



CAVHCS Outreach, Fighting Homelessness

Central Alabama Veterans Health Care System (CAVHCS) conducted another Homeless Veteran Stand Down in Montgomery's State of Alabama Farmers Market, which was designed to provide assistance and information to Homeless Veterans in the River Region.

"The Farmer's Market is an excellent venue to serve Homeless Veterans in the River Region," said CAVHCS Grant & Per Diem Liaison Springe Love. "We saw more than 160 Veterans, because we have room to provide exams, vaccinations and assist a Veteran's well being, as well as addressing employment opportunities, community resources and transitional housing."

Delivering a robust effort to marry need with resources, CAVHCS was able to expand this year's Homeless Veteran Stand Down to three days. "We interact with Homeless Veterans every day, but a stand down, where a Veteran can attend with other Veterans, seems to offset any stigma they may

have toward getting help," said Love. "The resources are here. If there is anyone here who was on the street prior to coming here, there's no reason for them to go back to the street today."



Homeless Veterans in the River Region were provided access to resources like transition housing, wellness exams and even employment opportunities during the recent Homeless Veteran Stand Down. (VA photo by Eric Johnson)

While making sure Veterans have ample opportunity to access VA resources is a major reason for holding a stand down, the VA's commitment to eliminating Veteran Homelessness may be the reason CAVHCS has been aggressively seeking to locate Veterans in need. In late 2009 Department of Veterans Affairs Secretary Eric Shinseki announced a national VA goal to eliminate Veteran Homelessness by 2015 and CAVHCS has been working with the community to realize that goal.

Two years ago, the VA estimated that there were 131,000 Homeless Veterans in this country. Today, that estimate is down an additional 11 percent.

Through the Homeless Veterans Initiative, VA committed \$800 million in FY 2011 to strengthen programs that prevent and end homelessness among Veterans. There

Please see 'Stand Down'

Page 7

CAVHCS Retreat Provides PAIRS Tools to Thrive

By: Patricia Randich-Dumas, LCSW-PIP
OEF/OIF/OND Program Manager

Veterans and their families have a new resource, which can provide preventative measures to divorce/separation and decrease stress, while increasing confidence in communication and overall quality of life. Central Alabama Veterans Healthcare System (CAVHCS) held its second Practical Applications for Intimate Relationships Skills (PAIRS), couples strengthening retreat for Veterans on the weekend of August 17-19, 2012.

The overall mission of the PAIRS Foundation is to teach attitudes, emotional understandings and behaviors that nurture and sustain healthy marital and family relationships. The CAVHCS OEF/OIF/OND Seamless Transition Team offers this training with the mission to provide Veterans and their spouses the opportunity to develop stronger relationship skills. Although PTSD is not a part of the curriculum, the trained staff of social workers were able to support the couples that live with PTSD daily and allow the new skills to take root.

On the first day the couples were provided a welcome by the OEF/OIF/OND Seamless Transition Team, dinner and an introduction to PAIRS. They were offered the opportunity to meet and greet each other and to find common bonds through activities with storytelling and humor.

The second day consists of teaching the emotional literacy skills and providing activities that demonstrate affection, connection, and communication. By the end of the afternoon the couples are ready to explore the city of Montgomery and have a "date night."

The last day involved discussion of how "baggage from the past" affects relationships of today. The intention is to have attending couples leave renewed and re-engaged in their marriage.

The PAIRS retreat was so well received that additional retreats are being planned for 2013, including reunion workshops. According to their feedback, the couples overwhelmingly felt not only empowered in their marriages, but also left the training feeling they'd developed a community bond with the other couples. "It would be useful to have a reunion," said one spouse. "This was so much information to process. I am so thankful for your help, and I'm confident that we've developed skills that can be used the rest of our lives."

The PAIRS training is a strong example of CAVHCS listening to and responding to Veterans and Veterans' Family needs, and engaging the whole family. "I have to admit I enjoyed this weekend," added another spouse. "My wife tried to get me to a class like this before, but I was always able to find a reason not to go. This time I went, and I am glad I did. I love her, and this program will help us."

