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On the cover
Damian Zebrosky, left, a network chief information officer based at the St. Paul (Minn.) VA Regional Office, spent two weeks at VA Central Office shadowing Assistant Secretary for Information and Technology Roger Baker, right. The shadowing program concept developed out of Baker’s desire to fully understand the opportunities and challenges the 210 facility and network CIOs in OI&T face every day. Participating CIOs experience the professional life of VA’s top CIO. photo by Emerson Sanders
In my capacity as VA’s senior sustainability officer and director of Asset Enterprise Management—with the support of staff across the Department—I oversee VA’s large capital asset portfolio (buildings, land and infrastructure) and promote environmentally sustainable practices at every level of our organization. In short, we work collectively and collaboratively to “green” VA and maintain the Department’s federal leadership role in sustainability.

Sustainability is the capacity to endure—to preserve the potential for long-term maintenance of health and well-being, which extends beyond our physical infrastructures and environment to our way of life. To promote sustainability is to actively choose to make green practices part of our culture through our daily actions and decisions. If VA go green, you are helping us do the right thing every day. We ask you to engage with us in greening VA, and if you have suggestions, ideas or questions, e-mail us at GreenVA@va.gov.

To promote sustainability is to actively choose to make green practices part of our culture through our daily actions and behavior—at work, at home, and everything we do in between.

To increase the energy efficiency of our buildings, we are replacing windows, roofs and other building components with energy-saving products, and improving the existing energy infrastructure, including heating, cooling, ventilation, steam and electrical distribution systems. VA has already reduced its energy intensity by 12.3 percent since 2003, and we plan to achieve a further 3 percent reduction each year.

We are also greening our fleet of motor vehicles. VA has already acquired 400 hybrid sedans and nearly 150 alternative-fuel vehicles. The Veterans Health Administration and National Cemetery Administration are planning to substantially increase the use of electric vehicles at their facilities. To meet the fueling needs of this green fleet, VA has begun the installation of up to 91 ethanol-based fueling stations at facilities nationwide.

VA’s sustainability goals are administered through the Green Management Program, which is comprised of five program areas: energy and water management; environmental management; fleet management; sustainable buildings management; and GHG emissions reduction, which cuts across all program areas and organizational elements.

These program areas represent our corporate approach to sustainability. Under the auspices of these programs, VA centrally administers and coordinates Department-wide policy and greening initiatives. Just as important as these large-scale measures is the grassroots approach to greening VA promoted through the Green Routine initiative.

This initiative harnesses the participation of employees at all levels by promoting and recognizing green practices in daily actions and decisions. If the Department’s approach to sustainability were limited only to large-scale, highly visible projects such as solar panel and wind turbine installations, our greening efforts would be incomplete and fall short of our goals.

Such simple steps as printing double-sided, turning off your PC monitor when not in use, recycling, and purchasing green products and energy-efficient electronics contribute to VA’s sustainability goals.

Remember, by helping VA go green, you are helping us do the right thing every day. We ask you to engage with us in greening VA, and if you have suggestions, ideas or questions, e-mail us at GreenVA@va.gov.
Reaching Out to Veterans? Try Using a Phone-a-Thon

In communications circles these days, there’s a lot of talk about social media, such as Facebook, Twitter and numerous other outlets, and the newest technologies available for use by those charged with reaching out to their various customers or constituents.

But it’s important to remember that creative application of some of the “old tools” on the communicator’s workbench can be equally effective.

One day last December, Gordon Sclar, the public affairs officer at the Syracuse (N.Y.) VA Medical Center, read an e-mail item about a unique media event held by the VA Salt Lake City Health Care System.

“The e-mail caught my eye because I knew instantly that this idea, with modifications to fit our local television market, would educate veterans about the latest VA benefits, while at the same time increase our veteran enrollment,” said Sclar.

A call to Jill Atwood, the Salt Lake City PAO, yielded specifics about a successful event she coordinated on Veterans Day 2009. Atwood shared the details of how she arranged a telethon-type event on the local CBS affiliate. The initiative had drawn more than 400 calls.

Recognizing the possibilities for his market, Sclar brought in a former telethon director and owner of Media One Communications, Michael Otis, a veteran who is also an enrolled patient at the VA Salt Lake City Health Care System.

“Everyone was a winner,” said Sclar. “The station sold the commercial time. The sponsor positioned itself as an entity that cares about veterans, and the Syracuse VA was able to reach out to veterans and their family members who might not otherwise be aware of the VA health care message.”

The first phone-a-thon took place on March 13. The phones began ringing at 6 a.m. that Saturday and continued to ring until the conclusion at 6:30 p.m.

VA informational segments were scheduled throughout the day, one every half-hour. Each segment dealt with a different program: Operation Enduring Freedom/Operation Iraqi Freedom; quality of care; behavioral health; adult day care; GI Bill; women’s health and more.

Sclar brought in a former broadcaster and owner of Media One Communications, Michael Otis, a veteran who is also an enrolled patient at the Syracuse VA, to host the event.

Area veterans and their family members responded by calling a special phone number to request an application from the VA staff and began making the phones.

“It was amazing at the number of veterans who don’t know they are eligible for VA care,” Otis said. “I had to do task of follow-up phone calls to veterans who responded. By mid-August, more than 230 veteran appointments had been scheduled.

The Syracuse VA’s Veterans Service Center played a major role in the event’s success, with staff answering the phones. “Callers had the ability to speak to health care eligibility experts immediately,” said Veterans Service Center Manager Michael Van Zummeren. “A significant number of questions were addressed during the event that may have gone unanswered without our staff members answering the phones.

“Our staff also coordinated the timely enrollment of eligible veterans, ensured expedient appointment scheduling, and directed questions outside the scope of eligibility to the appropriate departments and agencies for follow-up.”

“The Syracuse phone-a-thon was an excellent example of staff working together to recruit veterans to enroll in the VA health care system,” said Hoffman. “By partnering with public affairs staff and the Veterans Service Center, we were able to pull together a very impactful media-driven outreach event. Leadership at the Syracuse VA is firmly committed to veteran outreach in the community, and this support allows us to develop outreach initiatives on a much bigger scale.”

On the heels of this success, a second phone-a-thon took place on July 22, covering the east side of the
The results? Another outstanding success—more than 800 calls received, with 650 applications sent out to veterans that night.

Meanwhile, Canandaigua VA Medical Center PAO Dan Ryan produced a phone-a-thon on July 20 for the Canandaigua/Rochester market. Again, the staff worked the phones for 12-and-a-half hours, from 6 a.m. to 6:30 p.m., drawing an astounding 1,000 calls and sending out more than 800 applications.

Reviewing the success of the events, Sclar noted the lessons learned by everyone involved: the value of sharing ideas; the effective relationships VA medical centers have with their local media; and the achievements that teamwork among public affairs, outreach and the Veterans Service Center can produce.

“Collaboration is key to phone-a-thon success,” said Sclar. “To help communicate the VA message, local congressmen, county executives, and state and county veterans service officers participated in both live and taped segments telecast throughout the day.

Hiring Reform Will Make it Easier to Apply for Federal Jobs

On May 11, President Obama signed a memorandum to transform federal government recruitment and hiring practices as well as deliver on his pledge to transform VA into a 21st-century organization.

The memorandum calls, in part, for the elimination of lengthy application processes, including essay-style questions demonstrating knowledge, skills and abilities (KSAs) for initial applicants; a reduction in the time it takes to hire mission-critical and commonly filled positions; and greater involvement by managers in the hiring process.

“Americans must be able to apply for federal jobs through a common-sense hiring process, and agencies must be able to select high-quality candidates efficiently and quickly,” the President wrote in the memo. “The ability of agencies to perform their missions effectively and efficiently depends on a talented and engaged workforce, and we must reform our hiring system to further strengthen that workforce.”

A team of human resources professionals and line managers across the Department were gathered to create the VA Hiring Reform Taskforce, which is charged with implementing the Presidential mandate. The taskforce has already begun work to make job announcements shorter and easier to understand. Job announcements of 10 to 12 pages are being reduced to about three pages.

Rather than departmental jargon, the announcements are written in easy-to-understand terms. Instead of assessments that require long essay responses to a list of knowledge, skills and abilities, modern assessment tools with quick questionnaires will be used. Applicants will be able to use a simple resume and cover letter to apply for a job instead of pages-long resumes that bog down selection processes.

“I’m excited that government-wide hiring reform will make it easier for members of the public to apply for jobs,” said Associate Deputy Assistant Secretary for Human Resources Policy and Planning Annie Spiczak. “The American public deserves the best and brightest in the federal workforce.”

VA will be using USA Staffing, an automated talent management system, and Web HR, a tracking system for requests for personnel actions, to streamline and automate the hiring process. Hiring processes are being revised to ensure that applications no longer enter a “black hole.” Applicants will receive feedback on the status of their application at a minimum of four points in the process: receipt of application; qualification determination; referral status; and result.

“This reform will make it easier for veterans to seek and obtain federal jobs,” said Deputy Secretary W. Scott Gould. “It does for veterans what it does for every federal job seeker: It speeds up the whole process and greatly simplifies the initial application, relieving veterans of having to write a book just to apply for a job. All they’ll need is a resume.”

For managers, the reform will put the focus on partnering with HR practitioners to develop staffing plans, with the overall aim of reducing hiring timelines and providing access to the highest-quality candidates. Lack of job analysis and workforce planning at the front end of the staffing process may result in a lack of qualified applicants.

The taskforce is also looking at how they can reduce timelines on tasks such as candidate assessments, referral list development, and interviewing candidates. VA’s goal is to reduce the time it takes to hire new talent by 10 percent.

However, VA senior management believes that the timeframe can be reduced even further. VA launched a new Intranet site, www.va.gov/hiringreform, that includes easy-to-digest information customized for managers, applicants and HR specialists, and is conducting webinars and other training to make the transition easier.

The winning entry in a VA hiring reform poster contest, designed by Andre Purnell and Yang Zhao of the Bronx VA Medical Center.

The President charged the Office of Personnel Management with working with agencies to ensure that best practices are being developed and used throughout government. Visit www.opm.gov/HiringReformIndex.aspx for more information on hiring reform across the federal government.
A.O. Miner: Speeding Benefits to Vietnam Veterans

New tool embodies VA’s transformation into a 21st-century organization.

When Secretary Eric K. Shinseki took the helm of VA, he reiterated President Obama’s challenge to transform the Department into a 21st-century organization, adding that VA should be “veteran-centric, results-oriented, and forward-looking.”

Twenty-seven employees spanning the Veterans Health Administration, Veterans Benefits Administration, Office of Information and Technology, Office of Public Affairs, Office of General Counsel and Office of the Secretary collaborated on a project this year that embodies all three of those principles—it’s called “Agent Orange Electronic Health Record Miner,” or A.O. Miner in short form—an exciting initiative designed to help break the back of the benefits backlog.

“The way the Agent Orange Electronic Health Record Miner works is that we run queries against national data already extracted from the VistA electronic health record,” said John Quinn, director of national data systems in the VHA Office of Health Information, whose staff coordinated the project. “We combine that data through a manual process and then post in a database where VBA staff can look up the coded medical information, such as diagnosis codes and procedure codes (ICD-9 and CPT), in one place.”

The A.O. Miner project stems from a new rule on Agent Orange published in the Federal Register in August. The new rule expanded the list of conditions VA presumes to be related to Agent Orange. Basing his decision in part on the Institute of Medicine’s 2008 Update on Agent Orange, Secretary Shinseki added Parkinson’s disease and ischemic heart disease to the list of conditions, and expanded chronic lymphocytic leukemia to include all chronic B cell leukemias, such as hairy cell leukemia. His action will offer veterans exposed to herbicides while serving in Vietnam an easier path to access quality health care and qualify for disability compensation.

In practical terms, veterans who served in Vietnam during the war and who have a “presumed” illness don’t have to prove an association between their medical problems and their military service. By helping these veterans overcome evidentiary requirements that might otherwise present significant challenges, this “presumption” simplifies and speeds up the application process and ensures that veterans receive the benefits they deserve.

More than 150,000 veterans are expected to submit Agent Orange claims in the next 12 to 18 months, and VA will review approximately 90,000 previously denied claims based on the additions to the list of conditions.

Enter the “forward thinking” of the A.O. Miner project. With such a high number of expected claims and thousands more to review, VBA and other employees looked to develop the tool to speed up the process and reduce potential backlogs.

Essentially, the new process will help claims adjudicators recognize when they need more information, and most importantly, which VA hospital the information resides in and how they can get it. The goal is to help VBA staff adjudicate veterans’ claims under the newly added Agent Orange presumptive conditions without requiring them to be scheduled for a medical exam.

The A.O. Miner project will scan VHA health records to see if a veteran has a diagnosis or treatment information in their health record that matches one of the new presumptive conditions. The results will be stored in a central location where adjudicators can find the information they are looking for quickly and easily.

