July 2009

Source

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

WHAT'S INSIDE

A Message from the Network Director.....1

Volunteers In the Spotlight.....4

Accident Prevention Accountability.....6

Five Reasons for Reporting Privacy Incidents.....7

Women's Health.....9

Volunteers Served Up Independence Day

Russ Cooper, RecreationTherapy shows the inpatients how a real master grills!

Forty-five Veterans Service Organization volunteers, Recreation Therapy and Community Resources staff worked together to provide VA SORCC inpatients with an Independence Day celebration. Volunteers from the American Legion, Disabled American Veterans, Veterans of Foreign Wars and their Auxiliaries (some coming from as far away as Albany) operated seven booths with games and give-a-way prizes, that were decorated in patriotic themes. No one went away empty-handed or without a smile. The Salvation Army Mobile Kitchen provided delicious homemade fried bread. United Voluntary Service (which oversees our VA SORCC Veterans Golf Course) sponsored a Golf Course/Driving Range competition and putting games. A BBQ with all the fixings was served. For a touch of Americana, volunteers served over 30 pies which was a perfect treat along with ice cream and juicy watermelon. Entertainment was provided by the local well-known band, T.J & the Spurs, who delighted the audience with a wide variety of music. The 350 plus attending inpatients truly appreciated celebrating their Fourth with their VA SORCC family.

photos continue on page 3

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

A Message from the *Network Director*

Max E. McIntosh, PhD, MBA
VA SORCC Director

Roy Horne
Associate Director

Dr. Randall Nelson
Acting Chief of Staff

Karen Allen
Associate Director
of Patient Care Services

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.

Editor
Anna L. Diehl

Assistant Editor
Rhonda K. Haney

Editorial Board
Max McIntosh, PhD,MBA
Russ Cooper
Susan Black-Huff
Stacy Webster-Wharton
Karen Allen
Judy Hall

Greetings to all –

I am hopeful this finds you enjoying the long summer days and taking time to spend with family and friends. It continues to be extremely busy in VISN 20, with much accomplished and many more goals in front of us. Keeping that in mind, our off hours and recreation activities become all the more important in order to recharge and ready ourselves for the challenges ahead.

Since my arrival in April, I have had the opportunity to visit a great number of our Medical Centers and Clinics. In my travels, I have been repeatedly impressed by the personal commitment of so many of you to go far beyond what is expected to meet the needs of our Veterans - to care for them as if they were your own family members. It is this level of compassion and respect that makes me proud to be part of the VA – and especially VISN 20.

Nowhere was this dedication more evident than in Spokane at the 29th National Veterans Wheelchair Games. What I witnessed there was nothing short of astonishing. In partnership with the Paralyzed Veterans of America, the Medical Center hosted approximately 530 athletes from throughout the United States, Puerto Rico and Great Britain. For 6 full days, from early morning to very late into the evening, these amazing and determined Veterans competed in 17 different events – from Power Soccer and Archery to Quad Rugby, Bowling and Track and Field to a 10K Hand Cycling event. And, every step of the way, they were overwhelmingly supported by Spokane staff members and many other volunteers from throughout the VISN who traveled on their own time to be a part of the Games.

Without exception, every event that I attended was organized to the letter. The athletes were clearly having a great time, they and their families were welcomed and well taken care of, and it all came off without a hitch. The impact that the Games have on the rehabilitation and overall health of our disabled Veterans cannot be underestimated, and I could not have been more proud. Spokane's efforts resulted in life long memories for everyone in attendance – myself included.

Excellence in the VISN is not limited to Spokane – Dr. Robert Pearlman, who serves on the staff at the VA Puget Sound in Geriatric Research was recently awarded a Distinguished Service Award for Work in Healthcare Ethics from the American Society of Bioethics and

continued on page 2

continued from page 1

Humanities. Also at Puget Sound, Nurse Kathleen Lewis received the VA Secretary's Hearts and Hand award for her work with homeless and indigent Veterans.

Our progress with quality scores and performance measures is a work in progress that is turning into another success story. For the 1st two quarters of this Fiscal Year, the VISN's aggregate performance improved significantly – from meeting approximately 50 percent of all performance measures last year, to meeting approximately 70 percent year to date. In particular, I would like to recognize Boise and Alaska for their achievements in this area – Currently, Boise is meeting targets in 18 out of 20 mission critical measures, while Alaska, in a different complexity group with a lower number of mission critical measures, is meeting 8 of 10 targets. Congratulations are in order for both facilities.

