CAVHCS Guides Dothan Homeless Stand Down

In military life a Stand Down is a time to stop everything and focus on specific areas of concern. And, in keeping with this definition, Central Alabama Veterans Health Care System (CAVHCS) recently teamed with local organizations to conduct a Homeless Stand Down in the Dothan Civic Center, and in doing so, provided Homeless Veterans in the Wiregrass Region an opportunity to regroup and focus on areas of concern.

“Stand Downs are conducted to assist homeless veterans in crisis,” explained Nita McGee, Central Alabama Veterans Health Care System’s Health Care to Homeless Veterans, Outreach Social Worker. “Working with the city of Dothan and groups like Dothan’s House of Benjamin, Disabled American Veterans and Veterans of Foreign Wars - we have been providing a single meeting point where homeless veterans can access several services at once to hopefully assist them in improving their quality of life.

“We want to make sure Homeless Veterans find out what resources are available to them in the area,” added McGee. “And, even though this is something relatively new (this is the fourth annual Dothan Stand Down) in the Wiregrass Region, we’re hopeful we can continue this being an annual event until we achieve the VA’s goal of eliminating veteran homelessness entirely.”

Homeless Veterans attending Wednesday’s Stand Down were greeted by volunteers, as well as members from as many as 20 support activities based in the Wiregrass Region. “We had folks coming from Department of Human Resources, Social Security and the Alabama State Employment Service,” said McGee. “Veterans were also able to receive haircuts and clothes.”

Nationwide, the number of homeless veterans is estimated to be 200,000 on any given night, though accurate numbers are impossible to pin down, according to the National Coalition for Homeless Veterans in Washington. Locally, while numbers are equally difficult to determine, the Wiregrass Region’s homeless veterans are being actively supported.

Veterans Day changes - parades abound in 2010

For obvious reasons Veterans Day has always been an important holiday for Central Alabama Veterans Health Care System (CAVHCS), and considering recent news, 2010 may be the most exciting celebration yet. First – Tuskegee VA Medical Center will conduct its 66th Annual Veterans Day Parade on Thursday, November 4, at 3 pm. Then, continuing the parade theme, CAVHCS, Maxwell AFB, The City of Montgomery and State of Alabama will pool their resources to conduct the inaugural River Region Veterans Day Parade November 11.

In doing so, Montgomery will be joining Birmingham and Mobile as a nationally recognized Veterans Day regional site. U.S. Veterans Affairs Secretary Eric K. Shinseki, who is chairman of the Veterans Day National Committee, notified Governor Bob Riley of the cities’ designations recently.

“Here in Alabama, we support our troops and we honor our veterans – and not just on holidays. It is an honor to know we now have three cities that are nationally recognized as model communities when it comes to celebrating Veterans Day,” said Governor Riley. This is the first time Montgomery has been designated a Veterans Day Regional Site, which is a distinction shared with only 53 sites nationwide.

On Nov. 11 at 11:00 a.m., Montgomery will host its first annual Veterans Day Parade beginning from the front steps of the State Capitol. After the parade, other Veterans Day activities will continue at the Montgomery Riverwalk with a military flyover, special riverboat cruises for veterans aboard the Harriott II, military exhibits, entertainment and much more.

The 2010 Montgomery Veterans Day theme is “A Tribute to Freedom.” For more information, the public can call the Montgomery Veterans Day committee at (334) 242-5084, or visit www.va.state.al.us.
VA policy lauded by New England Journal of Medicine

The Department of Veterans Affairs (VA) policy on disclosure of adverse medical events was praised as a “valuable resource for all health care institutions” in an article in a recent issue of the New England Journal of Medicine.

“At VA we strive every day to deliver superior health care,” said Dr. Robert Petzel, VA’s Under Secretary for Health. “When mistakes occur, we immediately acknowledge them and learn how we can do better in the future.”

Adverse events, such as incomplete cleaning of medical instruments, may affect significant numbers of patients over time. However, prompt disclosure also presents an opportunity to quickly assess risk to patients and to learn how to improve health care delivery and processes.

The article, entitled The Disclosure Dilemma, states that although many health care organizations have adopted policies encouraging disclosure of adverse events to individual patients, these policies seldom address large scale adverse events. It adds, however, that VA’s own disclosure policy is “a notable exception.”

