donations from various veterans organizations.

Chad James, Leon and Winkler's trainer from the Lakeshore Foundation, is proud of both of them. "Carlos

"I never dreamed I would have opportunities to do this, but it gives me one more chance to do something for our country."

and Scott, because of their acceptance of their injuries and because of the support they received when they were first injured, are great ambassadors for Paralympic sports and disabled people as a whole. They were taught, just like in the military, that they'd better learn how to do things for themselves ... and they continue to teach others how to be self-sufficient."

VA Secretary James B. Peake, M.D., who headed the U.S. presidential delegation to the Paralympics, attended the opening ceremonies and met with President Hu Jintao and Vice President Xi Jinping of the People's Republic of China. He visited several competition venues to watch wheelchair basketball, swimming, and track and field events.

"When people see what people with disabilities can accomplish, they realize what power the games have and how they can help make society better," Peake said. "Each [athlete] has a magnificent story and I couldn't be prouder of them."

U.S. Paralympics, formed in 2001, is a division of the U.S. Olympic

Committee. It aims to inspire people with physical disabilities to achieve their goals. Today, there are more than 21 million Americans with a physical disability, and in the past few years, more than 20,000 military personnel have sustained serious injuries while on active duty.

The Paralympics originally started as a rehabilitation program developed for wounded World War II veterans. National Paralympic athletes represent the U.S. in the Paralympics, and other international competitions, in more than 20 sports, including track and field, basketball, swimming and cycling. In addition, athletes can also compete in the winter Paralympic Games, which include sports such as

skiing, hockey and curling.

As the second largest sporting event in the world, after the Olympic Games, the Paralympics are held in the same venues following the Olympics. More than 4,000 athletes from more than 140 countries competed in this year's games; participation has been steadily growing since 1960, when the first Paralympic Games were held in Rome.

Participants in the games are placed into one of six categories based on their level of function. Athletes are classified into physical disability groups: amputee; cerebral palsy/traumatic brain injury/stroke; spinal cord injuries; visual impairment; and "Les Autres," which includes other musculoskeletal and congenital anomalies such as dwarfism.

With a long history of introducing veterans to wheelchair sports, VA continues to be there to support the nation's wounded service members, leaving hope for future Paralympians to be homegrown at VA. [VA](#)

By Amanda Hester

Understanding the Effects of Blasts on the Brain

A VA researcher is studying the biological changes that occur in the brain as a result of overpressure from blasts.

It's a scientific question driven by the hard realities of today's Global War on Terrorism: What happens to the brain of someone exposed to a blast?

The answer is likely to come not from the battlefields of Afghanistan and Iraq, but from research labs thousands of miles away—such as that of biomedical engineer Pamela VandeVord, Ph.D., with VA and Wayne State University in Detroit. She is one of a small but growing number of researchers studying the biological effects of blasts on the brain.

With funding from VA, VandeVord's team studies brain cells that have been exposed to "overpressure" in a lab device called a barochamber. The investigators dial up or down the pressure and control its duration.

VandeVord: "If there's an explosion, there's a shock wave. But once it gets transmitted to your brain, it's not a shock wave anymore. It's a high-speed compression wave. We are generating that compression wave in the barochamber. It simulates what we believe occurs in the brain."

The goal is to learn how the cells respond to different levels of blast injury. The researchers look at whether cell membranes get damaged, for

example, or at what point cells ultimately die.

VandeVord also has funding from the Office of Naval Research to conduct animal studies of mild brain injury. Whereas the VA study focuses on cells, the ONR project focuses on

in Afghanistan or Iraq have suffered some type of brain injury. Most of the injuries are considered mild—but even many of these cases will involve permanent cognitive and emotional problems that can tear apart the lives of veterans and their families.

Much of the ONR-funded phase of VandeVord's work takes place in a large, open space equipped with a 22-foot-long metal shock tube. The back end of the device—the driver—forces a sudden burst of air down a long cylinder, simulating the pressure wave of an explosion. The researchers wear ear protectors and wait in a separate, Plexiglass-enclosed room when the blasts rip through the tube.

Inside the shock tube are brain cells suspended in gelatin, or rats. The blasts range in size from 5 to 20 pounds per square inch (PSI)—small by comparison with typical roadside bombs. But the blasts are scaled down for testing on rodents. Depending on the duration of exposure, a lethal dose of overpressure for a rat would be around 35 PSI.

"We're trying only to induce mild brain injury," says VandeVord. She says using animals is the only way scientists can learn what might be happening in human brains. "We're at a critical point in the research, and



Alessandra Leonardi Dal Cengio checks the settings on the "shock tube" that a VA and Wayne State University team is using to simulate the effects of bomb blasts.

LAWRENCE MARCHIONDA

tissue. The findings from both will give a fuller picture of the biology of brain injury.

The Defense and Veterans Brain Injury Center estimates that from 10 to 20 percent of troops serving

we can't practice on people. We have to go through these steps and optimize what we can before we can get approval to try something in humans."

Based on findings from both the VA- and ONR-funded work, Vandevord and colleagues will aim to design therapies that can be administered in the combat zone to troops—either before they go out on patrol, as a preventive measure, or after a blast has occurred, to stem damage to the brain.

According to Vandevord, in more severe injuries, brain cells die and the damage is more likely to be irreversible. In milder brain injuries—including many instances where soldiers or Marines are many feet away from the blast and suffer no visible wounds—cells may not die, but they do get damaged. Says Vandevord: "A lot of the guys with mild TBI can recover in six months' time. What is the point where the cells will die, and what is the point where the cells can still repair themselves?"

Figuring out the relationship between the power and distance of a blast, and the exact effects on brain cells and tissue, is her focus right now.

Some of the lab rats undergo post-blast brain scans using a rodent-sized MRI machine. Others undergo blood tests in which the scientists look for proteins, released by injured cells, which could be biomarkers of brain injury. This may lead to a blood test that military medical personnel could give to troops immediately after a blast to determine if they are physically OK or if there is subtle damage.

"We're hoping this can translate to the soldiers," says Vandevord. "If we find something that's in the blood, it could enable doctors to do a quick test to see how much damage has occurred and then administer therapy accordingly."

The rats also undergo cognitive testing before and after the blasts. The researchers hope to correlate changes in memory to the level of blast exposure and to specific changes they are seeing in the rodents' brains.

"We use a maze," explains Vandevord. "We do several training periods and we see how long it takes the rats to perform a task. Then we test them after the blast to see if it takes them longer."

Other TBI Research

VA investigators conduct a wide range of studies relating to traumatic brain injury. Here are some examples:

- A team of VA researchers is studying "best practices" in polytrauma care—with a focus on TBI therapy—with the goal of implementing them throughout VA.

- Researchers at VA's polytrauma center in Palo Alto, Calif., are exploring innovative rehabilitative techniques for brain-injured veterans, including robotic movement therapy and simulated driving assessments.

- The Defense and Veterans Brain Injury Center, a project of VA and the Department of Defense, is investigating drug therapies to treat TBI symptoms such as headaches, anxiety and mood swings.

- VA scientists are exploring the use of gene therapy, cell transplantation, tissue engineering and other cutting-edge strategies to help regenerate nerve cells in TBI as well as conditions such as spinal cord injury, multiple sclerosis and Alzheimer's.



Lead investigator Pamela Vandevord, Ph.D. (at computer), discusses a slide showing rat brain tissue with postdoctoral student Roche de Guzman, Ph.D. (seated), and research assistant Li Mao, M.D.

Through both the VA-funded cellular work and the ONR-funded animal studies, Vandevord's team also hopes to learn which genes get activated in brain injury. Figuring out a way to turn off those genes with a drug could spell a breakthrough for the treatment of brain injury on the battlefield and in field hospitals.

"When the brain is exposed to overpressure from a blast, we believe there's a cascade of negative events that occurs, and this is set in motion by certain genes that get turned on," says Vandevord. "If we can learn how to stop the expression of those genes with some type of pharmacologic event, we can stop this cascade of events within the brain and possibly limit the damage." **VA**

By Mitch Mirkin

Veterans in the Workforce

The new Veterans Employment Coordination Service aims to boost the percentage of veterans working for VA.

The Department's efforts to bolster its workforce by hiring more veterans took a new direction in August as nine regional veterans employment coordinators opened their doors for business.

The new Veterans Employment Coordination Service operates under the Office of Human Resources Management with a goal of boosting the percentage of veteran employees in VA's workforce of 270,000 from 30 to 33 percent. Their focus is hiring severely injured combat veterans.

"We have the potential to contact every veteran that has been severely injured in Afghanistan and Iraq—they gave their all for my future, your future and the country's future," said Assistant Secretary for Human Resources and Administration Michael Hager before being appointed by President Bush to lead the Office of Personnel Management. "If a veteran desires to go back to work and is having difficulty, VA is going to reach out to that veteran and try to accommodate their desires and find them employment within VA."

