



March 2010

# VISN 19 Network Director Update

Glen W. Grippen



**National News:** (Click on titles to read full press release)

[VA Proposes Change to Aid Veterans Exposed to Agent Orange](#) - Well over 100,000 Veterans exposed to herbicides while serving in Vietnam and other areas will have an easier path to qualify for disability pay under a proposed regulation

published by the VA that adds three new illnesses to the list of health problems found to be related to Agent Orange and other herbicide exposures. (3/25/10)

[Perea-Henze Sworn in to Lead VA's Policy and Planning Office](#) - Dr. Raul Perea-Henze was sworn in yesterday at the Department of Veterans Affairs as the Assistant Secretary for Policy and Planning, a key post in the department's transformation to provide 21st century service to our nation's Veterans. (3/23/10)

[Statement from VA Secretary Eric K. Shinseki](#) - As Secretary of Veterans Affairs, I accepted the solemn responsibility to uphold our sacred trust with our nation's Veterans. Fears that Veterans health care and TRICARE will be undermined by the health reform legislation are unfounded. (3/21/10)

[VA Kicks Off Disabled Veterans Winter Clinic](#) - More than 400 injured Veterans have signed up to take part in the National Disabled Veterans Winter Sports Clinic in Snowmass Village, Colo., the largest adaptive event of its kind in the world, scheduled from March 28 through April 2. (3/19/10)

[VA Recognizes "Presumptive" Illnesses in Iraq, Afghanistan](#) - Secretary of Veterans Affairs Eric K. Shinseki today announced the Department of Veterans Affairs is taking steps to make it easier for Veterans to obtain disability compensation for certain diseases associated with service in the Persian Gulf War or Afghanistan. This will be the beginning of historic change for how VA considers Gulf War Veterans' illnesses. (3/18/10)

[New Members Appointed to Committee on Women Veterans](#) - Secretary of Veterans Affairs Eric K. Shinseki has appointed six new members to the Advisory Committee on Women Veterans, an expert panel that advises the Department of Veterans Affairs on a wide array of issues affecting women Veterans. (3/16/10)

[VA Launches High-Tech Computer Training Center](#) - To strengthen the skills of its information technology workforce in one of the largest federal uses of virtual training, Secretary of Veterans Affairs Eric K. Shinseki has announced the Department of Veterans Affairs has opened a national training center in Falling Waters, W.Va. (3/12/10)

[VA Targets \\$39 Million for Homeless Veterans](#) - The Department of Veterans Affairs is allocating \$39 million to fund about 2,200 new transitional housing beds through grants to local providers. (3/11/10)

[Ranks of Homeless Veterans Drop 18 Percent](#) - The number of Veterans homeless on a typical night dropped 18 percent as the Department of Veterans Affairs (VA) entered the second year of its campaign to eliminate homelessness among Veterans within five years. (3/10/10)

[VA Celebrates Women's History Month](#) - The Department of Veterans Affairs joins with the nation to observe Women's History Month in March by recognizing and honoring women Veterans. (3/10/10)

[Secretary Seeks Fast Track to Process Claims](#) - The Department of Veterans Affairs announced today an aggressive new initiative to solicit private-sector input on a proposed "fast track" Veterans' claims process for service-connected presumptive illnesses due to Agent Orange exposure during the Vietnam War. (3/9/10)

## **VISN 19: Updates on VISN 19's Four Rural Health Projects**

**1) Establishing Ten Primary Care Telehealth Outreach Clinics (PCTOCs)** to serve an estimated 7,023 veterans in rural and highly rural counties in Colorado, Montana, Idaho, Utah, and Wyoming through the extensive use of telehealth modalities.



### **Status of PCTOC Space, Locations/Leases:**

#### **Montana**

Plentywood - Operational target – June/July 2010.

Hamilton – Operational target – June/July 2010.

#### **Cheyenne**

Rawlins, WY – Operational target- July 1, 2010.

#### **ECHCS**

Salida, CO – OPERATIONAL as of December 2009

#### **Grand Junction**

Moab, UT- Operational target – June 2010.

