

of quitting...

that last cigarette, your body begins a

od drops to normal.

death decrease.

isease is half that of a smoker's.

t of a nonsmoker's 5-15 years after

out half that of a smoker's.

th, throat, esophagus, bladder, kidney, and

is back to that

# the link

December 2012



VA Nebraska-Western Iowa Health Care System

**Colorectal**

"Look, I feel fine!"  
 "I'm scared of what they  
 "There is nothing wrong with me!"  
 "It doesn't run in my family!"

- If you are 50 or older.
- Your age is your greatest risk factor.
- There are no symptoms in the beginning.
- No one knows, does!
- Take your doctor's advice today when offered.
- Do not let them slide and forget them!
- **Complete them and extract them as directed.**



## Managing a life with chronic pain 6



**Wrapping up my first year at VA Nebraska-Western Iowa Health Care System, I've seen many changes, learned much about the dedicated employees at NWIHCS and met some of the wonderful Veterans we serve.**

This year, we saw the groundbreaking of a homeless Veteran's supportive housing development in Omaha and significant expansion of telehealth services across the system. We held another successful Veterans Freedom Music Festival in Lincoln in conjunction with the Veterans Advisory Council, and our partners at Avera Health System opened a clinic in O'Neill just for Veterans. These are just a few of the things that happened in 2012. We've highlighted others throughout the year in The Link.

Leaders recently met in Lincoln to look ahead to 2013 and beyond. During the sessions, the group talked about where NWIHCS is going, what we can do better and how our staff can best serve Veterans. We identified goals pertaining to ensuring excellent care, access, accountability and trust, to name a few.

I hope everyone enjoys time with family around the holiday season and comes back refreshed in the new year to continue caring for our Veterans. As I reflect on this past year, I am thankful to be here, and I also look forward to NWIHCS' continuing development into 2013.

*Marci Mylan*

**DIRECTOR AND PUBLISHER**  
Marci Mylan, Ph.D., MHA

**PUBLIC AFFAIRS OFFICER**  
Will Ackerman

**THE LINK EDITORIAL STAFF**  
**Editor** | Anna Morelock  
**Photographer** | Bruce Thiel  
**Designer** | Becky Brown  
**Writer** | Kate O'Dell

FACT: CHRONIC PAIN AFFECTS AT LEAST 116 MILLION AMERICAN ADULTS AND COSTS SOCIETY \$560 TO \$635 BILLION ANNUALLY. ACCORDING TO THE INSTITUTE OF MEDICINE OF THE NATIONAL ACADEMIES

Cover: Dr. Kathy Amoyt, primary care physician at the Grand Island CBOC, test the use of accupuncture on Jonathan Pfeiffer, U.S. Army Veteran, to relieve his back pain. Photo by Will Ackerman

“It’s rewarding to see even small positive changes that Veterans and their families make together.”

Carrie Anderson, LMFT, LMHP,  
Marriage and Family Therapist,  
Omaha Vet Center



# the link

## CONTENTS

Meet an Employee | Special Emphasis Programs



DAV Offers Rides for Veterans



VA Treatment Program Helps Veterans Learn to Manage Lives with Chronic Pain



VA Program Deploys Volunteers for Relief Efforts



The Flu Shot: The Best Defense Against Infection



Movember: Raising Awareness for Men's Health



Patient-Centered Care Grapevine



VA Views | Oklahoma City Bombing Memorial



This magazine is an authorized publication for VA Nebraska-Western Iowa Health Care System (VA NWIHCS). Contents of The Link are not necessarily the official views of, or endorsed by, the U.S. government, or the Department of Veterans Affairs. The editorial content of this publication is the responsibility of the VA NWIHCS Public Affairs Office.

### CONTACT US

Have a story idea? Call the VA NWIHCS Public Affairs Office; Will Ackerman at 402-995-4719, Anna Morelock at 402-995-5547, or email [vhanwipublicaffairs@va.gov](mailto:vhanwipublicaffairs@va.gov).

### VISIT US ONLINE

Scan with your smart phone to view more issues of The Link online.



# meet

## anita uldrich

LPN, Substance Use Disorder Program Admission | Grand Island CBOC

### Q: How long have you worked for the VA?

A: "About three and a half years."

### Q: What does your job entail?

A: "I help Veterans with different problems – homeless Vets, those dealing with substance abuse, nicotine. My job is to make them feel at home. I am here as the frontline person. I'd like the Veteran to tell me what I can help them with."



### Q: What is your favorite thing about your job?

A: "My service here is multipurpose; we are family. I like to make Veterans smile. I introduce myself as 'Orphan Annie' and they relax."

### Q: When not at work, how do you spend your time?

A: "I have the privilege to be one of (the Grand Island VA) recipients of learning integrative aromatherapy certificate program and how this healing art can be use as an adjunct to pharmaceutical intervention in treating physical, emotional, psychological and spiritual aspects of human life. I like to play guitar, sing, garden, cook and sew. My husband and I enjoy nature, we like feeding fish and ducks." 🇺🇸

# Promote Workplace RESPECT

Anna Morelock | Public Affairs

**S**pecial emphasis program managers, who recently took a two-day training about their new collateral duties, talked about their reasons for getting involved with the Equal Employment Opportunity programs.