CAVHCS All-Stars

Mr. James Talton,

To make a long story short, my son was sick for a couple of years, had three strokes within a year – the last one was in March of this year leaving him paralyzed on his right side, other disabilities as a result of the stroke include Aphasia and Apraxia. I couldn't imagine how I would continue, how I would be able to take care of my son and continue supporting my family (my husband, Carey H., has been disabled for almost six years).

I had very little direct contact with the VA, and didn't begin to know how to find the assistance we needed. My son was in critical condition in the hospital - I'm typically a strong, resourceful and independent person. At this point I could barely complete a sentence.

Then I met and started working with a group of people who were (and still are) always there for Gary and me – *my very own VA Angels*. Mr. Talton, I am not exaggerating when I say, I could not have survived this without their support.

LaDonna Golden – LaDonna was the first person I had personal contact with after Gary's stroke. I can't say enough about LaDonna, the things she made possible, made so much easier..... It didn't matter what I needed, LaDonna would take my call and help me with the issue - during the most difficult time of my life.... LaDonna was there for Gary and me, not only was she there to help, She CARES!!!

Dr. Cliff Robinson – I met Dr. Robinson when Gary was still in the hospital. I asked for an appointment with Dr. Robinson and he met with me the next morning. As I told Dr. Robinson about my concerns, I could tell he also cared for Gary and was understanding about our situation. When Dr. Robinson said he would contact the hospital to speak with the Dr. concerning a specific issue, before I could find the Dr. in the Stroke Unit to let him know to expect his call - - Dr. Robinson would have already made the call. Again, I don't know what I would have done without his assistance...He CARES!!!

Joy Germanos – I am honored and so grateful that I have the opportunity to stay at home and care for my son. I cannot tell you how special this man (my son) is and has always been. LaDonna gave me Joy's name to speak with concerning the Personal Caregivers Program – through this program I have the opportunity to give back to this Soldier who gave so much to his Country and has (and continues to) make me so proud as mother. Joy was just a phone call away and always available for my many questions and concerns. Actually, I have called Joy recently with an issue, and although she is now in another role, she still helped me... she knew I needed an answer quickly and she was there...She CARES!!!

Jackie Collins – In my new "normal", we needed a wheelchair, cane, bath transfer chair, along with other equipment (we're still in the process of having renovations made to the house). Again, this is a scary and heartbreaking process. Jackie has been there to help us get what is necessary to help ensure Gary and I have what he needs for daily living needs and as we continue on our journey for healing. Once again I don't know how we would have been able to make this transition with the personal care and assistance Jackie has provided. ...She CARES!!!!

Ellen Howard – Ellen Howard is an amazing person and Speech Therapist. Gary is (understandably) very unhappy with his current condition. Ellen immediately knew how to work with Gary, not only has she been amazing as a Speech Therapist, she has been a tremendous source of strength and encouragement to both Gary and me. My heart hurts so badly for Gary - - at times it seems overwhelmingly so.... Ellen sees Gary 2 to 3 times a week; I can tell she also feels for Gary....She cares!!!

Dr. Rita Harvey – The first time I had a meeting with Dr. Harvey, I felt so encouraged and uplifted. Gary had become extremely discouraged was telling me he didn't want to try anymore. I was extremely distraught. Dr. Harvey gave no false hopes of recovery that may never happen, although she made it very clear that if Gary put in the necessary effort, she and her staff would be there to help him reach his (our) goals. Dr. Harvey met with Gary – I truly feel when she talked to Gary that she helped him turn a corner that will start him down a path of continued recovery. Her conversation was "real" (this is how it is, and this is what you must do to continue to improve), the balance of "saying it like it is," compassion, empathy, understanding and encouragement was exactly what Gary needed....She cares!!!

