U.S. Department of Veterans Affairs

Veterans Health Administration
Information Access and Privacy (105HIG)
810 Vermont Avenue NW
Washington, DC 20420

December 14, 2020

FOIA Request No.: 19-09793-F

Austin Evers
American Oversight
1030 15th Street, NW
Washington, DC 20005
foia@americanoversight.org

Dear Mr. Evers:

This letter is the initial agency decision on your July 22, 2019, request under the Freedom of Information Act (FOIA), 5 U.S.C. § 552, to the Department of Veterans Affairs (VA), VA FOIA Service requesting:

1. Any decision memorandum or other record identifying, documenting, or explaining the selection of members to the Pain Management Best Practices Inter-Agency Task Force.

2. For each Special Government Employee Member and each Representative Member of the Pain Management Best Practices Inter-Agency Task Force, as applicable:

a. Any letter of nomination provided to the agency in connection with appointing members of the Task Force.
b. Any resume or other biographical information provided to or collected by the agency in connection with appointing members of the Task Force.
c. Copies of any financial disclosure reports, requests for waivers from filing a public financial disclosure report, and records reflecting any determination made or issued regarding a request for a waiver from filing a public financial disclosure report.
d. Any conflicts or ethics waivers, certifications, authorizations, or exemptions for the individual, including authorizations pursuant to 18 U.S.C. § 208.
e. Records reflecting any recusal determination made or issued for the individual.
f. Copies of any SF-50 forms for the individual reflecting any change in position or title, including when the employee enters or leaves a position. We have no objection to the redaction of home addresses, telephone numbers, or social security numbers from the SF-50s.

3. All records reflecting communications between (a) any Special Government

Employee Member or Representative Member of the Pain Management Best Practices Inter-Agency Task Force and (b) any federal ethics officials, including your agency's Designated Agency Ethics Official, the Alternate Designated Agency Ethics Official, and any Deputy Ethics Officials and Ethics Coordinators.

Your request was referred to the Veterans Health Administration (VHA) Central Office FOIA Office and was received in my office on July 23, 2019 and was assigned FOIA tracking number 19-09793-F.

A comprehensive search for documents responsive to your request by the Deputy Under Secretary for Health for Policy and Services, Specialty Care Services has concluded. Provided is one (1) document totaling nineteen (19) pages responsive to items 1, 2a, 2b and item 3 of your request. After conducting a reasonable search for items 2c, 2d, 2e and 2f, we have concluded that the VHA Central Office, does not have records responsive to your request. Courts have determined the reasonableness of an agency's search can depend on whether the agency properly determined where responsive records were likely to be found and searched those locations. [*See* Iacoe v. IRS, No. 98-C-0466, 1999 WL 675322, at *4 (E.D. Wis. July 23, 1999) (recognizing that agency "diligently searched for the records requested in those places where [agency] expected they could be located")]. Record search inquiries were made to the appropriate office(s). The Deputy Under Secretary for Health for Policy and Services, Specialty Care Services conducted a search for documents responsive to your request. The search was conducted by utilizing the search criteria of key words "CARA Section 101", "Friedhelm Sandbrink", "appointment" and "HHS" of folders and archives of email accounts for Friedhelm.Sandbrink@va.gov and Jenie.Perry@va.gov along with Shared Team Tasks Response Tracker and Opioid Safety Documents Library used to store documents for the Pain Management Best Practices Inter-Agency Task Force. At the conclusion of the search, a "no records" response was provided for responsive records to those items of your request.

My review of the documents revealed that they contained information that falls within the disclosure protections of FOIA Exemption 6, 5 U.S.C. § 552(b)(6). FOIA Exemption 6 permits VA to withhold a document or information contained within a document if disclosure of the information would constitute a clearly unwarranted invasion of a living individual's personal privacy. Stated another way, VA may withhold information under FOIA Exemption 6 where disclosure of the information, either by itself or in conjunction with other information available to either the public or the FOIA requester, would result in an unwarranted invasion of an individual's personal privacy without contributing significantly to the public's understanding of the activities of the federal government.

Specifically, the information I am withholding, as indicated on the enclosed documents, under FOIA Exemption 6 consists of VA employee names/signatures, telephone extensions, email addresses and names, email addresses and phone numbers of non-VA associates; as the individuals associated with this information have a personal privacy interest in it and the information sheds little light on agency activities.

See Wilson v. U.S. Air Force, No. 08-324, 2009 WL 4782120, at *4 (E.D. Ky. Dec. 9, 2009) (finding that signatures, personal phone numbers, personal email addresses, and government email addresses were properly redacted) and Waterman v. IRS, 288 F. Supp. 3d 206, 211 (D.D.C. 2018) (holding that work telephone numbers and email addresses of IRS employees could be withheld because such information sheds little light on agency activities and release could cause harassment or threats of employees.

The coverage of FOIA Exemption 6 is absolute unless the FOIA requester can demonstrate a countervailing public interest in the requested information by demonstrating that the individual is in a position to provide the requested information to members of the general public and that the information requested contributes significantly to the public's understanding of the activities of the Federal government. Additionally, the requester must demonstrate how the public's need to understand the information significantly outweighs the privacy interest of the person to whom the information pertains. Upon consideration of the materials provided, I have not been able to identify a countervailing public interest of sufficient magnitude to outweigh the privacy interest in this case. The individuals associated with this information have a personal privacy interest in information that outweighs any public interest served by disclosure of their identities under FOIA. Consequently, I am denying your request for this information under FOIA Exemption 6, 5 U.S.C. § 552 (b)(6).