Each saw their new roles as an extension of their regular duties and not as something separate. They wanted the chance to educate other employees on the diverse workforce of VA Nebraska-Western Iowa Health Care System.

In a subtle way, Indra Mastny, a nurse practitioner in Lincoln, said she has felt discriminated against.

**"It (discrimination) is not out there yelling at you, but you just feel it. And I struggle with that."**



Indra Mastny, NP | Lincoln CBOC

Overcoming this is about educating people, said Mastny, who moved from Guyana, South America to Beatrice, Neb., when she was 16. "It's a struggle, but you overcome it by educating people, being who you are, nice, considerate of other people – making them feel important, then they treat you the same way."

Mastny will head up the Lincoln Diversity Committee, which is made up of seven special emphasis programs. *(continued on page 14)*

**African American Employment Program**  
Charles Evans,  
Addiction Counselor



**Lincoln Diversity Committee**  
Indra Mastny,  
Nurse Practitioner



**Asian American and Pacific Islander Employment Program**  
Remy Hemmingson,  
Case Manager, Amb. Care



**Native American Employment Program**  
Carmella Schroeder,  
Work Controller



**Federal Women's Program**  
Anna Morelock,  
Deputy Public Affairs Officer



**People with Disabilities Program**  
Laura Neal,  
EEO Officer



**Lesbian, Gay, Bisexual, Transgender Program**  
Shari George,  
Revenue Technician



**Grand Island Diversity Committee - Vacant**  
**Hispanic Employment Program - Vacant**

In 2011, volunteer drivers for the Disabled American Veterans drove more than 12,000 Veterans almost 400,000 miles to and from their appointments at VA Nebraska-Western Iowa Health Care facilities. Without this service, many Veterans would not be able to receive care at VA, and the numbers were expected to increase in 2012.

**“We are a vital part of their medical care.”**

Jeff Young, Transportation Coordinator | Lincoln CBOC

The service is offered in Grand Island, Lincoln, North Platte and Omaha.

“It’s a big job, and it is an important job,” said Greg Holloway, DAV past state commander. “Our mission is to see that lives are better for our Veterans and their dependants.”



Photo by Kate O'Dell

Bill Foster, a DAV volunteer driver, gives Robert Peterson, U.S. Marine Corps Veteran, a ride home after his appointment at the Grand Island CBOC.

Many Veterans who use the service do not have other options for transportation. Jack Bigley, U.S. Army Air Force Veteran, uses the DAV for a ride from Council Bluffs, Iowa, to the Omaha VA Medical Center.

**“I used to drive over until my eyes got so bad. Then I saw a sign that said, ‘We will pick you up.’ I don’t know what I would have done had I not seen that sign.”**

Jack Bigley, U.S. Army Air Force Veteran

The process is simple. All Veterans are eligible; they do not need to be disabled. In most cases, Veterans will be picked up at home. They call and let their coordinator know when they have appointments at the VA medical facility.

After the Veterans arrive at the VA facility, their driver ensures they make it to their appointments and home afterward.

“We give a personal level of care,” Young said. “You don’t get that when riding a bus or taking a cab.”

*(continued on page 15)* ▶

FOR MORE INFORMATION ON HOW TO HELP, CONTACT YOUR AREA DAV TRANSPORTATION COORDINATOR:

**Omaha**

Rich Klingler, 402-995-3453

**Lincoln**

Jeff Young, 402-489-3802, ext. 7842

**Grand Island and North Platte**

Frederick “Fritz” Lee,  
308-382-3660, ext. 2189

# VA TREATMENT PROGRAM

## *helps Veterans learn to manage lives with* **CHRONIC PAIN**

Will Ackerman | Public Affairs

**D**eborah Hansen has a goal – to be a volunteer in the community. One thing prevents her from achieving that goal – chronic pain in her abdomen.

“I have pain all of the time,” Hansen said.

The U.S. Army Veteran had a hysterectomy about 10 years ago. Five years ago during an exploratory surgery, doctors determined about five inches of her small intestine adhered to her abdominal wall in the years since her hysterectomy. Although doctors tried to fix the problem, it didn’t work. She now lives with chronic pain.

**“Pain medications don’t do a lot for me.”**

Deborah Hansen, U.S. Army Veteran

Some days her pain is a three on a scale of one to 10; other days it’s in the eight to nine range, she said.

“Some days I can barely get out of bed,” Hansen said.

Although she thinks her pain will never go away, Hansen has found a better way to manage it through a program at VA Nebraska-Western Iowa Health Care System. The Pain Treatment Program is a collaborative, interdisciplinary approach to helping Veterans learn to live with and manage chronic pain. ▶

▶ The three main components include a Chronic Pain 101 class, a Managing Chronic Pain cognitive therapy group and a pain clinic.

In Chronic Pain 101 Veterans learn about different types of pain and medications. The instructors describe the Gate Control Theory, which suggests the spinal cord contains a neurological “gate” that controls signals to the brain. What’s often a surprise to Veterans is there’s more to pain than just the physical aspect.