The authors, including Denise Dudzinski, Ph.D., an associate professor and Director of Graduate Studies at the Department of Bioethics & Humanities at the University of Washington School of Medicine in Seattle, go on to say that VA’s policy outlines “a clear and systematic process” for disclosure decisions regarding large scale adverse events – a process that can include convening a multidisciplinary advisory board with representation from diverse stakeholder groups and experts, including ethicists.

The VA policy endorses transparency and expresses an obligation to disclose adverse events that cause harm to patients. Its provisions can include the convening of a multidisciplinary advisory board to review large-scale adverse events, recommend whether to disclose and provide guidance on the manner of disclosure.

The authors of the article conclude with the following observation, which summarizes VA’s philosophy on the matter: “Disclosure should be the norm, even when the probability of harm is extremely low. Although risks to the institution are associated with disclosure, they are outweighed by the institution’s obligation to be transparent and to rectify unanticipated patient harm.”

CAVHCS All-Stars

I would like to give my appreciation to the following personnel at CAVHCS for their outstanding medical service provided to me: Monica Barlow – Emergency Department; Jacqueline Ross – Eligibility; Dutwood Perdue – Optometry; Patricia Jowers – Yellow Team; Carla Johnson and Delois Jones – Same Day Surgery. Their promptness and attitude are to be commended. Self motivation, energetic approach and their desire to excel are notable strengths. They have earned my respect through their confident attitude and projection of a professional image. My sincere thanks for a job well done! -- Donald S., Montgomery, Ala.

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I would like to tell you about an exceptional employee – Lindsey Osborn, Phlebotomist. I had a veteran who needed a Nuclear Stress Test and I was unable to gain venous access. In spite of Lindsey’s busy schedule, he came to Nuclear Medicine and inserted a butterfly (on the first attempt) and I was able to do the stress test. Lindsey’s willingness to help and incredible proficiency are noted. -- Ken K.

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I would like to give my appreciation to the dental clinic and the kind and wonderful care Ms. Barbara Bristow shows towards us veterans. -- Donald S., Montgomery, Ala.

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CAVHCS Customer Service Assistant Chief LaDonna Golden, (left, with hand raised), who is also a U.S. Army Reserves Lt. Col. (Ret.), was recently honored to swear in a new U.S. Navy recruit, before sending him to Recruit Training Command, Great Lakes, Ill.

Following his successful progression through recruit training Seaman Apprentice Michael Sherman will start the arduous journey toward becoming an Aviation Rescue Swimmer, which includes aircrew training in Pensacola, Fla., ‘A’ School specialized training, and an assignment to a Fleet Replacement Squadron (FRS).

The last stop for a Navy rescue swimmer is SERE School (Survival, Evasion, Resistance, and Escape). Upon graduation from the brutal two week course LaDonna’s ‘Baby Boy’ will go to the fleet as an operational rescue swimmer. Good luck Michael!
VA gets ‘High Marks’ for working with Small Businesses

VA has been recognized by the Small Business Administration with a rating of “A” on its Small Business Scorecard for its success in contracting with small businesses. VA’s Office of Small and Disadvantaged Business Utilization (OSDBU) collaborated with other VA acquisition professionals to achieve the high rating.

“Through hard work and commitment, VA excels in its procurements with small business,” said Secretary Eric K. Shinseki. “VA is committed to improving Veteran-owned small business contracting and promoting the many rewards of that community’s entrepreneurial spirit.”

VA led the federal government in procurements with service-disabled Veteran-owned small businesses. While the government-wide statutory goal for contract awards in this category was 3 percent of all agency procurements, VA awarded nearly 17 percent of its acquisition dollars to service-disabled Veteran-owned small businesses.

Each agency’s small business procurement performance was assessed along three quantitative measures - prime contracting, subcontracting and progress achievement. Previous scorecards only addressed prime contracting achievement and did not offer an overall grade. SBA’s Small Business Procurement Scorecard reports for all federal agencies can be found on the SBA.gov Web page under “Goaling Program.”

The Office of Small and Disadvantaged Business Utilization serves as VA’s advocate to assist and support the interests of Veteran-owned small businesses. A related mission of that office is to provide outreach and liaison support to businesses (large and small) and other members of the private sector concerning acquisition-related issues. In addition, the office is responsible for monitoring VA implementation and execution of the small business procurement programs.