The point I would like to stress on performance is that your hard work and attention in this area is not about numbers – it is not about moving red boxes to green – it is about doing what is right for our Veterans – and in that regard, we will continue to move toward excellence and the National target of 90% or higher.

We also continue to focus our energies on improving access by our commitment to Systems Redesign, and by working to bring care closer to home for as many Veterans as possible. In keeping with that, I am pleased to announce the recent openings of new clinics in Mat-Su, AK; Mount Vernon, WA and North Bend, OR, with others planned in Juneau, AK; Burns, OR; Mountain Home, ID; Newport, OR; Metro South (Portland); Crescent City, CA; Libby, MT and South Puget Sound (Seattle). In late May, we also received word from Central Office that we'd been awarded $13.6 million in competitive funding for 4 projects to improve services for veterans in rural and highly rural areas. Projects include the following:

- Funding for 5 previously approved outreach clinics in Grants Pass, OR (SORCC); Crescent City, CA (Roseburg); Burns, OR and Mountain Home, ID (Boise) and Newport, OR (Portland)

- Expansion of Home Based Primary Care (HBPC) – funding for 6 new HBPC approved outreach clinics in Grants Pass, OR; Camp Rilea and Newport, OR; and Burns, OR and Twin Falls and Mountain Home, ID

- Implementation of a VISN-wide Teledermatology consultation system with 3 components: a) a traditional store-and-forward Teledermatology; b) structured follow-up care; and c) a consistent, defined curriculum of basic precepted training and continuing education at the following sites: Brookings, North Bend, and Roseburg (Roseburg); Camp Rilea, The Dalles, Bend, Salem, and Eugene (Portland); Klamath Falls and White City (SORCC); LaGrande, Lewiston, Yakima, and Walla Walla (Walla Walla); Twin Falls and Boise (Boise); Port Angeles, Bremerton, and Mount Vernon (Puget Sound); Wenatchee and Coeur D'Alene (Spokane); and Kenai, Fairbanks, and Anchorage (Alaska)

- Partnering with Primary Care Providers - project will expand Veteran access to primary care in 6 rural and highly rural areas - Omak/Okanogan, Republic, Colville, and Sandpoint (Spokane); as well as Hermiston and Kamiah (Walla Walla)

The VISN has also benefited greatly from the American Recovery and Reinvestment Act of 2009 (ARRA), receiving funding in the amount of $36.4M to improve and upgrade our capital infrastructure in the form of design and construction contracts. To date, we have awarded 15 ARRA projects totaling $3,621,725.

As you can see, there is much to be excited about in the coming months.

continues on page 3

continued from page 2

In closing, I'd like to challenge you to find inspiration in the achievements made this year, and to think in new ways about how we deliver care in an efficient, patient centered environment. How can we manage that care to maximize resources while maintaining the best quality possible for our Veterans?

You are the eyes and ears of our organization – VA's greatest ambassadors. It is your ideas and your efforts that will lead us to success in all areas. Thank you for all that you do – it makes a difference in the lives of so many.

Sincerely,

Susan Pendergrass, DrPH

Network Director, VISN 20

photos continued from cover

Inpatient Independence Day Celebration

VAVS CALENDAR OF EVENTS

August '09	**3rd**	**VAVS Committee Meeting, 10 am, Duck Pond**
September '09	**7th**	**Labor Day-CRD Closed**
	11th	**Patriot Day**
	18th	**National POW/MIA Recognition Day**
	18th - 20th	**Stand Down-VA SORCC**

NOTE: This is not an all-inclusive list. It is a general guideline to recurring events!

Volunteers In The Spotlight

By James Cunningham

Volunteer Blanche Douma and Ernest Wilson

Volunteer Dode Picanso and Richard Muller

Robert Cuffel and Volunteer Jim Busano

Annelise Weston, M.S.W., coordinator for the Volunteer Caregiver Program at the VA Southern Oregon Rehabilitation Center & Clinics (SORCC) in White City, Oregon, is happy to announce that volunteers continue to bring smiles to the faces of our honored Veterans and their caregivers living in the community. This program was created to meet the needs of our aging Veteran population. "It is estimated that by the year 2050, more than one out of every five people will be age 65 or older. Those over the age of 85 remain the fastest growing segment."