Sandra Griffith – I cannot possibly put into words the level of support we have received from Sandra; she is an amazing woman who can make things happen when it doesn't seem possible. Sandra has been helpful on so many different levels / in so many different situations, I couldn't begin to list them all. I would like to tell you about one of the situations to use as an example show how dedicated and persistent she is when dealing with a situation. I was so concerned about Gary, he didn't want to go to Therapy anymore – although he never actually said it, he let me know he would rather die than continue life "as is". I was so scared and didn't know what to do.... I sent my friends at the VA an email, they contacted me immediately and Sandra made a miracle happen. She asked me if I thought Gary needed to see a Psychiatrist. I said yes, she contacted Ellen to let her know we wouldn't be there for speech, she contacted the on-call Psychiatrist, let her know that Gary would be coming in, went to the emergency room to assist with smoothing that process, told me to call as soon as we got to the emergency room so she would come down to help make sure we were doing everything we could to speed the process.

Then, Sandra went door to door and spoke with each Psychiatrist to see if one could possibly talk to Gary – she actually found someone who would be willing to help and within the hour we were sitting in Dr. Fife's office. Dr. Fife was wonderful and worked very well with Gary. This is how Sandra is; she does not stop until she finds a solution. She CARES!!!!

I am sure I have left off some names that needed mentioning - - I so appreciate everything everyone has done to help Gary and me. This is truly the most difficult time in my life and I am so grateful to have all these wonderful people to help Gary and me through this journey. -- *Thank you!*

The CAVHCS Salute



Accredited by
The Joint Commission

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Director

James R. Talton, PA-C, MBA, MS, FACHE

Acting Associate Director

Johnny Davis

Acting Associate Director, Patient Care Services

Rozelia Bean, MS, RN

Chief of Staff

Cliff Robinson, MD

Public Affairs Officer

Al Bloom

The CAVHCS Survey says...

“If you could recommend one thing to the new director – what would that be?”



Delores P. Rodgers
Medical Technologist, Lab

“Please look at a possible relocation of the lab on the first floor closer to the clinics for the convenience of aged or physically limited Veterans.

Failing that, take a close look at how the utilities and air handling systems are impacting on Lab equipment and spaces.”



Darrell W. Fixler,
Firefighter/Medic

“To authorize CAVHCS Fire Department Medics to transport veterans to Health Care Facilities off-campus, to better serve the veterans and to reduce expenditures for commercial ambulance services.”



Stephen E. Senger,
Clinical Social Worker,

“Be very observant of everything that goes on at CAVHCS.”

Do You Know the New CAVHCS Director?

Leadership styles differ almost as much as the personalities of the leaders implementing them, and, of late, the staff of Central Alabama Central Veterans Health Care System have seen several, varied styles. However, changes in leadership became a thing of the past...officially...last month when the selection of CAVHCS' new director was announced.

“The staff at CAVHCS has done an outstanding job keeping their focus on Veterans, despite having unsettled leadership unsettled,” said James R. Talton, FACHE, who previous to accepting his new appointment served Associate Director, VA Medical Center Tuscaloosa, Ala. “My interest in being considered to lead CAVHCS was based upon the professionalism of the staff and how much we can accomplish together here.”

Despite transferring from within Alabama, Mr. Talton travelled a long way before being selected as CAVHCS' new director. After 21 years of service in the U.S. Army, he served in positions within the VA that entailed continually increasing responsibilities. Then, after providing integral leadership in the immediate aftermath of the tornado that devastated the City of Tuscaloosa in April of 2011, he was called upon to provide

leadership here at CAVHCS. “I feel like I was supposed to be wherever I've served – for a reason,” said Talton. “There's no doubt in my mind that 21 years of service in DoD (Department of Defense) prepared me to act in response to the tornado in Tuscaloosa.

“And, now that I'm here at CAVHCS, I have a similar feeling of purpose,” added Talton. “I commuted for several months back and forth between Tuscaloosa and CAVHCS; that commute afforded me plenty of time to digest and examine my initial experiences at CAVHCS.”

During the months leading up to his selection, Mr. Talton made preparatory changes at CAVHCS that ranged from apparently small changes to the work environment to broader changes to CAVHCS' Mission/Vision/Values statements. “The changes we've made all support enhancing the work environment,” said Talton. “From re-vitalizing the Employee of the Month program to provide recognition of staff efforts, to emphasizing that no matter what we do or who we're dealing with, one of the most important things is to always leave people with their dignity intact; promoting a more positive work environment was what I recognized as one of the first things we needed.”