Severely injured veterans of Operation Enduring Freedom and Operation Iraqi Freedom are at the core of the VECS program. More than 2,000 known severely disabled veterans from the Global War on Terrorism will be the first group contacted by the nine new regional employment coordinators.

Additional outreach will follow as coordinators collaborate with military transition programs, veterans service organizations and other VA programs

to promote careers in the VA workforce. VECS will work closely with VA managers and human resources offices to ensure supervisors are aware of programs that make it easy to hire veterans, such as the use of non-competitive appointments.

"If a severely injured veteran wants to work, VA is going to do all it can so they can go back to work," said Hager. "The regional employment coordinators and the local employment coordinators are the most equipped throughout the country to make that happen."

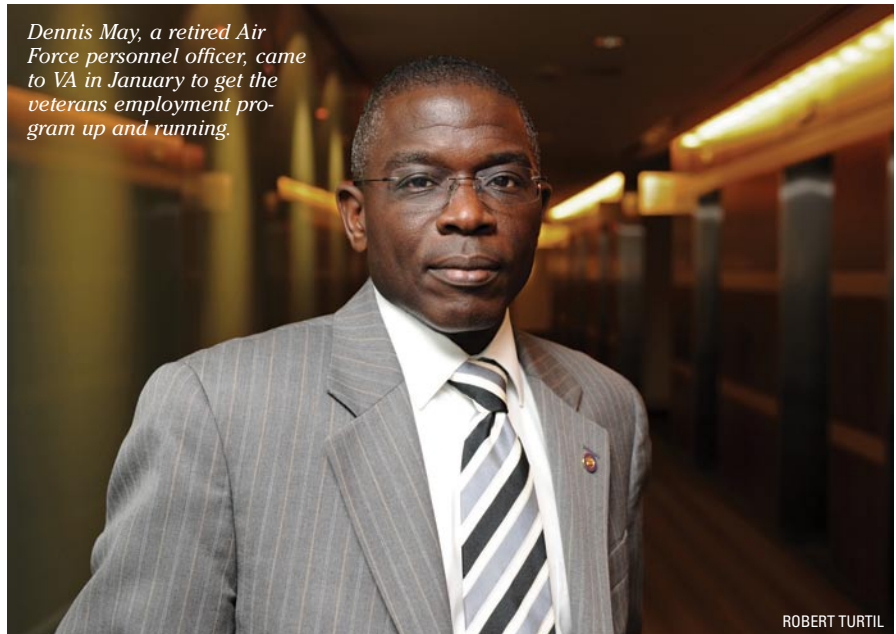
At the helm of the Veterans Employment Coordination Service is Director Dennis May, a retired Air Force personnel officer who came to work at VA in January to get the program off the ground.

May's first act as director was to hire longtime National Veterans Employment Program Manager Greg Alleyne as his deputy director and D.C. area coordinator. Together, they drafted the job descriptions and sent out the announcements.

"We knew these positions would be one deep and the people we needed to hire would have to be go-getters—people who could take broad marching orders and use their wits and technical savvy to make things happen," said May. "After 700 applications, I think we made some excellent choices."

In keeping with the office's mission, all nine of its regional coordinators are veterans and two received the Purple Heart for injuries sustained during combat. They are:

Dennis May, a retired Air Force personnel officer, came to VA in January to get the veterans employment program up and running.



ROBERT TURTIL

Greg Alleyne serves as deputy director and D.C. area coordinator of the veterans employment program.



■ **Region 1:** Jennifer Reichard, based at the San Diego VA Regional Office, represents California, Nevada, Utah, Arizona, New Mexico and Hawaii. She served as a Navy petty officer in charge of a same-day surgery ward before being medically retired. For the past four and a half years, Reichard has been a vocational rehabilitation counselor at the San Diego VARO; she was in charge of the Coming Home to Work initiative there and provided seamless transition early intervention services to approximately 2,000 wounded troops.

■ **Region 2:** Bob Mortenson, based at the Seattle VA Regional Office, serves Washington, Oregon, Idaho, Montana, Wyoming and Alaska. He retired from the Navy as a senior HR manager; his 20 years of service included two tours in the Persian Gulf. Following naval service, he worked for seven years as a disabled veterans outreach program specialist for the state of Washington, providing employment and case management services to veterans.

■ **Region 3:** Mark Berninger is based out of Fort Carson, Colo., and represents Colorado, Nebraska, South Dakota, North Dakota, Minnesota and Iowa. The 47-year-old retired Navy

senior chief served in Beirut in 1983 and also aboard the *USS Ainsworth*, one of the first combat ships to incorporate female sailors into the crew. He earned a bachelor's degree in history from the University of Colorado through VA's vocational rehabilitation program and worked for more than five years as a disabled veterans outreach specialist with the state of Colorado before coming to VA.

■ **Region 4:** Allison Wilson is based at Fort Sam Houston in San Antonio and serves Kansas, Oklahoma, Arkansas, Louisiana, Missouri and Texas. She was an enlisted personnelist in the Air Force for more than 17 years before retiring as a master sergeant in 2005. In that capacity, she managed both officer and enlisted reassignment programs. Wilson has more than 20 years of combined education and experience in management, program administration, recruiting and staffing.

■ **Region 5:** Steve Clark, based at the Louisville, Ky., VA Medical Center, serves Kentucky, Wisconsin, Michigan, Illinois, Indiana and Tennessee. Clark was retired from the Army as a sergeant after being wounded in October 2003 while serving in combat as a Multiple Launch Rocket System gunner in Operation Iraqi Freedom.

Two months later, he was personally awarded the Purple Heart by President Bush.

■ **Region 6:** Annette Taylor, based at the Charlie Norwood VA Medical Center in Augusta, Ga., serves Georgia, Alabama, Mississippi, Florida, Puerto Rico and South Carolina. The former drill instructor served 20 years in the Marine Corps working in a variety of specialties, including equal employment opportunity advisor, and was an administration chief. In her civilian career, Taylor was an HR clerk for Riverside County in California, and an adjunct professor of sociology at Central Texas College.

■ **Region 7:** Thomas Green III, based at the Fayetteville, N.C., VA Medical Center, serves North Carolina, West Virginia, Virginia, Pennsylvania and Ohio. Green was medically discharged from the Army after being wounded and subsequently receiving the Purple Heart during his combat service in Iraq.

■ **Region 8:** Andree Sutton, based at the New York VA Regional Office, serves New York, Connecticut, Rhode Island, New Hampshire, Massachusetts and Maine. She served as a senior recruiter in the Air Force before retiring as a chief master sergeant. Following her career in the military, Sutton joined VA as a vocational rehabilitation counselor for the Newark, N.J., VA Regional Office. She is a licensed associate counselor and national certified counselor specializing in mental health and career counseling.

■ **Region 9:** Alleyne, based at VA Central Office, serves the District of Columbia, Maryland, Delaware and New Jersey. The former Marine served in infantry, aviation and as a drill instructor prior to retiring as a gunnery sergeant. Alleyne was the program manager for VA's National Veterans Employment Program for four years, serving as the leading advocate promoting VA's efforts to recruit veterans into VA. **VA**

By Gary Hicks

Perfecting the Art of Listening

VA's patient advocates help veterans resolve a multitude of issues, from simple to complex.

The veteran was feeling ill and came to the patient advocate's office to complain about the long wait he had to see his provider. He had been told he would have to wait three hours because the provider had other patients waiting who had scheduled appointments.

The patient advocate went to work immediately on the veteran's behalf and spoke with clinic staff to determine what options were available. The patient agreed to be seen by another provider who was able to see him in 45 minutes.

Now, years later, the veteran continues to be an established patient at the VA medical center. And he has nothing but praise for the employees who helped him that day, especially the patient advocate.

There are literally thousands of issues that patient advocates deal with throughout the VA medical system on behalf of veterans. Some are simple and some are very complex.

Since 1992, VA has had patient advocates in place throughout its health care system to address issues raised by patients. There is now at least one patient advocate per medical facility, often supplemented by other VA staff at the hospital or clinic who work in a supporting advocacy role. VA has increased its outreach to pa-

tients and their families and friends to let them know that help is available and their feedback is valued.

Secretary James B. Peake, M.D., has been working to expand VA's outreach to veterans, and patient advocates are a key part of that initiative.

them and that we will take care of their concerns."

If you or a loved one is a VA patient having difficulties obtaining treatment, or disagree with the treatment or how it is provided, then VA wants to hear from you.

"We take the approach that every complaint is a gift," said Joan Van Riper, director of the Veterans Health Administration's National Veteran Customer Service and Advocacy Program. "It is those complaints that often bring attention to a frustration veterans are feeling. Sometimes it is an easy fix and other times it requires more attention and time to change the system."

