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Network Director's Update

October 2010



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

[New Medical Forms Will Streamline Veterans Claims Process](#) - The Department of Veterans Affairs (VA) has released three new disability benefits questionnaires for physicians of Veterans applying for VA disability compensation benefits. This initiative marks the beginning of a

major reform of the physicians' guides and automated routines that will streamline the claims process for injured or ill Veterans. (10/26/10)

[VA's 'Medical Team' Approach Reduces Operating Room Mortality Rates](#) - A Department of Veterans Affairs (VA) study published October 20 in the Journal of the American Medical Association concludes that a concept called Medical Team Training (MTT) improves communication, teamwork, and efficiency in VA operating rooms, resulting in significantly lower mortality rates. (10/21/10)

[VA Taking Life-Saving Campaign to Streets](#) - This week, nearly 1,200 life-saving advertisements will go up on city buses, bus shelters, rail and subway stations across the Nation displaying a message of hope for those who have served their country and may be facing an emotional crisis. The Department of Veterans Affairs (VA) is advertising its Suicide Prevention Hotline through Jan. 9, 2011. (10/19/10)

[Secretary of Veterans Affairs Designates 54 Regional Veterans Day Observances](#) - Secretary of Veterans Affairs Eric K. Shinseki announced today the designation of 54 regional Veterans Day observances. These sites are recognized as model events for the observance of Veterans Day on November 11. (10/19/10)

[VA Funds Solar Energy Projects at 12 Hospitals, Clinics, Cemeteries](#) - The Department of Veterans Affairs has awarded nearly \$78 million in contracts to build solar photovoltaic (PV) systems in support of ongoing energy efficiency and renewable energy initiatives, the Department of Veterans Affairs (VA) has announced. (10/19/10)

the American Recovery and Reinvestment Act of 2009, agency officials have announced. Recovery Act funding is being used to modernize and replace existing VA medical facilities, make improvements at national cemeteries and award grants to states for Veterans homes. (10/15/10)

[VA Video Outreach Message Aimed at New Veterans](#) - The Department of Veterans Affairs (VA) is launching a new television advertisement encouraging Veterans to take full advantage of the VA benefits and services they have earned. The ad is one step in a robust outreach effort aimed at welcoming returning Servicemembers and easing their transition from military to Veteran status. (10/12/10)

[VA Announces Expansion of VetSuccess on Campus Pilots](#) - Two community colleges and three other four-year colleges and universities are being added to the Department of Veterans Affairs (VA) VetSuccess on Campus pilot program. VA counselors are being assigned to assist Veterans attending school under the Post-9/11 GI Bill make the most of their educational opportunities at Salt Lake City Community College, the Community College of Rhode Island, Rhode Island College, Arizona State University and Texas A&M University -- Central Texas. (10/5/10)

[Secretary Shinseki Announces \\$41.9 Million to Help the Homeless](#) - Secretary of Veterans Affairs Eric K. Shinseki has announced that 40 states will share more than \$41.9 million in grants to community groups to provide 2,568 beds for homeless Veterans this year. (10/1/10)

[VA's Disclosure Policy Lauded in 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 (9/29/10)

[VA Publishes Final Regulation on "Presumptive" Illnesses for Gulf War and Iraq, Afghanistan Veterans](#) - 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. (9/28/10)

VISN 19:



Primary Care Telehealth Outreach Clinics (PCTOCs) Update:

Ten new telehealth clinics are being established to serve an estimated 7,023 veterans in rural and highly rural counties in Colorado, Montana, Idaho, Utah, and Wyoming through the use of telehealth modalities.

Hamilton, MT: OPERATIONAL
Plentywood, MT: OPERATIONAL
Rawlins, WY: OPERATIONAL
Moab, UT: OPERATIONAL
Glenwood Springs, CO: OPERATIONAL
Salida, CO: OPERATIONAL
Idaho Falls, ID: Grand Opening to be scheduled.
Price, UT: Grand Opening to be scheduled.
Worland, WY: OPERATIONAL
Evanston, WY: OPERATIONAL

When all PCTOCs are completed, 94% of the veteran patients will be within 60 minutes of Primary Care Services in VISN 19.

