

WAUSHARA COUNTY VETERAN SERVICES

VET'S VANTAGE

AUGUST 2011

Purple Heart Vets Can Enjoy Longevity

A study led by Department of Veterans Affairs (VA) researchers found that aging Veterans who earned the Purple Heart show decreased mortality compared with those who had not earned the medal. Additionally, those war-wounded veterans who survive into later life especially those who do not develop post traumatic stress disorder (PTSD) may provide valuable clues as to what lead to resilience to combat stress. A team of VA researchers who studied more than 10,000 Veterans of World War II and the Korean War produced these findings, which appear online in the journal *Depression and Anxiety*. "Among the older veterans we studied, those with Purple Heart citations had half the mortality rate of those without Purple Heart citations," said lead author Tim Kimbrell, MD, a physician-researcher with the Center for Mental Health and Outcomes Research, based at the Central Arkansas Veterans Healthcare System. Whether the Purple Heart holders had chronic PTSD or not, they were about twice as likely to still be alive after some 10 years of follow-up, compared with those with no Purple Heart and no PTSD. The study included Veterans who were 65 and or older in the late 1990s. It tracked their survival through 2008. Whether the Purple Heart holders had chronic PTSD or not, they were about twice as likely to still be alive after some



10 years of follow-up, compared with those with no Purple Heart and no PTSD. The study included Veterans who were 65 and or older in the late 1990s. It tracked their survival through 2008.

It is estimated that more than a million service members received a Purple. In WWII and nearly 119,000 in the Korean War. The authors of the new VA study say Purple Heart holders who survive long past their war experience without PTSD may be the ideal population on which to focus such research. "Our theory was that there are many factors that contribute to resilience to PTSD, and these same factors may increase survival," said Kimbrell. The PTSD-Purple Heart group included in their study may have been an exceptionally healthy and hearty cohort of Veterans. The researchers say further studies involving these Veterans, as well as those who were wounded in combat but did not develop PTSD, may lead to new insights to help prepare future service members to cope with the stress and trauma of war.

(excerpt from VA News Release 12 Jul 2011 ++)

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A veteran is someone who, at one point in their lives, wrote a blank check made payable to 'The United States of America' for an amount of 'up to and including my life'. This is an Honor, and there are way to many people in this country who no longer understand it.'

-Quote from a friend

AFTER READING, PLEASE PASS THIS TO ANOTHER VETERAN !



VA Creates Women Veterans Call Center Outreach Effort Launched

The Department of Veterans Affairs (VA) has embarked on a major initiative to reach out to women veterans in order to solicit their input on ways to enhance the health care services VA provides to women veterans.

"We are taking a proactive approach to enhancing VA health care for women Veterans," said Secretary of Veterans Affairs Eric K. Shinseki.

"We are seeking the input of women veterans so that VA can continue to provide high quality health care to the growing numbers of women veterans." Representatives at VA's Health Resource Center (HRC) are placing calls to women Veterans nationwide, asking them to share their experiences with VA and suggest potential enhancements that will further VA's mission to provide the best care anywhere.

Women veterans are one of the fastest growing segments of the veteran population. Of the 22.7 million living veterans, more than 1.8 million are women. They comprise nearly 8 percent of the total veteran population and 6 percent of all veterans who use VA health care services.

VA estimates by 2020 women Veterans will constitute 10 percent of the veteran population and 9.5 percent of VA patients. The HRC, which started placing calls on June 1, is contacting women veterans who have enrolled, but have not begun using VA services.

"Through this contact center, we are placing friendly, conversational calls to women veterans," said Patricia Hayes, chief consultant of the VA's Women Veterans Health Strategic Health Care Group. "We want these Veterans and their caregivers to talk candidly about why they are not using VA, whether they are aware of the gender-specific services we offer, and what additional services they would like to see VA offer."

The HRC representatives making the calls are also informing women veterans about the services VA offers and quickly connecting them with appropriate departments if they are interested in trying VA health care. Veterans who have complaints about VA are connected to a patient advocate who helps resolve issues.