Complaints come in many forms, from out of the ordinary circumstances to patients seeking help to see their provider. Patient advocates demonstrate success in dealing with all types of issues, ranging from helping a veteran navigate administrative red tape while trying to obtain care to handling an immediate crisis.

The wife of a World War II veteran frantically contacted the patient advocate at one VA medi-

cal center because she did not think she could bring her seriously ill husband to the facility for care because they were in arrears for former co-payments. The family was advised that



For Army veteran Keith Pierce, helping fellow veterans as a patient advocate with VA is an opportunity to continue serving his country.

ROBERT TURTIL

"Customer service is an integral part of our jobs," Peake said. "It's very important that we take the time to identify a veteran's needs and let them know that we are here to help



Bryan Tipton, patient advocate at the VA medical center in Indianapolis, talks with patient Malcolm Walker. What qualities does he think a good patient advocate should have? "Be committed in what you believe in, advocate to the best of your ability, listen to what your patients are saying to you, and always go that extra step to help a patient when they need you."

owing VA money would not make them ineligible for care. Additionally, the patient advocate was able to coordinate the involvement of other staff members who could assist the couple with the financial issue.

Patient advocates receive annual training, with emphasis on advocacy and customer service. Patient com-

plaint information is trended and analyzed to identify problem areas on a localized, regional or national basis. This information is used to develop plans of action to bring about needed system changes. Significant individual problems can bring about immediate system changes.

The patient advocate works

directly with management and employees to resolve issues raised by a veteran, family member or friend. VA reaches out for feedback from patients through patient surveys and through the "Contact the VA" section on the Web site, at www.va.gov. Feedback is collected and analyzed to make improvements and enhancements to care and the delivery of that care.

Veterans and family members at VA medical facilities are encouraged to first discuss concerns about their care with their treatment team, usually comprised of a doctor, nurse, social worker and dietician. However, if a patient believes their needs are not being sufficiently addressed, they should contact the patient advocate's office at their VA medical facility. Equally as important is for the patient advocate to provide assurance that a problem will be looked into with the intent to resolve it, followed by reasonable, timely follow-up.

"The most important technique I've found that increases a patient's satisfaction is listening—concerns take time to be communicated and resolved, even those issues that are not related to services VA provides. Just knowing the complaint has been heard and understood increases satisfaction," Van Riper said.

While complaints are often what a patient advocate hears, they also receive words of praise for their work on behalf of veterans.

"I would like to sincerely thank you for defusing and resolving a difficult situation last Friday," a veteran wrote to a patient advocate in an e-mail. "Had you not arrived, I probably would have stormed out of the VA that day and missed my appointment, or worse.

"I am a proud veteran who is honored to be able to use VA medical facilities," the veteran continued. "I feel that VA is doing well by having a patient advocate system that works so well." **VA**

Best of the Best in Patient Advocacy

Keith Pierce, of the Veterans Health Administration in Washington, D.C., and Bryan Tipton, of the Richard L. Roudebush VA Medical Center in Indianapolis, have been awarded the prestigious Patient Advocate Advanced Practice Certified Designation by the Society for Healthcare Consumer Advocacy of the American Hospital Association, which is dedicated to advancing patient and health care consumer advocacy. The two patient advocates have met stringent requirements in education, direct professional experience and areas of professional development, and successfully completed the PAAPC requirements, demonstrating comprehensive knowledge of substantive skills that provide value and distinction in an increasingly competitive marketplace.

Pierce, a Vietnam veteran, served two consecutive terms as a member of the SHCA board of directors. Tipton has been a member of the SHCA since 2001; he has served terms on multiple committees and is the 2008 president-elect. PAAPC designees subscribe to a strict code of ethics and have access to the latest industry regulations.

By Bill Outlaw

An Easy Decision

With three new veterans law judges now in place, the Board of Veterans' Appeals aims for a speedier process.

During a swearing-in ceremony held Aug. 11, three Board of Veterans' Appeals employees became the Department's newest veterans law judges. Secretary James B. Peake, M.D., administered the oath of office to Judges Jonathan B. Kramer, Michael S. Lane Jr. and Claudia Trueba.

"The ultimate shape of VA's vision rests with many of you here today, particularly our three new veterans law judges," Peake said. "Our veterans look to you for VA's final decision based on law and equity. These are important decisions that affect lives and families—decisions that give America's promise to its veterans credibility and strength."

At VA, veterans law judges make final decisions on behalf of the Secretary on appeals of decisions from local VA offices. The judges review all appeals for entitlement to veterans' benefits, including claims for service connection, increased disability ratings, total disability ratings, pension, insurance benefits, educational benefits, home loan guaranties, vocational rehabilitation, dependency and indemnity compensation, and health care delivery. With 60 veterans law judges in place, including the three new judges, BVA hopes to reduce backlogs and speed the appeals process.

While all three currently work for VA, their backgrounds are vastly different.

Kramer, a native of Queens, N.Y., earned his bachelor's degree in political science from the University of Massachusetts-Amherst in 1990. In 1994, while earning his law degree from The Catholic University of America-Columbus School of Law in Washington, D.C., Kramer worked as a law clerk in the office of general counsel at the Sheet Metal Workers National Pension Fund. After graduating law school, he continued working as a legal coordinator there until he was hired by BVA in March 1998 as associate counsel on Decision Team I. In November

2001, he began serving in the Appellate Group as special counsel to the senior deputy vice chairman. Since July 2007, Kramer has served as senior counsel with Decision Team III.

Before being appointed as a veterans law judge for Decision Team I, Lane served as senior counsel on Decision Team IV. He earned bachelor's degrees in political science and history from Florida State University, and his law degree at the University of Georgia School of Law. During law school, Lane worked in the local public defender's office, representing clients in criminal trials and related hearings before the Athens-Clarke County Superior and State Court. In March 1999, Lane was hired by BVA, where he served as counsel for Decision Teams III and IV. From October 2005 to January 2007, he served as special assistant to the senior deputy vice chairman.

Trueba, a native of Merida, Mexico, located on the Yucatan Peninsula, obtained her bachelor's degree in computer information systems from California State University in Los Angeles in 1992. While obtaining her law degree from the University of Maryland School of Law, she interned with the legal department at the Embassy of Mexico, and served clerkships with district and circuit court judges. In 1997, after earning her law degree, Trueba joined BVA, where she served as associate counsel, counsel and senior counsel before being appointed as a veterans law judge.

This year marks the 75th anniversary of BVA's establishment. BVA opened its doors in 1933 to offer veterans a path to appeal decisions by the Veterans Administration. Veterans of the time, especially disabled veterans from World War I, felt disenfranchised more than a decade after their military service. The World War I veterans' "Bonus March" of 1932 was a wake-up call to the country that promises made to veterans must be kept, and that a pas-

sive response to their needs would not suffice.

Many felt like second-class citizens when their benefits were defined as “gratuities,” and decisions on those benefits were made by an agency to which they could not appeal. BVA was created to infuse an element of justice, fairness and equity into the system of veterans’ benefits. The board’s mission is “to conduct hearings and consider and dispose of appeals properly before the Board in a timely manner.”

Members of BVA review benefits claims determinations made by local VA offices and issue decisions on appeals. Law judges, attorneys experienced in veterans law and in reviewing benefit claims, are the only ones who can issue board decisions. Staff attorneys, also trained in veterans law, review the facts of each appeal and assist the board members. Veterans

law judges conduct travel board hearings at VA regional offices across the country. They also preside over personal hearings for individual claimants and sign final decisions on appeals.

In the 2007 fiscal year, BVA issued more than 40,400 decisions, 1,325 more than the year before—and more than any year since 1997. In addition, the number of pending cases at BVA decreased by 1,234 cases over the previous year. Last year, veterans law judges conducted almost 10,000 hearings, 813 more than the year before and the most hearings ever held by BVA in a year. In an effort to help reduce the backlog, the majority of VA’s veterans law judges traveled to at least three different regional offices nationwide to conduct one week of travel board hearings at each site.

And there is hope for an even speedier process. During his opening remarks, Secretary Peake announced

the beginning of the Expedited Claims Adjudication Initiative, a two-year pilot program the Veterans Benefits Administration will soon launch at four VA regional offices to speed the processing of claims and appeals.

A disability compensation claimant, who volunteers to participate in the program, will agree to waive certain procedural rights in consultation with their representative and, in return, be placed on a fast track for adjudication. The record of any claim appealed to the board under this pilot program will be screened to ensure its adequacy for decision. If found wanting, the claim will be sent back to the regional office for expedited work up. Regulations to implement the ECA Initiative are now being drafted and it is expected to get underway in the near future. **VA**

By Amanda Hester



Secretary James B. Peake, M.D., with VA’s newest veterans law judges: (left to right) Claudia Trueba, Jonathan B. Kramer and Michael S. Lane Jr. They decide appeals of veterans benefit claims determinations made by VA regional offices.