Glenwood Springs, CO – Operational target – June 2010

#### **SLC**

Idaho Falls and Price –Operational target – June/July 2010.

#### **Sheridan**

Evanston –Operational target – July 1, 2010.

Worland –Operational target – June 2010.

### **2) General Telehealth – Specialty Consultations:**

VISN 19 staff is working to establish a VISN Telehealth Care Shared Resource System to provide expanded specialty care conferencing and consultation for care providers and veterans in rural areas across VISN 19. Program areas include Endocrinology, Traumatic Brain Injury Cognitive Impairment Services, Pain Management, Dementia, PTSD, Dermatology, Rehabilitation & Wound Care, Pre/Post Surgery Care, Cardiology, and Tumor Board. General Telehealth (GT)-TeleSpecialty Service Clinical Champions have been identified.

An Initial Tele-Endocrinology patient test for connectivity and telehealth video consult between Sheridan/Denver was successful. The Specialty Scheduling System has also been completed. This clinical pathway / consult management system focuses on ensuring both inter and intra facility consults and all the related activities for a telehealth visit: service agreements, clinic set-up/scheduling, consult templates, progress note templates, communication and follow-up are working as planned. ECHCS specialty staff continues to work on operations development for Endocrinology, Pain, and TeleDementia consultations.

**3) Extended Education and Wellness** – Using primarily telehealth modalities, this project will provide

innovative education and wellness strategies to veterans in rural areas. The program will deliver intensive case management and education to veterans who have high-risk conditions. The identified priority courses are Diabetes Mellitus, Tobacco Cessation, and Navigation with med management.

A VISN MOVE (weight management program) dietician has been hired (Denver). Sheridan has patient education carts installed in all CBOCs as does the Gillette CBOC's. ECHCS has their consult system, class curriculums, and equipment in place and started intra-facility patient education classes based on Krames modules in March. The Krames modules are available on the VISN 19 internet ([www.visn19.va.gov](http://www.visn19.va.gov))

### **4) vICU Project: Name changed to (Virtual)**

The vICU is a "virtual ICU" that maintains access to critical care services in the four smaller facilities in VISN 19 (Fort Harrison, MT; Grand Junction, CO; Cheyenne, WY; and Sheridan, WY) by combining existing technology with expanded critical care nursing services and medical specialists located in Denver. Based on a tiered level implementation strategy, the vICU has been rolled out in a collaborative fashion across all five medical centers.

The second phase of the vICU Project was initiated on March 1<sup>st</sup>. Telephonic communication has been augmented with video conferencing, further enhancing the continued success of the program. The next phase of the project, currently in development, is the implementation of clinical information systems in every ICU across VISN 19 as well as utilizing Salt Lake City for real-time surgical specialist consultation.

### **ORH Funding Report and Change Request:**

VISN 19 facilities prepared proposals to reallocate additional funds to help cover telehealth lease and build out costs and requested additional FY 2010 and 2011 Office of Rural Health funding for new, expanded and sustaining funds for our current Office of Rural Health initiatives through FY 2011.

### **Ms. Lee Logan Retires After 35 Years of Service.**

Ms. Lee Logan, Deputy Network Director retired March 31, 2010 after serving the Department of Veterans Affairs for 35 years.

Ms. Logan capably served as Deputy Network Director, VISN 19 from March 18, 2007 to present. As Deputy Network Director, she was responsible for the supervision of VISN administrative programs and their respective program



managers, including Finance, Logistics, Capital Assets and Planning, GEMS, Occupational Health and Safety, and VISN administrative support staff.

Before accepting her present position, Ms. Logan served as Chief Operating Officer of the VA Montana Healthcare System from 1999 to 2007. Prior to that assignment, Ms. Logan was the Human Resources Manager for the VA Montana Healthcare System. We will miss her and thank her for her many years of service.

Ms. Lavonne K. Liversage has been selected as Deputy Network Director, VISN 19 effective May 2010.