The 2010-2011 Flu Season

In the United States, the flu season is usually from fall through early spring. The peak of flu season has occurred anywhere from late November through March. The overall health impact (e.g., infections, hospitalizations, and deaths) of a flu season varies from year to year.

The Facts about Vaccination

For the 2010-2011 flu season, the flu vaccine includes protection against the 2009 H1N1 pandemic virus and 2 other flu viruses.

Everyone 6 months of age and older should get vaccinated against the flu as soon as the vaccine is available.

People at high risk of serious flu complications include young children, pregnant women, people with chronic health conditions like asthma, diabetes or heart and lung disease and people 65 years and older.

Vaccines are the best tool we have to prevent influenza.

Get your flu shot this year and learn more about [Seasonal flu](#) and [Vaccination](#).



Letter of Appreciation to the Sheridan VAMC

The Sheridan VAMC received a letter from a Veteran who has received services from the Sheridan VAMC since 1996.

He was referred to the telehealth program two years ago and recently wrote a letter to the Director..."Dr. Robison set me up with a telehealth nurse, Nancy Weaver, RN"...that was one of the best things he has ever done for me!"



He spoke glowingly about his health care providers – "she calls me or I call her at least once a day. After my most recent hospitalization, she called me on a weekend to make sure that I was "safe". We appreciate the time this Veteran took to write to let us know he loves Telehealth! We know the benefits Telehealth can offer all Veterans. Congrats to Dr. Robison and Nancy Weaver, RN for offering excellent care!

Eastern Colorado Health Care System



Denver, CO – Replacement Medical Center Facility

The Denver VAMC (parent Eastern Colorado Health Care System) 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, VA announced the selection of the joint venture of Kiewit-Turner as the construction contractor for Project Eagle. The contract award is for \$1,313,100 to begin pre-construction services. The contract provides pre-construction services to assist VA and the architect/engineer team in the design of a new 180-bed, approximately 1.126 million square foot tertiary

care medical center. This includes remodeling the building currently on the south end of the site. One of the first activities that will be noticed is the demolition of two of the former buildings on the site as well as the old City of Aurora Pool. This is to make way for construction trailers to be used during the project to house all of the necessary on-site employees.

There have been many inquiries from potential subcontractors and business owners regarding working on this project. One of the federal government-wide statutory goals for contract awards is that a minimum of 3 percent of all agency procurements be awarded to service-disabled Veteran-owned small businesses. Recently, VA announced that nearly 17 percent of its acquisition dollars were awarded in this category. Kiewit-Turner has an excellent record in using small businesses to work on its projects.

A web-site has been set up that allows any businesses interested in working on this project to submit preliminary information indicating an area of specialty. On the home web page, <http://www.denvervahospital.com>, a link appears titled "Subcontractors". By clicking on this link, a new page appears where the necessary information can be submitted.

Kiewit-Turner is also involved in the Helmets to Hardhats program. Helmets to Hardhats is a national program that connects National Guard, Reserve and transitioning active-duty military members with quality career training and employment opportunities within the construction industry.

Of the 24 architecture, engineering and various supporting firms working on the new medical center now, 17 are Colorado companies. The VA will add nearly 180 new jobs to help in staffing this larger facility. Total project cost for the new VAMC is \$800 million. Construction is scheduled to be completed in 2014.

Colorado Springs

Planning has continued for the relocation of the Colorado Springs clinic.

The relocation of this clinic will allow for a larger primary care and mental health clinic with a variety of new support services. The clinic will continue to offer radiology, laboratory, dental, audiology, optometry, physical therapy and some specialty clinic services to Veterans in the Colorado Springs area. The current planning for radiology includes basic services plus MRI, CAT scan, ultrasound and mammography capabilities. The laboratory planned in Colorado Springs would do the lab work for all of the clinics in southern Colorado. Expansion for audiology and optometry is planned in order to meet projected workload for those specialties.

Physical therapy and prosthetic support will also be in this clinic. Exam rooms are being planned to accommodate specialty care clinics as needed.

Site acquisition and space planning are underway. Colorado Springs user groups were held the first week of October. The users provided valuable input and the plans were changed accordingly. One of the most significant changes was to the ambulatory care area. This area is being redone to accommodate the Patient Aligned Care Team model. Discussion with the staff found that they currently practice many of the elements of this model and in many ways, will not require changes in process once the new clinic opens.