Please be advised, you may appeal the determinations made in this response to the VA, Office of General Counsel. Appeals may be submitted electronically to their electronic appeal mailbox, ogcfoiaappeals@va.gov or mailed to the following address:

Office of General Counsel (024)
Department of Veterans Affairs
810 Vermont Avenue NW
Washington, DC 20420

If you should choose to file an appeal, your appeal must be postmarked or electronically submitted no later than ninety (90) calendar days from the date of this letter. Please include a copy of this letter with your written appeal, identify the determination(s) you are appealing and clearly state why you disagree with the determination(s).

In addition to filing an appeal with the Office of General Counsel, you may also seek assistance and/or dispute resolution services regarding your FOIA request from VHA's FOIA Public Liaison and or Office of Government Information Services (OGIS) as provided below:

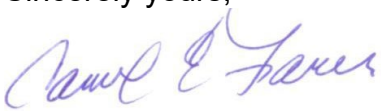
VHA FOIA Public Liaison:
Email Address: vhafoia2@va.gov
Phone Number: (877) 461-5038

Office of Government Information Services (OGIS)

Email Address: ogis@nara.gov
Fax: (202) 741-5769
Mailing address:
Office of Government Information Services
National Archives and Records Administration
8601 Adelphi Road
College Park, MD 20740-6001

Thank you for your interest in VA. If you have any further questions, please feel free to contact me at (772) 562-5284.

Sincerely yours,



Carol E. Farer, RHIA, CHPS, CIPP/G, CHPC
VHA FOIA Office

Attachment: 1

Department of Veterans Affairs

CONCURRENCE AND SUMMARY SHEET

SUBJECT	NAME OF ADDRESSEE *(For Correspondence Only)*
Membership on the Pain Management Best Practices Inter-Agency Task Force- ACTION	

TO BE COMPLETED BY EXECUTIVE SECRETARIAT (001B)

REMARKS	CONTROL NO.	NAME OF REVIEWER
	7849301	

CONCURRENCES - TO BE DETERMINED BY THE ORIGINATING OFFICE

CONCURRENCE REQUIRED	TITLE OR ORGANIZATIONAL ELEMENT	MAIL ROUTING SYMBOL	DATE IN	SIGNATURES		DATE OUT
				CONCURRENCE	NONCONCURRENCE	
	VETERANS HEALTH ADMINISTRATION	10				
	VETERANS BENEFITS ADMINISTRATION	20				
	VETERANS EXPERIENCE OFFICE	30				
	NATIONAL CEMETERY ADMINISTRATION	40				
	OFFICE OF INSPECTOR GENERAL	50				
	OFFICE OF PUBLIC AND INTERGOVERNMENTAL AFFAIRS	002				
	OFFICE OF ACQUISITION, LOGISTICS & CONSTRUCTION	003				
	OFFICE OF MANAGEMENT	004				
	OFFICE OF INFORMATION AND TECHNOLOGY	005				
	OFFICE OF HUMAN RESOURCES AND ADMINISTRATION	006				
	OFFICE OF OPERATIONS SECURITY AND PREPAREDNESS	007				
	OFFICE OF ENTERPRISE INTEGRATION	008				
	OFFICE OF CONGRESSIONAL AND LEGISLATIVE AFFAIRS	009				
	BOARD OF VETERANS' APPEALS	01				
	OFFICE OF THE GENERAL COUNSEL	02				
	VETERANS SERVICE ORGANIZATION LIAISON	00C				
	OFFICE OF SMALL AND DISADVANTAGED BUSINESS UTILIZATION	00SB				
	WHITE HOUSE LIAISON	WHL				
X	Office of Specialty Care	10P11				
X	DUSH for Policy and Services	10P				

NAME OF AUTHORIZED SIGNER	SIGNATURE OF INITIATING KEY OFFICIAL OR AUTHORIZED SIGNER	DATE

CONCURRENCE AND SUMMARY SHEET
(Continued)

PURPOSE - DISCUSSION - IMPLICATIONS

PURPOSE: The Department of Veterans Affairs (VA) received a request from the Department of Health and Human Services (HHS) asking for a VA representative for the Pain Management Best Practices Inter-Agency Task Force.

DISCUSSION: VA provided Dr. Friedhelm Sandbrink to represent VA on the Pain Management Best Practices Inter-Agency Task Force.

IMPLICATIONS: If VA does not respond to this request, there will be no representation on this subject with HHS.

