



It's Official; CAVHCS has a New Director

After almost a year of operating with Interim leadership, Central Alabama Veterans Health Care System (CAVHCS), staff were recently informed that an official decision on permanent leadership had been made.

"Is there anyone here who doesn't know who the new director is?" James R. Talton, PA-C, MBA, MS, FACHE asked the staff gathered for a Town Hall Meeting mere days after the decision was officially announced. "I have heard some pretty wild rumors lately – so let me put them all to rest; I am your new director."

Prior to this appointment, Mr. Talton served as Associate Director, Tuscaloosa VA Medical Center since July 2009. His previous assignments include serving as Tuscaloosa's Chief, Diagnostic Service and Rehabilitation Medicine Service; Primary Care Service Line Chief, Beckley VA Medical Center (Beckley, WV); and Senior Physician Assistant, Salisbury VA Medical Center (Salisbury, NC).

Mr. Talton also brings 21 years of service in the United States Army to his new position. During his military



Applauding the Capitol Sounds Show Band during the 2012 Memorial Day Observance, James R. Talton PA-C, MBA, MS, FACHE was recently selected to serve as Director, Central Alabama Veterans Health Care System.

career, he distinguished himself in various leadership capacities as a noncommissioned officer and as a commissioned officer, with deployments to Southwest Asia and Africa.

More recently, Mr. Talton received the Department of Veterans Affairs "Secretary's Award" for his leadership as Incident Commander during the first 16 hours immediately following the devastating tornado in Tuscaloosa, Ala. on April 27, 2011. He is also a recipient of the 2012 Alabama Hospital Association Hospital Heroes Award for exemplary, enduring leadership at Tuscaloosa VA Medical Center.

Everyone following the process leading up to this announcement knows that Mr. Talton has been commuting and providing leadership to CAVHCS as Interim Director or Interim Associate Director

Please see 'Director'

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Trying to Understand Post Traumatic Stress Disorder?

By: Arthur B. Soule, M.D.

Associate Chief of Staff, Mental Health

What we now call Post-Traumatic Stress Disorder (PTSD) has undoubtedly been around for as long as people have been present on the planet. In years past, it had other names. In World War I, it was known as "shell shock", reflecting the theory that the percussion of the landing artillery rounds had physically disturbed the brain. (A theory that now enjoys new credence.) In World War II, the term most used was "combat fatigue," which again had some validity, but is now anachronistic.

The Yale psycho-historian Robert Jay Lifton found he was encountering a number of Viet Nam veterans in the 1970s with similar complaints. He agreed to meet and talk with them if they in turn would help him inform the public about what they were experiencing. His book "Home from the War" described the veterans and led to the re-formulation of a diagnosis now known as PTSD. PTSD has many possible symptoms but at the core is the idea that someone has been exposed to a very traumatic experience (war, a terrible accident, a sexual assault) and has such after-effects as bad memories and bad dreams, along with a sense of hypervigilance and predominately negative feelings.

[Anyone interested in the formal criteria can readily find them by Googling "PTSD symptoms".]

PTSD comes in all shapes and sizes. Some people are mildly affected and others more severely, usually depending on the type of experience. It is perhaps important to remember that PTSD is an anxiety disorder, not a psychosis, and that it really is a very normal and highly understandable response to hideous trauma. ("Who wouldn't have bad memories?") It is certainly an illness, but scarcely means that someone has lost their mind. I usually remark to patients whom I see with PTSD that "if there is some way for someone to go to war and NOT get some PTSD, I would not know what that is." Veterans need some reassurance. PTSD is an "honorable wound."

Treatment of PTSD constitutes a massive endeavor on the part of the VA. I usually emphasize to patients that "there is no silver bullet" and that "some medications help some people somewhat and there are obviously a lot of holes in that net". Antidepressants are frequently used to

Please see 'Post Traumatic Stress'

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CAVHCS All-Stars

Dr. Kristen Murray in the Podiatry Clinic is a wonderful Physician. Every time I come to see her she always goes above and beyond and helps me to understand what's going on with my feet. Thank you and please thank her for a "job well done." -- A "Happy" Patient, Tuskegee

My Ultrasound experience was very pleasant and informative. Mrs. Gabriele Wenzelow is very helpful and nice and helps me feel comfortable while she is doing her job. Thanks. -- Respectfully, Robert R.