**“We tell Veterans that often when the mind is hurting, the body can hurt, too. Consequently, we explain how we can do behavioral intervention.”**

Tabitha Carlson, Psychologist | Grand Island CBOC

Behavioral intervention can include helping Veterans reframe negative or distorted thoughts to positive ones, or how to overcome depression brought on by their chronic pain.

The class is offered from 1 to 4 p.m. the second Tuesday of every month. Although it is led by the team in Grand Island, Veterans can attend via video conference at all NWHCS sites. ▶



Photo by Will Ackerman

Pharmacist Paula Carlson discusses appropriate medicine use with Veteran Jonathan Pfeiffer during his visit at the Pain Clinic at the Grand Island CBOC recently.

▶ Veterans learn relaxation techniques in the cognitive pain therapy group. Therapists teach techniques including muscle relaxation and diaphragmatic breathing.

“This is not a support group where people can come to complain about pain,” said Lori Armstrong, a psychologist at the Omaha VA Medical Center program. “We talk about things that can help and learn behavioral skills and techniques.”

The pain 101 class and the therapy group are helpful, Hansen said.

“I learned alternate ways, other than with medications, to ease the pain and make my life a bit easier. I learned deep-breathing exercises that I can do anytime and anywhere.”

Deborah Hansen, U.S. Army Veteran

A more intensive piece of the program is a multidisciplinary pain treatment clinic, which is a consultation service to provide recommendations to the Veteran and his or her primary care provider. ▶

### CHRONIC PAIN 101 CLASS:

*Referral not required, and no prerequisite required.*

**Second Tuesday of every month from 1 to 4 p.m.**

**Locations:** All CBOCs, Omaha 8E602, Lincoln Conference room across from the barber shop and Grand Island N205

### MANAGING CHRONIC PAIN THERAPY GROUP:

*Prerequisite-completion of Chronic Pain 101 Class.*

**Grand Island:** Every Thursday from 10 to 11:30 a.m., in room S409. *Must have referral from Dr. Tabitha Carlson.*

**Omaha:** Fridays, 1 to 2:30 p.m., Site 1 across from the Library. *Must have referral from Dr. Lori Armstrong.*

**Lincoln:** Second and fourth Fridays, across from the barber shop on the first floor. *Must have referral from Rose Esseks or Dr. Todd Fleisher.*

### PAIN CLINIC:

**Must be referred by primary care provider**

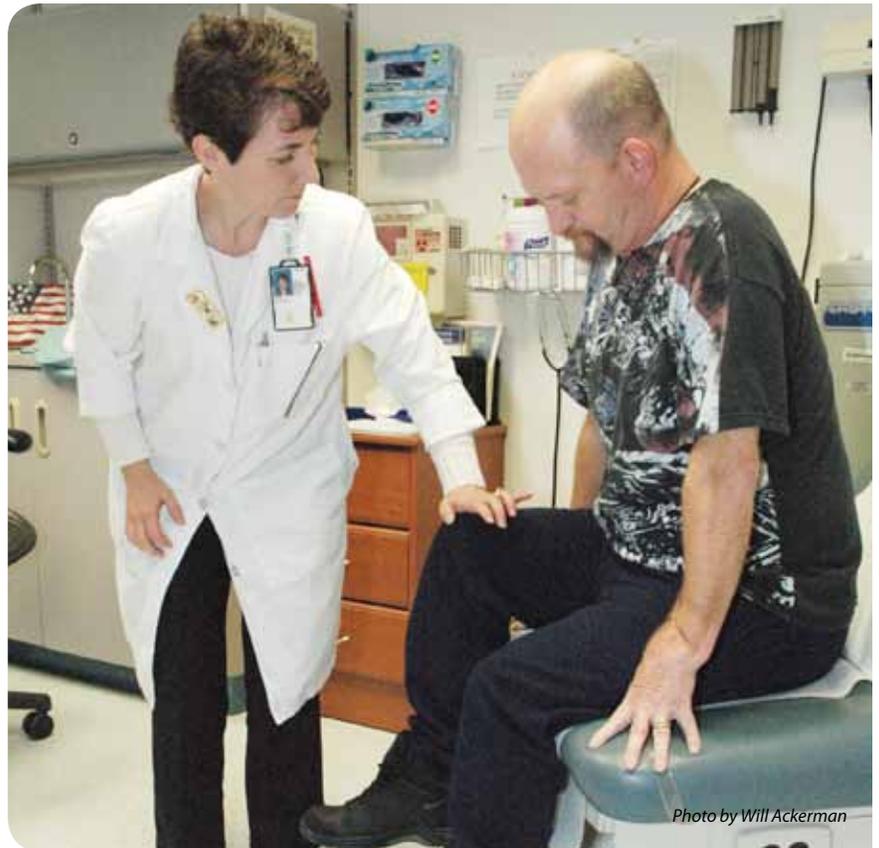


Photo by Will Ackerman

Dr. Kathy Amyot, primary care physician at the Grand Island CBOC, performs a physical exam on Jonathan Pfeiffer, U.S. Army Veteran, to determine a plan to relieve his chronic back pain.