“As a whole, the A.O. Miner project is veteran-centric in that it focuses not only on expediting new claims, but also automatically examines the electronic health records of thousands of VA patients searching for those with the newly defined presumptive conditions,” said VA Chief of Staff John Gingrich. “This allows VA to be proactive and take action on the veterans’ behalf to provide the health care and benefits they need and deserve.”

The use of the A.O. Miner project furthers the transformation of VA into a 21st-century organization by being “results driven”—using information technology to gather and analyze data, as opposed to traditional manual approaches to processing and reviewing claims and medical records.

Technology notwithstanding, the key to the development of the A.O. Miner project was the collaboration
between VHA, VBA and the dozens of offices the employees represent.

“What you saw take place here was groups across VBA and VHA sharing the load in tackling a problem,” said Tom Kniffen, Compensation and Pension Regulations staff section chief in VBA. “Each person brought the strengths of their part of VA, not the boundaries that limited perspectives. So claims specialists from VBA, clinicians and coders from VHA, and data analysts from both administrations each contributed a share, and together they built something that is working and that will work for veterans and for VA.”

Those employees are: Leslie Arwin, M.D., Disability Examination Management Office, VHA; Kerry Baker, Compensation and Pension Service, VBA; Jacki Bebb, Office of Health Information, VHA; Roger Bragg, Austin Information Technology Center (AITC); Vincent Calabrese, M.D., Neurology, VHA; Dean Christopher, Compensation and Pension Service; Ethan Coble, AITC; Scot Dingman, VISN Support Service Center (VSSC), VHA; Raye Anne Dorn, Oncology, VHA; Gail Graham, Health Information Management, VHA; Shawn Hardenbrook, Chief Business Office, VHA; Susan Hickey, Office of Health Information; Larry Hughes, Office of Health Information; Robert Jesse, M.D., Principal Deputy Under Secretary for Health, VHA; Jeffrey Littrell, AITC; Thomas Maddox, M.D., Cardiology, VHA; Linda Nugent (retired), Office of Health Information; Brian Olinger, Office of Health Information; Michael Palmer, Compensation and Pension Service; Tom Pamperin, Office of Policy and Program Management, VBA; Karla Porter, Office of Health Information; Julie Presley, VSSC; John Quinn, Office of Health Information; Troy Sherrill, VSSC; Brian Stephens, Compensation and Pension Service; Suryapratap “SP” Thakur, VSSC; and Michael van Gaalen, Compensation and Pension Service.

By Gary Hicks
If you don’t know what Facebook is, count yourself as one of the few. The latest statistics show the popular social media Web site has more than 500 million members—that’s equal to the entire population of the United States plus an additional 200 million people, give or take a few.

With numbers like that, it’s easy to understand why VA maintains a presence on the popular site and other fast-growing social media forums.

“Since fall 2009, VA has made a concerted effort to reach and converse with a younger cohort of veterans through the use of social media, including Facebook, Twitter, YouTube, Flickr and blogs,” said Director of Labs, 84 percent of all Facebook users were between the ages of 18 and 54. From 2008 to 2009, users ages 18 to 24 increased by 21 percent; those ages 25 to 34 increased by 102 percent; those between the ages of 35 and 54 increased by 276 percent; and users over the age of 55 grew by 194 percent.

While the 18 to 34 age group still accounts for more than half the users on the site, the older demographic is starting to take notice. VA’s Office of Public and Intergovernmental Affairs and Office of Information and Technology are spearheading the creation of a comprehensive, Department-wide social media policy to further develop the Department’s new media presence and reach the growing number of veterans using Facebook and other sites.

Friedman said the intent is to provide VA employees with a framework for using social media as part of their jobs. “The way I see it, we have nearly 300,000 employees who can act as ambassadors to veterans. But we need to make sure everyone has a firm understanding of the do’s and don’ts,” Friedman said. And that’s what the
to improving its blogging presence to reach more veterans and better communicate news and important messages pertaining to benefits and health care. “We are launching an online communications hub that will feature a central VA blog, topical blogs, and have a section for guest pieces—submitted by VA staff and the public alike,” said Friedman.

For more information, visit:
- www.facebook.com/VeteransAffairs
- twitter.com/DeptVetAffairs
- www.youtube.com/user/DeptVetAffairs
- www.flickr.com/photos/VeteransAffairs
- www.blogs.va.gov

By Gary Hicks
The nation’s first VA/DoD federal health care center launches.

During a ceremony in front of more than 1,500 people Oct. 1, congressional, civic and government leaders showed the nation why integrating medical facilities and resources from the Department of Defense and VA makes sense.

The 85-minute ceremony culminated years of planning and marked the completion of a three-phased process to integrate the former Naval Health Clinic Great Lakes and North Chicago VA Medical Center into the Captain James A. Lovell Federal Health Care Center.

“Our gathering here today marks a major milestone, capping several years of hard work—planning, designing, programming and activating the first-ever joint VA/DoD federal health care center,” said Patrick Sullivan, the new center’s director. “Today, we are no longer proud staff and volunteers of the North Chicago VA or Naval Health Clinic Great Lakes, but proud staff and volunteers of the Captain James A. Lovell Federal Health Care Center. We are part of a much larger mission.” As the director of the nation’s first federal health care center, Sullivan is the first VA leader with a combined mission of military readiness and caring for veterans.

Capt. Thomas McGue, the last commanding officer of Naval Health Clinic Great Lakes, was honored at the ceremony for his dedication and years of service. Just before being awarded the Legion of Merit medal, McGue addressed the audience and welcomed the most important people at the ceremony.

“Good afternoon to the active duty beneficiaries and veterans of North Chicago and Great Lakes,” said McGue. “What I’d like to assert today is that both this change of command and the dedication of the federal health care center is not about those of us on stage today, but about honoring a commitment to those of you...
who have given so much to serve this country while proudly wearing the uniforms of the Navy, Army, Marine Corps, Air Force and Coast Guard.”

Met with a standing ovation, retired naval officer and NASA astronaut James A. Lovell approached the microphone with the confidence and perseverance that have made him renowned.

“Ladies and gentlemen, the day has finally come,” said Lovell. “The opening of a first-of-its-kind—a federal health care center to serve the members of the armed forces, both past and present. I am greatly honored and deeply humbled to have my name associated with this institution. I’ve always felt that the welfare of our veterans and active duty personnel is an essential ingredient in providing a strong military.”

As nearly a dozen speakers addressed the crowd that filled the entrance to the new ambulatory care center, a common theme among the presenters was the notion that getting to the point of complete integration was far from easy or quick.

As many at the podium acknowledged, the path to integration began many years ago with a concept that it would be financially beneficial and more convenient for patients to have a single health care center, instead of two that are less than two miles from one another.

Several factors drove the integration: the Base Realignment and Closure Committee’s recommendations in 1995; Executive Order 13214 of 2001 (Presidential Task Force to Improve Healthcare Delivery for our Nation’s Veterans); the Capital Asset Realignment for Enhanced Services study of 2001; the Center for Naval Analysis recommendations of 2002; and ongoing congressional and civic support.

“While we have had a longstanding relationship with our Navy partners, the official partnership began in October 2002, when the Executive Council Decision Memo was signed,” said Sullivan. “That memo directed the partnership and outlined the three phases of integration.”

Sullivan explained that the first phase of the partnership was accomplished in October 2003, when the Navy shifted inpatient mental health to the North Chicago VAMC.

The second phase of the partnership was supported by a $13 million VA renovation and modernization project to expand the emergency and surgery departments at the North Chicago facility. As part of this phase, the Navy transferred all operating room, intensive care unit and emergency room services from Naval Station Great Lakes to the North Chicago VA Medical Center—including pediatrics, the first for any VA medical center. In addition, all inpatient medical and surgical services were transferred. The second phase was completed in June 2006.

The final phase of the partnership included a $130 million Department of Defense project to build a 209,000-square-foot ambulatory care center at the West Campus in North Chicago, renovate more than 45,000 square feet of existing space, and construct a new parking garage and surface parking area.

The final phase was completed when the governance of the Captain James A. Lovell Federal Health Care Center stood up Oct. 1. Although admittedly complex and challenging at times, the goal at the end of the phases remained clear and unified: Deliver the absolute best patient-centered care in the nation.

The unique nature of the Lovell FHCC means a blending of missions for “military medical readiness” and “veteran care” under a single governance structure. This means the health care center will see active duty military, veterans, military family members (including children) and military retirees.

The facility will serve patients at five distinct locations in northern Illinois and southern Wisconsin. These include the 107-acre West Campus at 48 buildings in North Chicago; five branch medical clinics on the East Campus at Naval Station Great Lakes; and three community-based outpatient clinics, in Evanston and McHenry, Ill., and Kenosha, Wis.

“Our integration is truly a win-win-win for all parties involved,” said Sullivan. “It’s good for taxpayers, it’s good for staff members, and most importantly, it’s good for our patients.”

Sullivan explained that taxpayers are saving approximately $20 million annually by integrating operations.

“Our integration is good for taxpayers, it’s good for staff members, and most importantly, it’s good for our patients.”

He noted that staff members are able to care for a larger population of patients, and that by combining staffing and resources, patients are able to benefit from robust, state-of-the-art health care.

While the ceremony commemorated years of work and progress, it was by no means a conclusion. In fact, many at the ceremony appropriately noted that it was the metaphorical “launch” of the health care center.

“While the ceremony was an absolute success, I really feel like it fittingly set the tone for the goals we’re striving towards,” said Sullivan. “Our team brings years of experience and passion to the table. While we have rich naval and VA traditions that we share, at the end of the day it’s our common goal of patient care that truly remains our guiding beacon.”

By Jonathan Friedman
The nation’s oldest existing Civil War memorial is now in its new home at the Frazier International History Museum in Louisville, Ky. The 32nd Indiana Infantry Monument, also known as the “Bloedner Monument,” is of exceptional historic significance as the country approaches the start of the 150th anniversary of the Civil War in 2011. It was carved in the first weeks of 1862 to memorialize several early casualties of the war.

In 2008, the National Cemetery Administration moved the monument out of Louisville’s Cave Hill National Cemetery because it was severely deteriorated and required professional conservation. It was housed at a storage facility at the University of Louisville for a year-and-a-half, where it was conserved while awaiting approval of the loan agreement between NCA and the museum.

The monument was moved into the lobby of the museum, where it will be preserved to be appreciated by future generations,” Duhart said, “to honor the sacrifice that these soldiers made on the battlefield so long ago.”

The Bloedner Monument was carved after the Battle of Rowlett’s Station in Munfordville, Ky. About 70 miles south of Louisville, Union forces were charged with protecting a bridge over the Green River to ensure the passage of soldiers and supplies along the Louisville & Nashville Railroad. On Dec. 17, 1861, the 32nd Indiana Infantry, a regiment comprised entirely of German Americans, skirmished with Confederate forces consisting of Terry’s Texas Rangers, the 7th Texas Cavalry and the 1st Arkansas Battalion. While the results were indecisive, the Union forces protected the Louisville & Nashville Railroad, ensuring that troops and supplies would continue to move through central Kentucky.

After the battle, Pvt. August Bloedner and the 32nd Indiana Infantry bivouacked near Munfordville for about two months. During this time, Bloedner carved the monument to mark the graves of his fellow soldiers who fell in the battle. It was installed near Munfordville in late January or early February 1862.

Since it was carved early in the Civil War, it is the oldest existing monument dedicated to soldiers from that conflict. Records exist of a monument dedicated in September 1861 to a Confederate officer killed at the First Battle of Manassas, but it was either lost or destroyed soon after it was erected.

The Bloedner Monument is carved from St. Genevieve limestone, probably from a local outcrop. It is approximately 60 inches wide, 49 inches high, and 16 inches deep. In relief, there is a carved image of an eagle with its wings outstretched, clutching in its talons two
cannons resting on cannonballs. The eagle is flanked by two American flags, along with an olive sprig and an oak branch.

Below the relief panel, the monument is inscribed in a fraktur-like script in German with a brief description of the battle, and the names, birth dates and birthplaces of those who fell. In part, the inscription reads: “Here lie men of the 32nd First German Indiana Regiment sacrificed for the free institutions of the Republic of the United States of North America. They fell on 17 Dec. 1861, in an Encounter at Rowlett Station, in which 1 Regiment of Texas Rangers, 2 Regiments of Infantry, and 6 Rebel Cannons, in all over 3000 men, were defeated by 500 German Soldiers.”

Little is known about those soldiers: 11 were privates; two were officers. According to the monument inscription, all were either born in Germany or the Lorraine region of France on the German border.

In 1867, the Bloedner Monument was moved to Cave Hill National Cemetery along with the remains of 11 of the 13 soldiers whose names are inscribed on the monument. After being reinterred in the cemetery, the 11 soldiers received individual markers.

At that time, a German inscription was carved above the frieze of the monument that reads: “Brought here from Fort Willich, Munfordville, KY and reinterred on 6 June 1867.” In addition, it was installed on a base of Bedford limestone inscribed in English: “In memory of the first victims of the 32nd Regiment Indiana Volunteers, who fell at the Battle of Rowlett’s Station, December 17, 1861.”