### **Eastern Colorado Health Care System**



### **VA ECHCS Names New Assistant Director**

**Rebecca C. Keough** will be assuming the position of the Assistant Director at the Eastern Colorado Health Care System in June 2010. Ms. Keough currently serves as the Business Office Manager at the VAMC, Syracuse, New York. Other VA positions she has held are: Veteran Service Center Manager (health benefits and administrative support) and Human Resource Specialist (labor and employee relations).



Prior to her service in VA, Ms. Keough was a full-time soldier in the New York Army National Guard as an Intelligence Analyst and Training Manager from 1994 to 1999. She served part time in the New York Army National Guard as a Logistics Manager from 1990 to 1994. She also served in the U.S. Army, as a Logistics Specialist, from 1985 to 1990.

Ms. Keough graduated from the VHA Executive Career Field Candidate Development Program in 2009 and the VHA Northeast Healthcare Leadership Institute in

2004. Ms. Keough received her VHA Coach Certification as a Fellow in 2008, and was certified as a VHA Coach Trainer in 2009. Her professional affiliations include: American College of Health Care Executives, the Women in Military Service for America Memorial in Washington, DC (Charter Member) and New York State Veteran's Affairs Commission (2009 – 2010).

Ms. Keough earned her Bachelor of Arts (BA) in Political Science from the State University of New York College at Oswego in May 1992, and the degree of Masters in Public Administration (MPA) from the Maxwell School of Citizenship and Public Affairs at Syracuse University in May 2000. Rebecca, and her husband Jim, plan to relocate from Fayetteville, New York to the Denver area in June.

We welcome Ms. Keough to the VA ECHCS team!

### **Denver, CO – Replacement Medical Center Facility:**

The Denver VAMC is providing monthly updates on the status of the Denver Replacement Hospital. Updates are distributed via e-mail monthly and can be found on <http://www.denver.va.gov/projecteagle/index.asp>.

Last month, the VA Eastern Colorado Health Care System Director and two of the Project Eagle Team members traveled to Orlando to meet with other VA teams who are building large hospitals. Orlando, Las Vegas, Salisbury (NC), and Denver exchanged ideas and information about the challenges of undertaking such a large endeavor. While there has been an informal email group for several years set up by the Project Eagle Coordinator to share ideas and exchange helpful hints, this meeting provided a new level of communication and collaboration for major VA construction projects.

The main focus of the meeting was to review and generate ideas and processes for the activation of new facilities. Activation refers to equipping, furnishing and moving into a new facility.

The Project Director from Columbus, Ohio shared his experience in activating their 290,000 square foot Health Care Center. This facility is essentially a large outpatient clinic with ambulatory surgery capability. The Project Director from Las Vegas also shared his ideas and processes that he has used to date to get ready for the activation of their new hospital. Denver is fortunate to be an established tertiary care facility with inpatient capabilities, removing the challenge of building those new processes into the new facility.

In follow up to the meeting, a national formal mail group has been set up and a share point has been developed to share ideas, templates, costs, etc. The current project members from all facilities will be able to upload information to the site so that others nationally will be able to read and learn from the

experiences to date. This is a work in progress and we are very excited about being a part of this grass roots effort to learn best practices from one another.

### **VA Montana Health Care System:**



A telemental health story featuring the VAMTHCS is now online at <http://www1.va.gov/health/NewsFeatures/20100323b.asp>.

### **Telemental Health Extends Meaningful Treatment Across the Miles**



Veterans in the aftercare recovery group can discuss anything on their mind during group time. Their psychiatrist joins in via a web camera and video screen.

A group of Veterans gather in one room for a therapy session. Ninety miles away, a therapist moderates their discussion. Another 120 miles away, a few more Veterans join in.

This is a telemental health session. As part of VA's telehealth program, this kind of telemental health service allows Veterans to receive counseling without a long drive to meet a therapist. The service has been offered by the VA for about 15 years, extending help to Veterans who live far from VA mental health clinicians. "I think telehealth is great. We get a perspective from somebody out of town, get to meet new people and

get to open up to each other and offer perspectives that others don't think about," said Dwayne, a Vietnam Veteran, in Helena, Montana.