Presumptive Illnesses for Gulf War and Iraq, Afghanistan Vets

Secretary of Veterans Affairs Eric K. Shinseki today announced the publication of a final regulation in the Federal Register that makes it easier for Veterans to obtain Department of Veterans Affairs (VA) health care and disability compensation for certain diseases associated with service in Southwest Asia (including Iraq) or Afghanistan.

“This is part of historic changes in how VA considers Gulf War Veterans’ illnesses,” said Secretary Shinseki. “By setting up scientifically based presumptions of service connection, we give these deserving Veterans a simple way to obtain the medical and compensation benefits they earned in service to our country.”

The final regulation establishes new presumptions of service connection for nine specific infectious diseases associated with military service in Southwest Asia beginning on or after the start of the first Gulf War on Aug. 2, 1990, through the conflict in Iraq and on or after Sept. 19, 2001, in Afghanistan.

The final regulation reflects a determination of a positive association between service in Southwest Asia or Afghanistan and nine diseases and includes information about the long-term health effects potentially associated with these diseases: Brucellosis, Campylobacter jejuni, Coxiella Burnetii (Q fever), Malaria, Mycobacterium tuberculosis, Nontypoidal Salmonella, Shigella, Visceral leishmaniasis and West Nile virus.

With the final rule, a Veteran will only have to show service in Southwest Asia or Afghanistan and that he or she had one of the nine diseases within a certain time after service and has a current disability as a result of that disease, subject to certain time limits for seven of the diseases. Most of these diseases would be diagnosed within one year of return from service, through some conditions may manifest at a later time.

For non-presumptive conditions, a Veteran is required to provide medical evidence to establish an actual connection between military service in Southwest Asia or Afghanistan and a specific disease.

The decision to add these presumptives was made after reviewing the 2006 report of the National Academy of Sciences Institute of Medicine (NASIOM), titled, “Gulf War and Health Volume 5: Infectious Diseases.”

The 2006 report differed from the four prior reports by looking at the long-term health effects of certain diseases determined to be pertinent to Gulf War Veterans. Secretary Shinseki decided to include Afghanistan Veterans in these presumptions because NAS found that the nine diseases are also prevalent in that country.

The 1998 Persian Gulf War Veterans Act requires the Secretary to review NAS reports that study scientific information and possible associations between illnesses and exposure to toxic agents by Veterans who served in the Persian Gulf War.

While the decision to add the nine new presumptives predates VA’s Gulf War Veterans’ Illnesses Task Force (GWVI-TF), the overarching responsibility of the GWVI-TF is to regain Gulf War Veterans’ confidence in VA’s health care, benefits, and services and reconfirm VA is 100 percent committed to Veterans of all eras.

The GWVI-TF Report can be found at www.VA.gov. Disability compensation is a non-taxable monetary benefit paid to Veterans who are disabled as a result of an injury or illness that was incurred or aggravated during active military service. VA provides compensation and pension benefits to over 3.8 million Veterans and beneficiaries. Currently, the basic monthly rate of compensation ranges from $123 to $2,673 for Veterans without any dependents.

For information about health problems associated with military service in Southwest Asia and Afghanistan, and related VA programs, go to www.publichealth.va.gov/exposures/gulfwar/.
CAVHCS’ Physical Medicine & Rehabilitation (PM&R) Team celebrated National Rehabilitation Week by conducting its inaugural Awareness Fair. The goal of this event was to increase awareness within the medical community regarding the rehabilitative services available to Veterans and to provide information about the referral and admission processes.  

(VA Images by Eric Johnson)
CFC has begun at CAVHCS

The Combined Federal Campaign (CFC) is the only authorized solicitation of employees in the Federal workplace on behalf of charitable organizations. It continues to be the largest and most successful workplace fundraising model in the world, with more than 300 CFC campaigns throughout the country and internationally to help to raise millions of dollars each year.

Pledges made by Federal civilian, postal and military donors during the campaign season (Sept. 1 to Dec. 15) support eligible non-profit organizations of their choice that provide health and human service benefits throughout the world.

The CFC provides the opportunity to give gifts of hope, opportunity, and charity in the finest sense of those words. From bringing education resources to our inner cities, to helping harness the power of medical research; from providing service animals to the visually impaired, to helping a non-profit fly a cancer-stricken child to a distant medical center for specialized treatment - your time and effort strengthened our sense of purpose in ourselves, in each other, and in the communities we serve.