The St. Genevieve limestone, which is so soft and porous that it is no longer used for sculpture or building purposes, was beginning to fail by the 1950s. Moisture was seeping up from the ground through the stone, causing the surface to flake off.

By the early 2000s, about half of the inscription was lost. NCA attempted to stabilize the monument at the cemetery, but by 2008, it was clear that these measures were ineffective. As a dramatic step to save the monument, it was temporarily moved to the University of Louisville in December 2008, after which it was treated by Conservation Solutions Inc., a materials conservation firm. Once indoors, the Bloedner Monument stopped deteriorating.

Three area museums were considered to display the monument, but based on several criteria—such as visitation, visibility, security and mission—the Frazier Museum was selected. The loan is for 10 years with options to extend the term.

In fall 2011, a new monument will be installed at Cave Hill National Cemetery that will resemble aspects of the original Bloedner Monument, but will be clearly marked as a replacement. The new monument will feature the German inscription with an English translation, so cemetery visitors will see a likeness of the oldest existing Civil War monument in its historic location and understand its significance.

By conserving the fragile original monument and fabricating a new one for the cemetery, NCA continues to honor the memory of those soldiers who immigrated to the United States and gave their lives to protect their adopted homeland almost 150 years ago.

By Alec Bennett
More than 39 years ago, Army Chief Warrant Officer Donald Lynn Wann was killed in Vietnam, the day after his 34th birthday. On Aug. 21, Wann was finally laid to rest in his home state of Oklahoma.

On June 1, 1971, Wann, an AH-1 Cobra helicopter pilot with the 158th Aviation Battalion, and copilot/gunner 1st Lt. Paul Magers, were shot down in Quang Tri province following a rescue mission for an Army Ranger team. Enemy forces had the Ranger team surrounded, and Wann and Magers are credited with rescuing every member of the team that day.

Because of enemy activity in the area, the U.S. military was never able to recover the remains of Wann and Magers. But on Aug. 11, the Department of Defense announced that remains found in 2008 had been positively identified as theirs through DNA testing done by the Joint POW/MIA Accounting Command.

Seven days later, Wann finally returned to Oklahoma when his remains were transported from Hawaii to Tulsa International Airport and then to Muskogee to await burial at Fort Gibson National Cemetery.

Forrest Kirk, a chaplain with the Jack C. Montgomery VA Medical Center in Muskogee, officiated the funeral and burial services.

"The pain the family must have felt all these years not knowing; 40 years is a long time to feel that pain," said Kirk, a retired Navy commander who served on ships in support of the Vietnam War. "A lot of the family members have passed on not knowing what happened to their loved one. So this is very significant. For the family, it's closure."

Kirk, who has worked as a VA chaplain since 2002, performed more than 250 funeral and burial services in 2009. But he'd never officiated services for a veteran who was listed as missing in action.

"I'm a Vietnam-era veteran myself," said Kirk. "I joined the Navy in
1969. But even if I hadn’t, it’s still an honor to be asked to do this.”

Hundreds of people, including 24 Vietnam veterans who served with Wann, traveled from across the country to attend his services.

During the funeral service at Southeast Baptist Church in Muskogee, Vietnam veterans, current active duty soldiers and local citizens paid tribute to Wann, and those who served with him spoke of his fearlessness in the face of danger and his professionalism.

Following the service, the funeral procession, which was escorted by more than 400 motorcyclists, traveled about 15 miles from the church to the cemetery for a burial service with full military honors. Along much of the way, people young and old lined the streets, waving flags and saluting as the procession passed by.

“It was really powerful, all 15 miles of it, all the way to the cemetery,” said Jay Riseden, who served with Wann in the 128th Assault Helicopter Company in 1968. “It was just unbelievable, a wonderful community.”

Skip Butler, who served with Wann in the 158th Aviation Battalion, was also moved by the show of support. “I grew up in Alabama, where patriotism reigned,” he said. “But they showed me something here today.”

A local Little League baseball game even stopped play, and the youngsters in their uniforms clutched flags and joined the crowd honoring Wann as the procession went by.

After arriving at the cemetery gate, an Oklahoma National Guard Honor Guard team transferred Wann’s flag-draped casket from a white hearse to a military caisson. The caisson slowly transported Wann to a pavilion while hundreds of people stood in silence.

During a short service, the Honor Guard presented flags to Wann’s two daughters, Shannon Wann Plaster and Michelle Wann. Following a 21-gun salute, those in attendance put their hands over their hearts and saluted as taps was played.

When the caisson made its way to Wann’s final resting place, three Black Hawk helicopters flew low over the cemetery in a traditional missing-man formation, a final tribute from the current generation of American troops to a fallen warrior from a previous conflict.

Following the burial service, Vietnam veterans who served with Wann joined his family and friends for a meal at the American Legion and reflected on the day and their service with Wann.

Jeff Bulmer, who served with Wann in the 158th Aviation Battalion and spent most evenings in the officer’s club at Camp Evans rehashing missions with Wann, reflected on Operation Lam Son 719, which kicked off right after Wann arrived in Vietnam for his second tour.

“It was a major incursion into Laos where we cut the Ho Chi Minh trail, delayed the (enemy) supplies long enough to give us time in the south to do an orderly withdrawal,” said Butler, who traveled from Virginia to attend the funeral. “That was the plan. We flew several hours every day in that operation.”

Butler described Wann as the consummate professional who also made sure other pilots knew what to do in any situation. “I was fortunate enough to be a team leader like Don, and it was always good to go on station behind Don, because he had done it right.

“At night, he would sit around and make sure we knew what the heck we were doing. He would actually grill us. Guys would be playing cards and he’d put his hand on the table and say, ‘So, what would you do with a low-side DC generator failure,’” he recalled with a laugh.

For the Vietnam veterans, the homecoming of Wann and the show of support by the local community was the welcome home celebration they never got.

“I had a cousin that was an Army aviator, killed in Vietnam in 1969,” said Riseden. “When he came home, he had a full military funeral, but it was a very quiet affair. It was just immediate family. To me, this was almost like the big celebration for all those who didn’t get the big welcome home. It really felt special.”

Wann was awarded the Silver Star, Distinguished Flying Cross, Bronze Star, and Purple Heart with two Oak Leaf Clusters, among other military decorations. He also served in the Navy from 1955 to 1966 as a photographer.

By Nathan Schaefer
Making Waves in San Diego

Newly injured and disabled veterans learn and refresh skills at the Summer Sports Clinic.

The 2010 National Veterans Summer Sports Clinic started off with a splash—literally. A fun-filled day at SeaWorld, along with a special Shamu show, kicked off the 3rd annual opening ceremonies for the Clinic.

Held Sept. 18-24 in San Diego, the Clinic split 76 veterans into 10 teams. With team names like Calypso, Apollo, Neptune, Poseidon, Nautilus, Phoenix, Mercury, Titan, Vulcan and Olympus, veterans were encouraged to follow the theme of the Clinic, “Setting Your Course for the Future.”

Presented by VA and funded with help from a host of corporate sponsors, the Clinic promotes rehabilitation of both body and spirit by teaching summer sports to veterans with significant physical or psychological impairments. Participation is open to veterans with orthopedic amputations, traumatic brain injuries, burn injuries, psychological trauma, certain neurological conditions, visual impairment.

Above: Claudia Perry, 33, of Silver Spring, Md., ups her skill level by surfing on her knees. It was the visually impaired Air Force veteran’s first time on a surfboard; top right: Army National Guard veteran Greg Reynolds, 24, of Dighton, Maine, survived combat in Iraq only to be hit by a car while riding his motorcycle. Here he motivates his team by doing push-ups before kayaking; bottom right: Navy veteran Mitchell Guyon, 34, of Morrow, Ohio, learns how to right himself if the kayak tips over. Guyon, who served in Operations Enduring and Iraqi Freedom, was injured in combat.
and spinal cord injuries incurred within the last six years.

The first morning of the Clinic, veterans woke bright and early, hitting some of the venues by 7 a.m. On the sidelines, family members, therapists, volunteers and VA employees gathered to cheer, support, encourage and assist as the day heated up.

The first stop for some was the 150-acre U.S. Olympic Training Center complex in Chula Vista, site of the track and field events. The complex offered discus, javelin, shotput and track, and several Paralympians, already on site for their own training, came to watch and guide the veterans. While many veterans were adjusting to the feel of a javelin in their hands for the first time, others were reminiscing about their high school and college track and field days.

For Greg Reynolds, an Army veteran of Operations Iraqi and Enduring Freedom and past participant at the Summer Sports Clinic, the track and field events at the Clinic opened up a whole new world for him. “I wasn’t a runner, but I ran the 100-meter and made some connections with the U.S. Paralympic representatives and was then able to join the team,” said Reynolds. “I’ve already competed in a couple of competitions, the Desert Challenge in Arizona, and the Endeavor Games in Oklahoma, where I took second place in my class.”

“The opportunity to visit an Olympic Training Center is a one-of-a-kind experience,” said Tom Brown, director of the National Veterans Wheelchair Games and an instructor in the field events at the Clinic. “After all, if you can throw a javelin a decent distance at an Olympic Training Center, you just may consider getting involved in a local softball team or tennis club back home.”

To some veterans, just making it through the event without major injury was an accomplishment. “I walked away from the javelin without hurting anyone,” joked Mike Buck, a Navy veteran from Crescent City, Calif.

Meanwhile, over at Silver Strand State Beach, the morning cycling session involved a 10-mile bike trek on Coronado Island. In addition to hand and tandem cycling, the veterans got a chance to take on the rock-climbing wall, where many tested their strength, both mental and physical.

Tony Cox, a 51-year-old Marine Corps veteran from Baltimore, used a hand crank to hoist himself up, conquering the climbing wall that was brought to the event. Participants must lift one-fifth of their body weight to the top of the wall, and Cox, a wheelchair user and first-time participant, successfully rang a cowbell to signal completion. “Doing all these things I have never done before is great,” said Cox. “It brings back the camaraderie. You just don’t get this in the civilian world.”

Over in sailing, riding on the Stars and Stripes USA-11, a former America’s Cup boat and one of the fastest sailboats ever made, was one of the highlights of this year’s event. In addition, all of the veterans got the chance to race a Martin 16, an adaptable two-man sailboat, testing new skills and building confidence along the way.

Former Marine Shane Kruchten just enjoyed being out on the water. “There are no motors, no anything. It’s just real relaxing knowing that the wind is pushing you around—it’s really cool.”

The nearby surfing venue, where many days the Pacific Ocean waves were strong and challenging, brought out the fearlessness in some veterans. Claudia Perry, a 33-year-old Air Force veteran from Silver Spring, Md., who is visually impaired and also a surfing rookie, said that it was a little scary not being able to see the waves coming, but she was up for the challenge.

“In the beginning I was scared because I can’t see, but I put my trust in my team and I didn’t fall off [the board]. I was very impressed with myself,” said Perry. She knows all too well that trust in those around her providing instruction and support is critical to her success—not only at the Clinic but in everyday life as well. She plans to continue surfing as well as scuba diving and skiing at the upcoming Winter Sports Clinic.

Over at the kayaking venue, the Mission Bay Yacht Club, veterans had their choice of adaptive kayaking equipment. “We have a veritable bevy of boats, of all types and sizes,” said Ralph Marche, VA’s venue coordinator for the third year running.

Stephen Bruggeman, a Coast Guard veteran from Sioux Falls, S.D., was a Clinic participant in 2008 and 2009. But this year Bruggeman was back in a different capacity—as a kayaking volunteer, having discovered his love for the sport at his previous Clinic experiences.

"In the beginning I was scared because I can’t see, but I put my trust in my team."

“The first year piqued my interest, but the second year I discovered my passion,” he explained. Starting in a sit-upon kayak, he took it up a level last year to a whitewater model. In January, he kayaked down waterfalls in Mexico and is now helping get a Team River Runner kayaking chapter started back home.

The next Summer Sports Clinic will again be held in San Diego in September 2011. Recreation therapists are encouraged to pass registration information on to interested veterans and volunteers.

To keep the Clinic small and intimate, attendance is limited to a maximum of 100 participants, retaining the focus on one-on-one guidance and support. Participants are limited to two trips to the Clinic to allow the many veterans eligible to participate to rotate through. For more information on the 2011 Clinic, visit www.summersports-clinic.va.gov.
Jaime Quinones, a senior resident engineer at the San Juan VA Medical Center in Puerto Rico, has been on a mission to become an astronaut. A lofty mission, but one he has chipped away at steadily and surely, never losing sight of his dream. “I always wanted to fly,” says Quinones. “I wanted to be an astronaut, so I read up about the program. The first thing they list as a requirement is prior military experience. So I joined the military.”

Quinones enlisted in the Air Force and served four years. When that stint was ending, he decided the Army might offer a change of pace as well as a wealth of new experiences. “I've always believed experience leads to opportunities,” he says.

Now a two-branch veteran, Quinones looked toward the private sector to continue checking off requirements to become an astronaut, the second of which was technical experience. But he wasn’t willing to let go of the military entirely, so he joined the Air Force Reserve so he could continue to serve while gaining experience and furthering his education.