Dwayne is part of an aftercare recovery group that meets weekly. The group is a mix of Veterans based in Helena, Missoula and Great Falls, where their psychiatrist is based.

Group participants meet at their local medical center or outpatient clinic and gather in a room equipped with videoconferencing technology. VA technicians and nurses are on hand locally if any problem arises with the video connection, but the session is primarily run by the therapist tuned in on the video screen.

"The ability to communicate from Vet to Vet works well," said Terry, another Vietnam Veteran in the Helena therapy group. "The staff have been great about making this available to Veterans."

The aftercare recovery group functions as an extension of VA's Intensive Outpatient Program, a support group for Veterans overcoming drug and alcohol addictions.

### **Minimized Driving Time Means Maximized Therapy Time**

Montana is one of the largest states in the country and its residents are widely dispersed. The state's limited amount of interstates highways and mountainous terrain makes getting from one town to another a time-consuming journey.

"Some Veterans have to drive four to five hours to get to a mental health clinician," said Dr. Rosa Merino, a psychiatrist at the Fort Harrison VA Medical Center in Montana.

With telemental health, Veterans in the most rural parts of Montana now only need to drive one to two hours, and VA is working on decreasing that distance even more. There are 13 VA clinics in Montana which use telemental health and two telehealth facilities will open later this year.

Telehealth services are available for convenience and Veterans are always given a choice if they would prefer to meet their therapist in-person. "Some Veterans are ill-at-ease with the thought of a camera watching them, but when it comes to using telehealth versus driving across the state, most choose telehealth," said Merino.

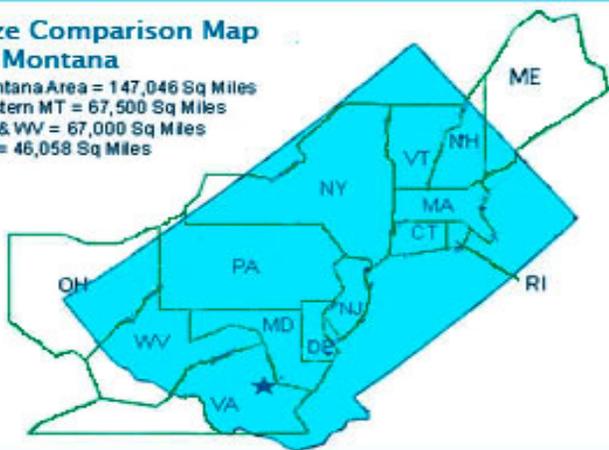
"There is a little difference with using video instead of in-person counseling. I think body language is difficult to read and it is a little weird talking to the therapist on the screen - it's like talking to the TV. But you get over that and it's a lot like talking on the phone," said Aaron, an OIF Veteran in the Intensive Outpatient Program (IOP).

Aaron's group meets in Helena three days a week. His therapist comes to town once a month to meet in person, but most sessions he spends the time speaking via video screen from Great Falls, Montana.

Telemental therapy sessions are offered both individually and in groups. Aaron has designated times when he speaks one-on-one with his therapist in Great Falls, and other nights where he meets with a group. "I'm learning a lot about myself. It's difficult just like anything else, but the therapists are good, both in the room and on the computer. They're knowledgeable and want to help," said Aaron.

### Size Comparison Map of Montana

Montana Area = 147,046 Sq Miles  
Eastern MT = 67,500 Sq Miles  
VA & WV = 67,000 Sq Miles  
PA = 46,058 Sq Miles



**Commutes across Montana are comparable in distance to a drive through 14 of the country's northeastern states. With such vast distances, telehealth allows Veterans to seek care with shorter driving times.**

### 5,000 Veterans in Rocky Mountain Region Using the Service

Using telecommunication technologies for therapy sessions has been considerably well-received, according to Dr. Merino. In VA's Rocky Mountain Network, which spans Montana, Wisconsin, Colorado and Utah, more than 5,000 Veterans made use of telemental health services in 2009.