I am glad and deeply appreciative for the care you and your staff gave and will be happy to be the Number One speaker for what CAVHCS is and what a remarkable job you do for our Vets that too many other places do not want or do not give good care to. Please accept my apology for prior bad acts and please accept my thanks for all you do. -- Sincerely, Tina N. J., Proud Wife of Gary T. J. (Col, Ret.)

I would like to commend Ms. Silvia Sturdivant of the Tuskegee Clinic for her helpful consideration concerning my husband's care. Ms. Sturdivant far exceeded just being helpful. Fine people like her should be commended for their excellent service. So many times people are passed over. -- Sincerely, Delores L. and Donald L.

I just wanted to let you know that you have two of the most productive members of your staff when it comes to Crystal Hopkins and Novella Scott. These two members of the staff of Building 120 East are spectacular in their professions. These two women have assisted and motivated me to be the best person I can be and to take every advantage of this program and the time spent here.

I have witnessed them go above and beyond the scope of their assigned duties to help me as well as other Veterans in every way possible to make sure that the Veterans' needs were put first.

Your overall staff at Building 120 East are great, but these two women in particular stand out amongst them. It's not hard to see that they truly appreciate we Veterans, because it shows in how much they care and how much they enjoy what they do here every day. I just thought that you should know this about your staff.

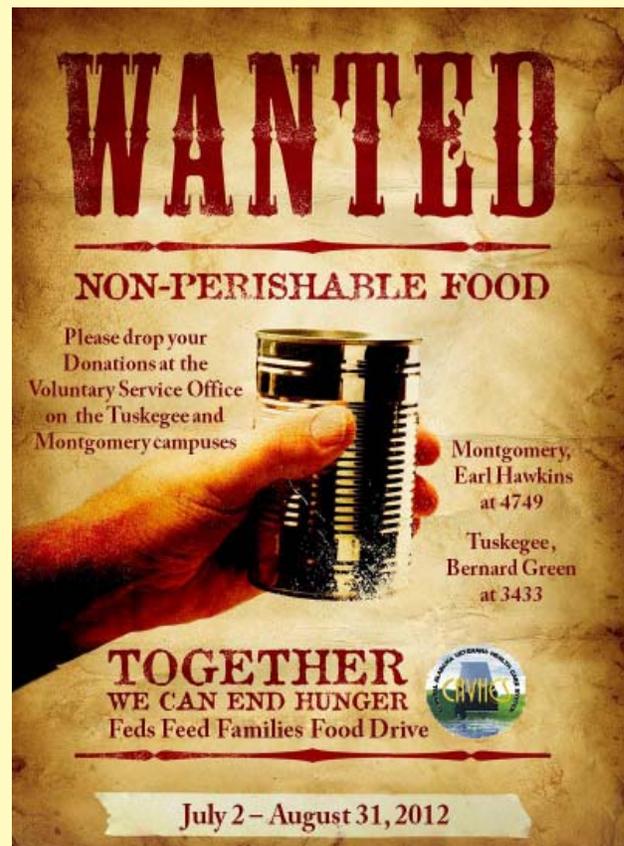
-- Signed, A Very Pleased Veteran

I received very good care at the VA Medical Center in Montgomery. I did an Ultrasound and the tech was Gabriele W. Wenzelow. She is good at what she does and good with the Veterans she works with.

-- Respectfully, Henry H., Opelika, Ala.

I was a patient in the Inpatient Psychiatric Unit 4-A3 and I would like to express my appreciation for the following employees at this unit. They go far and above the call of duty. I think they deserve a medal. They are as follows: Frank Sullen, Mary Williams, Wendell Williams, Wayne Jones, Sherran Jackson, Edna Stinson, John Echols, Dr. Mudragada and Marchyna Pitts. Forgive my bad spelling (P.S. Mrs. Shoemaker). Please add her to the list and don't forget Ms. Jannie O'Neal.

