

Winter 2012

Source

A Newsletter for the Residents, Volunteers & Staff of the VA Southern Oregon Rehabilitation Center and Clinics



Photo by Ken Durham



Mike Green Veterans Day Speaker

VA SORCC
8495 Crater Lake Hwy
White City, OR 97503
541-826-2111

Max E. McIntosh, PhD, MBA
VA SORCC Director

Sharon Kalvels
Associate Director

Dr. David Donnelly
Chief of Staff

Dr. Kelly Goudreau
Associate Director
of Clinical Support Services

Editor
Anna L. Diehl

Assistant Editor
Rhonda K. Haney

Editorial Board
Wolfgang Agotta
Katherine Dodd

The VA SORCC, welcomes submission of articles of interest to our readers. The editor reserves the right to use and edit all contributed articles. Views expressed in this publication do not necessarily reflect the opinions of the Administrative Boards, Editorial Staff, or Department of Veterans Affairs.

A Message from the *Director*

Dear Fellow Employees, Volunteers, Veterans and Friends of VA SORCC:

January 16, 2012 marked the Rev. Dr. Martin Luther King, Jr. federal holiday. This milestone was a perfect opportunity for Americans to honor Dr. King's legacy through service. The MLK Day of Service empowers individuals, strengthens communities, bridges barriers, creates solutions to social problems, and moves us closer to Dr. King's vision of a beloved community.

Dr. King devoted his life's work to causes of equality and social justice. He taught that through nonviolence and service to one another, problems such as hunger and homelessness, prejudice and discrimination can be overcome. Dr. King's teachings continue to guide us in addressing our nation's most pressing needs -- poverty, economic insecurity, job loss and education.

February 12-18 was National Salute to Veteran Patients day. Proud American men and women are serving and sacrificing for freedom around the world as America's military defends us against terrorism. Many of these Veterans are coming to the Department of Veterans Affairs (VA) with special needs and challenges that require the hearts and hands of a new generation of VA volunteers.

VA Southern Oregon Rehabilitation Center and Clinics (VA SORCC) invited citizens young and old to join us in honoring our Veterans and learning more about VA's volunteer program during the National Salute to Veteran Patients week. Every citizen can make a positive difference in the life of a Veteran patient. Visits from community groups did much to lift our Veterans spirits.



Max E. McIntosh, PhD, MBA

CONTENTS



Veterans Day

Veterans Day guest speaker, Mike Green is an award-winning journalist with 14 years media experience. He is a New York Times Leadership Academy Fellow...

1

Presidential Memorandum

The struggle to end discrimination against lesbian, gay, bisexual, and transgender (LGBT) persons is a global challenge...

3



Simulation Learning at SORCC

The Veterans Health Administration has embarked on a plan to bring simulation based training to every VHA facility...

8

Phone Germs

One in six mobile phones in Britain is contaminated with fecal matter, according to new research released ahead of Global Handwashing Day...

9

Tomb of the Unknown Soldier

Ninety (90) years ago, on the third anniversary of the armistice that ended World War I, an unknown soldier who died while fighting in World War I was re-interred in a special tomb at Arlington National Cemetery...

12

EAP

If you find yourself unable to forgive those who have hurt you – no matter how small or major the offense – think again..

15



Veterans Day

Veterans Day guest speaker, Mike Green is an award-winning journalist with 14 years media experience. He is a New York Times Leadership Academy Fellow and a graduate of the Maynard Media Institute at Harvard University. Mike received training in online community engagement at CNN.com and received several awards for his digital newsroom innovations while working for Dow Jones newspapers in Oregon. His efforts to engage communities earned First Place from the Society of Professional Journalists in competition against newspapers across the Pacific Northwest.

Mike conceived and directed an award-winning after-school program in partnership with the YMCA, targeting at-risk youth in San Diego, CA who lived on the neighborhood border between two rival gang territories.

Mike served 12 years as an engineer aboard combat ships in the U.S. Navy. He received Sailor of the Year aboard the USS Anchorage, an amphibious assault warship, and numerous awards in recruiting during the Gulf War.

Mike is the CEO of Epiphany3D, a digital education game focusing on producing 3D games that teach students STEM education curriculum and writes for the Huffington Post. His focus on the issues impacting Black America in the 21st century Innovation Economy range across three core pillars:

- STEM Education and workforce development
- High-growth Entrepreneurship and job creation
- Access to capital and capital formation

As a co-founder of The America21 Project, Mike is recognized nationally as one of the leading expert voices addressing economic challenges and opportunities facing Black America in the 21st century.

Others in attendance included:

U.S. Congressman Greg Walden

Dr. Max McIntosh - Director, VA SORCC

John Howard – So. Oregon Field Rep for Greg Walden

Rob Patridge – So. Oregon Field Rep for Greg Walden

Sal Esquivel – State Rep. District 6

Amy Amrhein – So. Oregon Field Rep for U.S. Senator Jeff Merkley

Sgt 1st Class Mark Dalton - Oregon Army Nat Guard (OIF/OEF)

Chaplain Wayne Bel, VA SORCCI

Sharon Kalvels – Associate Director, VA SORCC

Dr. David Donnelly – Chief of Staff, VA SORCC

Dr. Kelly Goudreau – Assoc. Dir. for Patient Care Svc, VA SORCC

Members of the 186th Oregon Army National Guard

Rogue Valley Symphonic Band

The event also included

- Oregon Army National Guard 186th Troops, presenting the colors
- SFC Mark Dalton presented the Oregon's Fallen Heroes Memorial Salute
- Sgt Allen Zeller – Oregon Army National Guard performed TAPS
- Murray Huggins - Played the bagpipes
- Rogue Valley Symphonic Band – Performed
- Refreshments was sponsored by our VA Volunteers





Guest speaker for the POW/MIA recognition was State Commander, Military Order of the Purple Heart, Jim Klug. In 2007, Jim was visiting the “Vietnam Traveling Wall” here at the VA SORCC when he was approached by Bill Walker, a volunteer and then Commander of the local Chapter of the Military Order of the Purple Heart. They spoke of a comradeship and a brotherhood. It was shortly after that he joined the Order and the Rogue Valley Chapter 147 of Medford.

Jim served as that Chapter’s Commander for two years 2008-2009 and in 2010 was elected to lead the Department as Oregon State Commander. In 2010 he was also appointed as National Historian by the newly elected National Commander, Clayton Jones.