As the VA SORCC begins expanding outreach services to Veterans in the community, programs like Home Based Primary Care, the Homemaker Home Health Aid Program, Respite Program and Contract Adult Day Health Program will continue to benefit from the volunteers' involvement.

Currently, there are six dedicated volunteers who share their time in a variety of unique ways. After getting to know the Veteran, volunteers find their own creative ways to make a difference. For some this means offering support to the Veteran's spouse, often times the Veteran's primary caregiver. Other volunteers have discovered an interest in leading group activities in foster homes, going on walks, sharing a meal, delivering baked goodies, offering supportive listening, and help with locating available community resources. Some have even recruited their pets to share in the experience! To this date, the Caregiver Volunteers have touched the lives of 18 Veterans. We hope to expand the number of Veterans we serve in the community and are actively seeking more volunteers. Home visits to Veterans are a rewarding way to volunteer close to your home for as little as one hour

Esteamed Bean Espresso Shop

Cool off and perk up with a refreshing iced tea from the Esteamed Bean Espresso Shop. Available in 5 great fruit flavors.

Peach Raspberry Strawberry Honey Melon Mango

12 oz. - $1.25	16 oz. - $1.50	20 oz. - $1.75
60 calories	80 calories	100 calories

We also have a great summer drink menu for those hot days of summer. Located in Bld. 220 next to the Theater. Open 7:30-4:00, M-F.

Are You A Woman Veteran?

The Veterans Advisory Committee is in the process of updating their female Veteran database for the Annual Women Veterans Celebration. If you would like to be included in the event or know someone who would like to be included in our mailing list for other women Veterans information and events, please respond by e-mail to: destiny.mclaughlin@va.gov or call 541-826-2111 ext. x3728 or Missy Rall at x3319 with your preferred address and branch of service(s).

Destiny M. McLaughlin
USN / ARNG Veteran

Child Care Subsidy Program On Hold

Effective July 1, 2009, First Financial Associates (FFA) no longer administers the Department of Veterans Affairs Child Care Subsidy Program.

Please do not submit invoices for payment or any other documentation to FFA. Subsidy payments will not be made and new applications to participate in the program will not be accepted until a replacement for FFA is in place.

You will be kept informed as information becomes available regarding a replacement contractor and when invoices and applications may again be submitted.

Our VA Central Office staff is working to take care of this need and we are hopeful they will have a new contractor for the program in the near future.

Human Resource (HR) will keep you informed as new information becomes available. You can contact HR at 541-826-2111 Ext. 3692 and speak to Janice Luton if you have further questions.

ACCIDENT PREVENTION/ACCOUNTABILITY

By Greg Martinen, Safety Officer

The negative consequences associated with staff injuries extend well beyond the pain, suffering and anxiety felt by the injured. It poses a problem for all of us, especially the people who work closest to the injured employee. Some of these consequences can last well beyond the period needed for the injured employee to recuperate. Most of us know workplace injuries are very costly to an organization. You may not be aware that the costliest consequence of an injury is from the "Domino Effect" of lost productivity, workload shifting, work delays and all the negative stresses that these situations create. Although hard to calculate, it is estimated the "Domino Effect" is actually four to seven times more than the combined cost of the injured employee's lost time and medical expenses. The effect plays a big role in workplace stresses like "Burn Out" for the staff that must bear the burden of a missing peer. Looking at our injury statistics it appears we can definitely cut some of our injury burden if we simply trust our instincts/judgment and stay alert. Most often our injuries ARE NOT DUE to dangerous equipment or processes but rather, errors in personal judgment and inattention. Typically, our staff accidents involved actions that the injured person's judgment advised against but they do anyway and, most of our falls are due to lapses in concentration. Please take the time to reflect on your accountability for safety. Consider the following:

> *Most often our injuries are not due to dangerous equipment or processes but rather, errors in personal judgment and inattention.*

- **Trust your instincts/judgment.**

- **Stay attentive to walking surface conditions particularly stairs, flooring texture changes and wet surfaces**. Move deliberately and use handrails when available. Watch for trip hazards like changes in surface elevation. If you walk around the facility and enter into roadways wear bright colors to attract attention of vehicle operators; do not assume drivers can see you.