-- Thank you! Billy F. B.



The CAVHCS Salute



Accredited by
The Joint Commission

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Director
Acting Associate Director
Acting Associate Director, Patient Care Services
Chief of Staff
Public Affairs Officer

James R. Talton, PA-C, MBA, MS, FACHE
Johnny Davis
Rozelia Bean, MS, RN
Cliff Robinson, MD
Al Bloom

The CAVHCS Survey says...

“What do you do to beat the heat during the long Dog Days of summer, and how well has your strategy been working?”



**Fredrika Sanders,
Supply Technician**

“I simply stay out of the heat and drink plenty of water. The air conditioner on HIGH has been my savior.”



**Roderick Casey,
Program Support Assistant,
Therapeutic Recreation**

“I drink a lot of water to stay hydrated, brining my own stash of water to work. Its working great!”



**Wendell J Echols Sr.,
Painter, Engineering**

“I sit under a tree drinking lemonade. So far its worked out pretty good!”

‘Post Traumatic Stress’

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alleviate the intensity of the memories. A variety of other medications are variously employed. While it used to be the case that minor tranquilizers were widely used, the potential hazards of addiction have made these less widely used. It might be noted that some people “self-medicate”, meaning that they drink. The incidence of alcoholism in the general population is 15%. In combat veterans, it is 30%. Generally speaking, this only leads to much more trouble.

Psychotherapy is widely used and is often extremely helpful. Many of my psychologist colleagues widely employ so-called “cognitive therapies” which have proved extremely beneficial in relieving symptoms. Speaking more generally, any type of counseling which helps veterans to understand what they have (and what the hazards are) is useful.

There have been some powerful literary descriptions of PTSD, even before it went by that name. The narrator in Hemingway’s novel “A Farewell to Arms” exhibits quite eloquently the sense of burned-out psychic numbing that many people feel. Like that character, many people with PTSD feel isolated from the rest of the world, left like him “in the rain”.

PTSD will be prevalent so long as there are wars. The VA will always be involved in treating it, undoubtedly with new modalities as time marches on. Any veteran with PTSD can usually benefit from some form of intervention and is urged to ask for it.

‘Director’

From Page 1

since September in 2011. “I’m excited to have been selected,” explained Talton. “We’ve already gone through the getting to know you phase, so now we can implement and follow through with the ideas we have planned or recently implementing. That said, there’s plenty of work to be done,” added Talton. “It’s going to take a strong commitment, and plenty of work, to get to where we all want to be. But, I know this is where I’m supposed to be, and I intend to be here for a long time.”



Addressing staff during a recent Town hall Meeting, James R. Talton PA-C, MBA, MS, FACHE was recently selected to serve as Director, Central Alabama Veterans Health Care System.

Be a VIP: Veteran Information Protector

The weather is warming up, and most of us are looking forward to enjoying time outside with our family and friends during the summer months, and maybe even taking a good vacation. While we enjoy the good weather and have time to relax, it is easy to forget that disasters can happen. So make the most of your time this season, and make it your mission to prepare your home and office for an unexpected disaster. Knowing what to do before, during, and after a disaster is an important part of being prepared and may make all the difference when seconds count. The question is - are you ready?

As a Veteran Information Protector (VIP), you are always vigilant, informed, and proactive. It is your mission to be prepared for disasters that could affect you, both at home and in the office. You must be ready to protect Veterans' information in any scenario.

Follow these tips to make sure that you are ready in the event of a disaster:

Office Preparedness Tips

- Be aware of your management's emergency plans – Contact your manager to find out how you should react to a variety of disaster situations. Plans should be in place to assist you in continuing mission-critical functions to serve Veterans even when disaster strikes.
- Follow instructions – If you are in the office when a disaster happens, follow guidance on whether you

should stay put or evacuate. Use common sense and available information to determine if there is immediate to yourself and your colleagues.

- Prepare to keep VA information secure - Following VA policies and procedures for protecting sensitive data each day we work helps the Department to be ready to continue serving Veterans in a disaster.