On down the checklist he went. “Third, you need to have an engineering/scientific degree,” Quinones says. “I also learned additional degrees will give you additional training. So I went to school and earned my bachelor’s, then my master's, then my doctorate. Then I went on to earn a second of each.”

Back in the ’80s and ’90s, NASA’s application process was every other year. Today, it’s every three to four years. Quinones applied six or seven times, every year that NASA opened up for applications. In a typical application year, NASA will receive 10,000 submissions from interested applicants worldwide. From that pool, they narrow it down to 2,000 applicants, then to 120. The top 20 of those applicants go to the Space Center for physicals, panel questioning and more. Quinones became one of those top 20.

“I was amazed when NASA sent me a letter saying that I was selected as a candidate for the space shuttle program and I needed to report to Johnson Space Center in Houston,” Quinones recalls. “After a week of interviews with a panel of 20 current and former astronauts, a week of physicals, tests, boarding the space shuttle, 12- to 16-hour days, I finished the trials. I felt so blessed; just being there was so big for me.”

According to Quinones, the testing trials were brutal. “You feel like a lab rat. You never know what to expect in the next room, and most of the time, they don’t talk to you. They test everything—I can’t stress that enough. There are 16 different tests on your eyes alone. It’s both physical and psychological.”

But even though he still wants to experience outer space, Quinones knows it might not happen. “This year is the last year flying the old systems,” he says. “Now they are using new rockets, and upgrading rocket systems. Before the big space shuttle accident, they used to recruit in the range of 30 to 37 astronauts.”
Now they recruit only a few people, of which only 11 get to fly. Although the NASA space program is not recruiting much anymore, Quinones still insists, “If they call me, I’m ready. It’s still my passion.”

In the meantime, Quinones continues to serve in the Air Force Reserve as a lieutenant colonel, and puts his engineering skills to work at the San Juan VA.

As an engineer in Construction and Facilities Management for the last 10 years, Quinones makes sure contractors follow the design of the job and complete the mission on time. Working alongside other engineers and administrative personnel, Quinones is fully responsible for making decisions on behalf of VA.

“In my job, everything depends on a teamwork concept, composed of project managers, contracting officers, engineers and administrative professionals,” he says. “But I get to manage the entire project—protocol, safety, meetings, specifications, documents, payments, requests for information, changes in design, all aspects. We merge blueprints and designs into reality.”

After a design review that can last anywhere from six months to a year, Quinones meets with representatives, and then he is responsible for making the right decisions for the right products. A building is typically three to four years in the making, and Quinones is involved in every part of it.

One recent project he worked on was a new bed tower at the medical center. The six-story structure houses more than 300 acute care beds, benefiting many Puerto Rico and U.S. Virgin Islands veterans. Ground will soon be broken on his newest project, a six-story, state-of-the-art administration building. Destined to be LEED gold-certified, an environmental standard that is tough to achieve, he is ready for the challenge.

“I tell people to always strive for education because it makes you grow more as a person,” he says. “Lots of people don’t have the opportunities we have to do this. The only way to become a better engineer is to practice, get on-the-job training, and you’ll get better and better. Be someone special, be multifaceted. Don’t just follow in others’ shadows. Leadership skills plus experience help you gain confidence and promote the best values of every person.”

By Amanda Hester
Do you ever wish you could get a peek inside VA Central Office while vital meetings are conducted and important decisions are made? That wish is becoming reality for the field-based chief information officers within the Office of Information and Technology who have been selected to participate in Assistant Secretary for Information and Technology Roger Baker’s Executive Job Shadowing Program.

Developed as a collaborative effort between the Quality, Performance and Oversight office and the National Information Technology Training Academy, the Executive Job Shadowing Program is an intense two-week resident learning experience. Participating CIOs experience the professional life of VA’s top CIO by spending two weeks by his side—attending meetings, sharing office space, eating meals and living the life of this busy executive.

The executive job shadowing concept was born out of Baker’s desire to fully understand the opportunities and challenges the 210 facility and network CIOs in OI&T face every day. When he first accepted the position of VA CIO, Baker planned to get out in the field and personally talk to as many CIOs as possible. Not long after taking the position, however, he realized he needed a compromise between his usual management style of walking around and visiting with his employees, and the demanding schedule of meetings requiring him to spend most of his time in Washington, D.C. “I quickly recognized that I wasn’t going to be able to use some of my main strengths, which are getting out and communicating,” he said. “I realized that we were going to have to do it in reverse. If I can’t get out to the field, then we’re going to have to bring the field in here.”

Martha Orr, Baker’s chief of staff, and Maria Weingardt, program manager, Quality, Performance and Oversight, reached out to Terri Cinnamon, director of IT Workforce Development, to learn more about the work being done by Cinnamon and her staff on a CIO professionalization program and competency model. With Cinnamon’s help, the team collaboratively built a structured job shadowing program that maximizes the value of every minute a CIO spends with Baker. From application through invitation to acceptance and beyond, the resulting Executive Job Shadowing Program prepares the CIOs to feel welcome and to be fully engaged during their two weeks at VACO.

James Nichols, facility CIO at the Syracuse (N.Y.) VA Medical Center, was the first candidate selected for the Executive Job Shadowing Program. After arriving at headquarters on his first day, he was waiting for Weingardt to meet him in the main lobby when he noticed two men reading and pointing to a large sign on an easel. Curious, Nichols moved closer and
was surprised to discover that the sign was welcoming him to Washington and to the Executive Job Shadowing Program. “As fast-paced as that place is,” said Nichols, “everyone still took the time to make me feel welcome and involved. They all really went out of their way to include me.”

The efforts to fully integrate the visiting CIOs into Baker’s routine seem to be succeeding. “I felt like I was part of the wave of progress,” said David Olivera, CIO at the Providence (R.I.) VA Medical Center and the eighth program participant. “I never at any time felt like I was in the shadows. I felt like I was part of everything. I want to go back!”

As the latest CIO completed his two-week stay in Washington, Baker took time to reflect on the program and the benefits he has seen as a result. “What’s great about this is getting a dose of reality on how things are going to play in the field,” he said. “If we make a decision, I need to know what the impact is going to be at the working level.” For Baker, the Executive Job Shadowing Program is a perfect opportunity to collect feedback. As initiatives are deployed, he has a direct pipeline to the field, and he is able to gauge honest, immediate reactions.

Olivera appreciated the opportunity the program provides for open communication. “I think it’s a natural communication channel,” he said. “Unfiltered feedback can go both ways. We had very frank conversations. I realized we deal with many of the same issues, just on a different scale.”

The program is also meeting Baker’s desire to get to know the CIOs who work for him. “In two weeks, you can get a feel for somebody that you don’t get in a half-day visit to their facility,” he said. “One of the most important things that I get out of this is an understanding of the quality of the individuals we have at the facility CIO level. Mid-level of IT management is very strong. I’m extremely pleased at the level of folks we’ve been able to grow and the level of folks we’ve been able to hire into those jobs.”

So, what is life really like as an executive shadow? Baker’s day usually begins at his desk at 7:30 a.m. for a “mail call” with Orr, who presents documents requiring his signature and mail prioritized for his attention. It is during this time each day that the current CIO shadow usually joins him.

After mail call, the pair attends a standing daily meeting with Secretary Eric K. Shinseki before they launch into the myriad of meetings on the day’s agenda. With a quick break for lunch, Baker and his CIO shadow join afternoon meetings until 4 p.m., when they retire to Baker’s office to respond to e-mail and finish out the workday, which usually ends between 5 and 6:30 p.m.

“One of the great things is, I don’t think there is a typical day,” Baker said. “Every CIO that’s come in has had a different experience, because some weeks are heavy on Capitol Hill, some weeks have a fair amount of White House interaction, and some weeks it’s all right here dealing with things going on inside VA. The first thing I tell them is to wear their track shoes. It can be a challenge to keep up sometimes.”

As each CIO leaves Washington to go back to their facility, Baker trusts they gain a better understanding of the decision-making process at the executive level. “The main thing I hope they take away is that we’re trying hard to do the right things,” said Baker. “It’s a more complex environment to do the right thing in than they might perceive from the field.

“I try to insulate the organization from the politics so we can just be a good IT organization. For those who spend a lot of time on the Hill with me, they see the pressures and the questions coming from the Hill perspective. I think when CIOs from the field see that, they understand why we make some of the decisions we make.”

Olivera also spent time shadowing Stephen Warren, principal deputy assistant secretary for information and technology. “Mr. Baker and Mr. Warren believe in what they’re doing,” he said. “When they say they are there to help VA achieve its goals, they mean it. I feel like they really are trying to move the organization.”

After witnessing Baker at work for two weeks, Nichols also left Washington with an appreciation of the direction the assistant secretary is taking O&I. “There are clearly defined goals for O&I,” he said. “Additionally, there are clearly defined methods by which he (Baker) wants us, as an organization, to achieve these goals. He is doing everything within his power to make these goals a reality.”

In addition to a better understanding of what happens in Washington, Baker believes CIOs leave the Executive Job Shadowing Program with something that will improve the work they’re doing at their own facilities and enhance their personal careers. “I think all of the CIOs [who have participated] so far will tell you that it was fun, that it was enlightening,” he said. “I like to think they see a lot of things that will help them in their job long term and in understanding how to communicate with the folks in VA Central Office.

“If they use what they learn here, it can be a career enhancer, as in ‘wow, I never thought of things that way.’ If it is a great career enhancer to be a CIO at VA, then we’ll continue to get quality folks for the job.”

The graduates of the shadowing program are validating Baker’s hopes. “This has been the single best experience of my career,” Nichols said. “When I returned to Syracuse, I was excited to implement changes based on what I learned—changes that will take Syracuse to the next level. I know that what I’m doing out in the field is right in line with what Mr. Baker expects us to do.”

By Becky Stanley
Driving south from Virginia Beach, Va., in the fall, fruit stands overflowing with the season’s traditional bounty start popping up along the roadside within a few miles. Fields overflowing with cotton ready to be harvested, ripened pumpkins and peanut plants dominate the landscape.

Health care can be a major issue for veterans who live in these areas. Reaching out to veterans in the rural communities surrounding the Hampton (Va.) VA Medical Center is the main mission of the hospital’s recently established Rural Health Initiative team.

“We’ve talked to numerous folks who served in the military who just don’t know what they qualify for when it comes to VA health care benefits,” said Kevin Amick, rural health integrator at the Hampton VAMC. “We spend a lot of time out in these rural communities making sure veterans understand what is available to them through VA and help them get the care and assistance they need.”

According to the VA Web site, more than 837,000 service members have been deployed since 2002. Of those, only 39 percent have used VA health care. For this reason, several outreach programs were initiated to provide the nation’s veterans and their families vital information about their VA benefits and the health care services they are eligible to receive.

With these numbers comes the uniquely specific care that the growing Operation Enduring Freedom/Operation Iraqi Freedom population requires. Every day, the Hampton VAMC staff addresses both the physical and mental scars of war. The RHI program is just one more way for the staff to find and help veterans in outlying areas.

“The VA health care system recognizes that we have the best resources to help these veterans reintegrate from the military back into civilian life,” said DeAnne M. Seekins, director of the Hampton VAMC, who noted that the veterans meeting with the RHI team span all age categories.

Seekins explained that in addition to the growing OEF/OIF veteran population signing up for VA benefits, the Department has also recently made a regulation change that makes it easier for all veterans to seek treatment and disability compensation for post-traumatic stress disorder and expanded the list of medical conditions related to exposure to Agent Orange. The Hampton VAMC expects a 10 percent growth in veteran numbers in 2011.

“We are still seeing a lot of Vietnam veterans with signs of PTSD,” said Carvin Harmon, social worker on the RHI team. “These veterans are asking for help and don’t know where to turn. Whether they are World War II vets, Vietnam vets or OEF/OIF vets, our team is traveling to their communities to meet them in person,
answer their questions and let them know that VA is here for them.”

At a recent outreach event in Ahoskie, N.C., local veterans and family members turned out in astounding numbers to apply for VA benefits. More than 45 people from this small, rural farming community showed up for the RHI two-hour workshop hosted by local American Legion Post 102. Team members said the numbers can vary from two people to 40. On this particular summer day, everyone was surprised by the interest.

The RHI team realized early in their pilot program development that to get veterans to attend their events, they were going to need to partner with local veterans service organizations—like Post 102, the heart and soul of the Ahoskie community.

“We didn’t really know how many people were going to show up,” said John Bracy, commander of Post 102, adding that he was elated by the turnout. “We put the word out to our members but we had no idea that we would see so many vets!”

During the event, Amick noted that there can be a lot of confusion about benefits in the community, a task the RHI team tackles every day with determination. Reaching out to find these veterans is top priority for this team, made up of a tenacious group of men and women who are always working to improve an ever-evolving pilot process.

“Having these opportunities to meet with veterans—sit face-to-face with them, help them find out what they qualify for and help them through the application process, is priceless,” Amick said. “By the attendance numbers here today, we can definitely say that the RHI team is meeting its goal and successfully reaching out to those men and women who served us.”