- **Focus on proper material handling techniques and work at a safe pace** especially when lifting, pushing, or reaching. If your job doesn't always involve this type of movement, be aware that strains can occur quickly, especially if your muscles are not prepared for the workload. Get help, stretch and pace yourself before attempting physical work. Regularly move away from the computer to get fresh air, stretch and let your muscles recuperate.

- **Address operations that create physical pain.** Simply speaking, since SORCC does not conduct processes that require us to work in pain, if you find your work is causing you pain please stop. If you find yourself doing this you are doing something wrong and need to make a change. Analyze the work to identify the actions that create the pain and either eliminate the action or reduce it to a tolerable frequency or effort level. If you need help identifying the cause or corrective actions consult your peers and/or, supervisor. Much can be said for steady even pace; working too fast and/or too long is always a recipe for pain/injury. I often wonder why it needs to be said but, knowingly doing repetitive activity to the point of pain and then continuing that process to injury is not a stable idea. We cannot afford that kind of misguided mind set.

In conclusion, take care of yourself and your neighbor. Be alert and mindful to your judgment. Never assume that somebody else is responsible for your safety and take action when you find safety problem. If you find safety issue beyond your control report them to your supervisor.

Five Reasons for Reporting Privacy Incidents

By Bernice Reber, CSP

1. **Unencrypted emails**
2. **Mailing and faxing of PII**
3. **Personal information left unattended**
4. **Employees accessing records without a need to know - part one; Employees accessing records without a need to know - part two**
5. **Improper disposal of PII**

Unencrypted emails - When transmitting sensitive information, make sure it is encrypted and transmitted over a secure connection. VA has mandated all employees to use public key infrastructure (PKI) when electronically communicating sensitive information. For more information about PKI specific to your Administration or Staff Office, contact your Information Security Officer (ISO). If you respond to an email containing sensitive information from someone who does not have PKI, be sure to delete the sensitive information from your reply.

Mailing and faxing of PII - When mailing PII to a veteran, make sure the documents in the envelope do not mistakenly belong to another individual. Also, make sure the envelope is addressed to the proper recipient. When you fax personally identifiable information, make sure the addressee is readily available to receive the transmission.

Personal information left unattended - With the rampant occurrence of identity theft and related crime, due diligence must be exercised in the handling of all personally identifiable information. All veterans' medical records and benefits information (both financial and burial) must be kept in the strictest of confidence. This means securing this information at all times when it is not being used in the performance of your assigned duties.

Employees accessing records without a need to know - part one - Our nation's veterans have entrusted us to handle their personal information in order to provide them with optimum care. Some of these records contain highly sensitive data, data that needs to be kept private and confidential. This means unless a veteran's information is pertinent to the performance of your specific job, DO NOT access it.

Employees accessing records without a need to know - part two - If you do handle veterans' personal information in your job never, ever divulge it under any circumstances. Revealing a veteran's personal information can have dire consequences for you and the Agency. Likewise, records containing the sensitive information of our colleagues (e.g. - personnel, financial, and medical records) should not be shared or accessed without authorization or a need to know.

Improper disposal of PII - All personally identifiable information must be disposed of properly, i.e. no trash cans and no recycle bins! VA destroys all electronic information by rendering it irretrievable and all

continues on page 8

continued from page 7
paper records by shredding. Please adhere to Federal regulations and the appropriate Records Control Schedule (RCS) regarding the proper disposal of records from archiving to destruction. Consult the Records Officer for your organization.

Who to contact for help?

- If you are a VHA employee with questions about privacy or HIPAA, please contact the VHA Privacy Office at (727) 320-1839.
- If you have questions about the Privacy Act or FOIA, please contact your local FOIA/Privacy Act Officer, Sandra Kindsvater (541) 826-2111ext. 7445.