"It's exciting to see where telemental health care is going," said Jeff Lowe, Special Projects Manager for the Office of Telehealth. "Last quarter, 3,200 Veterans used the service and we plan to see more usage up and coming."

Two additional telehealth clinics are slated to open in Montana this year. Both will provide rooms specifically for mental health telecommunication. Terry considers telemental health an "effective way to communicate. We are fortunate to have the access to care."

"I have good support from the others in the group and we have grown closer," said Dwayne. "I believe I have benefitted from this program."

*Editor's note: For privacy purposes, Veterans' last names were excluded from this article.*

### Sheridan VAMC:



### **Sheridan Awarded \$1.1 Million dollar grant for Women's Resource and Wellness Center**

The Sheridan VAMC was awarded a \$1.1 million dollar transformation grant to support the development of their Resource and Wellness Center. The grant includes funding for a fitness center, computer lab, family room, Challenge Course (rope or team building course).

The Resource and Wellness Center goals are:

- Empower veterans through information and education
- Ensure emotional and spiritual support
- Encourage the involvement of family and friends
- Provide for physical comfort and pain mgmt
- Ensure the architectural layout and design are conducive to health and healing
- Systematize the coordination, continuity, and integration of care

### **Sheridan announces Women's Cognitive Processing Therapy (CPT) Treatment for June 2010**

A clear reflection of the Sheridan VAMC's commitment and obligation to address the needs and concerns facing women veterans is seen in the development of new programs.

The Sheridan VAMC is developing an 8 week residential program for the women with moderate to severe PTSD. The program plans to admit approximately 10 women to go through the first women's Cognitive Processing Therapy (CTPT – Evidence Based treatment for PTSD) group in June 2010. This group of women will go through the treatment as a team (cohort).

The Sheridan VAMC is working on developing several women focused experiences such as equine therapy, specialized yoga, tai chi etc. to offer during the 8 week treatment program. The Sheridan VAMC is very excited about this opportunity for female veterans.

The Sheridan VAMC will also complete a women's lounge by the end of March and are also arranging one wing of the DCHV to house the female veterans in one area to help increase the therapeutic benefits of treatment in a cohort.

For more information contact Hollis Hackman or Lynn Meyers at 307-672-3473 ext 3801

### **Recovery is all about conflict and movement...**



**Jack Morin and his mural**

"Recovery is all about conflict and movement." That is according to Jack Morin who was a veteran receiving care at the Sheridan VA Medical Center in Wyoming.

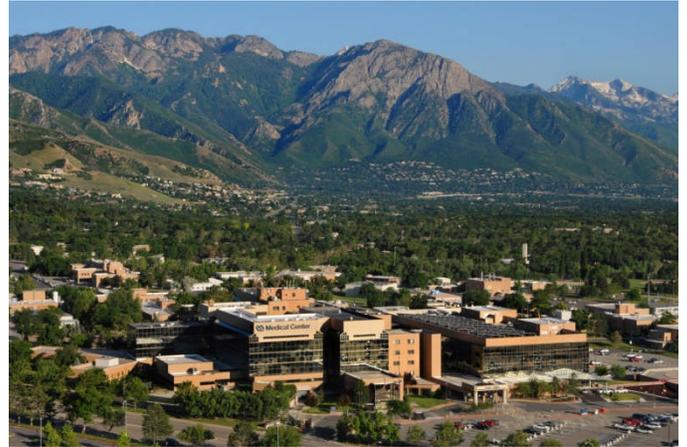
"I use to paint realism, but it got old. I need to express what was going on internally and externally" said Morin as he looked over the mural he painted for the Mental Health Clinic.

The mural is 5 feet by 6 feet and is mounted at the end of a hall in the clinic. "I painted this for all the patients. I wanted them to see there was hope. Depression may always be there, that is the black and dark blue spots in the painting, but there is always joy and energy."