The Military Order of the Purple Heart has been very well represented at the VA SORCC for many, many years. In the past four years Mr. Klug’s dedication and perseverance is an indicator that the Military Order of the Purple Heart, in its organization and fine membership, will continue to be a partner with the SORRC in our efforts to truly care for and help our Nation’s Veterans.



Presidential Memorandum --

International Initiatives to Advance the Human Rights of Lesbian, Gay, Bisexual, and Transgender Persons



The struggle to end discrimination against lesbian, gay, bisexual, and transgender (LGBT) persons is a global challenge, and one that is central to the United States commitment to promoting human rights. I am deeply concerned by the violence and discrimination targeting LGBT persons around the world whether it is passing laws that criminalize LGBT status, beating citizens simply for joining peaceful LGBT pride celebrations, or killing men, women, and children for their perceived sexual orientation. That is why I declared before heads of state gathered at the United Nations, "no country should deny people their rights

because of who they love, which is why we must stand up for the rights of gays and lesbians everywhere." Under my Administration, agencies engaged abroad have already begun taking action to promote the fundamental human rights of LGBT persons everywhere. Our deep commitment to advancing the human rights of all people is strengthened when we as the United States bring our tools to bear to vigorously advance this goal.

By this memorandum I am directing all agencies engaged abroad to ensure that U.S. diplomacy and foreign assistance promote and protect the human rights of LGBT persons. Specifically, I direct the following actions, consistent with applicable law:

Section 1. Combating Criminalization of LGBT Status or Conduct Abroad. Agencies engaged abroad are directed to strengthen existing efforts to effectively combat the criminalization by foreign governments of LGBT status or conduct and to expand efforts to combat discrimination, homophobia, and intolerance on the basis of LGBT status or conduct.

Sec. 2. Protecting Vulnerable LGBT Refugees and Asylum Seekers. Those LGBT persons who seek refuge from violence and persecution face daunting challenges. In order to improve protection for LGBT refugees and asylum seekers at all stages of displacement, the Departments of State and Homeland Security shall enhance their ongoing efforts to ensure that LGBT refugees and asylum seekers have equal access to protection and assistance, particularly in countries of first asylum. In addition, the Departments of State, Justice, and Homeland Security shall ensure appropriate training is in place so that relevant Federal Government personnel and key partners can effectively address the protection of LGBT refugees and asylum seekers, including by providing to them adequate assistance and ensuring that the

Federal Government has the ability to identify and expedite resettlement of highly vulnerable persons with urgent protection needs.

Sec. 3. Foreign Assistance to Protect Human Rights and Advance Nondiscrimination. Agencies involved with foreign aid, assistance, and development shall enhance their ongoing efforts to ensure regular Federal Government engagement with governments, citizens, civil society, and the private sector in order to build respect for the human rights of LGBT persons.

Sec. 4. Swift and Meaningful U.S. Responses to Human Rights Abuses of LGBT Persons Abroad. The Department of State shall lead a standing group, with appropriate interagency representation, to help ensure the Federal Government's swift and meaningful response to serious incidents that threaten the human rights of LGBT persons abroad.

Sec. 5. Engaging International Organizations in the Fight Against LGBT Discrimination. Multilateral fora and international organizations are key vehicles to promote respect for the human rights of LGBT persons and to bring global attention to LGBT issues. Building on the State Department's leadership in this area, agencies engaged abroad should strengthen the work they have begun and initiate additional efforts in these multilateral fora and organizations to: counter discrimination on the basis of LGBT status; broaden the number of countries willing to support and defend LGBT issues in the multilateral arena; strengthen the role of civil society advocates on behalf of LGBT issues within and through multilateral fora; and strengthen the policies and programming of multilateral institutions on LGBT issues.

Sec. 6. Reporting on Progress. All agencies engaged abroad shall prepare a report within 180 days of the date of this memorandum, and annually thereafter, on their progress toward advancing these initiatives. All such agencies shall submit their reports to the Department of State, which will compile a report on the Federal Government's progress in advancing these initiatives for transmittal to the President.

Sec. 7. Definitions. (a) For the purposes of this memorandum, agencies engaged abroad include the Departments of State, the Treasury, Defense, Justice, Agriculture, Commerce, Health and Human Services, and Homeland Security, the United States Agency for International Development (USAID), the Millennium Challenge Corporation, the Export Import Bank, the United States Trade Representative, and such other agencies as the President may designate.

(b) For the purposes of this memorandum, agencies involved with foreign aid, assistance, and development include the Departments of State, the Treasury, Defense, Justice, Health and Human Services, and Homeland Security, the USAID, the Millennium Challenge Corporation, the Export Import Bank, the United States Trade Representative, and such other agencies as the President may designate.

This memorandum is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

The Secretary of State is hereby authorized and directed to publish this memorandum in the Federal Register.

BARACK OBAMA



Lynnette Mullins and RJ Beadle attended the Annual LGBT Parade in Ashland

Ashland's 2011 Pride Parade drew about thirty floats and over a thousand marchers. In the midst of undeniably flamboyant costumes, crazy colors, and fearless drag queens, the essential purpose of the Gay Pride Celebration was simple, "We Are All Family," which was the parade's theme. The parade was held at the beginning of Gay Awareness Week,

The parade honored two grand marshals this year: Retired Naval Officer Beth Coye, and Ashland Mayor John Stromberg. Retired Navy Commander Beth F. Coye, known in Oregon as a public advocate and writer, has fought for the rights of military gays and lesbians over a span of many years. She lobbied on Capitol Hill with the primary Repeal-Don't Ask, Don't Tell GLBT interest group, Service members Legal Defense Network (SLDN), as both a Board member and a member of its Military Advisory Council.

The Ashland City Council co-sponsored the gay pride parade and festival. The city sponsorship means the group Southern Oregon Pride didn't have to pay about \$800 in fees to help cover overtime costs for Ashland police and public works employees who control traffic and take on other duties for the event.

The group also was allowed to hang a banner about the festival over Main Street.

City Administrator Martha Bennett says the city also co-sponsors other annual events in town by waiving overtime fees. Those include the Fourth of July, Halloween and winter Festival of Light parades, as well as the town's annual Martin Luther King Jr. Day celebration.

SORCC Employees Are Having A Ball At Work!



Laurie Franco, HBPC

The MOVE! Weight Management Program distributed Core Balls (also known as stability balls) to 250 employees. The funding was obtained from a mini grant from Employee Health Promotion Disease Prevention. These exercise balls have become a popular way to increase core balance and abdominal fitness. They can also be part of Pilates, weight training and many other fitness routines.