The Veterans Benefit Administration will be on the same campus to ensure access and convenience to our patients. They have also made significant progress with their space planning.

The next round of user group meetings will be via teleconference. It is anticipated the final layout of space will be finished.

The Office of Real Property will announce the selected site in the near future. The target completion date for this relocation is March 2013.

Denver VA Medical Center Joins Consortium to Study Military Suicide

The Denver VA has joined forces with the U.S. Army Medical Research and Materiel Command's (USAMRMC) Military Operational Medicine Research Program (MOMRP) and Florida State University to develop a strategic suicide prevention research plan, which incorporates efforts from civilian and Department of Defense entities to integrate, synchronize and implement a multidisciplinary research approach to suicide prevention.

USAMRMC awarded \$17 million to the Military Suicide Research Consortium (MSRC) Sept. 30. The DoD will provide guidance and management to oversee the MSRC. Internationally recognized researchers Peter Gutierrez, Ph.D. of the Mental Illness Research, Education and Clinical Center at the Denver Veterans Affairs Medical Center, and Thomas Joiner, Ph.D. of Florida State University, will bring their expertise to MSRC as the consortium co-directors.

"The innovative multidisciplinary approach of the MSRC facilitates rapid translation and dissemination of cutting-edge suicide research findings. This capability will enhance the military's ability to quickly identify those at risk for suicide and will result in more effective evidence-based prevention and treatment strategies. The MSRC is an integral component of the Army's suicide prevention research strategy and supports the ultimate goal of reducing suicides," said Col. Carl Castro, MOMRP director.

This is the first collaboration of its kind incorporating military and civilian efforts to support national and international military-relevant research efforts from multidisciplinary practice areas (behavioral health, emergency departments and primary care clinics) to address suicides in the military. Through a multidisciplinary approach and the use of state-of-the-art research methodology, the MSRC will yield new scientific data regarding suicidal behavior. Novel findings will assist in the development of more effective prevention interventions, risk assessment methods and treatments to decrease suicide. Findings also will serve to provide recommendations for improving policy and clinical practice guidelines.

The consortium supports the mission of MOMRP by facilitating the development of an evidence-based comprehensive military suicide prevention approach that includes risk screening, assessment, and prevention and intervention efforts. The consortium will monitor all current suicide research, as well as integrate the currently funded DOD suicide prevention studies. The

MSRC will further contribute to the ultimate goal of MOMRP by expanding the knowledge base and capacity to prevent, treat and enhance the quality of life for servicemembers and civilians who are affected by suicide and suicide-related issues.

Each affiliated institution was awarded \$8.5 million to address this urgent public health issue across the military and the general population.

“Assessing risk for suicide has been the focus of extensive research in the civilian sector,” Gutierrez said. “However, very little is currently known about how relevant existing tools are when applied to the military. The consortium will allow us to determine how best to screen and assess personnel, develop effective interventions and ultimately reduce suicides.”

Joiner and Gutierrez are exploring this question to develop better assessment tools to identify those at greatest risk and testing interventions to save lives. Other strategic military suicide prevention efforts include the Army Study to Assess Risk and Resilience in servicemembers (Army STARRS), the largest epidemiological research effort examining mental health, psychological resilience, suicide risk, suicide-related behaviors and suicide deaths in the Army to date. Army STARRS is a collaborative research effort between the Army and the National Institute of Mental Health that began in 2008. In 2009, the MOMRP also held a series of workshops with leading suicide experts and military stakeholders, which resulted in research recommendations in four focused areas: suicide risk screening and assessment; universal prevention training; indicated interventions to manage suicide behavior and refining the Post Deployment Health Assessment and the Post Deployment Health Reassessment.

In addition to the Army STARRS study, the DOD has a significant investment in studies targeting the identified focus areas. The Defense Centers of Excellence, in collaboration with the DOD, serves as the chair of the SPARRC. This committee was developed to serve as a primary forum for ensuring coordination and consistency in system-wide communications related to suicide, risk reduction policy initiatives and suicide surveillance across the DOD.

The MSRC will further augment these efforts to achieve the primary goal of reducing suicide and other mental health outcomes to enhance the quality of life of servicemembers and their families.