A WORK IN PROGRESS

One of our VA residents is currently working on one of the world's largest jigsaw puzzles. Mr.Ryan Katz (above) is working on a puzzle called "Skylines of the World". When complete the puzzle will measure 6X9 feet, it has a total of 18,240 pieces. The puzzle comes in 4 sections and the sections are ultimately connected to make the whole puzzle. Ryan enjoys puzzles and finds the process very therapeutic and it provides an enormous sense of accomplishment. Upon completion of the puzzle it will be mounted and framed and donated to the SORCC. The puzzle will be displayed for all to enjoy. Ryan says, "Thank You" to VA staff for their support with this project.

Behind the Lines

By Resident Council

This month in Behind the Lines, we would like to recognize Dr. Jerry Easterday, Psychiatrist. Dr. Easterday came to the Southern Oregon Rehabilitation Center and Clinics in White City, March 2008. Prior to coming to the SORCC he worked at the Veterans Affairs Medical Center in Omaha, Nebraska. He served eight years in the United States Air Force form 1962 to 1970. Dr. Easterday did his residency at the University of Missouri. It has been a lifetime honor to serve his country and now the Veterans. He always puts Veterans first and the Veterans are verythankful for all the hard work he does for them. Dr. Easterday is a great asset to the SORCC team; the Veterans appreciate him and are glad to hear he is not transferring to the Department of Veteran Affairs in Prescott, Arizona. From the Resident Council, "Thank You Dr. Easterday. You are greatly appreciated.

No one who achieves success does so without acknowledging the help of others. The wise and confident acknowledge this help with gratitude. ~Author Unknown

Women's Health

Department of Veterans Affairs Statement of Patricia Hayes, PH. D. Chief Consultant Women Veterans, before the Senate Committee on Veterans Affairs July 14, 2009

VA's commitment to women Veterans is unwavering. We stand now at a unique moment in time where our actions and plans today will build the system that will provide care equal to the health care needs of all of America's Veterans, regardless of gender.

Women currently comprise approximately 14 percent of the active duty military, 17.6 percent of Guard and Reserves and 5.9 percent of VA health care users. Women who were deployed and served in the recent conflicts in Afghanistan and Iraq are enrolling in VA at historical rates and of all women who were deployed and served in Afghanistan or Iraq, 44 percent have enrolled and 43 percent have used VA between 2 and 11 times. This suggests that many of our newer women Veterans rely more heavily on VA to meet their health care needs.

The VA recognizes the need to continually improve our services to women Veterans, and has initiated new programs including the implementation of comprehensive primary care throughout the nation, enhancing mental health for women Veterans, staffing every VA medical center with a women Veterans program manager, creating a mini-residency education program on women's health for primary care physicians, supporting a multifaceted research program on women's health, improving communication and outreach to women Veterans, and continuing the operation of organizations like the Center for Women Veterans and the Women Veterans Health Strategic Healthcare Group.

The Women Veterans Health Strategic Health Care Group developed a women's comprehensive health implementation planning (WCHIP) tool to assist facilities in analyzing its own current health care delivery for women Veterans and plans for primary care delivery enhancement.

Every VA health care facility was requested to convene a multidisciplinary planning and implementation team to address comprehensive primary care for women Veterans.

No later than August 1, 2009, facilities will finalize their analyses and action plans based on the WCHIP tool. These plans will be instrumental in decisions for directing resources for fiscal 2010 and 2011. They will have to choose from three models to promote the delivery of optimal primary care.

- Model 1 - women Veterans are seen within a gender neutral primary care clinic.
- Model 2 - women Veterans are seen in a separate but shared space that may be located within or adjacent to a primary care clinic.
- Model 3 - women Veterans are seen in an exclusive separate space with a separate entrance into the clinical area and a distinct waiting room. In this scenario, gynecological, mental health and social work services are co-located in this space.

VA facilities that have established a "one-stop" approach to primary care delivery have already reported higher patient satisfaction on care coordination for contraception, sexually transmitted disease screening, and menopausal management.

The VA is also working to improve entire range of emergency, acute, and chronic health care services needed by women Veterans to develop an optimal continuum of health care. This will Include enhancing and integrating

continues on page 10

continued from page 9

mental health care, medical and surgical specialty care, health promotion and disease prevention, diagnostic services and rehabilitation for catastrophic injuries.