Home Preparedness Tips

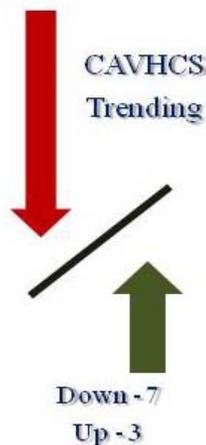
- Have enough food and water for three days – Ensure that you have one gallon of water per person, per day. Keep ready-to-eat foods like canned vegetables, fruits, and soup on hand.
- Make copies of your identity documents – Copies of documents proving your identity, like your birth certificate, marriage certificate, driver's license, passport, and social security card will come in handy if you need a replacement later.
- Develop and practice a family emergency plan – Determine a meeting place that your family can gather in the event of different types of disasters. Think about how you will communicate in various situations.

More information on disaster preparedness is also available at Ready.gov. As always, you can also send your questions or comments to OIS.Communications@va.gov.

As VIPs, together, our mission is possible!



CAVHCS Trending



Overall Inpatient Quality	65.4%	52.6%
Willingness to Recommend Hospital	50.4%	51.4%
Responsiveness of Hospital Staff	61.1%	68.4%
Communication with Nurses	83.0%	88.0%
Communication with Providers	88.3%	86.6%
Overall Outpatient Quality	42.6%	43.6%
Getting Needed Care	60.7%	66.2%
Rating of Specialists	52.4%	51.9%
Rating of Personal Provider and Nurse	54.5%	57.2%
Communication with Providers and Nurses	81.6%	83.6%

Preventing Pneumonia...in August?

By: MaryCatherine Porch, APRN

Health PromotionDisease Prevention Program Manager

August marks National Immunization Awareness Month. In the past few months, I have featured some of the common immunizations Veterans are encouraged to take, namely, Influenza (flu), Shingles, and Tetanus/Diphtheria/Pertussis. Another important vaccine is the one to help prevent pneumonia.

Pneumonia is an infection of the lung caused most commonly by bacteria or viruses. Pneumonia can be the primary problem or it can be a secondary problem developing from illnesses such as the flu. Cough, fever, chills, shortness of breath, fast breathing and/or chest pain may be present.

Worldwide, pneumonia causes more deaths than any other infectious disease. In 2009, over one million people in the United States were hospitalized for pneumonia and over 50,000 died from this disease.

Fortunately, there are important steps to take to decrease the risk of getting pneumonia. As with all other diseases spread from one person to another, good hand washing is the number one method of prevention. Always wash hands after sneezing, coughing, or after exposure to any body fluids. Cough or sneeze into a tissue or sleeve. Clean surfaces such as your telephone, countertops and doorknobs. Quit smoking and limit exposure to secondhand smoke.

Next, talk to your health care provider to see if you are a candidate for the pneumonia vaccine. This vaccine protects against some common strains of bacterial pneumonia.



It is recommended for all those at highest risk for getting pneumonia and developing complications. Those at highest risk are children less than 5 years of age, adults over 64 years of age and people with certain chronic health problems.

Those with heart disease, lung diseases such as asthma and emphysema, diabetes, HIV, any type of immune deficiency, certain types of cancer, sickle cell disease and chronic liver or kidney diseases should be vaccinated. Those who smoke, drink alcohol excessively, and those living in long-term care facilities or nursing homes should also be vaccinated.

The pneumonia vaccine is safe and has been prescribed for many years. The first pneumonia vaccine became available in 1977.

The most common reaction to the vaccine is some tenderness at the site of the injection. Allergic reactions are rare. Some people will need one shot and some will need a second shot five years after the first injection.

So welcome the month of August by checking your immunization records. Make sure you are up-to-date on all of your vaccines. Keep in mind that the flu season is around the corner and flu vaccine will be available early in autumn. If you would like more information on this and other health topics, visit the Veterans Health Education Department on the Montgomery and Tuskegee campuses. You can also check out www.cdc.gov for additional information on pneumonia and all vaccines.

Happy National Immunization Awareness Month!