VA Montana Health Care System:



VA Taking Life-Saving Line to Streets

MISSOULA, Mont. – Starting Monday, October 18, Missoula buses will display a message of hope for those who have served their country and are undergoing an emotional crisis. The Department of Veterans Affairs (VA) is advertising its Suicide Prevention Hotline through Jan. 9, 2011.



Veterans are twice as likely to die from suicide as are non-veterans. Kellie LaFave, Suicide Prevention

Coordinator for VA Montana said, "Montana supports one of the highest populations of veterans and sadly Montana ranks in the top three highest rates of suicide in the nation.

VA Montana is committed to decreasing the number of veteran suicides through outreach activities; as well as providing education, training and distribution of suicide awareness materials to the communities. This is a statewide effort to increase awareness of signs and symptoms of suicidal thinking and the resources available for help."

If you are interested in receiving information about Montana Suicide Prevention programs or would like someone to come and talk to your organization about suicide prevention, please contact a VA Montana Suicide Prevention team member: Kellie LaFave RN, Suicide Prevention Coordinator 406-447-6047, Tracy Zachmann RN Case Manager 406- 447-6034, Brenda Summerlin Administrative Assistant 406-447-6065.



Since its inception in July 2007, VA's Suicide Prevention Hotline, 1-800-273-TALK (8255), has rescued more than 10,000 Veterans and provided counseling for more than 180,000 Veterans and their loved ones at home and overseas. The hotline is staffed 24 hours a day, seven days a week by trained mental health professionals prepared to deal with immediate crises. The hotline also offers an anonymous online chat feature available at www.suicidepreventionhotline.org. Look for the chat feature in the upper right hand box.

VA has marketed the hotline through mass transit campaigns since summer of 2008, increasing the number of calls and lives saved with each city the campaign has reached. VA is partnering with Blue Line Media (www.BlueLineMedia.com) for the campaign, a [transit advertising](#) company that specializes in helping business and government tell

their stories through transit advertising media, such as buses, bus shelters, benches, subways, trains, airports, billboards and more.

VA has also promoted awareness of the hotline through national public service announcements featuring Gary Sinise and Deborah Norville. The transit advertisements and both PSAs are available for download via You Tube and at www.mentalhealth.va.gov/suicide_prevention.

Military Women to Women Support Group established in Montana

The Vet to Vet PTSD Support Group was established in 2007, and although open to all veterans, it did not meet the needs of women veterans.

In 2009, a group of women veterans began meeting to discuss this issue. Now, in 2010, the first Military Women to Women PTSD Support Group had their first meeting. The group is open to all active duty, Guardswomen, Reservist, or veteran experiencing the symptoms of PTSD and meets every Thursday at 3:00p on the VA Montana Campus in a historic house recently dedicated for veteran-facilitated groups known as Group House.

Military Women to Women is facilitated by a VA therapist and co-facilitated by a veteran. Facilitator training is provided by Behavioral Health staff and the veterans from Vet to Vet Support Group. Jana Brenton, Women Veteran Program Coordinator, and Pamela Mann, Behavioral Health Recovery Coordinator act as point of contact to those veterans interested in attend the group.

Homeless Veteran Stand-down's 2010

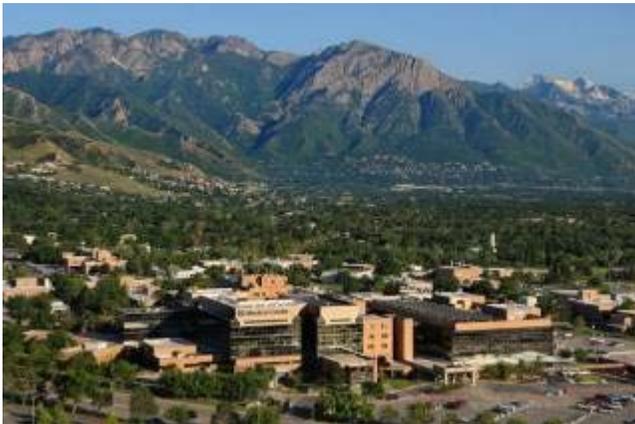
Stand Downs in Montana, coordinated through the Homeless Veteran's Program (HVP) at Fort Harrison, have steadily increased in recent years with 10 Stand Downs being organized for 2010. The Homeless Veterans Program works with veteran's service organizations across the state to support these crucial outreach efforts.