▶ At the NWHCS clinic in Grand Island, Neb., on a recent Friday morning, U.S. Army Veteran Jonathan Pfeiffer met with the pain clinic team, which includes a psychologist, primary care physician, nurse, pharmacist and a physical therapist. Rather than individually evaluating Pfeiffer’s pain, the team worked together to provide him the best recommendation to help him manage his pain.

Each team member meets with the Veteran individually, then meets with the team to discuss recommendations. The team then finally presents an interdisciplinary plan to the Veteran.

“Our focus is on behavioral interventions to manage chronic pain,” Carlson said. “We want to help increase Veterans’ understanding of what they can do to best manage their pain, and how to integrate this into their daily lives.”

Dr. Kathy Amyot evaluated Pfeiffer through questions and a physical exam. Pfeiffer’s main pain complaint on this visit was due to a degenerative disc disease in his lower back. He cringed as he bent at the waist and returned to an upright position during part of the exam.

“Talk to me about your pain,” Amyot said. “What makes your back feel better?”

*(continued on page 15)* ▶



# VA PROGRAM DEPLOYS VOLUNTEERS FOR relief efforts

Will Ackerman | Public Affairs

**W**hen disasters occur the media shares stories about the event, immediate aftermath and some of the recovery efforts. However, many disaster relief efforts occur behind the scenes, without any fanfare.

The U.S. Department of Veterans Affairs Disaster Emergency Medical Personnel System is one of them. Often working in harsh conditions, VA medical and support employees provide health care assistance in the aftermath of disasters.

DEMPS is comprised of volunteers who may be deployed within the United States for up to 14 days. A rare exception where DEMPS supported recovery outside of the United States was to Haiti following Hurricane Gustav.

Ellen Hooper, a licensed practical nurse in the Green Clinic at VA Nebraska-Western Iowa Health Care System's medical center in Omaha, voluntarily deployed to Texas in 2008 with DEMPS to provide assistance following Hurricane Ike. VA volunteers provided health care assistance to those who evacuated their homes.

**“We were in a large warehouse that was divided up into different sections. Although it was originally intended for people who were evacuated from their homes, people were also sent from area nursing homes.”**

Ellen Hooper, LPN | Omaha VAMC

Hooper said she volunteered for DEMPS because she wanted to do something meaningful to help others.

Although VA provides health care services at DEMPS deployed locations, administrative support also is necessary.

“There is big misperception that only clinical volunteers are needed,” said Holly Koinzan, one of the two DEMPS coordinators for NWIHCS. Jim Hall is the other.

Since recovery efforts vary according to the magnitude and devastation of the disaster, medical and non-medical support is often necessary, Koinzan said. Non-medical support staff ▶



Courtesy Photos

DEMPS volunteers helped evacuees from Hurricane Isaac in Baton Rouge, La., in 2011.

▶ may assist with repair and rebuilding efforts, administrative or ancillary duties.

Deploying for a DEMPS mission is rewarding, but also emotionally and mentally challenging, Hooper said. In addition to working in difficult conditions, the hours are long and the normal amenities of home may not be available.

Hooper said they worked a minimum of 12-hour shifts during her deployment to Texas. When she arrived, Hooper said she wasn't sure exactly where in the VA health care station she would be working. ▶

► At deployment sites, on-site leadership assigns team members to specific areas based on the situation.

“I didn’t know exactly what to expect,” Hooper said. “But, we worked in a team setting.”

In addition to deploying volunteers to work in VA medical stations, DEMPS officials deploy pre-packaged crates with the supplies necessary to operate. Unless specifically directed otherwise, DEMPS officials said volunteers should expect the necessary equipment and supplies to be on site.

However, medical staff are told to bring their basic tools of the trade, which might include items such as stethoscopes. Local DEMPS coordinators will inform volunteers who deploy about additional equipment they need to take.

However, “you don’t really know what to expect until you get there,” Hooper said.

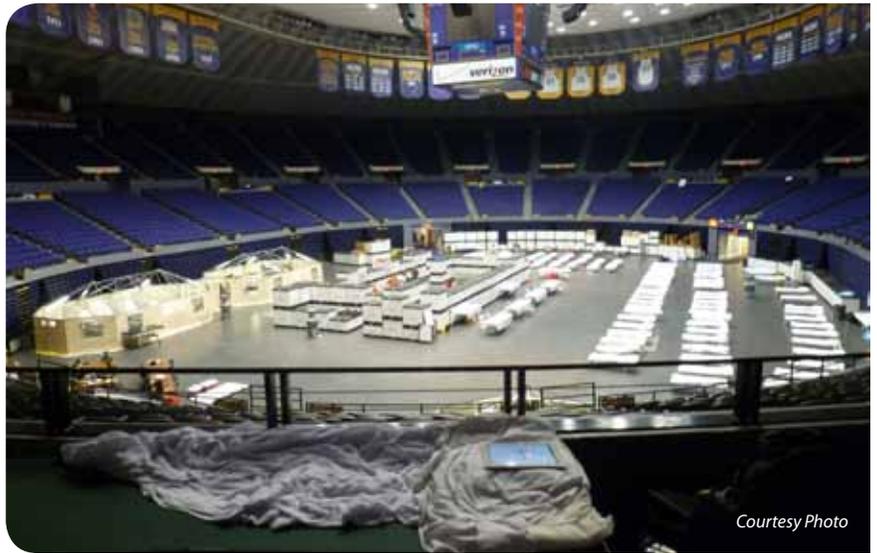
“It was a growing experience, spiritually and professionally. However, you have to be mentally ready.”