Talbot N. Vivian, rural health coordinator for the VA Mid-Atlantic Health Care Network (VISN 6), explained that more than 53 percent of veterans live in rural or highly rural areas. “We want to make sure that those veterans are fully engaged in the VA health care system and don’t feel that they have been left behind,” he said, adding that RHI fits that bill. “It’s important to us to let them know we are here to help them no matter when they served in our nation’s military. They are our heroes and they deserve the VA’s services. We owe it to them for what they sacrificed for us.”

Since the Hampton VAMC rural health team began their outreach events in June of this year, they have helped more than 350 veterans apply for health care benefits. Continuing down those roads less traveled, the RHI team participates in outreach events throughout North Carolina and Virginia every week in an effort to find all veterans residing in those communities.

“It’s exciting to see how veterans are really taking advantage of these seminars,” said Seekins, who explained that both management and veterans are regularly recognizing the Hampton pilot program for its milestones of success. Seekins said that the team not only shares information on VA services and helps the veterans with eligibility requirements, they also introduce them to convenient programs such as MyHealthVet, the online personal health record that helps veterans track their medical history and much more.

“This team is a great outreach tool for both VA leadership and our patients,” Seekins said. “It gives us peace of mind that we are moving toward identifying and caring for all of our nation’s heroes.”

In a May 2009 news release, VA Secretary Eric K. Shinseki announced that VA had provided $215 million to improve services specifically designed for veterans in rural and highly rural areas. “This funding signals a substantial expansion of services addressing the health care needs of our rural veterans,” he said. “These funds will allow VA to establish new outpatient clinics, expand collaborations with federal and community partners, accelerate the use of teledmedicine deployment, explore innovative uses of technology, and fund pilot programs.”

VISN 6 was selected as one of the pilot programs for VA funding as part of an ambitious plan to improve access to quality physical and mental health care for the nation’s veterans living in rural areas. The plan emphasized the use of recruitment and retention of a trained health care team, the latest technology, and collaborations with non-VA rural health community partners.

By James Coty
In Indianapolis, a forgotten piece of VA memorabilia has been resurrected and put into use once again. Originally used for military personnel stationed at the then-Veterans Administration in the 1940s and 1950s, the historic VA shoulder sleeve insignia patch is now being awarded to volunteers at the Richard L. Roudebush VA Medical Center, thanking them for their service to the facility.

According to Michael Wright, Indianapolis VAMC’s chief of Voluntary Service, credit for the resurgence of the patch belongs to Mike Gelfand, a volunteer who stumbled on it. “Mike happened to be browsing a local military patch show and found it,” said Wright. “But then he realized he hadn’t seen anything like it before.

“He brought it to me, and after some research, I finally found some information on it from The Institute of Heraldry. I spoke with them and they confirmed the existence of the patch and sent me copies of the historical documents. I was excited! The patch is a lost history of the VA.”

Throughout World War II, VA was headed by military personnel who were assigned to help operate facilities. At the time, the population VA served included an estimated 19 million veterans—16.5 million of whom were from World War II alone.

In the late 1940s, the military placed active duty service members on VA grounds as part of their duties. According to Darlene Richardson, Veterans Health Administration historian, VA supplied backup support to the military by providing medical care, and active duty military were temporarily assigned to VA to assist federal civilian employees. The military workers wore the patches to help distinguish them from the civilian workers.

Every active duty service member assigned to VA received the patch; even Gen. Omar N. Bradley (appointed VA Administrator in 1945) was issued one. The insignia’s design, which depicts a phoenix rising from the flames of war, alludes to the return of the veteran from combat to resume his place as a citizen of the United States.

According to a letter from the U.S. Quartermaster General’s office, dated June 30, 1944, the design “is representative of the restoration of the veteran as a new and vigorous citizen free to engage in his useful pursuits.” Described as “a golden yellow phoenix rising from golden yellow flames outlined in blue,” the 2 1/2-inch dark blue disc was worn on the left shoulder of military uniforms.

Each of the elements on the patch represents rebirth and renewal.

According to material Wright gathered, “the ‘phoenix’ is a Greek term for a mythological bird that builds its own funeral pyre, only to rise again from the ashes. In medieval Christian writings, the phoenix is used as a symbol of death and resurrection.”

Created and approved by the U.S. Heraldry office in 1944, two official versions of the patch were worn: one depicted the flames of the phoenix’s nest outlined in blue; the other version had no outline color.

Worn at VA medical centers from June 30, 1944, to March 18, 1959, when it was rescinded, the patch was eventually phased out. Starting in early 1946, military personnel already on duty with VA, with the exception of Medical Corps officers, were gradually being withdrawn from VA facilities. Later that year, the remaining Medical Corps officers were withdrawn, and by 1947, active duty military personnel were no longer assigned to VA.

The patch slowly faded into VA history; it is not known how many service members received the original one. But with the recent discovery in Indianapolis, Wright decided to revive the patch and give them to all of Indianapolis’ VA volunteers as a thank you. The local Vietnam Veterans of America Chapter 295 donated a supply of the patches.

“We hope our volunteers will proudly display this patch as a reminder of the service they provide to America’s heroes,” said Wright.
It’s About Time at Togus National Cemetery
19th-century artifacts found during restoration of monument.

There’s something intriguing about a time capsule. Is it a means for people to communicate with future generations, or a way to preserve their legacy? Whatever the reason, a time capsule captures the imagination.

A time capsule was the focal point of a special ceremony at Togus National Cemetery in Maine on Sept. 15. Acting Under Secretary for Memorial Affairs Steve Muro inserted a modern time capsule into a niche underneath the capstone of the Soldiers and Sailors Monument, located in the historic west section of the cemetery. The 31-foot, rough-hewn granite obelisk was erected in 1889 by staff and residents of what was then the Eastern Branch of the National Home for Disabled Volunteer Soldiers, a precursor of the Togus VA Medical Center.

“We think back on the people of 1889 who worked for veterans and who wanted to tell us their story,” said Under Secretary Muro. “And today, as we place this modern time capsule into this monument, we’re saying that in 125 or 150 years, those future citizens will still be taking care of our veterans and looking back at the work that we did.”

In 2009, the National Cemetery Administration contracted Heritage Preservation Services of Washington, D.C., to conduct condition assessments of many of the oldest monuments in the national cemeteries. At that same time, the American Recovery and Reinvestment Act provided funds to carry out preservation treatment on 49 of the oldest and neediest monuments. One of the monuments selected for restoration was the Soldiers and Sailors Monument.

A team of conservators began work on the monument in June. An assessment revealed that it was necessary to dismantle the structure and rebuild it.

While dismantling the monument, masons discovered a time capsule in the upper base. Artifacts found included a sealed copper box; a green glass bottle with a rolled paper inside; a Boston newspaper dated Sunday, Sept. 15, 1889; and the bowl of a smoking pipe. All of the artifacts were in good condition except the newspaper, which was completely wet as a result of years of water intrusion into the core of the monument.

While awaiting the arrival of NCA historians, VA medical center staff X-rayed the copper box in an attempt to determine the contents. The X-rays confirmed that the box was packed full of papers.

On July 15, facilities maintenance staff, observed by curious onlookers, carefully opened the copper box. Inside, packed very tightly, were a number of newspapers, annual reports of the National Home for Disabled Volunteer Soldiers, and a set of photographs, which were regrettably ruined because of water intrusion.

Additionally, written on the paper liner of the box were the names of seven residents of the home who worked in the engineering department. The men served in volunteer regiments from Maine, Massachusetts, New Hampshire and New York during the Civil War.

Workers rebuilt the granite obelisk on a sturdier foundation over the summer, with work completed in late August. The pyramidal capstone was placed back at the top but was not mortared into place.

On an early fall morning, Muro rededicated the monument and placed the new time capsule in the void under the capstone—121 years to the day after the original monument dedication. The new time capsule contains local and national newspapers, a letter and keepsake coin from VA Secretary Eric K. Shinseki, NCA outreach items, and photos of the contents of the original time capsule.

By Jennifer Perunko and Chris Erbe
New Video Outreach Message Encourages Veterans to Use Benefits

VA launched a new television advertisement in October encouraging veterans to take full advantage of the benefits and services they have earned. The ad is one step in a robust outreach effort aimed at welcoming returning service members home and easing their transition from military to veteran status.

The 30-second ad, entitled “What Lies Ahead,” focuses on today’s generation of veterans returning from Iraq and Afghanistan, and shows the path a veteran might follow from boots on the battlefield to addressing possible health issues, going to college, finding employment and buying a home. The ad emphasizes the goal of a seamless transition between the Department of Defense and VA as military service members hang up their uniforms and enroll with VA.

The ads are being shown in six cities—Norfolk, Va., Raleigh, N.C., Savannah, Ga., Seattle, Wash., Watertown, N.Y., and El Paso, Texas—locations where a large number of veterans are returning from service this fall.

The actor in the ad is Operation Iraqi Freedom veteran Robert Kugler, a former Marine currently pursuing an acting career in Los Angeles. The uniformed personnel in the background are also veterans, as are the students, the father and husband walking out of the house, and the doctor/instructor—an Air Force veteran who served in Vietnam.

This is the first in a series of broadcast and cable television ads to be produced and aired over the next several months to inform returning veterans of the many benefits and services they have earned as a result of their military service. The ad can be viewed on YouTube at www.youtube.com/watch?v=dJneXGj5GAc.

NASCAR Weekend: Laying Rubber to Promote the Post-9/11 GI Bill

Under the northeast corner of VA Central Office lies one of two exits that lead from the popular McPherson Square Metro Station to the busy streets of Washington, D.C. On an average weekday, thousands of local workers, VA employees among them, emerge from the station onto Vermont Avenue. As the morning rush winds down, workers are replaced by tourists on their way to visit the White House, due south of VACO.

On a normal day, the traffic on this short stretch of Vermont Avenue is rather quiet, but the second morning of September was far from normal, and far from quiet.

Around 10 a.m., an ear-splitting roar thundered from a tent set up at the far end of the street, toward the White House. A few moments later, a full-fledged racecar was pushed slowly through the tent flaps and then abruptly lit up the rear tires, laying rubber halfway down the street, to the amazement and delight of VA employees and tourists alike.

The out-of-the-ordinary spectacle was a pre-race event for the “Post-9/11 GI Bill NASCAR Weekend,” sponsored by VA and Richmond International Raceway.

“We want veterans to be in the driver’s seat when it comes to taking advantage of the educational opportunities they’ve earned,” said VA Secretary Eric K. Shinseki.

“We want all veterans to know and use this important benefit. This NASCAR event will help us reach millions of veterans to inform them of the benefits and services available to them.”

VA signed on to sponsor TRG Motorsports’ No. 71 Chevrolet Impala, driven by Landon Cassill, for the Air Guard 400 Sprint Cup series race held Sept. 11 in Richmond, Va.

“The Post-9/11 GI Bill has had a positive impact on a lot of people,” Cassill said prior to the race. “I have a good friend who served in the military, and he is currently using the GI Bill to get his education. In my outreach to family members to see if anyone was using the GI Bill, I actually educated a cousin who did not know he was eligible and is now looking into the benefits that he is entitled to. I can see how the GI Bill can affect someone’s life, as it has for my friend.”

VA’s sponsorship is the latest tool in its toolbox to reach out to veterans who may not know about the Post-9/11 GI Bill, and others who have yet to take advantage of the benefits. NASCAR was a logical choice because of its demographics and the millions of Americans that tune in to watch the races on live television.

“We are extremely pleased to partner with this all-American event to generate awareness of the Post-9/11 GI Bill and all of the opportunities available to our country’s veterans and service men and women,” said Keith Wilson, director of VA’s Education Service, during the pre-race festivities. “There are many service men and women who are unaware of the beneficial programs offered through the Post-9/11 GI Bill, and we are eager to provide detailed information during NASCAR…"
After beginning the pre-race activities at Central Office, TRG Motorsports took the No. 71 Post-9/11 GI Bill My Story Chevy on a tour of the East Coast, using the authentic racecar to help explain the benefits that can be derived from the program.

The 21-year-old Cassill ran his best Sprint Cup Series race to date, finishing 33rd, ahead of such notable names as Dale Earnhardt Jr., and Terry Labonte. The Cedar Rapids, Iowa, native and the No. 71 car completed 395 laps in front of about 100,000 fans in attendance, plus the millions who watched the race on ABC. VA representatives staffed an informational display throughout the race weekend, passing out information and answering questions from veterans and the families and friends of veterans.

The Post-9/11 GI Bill provides financial support for education and housing to veterans with at least 90 days of aggregate service on or after Sept. 11, 2001, or individuals discharged with a service-connected disability after 30 days. Tuition is paid based on the highest in-state tuition charged by a public education institution in the state where the school is located. The amount of support students may qualify for depends on their time in service and where they attend school.

The bill also offers some service members the opportunity to transfer their benefits to dependents.