In 2010, Stand Downs are occurring in the following locations: Billings (hosting 2 separate Stand Downs), Bozeman, Glendive, Helena, Great Falls, Hamilton, Missoula, Browning, and Fort Belknap. The Homeless Veteran Program plans to continue to work with 2 additional Stand Down events that were not able to be accomplished this year, in Anaconda and Rocky Boy.

In addition, the HVP office works with local community organizations in both Kalispell and Missoula in support of Project Homeless Connect events. The ability to interface the myriad of VA services with local

organizations and the veterans in these communities involves outreach from many different facets including: VA Patient Business office, VA Nursing staff, Vet Center (Mobile vet Clinic), Veteran Benefit Administration, VA Mental Health (Crisis Intervention), VA CWT, VA HVP Shelters and GPD transitional housing, OIF/OEF Advocates, Women Veteran Program, Veteran Service Organization, VVA, DOL, Job Service Centers, VOA Community Mental Health, DAV, Community Health Centers, Food Banks, MT. Voc Rehab, School Districts HRDC, SSI/SSDI Office of Public Assistance, Salvation Army, Good Samaritan, Montana Legal Services, Experience Works, Community Colleges, Homeless Coalitions and Montana Veterans Foundation

VASLCHCS



VASLCHCS Providing Hope for Homeless Veterans

The VA Salt Lake City Health Care System will house 72 more Homeless Veterans! The George E. Wahlen VA Medical Center along with the Salt Lake City Housing Authority was just awarded a million dollar grant to build a new facility for homeless Veterans. Crews will break ground on the new "Valor House" on the VA campus sometime next year making good on the Secretary of Veterans Affairs promise to end homelessness within the next five years.

"These investments will provide transitional beds to veterans who have served honorably, but for various reasons now find themselves in a downward spiral toward despair and homelessness." said VA Secretary Eric K. Shinseki. Locally, our innovative approach to transitioning our Veterans from homeless to hopeful is making incredible



strides. The VASLCHCS offers a full range of support including: education, jobs, health care and counseling, in addition to housing.

One way we are able to reach our Veterans most in need is with is with our annual Homeless Stand Down coming up Friday, November 5th. Here homeless Veterans will be able to get physicals, dental services, glasses not to mention crucial access to other services vital to getting back on track.

Women Veterans Clinic Staff Opens Up in Open House

Bonds are forming and barriers are slowly melting away.



The VA Salt Lake City's Women's Clinic continues to educate and expand with more women Veterans enrolled everyday and more resources devoted to the unique needs of our "she-roes".

Program Manager Gina Painter just recently opened up her doors to VA Veteran staff and patients encouraging questions and stressing her commitment to female Veterans.

After a brief video on VA's vision for women's healthcare, Veterans were able to mingle, discuss personal healthcare issues and meet other Veterans. The Women's Clinic strives to provide our female Veterans with their entire primary care needs to include: mammography, and maternity care.



The clinic has also recently expanded its waiting area to include a play area for children and a much more private check in area for our women.

VASLCHCS is also in the process of making mental health services more readily available for women in the clinic on a routine basis.

Grand Junction VAMC:



Facility staff and leadership continue to reach out to rural veterans through a variety of venues across the GRJVAMC Catchment area.

One of the primary programs is the expansion of the facility's TeleHealth program. In Craig, Colorado, the TeleHealth Clinic moved to a larger more accessible facility in the city's old hospital.

In Glenwood Springs, another TeleHealth clinic came on line October 27 when Congressman John Salazar along with Terry Atienza, GRJ Medical Center Director, and several local dignitaries cut a Red Ribbon to officially open the facility. The Glenwood Springs ceremony was also attended by more than 60 Veterans and family members who came to learn more about the clinic and how it would make their lives easier.

In addition to reducing travel time for VA patients living in the area, the clinic will also impact safety for many patients who will no longer have to make the trip to Grand Junction for their medical appointments. The stretch of Interstate-70 that runs between Glenwood Springs and Grand Junction is considered one of the more dangerous in the state due to a combination of hazards, which include rock falls, icy bridges, and animal crossings.