- VA has instituted policy requirements to emphasize the importance of being aware of gender-specific issues when providing mental health care.
- All inpatient and residential care facilities must provide separate and secured sleeping accommodations for women.
- Every VA facility has a designated MST (military sexual trauma) coordinator who serves as a contact person for related issues.
- As of June 2009 all VA medical centers will have Women Veterans Program Managers to support increased outreach to women Veterans, improve quality of care provision, and develop best practices in organizational delivery of women's health care.
- VA is offering mini-residencies in women's health across the country in strategic geographic locations. Each mini-residency lasts two and a half days and is taught by national women's health experts. Clinical staff receives presentations on contraception, cervical cancer screening and sexually transmitted infections, readjustment issues for women Veterans, and other women's health topics.

All VA Employees:

It's summer and time to think of being outdoors having fun rafting, swimming, fishing, hiking, or riding your bicycle. The Office of Personnel Management (OPM) WorkLife Group is working with the General Services Administration (GSA) to gather background information about bicycling choices among Federal employees. An important part of this cooperative effort includes asking Federal employees, especially non-bicyclist, for their input on bicycling issues through an on line survey. To assist in this effort, we encourage you to provide your input on bicycling issues by completing the following on-line survey.

http://www.surveymonkey.com/s.aspx?sm=pdfxg2_2fE0G1Jk65Co_2b6tTA_3d_3d

Participation in the survey is voluntary and responses will be transmitted to OPM anonymously. Your help with this initiative is greatly appreciated.
Questions regarding the survey should be directed to Human Resources, 541-826-2111 X3205.

Employee News

By Human Resources

WELCOME ABOARD:

Medical: Corlyn Caspers; Nurse Practitioner
Mental Health Services: Michelle Condon, Peer Support Health Tech; Michael Carlisle, Addiction Therapist MHPL-SATP; Mike Hines, Social Worker RX Outpatient Psychiatry
Residential Care: Todd Adams, Social Service Assistant; Michael Paritsky, Social Service Assistant; Charles Beal, Social Service Assistant
Utilization Management: Chris McKennett, Peer Support Health Tech; Robert Nutting, Social Worker

Moving Around:

Business Management Office: Sandra Westcott, Program Support – Reassignment
Clinical Support: Mary Chisum, Health Technician
Library: Gloria Arenas, Library Tech – Reassignment
Medical: Patricia Kesler, Nurse Practitioner
Mental Health Services: Brett Feagan, Vocational Rehabilitation Specialist. Voc. Rehab; Craig Greatman, Addiction Therapist, MHPL-SATP; Liz Cravens, Social Worker EBT Psychology;
Nutrition & Foods: Stacy Hier, Food Service Worker

Retirees:

None this month

Positive Bat Rabies Confirmed

By Yvonne Chilcoat, RN, MA, CIC
Infection Control/Occupational Health

Oregon State University, Veterinary Diagnostics Laboratory, has confirmed a positive bat with rabies that was found in North East Grants Pass on July 1, 2009. This is a reminder to stay away from bats which may be sick, flopping around, or acting otherwise unusual. Most human exposures to bat rabies occur because someone decided to handle an obviously sick bat. While bats play a valuable role in nature, contact with humans should be avoided. If you do have an exposure (such as a bite) from a bat, immediately clean the wound and contact your medical provider or the local health department. If the bat has been captured, do not crush the bat or throw it away, as intact bats can be tested for rabies, which can help avoid post exposure rabies vaccines. To protect your dog and cat, make sure their rabies vaccinations are up-to-date. Dogs and cats that have had contact with a bat and do not have current vaccinations are subject to euthanasia or six month quarantine under Oregon law. If the bat is available, it can be tested for rabies at the animal owner's expense (approximately $70). It is very important that pet owners visit their veterinarian and get their pets vaccinated for rabies. This is the third rabid bat in Oregon in 2009. The first positive bat for rabies was identified in Linn county and the second one in Jackson County.

Wolfgang Agotta, Patient Advocate
Gail German-Rightnour, Patient Representative

Can help you with: Compliments, complaints or unmet needs. If you have SORCC policies and procedures questions not answered elsewhere, come see us we have an open door policy. Our hours are:

7:00a.m. to 4:00 p.m.
Monday—Thursday
Building 201, Room 272 and 274
Ext. 3657 (Wolfgang)
Ext. 7504 (Gail)