Since the inception of this historic new program, VA has issued nearly $4.8 billion in Post-9/11 GI Bill benefit payments and opened the doors of higher education to nearly 340,000 people. For more information, visit the Post-9/11 GI Bill online at www.gibill.va.gov, or call 1-888-442-4551.

TRG Motorsports is based in Mooresville, N.C. Currently the team fields a NASCAR Sprint Cup Series entry as well as a limited Camping World Truck Series effort and an ARCA RE/MAX Series team. Detailed team information is available at www.trgmotorsports.com and www.theracerimgroup.com.

NCA Official Named Arlington Superintendent

Patrick Hallinan, the former director of field programs for VA’s National Cemetery Administration, has been selected as Arlington National Cemetery’s superintendent. Hallinan, acting superintendent since June 10, was named permanently to the position on Oct. 10.

Hallinan worked in NCA for more than 30 years. He began his career in 1977 as a temporary laborer at Long Island National Cemetery.

“Pat Hallinan’s unique experience in national cemetery management, combined with his proven leadership and ability, made him the only choice possible for this important job,” Secretary of the Army John McHugh said. “I have every confidence in Pat and Executive Director Kathryn Condon to strengthen management and oversight, and restore America’s confidence in the operation of this most hallowed ground.”

In addition, McHugh announced that VA and the Army have entered into a formal agreement that will allow ANC employees to enroll in VA’s NCA Training Center. Open since 2004, the center provides technical, supervisory and leadership training to employees, including supervisors, equipment operators, groundskeepers and cemetery representatives, who manage and operate national cemeteries.

“With 131 cemeteries nationwide, VA has tremendous experience in day-to-day cemetery operations, and we believe this unique professional development opportunity will help our employees develop the skills needed to better meet their mission,” McHugh said.

AROUND HEADQUARTERS

Nothing else looks and sounds like a real racecar, as VACO staff and tourists discovered when the GI Bill car screamed down the street.
Charleston Psychologist Awarded 2010 Olin E. Teague Award

Dr. Peter Tuerk, clinical psychologist at the Ralph H. Johnson VA Medical Center in Charleston, S.C., is the recipient of the 30th annual Olin E. Teague Award, recognizing the VA employee or team whose achievements have been extraordinarily beneficial to the rehabilitation of war-injured veterans. He was chosen for his accomplishments treating post-traumatic stress disorder in combat veterans.

Tuerk, who works with the Charleston VAMC’s PTSD clinical team and is an assistant professor of psychiatry and behavioral sciences at the Medical University of South Carolina, runs the first VA clinic in the country to offer Prolonged Exposure therapy via telehealth or video conferencing technology to rural veterans. This evidence-based treatment has significantly improved outcomes for veterans suffering from PTSD.

Tuerk broke new ground in VA providing this specialty telehealth treatment to veterans that might not otherwise have access, while proving its effectiveness in several research studies published in top-tier national journals, including *American Journal of Psychiatry* and the *Journal of Traumatic Stress*. His clinic was also the first in the United States to provide and publish research on in-home exposure therapy for veterans with PTSD whose symptoms and other circumstances present a special need.

Tuerk serves as a national Prolonged Exposure consultant, and is one of 12 national workshop trainers for the VA Office of Mental Health Services Prolonged Exposure rollout. To date, he has trained more than 120 VA mental health clinicians in this treatment. “It’s quite a thrill when a young Marine who deployed three times tells you he can feel his emotions again, or when a Vietnam veteran has finally learned to enjoy his family after 30 years, and knowing you had a part in helping them get there,” said Tuerk. “That’s recognition enough for me.”

Tuerk accepted the prestigious Teague Award during a ceremony on Capitol Hill Oct. 20. The award is named for a disabled veteran of World War II who championed veterans’ programs throughout a long congressional career, during which he served as chairman of the House Committee on Veterans’ Affairs.

Four New VA Fisher Houses Open in Program’s ‘Busiest Year Ever’

Two new VA Fisher Houses were dedicated this fall, on the grounds of the medical centers in St. Louis and Miami. Two others opened earlier this year, in Hines, Ill., and Boston. And three more houses are currently under construction, at the medical centers in Washington, D.C., Augusta, Ga., and Minneapolis, where a second one is being built to meet the needs of veterans’ families.

It’s been a busy year for the Fisher House program, which is celebrating its 20th anniversary. In fact, says Cindy Campbell, community liaison, “this has been our busiest year ever.”

Fisher Houses, built on the grounds of military hospitals and VA medical centers, offer home-like environments where families of ill or injured service members or veterans can prepare meals, do their laundry, rest, relax and visit with other families. Each Fisher House is professionally decorated and furnished to fit the style of the region. There is no charge to stay in a Fisher House, although donations to the Fisher House General Post Fund are accepted.

The program began in 1990 with the vision of New York real estate developer Zachary Fisher and wife Elizabeth to serve family members in recognition of the special sacrifices men and women in uniform make and the hardships of military service. Asked once why they build these homes, Zachary responded, “Elizabeth and I believe it’s important to show in tangible ways our feelings of appreciation for our country and the courageous, professional and
President Obama dropped by a Memorial Day barbecue at the Hines VA Hospital Fisher House outside Chicago. He visited with guests and staff over bratwurst and baked beans. The house had been officially dedicated three days earlier.

dedicated men and women who protect and defend it, enabling the rest of us to enjoy the freedoms that we too often take for granted.”

From 1990 to 1998, all Fisher Houses were given as gifts to the federal government by the Zachary and Elizabeth Fisher Armed Services Foundation. Zachary Fisher died in 1999, and the Fisher House Foundation assumed the mission of building new houses. They are constructed by the foundation on government land. When they are completed, VA Fisher Houses are donated to VA.

In 1994, the Fisher House at the Samuel S. Stratton VA Medical Center in Albany, N.Y., became the first to accommodate veterans’ families at a VA medical facility. Today, there are 50 Fisher Houses located at military hospitals in the U.S. and overseas, and at VA medical centers throughout the country. Three more are set to open by the end of the year. Nearly 11,000 families stayed in Fisher Houses last year, and more than 130,000 families have been guests since the program began. The Fisher House program has made available nearly 3 million days of lodging to family members since the program originated.

In addition to the three new VA Fisher Houses now under construction, four more are pending construction, at the medical centers in Pittsburgh, Murfreesboro, Tenn., San Antonio and Salt Lake City. The VA Secretary provides the Fisher House Foundation a list of the Department’s highest priorities and, in conjunction with the foundation, has recognized a need for additional houses, at the medical centers in Birmingham, Ala., Long Beach, Calif., West Haven, Conn., Gainesville, Fla., Cleveland and Milwaukee.

Client Service Initiative Bolstered With Modern Technology

CSI VA? No, it’s not another popular TV series spinoff. It’s VA’s Client Service Initiative, kicked off in 2007, and now backed by a system called Executive Veterans Affairs Contact Management System (ExecVA) that bolsters the initiative with modern technology—preventing veteran callers from falling through the proverbial cracks.

And it’s not just for VA Central Office employees, although the system was initially purchased to be used by the Office of the Secretary to track and handle incoming veteran calls about their benefit claims and other issues.

“ExecVA cross-cuts through all business lines throughout VA,” said Debi Bevins, director of Client Relations in the Office of the Secretary. “It doesn’t matter where the call originates or the issue at hand, the system will track it until it’s resolved.”

Technically, it’s a custom-off-the-shelf (COTS) product that has been tailored to fit VA’s needs. Employee access is through a secure Intranet site located on the VA network. A username and password are required to log into the system. Once a client service representative has successfully logged into the system, caller information is entered on a form and assigned to pre-established groups, representing Veterans Health Administration and Veterans Benefits Administration organizations and offices.

“When a call comes in, the CSR enters the information into the system and assumes ownership of the issue,” said Bevins. “It is their responsibility to ensure the issue is resolved. The system helps them track the issue, assign tasks, and provides periodic reminders until all tasks related to the issue are complete.”

Tasked employees receive an e-mail message notifying them of the issue. The employee then logs into the system, performs the required action in their area of expertise, and closes their task. Some issues may require action by more than one VA employee to resolve a particular problem, especially complex issues. The system allows for the assignments, the tracking, and consistent reminders so tasks remain active until resolution.

So how does this apply to VA employees outside of VACO? More often than not, when a veteran calls VACO with a problem or complaint, the CSR has to refer to the field for information. Here’s an example.

Veteran John Q. Public calls VACO complaining about the treatment he received at his Florida VA medical center. The CSR enters the veteran’s information and specific complaint into ExecVA and assigns it to VHA. Numerous VHA employees from that Florida VAMC may be sub-tasked to provide background information and other data necessary to address the veteran’s complaint.

The goal is to quickly determine if there is a legitimate issue, identify the VA office with the responsibility and knowledge to address the issue, and fix it on behalf of the veteran.

“What we’ve found so far is that the field is doing their job and doing it extremely well,” said Bevins. “The system allows us to fact check, communicate and resolve issues, usually at the local level.”

However, ExecVA provides more than just resolution management; it can also save (continued on page 30)
Ron Bergan

The Veterans Day National Committee selected the design of Ron Bergan, visual information and public affairs specialist with the VA Greater Los Angeles Healthcare System, as this year’s winner of the national Veterans Day poster contest.

“I was pretty excited when I received the call and was told that the committee had met and unanimously approved my design—who wouldn’t be?” said Bergan.

“I am sincerely appreciative to have the opportunity and would never have dreamed that I would ever be involved or allowed to contribute in even a small part to something this cool.”

A new poster is developed every year by VA to commemorate Veterans Day and honor America’s heroes. The poster and accompanying materials are shipped to VA facilities nationwide, and it is available for download on the Veterans Day Web site, at www.va.gov/opa/vetsday/gallery.asp. Additional distribution includes federal buildings, military installations and regional veterans Day event sites. The artwork is also featured as the cover of the official program booklet for the Veterans Day Ceremony at Arlington National Cemetery.

Bergan’s design, which depicts a listing of U.S. military campaigns above a draped U.S. flag, was selected by the committee from more than 40 submissions.

“It’s great when you’re able to go through a concept and then design something that individuals can relate to and in some way connect with visually to communicate a feeling or idea,” said Bergan.

“When I visited my brother in D.C., one night we did the monument walk, and I was really impressed with the Vietnam Veterans Memorial Wall and how well it worked on so many levels.

“It was functional, useful and simple, and I could not comprehend all the names that were on it. When I was thinking about the poster, I was thinking we have been in only a few declared wars that I could remember from school, but I could think of all kinds of places where troops and veterans had served throughout my life all over the world. I just wanted to try to ultimately represent those individuals who don’t have a memorial or park dedicated to their efforts.”

Before coming to VA 10 years ago, Bergan worked in the recording industry in Los Angeles as a professional trumpet player and music executive.

“I have had a very interesting life, and was blessed with some creative and musical talents that allowed me to tour the world and perform with people like Ella Fitzgerald, Frank Sinatra and Tony Bennett,” he said, recalling that he also worked with Peter Max on designing a poster for the Grammys, and with Michael Jackson during the “Thriller” days.

“My experiences in the recording industry were great, but I am sincerely proud and grateful to have been a part of another project that has real meaning and tradition,” Bergan said of his work on the 2010 Veterans Day Poster.

By Gary Hicks

CSI VA cont.

a veteran’s life or protect the safety and security of other veterans and VA employees.

Let’s take another hypothetical veteran caller with different circumstances. Susie Q. Public calls VACO and says she’s distraught over her treatment, thinks no one cares about her problems, and states she’s very depressed and considering “ending it all.”

The system can immediately link the caller to the Veterans Suicide Hotline to talk with a counselor and potentially thwart a suicide attempt.

After a veteran’s information has been entered into the system, it remains there and is updated throughout the process. Each person assigned with a task updates the system with information and the actions they took to help resolve the issue.

This information is useful in assisting with repeat callers. The initial CSR will immediately notice the veteran is a repeat caller and will be able to see previous issues or if the current call from the veteran involves a previous issue. This allows for better handling of current and future calls.

“ExecVA is the best possible advocacy system for veterans,” Bevins said. “It’s a robust system that allows for many uses, but remains extremely effective in ensuring that all veterans’ issues receive an appropriate response in a timely manner.”

Callers are not required to provide personal or contact information, but in some instances VA may need information such as name, address, phone number, claim number or even Social Security number to respond to specific inquiries and help resolve issues. The authority to maintain these records is title 38, United States Code, section 501.

The details of the call, including veteran personally identifiable information (PII), are kept in a secure database located in Austin, Texas. This collection of data is used to better serve veterans by providing a searchable history of their claims, requests, issues and complaints.
Pivotal Study Finds Link Between PTSD and Dementia
Results of a study reported in the September issue of the Journal of the American Geriatrics Society suggest that veterans with post-traumatic stress disorder have a greater risk for dementia than veterans without PTSD, even those who suffered traumatic injuries.