For those Veterans in the Glenwood Springs area who can't be seen at the TeleHealth Clinic because of their complex medical condition, the clinic will still make their lives safer by eliminating 4 a.m. departures for early morning lab draws. Instead, patients will be able to visit the clinic the business day before their Grand Junction appointment for their blood draws, then depart for the medical center after the sun has risen the next day. At full capacity, the clinic will be able to serve nearly 700 primary care patients and provide other services to several hundred more.

The Medical Center also held its annual Stand Down for Homeless and At Risk Veterans at the Grand Junction Elks Lodge. The number of homeless in the Grand Valley is reported to have risen in the last year, with an

estimated number of 150 Veterans. This year, 129 Veterans and 15 Dependents registered for services. Of these, 17 were Women Veterans, which was an increase in the number who have attended prior Stand Downs.

Organized by the GRJVAMC Homeless Coordinator, the event also had more than 20 participating organizations and agencies. In addition, to the winter clothing distribution, and health and social services offered at the Stand Down, the Veterans Benefits Regional office sent a representative, Barbara Martinez, to help Veterans file for benefits. In less than three hours, she assisted 32 Veterans.

A new service for Veterans at the event was a table staffed by two lawyers from the Vietnam Veterans National office who assisted Veterans on a variety of issues.

Along with these events, staff also appeared at regional churches to present VHA programs, set up an information table at the annual Pumpkin Chunkin' Competition in Moab, Utah and appeared on a number of radio and television broadcasts promoting the Medical Center's mission on the Western Slope and did a special hour long radio program in Moab promoting Suicide Prevention for Veterans.

In total, these efforts resulted in more than 800 direct and secondary contacts across the Western Slope for the month of October.

Sheridan VAMC:



Sheridan VA develops mental health counseling program for women veterans

Article reprinted from SHERIDAN Gazette -- Audrey Bocock was a pre-med major at the University of Hawaii but the need to serve her country after 9/11 put those plans on hold. She joined the Army National Guard and deployed to Iraq in 2004. Nothing in her past prepared her for what was to come in the war zone.

While Bocock was on duty, a mortar shell exploded nearby, knocking her around in the Guard shack and ultimately causing a long-term traumatic brain injury that would go undiagnosed for a number of years. Meanwhile, Bocock remained committed to completing her tour in Iraq.

Bocock had been home on a two-week leave before the explosion and already was shocked by how much the deployment had changed her. "It was like being on another planet," Bocock said. "I was afraid to go home. It was easier being in a combat zone."

A short time after the explosion, Bocock's convoy was hit by enemy fire and her hip was shattered. Still, Bocock remained in Iraq after surgery, treating the pain with ibuprofen. But upon re-evaluation by another doctor, Bocock was quickly flown to Hawaii where she was given an 80 percent chance of walking again.

After additional surgeries, Bocock spent an extended amount of time recovering from her hip injury before returning to her studies and continuing to serve in the Army National Guard with a non-deployable unit. Bocock balanced college courses and a job while adjusting to civilian life, but it wasn't long before she felt herself spiraling out of control.

At that time Bocock went through a series of Veterans Affairs counseling programs depending on where she was living. From Reno, Nev., to Palo Alto, Calif., Bocock reached out for help, but even some of the VA's most extensive mental health therapy programs weren't effective.

Finally, Bocock moved to Colorado to be closer to family so they could help her. It was there on the way to a Wal-Mart one night to buy antifreeze to try to commit suicide that one simple promise to her former counselor in Reno saved her life. Bocock used her cell phone to call the VA's 1-800 emergency crisis number and shared that she was planning to commit suicide.

"I had hit my ultimate rock bottom," Bocock said. "I had absolutely no hope at all." Authorities traced Bocock's call, found her and quickly took her to the Denver VA where she was placed on suicide watch.

New Hope: Just a few hundred miles away a new program at the Sheridan VA was taking shape. With more than 4,000 women veterans in Wyoming, and an increasing need to meet that demographic nationwide, the Sheridan VA was crafting a curriculum for a program that would become a life-changing experience for women with some of the most serious military-related traumas.

"We're trying to lay the groundwork for the women coming home from Afghanistan today," said Judy

Myers, the Sheridan VA's women's veterans' program manager.