NARA

War Stories

*An encounter with a patient
becomes a lesson in
World War II history.*

Editor's note: This article by **Hollis Krug, M.D.**, first appeared in the September 2007 issue of *Minnesota Medicine*. It is reprinted with permission. Krug is a staff rheumatologist at the Minneapolis VA Medical Center and associate professor at the University of Minnesota.

I had known him for almost 20 years, treating his arthritis, discussing the pros and cons of surgery for spinal stenosis, and providing him with wheelchairs and other aids to help him manage his disability. He was an excellent patient for a teacher, generous with his time and with a wealth of physical findings—degenerative knee and lumbar spine disease, and rheumatoid arthritis that was minimal in comparison.

Although I knew he had served in World War II, I had never heard his war stories. But this day he was talkative, maybe because his daughter was with him or because a student had examined him, or perhaps because we just took more time with him.

I pointed out to the student that the combination of knee and spine disease was common in people who had done certain jobs. We asked if he ever jumped out of airplanes, one very significant risk for such disease.

I had just finished reading *Band of Brothers*, Stephen Ambrose's history of Easy Company of the Army's 101st Airborne Division, so when he volunteered that he had been a paratrooper in World War II, I innocently asked if he was part of the 101st Airborne. Immediately he bristled.

He had been in the 82nd Airborne, he told me, the first division designated "airborne." This division had seen combat twice in Italy before D-Day. The 101st had never seen combat. The members of the 82nd were battle-hardened, while those of the 101st were novices. He was angry about all the fame and glory the 101st had received. I silently recalled that Ambrose's "hook" was the story of the weakness of the leadership of the 101st. Perhaps the 82nd had not had such weakness and so had not made

such a good story.

Then he mentioned that his knees had been severely injured during the air drop into Normandy on the eve of D-Day. After a brief pause, he added a detail more amazing than any in Ambrose's vignettes: "My chute didn't open."

The room went silent. My eyes must have been the size of silver dollars. I imagined the terror the young paratrooper must have experienced jumping from a plane in the middle of the night, suddenly realizing that his parachute was not opening. How must he have felt falling through the sky, waiting for his end?

"How did you survive a fall like that?" I finally asked.

His daughter had heard the story before, but you could tell she liked to hear him tell it. She had a slight smile on her face and looked at her father expectantly.

"I fell into a bog," he explained, "up to my neck. The Germans flooded the fields to make it hard for the Al-

The room went silent. My eyes must have been the size of silver dollars.

lies to move through the area. The mud was so deep, it broke my fall." I had read about this, how the fertile fields of Normandy were flooded and turned into muddy quagmires to limit the mobility of invaders.

"How did you get out?" I asked, imagining a soldier with a full pack, buried up to his neck in mud. I couldn't imagine how anyone could extract himself from something like that.

He looked at me with a steady gaze. "I don't remember," he said softly. And I could tell he really couldn't remember. It wasn't likely he could have pulled himself out. Someone had to have helped him, and he, my patient, had probably spent his life wondering who that was.

I now pictured him muddy and badly hurt, probably with back and knee injuries given his present condi-

tion. "What did you do then? Did you get to a field hospital?"

The question made him laugh. "No! We were behind the German lines. I found a few others to join up with, and we kept going." The history books say that the 82nd Airborne was instrumental in taking Sainte-Mère-Église from the Germans, making it one of the first French towns to be liberated by the Allies.

I envisioned my patient making his way into this small town with great effort and in great pain. He recalled that he was hospitalized for a subsequent injury through the end of the war.

I noted his good luck given that 20 percent of his division had gone on to become casualties of the Normandy invasion. His memory is of regret for missing the ticker tape parade in New York City that honored the 82nd.

We have new combat-hardened veterans in our hospital now. Although they are largely segregated from the rest of the patients, some-

times our paths cross. Their wounds are heartbreaking. Some are missing fingers or arms, some are missing legs, some are missing parts of their brains, saved by excellent battlefield care and speedy evacuation. Many have multiple injuries that are too devastating to comprehend. Some are only wounded internally, in their hearts and souls.

These new veterans are young enough to be my children. Unlike the veterans of World War II, their enemy is not so well-defined, and their numbers are not so great. But their stories, I am sure, are just as stunning. My hope is that the veterans of Operation Enduring Freedom and Operation Iraqi Freedom, like the veterans of World War II, will live long, productive lives, and that some day, in their old age, they will tell their stories to other VA physicians who will listen with eyes as big as silver dollars. **VA**

Patient Voting Directive Issued Prior to Presidential Election



Nearly 40 veterans registered to vote when VA Palo Alto Health Care System volunteers, also members of the League of Women Voters, recently distributed information, talked to patients and staff, and handed out nearly 100 voter registration forms. The effort was one of many initiatives the health care system has undertaken to ensure that all veterans are given the opportunity to register to vote.

On May 5, the Veterans Health Administration issued the "Voting Assistance for VA Patients" directive. The policy is the result of careful deliberation and consideration for the needs and rights of patients, concerns about disrupting facility operations, and the need to ensure that VA is not involved in partisan political activities.

It requires each facility to

establish written policies and procedures and to post information on voter registration and voting assistance provided by the VA medical center. In addition, it engages VA volunteers to provide assistance to patients or residents of community living centers and domiciliaries if they wish to register or exercise their right to vote.

A new directive now

authorizes outside organizations to assist VA facilities in registering voters at facilities, but such efforts must be coordinated by those facilities to avoid disruptions to patient care. This effort has been approved in support of patients or residents of community living centers and domiciliaries when the respective medical center determines such support is needed. To ensure that VA offers these veterans voter registration and voting assistance in a nonpartisan manner and with minimal disruptions to facility operations, the directive specifies that these efforts be coordinated through the VA Voluntary Service office at each medical center.

VA facilities will assist any veteran in a nonpartisan manner with voter registration. Voting is a personal responsibility that every American citizen should have the opportunity to carry out and VA policy preserves the constitutional rights of patients. The directive supports VA's primary obligation to provide health care to veterans in an appropriate setting.

VA recognizes that state

and local government election offices are experts in the voting process and welcomes their assistance. Each Voluntary Service officer has been directed to contact local election offices for voting and educational materials they deem appropriate to assist or inform veterans. Many facilities are already partnering with these offices to address the voting needs of their patient population.

This collaboration best aids patients' ability to vote, particularly those living in VA facilities. In addition, voting information packets are now available to outpatients at VA medical centers. This same information will soon be available to veterans receiving services at vet centers and regional offices.

VA will engage other nonpartisan groups to provide assistance when patient demand requires it. Coordination through VA Voluntary Service is essential to ensure all assistance is provided in a nonpartisan manner, is appropriately tailored to patient needs, and is seamlessly integrated with the ongoing medical care in VA facilities. **VA**



Labor Secretary Elaine L. Chao at the Aug. 20 news conference.

'America's Heroes at Work'

At an Aug. 20 news conference in Washington, D.C., Secretary of Labor Elaine L. Chao announced her agency's new education campaign, "America's Heroes at Work," an online resource designed to help employers better understand and accommodate veterans with mental health issues such as post-traumatic stress disorder and traumatic brain injury.

With support from a number of federal agencies and private partners, the Labor Department spent almost a half-million dollars developing the program's Web site, www.americasheroesatwork.gov, and creating a toll-free number, 800-526-7234, for employers with questions.

VA Under Secretary for Health Dr. Michael J. Kussman and Deputy Chief Consultant for Mental Health Services Dr. Antonette Zeiss joined Secretary Chao at the announcement.

It's That Time Again: Get Ready for Federal Benefits Open Season

The 2008 Federal Benefits Open Season runs Nov. 10-Dec. 8. Three programs will be available during Open Season: the Federal Employees Health Benefits (FEHB) Program; the Federal Flexible Spending Account Program (FSAFEDS); and the Federal Employees Dental and Vision Insurance Program (FEDVIP).

Employees may make four benefit choices during Open Season:

- Sign up for a flexible spending account for health or dependent care under FSAFEDS.
- Enroll in or change an existing enrollment in a dental plan under FEDVIP.
- Enroll in or change an existing enrollment in a vision plan under FEDVIP.
- Enroll in or change an existing enrollment in a health insurance plan under FEHB.

It is important to understand the relationship between the four choices before making an Open Season decision. OPM's Web site, at www.opm.gov/insure, provides valuable

information for employees, including the FEDVIP and FEHB premium costs for the 2009 plan year. To ensure that FEHB Open Season elections are processed as desired, employees are encouraged to enroll through Employee Express at www.employeeexpress.gov.