NAME OF CONTACT	SIGNATURE OF INITIATING ASSISTANT SECRETARY, ADMINISTRATION HEAD OR KEY STAFF OFFICE OFFICIAL		
Friedhelm Sandbrink. M.D.			
SYMBOL	**EXTENSION**	**TITLE**	**DATE**
10P11	(b)(6)	Acting National Program Director For Pain Mgmt.	10/26/2017

Department of Veterans Affairs

STRATEGIC COMMUNICATION REVIEW

NAME OF ORIGINATOR	VAIQ NO.	DATE	DATE DUE
Laurence Meyer (b)(6)	7849301		

NAME OF EXECUTIVE SECRETARY STAFF

SUBJECT: Membership on the Pain Management Best Practices

ROUTING	INITIALS	DATE	COMMENTS
☒ EXEC SEC			
☐ SENIOR ADVISOR			
☐ COSVA			
☒ DEPSECVA			
☐ SECVA			

KEY POINTS

Key Points Instruction

- ▶ HHS is requesting a VA representative for Pain Management Best Practices Inter-Agency Task Forces
- ▶ Dr. Meyer has nominated Dr. Friedhelm Sandbrink who has been extensively involve in policy development, training initiatives, and implementation of best practices in VHA Pain Specialty Care.
- ▶ Dr. Sandbrink is the Acting National Program Director for Specialty Care Pain Management, he is deeply involved in the implementation of CARA requirements in VHA.

CONCURRENCE

LAURENCE J MEYER (b)(6)

Digitally signed by (b)(6)
DN: dc=gov, dc=va, o=internal, ou=people, 0.9.2342.19200300.100.1.1=(b)(6)@va.gov, cn=LAURENCE J MEYER (b)(6)
Date: 2017.10.31 10:31:53 -04'00'

EXECUTIVE SUMMARY

Executive Summary Instruction

Purpose - Discussion - Recommendation

PURPOSE: The Department of Veterans Affairs (VA) received a request from the Department of Health and Human Services (HHS) asking for a VA representative for the Pain Management Best Practices Inter-Agency Task Forces.

DISCUSSION: VA provided Dr. Friedhelm Sandbrink to represent VA on the Pain Management Best Practices Inter-Agency Task Forces.

RECOMMENDATION: The VA COS sign memorandum.

FOR OFFICE OF THE SECRETARY USE ONLY

SPECIAL HANDLING INSTRUCTIONS	DATE OF INCOMING	DATE VA RECEIVED	DATE OF INTERIM	DATE RECEIVED IN 001B
☐ RUSH ☐ DATE DOCUMENT FOR ☐ NOTARIZE				

VA FORM SEP 2014 **090**

CURRICULUM VITAE

Friedhelm Sandbrink MD

Personal Information

Work address

Washington VA Medical Center
Dept. of Neurology
50 Irving Str. NW
Washington DC 20422
Tel. (b)(6)
Cell
Email (b)(6) @va.gov

Professional Experience/Employment

September 2001 to present	Washington VA Medical Center Department of Neurology Director Pain Management Program Director EMG laboratory
November 2016 to present	Acting National Program Director for Pain Management
May 2014 to October 2016	Deputy National Program Director for Pain Management, Specialty Care Services, VHA
July 1999 - September 2001	University of Rostock Department of Neurology Instructor in Clinical Neurophysiology

Academic Appointments

February 2014 – present	Uniformed Services University, Bethesda Clinical Associate Professor in Neurology
January 2004 - present	Georgetown University Assistant Professor in Neurology
November 2008 - present	George Washington University Assistant Clinical Professor of Neurology

Postgraduate Education

July 1997 – June 1999	Fellowship Clinical Neurophysiology National Institutes of Health, NINDS EMG Section ((b)(6) MD PhD)

July 1994 – June 1997	Residency in Neurology Georgetown University, Washington DC
July 1993 – June 1994	Internship in Internal Medicine State University of New York at Syracuse, NY

Additional Neurology Training in Germany:

July 1999 – September 2001	Training with emphasis on Neurological Intensive Care and Stroke (Stroke unit) Instructor in Clinical Neurophysiology University of Rostock
December 1990 – June 1993	Internship and Residency in Neurology University of Würzburg

Medical School

October 1983 - November 1990 M.D. degree	Hannover Medical School, Germany December 1990
Ph.D. Thesis	Oligonucleotides for simple localization of breakpoints in chronic myeloid leukemia and quantitative analysis of tumor cells *Summa cum laude*
Exchange studies	University of Florida, Gainesville, FL (1987-88) Tufts Medical School, Boston, MA (1990)

Licensure

Medical license	Washington DC, since 1997 (active) License number MD30067
German Medical license	Germany, since 1992

Board Certifications

American Boards of Psychiatry and Neurology Recertification	May 1999 March 2009 (expiration 2019)
Added Qualifications in Clinical Neurophysiology Recertification	April 2001 May 2011 (expiration 2021)
Added Qualifications in Pain Medicine Recertification	Sept. 2003 Sept. 2013 (expiration 2023)

German Boards Clinical Neurophysiology/EMG September 2001 (no expiration)

Professional Activities/Committees

Federal Health Care

Federal Interagency Steering Committee/US Department of Health and Human Services, Member, since 2016.

Federal Interagency Workgroup for Opioid Adverse Drug Events, Co-Chair, since 2016

National Pain Strategy Implementation Work Group, Member since 2017
Subgroup: Prevention & Care – Co-Chair

VA/DoD:

VHA/DoD Joint Pain Education and Training Program, since 2013, including Co-chair of the Education Curriculum Workgroup, sponsored by Pain Management Work Group, VA/DoD Health Executive Committee

VHA/DoD Pain Management Workgroup, Health Executive Council
Deputy Co-Chair since 2014, Co-Chair since 2016.