Addressing CAVHCS staff during a recent Director's Staff Meeting, new director James R. Talton, PA-C, MBA, MS, FACHE has frequently shared his views of effective leadership and enhancing the CAVHCS workplace environment.

Patient Aligned Care Team (PACT)

Have you ever gone to an Urgent Care facility where you were unknown, and had to fill out multiple forms every time you visited? Have you ever felt like you were a number in the health care system? Have you ever felt like you were telling the same story over and over and over again to different health care providers?

If so, you are not alone.

Fortunately, there is change coming to the Department of Veterans Affairs as well as the private sector. In many ways, VA is leading the pack.

In fulfilling its responsibility to provide 'the best care anywhere' for every Veteran, VA is embracing an opportunity to move away from problem-based disease care toward something very different: patient-centered care based on relationships that are built gradually, over time, and committed to positive results over the Veteran's lifetime. This new way of thinking regarding your health care is called PACT, or Patient Aligned Care Team.

"Reactive, physician-centered care will be a thing of the past as VA designs and delivers a 21st century health care delivery system that is based in lifelong planning and support, and centered on the Veteran patient," explained Dr. Tracy Gaudet, director of VA's Office of Patient Centered Care and Cultural Transformation.

"The 21st century VA will be a healthcare system that has the Veteran at the center, and begins with their vision of health and their goals."

In order to understand PACT, you must first understand Primary Care. Primary Care is outpatient-centered health care that coordinates care of inpatient and outpatient services, specialty clinics and community resources. Primary Care is usually the entry point into health care for most patients.

The Patient Aligned Care Team takes this a step further by putting patients at the center of their own care. The care is person-oriented as opposed to disease-oriented. The person is just that: a person, not a group of diseases to treat.

With the Patient Aligned Care Team approach, you (the patient) are your number one health care advocate! You and your family get to make decisions and help direct your care! Your doctor works closely with you to help you reach your optimal health, and stay there. But your doctor is not alone; they have nurses and many others working closely with them to provide input and direction to your care.

The Care Manager Nurse, for example, may zero in on two or three high-risk diagnoses, such as congestive heart failure or diabetes that may be managed through patient education, medication, lifestyle changes, etc. Do you see a theme? Once you, the patient is educated, you have the choice of changing how you eat, exercise, take your medicine, etc. Your family can be intimately involved as well.

The doctor may order the medications you need to take, and the pharmacist may follow

up with close monitoring of your vital signs or blood sugar and other lab results, and adjust those medications. You may have a social worker to help you with home care needs, or a Care Coordination Home Telehealth nurse who follows vital signs or other readings you input, via a phone system.

You may have a dietitian instruct you, or Mental Health services may help you establish goals and give you strategies to help achieve them, in order to live a healthier lifestyle. If you are admitted as an inpatient, your Patient Aligned Care Team will be alerted to this and, if appropriate, visit you in the hospital. They will follow up with you after your discharge to ensure you get the care you need.

You may be involved in group appointments, telephone clinics, or appointments with someone other than your primary care provider, such as a nurse, mental health specialist, nutritionist, etc. And VA is providing more and more ways to communicate with your team, such as in-person visits, telephone calls, Home Telehealth, or secure messaging via My HealtheVet.

**We've made a PACT
with Veterans**
'It's a team effort'



Patient Aligned Care Team



VA
HEALTH CARE | Defining
EXCELLENCE
in the 21st Century



Recovery, It May Take More Than One Try

By: **Arthur B. Soule, M.D.**

Associate Chief of Staff, Mental Health

Alcoholism is a forbidding topic. It ruins people's lives. It kills people. Or, in the case of those unlucky enough to be spouses or children of an alcoholic, can make one's life miserable.