Ellen Hooper, LPN | Omaha VAMC

Readiness is the key to a successful deployment, Koinzan said. This includes discussing the program with family members ahead of time, since they will be left behind to handle things the volunteer might usually do, such as pay bills.

Volunteers are required to complete online training modules in the Talent Management System, fill out an occupational health physical and obtain supervisor approval. Volunteers also must acquire a government travel card.

When volunteers are needed, DEMPS officials determine the specific requirements, and coordinate with the



Courtesy Photo

A DEMPS federal health station was established at the Louisiana state university basketball court after Hurricane Isaac in 2011.

network DEMPS coordinators to put a call out to their respective facilities. Facility DEMPS coordinators determine if there are employees on the volunteer list who have the skills required. If there are, the facility coordinators will contact their DEMPS volunteers to ask if they are interested in deploying.

“Just because you are a volunteer on the list does not mean you have to deploy,” Koinzan said.

Deployment decisions are made based on the volunteer’s availability, the specific skill set needed for the emergency response and the ability for the station DEMPS coordinator to reach the volunteer during the need.

“We usually have a very short timeframe between when we are tasked to find volunteers and when they might leave. It could be as short as four hours from time of notification,” Koinzan said.

DEMPS deployments are not vacations. However, Koinzan said, it’s a great program if you like to help others.

“Think about what it might be like if our town was destroyed, and we had loss of life due to a natural disaster. Someday, we may need help.”

Holly Koinzan, DEMPS Coordinator | VA NWIHCS

Contact DEMPS coordinators: Holly Koinzan in Omaha at ext. 4486 or Jim Hall in Omaha at ext. 4727.

To learn more, visit [www.va.gov/VHAEMERGENCYMANAGEMENT/CEMP/CEMP\\_DEMPS.asp](http://www.va.gov/VHAEMERGENCYMANAGEMENT/CEMP/CEMP_DEMPS.asp)



# The Flu Shot:

## THE BEST DEFENSE AGAINST INFECTION

Kate O'Dell | Public Affairs

**e**ach January, researchers begin working on a flu vaccine to battle the impending influenza virus of the upcoming season.

This process involves examining past vaccinations and making predictions about the coming virus of the next flu season.

Dr. Marvin Bittner specializes in infectious diseases at the Omaha VA Medical Center.

**“The most important thing you can do about influenza is to get vaccinated.”**

Dr. Marvin Bittner | Omaha VAMC

The weaker your antibody levels, the higher your risk for infection. The most extreme cases of influenza can kill. More than 90 percent of deaths from influenza occur in people older than 65. ▶

### Myth vs. Fact

**Myth: If I'm allergic to eggs, I can't be vaccinated.**

**Fact:** People with egg allergies can still receive the vaccine, and are encouraged to do so. However, they should inform their health care provider of their allergy so certain precautions are taken.

**Myth: If I get my shot too early, it won't last through flu season.**

**Fact:** Once you receive the flu shot for the season it lasts throughout the year. You will only need another flu shot once a new one is developed for the next flu season.

**Myth: Getting a flu shot can give me the flu.**

**Fact:** The vaccine contains a dead virus; therefore, it is not possible for you to become infected. Sometimes you will experience soreness where the shot was given, but the shot cannot give you influenza.

**Myth: There is still a chance I can get the flu, so it is not worth it.**

**Fact:** Receiving a flu vaccination reduces the risk of becoming infected with the flu by about 50 percent. Instead of seeing it as you are 50 percent likely to still get the flu, remember you are 50 percent less likely to become infected.