VHA/DoD Clinical Practice Guideline for Opioid Therapy Workgroup, 2015-17

VHA/DoD Clinical Practice Guideline for Low Back Pain Workgroup, Co-Chair, 2016- 17

VHA/VACO:

National Committees related to Pain Medicine:

VHA Natl. Pain Management Strategy Committee, since 2012, Co-chair since 2013

VHA Pain Medicine Specialty Workgroup, Co-chair, since 2012

VHA Subcommittee for Headache, Co-Chair since Dec 2014, of the "Choosing Wisely" Workgroup by Primary Care/Specialty Care Services

VHA Psychoactive Drug/Opioid Safety Initiative Steering Team, since 2015

VHA Clinical Pharmacy Executive Board, since 2015

VHA Opioid Safety Initiative Toolkit Taskforce, since 2014

VHA PriPain Workgroup (Primary Care Pain), since 2012

VHA Pain Survey, HAIG Technical Advisory Committee, 2012-2014

VHA Pain SCAN-ECHO workgroup, since 2011

VHA Central Office TENS unit workgroup, since 2011

National Committees related to Neurology:

VHA National Neurology Field Advisory Committee, since 2012

VHA Neurology/Neurosurgery advisory meeting April 2012

VHA Neurology HAIG Technical Advisory Workgroup, since 2016

VISN 5

VISN 5 Point of Contact for Pain Management, 2009-16

VISN 5 Pain Committee, Member since 2003, Chair 2010-16

VISN 5 Point of Contact for the Opioid Safety Initiative, 2013-16

Washington VAMC:

- Facility Point of Contact for Pain Management, since 2002

- Facility Point of Contact for Opioid Safety Initiative, since 2012
- Pain Committee, Chair, since 2002
- Opioid Review Subcommittee, Chair, since 2012
- Drug Utilization Review Committee, Chair, since 2009
- Pharmacy and Therapeutics Committee, since 2007

VHA Rehabilitation Research and Development (RRDC) Review Panel, invited reviewer.
"Mental Health Community Reintegration"
April 2012, August 2012, April 2013 and August 2013

FDA Advisory Panel

Anesthetic and Analgesic Drug Products Advisory Committee AADPAC meeting
Apr 22, 2014

Arthritis Advisory Committee (AAC) and the Drug Safety & Risk Management Advisory Committee (DSaRM) meeting Feb 10-11, 2014

Professional Societies

American Academy of Neurology, since 1997
American Academy of Pain Medicine, since 2011

Honors and Awards

Honorary scholarship Cusanuswerk, 1986 – 1990
Award for excellence of performance in the study of medicine, July 1986.
Presented by the Minister of Science and Culture of Lower Saxony, Germany
Resident teaching award, June 1994. SUNY Syracuse Department of Medicine
Junior member recognition award, October 1998 and 1999, AANEM
Poster Award, American Academy of Pain Medicine, 2017
"Successful Implementation of the Opioid Safety Initiative in the Department of Veterans Affairs"

Publications

Book Chapters

Sandbrink F (2016). Peripheral neuropathies overview (Chapter 100). In: International Neurology: A Clinical Approach. 2nd edition. Edited by Robert P. Lisak, Daniel Truong, William M Carroll and Roongroj Bhidayasiri. Wiley Blackwell Publishing.

Sandbrink F (2016). Acquired neuropathies (Chapter 102). In: International Neurology: A Clinical Approach. 2nd edition. Edited by Robert P. Lisak, Daniel Truong, William M Carroll and Roongroj Bhidayasiri. Wiley Blackwell Publishing.

Sandbrink F (2016). Plexopathies and mononeuropathies (Chapter 103). In: International Neurology: A Clinical Approach. 2nd edition. Edited by Robert P. Lisak,

Daniel Truong, William M Carroll and Roongroj Bhidayasiri. Wiley Blackwell Publishing.

Sandbrink F (2014). Weakness, paraparesis (Chapter 85). In: Neurologic Differential Diagnosis: A Case-Based Approach. Edited by Alan B. Ettinger and Deborah M. Weisbrot. Cambridge University Press

Sandbrink F (2007). The MEP in Clinical Neurodiagnosis. In: Oxford Handbook of Transcranial Stimulation. Edited by Eric Wassermann, Charles Epstein, Ulf Ziemann, Vincent Walsh, Tomas Paus and Sarah Lisanby. Oxford University Press.

Sandbrink F and Hallett M (2004). Peripheral Neuropathy, in: Textbook of Clinical Neurology. Edited by Daniel Truong, Le Duc Hinh, Nguyen Thi Hung. (Vietnam).

Section Editor

Peripheral Neuropathies, Section 12, In: International Neurology: A Clinical Approach. 2nd edition. Edited by Robert P. Lisak, Daniel Truong, William M Carroll and Roongroj Bhidayasiri. Wiley Blackwell Publishing.

Articles

Sandbrink F (2017). What Is Special About Veterans in Pain Specialty Care? Pain Med. 2017 Apr 1;18(4):623-625. doi: 10.1093/pm/pnx054

Nassif T, Chapman J, **Sandbrink F**, Norris D, Soltes K, Reinhard M, Blackman M (2015). Mindfulness meditation and chronic pain management in Iraq and Afghanistan Veterans with traumatic brain injury: a pilot study. Military Behavioral Health, published Nov 17, 2015 at http://www.tandfonline.com/doi/full/10.1080/21635781.2015.1119772.

Nassif TH, Hull A, **Sandbrink F** (2015). Concurrent validity of the Defense and Veterans Pain Rating Scale in VA outpatients. Pain Med. 2015 Nov;16(11):2152-61. doi: 10.1111/pme.12866. Epub 2015 Aug 8.