VA has trained professionals in all aspects of women's health, including general primary care, osteoporosis management, heart disease, mental health care, menopausal services and obesity-related issues, such as diabetes. Preventive screenings for breast and cervical cancer are also areas in which VA excels. Soon, all VA facilities will offer comprehensive primary care for women from a single provider.

The Women Veterans Health Care program has made significant changes in the last few years to enhance the health care offered to eligible women Veterans. This progress includes:

- *Adopting key policies to improve access and enhance services for women veterans;
- * Implementing comprehensive pri-

mary care for women veterans;

- *Conducting cutting-edge research on the effects of military service on women's lives;
- *Improving communication and outreach to women veterans; and
- *Providing mental health, homelessness and other services designed to meet the unique needs of women veterans.

For more information about VA programs and services for women veterans,

please visit: www.va.gov/womenvet and

www.publichealth.va.gov/womenshealth.

Volunteer Opportunities



The United We Serve website <http://www.serve.gov> provides a search engine that enables military advocates and supporters looking for volunteer opportunities to enter a city and state location and get a list of organizations that are seeking volunteers. The website allows users to narrow searches to match the type of organizations or activities they desire to support. For more details on support groups for the military, visit the Military Spouse Network <http://www.military.com/military-spouse-network> [Source: Military.com 11 Jul 2011 ++]



New Custodial Agent For Electronic Health Records

The Department of Veterans Affairs (VA) today announced that it has begun the implementation of an open source community based on its electronic health record (EHR), selecting The Informatics Applications Group (TIAG) to create the Custodial Agent that will serve as the community's central governing body. VA will contribute its current EHR, known as VISTA (Veterans Integrated System Technology Architecture), to seed the open source effort.

"Our EHR is central to the quality of care we provide to Veterans," said Secretary of Veterans Affairs Eric K. Shinseki. "As we continually advance the health care we deliver, so too must we advance the capability of EHR software. Moving to an open source model invites innovation from the public and private sectors. It is an important element of our EHR collaboration with the Department of Defense and an important part of our strategy to ensure that VA clinicians have the best tools possible, and that Veterans receive the best health care possible."

In April, VA announced its intent to establish a Custodial Agent (CA) to serve as the central governing body for an open source community. The CA will provide important communication, organizational, and administrative functions that enable community members to share information and software and to collaborate on the improvement and the use of EHR systems. TIAG, an innovative technology services company, has been selected to design and launch the Custodial Agent.

"We have a tremendous opportunity to create the next generation of EHRs, which is so important to our EHR collaboration with DoD and to many current and future users of electronic health records," said VA Chief Technology Officer Dr. Peter Levin. "In order to achieve the highest level of utility and safety, we must engage as broad a base of EHR users and developers as possible. We are working closely with TIAG to design a robust Custodial Agent that enables this level of community engagement."

VA expects the Custodial Agent to launch in August and to commence full operation in the fall. For more information, see entry VA's Vantage Point blog (blogs.va.gov) and the Open Source EHR Custodial Agent website (www.osehrca.org).

Success is not a race....Be Patient!

Bariatric Surgery Study



This picture shows how a gastric bypass works.

Bariatric Study Continued

An analysis of the 1,694 propensity-matched patients found that bariatric surgery was not significantly associated with reduce mortality. Maciejewski recommends that veterans who are considering bariatric surgery in VA, and who are similar to Veterans examined in this study, "should be counseled by their VA surgeon that bariatric surgery may not impact their survival in the medium term (6-7 years), but that the long-term association with mortality remains unknown."

Moreover, because a high proportion of veterans with diabetes or high cholesterol are able to discontinue their medications after bariatric surgery, he suggests that longer-term survival benefits be examined for Veterans who had bariatric surgery after 2006, before VA changes its policy and/or guidelines.

Dr. Joel Kupersmith, VA's Chief Research and Development Officer, notes that VA considers all associated evidence in any policy decision, but notes this is just one study. "It is by conducting leading-edge research studies such as this one on bariatric surgery, and evaluating the meaning in the context of all rigorous scientific evidence, that VA Research provides the foundation for optimal veterans' health care," he said. Dr. Maciejewski also does not recommend that insurers stop covering bariatric surgery for high-risk patients based on these study results because, "survival is just one aspect of the cost-effectiveness of bariatric surgery, which has been shown to be cost-effective for eligible patients."