For the first time, the SAMBA Federal Employee Benefit Association Health Plan will be available to all eligible federal employees. To learn more about what the SAMBA Health Plan offers, visit www.sambaplans.com/HomePage.shtml. FEDVIP is available for employees and their family members who may have dental and vision expenses. This is a voluntary supplemental insurance with no federal government contributions and is not dependent upon FEHB enrollment. However, employees must be eligible for the FEHB Program to be eligible to enroll in FEDVIP. It does not matter if they are actually enrolled in FEHB—eligibility is the key.

Active federal employees will be able to use pretax payroll deductions when acquiring benefits under this program. Enrollments in FEDVIP are available as self-only, self plus one, and self and family. Employees may enroll by visiting the BENEFEDS Portal at www.benefeds.com. For updates about the program, visit the FEDVIP Web site at www.opm.gov/insure/dentalvision. FSAFEDS allows employees to pay for eligible out-of-pocket health care and dependent care expenses with pre-tax dollars. Employees have three types of options available under FSAFEDS: a Health Care Flexible Spending Account (HCFSA); a Limited Expense Health Care Flexible Spending Account (LEX HCFSA); and a Dependent Care Flexible

Spending Account (DCFSA). To be enrolled for 2009, employees must make an election during the Open Season. FSAFEDS enrollments do not roll over from year to year. Visit the FSAFEDS Web site at www.FSAFEDS.com for more information about these options and additional information about this year's Open Season.

Remember, FEHB and FEDVIP enrollments or changes will be effective on Jan. 4, 2009; FSAFEDS elections are effective Jan. 1, 2009.

For more information on the 2008 Federal Benefits Open Season, contact your HR office or visit the Office of Human Resources Management Worklife and Benefits Service Web site at va.gov/ohrm. **VA**

FLITE at the Site: Milwaukee VAMC Prepares for Pilot Test

The Milwaukee VA Medical Center is preparing the pilot test of FLITE's SAM project, which will start early next year. FLITE, the Financial and Logistics Integrated Technology Enterprise Program, is a Department-wide initiative to integrate financial and asset management tools and business processes into a seamless IT system.

In August, Milwaukee hosted a two-day Site Readiness Workshop. Topics included changes in business processes, data cleansing, IT infrastructure, progress reporting, training, communications, and workforce transition. "This workshop helped us look at the full range of what we need to do to get ready," said Larry Berkeley, the medical center's associate director. "We feel confident that we are on track for the pilot."

A survey of all VA facilities was conducted in July to gather information that will aid in planning for the IFAS pilot, and the beta test and national deployment sites for SAM and IFAS. SAM is the Strategic Asset Management System and IFAS is the Integrated Financial and Accounting System. **VA**

Official Personnel Folder Going Digital

Your personnel file is going digital. The Office of Human Resources Management, as part of VA's HR Transformation initiative, is converting one of the Department's largest paper file collections to an electronic format managed by OPM's new electronic Official Personnel Folder (eOPF) system.

The eOPF will be used throughout the federal government and meets all OPM personnel recordkeeping rules and requirements. It offers advantages to the Department and its employees: faster, more accurate filing; more secure and private storage; secure, layered, protected access; fast transferability to other agencies; and 24/7 access and availability. As with current hard copy personnel files, the electronic OPF will include information from an employee's entire

federal work career and will follow employees from agency to agency.

VA began phased implementation of its eOPF project at five pilot HR offices in June 2007, and began rollout to HR offices VA-wide this March. Soon, employees at the pilot sites will have electronic access to their eOPFs. Other HR offices will roll out the system to employees after their folders have been converted to electronic format and the HR staff is familiar with the system.

The entire project, including rollout to all employees, is expected to be completed no later than Sept. 30, 2009. For more information on eOPF or to track its progress, visit the HR Transformation Web site at va.gov/hrtransformation or contact the eOPF coordinator in your HR office. **VA**

Reaching Out to Boomers and Seniors at the AARP Convention



The Veterans Health Administration's Office of Information set up a 20-by-20-foot display at the Life@50+ AARP National Convention in Washington, D.C.

The Veterans Health Administration's Office of Information actively engaged boomers and seniors with an exhibit at the Life@50+ AARP National

Convention, held Sept. 4-6 at the Washington, D.C., Convention Center.

With a 20-by-20-foot virtual display, VA was able

to enhance its visibility and demonstrate its award-winning electronic health system in an interactive and memorable way. This national venue, boasting more than 27,000 attendees, was ideal for educating the 50-plus population of veterans, their families and friends on how VA is changing the way health care is delivered.

The exhibit's key messages were touted in four different quadrants with the help of subject matter experts who demonstrated the electronic health record in CPRS (Computerized Patient Record System), personal health record in MyHealthVet, bar code expansion and VistA imaging.

Veterans from World War II to Vietnam got a firsthand look at what many know today as the gold standard in

electronic health information. Navy veteran and VA employee Joe Markus, of Butler, Pa., was one of the first to visit the exhibit. "This is an ideal opportunity for veterans to learn about VA health care," he said. "I particularly like how we can order refills online through MyHealthVet. You couldn't ask for a better system—it's wonderful."

One of the perks for veterans who visited the booth was the ability to enroll on-the-spot for MyHealthVet so they can get actively involved in their care.

Thanks to this outreach effort, veterans from as near as the suburbs of Washington, D.C., to as far as the shores of California left the convention with a better understanding of how VA provides the "best care anywhere." **VA**

The Hatch Act: Know the Restrictions on Partisan Political Activity

The Hatch Act is the 1939 law that regulates the political activities of federal employees. The legislation originally prohibited nearly all partisan activity by federal employees, banning them from endorsing candidates, distributing campaign literature, organizing political activities and holding posts in partisan organizations.

Those restrictions were loosened in the early 1990s after a battle that dated back to the 1984 presidential campaign, when a federal mediation board found that three union leaders violated the Hatch Act by expressing support for Democratic candidate Walter Mondale. A federal court overturned that opinion, but the incident sparked a campaign to change the law.

Advocates for amending

the act, including the AFL-CIO and the ACLU, said the original language violated federal employees' constitutional rights. Opponents such as the nonpartisan advocacy organization Common Cause said changing the rules would politicize the civil service. President George H.W. Bush agreed with the opponents, vetoing changes to the Hatch Act in 1990. But President Bill Clinton supported the modifications, and they became law in 1993.

Today, most career federal employees can run for nonpartisan offices, make financial contributions to political organizations, get involved in political groups, and campaign for candidates by making speeches, distributing literature and signing nominating positions.

The remaining restrictions on federal employees' activities are tailored more narrowly to their jobs: they still are banned from using their authority to exert influence over an election; encouraging or discouraging political activity by anyone with business before their agency; doing political work while on duty, in uniform, in the office or in a government vehicle; running for partisan office; and wearing political buttons while on duty.

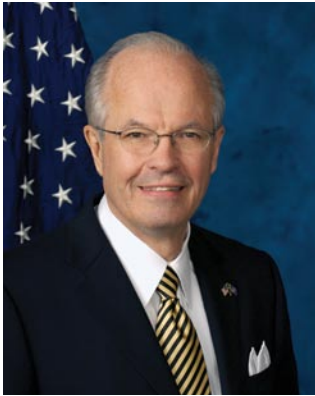
Political appointees operate under the same rules with some exceptions. They are allowed to engage in political activity while on duty, in government buildings, wearing official uniforms or insignias, or using government vehicles, provided their actions don't amount to coercive use of the

office to which they have been appointed. They cannot pay for political activities with taxpayer dollars, however.

Members of the Senior Executive Service are held to a higher standard. They can vote for whomever they choose, participate in nonpartisan voter registration drives, join political organizations, express political opinions and campaign for or against ballot questions, but they cannot participate in partisan elections by making campaign speeches, circulating nominating positions, or running for office themselves. They also cannot hold office in political organizations.

For more information, go to the U.S. Office of Special Counsel Web site at www.osc.gov/ha_fed.htm#may. **VA**

VA Assistant Secretary Tapped to Serve as New OPM Director



Hager

VA's Assistant Secretary for Human Resources and Administration Michael Hager was tapped by President Bush to serve as the new director of the Office of Personnel Management.

Hager took over the day-to-day operations of OPM shortly after being named on Aug. 1 to replace outgoing Director Linda Springer. He expressed excitement about his first opportunity to lead a government agency.

"It feels great being at the helm of OPM," he said. "It's

largely made possible by the incredible experiences I had at Veterans Affairs.

"The strong business acumen that is central to VA has been carried with me to OPM and is a direct reflection of the exceptional leadership of the Secretary, Doctor Peake, and his executive leadership from the deputy, chief of staff, under and assistant secretaries and general counsel."

Hager came to VA in 2007 as the principal advisor to the Secretary and the Department's human resources managers on matters pertaining to human resources; labor-management relations; diversity management and equal employment opportunity; resolution management; employee health and safety; workers' compensation; and VA Central Office administration.

One of his first initiatives was not only to improve VA's customer service, but also create a system to actually measure success.