The bleakness has had its moments of relief. Religion has always been a stalwart point from which to mount attacks on the devastation of addiction. Historical examples abound. Around the 1900 turn of the century, the Temperance Movement ("lips that touch liquor shall never touch mine") was a social force of some power. It led, indeed, to Prohibition, one of the worst legal ideas ever to beset the country. Coming close on the heels of its repeal, the birth of Alcoholics Anonymous in Akron, Ohio, in the mid-1930's offered hope which persists to this day.

The AA "12 Step" approach is still the cornerstone to most rehabilitation programs. Bill W and Dr. Bob, who started AA, are quiet historic icons.

In the meantime, organizations such as the Salvation Army have played their own major role in recovery. Maj. Gen. William Booth, who started the Army, was lionized in Vachel Lindsay's poem "Major General William Booth Enters Heaven," an onomatopoeic masterpiece. ["Booth led boldly with his big bass drum..."] The Army works quietly and effectively and is comprised of a very serious group of people.

But what is alcoholism? While many definitions are proposed, some of

the answer is suggested by the CAGE screening test. CAGE is an acronym for four questions. Have you ever thought about **C**utting back on your alcohol intake? Does your drinking ever **A**nnoy people? Do you ever later feel **G**uilty about the things you do while drinking? Do you ever drink an **E**ye opener in the morning? All of these queries raise the index of suspicion for an alcohol problem - which really is nothing more nor less than alcohol interfering with one's life be it emotionally, socially, occupationally or medically. Fifteen percent of the general population are alcoholic. It's a common problem and common to find existing (comorbid) with such other illness as PTSD. Thirty percent of PTSD patients have an alcohol problem.

Alcoholism is commonly a progressive illness which will, unless arrested, take your life in any number of ways. It can and does attack nearly any organ in the body. While death from cirrhosis of the liver is probably the most common end, accidents such as motor vehicle injuries are a leading source of mortality as well. Ironically enough, for a substance which people

crave, there is not much joy. Actively consuming alcoholics when interviewed in a bar do not report feeling especially wonderful. They are there for the craving, not the joy. The image of the happy tippler is an empty myth.

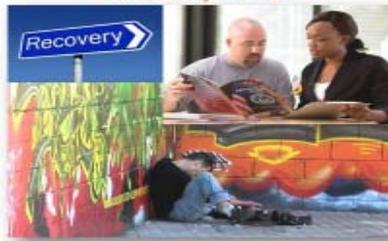
Intervention is fraught with difficulty because of the angry denial. Betty Ford was fond of telling the story that when someone finally dared to intervene with her, she tried to get the Secret Service to throw them out!

The reason to confront an alcohol problem in a patient is not because of the certainty of a favorable outcome to the conversation. It is because the clinician 15 or 20 tries later may finally get a different response: "You know, you are about the 20th person to tell me that."

Because of the tendency of some PTSD sufferers to "self-medicate", and because of the place of alcohol in military culture, alcoholism is a commonly encountered problem at the VA.

Nearly all VA facilities have provisions for substance care. Many have residential rehabilitation programs. While treatment failures are not uncommon, so too are successes. These are spoken of cautiously in one-day-at-a-time terms. The VA is committed to the health of its veterans and that very much includes such substance problems as alcohol dependence.

September is Alcohol & Drug Recovery Month



MISSION: To provide excellent service and highest quality, patient-centered healthcare to our Nation's heroes.

VISION: Achieving the best possible outcomes for Veterans and employees.

VALUES: I-CARE

INTEGRITY - Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all.

COMMITMENT - Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill individual responsibilities and organizational responsibilities.

ADVOCACY - Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

RESPECT - Treat all with dignity and respect. Show respect to earn it.

EXCELLENCE - Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for your actions, willing to admit mistakes, and rigorous in correcting mistakes.



Mission/Vision/Values Graphic Contest

Selected Graphic

submitted by an anonymous designer who donated \$150 Award to Voluntary Service.

Top Three Designers

will receive \$100 Award.

[Sue Ormanovich](#) - Geriatrics, Extended Care & Rehabilitation
[Dollie McCall](#) - TeleHealth

Top Five Designers

will receive \$50 Award.