Stay fit while you sit! When sitting on the ball, the body must make small, continual adjustments with the postural muscles, abdominals, gluteals and leg muscles to remain balanced. This is called “active

Comments from some employees using Core Balls:

“I love the ball; I sit on it all day, every day!”

“The ball helps remind me to sit up straight.”

“Sure beats sitting in a chair all day!”

“Sitting on the ball helps me to maintain good posture.”

“I can see and feel the difference in my abdominal muscles.”

sitting” and strengthens the body’s core muscle group while improving posture and balance. By promoting flexibility, coordination, motor skills, core strengthening, and balance. The ball may also help guard against back injuries.

If you are new to using a core ball in place of your chair, you may need to start out using the ball in small increments (1 to 2 hours), as your body and muscles may not be accustomed to sitting in this manner. As you become familiar with the seating position and your muscles build strength, it will become easier and you will be able to use the ball for longer periods.

WIN! With Employee Wellness

WIN! (Wellness is Now) is a national VA employee wellness program. Employees who are interested in learning more about how to improve their health and well-being are encouraged to visit the WIN website at www.vaemployeewellness.com. Through this website employees are able to earn free incentive items, receive 12 free telephone health coaching sessions, and have access to a variety of great resources on wellness!



2012 Calendar of Wellness Events

Mark your calendars for the upcoming Health Promotion Disease Prevention/ MOVE! activities for 2012. Times and locations will be confirmed closer to the date of the events. For any questions, please contact Katie Dodd ext. 1-3938 or Melanie Olivas ext. 3554.

March 22, 2012

Day at the Beach: Come enjoy a nice day at the beach in the SORCC Theater and learn more about health promotion disease prevention. Veterans, volunteers, and employees welcome!



May 16, 2012

VA2K Walk, Roll, & Run! With Health Fair

Come walk, roll, or run at the SORCC! Veterans, volunteers, and employees will have the opportunity to learn about some of the many great programs and services at the SORCC.



June 16, 2012

3rd Annual CycleSORCC Cruise

This cycle event for Veterans, volunteers, and employees features a variety of distances for every skill level. Brought to you by the Prosthetics Department, Weight Management Program and MOVE!



September 13, 2012

Employee Wellness Fair

Come play at the midway! This event is for SORCC employees to encourage them to live well.



Employee Spotlight

Please join me in welcoming Amy Jackson as the new Lead SPD Technician. Her effective date will be 10/9/11. She has been an employee in the SPD for a little more than a year already and will be stepping into the shoes left empty by Shawn Furdiga. Her experience includes prior supervisory work in an SPD setting in the community. I know she will do very well in the position and look forward to working with her over the coming years.



Larry Haywood, who stepped in on a temporary basis as lead, will be returning to his prior role in SPD and will focus his energies on the training program for our residents. I wanted to say a special thanks to Larry for the exceptional work he did in the acting role while we completed the search for the permanent SPD lead position.



Simulation Learning at SORCC

By Bernard J. Peyralans BSN, WOCN

The Veterans Health Administration has embarked on a plan to bring simulation based training to every VHA facility. The goal is to improve the quality of health care services for America's Veterans through the application of simulation based learning strategies. At its most basic level, simulation in healthcare is the ability to create real life scenarios, allowing clinicians an opportunity to practice and apply their skills and to develop effective teamwork and communication while gaining experience with equipment and supplies commonly used in clinical scenarios. Simulation training also provides the opportunity to practice in a safe learning environment, allowing mistakes to occur, without causing harm to veterans. In subsequent real patient care situations those mistakes can then be avoided.



On December 13, the simulation team conducted their first formal simulated clinical experience (SCE) in the West Pod of Ambulatory Care. The SCE was unannounced and involved an outpatient veteran who arrived for an 08:00 appointment, suddenly collapsing to the floor without respirations or pulse. An actor playing the veteran's brother ran down the hall screaming for help, alerting staff. Staff responded immediately to the veteran, called 911 and initiated basic life support (BLS) measures, including deployment of an automatic external defibrillator (AED). The drill lasted approximately 4 minutes. Immediately following, participants evaluated their own performance through a facilitated debriefing session. The entire SCE including debriefing lasted approximately 20 minutes. Dr. Lary Stieglitz, Cindy Harper, NP, Jolene Lowe, RN and Karen Huntsinger, RN should be commended for their professionalism and willingness to participate in an unannounced SCE with superb clinical skills and team work which saved heart attack Hank.

At SORCC we are fortunate to have an Associate Director for Patient Care Services who is also a national resource for simulation education. Dr. Kelly Goudreau has played a primary role in obtaining funding and resources that is allowing our organization and every facility in VISN20 to develop their own simulation learning environments. Critical to getting simulation at SORCC operational has been the formation of clinical champions from various disciplines: Julie Goodwine and Roberta McCoy in AM Care, Michelle Abell in BH Care, Mary Feagan from the Diabetic Clinic, and Mary Simone from Home Based Primary Care. Michelle, the Rogue panel nurse has taken a key leadership role in simulation at SORCC by chairing a subcommittee of the Nurse Professional Council, dedicated to facilitating the deployment of simulation learning in our various clinical milieus.

As the SORCC simulation team grows in their knowledge and experience, SCE's will become more sophisticated and diverse with increasing numbers of staff becoming involved. At this time we are excited about simulation learning and its potential for creating a strong and robust interprofessional collaborative practice at SORCC.

Phone Germs: *How Many Germs Are On Your Phone?*

Yvonne Chilcoat, RN, MA

One in six mobile phones in Britain is contaminated with fecal matter, according to new research released ahead of Global Handwashing Day. Experts say the most likely reason for the potentially harmful bacteria festering on so many gadgets is people failing to wash their hands properly with soap after going to the toilet. The findings of the UK-wide study by scientists from the London School of Hygiene & Tropical Medicine and Queen Mary, University of London also reveal a tendency among Britons to lie about their hygiene habits. Although 95 percent of people said they washed their hands with soap where possible, 92 percent of phones and 82 percent of hands had bacteria on them. Worryingly, 16 percent of hands and 16 percent of phones were found to harbor E. coli – bacteria of a fecal origin. Harmful Escherichia coli is associated with stomach upsets and has been implicated in serious cases of food poisoning such as the fatal O157 outbreak in Germany in June.

Hygiene expert and UK washing Day, Dr. Val Curtis from the London School of Hygiene & Tropical Medicine, says, “This study provides more evidence that some people still don’t wash their hands properly, especially after going to the toilet. I hope the thought of germs on their phones encourages them to take more care in the bathroom – washing your hands with soap is such a simple thing to do but there is no doubt it saves lives.”