CAVHCS has already conducted training of CFC key workers, and the CFC booklets listing the more than 20,000 nonprofit, charitable organizations participating in this year’s campaign are now available for review. If you have any questions please contact your work center key worker or CAVHCS’ 2010 Project Chairperson William Wheat, Jr., Minority Veterans Program Coordinator, Ext. 3393; Alternate Project Officer Judy Davidson, Secretary Pathology & Lab, Ext. 4710.

Blue Button Download

President Obama recently announced the “Blue Button” capability that allows Veterans to download their personal health information from their MyHealtheVet account. VA developed the Blue Button in collaboration with the Centers for Medicare and Medicaid Services (CMS), and the Department of Defense, along with the Markle Foundation’s Consumer Engagement Workgroup.

The MyHealtheVet Personal Health Record (PHR) is comprised of self-entered health metrics (blood pressure, weight, heart rate, etc.), emergency contact information, test results, family health history, military health history, and other health related information. The Blue Button extract that Veterans can download is a so-called “ASCII text file”, the easiest and simplest electronic text format.

Blue Button PHRs can be printed, or saved on computers and portable storage devices. Having control of this information enables Veterans to share this data with health care providers, caregivers, or people they trust.

In late August VA made the Blue Button available on the www.va.gov website.

Throughout the month of September Veterans have been able to login to their MyHealtheVet account and try out the Blue Button. In early October, VA and CMS will officially roll-out the Blue Button download feature at the Health 2.0 conference in San Francisco.

VA, HUD target

Homelessness prevention

In an effort to prevent homelessness among veterans, primarily those returning from the wars in Afghanistan and Iraq, the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Veterans Affairs (VA) recently announced that both agencies will invest a combined $15 million in five selected communities near military installations. The HUD and VA grant funding is intended to provide housing assistance and supportive services to veterans who might otherwise be living in homeless shelters or on the streets.

Under the new Veterans Homelessness Prevention Demonstration Program (VHPD), existing HUD grantees or ‘Continuums of Care’ located near the following military installations will each receive $2 million: MacDill Air Force Base in Tampa, Florida; Camp Pendleton in San Diego, California; Fort Hood in Killeen, Texas; Fort Drum in Watertown, New York; and Joint Base Lewis-McChord near Tacoma, Washington. In addition, VA medical centers in the following areas will each receive $1 million: Tampa, San Diego, Dallas, Syracuse, New York; and American Lake in Washington.

“The men and women who serve our nation deserve better than a life on the streets when they return home,” said HUD Secretary Shaun Donovan. “These grants represent a first step toward designing the best interventions possible so that we can prevent homelessness for those heroes who sacrificed so much for us. It is also another step forward toward reaching President Obama’s goal of preventing and ending homelessness in all its forms.”

VA Secretary Eric K. Shinseki added, “While usually the strongest and most resilient of Americans, Veterans still represent a disproportionate share of America’s jobless, homeless, depressed, substance abusers, and suicides. Nowhere is our obligation to our citizens, and to our Veterans who have defended our Nation, more important, more visible, or more necessary than in our commitment to prevent and end homelessness.”

“This effort is about reaching veterans and their families who are transitioning home and struggling to readjust,” said Senator Patty Murray, who established VHPD in the Fiscal Year 2009 Housing Appropriations bill. “By providing access to stable housing, health care, and job training and outreach services this program provides targeted support to our heroes who are returning home to a difficult economic climate. All veterans deserve housing and the dignity that comes with it and this is another step to reach those who have sacrificed so much.”

Through this combination of housing, health care and employment services provided through the U.S. Department of Labor, VHPD is designed to explore innovative early interventions to help prevent veteran homelessness, targeted to service members returning from the wars in Afghanistan and Iraq.
You may have noticed that CAVHCS Telecommunications Specialist Michael Spann hasn’t been at CAVHCS recently...but that doesn’t mean he hasn’t been working. We caught up with Michael recently and asked him to tell us what he’s been up to.

I am in Baghdad on Camp Liberty and Camp Victory. I am assigned to TASK FORCE TROY, we are over three other Explosive Ordnance Disposal (EOD) Battalions.

I am primarily in the J1 Section doing Personnel Administrative work. At times I also assist with the security team when ‘outside the wire,’ missions arise. I came on active duty January 25, 2010. Should re-deploy around mid January 2011 - back to the states. Outside of work I hit the gym everyday and run 20 plus miles a week.

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.