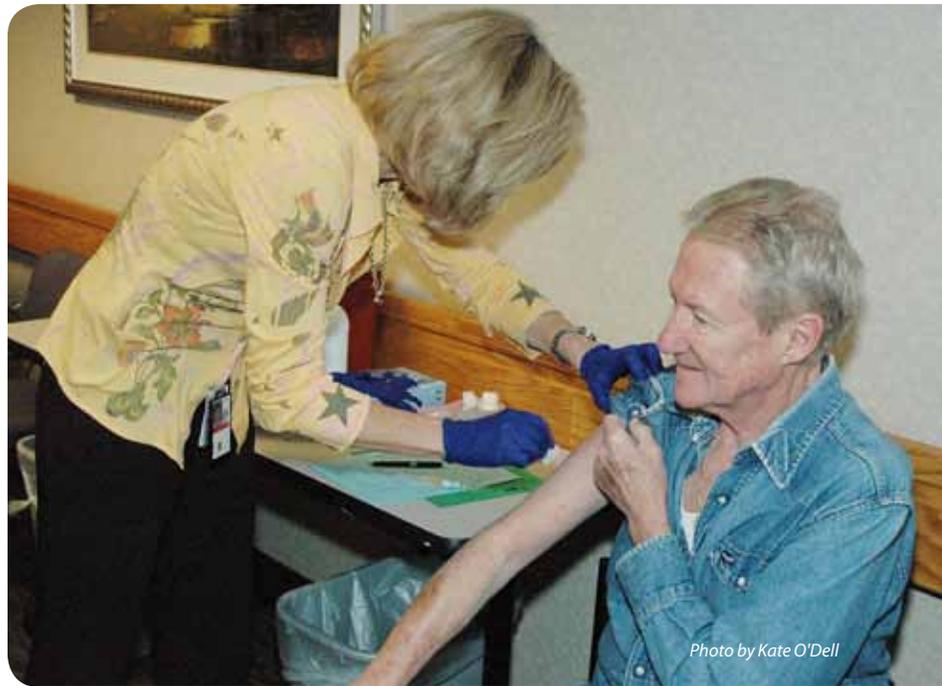


Photo by Kate O'Dell

Wayne Younts, U.S. Army Veteran, received his flu shot in Omaha VAMC walk-in clinic from Marcy Abendroth, RN, ICU nurse. The clinics were open from Oct. 9 through Nov. 16.

▶ Veterans can receive the flu shot from their primary care provider. For the third year, the flu vaccine was offered in a high dose and a standard dose. The high dose is intended for adults over the age of 65. It contains four times the amount of material to help boost the immune system. When the high dose first became available, the VA began using it. It has since become a common practice to administer the higher dose to older patients.

Research is ongoing about the effectiveness of a high dose vaccine. The data shows a decrease in hospitalizations for those who received the high dose vaccination; however, the research was not done on enough subjects for it to be statistically valid.

In the meantime, Bittner still believes it is best practice to administer the high dose vaccine.

“Standard dose doesn't do enough to protect elderly patients,” he said. “If we wait for absolute data proving the theoretical benefits of a high dose, a lot of patients could die.”

Lester Ritthaler, a U.S. Navy Veteran, got his flu shot during the walk-in clinic at the Omaha VAMC. “When you hit a certain age in your life, it is best to do everything you can do to fight different sicknesses,” he said. 🗣️

# Move**ber**

**d**uring November, men across the county threw out their razors in a hairy show of support for men's health.

Employees across VA Nebraska-Western Iowa Health Care System did the same. Some started clean shaven. Others shaved to start over and grow a 'stache especially for Movember. Participants gathered in Grand Island, Lincoln and Omaha Nov. 1 for their before pictures. At the end of the month, their growth was captured in another photo. In the after photo, the men were joined by a few women who showed their support with faux mustaches.



Top from left: Matt Schaffer, Aaron Howell, Joshua Hall, Pete Vargas, Jesse Lose, Dean Degner, Chris Buck, Karl Samuelson, Aaron Moore and Darren Parks. (Inset: David Smith)

Middle from left: Matt Schaffer, Aaron Howell, David Smith, Alex Kohls, Darren Parks, Aaron Moore and Dean Degner.

Bottom right from left: Front row - Kim Shambaugh-Miller, Sarah Keller, Quin Kelly and Deb Steenson. Back row - Pete Longfellow, Jay Spracklen, Clark Lowe, and Jeremy Boehme.

Below from left: Jay Spracklen, Jeremy Boehme and Dr. Ed Green.

# PACT Open House Being Planned

Michele O'Connor | Patient-Centered Care Training Coordinator

## Did you know PACT stands for Patient Aligned Care Team? What are PACTs you may ask?

As VA embarked on a new patient-centered care approach to Veteran health and well-being, Patient-Aligned Care Teams were created to provide a structure for each Veteran to work as part of a team of health care professionals to plan for whole-person care and lifelong health and wellness. But, there is still a lot of confusion about PACTs – what they are – and who is involved. We hope to address any questions in February 2013.

VA Nebraska-Western Iowa Health Care System will host a PACT open house open to all Veterans and employees Feb. 5 in the Omaha Education Conference Room.

The open house will include information about PACTs and the roles each member performs. Tours will be offered of the PACT clinics. Place Feb. 5 on your calendar, and watch for more information. The event will be educational and enjoyable.

In the meantime, here are some basics about PACTs.

### PACTs focus on building a “health community” that stresses:

- Partnerships with Veterans
- Access to care using diverse methods
- Coordinated care among team members
- Team-based care with Veterans at the center of their PACT

### VA PACTs result in:

- Healthier and more satisfied patients
- Coordinated and holistic care
- Streamlined delivery of services
- Lower costs for health care
- Creation of a real team approach to health care

### Key PACT concepts and components:

#### 1. Comprehensive Care Delivery:

- Face-to-face visits – urgent and scheduled procedures and participating in team huddles.
- Non-face-to-face encounters – secure messaging, review of patient data, medication reconciliation, test review, consult follow ups, telehealth management. ►

► **2. Administrative Support:** These tasks are not direct clinical care but serve a valuable function including managing telephones and appointments, and overseeing day-to-day operations.