Morin is a painter by trade and has developed and used his skills to help in his own recovery. "Painting can be flat and still, but I like the movement the energy that you can show. This painting allowed me to use big broad expressive strokes and really put down what I was feeling and thinking during my time here at the VA."

Morin donated the mural to the clinic as a thank you and encouragement to all Veterans who come to the Sheridan VAMC. "Painting is a lot like recovery, it is always moving, changing, and hopefully developing and getting better.

### **VASLCHCS**



### **Women's History Month, SLC VAMC Shows Off Services and She-roes.**

Women's History month is doing a lot more than just reminding women Veterans of their unique place in history, it is reminding them to take advantage of the health care benefits they have earned.

The VA Salt Lake City Health Care System welcomed women Veterans to an open house for free health screenings and information. In two hours, nurses and doctors connected with 38 women and educated three women brand new to the clinic. While having their blood pressure and EKG's taken, female Veterans also received information and resources on PTSD, and Military Sexual Trauma including a new support group held on Thursday nights.



**Nurse Practitioner Jamie Clinton-Lont checks blood pressure of Veteran Claire Palmer**

Gina Painter, Women's Program Manager, was quoted in two newspaper articles and was featured on TV that

night explaining VA's commitment to female Veterans and their unique health care needs. She also mentioned how honored she is to serve such a courageous population of women.

The clinic was full of Veterans of all ages and eras; brand new young Veterans sitting next to Vietnam Veterans. One Desert Storm Veteran was there with her four year old son in a stroller, something the VA hasn't seen a lot of in the past...but times are changing.

### **Afghanistan War Veteran Marlo Anderson talks PTSD, Motherhood and Becoming Whole Again on the Home Front.**

Before 2006, there was nothing Marlo Anderson couldn't handle. She was tough, confident, and in charge. It's why she signed on the dotted line and why she was the first one packed for deployment to Afghanistan. This highly motivated Air Force Sergeant went on mission after mission, patrol after patrol in a high stress combat environment. "You're on edge 24-7." She served proudly for the 419<sup>th</sup> Security Forces and performed at the highest level. Who would have thought coming back home would be the tough part?

Haunted by things she saw and did, Marlo like so many other female combat Veterans returning from long deployments, is struggling emotionally. "Most of the missions were uneventful but there were a few that I struggle with, the ones where children were involved." Like her male counterparts Marlo saw combat too. It's become very apparent this war does not distinguish between male and female soldiers.



### **Afghanistan War Veteran Marlo Anderson speaks with the ABC Affiliate in Salt Lake City about her tough transition from soldier to civilian**

Marlo is 100 percent service connected for PTSD. She battles flashbacks, aggressive behavior and panic attacks. She started noticing things a couple months after she returned home. "My friends would ask me to go out and I'd say yes, but then I would make up an excuse not to go at the last minute. I didn't want to

leave the house." She also noticed aggressive behavior and knew it wasn't good for her three children. "I'd start freaking out over things. My kids were starting to be afraid of me." She finally was able to muster that same courage that took her to war and reach out for help.

And she's getting it. Her therapist, Dr. Tanya Miller thinks "She's awesome; she's a cool chic working hard to get her life back." Like most women Veterans, Marlo doesn't feel worthy of all the support and attention. "I know there are others that have been through so much more." But support and attention is exactly what she needs and deserves. Marlo says she will continue to be a voice for women Veterans who remain silent, scared and alone. "Anything I can do to help...to encourage other women to know it's ok to reach out."

### **A Simple "How Do You Do" Saves a Life**

This message was left on the VASLCHCS Suicide Prevention Hotline forwarded to the mental health staff in Salt Lake City. The story is worth sharing in its power to show how much of what we do, how we act, and how we interact with our Veterans matters!

On Friday, March 5<sup>th</sup> one of our Veterans was not doing very well emotionally as he came in to pick up his medication. When he walked into the building... (the following is a quote from the Veteran) "Some Colonel or whatever he was, he looked like he could eat nails for breakfast, asked me how I was doing. Then there was a group of ladies by the nurse's desk. They were all talking but when I walked by they stopped to ask me how I was doing. "I thought if there are people like this in the world then I want to be a part of it."