Women's Equality Day: CAVHCS Women of Excellence

By: Loretta M McCloud

CAVHCS Equal Employment Opportunity Program Manager

Central Alabama Veterans Health Care System (CAVHCS) proudly joins the Nation in celebrating Women's Equality Day each year in August. Congress designated this date in 1971 to honor women's continuing efforts toward full equality. U. S. Representative Bella Azbug (D-NY) spearheaded this effort.

The 19th amendment granting women the right to vote was certified as part of the U.S. Constitution on August 26, 1920. It was the culmination of a 72-year-long civil rights movement that originated at the world's first Women's Rights Convention held in Seneca Falls, New York, in 1848. Several generations of women's suffrage supporters wrote, lectured, marched, and lobbied to achieve what many Americans considered a radical change to the Constitution. Very few early supporters lived to see victory in 1920.

CAVHCS Diversity Advisory Committee, Federal Women's Program sponsors an annual Women's Equality Day Observance. "CAVHCS Women of Excellence" is the heart-throb of this annual event. Nominations are solicited from CAVHCS employees for women meeting specific and unique criteria that set them apart. The women are selected from three

categories nominated according to grade and classification levels. Certain criteria must be met to qualify for each level of the nominations. CAVHCS Women of Excellence will be named during observance of Women's Equality Day. Winners will receive a cash prize, and a certificate of appreciation. They will join other winners who have achieved this prestigious title.

This year's observances will be held August 22, 2012 at Tuskegee in the Staff Training Room and August 23, 2012 at Montgomery in the Multipurpose Room.

CENTRAL ALABAMA VETERANS HEALTH CARE SYSTEM
Diversity Advisory Committee
Observes

Women's Equality Day

We are soliciting nominations for outstanding women for the title of
"CAVHCS Women of Excellence 2012-2013"

This year's nominating categories are:

CATEGORY I	CATEGORY II	CATEGORY III
GS 1-7 WG 1/WL 1 - WS 5 Nurse I	GS 8 - 12 WS 6 - 10 Nurse II	GS 13 & above Nurse III & above Physicians/Dentists

~One winner will be selected from each category~
ALL CAVHCS employees are encouraged to participate.
All nominations must be received by COB Friday, August 10, 2012



Getting together for a group photo are (l-r); Artrease Potter-Asberry, Dr. Audrey Hodge, Cheryl Albert, Veteran Thomas Simpson and Grover Jackson. The photograph was taken mere days after the same quick thinking Laboratory staff called away a Code Blue and provided immediate support when Mr. Simpson arrived at the Lab while having a heart attack .
(VA photo Eric Johnson)

2012 CALENDAR OF EVENTS VA OFFICE OF PUBLIC AND INTERGOVERNMENTAL AFFAIRS							FEDERAL HOLIDAY
August 2012							
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
<ul style="list-style-type: none"> National Immunization Awareness Month Cataract Awareness Month 	<ul style="list-style-type: none"> National Spinal Muscular Atrophy Awareness Month MedicAlert Month 	<ul style="list-style-type: none"> Neurosurgery Outreach Month Psoriasis Awareness Month 	1	2	3	4 • Coast Guard Day	
5	6 • Atomic Bomb Dropped on Hiroshima (1945)	7 • Purple Heart Day • U.S. War Department Established (1789) • Operation Desert Storm Begins (1990)	8	9 • Atomic Bomb Dropped on Nagasaki (1945)	10	11	
National Health Center Week · Assistance Dog Week (Aug. 5 - 11)							
12	13	14 • Navajo Code Talkers Day (Navajo Nation) 	15	16	17	18	
19 • National Aviation Day 	20	21	22	23 • Health Unit Coordinator Day	24	25	
26 • Women's Equality Day 	27	28 • March on Washington "I Have a Dream" Speech (1963)	29 • Hurricane Katrina Strikes Gulf Coast (2005)	30	31		

The CAVHCS Community Calendar is not intended to be an all-inclusive, official calendar. It is intended rather to provide a medium for CAVHCS Salute to share upcoming events.

If you would like to add a CAVHCS event please email details directly to alan.bloom@va.gov. Submissions are not guaranteed to be published. Editorial considerations will be made for propriety, promptness and print space.