Peter Barratt, technical manager at Initial Washroom Solutions, which supports Global Handwashing Day, notes “To and demonstrates the importance of effective hygiene. It is critical that people take hand hygiene seriously and that businesses offer their employees and customers a practical way of protecting themselves to help combat the spread of illness.”

Researchers travelled to 12 cities and took 390 samples from mobile phones and hands which were analysed in the lab to find out the type and number of germs lurking there. They also asked participants a series of questions about their handwashing habits.

The largest proportion of contaminated phones was in Birmingham (41 percent) while Londoners were caught with the highest proportion of E. coli present on hands (28 percent). However, actual levels of bacteria increased the further north the scientists went, the dirtiest city being Glasgow, where average bacterial levels on phones and hands were found to be nine times higher than in Brighton, reinforcing a North/South divide. The scientists also found those who had bacteria on their hands were three times as likely to have bacteria on their phone.

Dr. Ron Cutler, of Queen Mary, University of London, says, “Our analysis revealed some interesting results from around the UK. While some cities did much better than others, the fact that E. coli was present on phones and hands in every location shows this is a nationwide problem. People may claim they wash their hands regularly but the science shows otherwise.”

Fecal bacteria can survive on hands and surfaces for hours at a time, especially in warmer temperatures away from sunlight; it is easily transferred by touch to door handles, food and even mobile phones. From there, the germs can be picked up by other people. Every year, 3.5 million children under the age of five are killed by pneumonia and diarrhoeal diseases – and the simple action of washing hands with soap is one of the most effective ways of preventing these illnesses. In developed countries, handwashing with soap helps to prevent the spread of viral infections, such as norovirus, rotavirus and influenza.

Global Handwashing Day - which is held on Oct. 15 every year - aims to transform the action of washing hands with soap into an automatic behaviour, deeply set in our daily lives. Initiatives and events to promote the practice in homes, schools, workplaces and communities are held worldwide. What about YOUR hands? your phone? other stuff in your pockets?



campaign leader for Global Handwashing Day, notes “To and demonstrates the importance of effective hygiene. It is critical that people take hand hygiene seriously and that businesses offer their employees and customers a practical way of protecting themselves to help combat the spread of illness.”

Researchers travelled to 12 cities and took 390 samples from mobile phones and hands which were analysed in the lab to find out the type and number of germs lurking there. They also asked participants a series of questions about their handwashing habits.

The largest proportion of contaminated phones was in Birmingham (41 percent) while Londoners were caught with the highest proportion of E. coli present on hands (28 percent). However, actual levels of bacteria increased the further north the scientists went, the dirtiest city being Glasgow, where average bacterial levels on phones and hands were found to be nine times higher than in Brighton, reinforcing a North/South divide. The scientists also found those who had bacteria on their hands were three times as likely to have bacteria on their phone.



Veterans **JUSTICE** Outreach Program

Do you, or someone you know, have a legal issue pending with your county's criminal justice system?

If so, the **Veterans Justice Outreach** program may be able to assist you with the following:

- > Working with your legal representative to identify mental health or substance abuse treatment options
- > Assisting Veterans with eligibility determination, enrollment and referral to VA and non-VA Services
- > Offering direct outreach, assessment and case management for justice-involved Veteran in local courts and jail

For more information, contact:

Paul R. Skinner, ICCS, ICADC

Veterans Justice Outreach Coordinator

(541) 826-2111 ext 3305





Dodie Picanso, Volunteer

November is recognized as National Family Caregivers Month. Caregivers are an important part of providing care to Veterans and helping them remain at home. Many Caregivers feel alone in their experiences as a Caregiver. During the month of November; VA Medical Centers honored, thanked and supported Caregivers by recognizing the sacrifices that they make. The SORCC held their Annual Caregiver Appreciation Event at the Bear Hotel in Grants Pass. Many staff and volunteers participated in the planning and carrying out of the event. The SORCC recognized Caregivers by providing a half day educational workshop on self care in addition to a catered luncheon. Over 50 Caregivers and Veterans were in attendance. Speakers educated caregivers on a variety of topics ranging from overall wellness and nutrition to an array of stress reduction techniques. Each caregiver in attendance was also present with a certificate of recognition.

Some days are good, Some days are bad.
 Some days are happy, some days are sad.
 Sometimes I'll cry, then I'll let out a big sigh.
 I seek understanding from all the demanding
 Sometimes they say things, unaware of the hurt it brings.
 Sometimes a little patience will do,
 to make it through the day with you
 You can't forget that I have feelings too,
 so you must remember I'm human like you.
 They say we're unsung heroes
 like soldiers in the field,
 not knowing what the day's challenges will yield;
 but a little thank you here-a little thank you there,
 throw in some love-tell me you appreciate my care.
 A few words will go a mile,
 especially if it's said with a smile.
 Who am I you ask?
 And is there a message I'm sending?
 Darn right I am-
 I'm a caregiver and my work is never-ending.

By Eric Scanlan © 2006

Caring For Our Veterans

By Kristy Huddleston, MSN, RN-BC, CMSRN

Every day, family members, friends, neighbors, and concerned individuals across America provide essential attention and assistance to their loved ones. Many individuals in need of care -- including children, elders, and persons with disabilities -- would have difficulty remaining safely in their homes and community without the support of their relatives and caregivers.

Caregivers often look after multiple generations of family members. Their efforts are vital to the quality of life of countless American seniors, bringing comfort and friendship to these treasured citizens. However, this labor of love can result in physical, psychological, and financial hardship for caregivers, and research suggests they often put their own health and well-being at risk while assisting loved ones. Through the National Family Caregiver Support Program, individuals can help their loved ones remain comfortably in the home and receive assistance with their caregiving responsibilities. This program provides information, assistance, counseling, training, support groups, and respite care for caregivers across our country.

My Administration's Middle Class Task Force, led by Vice President Joe Biden, has made supporting family caregivers a priority, and we are working to assist caregivers as they juggle work, filial, and financial responsibilities. We made important progress with this year's Affordable Care Act, and because of this landmark legislation, Americans will be able to take advantage of the Community Living Assistance Services and Supports (CLASS) Program. This voluntary insurance program will help individuals with long-term care needs to maintain independent living, as well as compensate family caregivers for their devoted work.

Our businesses and companies can also contribute to families' ability to care for their loved ones in need. By offering flexible work arrangements and paid leave when caregiving duties require employees to miss work, employers can enable workers with caregiver responsibilities to balance work and family obligations more easily. Such efforts impact countless lives across our Nation, easing concerns and contributing to the well-being of individuals and families as they go about their daily lives.