We save lives every day in different ways. YOU matter. Thank you for saving another one.

### **UTAH Cardiac Transplant Program Celebrates Silver Milestone**

They are eager to share their stories. Some choke back tears. Others seem almost giddy as they stand at the podium overwhelmed with emotion and appreciation. Then there is the donor family capable of such selflessness in a time of such great pain and loss. There is nothing ordinary about the bonds that are formed or the lives that are forever changed when we talk about the gift of a heart. Patients, doctors, donor families form a new family.

Just ask Vietnam Veteran George Green who received his new heart two years ago. "I thank the good lord everyday for sending me here to these good doctors in Utah. They treated me like I was family."

This unique program is a cooperative effort between four Salt Lake City area hospitals – The George E.

Wahlen Department of Veterans Affairs Medical Center, University of Utah Hospital, Intermountain Medical Center, and Primary Children's Medical Center.

The VA Medical Center's Heart Transplant Director Dr. Matthew Movsesian says the dedication of the people involved enables the program to excel. "People really care about what they're doing. We really want to not let people down, so I think everybody puts in the best effort of which he's capable."

The UTAH (Utah Affiliated Transplant Hospitals) Cardiac Transplant Program celebrates 25 years of life changing care this year and is again touted as one of the nation's premier collaborative heart transplant programs. In a touching press conference on the VA campus recipients once again remind us how fragile life is, a gift that should never be taken for granted. Bamboo plants are presented to the patients; a symbol of inspiration, longevity and luck.



**A gift of bamboo signifying inspiration to four UTAH Cardiac Program transplant recipients.**

George Green finds his inspiration in waking up every day and thinking about the family whose loss meant a new life for him. He wishes he could thank them. "If I knew where they lived I would drive there and thank them personally. As long as I am living that person is living as well." George says it has also changed his mind about a lot of things; mainly organ donation. He now checks yes.

The UTAH Cardiac Transplant Program has achieved one of the best survival rates in the country and is often cited as a model for other transplant programs.

The Program has successfully performed 1,062 heart transplants since its first in 1985. That patient, Tony Shepherd, lives in Wyoming with his wife.

### **Grand Junction VAMC:**



On the surface, March was a quiet month for the Grand Junction VA Medical Center, with only one large visible project, the renovation and update of the main elevator. In the back ground, however, a lot was going on.



**Contractors relocate an elevator call button panel in preparation for renovation of the Grand Junction VA Medical Center's main elevator mechanism.**

Several contracts hit milestones, a new site for the Craig TeleHealth Clinic was finalized and the future Glenwood Springs TeleHealth Clinic site was selected and external construction on a new 4,000 Square Foot outbuilding completed.

The staff have also been busy planning out office relocations as renovations projects commence, attending outreach events and working with community organizations and media to promote VA health care on the Western Slope.

## **Cheyenne VAMC:**



Cheyenne VAMC OEF/OIF and Business Office staff attended the demobilization event of the historic deployment of Wyoming National Guardsmen Fort Hood, TX this past month. The Wyoming Public Radio broadcast a story on March 24, 2010 on the team that Cheyenne and Sheridan sent to Fort Hood TX to welcome home the Wyoming National Guard Unit that has been deployed for over a year. Wyoming Public Radio reported that not only is this a new outreach effort by the VA nationwide but it has been very successful for the Wyoming VA's which have developed very good relationships with the National Guard and are working hard to take care of Wyoming Veterans.

The Cheyenne VAMC's plans to open a new Primary Care Telehealth Outpatient Clinic (PCTOC) in Rawlins, WY. has also received much media coverage over the past month.

The Cheyenne VAMC Public Affairs Officer, the VACO Deputy Federal Preservation Officer and a VA Historian interviewed with a Wyoming Tribune-Eagle reporter on March 31, 2010 on the VA's National Preservation Project, of which Cheyenne VAMC was one of 45 VHA facilities selected.