Li M, Xu C, Yao W, Mahan CM, Kang HK, **Sandbrink F**, Zhai P, Karasik PA (2014). Self-reported post-exertional fatigue in Gulf War veterans: roles of autonomic testing. Front Neurosci 7;269

Sandbrink F (2014). Focal median neuropathy. Online article Emedicine Neurology. http://emedicine.medscape.com/article/1141168-overview

Sandbrink F and Culcea E (last update 2009). Motor unit recruitment in EMG. Online article in Emedicine Neurology. http://emedicine.medscape.com/article/1141359-overview

Culcea E and **Sandbrink F** (last update 2007). Tropical myeloneuropathies. Online article in Emedicine Neurology. http://emedicine.medscape.com/article/1166055-overview

Walter U and **Sandbrink F** (2007). Stroke anticoagulation and prophylaxis. Online article in Emedicine Neurology. Updated Dec. 14, 2009 by S. Cruz-Flores. http://emedicine.medscape.com/article/1160021-overview

Classen J, Stefan K, Wolters A, Wycislo M, Gentner R, Zeller D, Schramm A, **Sandbrink F**, Litvak V, Schmidt A, Weise D (2005). TMS-induzierte Plastizität: Ein Fenster zum Verständniss des motorischen Lernens? Klin Neurophysiol 36: 1-8

Classen J, Wolters A, Stefan K, Wycislo M, **Sandbrink F**, Schmidt A, Kunesch E (2004). Paired associative stimulation. Suppl Clin Neurophysiol 57:563-0

Wolters A*, **Sandbrink F***, Schlottmann A, Kunesch E, Stefan K, Cohen LG, Benecke R, Classen J (2003) A temporally asymmetric Hebbian rule governing plasticity in the human motor cortex. J Neurophysiol. 89:2339-45 (*both authors are equal first authors)

Sandbrink F, Stefan K, Classen J (2002) Transcranial magnetic stimulation in amyotrophic lateral sclerosis. Nervenheilkunde 21, Part 2:64-68

Sandbrink F, Klion AD, Floeter MK (2001) "Pseudo-conduction block" in a patient with vasculitic neuropathy. Electromyogr Clin Neurophysiol 41:195-202

Molloy FM, Floeter MK, Syed NA, **Sandbrink F**, Culcea E, Steinberg SM, Dahut W, Pluda J, Kruger EA, Reed E, Figg WD (2001) Thalidomide neuropathy in patients treated for metastatic prostate cancer. Muscle Nerve 24:1050-7

Sandbrink F, Syed NA, Fujii MD, Dalakas MC, Floeter MK (2000) Motor cortex excitability in stiff-person syndrome. Brain 123:2231-9

Syed NA, **Sandbrink F**, Luciano CA, Altarescu G, Weibel T, Schiffmann R, Floeter MK (2000) Cutaneous silent periods in patients with Fabry disease. Muscle Nerve 23:1179-86

Syed NA, Delgado A, **Sandbrink F**, Schulman A, Hallett M, Floeter MK (1999) Blink reflex recovery in facial weakness: an electrophysiological study of adaptive changes. Neurology 52:834-8

De Silva SM, Mark AS, Gilden DH, Mahalingam R, Balish M, **Sandbrink F**, Houff S (1996) Zoster myelitis: improvement with antiviral therapy in two cases. Neurology 47:929-31.

Sandbrink F, Müller L, Fiebig HH, Kovacs G (1988) Deletion trisomy 6 and 11 in a case of Merkel-cell carcinoma. Cancer Genet Cytogenet 33:305-8.

National Presentations: Abstracts, Posters and Oral Presentations

Becker W, Heapy A, Krebs E, and **Sandbrink F**. Implementing Multimodal Pain Care for Veterans in a Time of Rapidly Changing Evidence and Policy. HSR&D panel discussion. Jul 18, 2017

Sandbrink F, Valentino MA, Cunningham FE, Emmendorfer TR, Gallagher RM. Successful Implementation of the Opioid Safety Initiative in the Department of Veterans Affairs. Presentation at the American Academy of Pain Medicine, Mar 17, 2017

Wandner L, Carroll C, Goulet J, Heapy A, Higgins D, Bair M, **Sandbrink F**, Kerns R. (394) Use of spinal cord stimulators for veterans in the VHA MSD cohort. J Pain. 2016 Apr;17(4S):S73. doi: 10.1016/j.jpain.2016.01.371. Epub 2016 Mar 24.

Sandbrink F: VHA's Opioid Safety Initiative. Oral presentation, In: Powell C, Gribble A, Ghods M, Curro FA, Sandbrink, F**.** Translating Measurement and Prevention of Opioid Adverse Drug Events into Practice in the Outpatient Setting. Oral presentation at the CMS Quality Conference 2016, Baltimore, MD, Dec 14, 2016.