During National Family Caregivers Month, we honor the millions of Americans who give endlessly of themselves to provide for the health and well-being of a beloved family member. Through their countless hours of service to their families and communities, they are a shining example of our Nation's great capacity to care for each other.

BARACK OBAMA

Tomb of the Unknown Soldier

Ninety (90) years ago, on the third anniversary of the armistice that ended World War 1, an unknown soldier who died while fighting in World War 1 was re-interred in a special tomb at Arlington National Cemetery as America's Unknown Soldier on November 11, 1921. According to a newspaper at the time, America's unknown warrior was "the body of that boy whose very namelessness symbolized 50,000 others who had given their lives for America on the field of battle in the World War."



The Tomb of the Unknown Soldier was another custom that America borrowed from Europe. England first conceived honoring her nameless dead by interring one of them in Westminster Abbey. France followed suit by burying an unknown soldier under the Arc de Triomphe. General Pershing journeyed to France to select the unknown soldier from 4 American cemeteries in France in October 1921.

America's Unknown Soldier began the journey back to his homeland on October 25, 1921 when his coffin left Havre, France and was first placed on board Admiral Dewey's historic flagship cruiser, Olympia, departing for Washington. Once in American waters, the soldier was accompanied by the battleship North Dakota and destroyer Bernardou, and arrived at the Navy Yard in Washington, D.C. on November 9th. Salutes were fired from Fort Washington and Washington Barracks as the Olympia steamed past. As he was brought ashore, a 21-gun salute sounded and a military band played. His flag-draped coffin was then transported to the Rotunda of the U.S. Capitol, where President Harding laid a wreath upon the coffin and the nation was allowed to pay tribute to him.

On November 11th, 1921, General Pershing, along with many U.S. and foreign dignitaries, and representatives from each branch of the military forces accompanied the coffin and horse-drawn caisson down the streets of Washington, across the Potomac River, to Arlington Cemetery where the soldier was placed in the tomb designed for him by Thomas Hudson Jones that has since become a national shrine.

Virtual Vietnam War Casualties Listed by Home of Record

The following website: www.virtualwall.org/iStates.htm will give details of the death of Vietnam Vets First click on a state. then scroll down to the city and the names will appear. Then click on the falling hero name. It should show you a picture of the person, or at least their bio and medals. Those who remember that time frame, or perhaps lost friends or family can look them up on this site.



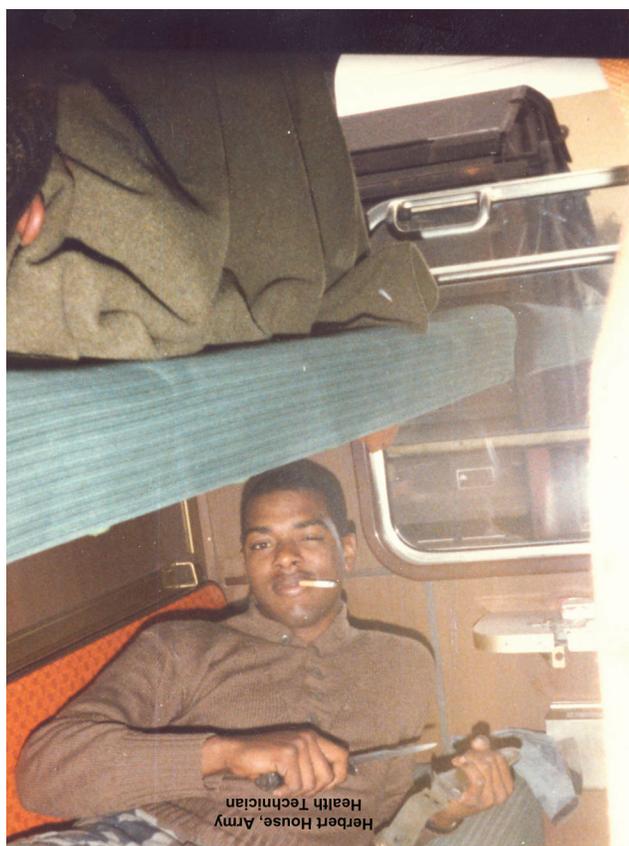
Do You Recognize These Veteran Co-Workers?



Andy Paperman, US Marines
Police Captain



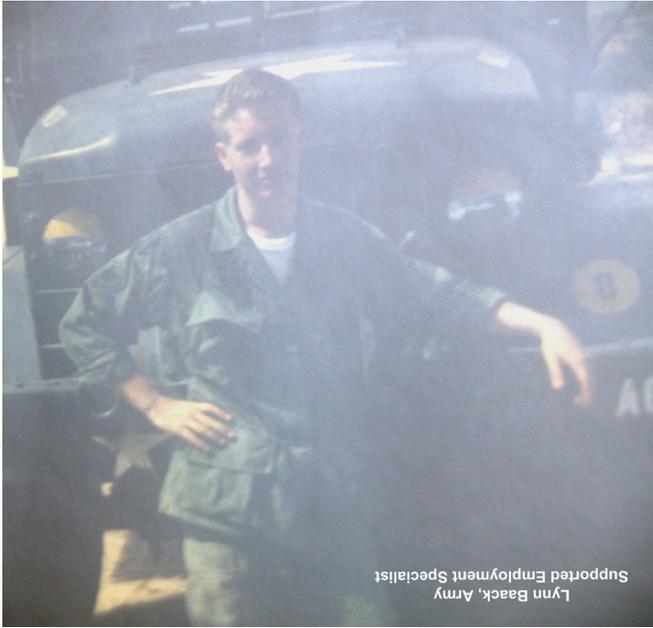
Tony Cary, Marine
EEO/ Compliance Officer



Herbert House, Army
Health Technician



Lynette Mullins, Navy
Transcription Office Automation



Lynn Baack, Army
Supported Employment Specialist



Quinn Arrington, Navy
Vocational Rehabilitation Specialist



Randy Tegge, Air Force
Chief, Prosthetics and Sensory Aids Service



Gloria Arenas, Army
Library Technician



Teresa Case, Navy
Social Service Representative



News you can use...from your EAP

Forgiveness – Good For Your Health and Happiness

If you find yourself unable to forgive those who have hurt you – no matter how small or major the offense – think again about what you are actually doing to yourself. Holding onto bitterness, pain, blame, anger or hostility is a form of internal stress that can undermine your health and quality of life. When we're unforgiving, we are the ones who pay the price over and over.