"My assessment of my greatest accomplishment at VA was working with the Human Resources and Administration team to create exceptional customer service and measuring that service through the use of performance metrics," he said.

In less than a month on the job, Hager is duplicating his success with customer service at OPM.

"Customer service goals are being set at OPM along with many other performance metrics," he said.

One of Hager's last endeavors before leaving VA was to help develop the new Veterans Employment Coordination Service to help severely disabled veterans gain employment with VA.

Before joining VA, Hager was associate administrator in the Office of Capital Access for the Small Business Administration. He was responsible for the management and oversight of SBA's principal lending, international trade, surety bond and venture capital pro-

grams. Hager managed SBA's \$80 billion loan and investment portfolio, which guarantees millions of dollars in small business loans each year. In 2006, he received the Small Business Champion Award from the National Association of Government Guaranteed Lenders.

Previously, he served as senior vice president of human resources for the Federal Home Loan and Mortgage Corporation (Freddie Mac).

And he is a seasoned executive with extensive experience in corporate America. He worked for a number of complex and large organizations.

He served as senior vice president of human resources for Russell Corporation in Atlanta, and for 15 years as senior vice president of human resources at Bank One Corporation in Columbus, Ohio. During his tenure, Bank One grew from 7,000 to more than 50,000 employees to become a top financial services institution. [VA](#)

VA and SAIGE: Supporting Native Americans in the Workplace

The Society of American Indian Government Employees (SAIGE) isn't new. The non-profit organization has been supporting American Indian and Alaska Native government employees since its inception seven years ago. What is new, however, is its first non-Native American board member—VA employee Max Collier.

Collier, the associate director for communications and outreach for the Office of Faith-Based & Community Initiatives, has been working with SAIGE for the last four and a half years and was recently appointed to serve on

its executive board of directors.

"This appointment is a unique honor," said Collier. "It offers an opportunity to take the relationship between the VA and SAIGE to a higher, more involved level."

The SAIGE mission is to promote the recruitment, retention, development and advancement of American Indian and Alaska Native government employees and to educate federal agencies about the unique federal-tribal relationship.

"VA has nearly 3,500 Native American employees," said Collier. "By working with SAIGE we can bring the fea-

tures and benefits of education and employment with the VA to the forefront."

Each year, SAIGE holds a national conference to promote the professional growth, development and continuing education of federal employees. During the 2006 conference, VA received an award for its support of SAIGE and was recognized as the first federal agency to officially form a partnership with the organization.

"This is the highest award given by the SAIGE organization and they chose to present it to the VA for its involve-

ment," said Collier.

During the 2008 conference, held June 2-6 in Traverse City, Mich., Gabriel Perez, director of the Saginaw, Mich., VA Medical Center, and a group of Michigan VA employees showed VA's commitment to SAIGE by hosting the more than 250 Native Americans attending the gathering.

In addition to hosting the event, the Department also helped coordinate the logistics of the 2008 conference, which included providing faculty for some of the educational break-

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John Magine

John Magine, visual information specialist at the West Palm Beach, Fla., VA Medical Center, submitted the winning design for the 2008 National Veterans Day Poster Contest. The Veterans Day National Committee selected his design from among nearly 70 submissions.

"When I got the call I ran up and down the hall yelling, 'We won, we won!'" he said. "I just can't tell you how honored I am."

Magine heard about the poster contest through his chief of medical media, Joanne Deithorn. In preparing his design, he selected an image of a group of service members from the 101st Airborne Division on patrol in Iraq. It is similar to another image of 101st soldiers during World War II that was used in the "Band of Brothers" HBO series.

"I thought the similarity between the two photos brought the two generations together," he said. "I thought

it bridged the generation gap between the World War II veterans and today's veterans by showing the same fighting spirit."

Magine knows about fighting spirit. The Vietnam veteran was a member of one of the first psychological operation units to serve in Vietnam. Between 1965 and 1966, he trekked through the Central Highlands of Vietnam on special assignments and saw his fair share of enemy fire, including a hard-to-forget engagement while aboard a swift boat.

"We got shot up pretty good on that one," he said.

After leaving the service, Magine went into marketing and advertising with the J. Walter Thompson advertising agency, where he spent 13 years working on high-profile ad campaigns. He also did freelance and contract graphic work for several years before a tragic event awakened his desire to serve his country once

more.

"After September 11, I called an Army recruiter and told him I wanted to re-up," recalled Magine, who was fired up and ready to do all he could to defend the nation in the Global War on Terrorism. "He asked when I was last in and I said, '1965.' That conversation didn't go much further."

Magine instead landed a job with the newly formed Department of Homeland Security supervising security at Oakland International Airport, a job he held until coming to work for VA in November 2007.


"The majority of my background is in graphics and advertising," he said. "VA is the best job I've ever had hands down. It allows me to do what I love to do and serve veterans and my country at the same time. It doesn't get any better than this."

Magine will travel to Arlington National Cemetery



Magine

in Virginia to witness the national Veterans Day ceremony first hand.

The poster bearing his design will be distributed to more than 115,000 schools nationwide, military installations around the world, and to federal agencies in the nation's capital. It will also grace the cover of the official program booklet for the Veterans Day ceremony at Arlington. The poster can be downloaded from the Veterans Day Web site at www.va.gov/opa/vetsday/index.asp. 

By Gary Hicks

SAIGE continued from page 29

out sessions. A video production on the Native American warrior culture was shot on

location at the conference and aired the following week on "VA News."

Honoring American Indian Heritage


VA will join the nation in observing American Indian Heritage Month during November. According to the 2000 U.S. Census, there are nearly 2.5 million American Indians in the United States.

At VA, it's especially important to honor American Indians who have served in the armed forces. Approximately 12,000 served in the U.S. military during World War I. More than 44,000 of a population of less than 350,000 Native Americans served in the European and Pacific war theaters between 1941 and 1945. And approximately 42,000 American Indians, 90 percent of them volunteers, fought in Vietnam.

VA's partnership with SAIGE brings additional benefits, such as a pool of future employees through SAIGE's Youth Track program, which is designed to provide Native American students an opportunity to learn about careers in the federal government; the opportunity to meet American Indian and Alaska Native federal employees; and the chance to gain first-hand experience in understanding the positive role that Native American employees can play in the federal government.

The program encourages Native American youth to realize their full potential by providing leadership in their

community and schools, continuing their education to gain college-level degrees—particularly in the multitude of public service professions—and ultimately, to seek a career in government service.

"This enhanced relationship between VA and SAIGE helps highlight recruitment opportunities for Native Americans and provides a better understanding of the federal government and how it can be beneficial to them," said Collier. "Both SAIGE and VA have a lot to offer each other as well as the future Native American employees. The relationship helps us all prepare for the future." 

Artificial Kidney Will Offer 'Dialysis on the Go'

A new device called an AWAK, the fruit of more than two decades of research by two VA kidney specialists, may soon enable veterans and others with end-stage kidney failure to undergo continuous treatment without being hooked up to a stationary dialysis machine.

AWAK stands for Automated Wearable Artificial Kidney. It removes toxins and excess fluid from the blood for those whose kidneys can no longer do the job. While portable artificial kidneys have been developed in the past, this would be the first wearable one based on peritoneal dialysis—a process that requires no transfer of blood outside the body and thus is more self-contained.

"What's really new is the patient's freedom," said Martin Roberts, Ph.D., who invented the technology along with colleague David B.N. Lee, M.D., both with VA and the Geffen School of Medicine at the University of California, Los Angeles.

Another plus: The automated technology of the unit allows it to work continuously, as opposed to most dialysis regimens, which provide treatment three times a week or at other specific intervals. "Because it's working all the time, instead of intermittently, you can do a much better job of treating the patient," says Roberts. "So we expect the patient to feel better and live longer."

UCLA and VA are joint holders of the patents for the device, which is being developed by Singapore-based AWAK Technologies and is expected to be ready within a year or two for a clinical trial in Singapore and the U.S., most likely within VA. The units could become commer-

cially available by 2011.

World's Most Powerful Mobile MRI May Unlock PTSD Secrets

The world's most powerful mobile research MRI was unveiled recently at the Waco VA Medical Center. VA and Texas A&M researchers will use the \$3.5 million imaging device to study active duty troops at risk for post-traumatic stress disorder.

The mobile MRI unit was specially designed to address the challenges of performing both structural and functional analysis for research purposes. It has a self-contained office for interviewing and testing that will allow researchers

The first planned project is a study on genetic influences on emotional processing and brain structure in active duty troops and veterans. This PTSD and TBI study with Fort Hood will include veterans at three sites: the Olin E. Teague VA Medical Center in Temple; the Waco VA Medical Center; and the Carl R. Darnall Army Medical Center at Fort Hood. The mobile unit will perform research studies at these locations.