Sandbrink F: Placebo and Nocebo: Historical Context and Implications in Analgesic Development. In: Sandbrink F, Colloca L: How Expectation and Learning Shape Pain: Lessons for the Clinician from Placebo and Nocebo Studies. Oral presentation at the American Academcy of Pain Medicine Annual Meeting, Palm Springs, CA, Feb19, 2016

Sandbrink F: How Context Shapes the Clinical Outcome: Implications for Clinical Practice in Pain Management. In: Sandbrink F, Colloca L: How Expectation and Learning Shape Pain: Lessons for the Clinician from Placebo and Nocebo Studies. Oral presentation at the American Academcy of Pain Medicine Annual Meeting, Palm Springs, CA, Feb 19, 2016

Sandbrink F, Hanling SR: DoD/VHA Joint Pain Education Project. In: Transforming DoD and VA Pain Care for Service Members and Families. Oral presentation at the American Academcy of Pain Medicine Annual Meeting, Palm Springs, CA, Feb 20, 2016

Seebach C, Adams A, Eickhoff C, Siegel M, **Sandbrink F**. Implementation of the Integrative Health and Chronic Pain Management Collaborative for Veterans. (Poster). Presented at the International Congress on Integrative Medicine and Health (ICIMH), Las Vegas, NV, May19, 2016.

Sandbrink F, Krebs E, Kotar T, Kerns R, Gallagher RM. Measuring Implementation of the Stepped Care Model as a National Pain Management Strategy in Veterans Health Administration (Poster). Presented at the AMSUS Annual Conference, San Antonio, TX, December 1, 2015.

Chan E, Breceda E, **Sandbrink F**, Dromerick A, Lum P, Mohapatra S, Silva R, Harris-Love M (2014). Transcallosal effects of chronic below-elbow amputation: Behavior and physiology. (Poster). Presentation at Society for Neuroscience Annual Meeting, Washington DC, Nov 15, 2014.

Brooks Holliday S, Carlin E, Seebach C, **Sandbrink F** (2014). The implementation of a brief ACT for Chronic Pain group for Veterans. (Poster). Presentation at Association for Behavioral and Cognitive Therapies Annual Convention, Philadelphia, PA, Nov. 2014

Rogers S, Denny M, O'Dwyer Vourganti R, Falconer RA, Zhai P, **Sandbrink F** (2014). Ascending Paralysis from Rabies 17 Months Following Kidney Transplant. Presentation at the American Academy of Neurology Annual Meeting, Philadelphia, PA, Apr 30, 2014.

Nassif TH, Norris DO, Soltes KL, **Sandbrink F**, Blackman MR, Chapman JC (2014). Using Mindfulness Meditation to Improve Pain Management in Combat Veterans with Traumatic Brain Injury. Poster presentation at the Society of Behavioral Science Annual Meeting, Philadelphia, PA, Apr 25, 2014. (Poster Award of the Military and Veterans' Health (MVH) SIG).

Nassif TH, Norris DO, Soltes KL, Blackman MR, Chapman JC, **Sandbrink F (**2014). Evaluating the Effectiveness of Mindfulness Meditation for Chronic Musculoskeletal Pain in U.S. Veterans Using the Defense and Veterans Pain Rating Scale (DVPRS). Poster presentation at the American Academy of Pain Medicine Annual Meeting, Phoenix, AZ, Mar 7, 2014.

Maloni H, **Sandbrink F**, Seebach CL. A Biopsychosocial Spiritual Approach to Pain Management in Multiple Sclerosis. Presentation at the Annual Consortium of Multiple Sclerosis Centers (CMSC) Conference, Orlando, FL, May 29, 2013.

Breceda Tinoco E, Dromerick AW, Chan E, **Sandbrink F,** Mohapatra S, Lum P, Harris-Love M. (2013). Behavioral and neuro-physiological effects of chronic unilateral arm amputation: a preliminary analysis. Oral presentation for 10th Annual World Congress of Society for Brain Mapping & Therapeutics. Baltimore, MD, May 14, 2013.

Sandbrink F: Pain Medicine Specialty Teams. In: Gallagher RM, Clark ME, Eraker SA, Galloway KT, Robeck IR, Sandbrink F: Implementing Stepped Pain Care in Federal Health Systems: Opportunities and Challenges—Part 4. Oral presentation at the American Academcy of Pain Medicine Annual Meeting, Ft. Lauderdale, FL, Apr 13, 2013

Sandbrink F, Stefan K, Wolters A, Kunesch E, Benecke R, Classen J (2001) Induktion von Long-term Depression im menschlichen Motorkortex durch assoziative Paarstimulation. Klin Neurophysiologie 32:194

Wolters A, **Sandbrink F**, Kunesch E, Benecke R, Classen J (2001) Einfluss des nicht amphetaminartigen Analeptikums Modafinil auf übungsinduzierte motorkortikale Plastizität. Klin Neurophysiologie 32:204

Sandbrink F, Wolters A, Schmidt A, Kunesch E, Benecke R, Classen J (2001) Wirkung von Modafinil auf die kortikale Exzitabilität des Menschen. Akt Neurol 28

Sandbrink F, Schlottman A, Kunesch E, Stefan K, Benecke R, Classen J (2001) Reduktion kortikaler Exzitabilität durch geeignet dimensionierte Paarstimulation. Akt Neurol 28

Stefan K, **Sandbrink F**, Benecke R, Classen J (2001) Aufmerksamkeit fördert die

Entstehung von Plastizität in der menschlichen motorischen Hirnrinde. Akt. Neurol 28:109

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Friedhelm Sandbrink, M.D.
Acting National Program Director For Pain Management
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Clinical Associate Professor of Neurology, Uniformed Services University
of the Health Sciences (USUHS), Bethesda, MD
Assistant Professor of Neurology, Georgetown University
Assistant Clinical Professor of Neurology, George Washington University

(b)(6)
Chief Medical Officer
Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services

Re: Nomination for appointment to the Pain Management Best Practices Inter-Agency Task Force

September 27, 2017

Dear (b)(6)

As the Acting National Pain Director for Pain Management, I would like to be considered for this important task force. I greatly appreciate the nomination by Dr. Laurence Meyer as the representative, and, if selected, would be willing to serve as a member of the Task Force.