Volunteers Needed for County Fair August 18-21, 2011



A few spots remain for the fair booth representing Veterans' Services and Veteran Organizations of Waushara County at the County Fair, free entrance tickets to volunteers! The Waushara County Veterans will have a booth as in the past, bring your material, and help connect veterans with your organization, and to promote Veterans' Services in Waushara County. Any interested veterans should call our office at (920)787-0446 and arrange their volunteer time. We will be setting up on Thursday, August 18, 2011 at noon until Sunday at 5:00 p.m. Each volunteer time slot is no longer than 2 1/2 hours, and when you're done, you can still enjoy the fair on us!!!

AUGUST 18, 2011 THROUGH AUGUST 21, 2011

Military Sexual Trauma Alarming Increase

A San Diego psychologist has exposed the alarming increase of sexual misconduct among the military. Carolyn Allard, a psychologist with the Veteran's Affairs Department, said she knew men and women in the military were being subjected to military sexual trauma, or MST, but she never realized the full extent. "One in five women report experiencing MST when they come to the VA and one in 100 men report experience

with MST," she said. Allard co-authored a new study for the June issue of the Journal of Trauma and Disassociation. "What's really alarming is if you factor the unreported number of men and women this is happening to," she said. The study revealed 24 percent of women and 1 percent of men reported some sort of MST, which ranges from inappropriate comments to physical assault. However, if the unreported

number is factored in, it jumps to 80 percent of women and 30 percent of men have had experience with MST. Of the 48,000 veterans who were screened at the end of fiscal year 2010, more than 3.2 percent reported some form of MST. That is almost a full percentage point higher than the national average outside the military.

[Source: excerpt from San Diego 10News.com article 5 Jul



VA BACK LOG UPDATE:

Results of an online survey conducted last winter by The American Legion reveal just how frustrated veterans are with backlog-choked VA Regional Offices across the country. Of the 2,145 who responded, 96 percent were veterans, 2 percent spouses and the remainder were dependents, caregivers or others. The survey was conducted to establish a foundation of understanding before American Legion Regional Office Action Review (ROAR) teams began visiting the offices to see where the problems are and what might be done to correct them. VA has been mired in a backlog of unresolved benefits claims for several years. It is now believed to be nearly 1 million and growing. According to a report documenting the results of the ROAR online survey:

85 percent of respondents described the overall performance of the regional offices as "inefficient and untimely." Only 6 percent said their claims were adjudicated in 120 days or less, a standard VA Secretary Eric Shinseki has set as a goal for the department. At the 92nd American Legion National Convention in 2010, he told Legionnaires, "We intend to break the back of the backlog."

Fifty-seven percent of survey respondents reported a processing time of one year or longer.

Survey respondents expressed an understanding that there is a large volume of claims for VA to process, and it will take some time." However,

respondents also expressed frustration about VA's failure to communicate clearly about the status of claims. While 50 percent indicated that professional courtesy at the regional office was at least adequate, 31 percent were dissatisfied about the way they were treated.

The survey illuminated: lost paperwork. "A large percentage of respondents indicated that paper evidence they submitted had been lost even after certified arrival at the regional office," the report states. "A small percentage complained that their entire claims file had been lost."

A common problem reported throughout the country is the practice of making veterans go out of their way for compensation and pension examinations, often "hundreds of miles away from their homes when there (is) an equipped facility within 25 miles."

Sixty-six percent of respondents reported difficulty accessing their regional offices at all.

Veterans reported "extreme frustration" with VA's lack of flexibility, short notice of appointment openings and examiner politeness at C&P examinations, according to the report.

65 percent said they were not treated fairly by adjudicators, and 54 percent said they intended to appeal VA's decisions. Claimants didn't feel that all evidence in the file was reviewed before a decision was made on the claim.

Seventy percent said they would like to see VA hire more veterans to reduce the backlog and improve performance, and some participants suggested other strategies to improve regional of-

fices, including:

- 1) Institute a "call-back" system to reduce the amount of time veterans have to wait on the phone, on hold with VA's call center.
- 2) Convert the claims-adjudication process to an electronic system.
- 3) Allow veterans to review C&P examination results before adjudication to correct omissions.
- 4) Expedite all pension claims because pension claims are income-based, and "it should be assumed that all applicants are experiencing financial hardship."