VA Doctor Co-leads Alcohol, Combat Study

National Guard and Reserve combat troops in Afghanistan and Iraq are more likely to develop drinking problems

Puget Sound Health Care System in Seattle.

The research is one of the first major studies to emerge from the Pentagon's landmark Millennium study, launched in 2001 because of concerns about possible health effects from the first Gulf War. It includes tens of thousands of military personnel and is designed to evaluate the long-term health effects of military service.

In the alcohol study, researchers analyzed data from nearly 80,000 military personnel, including more than 11,000 who were sent to Afghanistan and Iraq. They looked at whether deployment and combat exposure were linked with new alcohol problems such as binge drinking.

They found that more than 600 combat troops who reported no binge drinking at the start of the study developed the problem after deployment and combat exposure. That accounted for about 26 percent of the estimated 2,400 military personnel exposed to combat who did not report binge drinking at the start of the study.

The military has leaned heavily on National Guard and Reserve troops in the current conflicts. At times in 2005, Guard and Reserve members made up nearly half the troops fighting in Iraq. For citizen soldiers, who often come home to jobs and families, the experience of returning from war differs significantly from that of active-duty soldiers, who often come back to military bases where they are around many others who have been in combat.

Boyko said the study will continue tracking veterans' health and may determine whether drinking problems among returning combat troops are long lasting. **VA**



Officials cut the ribbon on a new mobile MRI unit at the Waco VAMC.

from the Central Texas Veterans Health Care System, the VISN 17 Center of Excellence for Research on Returning War Veterans, and the Texas A&M Health Science Center to study hard-to-reach populations, such as pre- and post-deployment active duty troops.

They hope to better understand susceptibility and resilience to stress by defining the biology of PTSD, depression and traumatic brain injury at time points early in the disease process. Currently there is limited MRI access to troops immediately before and after deployment.

than active-duty soldiers, a new study suggests. The authors speculate that inadequate preparation for the stress of combat and reduced access to support services at home may be to blame.

The study, which appeared in the Aug. 13 issue of the *Journal of the American Medical Association*, is the first to compare Afghanistan and Iraq veterans' alcohol problems before and after deployment.

It should help guide planning for future prevention and treatment programs, said co-author Dr. Edward Boyko, a staff physician with the VA

Reducing petroleum consumption

The San Francisco VA Medical Center took a major step to reduce petroleum consumption by installing an ethanol fueling station. Ethanol, commonly referred to as E-85 when blended with gasoline, is produced by fermenting and distilling crops with a high sugar or starch content, usually corn, to produce an alcohol-based fuel. The San Francisco VAMC's fleet of 46 vehicles, including 26 flexible fuel vehicles, averages 350,000 miles per year. The use of E-85 fuel results in fewer greenhouse gas emissions than gasoline, and is fully biodegradable, unlike fuel additives. The 2,000-gallon capacity storage tank project construction started in September 2007 and was completed in July.

The San Francisco VAMC is one of only six VA medical centers in the country to construct an E-85 fueling station on campus. The others are: Altoona, Pa.; Augusta, Ga.; Cleveland; Danville, Ill.; and Little Rock, Ark.



EDGARDO CABALLERO

Left to right: Claude Hutchison, director, VA Office of Asset Enterprise Management, fuels a vehicle at San Francisco VAMC's E-85 station as Ezra R. Safdie, acting director, San Francisco VAMC, and Emmanuel Bernal, energy manager, San Francisco VAMC, look on.

OEF/OIF enrollments: Leading by example

Brig. Gen. Matthew L. Kambic, assistant adjutant general of the Ohio Army National Guard, leads by example. That's why he did more than just visit the **Chalmers P. Wylie VA Outpatient Clinic in Columbus, Ohio**—he enrolled in VA health care there after touring the Department's largest independent outpatient clinic and hearing about VA's five-year enhanced health care benefit for Global War on Terrorism veterans.

Since 9/11, the Ohio Guard has deployed more than 12,000 troops, and the number of GWOT combat veterans enrolled at the Columbus VA clinic is growing steadily. Kambic and VA want to make sure every Guard member knows how to access VA services and benefits. "I'm impressed with the enthusiasm and professionalism of the VA staff and I am thankful that we have professionals like these working at the Wylie VA Outpatient Clinic to serve and take care of our combat veterans," said Kambic.

First-of-its-kind federal hospital in North Chicago

An historic merger between the **North Chicago VA Medical Center** and the Department of Defense's Great Lakes Naval Health Clinic was confirmed on July 15 with the groundbreaking of the Capt. James A. Lovell Federal Health Care Center. The center, scheduled to open in July 2010, is named after the former astronaut, a Navy veteran of the Korean War, participant in the Gemini and Apollo 13 space programs, and Presidential Medal of Freedom recipient.

The first phase of the \$130 million project includes the parking garage, a new hospital entrance and a \$71 million ambulatory care center. The joint project, expected to serve nearly 100,000 veterans, active-duty sailors, retirees and family members, marks the first time VA and DoD have fully integrated two of their facilities into one. Experts estimate the venture will save the federal government \$160 million over the next 40 years.

A new home for an old friend



MIKE MCALEER

A Vietnam-era Huey helicopter named "Lady Bell" is lifted into place at the Portland, Ore., VA Medical Center's Vancouver, Wash., campus. The helicopter, a Bell UH-1 Iroquois, was restored by more than 150 community volunteers and is now a permanent fixture in the campus's Vietnam War Memorial Gardens.

A 46-year-old Huey helicopter, once flown on missions in Vietnam, finally came to rest at the Portland, Ore., VA Medical Center's campus in Vancouver, Wash. On May 5, the Bell UH-1 Iroquois, christened the "Lady Bell," was lifted by cranes into place atop a 25-foot pole near the facility's Vietnam War Memorial Gardens. Retrieved from a wrecking yard, the chopper was restored by more than 150 community residents.

Several Vietnam vets were on hand to watch the ceremonial placement, share war stories, and reminisce about riding the helicopters back in the 1960s and 1970s. "I was a combat medic in Vietnam, and I hung off those skids on this exact kind of helicopter," said Jerry Keen, 62, president of the Vancouver Vietnam Veterans of America. "She came in to take away our wounded, brought us supplies and ammunition. We were always happy to hear the 'thunk, thunk, thunk' of the Huey."

Missing in America Project



Bud Thieme, southern Oregon coordinator for the Missing in America Project, left, reads the names of veterans honored at Eagle Point National Cemetery; at right is VA Chaplain Jim Roberts.

The Missing in America Project helped inter eight deceased veterans at Eagle Point National Cemetery in Oregon on June 19. Nearly 300 people attended the ceremony, the first of its kind in the state. Held in conjunction with Eagle Point's monthly memorial service that recognizes veterans who were interred at the cemetery the month before without a service, the ceremony featured prayers, a wreath laying and a three-volley salute followed by a playing of taps. In total, 23 names were read, including the eight honored by the MIAP.

Chaplain Jim Roberts, of the VA Southern Oregon Rehabilitation Center and Clinics, opened the service with a prayer for the deceased as well as the living. Nearly 15 veterans organizations were in attendance, along with several local dignitaries. The MIAP, launched nationwide in January 2007, was created to locate, identify and inter the unclaimed cremated remains of American veterans.

Boston Red Sox: Teaming up for volunteer day

On Aug. 16, just hours before taking the field at Fenway Park, members of the Boston Red Sox and their families teamed up with Covidien, a Massachusetts-based health care and medical products company, to thank local veterans for their service. More than 100 Covidien employees joined the team for the second annual Red Sox Foundation Nation Community Service Day.

The volunteers repaired damaged and outdated recreation facilities at the **Brockton** campus of the **VA Boston Healthcare System**. Working alongside labor union members and young adults from Youth Build, a nonprofit serving low-income youth, volunteers repaired the facility's baseball field, cleaned up the landscaping, and resurfaced the crumbling blacktop used by local veterans to play wheelchair softball. The group also expanded and updated the hospital's formerly cramped weight room, rehabbed the indoor swimming pool area and assembled care packages for hundreds of troops now serving in Afghanistan and Iraq.

More VA assistance for homeless veterans

The St. Leo's Residence for Veterans and Veterans Affairs Clinic & Resource Center, located on Chicago's Southside, is the first facility to benefit from VA's Loan Guarantee Program for Multi-family Transitional Housing for Homeless Veterans. The facility, currently operating at full capacity with 141 studio apartments, received a loan guarantee under the program designed to reduce the number of homeless veterans in communities with the greatest need.