“We found veterans with PTSD had twice the chance for later being diagnosed with dementia than veterans without PTSD,” said Mark Kunik, M.D., a psychiatrist at the Michael E. DeBakey VA Medical Center in Houston and senior author of the article. “Although we cannot at this time determine the cause for this increased risk, it is essential to determine whether the risk of dementia can be reduced by effectively treating PTSD. This could have enormous implications for veterans now returning from Iraq and Afghanistan.”

The study included 10,481 veterans at least 65 years of age who had been seen at VA at least twice during a two-year period. Subjects who had received a Purple Heart (with and without a PTSD diagnosis) were also identified to provide a group with confirmed injuries and combat experience. A group with two visits, but no PTSD or Purple Heart, was identified for purposes of comparison. Outpatient data were gathered for all identified patients from 1997 through 2008.

“Despite the increased risk for those with PTSD, it is noteworthy that most veterans with PTSD did not develop dementia during the period we studied,” said Salah Qureshi, M.D., a staff psychiatrist and investigator with the Houston VA Center of Excellence and first author of the article. “It will be important to determine which veterans with PTSD are at greatest risk and to determine whether PTSD induced by situations other than war injury is also associated with greater risk.”

The authors note there could be several explanations for their findings. It could be that cognitive impairment in PTSD is an early marker of dementia, having PTSD makes a person more likely to get dementia, or PTSD and dementia have some characteristics in common. They emphasize the need for further study with a broader sample in the civilian population.

‘Medical Team’ Approach Reduces OR Mortality Rates
A VA study published Oct. 20 in the Journal of the American Medical Association concludes that a concept called Medical Team Training improves communication, teamwork and efficiency in VA operating rooms, resulting in significantly lower mortality rates.

“Patients can suffer inadvertent harm at times, despite care from well-trained, experienced and conscientious health care providers,” noted Dr. Douglas Paull, a VA surgeon and co-director of the Medical Team Training program at VA’s National Center for Patient Safety in Ann Arbor, Mich. “The cause in many such instances is faulty teamwork and communication.

“Fortunately, teamwork and communication skills—often referred to as non-technical skills—can be measured, learned, practiced and enhanced,” Paull continued. “The MTT program improves these non-technical skills among providers, delivering on the promise of a safer health care system.”

VA’s nationwide study involved the analysis of more than 100,000 surgical procedures conducted at 108 of its hospitals from 2006 to 2008. MTT had been introduced at 74 of these hospitals. The study found that the decline in the risk-adjusted mortality rate was 50 percent greater in the MTT group than in the non-MTT group.

“MTT is all about communication,” said Dr. Lisa Mazzia, who runs VA’s Medical Team Training.
program along with Paull. “MTT empowers every member of the surgical team to immediately speak up if they see something that’s not right.

“When people talk and listen to each other, fewer errors occur in the operating room. That’s the bottom line,” Mazzia added.

Julia Neily, associate director of the National Center for Patient Safety Field Office in Vermont and one of the study’s nine authors, said conducting briefings prior to starting surgery, much like pilot and crew work through a pre-flight checklist, proved to be a key component in reducing mortalities because it gave the surgical team “a final chance” to correct potential problems.

Post-operative debriefings also proved valuable, the study found, because they led directly to the prompt resolution of glitches that occurred during surgery. Examples included fixing broken equipment or instruments, ordering back-up sets of instruments, and improving collaboration between the operating room and radiology department—all of which led directly to fewer delays while future surgeries were in progress.

Pre-operative briefings and post-operative debriefings are a fundamental component of VA’s MTT program, which the National Center for Patient Safety began developing in 2003.

VA began implementing a nationwide MTT program in 2006.

To find out more about Medical Team Training, contact the National Center for Patient Safety at 734-930-5884 or go to www.patientsafety.gov.

International Study Led by VA-Harvard Physician Yields Insight on Risks from Fatty Arteries

An international study of clinical data led by a VA-Harvard University cardiologist found that patients with deposits of fatty plaque in their arteries are at especially high risk for life-threatening cardiovascular events if they have diabetes, disease in multiple arteries, or a history of heart attack or stroke.

The findings, from a study of more than 45,000 patients in nearly 30 countries, were published in the Sept. 22 edition of the Journal of the American Medical Association.

According to lead author Dr. Deepak Bhatt and colleagues, the findings may guide future clinical trials and help doctors decide which patients need more aggressive treatment. Bhatt is chief of cardiology at the VA Boston Healthcare System and director of the Integrated Interventional Cardiovascular Program at VA and Brigham and Women’s Hospital, a teaching affiliate of Harvard Medical School.

The four-year study included patients who had at baseline clinical evidence of atherothrombosis—in which fatty deposits break off from artery walls to form clots—or who had risk factors for the condition. Ruptured plaque deposits can form clots that block blood flow to the heart or brain, resulting in heart attack or stroke.

Depending on their medical status and history, different groups of patients in the trial were at higher or lower risk for stroke, heart attack, or cardiovascular death. On the low end of the risk scale—7 percent—were those with no diabetes and only risk factors for atherothrombosis. The risk rose to as high as 25 percent for those with clinical evidence of atherothrombosis in multiple arteries and a history of heart attack or stroke. The presence of diabetes also raised the risk considerably.

“Even stable patients with a previous heart attack or stroke are at particularly high risk of recurrence if they have plaque buildup in several different arteries or if they have diabetes,” said Bhatt. “These types of patients need aggressive preventive efforts to keep history from repeating itself.”

Knowing that “not all atherothrombosis is equal,” wrote Bhatt and colleagues, can help doctors target therapies such as plaque-reducing and clot-busting drugs to those patients who will benefit most.
HAVE YOU HEARD

Recruitment Transit Ad Campaign Tested in Washington, D.C.

How do you reach GenXers and Millennials with a powerful message that gets attention and response? VA’s Office of Human Resources Management marketers think they have the answer and tested it this summer in Washington, D.C., with a new VA “Employer of Choice” transit ad campaign throughout the D.C. Metro subway and bus systems.

The bright poster ads on busses, subway cars and in subway stations identified VA as “My Employer of Choice” and provided the mobile text messaging option “Choice” to 64444 as the source for more information about VA jobs and careers.

“We are reaching out to job seekers by branding VA as their ‘Employer of Choice’ and using technology they prefer to reach back to us,” said Debbie Kolen, director, Recruitment and Placement Policy, OHRM.

Genetic Risk Assessment of Colorectal Cancer Course Debuts

The ability to determine a patient’s increased genetic risk of disease and provide appropriate health care is emerging as a component of personalized medicine in VA and is now available to VA clinicians for the first time in history. The Veterans Health Administration’s Employee Education System and Office of Research and Development, in partnership with the Office of the Secretary and the National Coalition for Health Professional Education in Genetics, recently launched a continuing education course on genetics and colorectal cancer.

This program is intended to provide VA health care providers the information and skills necessary to undertake genetic risk assessment for colorectal cancer, identify patients at increased risk, refer appropriate patients for genetic counseling and testing, and target screening and management to the patient’s risk status. It is the first comprehensive educational tool on genetics of heritable colorectal cancer for a broad category of health care professionals in the United States.

The course—targeted to physicians, nurses, physician assistants, genetic counselors and VA research community—is now available in the VA Learning Management System at www.lms.va.gov. Type “colorectal cancer” in the LMS search to access it.
HAVE YOU HEARD

Rural Transportation Program Brings Veterans Closer to Health Care
Veterans who need transportation in central Texas now have a new option for getting to their medical appointments. On Sept. 17, the Central Texas Veterans Health Care System hosted the launch of a new national rural transportation program at the Olin E. Teague Veterans’ Center in Temple. Temple Mayor Bill Jones and VA Veterans Transportation Service Director David Riley were featured guests at the ceremony.

The Central Texas Veterans Health Care System is one of four pilot sites across the nation selected to participate in the program, sponsored by the Veterans Transportation Service. The other sites are: Ann Arbor, Mich.; Salt Lake City; and Muskogee, Okla. The new program will use staff and volunteers to provide transportation for veterans who have difficulty getting to the medical center for care. It is geared primarily toward veterans living in rural areas, women veterans and disabled veterans. When the Texas site is fully operational, it will have a fleet of 12 vehicles and is expected to serve more than 21,000 veterans.

VA Montana Health Care System Gets $40,000 Donation from Car Rally
It’s not often you see Jaguars, Shelbys, Ferraris, Aston Martins and other valuable vintage cars parked next to tanks and helicopters on a military guard base. On Sept. 11, members of the “Going to the Sun Rally,” a nonprofit organization out of Bozeman, Mont., gathered at the Fort William Henry Harrison Post located next to the VA Montana Health Care System during their sixth annual charity road rally. The five-day vintage car rally across Montana and surrounding areas raises money for local programs in need. This year’s beneficiaries happened to be Montana veterans, who received $40,000 from a 1982 Corvette that was donated and raffled off. The VA Montana Health Care System plans to use the money to assist homeless veterans with items like bus tickets, phone cards, gas and furniture vouchers, rental and utility deposit assistance, dental care and food vouchers.

Employees Staff Veterans Pavilion at Blacks in Government (BIG) Conference
VA had a large presence at this year’s Blacks In Government (BIG) 32nd annual national training conference, held Aug. 15-20 in Kansas City, Mo. The Department hosted numerous activities at the conference, including a Veterans Empowerment Forum on Aug. 15. The forum supported the Secretary’s goal of being more veteran-centric by promoting VA benefits and services to veteran attendees at the conference, and veterans in the Missouri area in general. Approximately 125 people attended three presentations given by VA subject matter experts and veterans service organization representatives. The first and second panels focused on homelessness, health care, the Post-9/11 GI Bill, mental health, employment, and the Center for Faith-Based and Neighborhood Partnerships. The third panel addressed services and resources offered to veterans in the community by veterans service organizations.

VA Oregon’s CycleSORCC Bike Riders Cycle for Healthy Living
On Aug. 28, the VA Southern Oregon Rehabilitation Center and Clinics held its first CycleSORCC Cruise event. Thirty-three veterans, employees and volunteers rode up to 18 miles (based on the rider’s fitness level), cycling close to 500 miles total in the non-competitive bike ride. The cruise went through picturesque Eagle Point, Ore., taking riders across the town’s historic covered bridge and creek. Coordinated through the prosthetics department and the MOVE Weight Management Committee, the event was staffed by VA SORCC volunteers, who provided refreshments, snacks, prizes, T-shirts and CycleSORCC dog tag medallions. One lucky veteran even went home with the grand prize drawing—a new three-speed cruiser bike. The CycleSORCC Cruise, which organizers hope to make an annual event, was a big success, with riders joining in the spirit of camaraderie, healthy living and veteran unity.
International Chess Master Instructs at Tuscaloosa VA Medical Center

Michael Ciamarra, a World Chess Federation-certified chess instructor with more than two decades of chess experience, brought his skills to the Tuscaloosa VA Medical Center on Aug. 31. Visiting three of Alabama’s VA hospitals, Ciamarra arrived in Tuscaloosa ready to play, with chess sets on hand. After setting up in the recreation room, Ciamarra played exhibition games with veterans who already knew the rules of the game. To cater to players of all levels, Ciamarra played three separate games at one time.

According to Irene Thomas, recreation therapist at the Tuscaloosa VA, chess, like other table games, is good for patients because it encourages socialization, concentration and mental stimulation. “Chess is the king of all games,” Ciamarra said. “It’s a magical game that combines analysis, decision-making and consequences. My goal is to bring them the excitement and enthusiasm of chess and hopefully make it a lifelong hobby.”

Navy Week Brings Brass to the Baltimore VA Medical Center

Anchors aweigh! Baltimore Navy Week—in conjunction with the Maryland State Fair—brought many sailors from Navy vessels into the city’s Inner Harbor. Rear Adm. Scott Weikert, deputy commander of the First Naval Construction Division, and crew members from the U.S.S. Maryland, a submarine, and the U.S.S. Constitution, the Navy’s oldest vessel in use, arrived at the Baltimore VA Medical Center on Sept. 1 to visit hospitalized veterans.

“Here is an opportunity to say thank you to the staff at the Baltimore VA Medical Center for what they do for our veterans on a day-to-day basis,” said Weikert during his visit. “It is also an opportunity for us to say thank you to our veterans.” Some hospitalized veterans smiled, while others were brought to tears by the visit, learning that the current generation of service men and women has not forgotten them.

One VA in Atlanta

Federal, state and local officials took part in a ribbon-cutting during the Grand Opening ceremony for the bridge connecting the Atlanta VA Medical Center and Atlanta VA Regional Office on Sept. 8. From left: Lawrence A. Biro, VA Southeast Network director; Al Bocchicchio, VARO director; W. Burrell Ellis Jr., DeKalb County chief executive officer; Pete Wheeler, Georgia Department of Veterans Service commissioner; Rep. Phil Gingrey (R-Ga.); and Orlando Dunson, VAMC associate director.
HONORS

Martinsburg VA Medical Center Team Honored With GreenGov Presidential Good Neighbor Award
Employees from the Martinsburg (W.Va.) VA Medical Center’s Nutrition and Food Services team made a special trip to the nation’s capital on Oct. 7 to receive the first annual 2010 GreenGov Presidential Good Neighbor Award for their “Green Kitchen” initiative. The Green Kitchen has brought healthful, locally grown foods from veteran-owned farming businesses to the Martinsburg cafeteria.