Forgiving lowers stress

In a 2001 study of college students, study subjects were instructed to either dwell on the injustices done to them, or imagine themselves forgiving their offenders. Those who focused on unforgiving responses showed signs of increased stress – their blood pressure surged, heart rate increased, facial muscles tensed, and their negative feelings escalated. Conversely, forgiving responses induced calmer feelings and physical responses. According to the latest medical research, forgiveness can lead to:

- reduced stress and hostility
- fewer symptoms of depression, anxiety and chronic pain
- lower risk of alcohol and substance abuse
- improved heart function / lower blood pressure
- improved relationships
- improved sleep

Learning to forgive

Forgiveness is not excusing someone else's wrong behavior, nor does it necessarily include reconciliation with the person who wronged us. Forgiveness means no longer dwelling on the wounds that keep us tied to the past. By learning to forgive, you take responsibility for how you feel and take back the power from others to keep hurting you.

The process of forgiveness begins by recognizing, accepting and working through angry and hurt feelings. Journaling, writing letters (even if they are not mailed), or talking with a trusted friend can be helpful. Seek out information or books about "how to forgive" or seek the help of a mental health professional to help you through the process of forgiveness.

Your EAP is here to help

Sometimes it can be difficult to forgive, particularly if the offending acts were ongoing or traumatic. If you or one of your dependents is having difficulty knowing how to forgive someone who has wronged you, you can contact your Employee Assistance Program for confidential assistance. To obtain no cost counseling or other EAP services, please call 800-869-0276 or securely request services from the Member Access section of the EAP website: www.eapconsultants.com



FREE!

FAMILY-TO-FAMILY

Class on Mental Illness including PTSD * 12 – WEEK SERIES

WHEN: FEBRUARY 13 – APRIL 30, 2012: From 6:30pm – 9:00 pm on **MONDAY EVENINGS**

WHERE: Southern Oregon Rehabilitation Center and Clinics, White City, OR

WHO: Families, Significant Others, Friends, and Caregivers

PRESENTERS: NAMI TRAINED facilitators with lived experience of family members in need.

HOPE, RESPECT, EMPOWERMENT, RESPONSIBILITY, AWARENESS OF STRENGTHS, & SELF-DIRECTION

Those are some of the qualities that help families and individuals prevail over the challenges they face.

CONTENT: Includes information on diagnosis and treatment options for schizophrenia, bipolar disorder, major depression, borderline personality disorder, PTSD, co-occurring brain disorders and substance abuse. Also included are segments on **communication, advocacy and coping skills for family and friends** of people living with mental illness and PTSD. *Coffee and refreshments every meeting*



FOR DETAILS: contact NAMI-Southern Oregon Library at 541-774-7872 – leave voice mail if library closed

The Strategic Management want to send a heart-felt Compliment and Thanks to our patient & hard-working Call Center Staff.

Being the Epicenter of incoming communiqués, your navigational role is essential to our continued transformation of healthcare delivery. You have played a crucial role in supporting enhanced Service Recovery Logistics, Action Accountability, Patient Centered Care and improving SORCC Customer Service in 2010 and 2011.



Thanks for giving our Veterans such great service and assisting our Staff!

Did You Know?

Three VA hospital facilities are known to be named after American Indian Veterans:

1. Jack Montgomery (Muskogee, OK); this was the first VA facility named for an American Indian on June 15, 2006 (public law date); MOH recipient; World War II; Cherokee
2. Ernest Childers OPC (Tulsa, OK); Childers was the first American Indian MOH recipient in history; second facility named for an American Indian; authorized by public law on November 15, 2007; World War II; Creek
3. Charles George (Asheville, NC); MOH recipient; third facility named for an American Indian; authorized by public law on December 26, 2007; Korean War; Cherokee (Eastern Band)

Staying Connected

What to do after treatment

Codependency and Enabling in Addiction

by Marleen Granas, Addiction therapist

Staying Connected

Slip vs. relapse is a moot point. The consequences of addiction, is to use is to die. They don't say this lightly or for drama. When they say this they mean it literally. When we abuse drugs and alcohol, the first thing to die is our spiritual being, then our emotional and mental being. The last thing is the physical death that will eventually come. Staying connected to the first step about being powerless and having a real gut level understanding of addiction is important. "We admitted we were powerless over alcohol and drugs - that our lives had become unmanageable." Choosing not to get a sponsor/mentor or to work on yourself is personal sabotage; self defeating behavior ran on irrational thoughts. As we know, the definition of insanity is doing the same thing over and over again expecting different results. "Once more: The addict at certain times has no effective mental defense against the first use. Except in a few rare cases, neither he nor any other human being can provide such a defense. Your defense must come from a Higher Power." A power greater than ourselves.



Marleen Granas

"Once more: The addict at certain times has no effective mental defense against the first use. Except in a few rare cases, neither he nor any other human being can provide such a defense. Your defense must come from a Higher Power." A power greater than ourselves.

You will hear people in meetings say, " I choose not to use today". For a real alcoholic like myself, I don't have that choice. The choice and decision I have and am able to make is to have a conscious contact with my God today. It's from that choice that I am able to stay sober today and have an opportunity to make sober choices and decisions in a sober day. It is step work, sponsorship, and working with others that improves that conscious contact on a daily basis. Some of us wanted to buy into the notion that by coming into treatment or AA/NA we've made a safe haven for us and helped regain the power of choice within the first use, just isn't so. No more than it would be to gain control. No matter where we go, our addiction follows as well as our powerlessness over it. There is no safe zone. The AA/NA book tells us that we will have certain times when we are in mental blank spots. We won't know the hour and day. So our job is to maintain spiritual fitness on a daily basis.

What to do after treatment

After you complete SORCC Addiction treatment Program (SATP), and you find yourself lost about what to do in regards to your recovery, here are some tips that can help you organize your sober support system and develop a positive recovery. The most important aspect of a recovery program is that it is tailored to you specifically. What works for one person may not work for another. If you have one, use your 90 Day Recovery Plan from SATP. If not and you are starting from scratch; build your sober support system from the ground up. For example you wouldn't want to raft class 4 rapids without your life vest on or jump out of a plane without a parachute. Having a sober support system is your lifeline. It's what keeps distance between you, relapse behavior and relapse itself.