Under the pilot program, faith-based and community organizations can partner with VA to provide facilities with on-site support and counseling services to veterans with the goal of making residents self-sufficient. St. Leo's is operated by Catholic Charities. VA is authorized to guarantee up to 15 secured loans under the program, with an aggregate dollar amount of \$100 million to develop these facilities. For more information, visit www.va.gov/homeless, send an e-mail to Multifamily.Loan@VA.gov, or call 202-461-9531. **VA**

Second funeral for a general

The remains of Maj. Gen. Alexander Macomb Jr., a hero of the War of 1812, were recently re-interred at Congressional Cemetery in Washington, D.C. Macomb's tomb, adorned with a 13-foot-tall marble monument featuring a carved Spartan helmet, started leaning in recent years and was in danger of collapse. The National Cemetery



Administration funded repairs to the monument, which required the remains of Macomb and his wife to be disinterred. After the monument was dismantled, modern blocks were put in to repair the lead-lined vault and provide support.

Macomb's descendants and officials including VA Under Secretary for Memorial Affairs William Tuerk were on hand as the mahogany casket, covered with an American flag with 15 stars, was carried back to the grave by National Park

Service employees, including two dressed in wool period military uniforms from the War of 1812. Born in 1782, Macomb, a Congressional Gold Medal recipient, served as commander-in-chief of the Army from 1828 until his death in 1841.

The remains of a War of 1812 general were re-interred during a recent ceremony.

Saving lives with a swab



VA physician Dr. Rajiv Jain received a Service to America Medal (Sammie) for developing and leading an initiative that is reducing cases of severe staph infection throughout the world.

Dr. Rajiv Jain, chief of staff for the VA Pittsburgh Healthcare System, was one of eight outstanding federal employees awarded this year's Service to America Medals (Sammies). The medals are presented by the Partnership for Public Service to public servants whose remarkable work is making the world safer, healthier and greener. The Service to America Medal has earned a reputation as one of the most prestigious awards dedicated to celebrating America's civil servants.

Jain received the Citizen Services Medal for his work as MRSA program director at VA Pittsburgh. He developed and leads an initiative that is reducing a type of life-threatening, hospital-acquired infection at all 153 VA hospitals and other hospitals across the country and around the world. Learn more about Jain's accomplishments and Sammie at servicetoamericamedals.org/SAM.

Leading the way in privacy certifications

Some 67 VA employees have achieved certification as privacy officers, more than any other government agency and more than triple the number from just a year ago. They have obtained the Certified Information Privacy Professional and Certified Information Privacy Professional/Government designations. "We set a goal of having 50 CIPPs in our first year," said **Sally Wallace**, associate deputy assistant secretary in the **Office of Privacy & Records Management**. "We have succeeded way beyond my expectations, and have improved the expertise of our privacy officers at the same time."

Wallace said this achievement reflects the strong partnership VA has built with the International Association of Privacy Professionals, the world's largest association of privacy professionals. IAPP's mission is to define, promote and improve the privacy profession globally, and it offers the first broad-based credentialing program in information privacy. Certified privacy

officers further VA's goal of forging a more secure enterprise and establishing the Department as the federal gold standard in privacy and information management, said Wallace. A complete list of VA certified employees is available on the VA Privacy Service Intranet page at vaww.privacy.va.gov. For more information on IAPP certifications, visit www.privacyassociation.org.

My HealthVet a CIO 100 Awards winner

The **VHA Office of Information** has been selected to receive one of the prestigious 2008 CIO 100 Awards in recognition of its innovative use of information technology through its My HealthVet Web site, www.myhealth.va.gov. The CIO 100 Awards program recognizes organizations around the world that exemplify the highest level of operational and strategic excellence in information technology.

VA developed My HealthVet to be a one-stop location for veterans to receive critical medical and benefits information and to provide ways for veterans to input and view some of their own medical records online. Recent upgrades to the Web-based portal include the Military Health System learning modules, which feature three online courses developed in concert with the Department of Defense.

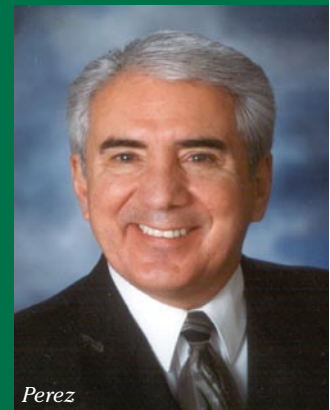
Cancer program commendation for San Juan VAMC

The American College of Surgeons Commission on Cancer has given the **San Juan, P.R., VA Medical Center** its highest

Honors for Saginaw director

The board of directors of the National Forum for Latino Healthcare Executives named Gabriel Perez, director of the Aleta E. Lutz VA Medical Center in Saginaw, Mich., to serve as secretary. In that role, he will work with the NFLHE board to increase the representation of Latinos at the executive level of U.S. hospitals and health systems.

Peréz brings 39 years of experience as a health care executive in both private sector and government medical facilities. During his tenure as Saginaw VAMC director, he has implemented many methods to improve health care processes and statistical evaluation of clinical and administrative performance measures. Additionally, he has brought the medical center to new heights in technology and compliance, with ratings in the top 10 for a number of accreditation and regulatory standards.



award—Three Years with Commendation—certifying VA’s commitment to maintaining the highest standards in cancer diagnosis and treatment. The Three-Year Commendation is awarded to programs that comply with all standards and receive a commendation rating for one or more of the eligible standards. The San Juan VA Medical Center is now eligible for the Commission on Cancer Outstanding Achievement Award.

The “Cancer Program Standards 2004, Revised Edition” includes eight important areas of program activity and a survey process based on objective evaluation of the 36 standards set forth in the current manual. **Nancy Reissener**, acting director of the **VA Caribbean Healthcare System**, said, “The importance of this new award emphasizes our continuous search for excellence. Veterans of all ages benefit from VA’s best practices in the Caribbean, as well as on the mainland.”

Society of General Internal Medicine honors

Dr. Lisa Rubenstein, principal investigator with VA’s **Health Services Research & Development Center of Excellence in Sepulveda, Calif.**, was recently installed as president of the Society of General Internal Medicine during its annual meeting. SGIM is a professional organization for doctors practicing general internal medicine, and many VA doctors are members of the organization—so many, in fact, HSR&D supports a VA/SGIM workgroup to foster the ongoing relationship between the two

Primary care Trailblazer Award



Stephen Hunt, M.D., director of the VA Puget Sound Deployment Health Clinic in Seattle, is the first recipient of the VA Primary Care Trailblazer Award for Outstanding Primary Care Innovation. The award, given at the VHA National Primary Care Conference in July, recognized Hunt for his leadership in developing the integrated post-combat care model for

the Deployment Health Clinic.

Developed by Hunt in the mid 1990s as an approach to addressing the post-war needs of veterans returning from the 1991 Gulf War, his method has been recognized as a “best practice” model for meeting the complex needs of returning combat veterans. Since 2003, Hunt and his clinic have evaluated and cared for more than 1,300 combat veterans returning from Afghanistan and Iraq. By conducting clinical research, Hunt serves as a subject matter expert and leader, helping other sites develop similar post-combat care clinics.

To honor is to remember

Gene Bratt, Ph.D., chief of Audiology & Speech Pathology Service for the VA Tennessee Valley Healthcare System, was the first recipient of the Lt. Frank B. Walkup



Left to right: Retired Army Col. David Chandler, Ph.D., Gene Bratt, Ph.D., Mitzi Walkup and Frank Walkup III.

IV Distinguished Service Award, given by the Association of VA Audiologists. The award is presented to AVAA members in recognition of special contributions made to the association or to VA audiology through VA-related activities.

The award is named in honor of the son of Mitzi Walkup, lead audiologist and cochlear implant coordinator at VA Tennessee Valley in Murfreesboro. Lt. Walkup was killed in action in Rashaad, Iraq, on June 16, 2007, three days before his 24th birthday. The executive committee of AVAA wanted to honor her son as well as VA audiologists who are committed to VA’s mission to “care for those who have borne the battle” by establishing the award.

organizations to improve health care.

SGIM’s clinician-investigators are world-renowned researchers who have shaped health care delivery through groundbreaking research in such diverse areas as quality of care, health care disparities, patient safety, evidence-based medicine, and doctor/patient communication. SGIM’s members are experts in clinical, health services and epidemiological research. These methodologies are essential for transitional research, which guides the integration of medical advances into patient care.

Charleston VA Medical Center is ‘On the Move’

Sen. Jim DeMint (R-S.C.) recently presented the South Carolina On the Move Award to employees of the **Ralph H. Johnson VA Medical Center** in **Charleston** in recognition of the facility’s top 10 ranking among VA’s 153 medical centers and its number two ranking in quality of care. The Charleston VAMC was ranked 79th overall in 2006.

Director **John Barilich** credits expanding services and focus on partnerships for the meteoric rise, but stressed that it is the medical center’s employees who earned the award. “This is yours,” he told employees gathered for the presentation by DeMint. **VA**



VETERANS DAY

HONORING ALL
WHO SERVED

NOVEMBER 11, 2008