**3. Care Coordination:** Ensuring care is well coordinated helps maintain quality and improves satisfaction. These tasks involve coordinating care transitions.

**4. Professional Development:** Learning and working together as a team requires practice. Time must be set aside for this, just as sports teams set aside time for practice.

#### 5. Organizational and Program Management:

- Organizational Management: This involves strategic planning, ensuring the clinic maintains adequate physical space and adequate staffing.
- Program/Team Management: Quality management, informatics support, overseeing care coordination across disciplines, managing service agreements, and data management. 📄

### Who are PACT team members and participants?

Patient	Inpatient teams
Primary Care provider	Specialist providers
Primary Care RN case manager	Specialist case managers
Primary Care Teamlet LPN	Ancillary Services (Radiology, Pain Clinic, Lab, Pathology, etc.)
Primary Care pharmacist	Primary Care clerk
Discharge planners	
Mental Health	Nutrition



The Patient-Centered Care Grapevine is a feature to highlight activities and training. Watch the Daily Briefs and the Intranet for this logo.

What is your favorite



# HOLIDAY TRADITION?

Having Christmas all together, my sister's family and mine. We kept up the tradition after my mom died.

**Mary Ann Elsbernd**  
Medical Support Assistant  
Grand Island CBOC

I have a big family, and my nephews like to make potato launchers. We go out to my aunt and uncle's cabin.

**Theresa Easton**  
Medical Support Assistant, Yellow Clinic  
Omaha VAMC

We always watch Christmas Vacation; it's a must.

**Ken Ward**  
Recreation Therapist  
Grand Island CLC

I like to explore in cooking different dishes. I really like for people to like my food. This year I'm gonna fry my turkey.

**James M. Parker**  
Lead Surgery Clerk,  
Surgical Evaluation Unit,  
Green Clinic  
Omaha VAMC

We always go to Mass, have a nice dinner and then open gifts on Christmas Eve.

**Julia Kass, RN, BSN**  
Patient Care, 6th Floor  
Omaha VAMC

LINCOLN VOLUNTEERS REJUVENATE

# Oklahoma City Bombing MEMORIAL

Rob McCrory | Program Support Assistant

Lincoln VA volunteers, the site management team and Engineering Service recently collaborated to produce a healing area for visiting Veterans and their families.

The members of the Lincoln Veterans Advisory Committee took the initiative to enhance the Oklahoma City Bombing Memorial at the entrance of the Lincoln Outpatient Clinic. Led by Jim Townsley, these volunteers helped with the enhancement project: Ron Schleiger, Dale Darling, Terry Gillispie, Gaylen Payne and Courtney Townsley.

After having the project approved by Lincoln management, the volunteers removed the existing sod around the tree, and coordinated new mulch and river rock, a new flagstone pathway, and plants and benches.

From left: Larry Brown, Ron Schleiger, Terry Gillispie, Jim Townsley and Dale Darling.



Courtesy Photo

## HELLO

Oct. 7 to Nov. 3

**Brian Eure,**  
Veterans Canteen Service

**Joseph Jarvis,** Office of  
Information and Technology

**Jason Kearnes,** Environmental  
Management Service

**Jeanette Roth,** Primary Care and  
Specialty Medicine

**Kristin Scheele,** Audiology

**Julia Steinhauer,**  
Veterans Canteen Service

**Anna Trevino,** Surgery

**Christina Williamson,**  
Extended Care and Rehab

## GOODBYE

Oct. 7 to Nov. 3

**Tracey Boesch,** Lab

**Matthew Crotty,** Pharmacy

**Rodney Day,**  
Sterile Processing Department

**Marsha Gilsdorf,** Primary Care  
and Specialty Medicine

**Virginia Gonzalez,** Mental Health

**Nancy Gregory,** Director's Office

**Regina Larkowski,**  
Community Living Center

**Richard Lindstrom,**  
Veterans Canteen Service

**Brooke Lewis,**  
Veterans Canteen Service

**Randy May,**  
Veterans Canteen Service

**Kellie Ommert,**  
Community Living Center

**Sandra Price,**  
Community Living Center

**Christy Rock,** Pharmacy

**Tony Sechser,** Chief of Staff's Office

**Nancy Smith,** Primary Care and  
Specialty Medicine

**Shanelle Stech,** Surgery

**Brianna Thompson,**  
Veterans Canteen Service

**Stuart Waak,** Office of Information  
and Technology

**Colette Wheeler,** Mental Health

**Donald Wiley Jr.,**  
Veterans Canteen Service

**Raquel Wilson,** Business Office

## EVENTS

# what's going on?

- Dec. 1** World AIDS Day
- Dec. 7** Pearl Harbor Remembrance Day
- Dec. 7** Volunteer Orientation, Omaha
- Dec. 4-10** National Influenza Vaccination Week
- Dec. 9** Chanukah Begins
- Dec. 21** Winter begins
- Dec. 21** Volunteer Orientation
- Dec. 25** Christmas
- Dec. 26** Kwanzaa begins
- Dec. 31** New Year's Eve