[Katrina Scott](#) - TeleHealth
[Shewonda Trimble](#) - TeleHealth

CAVHCS Photo Gallery

During August CAVHCS conducted a three-day Homeless Veteran Stand Down that assisted more than 160 Veterans. CAVHCS also celebrated Women's Equality Day and recognized Women of Excellence - Fikisha Cooper, Management Assistant, Nutrition and Food Service (Category I), Marian Myles, Program Specialist, Voluntary Service (Category II) and Carolyn Caver-Gordon, Associate Chief Nurse, Mental Health (Category III). (VA photos by Eric Johnson)



Congratulations to Women of Excellence Runners-up; (above l-r) Denise Hall, House keeping Aide, Debbie Morris, Social Worker, Sheila Bates, Program Support Assistant.



VA Announces Plan to House 10,000 Homeless Vets

The U.S. Department of Veterans Affairs announced that it will collaborate with the “100,000 Homes” Campaign and its 117 participating communities to help find permanent housing for 10,000 vulnerable and chronically homeless Veterans this year.

“President Obama and I are personally committed to ending homelessness among Veterans,” said Secretary of Veterans Affairs Eric Shinseki.

“Those who have served this Nation as Veterans should never find themselves on the streets, living without care and without hope.”

The collaboration is intended to help accomplish Secretary Shinseki’s goal of ending Veteran homelessness in 2015. It will also support the ongoing work of the U.S. Interagency Council on Homelessness and a host of state and local organizations working to implement “Opening Doors,” the federal plan to end chronic and Veteran homelessness. According to the 2011 Annual Homelessness Assessment Report to Congress, homelessness among Veterans has declined 12 percent since January 2010.

The initiative will better integrate the efforts of VA case managers and their local partners by leveraging VA resources and those of participants in the “100,000 Homes” campaign. The campaign’s national support staff, provided by New York-based non-profit Community Solutions, will also work with VA to provide technical assistance to help communities reduce the amount of time necessary to house a single homeless Veteran.

As a result, community organizations will be better able to utilize the Housing and Urban Development’s Veterans Affairs Supportive Housing (HUD-VASH) program. The program is a coordinated effort by HUD, VA, and local

housing agencies to provide permanent housing with case management and other support services for homeless Veterans. The collaboration will also help VA increase the proportion of HUD-VASH vouchers that help house chronic and vulnerable homeless individuals. Research indicates that this approach can successfully end homelessness for vulnerable and chronically homeless Veterans while also

achieving significant public cost savings. From fiscal years 2008 to 2012, HUD has allocated funding to local public housing authorities to provide over 47,000 housing choice vouchers to homeless Veterans.

Volunteers in participating “100,000 Homes” communities will help the VA identify homeless Veterans through their registry week process. Registry weeks are community-wide efforts in which volunteers canvass their neighborhoods to survey homeless

individuals and gather key information to help VA case managers expedite the housing process.

Campaign support staff will also offer quality improvement training designed to help reduce the amount of time necessary to house a homeless Veteran to 90 days or less. Pilot training in Los Angeles and New York City has already helped shave an average of 64 days from the Veteran housing process in these communities.

In 2009, President Obama and Secretary Shinseki announced the federal government’s goal to end Veteran homelessness by 2015. Through the homeless Veterans initiative, VA committed \$800 million in FY 2011 to strengthen programs that prevent and end homelessness among Veterans. VA provides a range of services to homeless Veterans, including health care, housing, job training, and education.

health care support all the more critical. It is a challenge VA continues to embrace. “We spoke with several Women Veterans,” said CAVHCS Women Veterans Program Manager, Peggy Hall. “Even though we’ve been active in the community to raise awareness for the past few years, there are still some Women Veterans that are unaware that we have Women’s Clinics at CAVHCS.”

All Americans can join the fight to end Veteran homelessness and make sure all Veterans have access to the resources and support they’ve earned. Everyone who works with Veterans has a role in ensuring their success. From the justice community to health care providers, from nonprofit organizations to the faith community, from neighbors to family members and employers, we can all be partners in ending Veteran homelessness.