First suggestion is to get a sponsor or mentor in your life. You need to have someone who is objective to talk to. They aren't there to tell you what to do they are there to listen and make suggestions. To find a sponsor or mentor go to several different meetings listening to what people have to say and see if you connect with anyone. Ask yourself, do you like what they have to say and how they live their lives? Or go to church. If you don't belong to one, find one that looks nice to you and show up on Sunday. Many good people will approach you and welcome you in. At church you can find a mentor. Visit with members after church and see if there is someone you feel comfortable talking to. Something you can say is "I'm looking for a mentor, are you interested?" Tell them that a mentor is someone that you call on a regular basis and to talk to, take suggestions from, and share experiences. The best decision I ever made was getting a sponsor and working the steps. Once sober, our character defects don't just disappear and working the steps is a great way to address them.

Get a home group. Even if you are only attending one steady meeting a week you need to have that one meeting that you go to no matter what. A meeting where you begin to bond with the regular group members. A meeting you can do service work at, such as pouring coffee or folding up chairs. I found that for me, being a woman I like women's meetings. So my home group is a women's meeting, but the rest of my meetings are mixed. Some meetings you may find a little disagreeable and that's ok but don't let that deter you from going to others. Get a meeting list and shop around, You can find an AA meeting list for local meetings at the Jackson County Central Office at 541-732-4848. Website address is www.JacksonCountyAA.org. If you need NA then call the hotline at 541-858-0555 or look at a meeting list for local meetings. There's also a website for NA at www.soana.org.

If you are an outpatient get aligned with your outpatient clinic so that your healthcare needs are set up. Part of your recovery is taking care of your health. Having poor health can be a trigger for some people to use again. Arrange with the VA your medical care. Have your medication taken care of so that they can be mailed to you. If needed you can attend SATP OP meetings in the community, just contact SATP for meeting times and places at (541) 826-2111 extension 3273. You can also check with your addiction therapist to see if you want to attend aftercare meetings. Keep your appointments including the one with your doctor and/or therapist. All of this is part of keeping a balance support system.

Developing a Fire Drill is key when you are building up a defense system for yourself. A Fire Drill is a list of steps you will take if you are triggered, feel like drinking or drugging. First step should be to get out of the situation, get away from what's triggering you. Then immediately call someone who is sober and supportive. Keep calling until you go through your list and get someone. Call supportive family members or your Addiction Therapist. Next go to a meeting. Try your church or drive yourself to the next church you see. If that doesn't work do something energetic like going to the gym, going for a walk, or ride a bike. Try working on a hobby or craft that can refocus your mind and distract you or call your local VA facility or if urgent go to your local hospital's ER.

Codependency and Enabling in Addiction

"Ironically, codependency isn't about other people - it's about the relationship with the self. Codependents often believe that if the addict in their life sobered up their problems would go away". (Will H.) Addiction Therapists explore the interpersonal dynamics within families with substance abusers, while developing a number of new constructs to help them explain the impact of addiction on the family. Two of these constructs are codependency and enabling. Terence Gorski, International recognized expert on substance abuse, defined codependency as a cluster of symptoms or maladaptive behavior changes associated with living in a committed relationship with either a chemically dependent person or a chronically dysfunctional person either as children or adults. The codependent person is addicted to helping. Codependency is considered a self gratifying behavior where the individual feels the need to help others

whether they need it or ask for the help.

Historically the concept of codependence comes directly from Alcoholics Anonymous (Wikipedia). People, who are codependent, thrive on the weaknesses and needs of others. They take unrealistic responsibility for the actions of others, always feeling they can somehow manipulate the person or situation to bring about positive change. The common signs of co-dependency include obsession with helping or fixing others, being needy in relationships, and constantly seeking approval. For the co-dependent person, the goal is control.

A woman living with a physically or verbally abusive spouse may feel that if she can only be good enough and just do better, maybe her husband will treat her differently. Her husband is not being held accountable for his negative behavior as the wife attempts to do better; therefore the situation is perpetuated and help is not sought. "When family, friends, and associates of a chemically dependent individual allow that individual to continue the addiction to alcohol or drugs, their behavior is called enabling. When repeated, enabling behaviors become ingrained in the chemically dependent person's family, job, or social structures" (SAMHSA).

Enabling is to knowingly behave in such a way as to make it possible for another person to continue to use chemicals without having to pay the natural consequences for that behavior. Some families confuse caretaking with the expression of love and thus continue to foster the dysfunctional behavior (Ruben).. Through this process the behavior of at least certain family members become part of the problem, not the solution. Such as a spouse calling in to work telling the boss her husband has the flu and can't come to work when she knows he is hung over. A popular misconception is that the codependent and enabler is only the family members. This is not so. An enabler can be a parent, sibling, coworker, neighbor, friend, or supervisor. Enabling is often motivated by a variety of factors including social pressure like a Priest, or a mother telling a son to honor his father. Enabling prevents psychological growth in the person being enabled and can contribute to negative symptoms in the enabler.

Even though codependency and enabling may be found in the same person, one may also enable an addicted person without being codependent. It is important to remember that an enabler knowingly behaves in such a way as to protect the addict from the consequences of their behavior. Thus one may enable addiction without being codependent, but a codependent individual, because they have an ongoing relationship, will frequently enable the addict. At times it has been shown that narcissists are considered to be natural magnets for the codependent person.

Enabling codependency is care taking to an unhealthy degree. Relationships, family and daily living begin to center on the loved one with the substance abuse problem. In enabling codependency, individuals feel overly responsible for this person's feelings and behaviors. Feelings of anxiety and responsibility when a troubled loved one has problems can lead to neglecting personal needs. Individuals who are enabling codependency feel compelled to help a troubled love one and get angry when help is not accepted. Resentment also builds around the idea that enabling codependency makes them a martyr where they help others but are not helped in return. Codependent individuals become so preoccupied and focused on the needs of others that they neglect their own needs.

As enabling behaviors become routine, enablers end up feeling frustrated, ineffectual, and angry. Often, they continue to enable because they don't want to appear mean or unreasonable. Enabling behaviors directly and indirectly support the vicious cycle of never-ending problems and pain of addiction. When we stop enabling, when we stop helping and covering up for the addict, we allow the addict to experience the consequences of their out-of-control behavior. We no longer wake them up, loan them money, or bail them out of jail. We stop shielding them from the consequences of their behaviors.

Prescription Painkiller Overdoses in the US

15,000 

Nearly 15,000 people die every year of overdoses involving prescription painkillers.

 **1 in 20**

In 2010, 1 in 20 people in the US (age 12 or older) reported using prescription painkillers for nonmedical reasons in the past year.

 **1 Month**

Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month.