The American Legion's Veterans Affairs & Rehabilitation Division launched the ROAR program last spring to strengthen the organization's understanding of the claims backlog and help VA set priorities to begin reversing it. Through June, the Legion had conducted site visits at six regional offices to discuss issues reported in the online survey and to work out solutions. The Legion's VA&R Division is sharing results of the survey with VA Central Office. [Source: AL Online Update 7 Jul 2011 ++]





CHRONIC PAIN



Chronic pain affects 116 million Americans and costs the U.S. as much as \$635 billion each year, according to a new report from the Institute of Medicine (IOM) that called for changes in how chronic pain is managed. Much of the chronic pain experienced by Americans isn't treated correctly, in part because doctors are not taught in medical school how to help patients manage pain, according to the report, entitled "Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research,"

<http://www.iom.edu/Reports/2011/Relieving-Pain-in-America-A-Blueprint-for-Transforming-Prevention-Care-Education-Research/Report-Brief.aspx> which was mandated by the healthcare reform law. Chronic pain is so widespread and poorly understood that it's a public health issue and a major "national challenge," concluded the Committee on Advancing Pain Research, Care, and Education, which was made up of 18 experts in pain management, anesthesiology, bioethics, statistics, and immunology. "Given the large number of people who experience pain and the enormous cost in terms of both dollars and the suffering experienced by individuals and their families, it is clear that

pain is a major public health problem in America," said committee chair Philip Pizzo, MD, professor of microbiology and immunology at Stanford University School of Medicine, in a press release.

Chronic pain is "more than a physical symptom" and can be influenced by genetics, stress, depression, and behavioral, cultural, and emotional factors, the committee wrote. Moreover, long-term, persistent pain, which may have been caused by an injury or a disease, can cause changes in the nervous system, which in turn cause the pain to become its own distinct chronic disease. The report called for a cultural change in order to prevent, assess, treat and understand all types of pain and laid out a blueprint for providing relief from pain. It directs the Department of Health and Human Services to develop a plan to increase awareness about pain and its health consequences; improve how pain is assessed in the healthcare setting and how treatment of pain is paid for by the federal government; and to address disparities in how different groups of people experience pain. It also called for the National Institutes of Health to designate a lead institute tasked with "moving pain research forward," and it called for coordinated efforts between public and private organizations to create recommended changes to how chronic pain is managed.

The committee said that while pain is prevalent, the full scope of the problem is unclear, especially among groups of people where pain might be under diagnosed and underrated, including minori-

-ties, women, children, the elderly, military veterans, and people who are at the end of life. More data should be collected to study trends over time and to pinpoint certain populations at risk for chronic pain, the committee wrote. The panel offered some advice for doctors as well: Primary care physicians should collaborate with pain specialists in cases where a patient's pain persists even after treatment. The committee acknowledges that healthcare providers need to be better educated about how to understand pain and its causes, especially

doctors who are often the first stop for patients seeking treatment for chronic pain. The report recommends healthcare providers engage in continuing education programs, and that licensure, certification, and recertification should include assessment of providers' knowledge of pain management.

[Source: MedPage Today Emily P. Walke article 30 Jun 2011 ++]

ACTIVE DUTY COUNT

The total number currently on active duty from the Army National Guard and Army Reserve is 72,022; Navy Reserve 5,007; Air National Guard and Air Force Reserve, 10,331; Marine Corps Reserve, 6,191; and the Coast Guard Reserve, 782. This brings the total National Guard and Reserve personnel who have been activated to 94,333 including both units and individual augmentees. A cumulative roster of all National Guard and Reserve personnel who are currently activated may be found

at <http://www.defense.gov/news/d20110705ngr.pdf>. [Source: DoD News Release No. 583-11 dtd 6 Jul 2011]



Afghanistan, Iraqi Campaign Medals:

SHOW

The Defense Department announced June 30 it is adding a seventh star to the Iraq Campaign Medal and a fourth to the Afghanistan Campaign Medal. Each star recognizes a period of time and service members who serve more than one tour in Iraq or Afghanistan are eligible to pin on additional stars. Multiple deployments mean some service members could wear one, two, three or more stars on their medals. The newest star for service in Iraq is for the period the Pentagon is calling "New Dawn." It begins Sept. 1, 2010 "through a date to be determined." It follows, in order, the periods known as, "Liberation of Iraq," "Transition of Iraq," "Iraqi Governance," "National Resolution," "Iraqi Surge" and "Iraqi Sovereignty." Afghan war veterans who have served since Dec. 1, 2009 "through a date to be determined" are now eligible for a new star dubbed simply, "Consolidation III." That follows the "Liberation of Afghanistan" from Sept. 11, 2001 to Nov. 30, 2001, and consolidation I and II. The services will announce implementing instructions to their members about wear of the new campaign stars. Service members who have qualified for the ICM and ACM may display a bronze campaign star on their medal for each campaign phase in which they participated. A silver campaign star is issued in lieu of five bronze stars. Six other campaign phases were previously identified for Iraq, and three in Afghanistan.

In Iraq, they are:

- Liberation of Iraq, March 19 to May 1, 2003;
- Transition of Iraq, May 2, 2003 to June 28, 2004;
- National Resolution, Dec. 16, 2005 to Jan. 9, 2007;
- Iraqi Surge, Jan. 10, 2007 to Dec. 31, 2008; and
- Iraqi Sovereignty, Jan. 1, 2009 to Aug. 31, 2010.

In Afghanistan, the previously identified campaign phases are:

- Liberation of Afghanistan, Sept. 11 to Nov. 30, 2001;
- Consolidation I, Dec. 1, 2001 to Sept. 30, 2006; and
- Consolidation II, Oct. 1, 2006 to Nov. 30, 2009.

[Source: AFPS Donna Miles article 30 Jun 2011 ++]



Iraq Campaign Ribbon (Top)

Afghanistan Campaign Ribbon (Bottom)

A research team from the University of Wisconsin's School of Medicine and Public Health will be working in Plainfield, Oasis, and Rose this fall. The Survey of the Health of Wisconsin (SHOW) is an ongoing statewide public health research project, designed to measure the health of Wisconsin residents. SHOW will visit 1,000 households around the state each year to recruit adults: 28 households in Plainfield, Oasis and Rose will be invited to participate. SHOW's recruitment and survey activities will begin in September and will continue through October. This project has been endorsed by Waushara County Public Health Officer, Patti Wohlfeil.

Watch for posters going up in the area. The information SHOW collects would be made available as a public use database for researchers, policy makers, health officials, and other stakeholders, to use as a tool to identify and address the public health needs of state residents. SHOW is modeled after CDC's National Health and Nutrition Examination Survey (NHANES), which has provided key health information about the nation's health for over 50 years, and specially designed for the Wisconsin Population. SHOW is one of a number of projects supported by Wisconsin Partnership for a Healthy Future, which represents a far-reaching commitment by UW School of Medicine and Public Health, to greatly improve the health of people in Wisconsin.

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We're on the
web
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Appointments appreciated

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Waushara County Veterans
Services



State Adds Additional Funding Towards Military Honors

After running out of funds for Military Funeral Honors, the following bulletin was sent to this office from the State of Wisconsin Department of Veteran Affairs....

The purpose of this bulletin is to announce that \$68,900 of additional funding has been approved for funeral honors stipend reimbursement requests for the remainder of Fiscal Year 2011 by the Wisconsin State Legislature as part of 2011 Wisconsin Act 27. This legislation provides funding to cover the stipend pro-

gram funding shortfall previously identified in WDVA Bulletin No. 958.

Veteran Service Organizations are encouraged to submit reimbursement requests for stipends using the normal submission process in an expeditious manner. Reimbursement requests for fiscal year 2011 will be processed with the approved additional funding as part of the biennial budget. Payment of these stipends will occur on or after July 5, 2011.

Please check our website at www.WisVets.com/FuneralHonors#Stipend for future pro-

gram updates. For more information on WDVA funeral honors program, please call 1-800-WIS-VETS (947-8387) and ask to speak with someone in the Military Funeral Honors Section.