The initiative has decreased the VAMC’s landfill food waste by 86 percent, contributed 265 pounds of weekly food donations to a nonprofit veterans’ transitional housing group, and increased collection of food waste for composting. The project’s efficient kitchen equipment and operations have also improved energy and water conservation.

The GreenGov Presidential Awards honor programs that exemplify President Obama’s charge to lead by example toward a clean energy economy. The Good Neighbor Award, one of six award categories, recognizes a federal agency team that is actively involved in community planning and sustainability initiatives and goals, and has demonstrated success in aligning policies and practices with community partners to achieve those goals. Selected from more than 300 nominations, the Martinsburg VAMC was one of eight federal winners.

Center for Women Veterans Director Named Air Force Association VA Employee of the Year
The Air Force Association named Dr. Irene Trowell-Harris, director of the VA Center for Women Veterans, their VA Employee of the Year. She received the award at the association’s Air and Space Conference in September. AFA honored Trowell-Harris for her leadership in helping VA develop policies and programs directed to meeting the needs of the rapidly growing number of women veterans as primary advisor to the Secretary on women veterans issues.

She retired from the Air Force as a major general in 2001 after a 38-year National Guard career. She was the first woman in the National Guard promoted to general officer rank. Prior to directing the Center for Women Veterans, Trowell-Harris served in the VA Office of Inspector General.

California Doctor Receives National Recognition for Decision Making
Douglas Owens, M.D., of the VA Palo Alto Health Care System in California, is the recipient of the 2010 John M. Eisenberg Award from the Society for Medical Decision Making. He accepted his award at the society’s annual meeting in Toronto in October.

The Eisenberg award is given “in recognition of exemplary leadership in the practical application of medical decision making research.” The award is named for the former head of the Agency for Healthcare Research and Quality and a leader in his field.

Southern Arizona Chief of Staff Honored by Physicians Group
Dr. Jayendra H. Shah received the American Association of Physicians of Indian Origin Most Distinguished Physician Award during their 28th Annual Convention this summer. The award cited Shah’s “extraordinary service and dedication to the medical profession.”

Shah, who is chief of staff at the Southern Arizona VA Health Care System in Tucson, was presented the award in recognition of his 40 years of exceptional service in providing outstanding care to veterans and promoting the Veterans Health Administration mission of patient care, teaching and research. Shah’s contributions have resulted in increased efficiency, patient satisfaction, cost avoidance and alternative revenue generation.

Several innovative programs he created have become models for other VA facilities, including: the implementation of a unique academic Primary Care program; Geriatrics Rehabilitation Center; Blind Rehabilitation Center; Telephone Linked Care; Admission Referral Center; Patient Admission Testing program; and five rural community-based outpatient clinics.
Madison VA Hospital Honored for Project SEARCH Program

The William S. Middleton Memorial Veterans Hospital in Madison, Wis., was named an “Employment Champion” at the 4th Annual Project SEARCH International Conference in Miami this summer. The hospital was recognized as one of several sites that found paid employment for 100 percent of its Project SEARCH interns.

Project SEARCH is a program that provides job training for individuals with significant disabilities through internships or work rotations designed to teach students meaningful job skills that will ultimately lead to their employment either at the site or with other employers in the community.

In late 2008, Madison became the first VA medical center to begin a program. Michele Ritt, a teacher provided by the local school district, is based full-time at the hospital and provides instruction to students on a variety of general job skills as well as specific job instruction. “Project SEARCH is the world as it should be,” Ritt said. “Every person has talents to share.” Students are currently working in several areas of the hospital, and plans call for expansion into other areas. “The young adults in Project SEARCH bring joy and enthusiasm to the VA workplace,” said Dr. Eileen Ahearn, one of the hospital’s program liaisons.

Houston VA Physician Recognized by Peers With Landmark Community Choice Award

Dr. Aimee D. Garcia, director of the Wound Clinic and Consult Service at the Michael E. DeBakey VA Medical Center in Houston, was one of 16 medical experts in the United States chosen by the 100,000-plus member QuantiaMD® community to receive its esteemed Community Choice Award for “innovation and excellence in sharing knowledge.”

“I am very pleased with this recognition of one of our physicians by QuantiaMD,” said J. Kalavar, M.D., DeBakey chief of staff. “Dr. DeBakey established the Houston VA as a teaching hospital in 1949 with an accredited residency program for the facility. With doctors like Dr. Garcia, we are able to continue his pursuit of excellence in medical education and research.”

QuantiaMD is an online physician-to-physician learning collaborative where physicians engage, share and learn from experts and each other. Garcia, who is also an associate professor and the director of the Geriatrics Fellowship Program at Baylor College of Medicine, is an attending physician in the Extended Care Line and Medical Care Line at the DeBakey VA.

Jackson VA Director Named Senior Healthcare Executive of the Year

Linda F. Watson, director of the G.V. (Sonny) Montgomery VA Medical Center in Jackson, Miss., has been named Senior Healthcare Executive of the Year by the National Association of Health Services Executives. “I am truly honored to receive this recognition,” said Watson. “I have the great fortune of working with many outstanding employees throughout VA who are truly dedicated to ensuring the men and women who served in the military receive quality health care.”

Watson accepted the award on Oct. 14 in Memphis, Tenn., at the organization’s 25th Annual Educational Conference. Health care executives from across the country and VA staff from Jackson were on hand as Watson received the honor.

The National Association of Health Services Executives was founded in 1968 as a nonprofit association of black health care executives. Its purpose is to advance and develop black health care leaders, and elevate the quality of health care services rendered to minority and underserved communities.
VACO HR Employee Named First Runner-Up in Mrs. America Pageant

Raquel Riley Thomas, a marketing consultant in the Office of Human Resources Management in headquarters, was first runner-up in the Mrs. America pageant, held in September in Tucson, Ariz. She was crowned Mrs. Maryland America this summer at the historic Avalon Theatre in Easton, Md.

Thomas started her career in 1990 as a photojournalist in the Army. Her supervisors noted her professionalism, and soon thereafter she was chosen to receive a Reserve Officers Training Corps scholarship to Hampton University, where she received a bachelor’s degree in psychology.

Thomas went on to become an ordnance officer in the Army and achieve the rank of captain.

“I served my country in the U.S. Army for nine years with pride, dignity and respect,” said Thomas. “Winning Mrs. Maryland means the community rallies behind me and my platform (veterans employment), enabling me to continue my service to our country.” Thomas and her husband, Ron, have two children, Maria and Sophia.

Top VA Physician Appointed to Patient Care Board

In September, Dr. Robert Jesse, Principal Deputy Under Secretary for Health, accepted an appointment to the first Patient-Centered Outcomes Research Institute’s Board of Governors. “Instead of simply asking what works, we will be determining what works best,” Jesse said of the 17-member board created under the Patient Protection and Affordable Care Act. “This is important work, as it will help standardize American health care toward the best practices in the medical field, and we should see better efficiency as a result.”

The board is charged with identifying comparative effectiveness research priorities and establishing a research agenda. CER studies are head-to-head trials that compare different clinical practices and therapies to see how they stack up against each other for treating a defined patient population.

Robert Jesse, M.D.

VA Finishes Second in Government-Wide Feds Feed Families Program

Thanks to the efforts of employees in headquarters, VA finished second among all federal agencies in the government-wide 2010 Feds Feed Families program. VA Central Office employees contributed 225,825 pounds of food collected at drop-off boxes throughout headquarters. At last count, the Feds Feed Families program received 1,693,082 pounds of food across the federal government in the Washington, D.C., metro area.

Suzanne Campbell coordinated VA’s efforts during the food drive, with the help of Robert Ferguson, Terry Davis and Charles Hawkins. Together, the Human Resources and Administration employees retrieved food boxes from various building locations and delivered them to the Capital Area Food Bank in a timely manner. Feds Feed Families was developed in June 2009 by the Office of Personnel Management to raise 1.2 million pounds of donated food for those who need it most.

DAV Honors Three Outstanding VA Employees

Three VA employees received the National Commander’s Outstanding VA Employee awards from the Disabled American Veterans at the organization’s 89th National Convention in Atlanta this summer.

Kathleen Hanley, a decision review officer at the Togus (Maine) VA Regional Office, received the award for the Veterans Benefits Administration. She has spent 29 years serving veterans, but her association with VA started when she was a child. Her father was a VA employee, and she grew up on the Togus facility grounds. Today, she trains veterans service rating representatives in delivering earned benefits to veterans as part of the claims process.

Sarah Nowitzke, the Operation Enduring Freedom/Operation Iraqi Freedom program manager at the Ann Arbor (Mich.) VA Healthcare System, accepted the award for the Veterans Health Administration. She was a military wife for 13 years before her husband was severely injured and later died. She knows the heartbreak sometimes suffered by the families of veterans and the vital need for compassion in the VA health care system.

Edward Holmes, who received the DAV Outstanding VA Employee award for the National Cemetery Administration, is a heavy equipment operator at Riverside (Calif.) National Cemetery. A Marine Corps veteran, Holmes has tremendous empathy for the families of deceased veterans. He believes that no one can care for a veteran better than another veteran.
**Prompt Action Saves At-Risk Veteran**

It’s not unusual for the Washington, D.C., VA Medical Center to receive calls from veterans and their family members from across the country. Many think they are reaching VA Central Office to express their concerns.

But when D.C. VAMC budget technician Joseph E. Davis retrieved a voicemail message late this summer, little did he know he’d be saving a life. Davis, a 20-year Coast Guard veteran, promptly returned the call.

The veteran said he was from Philadelphia and he wanted to “be better” before returning home to his family. He told Davis he was “mentally and emotionally messed up and didn’t want to be a burden to his family.”

Davis kept the veteran on the line and signaled to his supervisor. For almost 50 minutes, Davis passed information to his supervisor and kept the veteran talking. The suicide prevention hotline staff arranged an on-site intervention by the police. Davis continued talking to the veteran until police arrived at his home. An officer came to the phone to advise Davis that they would take care of the veteran and get him to treatment. A few days later, the veteran called Davis and thanked him, saying he was grateful for his intervention.

**Police Intervention Helps Save Veteran’s Life**

Early one morning this summer, a disoriented veteran was spotted walking the atrium at the Richard L. Roudebush VA Medical Center in Indianapolis. Staff members summoned police officers Travis Thompson and Bruce Randolph and voiced their concerns about the veteran’s mental state. The veteran admitted he had consumed a large amount of prescription drugs, along with alcohol, and when asked if he wanted to receive a medical evaluation, he refused.

The officers recognized that the veteran was in grave danger, so they detained him and took him to the emergency department for evaluation and medical care. During the emergency intervention, it was determined that he needed to be admitted to the medical intensive care unit, where he remained until his mental state stabilized. By intervening and getting the veteran the treatment he needed, the officers helped save the veteran’s life.

**Quick Thinking Helps Avert Possible Veteran Suicide**

When technician Daniel L. Stansberry of VA’s Austin Information Technology Center answers a phone, it’s usually to provide IT assistance to a fellow employee. But earlier this year, he received a call that was far from the norm. An emotionally distressed veteran was on the line, seeking help. As a veteran himself, Stansberry recognized the urgency of the situation.

Keeping the veteran on the line and talking, Stansberry accessed the Veterans Assistance Web site and eventually VA’s suicide prevention hotline, conferencing the veteran with a suicide hotline counselor. He stayed on the phone with the veteran and the counselor for almost an hour to ensure they did not get disconnected. Ultimately, the veteran’s emotional state was stabilized due to Stansberry’s quick actions and the counselor’s training in suicide prevention.
LEXINGTON ✦ SARATOGA ✦ YORKTOWN
BARBARY WARS ✦ LAKE ERIE ✦ NEW ORLEANS
MONTEREY ✦ VERA CRUZ ✦ BULL RUN ✦ SHILOH
ANTIE TAM ✦ CHANCELLORSVILLE ✦ GETTYSBURG
INDIAN WARS ✦ SANTIAGO ✦ MANILA
BELLEAU WOOD ✦ MEUSE-ARGONNE ✦ MIDWAY
GUADALCANAL ✦ ANZIO ✦ BATTLE OF THE ATLANTIC
NORMANDY ✦ ARDENNES-ALSACE ✦ IWO JIMA
BERLIN AIR LIFT ✦ PUSAN ✦ INCHON ✦ SEOUL
GULF OF TONKIN ✦ ROLLING THUNDER ✦ DAK TO
KHE SANH ✦ TET OFFENSIVE ✦ COLD WAR
GRENADA ✦ PANAMA ✦ GULF WAR I ✦ BOSNIA
SOMALIA ✦ KOSOVO ✦ TORA BORA ✦ KANDAHAR
FALLUJAH ✦ SADR CITY ✦ BASRA

HONORING ALL WHO SERVED

Veterans Day

November 11, 2010