The Department of Veterans Affairs has made a system-wide approach for effective and timely pain management a national priority for the Veterans Health Administration (VHA). In my leadership role within the National Pain Program of the Department of Veterans Affairs, I have been extensively involved in the policy development, educational and training initiatives, and the implementation and expansion of multimodal pain care systemwide with integration into primary care and specialty care.

I thoroughly enjoy the collaborative work with other program offices and stakeholders within the Department of Veterans Affairs in advancing Pain Management in VHA. I particularly value the collaboration with our partners from the Department of Defense and with other federal partners as we expanding pain management and improve opioid safety across the nation. If selected, I am looking forward to serving with energy and enthusiasm on your Task Force.

Thank you for your consideration.

Sincerely,
(b)(6)
Friedhelm Sandbrink MD
Acting National Program Director for Pain Management, Specialty Care Services, VHA
Department of Neurology, Washington DC VA Medical Center

From: Pain Task Force (OS/OASH)
To: (b)(6)@ondcp.eop.gov; Sandbrink, Friedhelm; (b)(6)@cdc.gov; (b)(6) (NIH/NINDS) [E]; (b)(6) mil@mail.mil; (b)(6) FDA/CDER); (b)(6) SAMHSA); (b)(6) (HHS/OASH); (b)(6)
Cc: (b)(6) HHS/OASH); (b)(6) OS/OASH)
Subject: [EXTERNAL] Response Needed: Pain Management Task Force Administrative Items
Date: Friday, May 4, 2018 9:37:13 AM
Attachments: TRAVEL PROFILE FORM.docx
PMTF_Administrative Mtg.docx

Greetings!

Congratulations on your appointment to the Pain Management Best Practices Inter-Agency Task Force (Task Force). Please carefully review the following administrative information which will assist you with travel preparation for the inaugural meeting of the Task Force on May 30-31, 2018.

The Task Force will hold an administrative meeting via WebEx in mid-May 2018. During the meeting, participants will discuss the purpose of the Task Force, receive ethics training and discuss roles and responsibilities as a member of a federal advisory committee. A tentative agenda is attached. Please use the following Doodle Poll link to provide your availability (Eastern Standard Time) for the 3 hour meeting: https://doodle.com/poll/7wch56tdwia76g5b. A response is appreciated by May 9, 2018.
While all Task Force members are asked to make every effort to attend the administrative meeting, members serving as Special Government Employees (SGE) are **required** to attend and complete additional paperwork at the completion of the meeting. SGE members who are unable to participate in the mid-May administrative meeting, will be asked to come to U.S. Department of Health and Human Services (HHS) the day before the inaugural meeting on May 29, 2018 to view the recorded meeting and sign the paperwork. SGE members will not be able to sit at the table and participate as a member of the Task Force without completing the required administrative meeting.

Travel and Lodging Arrangements for Attending the Task Force Meeting – May 30 – 31, 2018

Travel Preparation
The HHS Office of the Assistant Secretary for Health (OASH) will reimburse travel expenses to include lodging, ground transportation and meals. Travel will be initiated in the HHS travel system, Concur Government Edition (CGE) once the attached travel form is completed and returned. Please submit the travel form NLT May 9, 2018.

Hotel Accommodations
You are responsible for making your own hotel reservations. The Federal Government's per diem rate for lodging is $243. A room block at the government rate has been made at the Holiday Inn at 550 C Street S.W., Washington, D.C. The Holiday Inn is the closest hotel in walking distance to the U.S. Department of Health and Human Services, Hubert H. Humphrey Building at 200 Independence Avenue, S.W., Washington, D.C. The pertinent information is as follows:

Room Block Name:	Pain Management Task Force
Dates Reserved:	May 29- June 1, 2018
Room Rate:	$253, plus 14.8%
Group Code:	PM2
Booking Link:	Pain Management Task Force
Cut-off Date:	May 9, 2018
Telephone number:	202-479-4000

TRAVEL FORM

Personal Information (please type or print clearly)

Full Name: _____

Title: _____

Organization: _____

Office Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____ Fax: _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____ Fax: _____

Your Assistant's or Secretary's Name: _____ Phone: _____

Emergency Contact Name: _____ Cell: _____

Relationship to Traveler: _____

Airline or Train Reservation Information

Desired Date and Time of Departure:

DATE: _____

FROM: _____(Airport or Train Station /City)

TIME: _____ A.M. _____ P.M.

Desired Date and Time of Return:

DATE: _____

FROM: _____(Airport or Train Station/City)

TIME: _____ A.M. _____ P.M.

SEAT PREFERENCE (aisle/window/middle/none): _____

Special Needs or Comment (please include in this section)

PLEASE complete and email to (b)(6)
at (b)(6) **@hhs.gov. Include in subject line "PMTF Travel Response"**
or fax this form to (240) 453-2816
Thank you.