According to the 2011 Annual Homelessness Assessment Report to Congress, homelessness among Veterans has declined 12 percent since January 2010.

‘Stand Down’

From Page 1

are a variety of reasons why Veterans are homeless and VA is committed to providing solutions to put an end to this problem.

VA is also taking steps to improve and expand services for Women Veterans who are homeless or at risk of becoming homeless.

Many women Veterans face challenges when returning to civilian life that are different from those of their male counterparts, including raising children on their own or dealing with the psychological after effects of events such as military sexual trauma. These issues, without intervention, can put Women Veterans at greater risk of becoming homeless. This makes VA’s efforts to provide housing and



IT’S YOUR CALL

Confidential help for Veterans and their families

•••• Confidential chat at VeteransCrisisLine.net or text to 838255 ••••

While they're sure to have a difficult time finding a bank willing to cash those checks, 2012 CAVHCS Women of Excellence Awardees (l-r) Carolyn Caver-Gordon, Associate Chief Nurse, Mental Health (Category III), Marian Myles, Program Specialist, Voluntary Service (Category II) and Fikisha Cooper, Management Assistant, Nutrition and Food Service (Category I) were all smiles during this year's Women's Equality Day Observance in the West Campus' Multipurpose Room. (VA photo Eric Johnson)



2012 CALENDAR OF EVENTS VA OFFICE OF PUBLIC AND INTERGOVERNMENTAL AFFAIRS							FEDERAL HOLIDAY
September 2012							U.S. AIR FORCE
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
<ul style="list-style-type: none"> National Hispanic Heritage Month (Sept. 15-Oct. 15) 	<ul style="list-style-type: none"> National Cholesterol Education Month 	<ul style="list-style-type: none"> Leukemia & Lymphoma Awareness Month 	<ul style="list-style-type: none"> Gynecologic Cancer Awareness Month 	<ul style="list-style-type: none"> Sickle Cell Disease Awareness Month National Pain Awareness Month 		1 <ul style="list-style-type: none"> World War II Begins (1939) 	
2 <ul style="list-style-type: none"> V-J Day (1945) 	3 <ul style="list-style-type: none"> Labor Day 	4	5 <ul style="list-style-type: none"> First Continental Congress Assembly (1774) 	6	7	8	
9	10 <ul style="list-style-type: none"> World Suicide Prevention Day 	11 <ul style="list-style-type: none"> Patriot Day 	12	13	14	15	
National Suicide Prevention Week · National Assisted Living Week (Sept. 9 - 15)							
16 <ul style="list-style-type: none"> American Legion Chartered by Congress (1919) National Rehabilitation Awareness Day 	17 <ul style="list-style-type: none"> Rosh Hashanah Citizenship Day Constitution Day VFW Ladies Auxiliary Organized (1914) 	18 <ul style="list-style-type: none"> U.S. Air Force Established (1947) 	19	20	21 <ul style="list-style-type: none"> POW/MIA Recognition Day World Alzheimer's Day 	22 <ul style="list-style-type: none"> Autumn Begins 	
National Veterans Summer Sports Clinic—San Diego, CA (Sept. 16 - 21) · Deaf Awareness Week · Prostate Cancer Awareness Week (Sept. 16 - 22)							
23	24 <ul style="list-style-type: none"> Hurricane Rita (2005) 	25 <ul style="list-style-type: none"> Disabled American Veterans Established (1920) 	26 <ul style="list-style-type: none"> Yom Kippur National Mesothelioma Awareness Day National Women's Health and Fitness Day 	27	28	29 <ul style="list-style-type: none"> Veterans of Foreign Wars Day (1899) 	
30 <ul style="list-style-type: none"> Gold Star Mother's Day 			<ul style="list-style-type: none"> Alcohol and Drug Addiction Recovery Month 	<ul style="list-style-type: none"> Ovarian Cancer Awareness Month Prostate Cancer Awareness Month 	<ul style="list-style-type: none"> National Skin Care Awareness Month Healthy Aging Month 	<ul style="list-style-type: none"> National Atrial Fibrillation Month National Preparedness Month 	

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.