**For more information  
about VA NWIHCS events,  
visit [www.nebraska.va.gov](http://www.nebraska.va.gov).**



► *Special Emphasis Program continued from page 4*

The seven programs at NWIHCS are in place to educate employees, but also to identify roadblocks for employees and impact outreach and retention. In Omaha, they include the Federal Women's; African American Employment; Hispanic Employment; Asian American and Pacific Islander Employment; Native American Employment; Lesbian, Gay, Bisexual, Transgender; and the People with Disabilities Programs. In Lincoln and Grand Island the programs are combined into one diversity committee at each site.

"I think the importance is to ensure we have diversity and inclusion within our workforce," said Laura Neal, NWIHCS EEO officer. "The special emphasis programs are pivotal in that success."

And, while the special emphasis programs will host programs or events in honor of heritage observances, they also will play a role in the overall success of the EEO program, Neal said.

"The most important thing for employees to know is that they are valued," Neal said. "That's one of the roles of the special emphasis programs, to bring out those cultural values we all contribute to the workforce."

Service chiefs, supervisors and managers play a very important role in the success by supporting the programs and nominating their employees to participate in them. Participation in the committees also is a way for employees to add skills to their resumes, Neal said.

"Employees who are members of a special emphasis committee can gain skills in public speaking, time management and organization, to name a few," Neal said. "It can contribute to their overall professional development, which can lead to opportunities for upward mobility." 

If an employee has an interest in educating and promoting a diverse and inclusive workforce, they can contact the specific program manager listed, or fill out an application from the EEO Intranet page at [vawww.nebraska.va.gov/eoo.asp](http://vawww.nebraska.va.gov/eoo.asp) and return it to Laura Neal.

► *DAV continued from page 5*

Volunteers must pass a background check and health screenings before they are allowed to drive.

Richard Klinger, DAV transportation coordinator at the Omaha VAMC, said finding Volunteers who are able to pass the health screenings is a challenge.

Holloway said he encourages more young men and women to volunteer their time. "It looks great on resumes," he said. "Whether volunteers drive three days a week, or even only once a month, their help is valuable."

Bill Foster has been a driver for DAV for five years. While Foster was a VA employee, he would cross the hall for coffee in the DAV office every morning. He used to say to the coordinator, "When I retire, I'll drive for ya." Foster said the coordinator never let him forget his promise.

**"The VA was good to me. I had a long career. Driving is my way to pay back a little from what I've been given."**

Bill Foster, DAV Volunteer Driver

North Platte has a critical need for additional drivers, although all NWIHCS locations are accepting applications for drivers. Keeping up with the increasing demand is vital to maintain the service. In order for the DAV and the VA to continue to offer rides, they need the help of volunteers.

**"As long as there is a Veteran, the DAV will not forget them. We are here to help the Veteran."**

Richard Klinger,  
DAV coordinator | Omaha VAMC

► *Pain Clinic continued from page 7*

After evaluating his physical ailments, Paula Carlson, a pharmacist at Grand Island, and Pfeiffer discussed his current medications and how they affect his pain.

One of the key components she talks to patients about when they are dealing with chronic pain is the use of opioids, which are pain relievers. They reduce the intensity of the pain signals reaching the brain. Although the use of opioids in some patients with chronic pain is appropriate, Carlson and the patient discuss the purpose for using the medication and whether the benefits of using them outweigh the risks.

The danger for misuse and overuse of opioids has increased significantly, according to a March 2012 study conducted at the San Francisco VA Medical Center. Not only has the use of prescription opioids nearly doubled since 1994, they are also a leading cause of death in the United States.

Consequently, the pain treatment team collaborates to help Veterans like Pfeiffer and Hansen manage their pain through behavioral therapy and physical therapy in addition to ensuring any medicines they are taking are appropriate for their specific health issues.

"We present the information to the Veteran together so they have all of the pieces of the health care puzzle," Amyot said.

Pfeiffer said he learned 10 percent of managing his pain can come from the pain medications, but the other 90 percent is behavioral.

**"My goal is that this will help me to be more active with my children. That's important to me. I want to find ways to live well and make a better quality of life."**

Jonathan Pfeiffer, U.S. Army Veteran



**IT'S YOUR CALL**

Confidential help for Veterans and their families



Confidential chat at [VeteransCrisisLine.net](http://VeteransCrisisLine.net)



A Better Way to  
**LIVE**

*Talk with your health care team about your goals.*  
*Learn more at [www.prevention.va.gov](http://www.prevention.va.gov)*



**VA**  
HEALTH  
CARE | Defining  
**EXCELLENCE**  
in the 21st Century



**VA**  
HEALTH  
CARE

Defining  
**EXCELLENCE**  
in the 21st Century

402-346-8800 | 1-800-451-5796

[www.nebraska.va.gov](http://www.nebraska.va.gov)