Pain Management Best Practices Inter Agency Task Force

Tentative Administrative Meeting Agenda

Date: TBD based on doodle poll results

1. Federal Advisory Committee Act (FACA) Background Training (45 minutes)
2. Ethics for Special Government Employees (75 minutes)
3. FACA Communications Training (15 minutes)
4. Task Force Public Meeting Agenda & Background Materials (45 minutes)
    a. Environmental Scan
    b. Subcommittee Structure
    c. Voting Protocols

You also have the option of securing lodging at another hotel. However, OASH will only reimburse you at the lodging per diem rate of $243 per night.

Please be sure to ask for an itemized receipt when you check out of the hotel. The hotel receipt is needed for proper reimbursement.

Air/Rail Travel

Please complete the attached travel form and send to me at (b)(6) @hhs.gov by **May 9, 2018**. A travel preparer will correspond with you directly to secure your flight using a government contract carrier. **Please do not purchase your own airline or train ticket.** All arrangements must be made through the HHS travel system – CGE/Concur.

Ground Transportation

If you are driving to the meeting using your personal vehicle, you will be reimbursed for mileage at the rate of $0.545 per mile.

OASH will also cover the cost of ground transportation to and from the airport and residence. Travelers are only allowed to tip a maximum of 15% of the amount of the final fare. Receipts are required.

Meals and Incidentals

Meals and incidentals are computed on a flat rate of per diem ($69.00), with only 75% of the per diem rate paid on the first and last days of travel. Brief personal calls are reimbursed up to $5.00 per day if traveling two or more nights. Meal receipts are not required.

Travel Reimbursement

After your travel is completed, you will be reimbursed for the above mentioned allowable travel expenses. Travel voucher worksheets will be sent a couple days after the meeting. Any expenses exceeding the allowable amounts must be absorbed by you.

Please contact me directly if you have any questions. I can be reached at (b)(6) or by e-mail, (b)(6) @hhs.gov.

Kindest regards,

(b)(6)
Designated Federal Officer
Pain Management Best Practices Inter-Agency Task Force

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington, DC 20420

Laurence J. Meyer MD PhD
Chief Medical Officer
Specialty Care Services
Veterans Health Administration
Department of Veterans Affairs
810 Vermont Ave NW
Washington, DC 20420
(b)(6)

October 26, 2017

(b)(6)
Chief Medical Officer
Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services

Dear (b)(6),

As the Chief Officer Specialty Care Services in the Department of Veterans Affairs, Veterans Health Administration (VHA), I am nominating Dr. Friedhelm Sandbrink for the Pain Management Best Practices Inter-Agency Task Force. Dr. Sandbrink has been the Acting National Pain Director for Pain Management in VHA since October 2016 and will be representing the Department of Veterans Affairs on your task force.

The Department of Veterans Affairs has made a system-wide approach for effective and timely pain management a national priority for the Veterans Health Administration (VHA), and we have been at the forefront of addressing to opioid crisis in the United States through the VA's Opioid Safety Initiative that began in 2012.

Dr. Sandbrink has been extensively involved in the policy development, education/training initiatives, and implementation of best practices in VHA, within Primary Care and Pain Specialty care. Upon joining the VA in 2001, he established the interdisciplinary Pain Management Program within the Neurology Department of the the Washington DC VA Medical Center. Since 2012, he worked on the National Pain Management Strategy Committee that he now co-chairs, in addition to the National Pain Medicine Specialty Team Workgroup.

He became Deputy National Program Director for VHA in 2014, and assumed the role as Acting National Program Director in October 2016. With his counterpart from the Department of Defense ((b)(6)), he leads the DoD-VA Health Executive Council's Pain Management Work Group. He was a member of the workgroup that published the VA-DoD Clinical Practice Guideline (CPG) for Opioid Therapy in February 2017, and co-led the workgroup that just completed the VA-DoD CPG for Low Back Pain (to be published in the near future).

He has had leadership roles in many VA educational/training programs that include the VA-DoD Joint Pain Education and Training Program (JPEP) (Co-chair of the Education Curriculum Workgroup), Academic Detailing for Pain Management and Opioid Safety. In addition to collaborations with our partners from the DoD, he is involved in other federal system initiatives including the planning committee for an upcoming National Academies Workshop on pain and opioid use disorder, the Federal Interagency Workgroup for Adverse Drug Event Prevention where he co-leads the Opioid Workgroup, the National Pain Strategy Implementation Working Group (including Co-Chair of the subcommittee Prevention and Care).

Dr. Sandbrink is deeply involved in the implementation of the CARA requirements in VHA. He is looking forward to the opportunity to serving on this taskforce that comes at a critical time for Pain Management in VHA and for our nation. I have not doubt that as VA presentative he will be an effective and productive member on your task force.

Dr. Sandbrink may be reached as follows:

Friedhelm Sandbrink, M.D.

Acting National Program Director For Pain Management
Specialty Care Services, Veterans Administration Health System
and Director, Pain Management Program, Department of Neurology
Washington DC VA Medical Center

50 Irving Street NW, Washington DC 20422
(b)(6) – Phone
(202) 745-8231 – Fax
(b)(6) – Cellphone
Email (b)(6) @va.gov

Sincerely,

Laurence J. Meyer M.D. PhD
Chief Medical Officer
Specialty Care Services