Deaths from prescription painkillers* have reached epidemic levels in the past decade. The number of overdose deaths is now greater than those of deaths from heroin and cocaine combined. A big part of the problem is nonmedical use of prescription painkillers—using drugs without a prescription, or using drugs just for the “high” they cause. In 2010, about 12 million Americans (age 12 or older) reported nonmedical use of prescription painkillers in the past year.

Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month. Although most of these pills were prescribed for a medical purpose, many ended up in the hands of people who misused or abused them.

Improving the way prescription painkillers are prescribed can reduce the number of people who misuse, abuse or overdose from these powerful drugs, while making sure patients have access to safe, effective treatment.

* “Prescription painkillers” refers to opioid or narcotic pain relievers, including drugs such as Vicodin (hydrocodone), OxyContin (oxycodone), Opana (oxymorphone), and methadone.

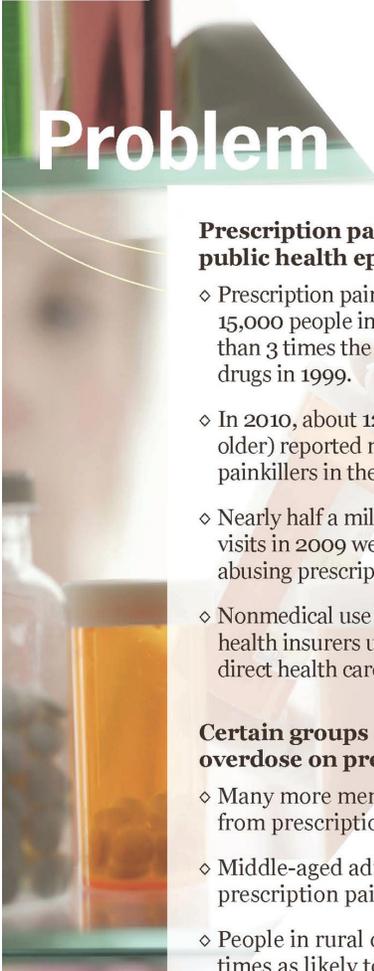
→ See page 4

Want to learn more? Visit

www <http://www.cdc.gov/vitalsigns>

National Center for Injury Prevention and Control
Division of Unintentional Injury Prevention





Problem

Prescription pain medication overdoses have now exceeded Motor Vehicles Accidents as a cause of death in the U.S. There was a four-fold increase in prescription opioid mortality from 1999 through 2007, and those numbers continue to increase.

Jackson County was one of the areas leading the nation in prescriptions written, evidence of diversion, and overdoses. Since 2006 however, concerted efforts by local prescribers, chemical dependency providers, public health, law enforcement, and others, have begun to turn things around locally. Go to our provider supported web site and sign in to learn more: www.opioidprescribers.com.

Prescription painkiller overdoses are a public health epidemic.

- ◇ Prescription painkiller overdoses killed nearly 15,000 people in the US in 2008. This is more than 3 times the 4,000 people killed by these drugs in 1999.
- ◇ In 2010, about 12 million Americans (age 12 or older) reported nonmedical use of prescription painkillers in the past year.
- ◇ Nearly half a million emergency department visits in 2009 were due to people misusing or abusing prescription painkillers.
- ◇ Nonmedical use of prescription painkillers costs health insurers up to \$72.5 billion annually in direct health care costs.

Certain groups are more likely to abuse or overdose on prescription painkillers.

- ◇ Many more men than women die of overdoses from prescription painkillers.
- ◇ Middle-aged adults have the highest prescription painkiller overdose rates.
- ◇ People in rural counties are about two times as likely to overdose on prescription painkillers as people in big cities.
- ◇ Whites and American Indian or Alaska Natives are more likely to overdose on prescription painkillers.

- ◇ About 1 in 10 American Indian or Alaska Natives age 12 or older used prescription painkillers for nonmedical reasons in the past year, compared to 1 in 20 whites and 1 in 30 blacks.

The supply of prescription painkillers is larger than ever.

- ◇ The quantity of prescription painkillers sold to pharmacies, hospitals, and doctors' offices was 4 times larger in 2010 than in 1999.
- ◇ Many states report problems with "pill mills" where doctors prescribe large quantities of painkillers to people who don't need them medically. Some people also obtain prescriptions from multiple prescribers by "doctor shopping."

Some states have a bigger problem with prescription painkillers than others.

- ◇ Prescription painkiller sales per person were more than 3 times higher in Florida, which has the highest rate, than in Illinois, which has the lowest.
- ◇ In 2008/2009, nonmedical use of painkillers in the past year ranged from 1 in 12 people (age 12 or older) in Oklahoma to 1 in 30 in Nebraska.
- ◇ States with higher sales per person and more nonmedical use of prescription painkillers tend to have more deaths from drug overdoses.

Real Life Stories of the Epidemic

A West Virginia father, age 26, struggling for years with pain and addiction after shattering his elbow in a car crash, died from a prescription painkiller one week after telling his mother he wanted to go to rehab. In New Hampshire, a 20-year-old man overdosed on a prescription painkiller bought from a friend, becoming the 9th person that year to die from drug overdose in his community of 17,000. Stories such as these are all too common.

CUSTOMER SERVICE / VETERAN ADVOCACY



WE CAN HELP YOU WITH COMPLIMENTS,
COMPLAINTS AND UNMET NEEDS.
PLEASE EMAIL OR WRITE A LETTER SO WE CAN
BETTER ASSIST WITH YOUR ISSUES.



SHARON WINNINGHAM EXT. 7504
SHARON.WINNINCHAM@VA.GOV

WOLFGANG AGOTTA EXT. 3657
WOLFGANG.AGOTTA@VA.GOV

IMPROVEMENT OF VETERANS HEALTHCARE IS OUR BUSINESS!

Hours of operation are:
8:00 a.m. to 3:30 p.m.
Monday through Friday
Building 209, Room 209



VA Mission Statement

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

Vision Statement

VA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient centered and evidence based.

This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement.

It will emphasize prevention and population health and contribute to the nation's well-being through education, research and service in National emergencies.

CRD Calendar of Events

*=Volunteer assistance needed
@= Volunteers invited to attend

February

12-18th National Salute to Veterans Week *@
20th President's Day CRD office closed

March

28th Volunteer Awards Ceremony
Red Lion @

April

TBD Youth Volunteer Recognition Party
(tentative)
15-21st National Volunteer Week

May

7th VAVS Committee Meeting, 10 am,
Activity Room
28th Memorial Day Ceremony,
VA Cemetery *@ CRD office closed