With more than 1.8 million women veterans across the country, the VA is ramping up efforts to reach a rapidly expanding population. Nationwide, only about 16 percent of veteran's access VA services, but as these women come home some of their challenges and needs are difficult and unique.

"Females are the fastest-growing population going into the military," Myer said. "They're being used in every venue in the military." As these women return from combat zones, some have experienced military sexual abuse, some have lingering effects of war injuries and some suffer from post-traumatic stress disorder.

To address some of the most severely impacted women, VA officials created a program called Cognitive Process Therapy, or CPT Cohort. The first CPT Cohort began June 7 with 13 women from around the country. Bocock participated in the Sheridan VA's first CPT Cohort program.

"We just built them up and showed them they could do it," Myer said. "They found a lot of healing here." For seven weeks, counselors, therapists and doctors worked one-on-one with the women to help them address all of their physical and mental health needs. From horse therapy to group sessions, the women spent time bonding and healing together.

"I saw a lot of positive growth," Myers said. "I saw a transformation take place before my eyes. They wanted life to be normal and they found some of that just by being together."

After weeks of therapy, self-discovery and bonding, the women left the Sheridan VA transformed. "They left here with smiles on their face and felt they had finally, finally been heard and validated," Myer said. "It was amazing to see these women blossom and come into their own."

Ten women have already signed up for the next session, which begins in the spring.

Home for healing: When Bocock arrived in Sheridan she figured it was too late for help. But with extended time at the VA from January to late July, her walls and barriers came down. "I hated everybody, but I loved them at the same time," Bocock said. "It was a very odd place to be." In a wheelchair because of her hip injury, Bocock worked with doctors, counselors and therapists to rebuild her body, mind and spirit. For several months she focused on herself and her needs in order to bring herself back from the brink of self-destruction.

"Sheridan was the best thing that happened to me," Bocock said. "They came up and surrounded me and saw I needed help." Living with women experiencing the same level of trauma helped Bocock realize she wasn't alone. Talking about struggles and problems with them became a form of therapy. "I had never met anybody who had been through what I had," Bocock said. "My psychological trauma is pretty severe."

Now just more than a month out of the program, Bocock carries hope for her future. Determined to one day leave her wheelchair behind and return to her college course work, Bocock is eager to meet her challenges. "I may have to take it one class at a time, but I'm going to give it my damnedest," said Bocock, who has returned to Colorado.

In the meantime, she works with her horses on a daily basis and takes time each day to heal her body, mind and heart -- something she says is now possible because of the CPT Cohort program. "They came up beside me and walked with me so I wasn't alone," Bocock said. "They stood by me through all of my s---. Overall, it's been hell but it's been well worth it and I'm so glad I wasn't alone."

Sheridan VA hopes to build women's inpatient facility

Cheyenne VAMC:



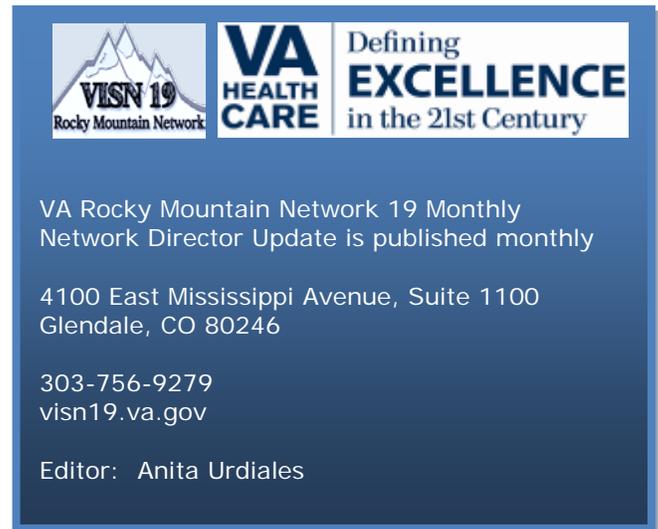
Cheyenne VA Medical Center was visited by 14 members of Senator Enzi's Wyoming staff earlier this month. The field representatives and legislative aides enjoyed a briefing on VHA and VBA processes, as well as an overview of the many VA programs and services. From behind safety fencing, the group did get an up close look at the construction activities of the new 23,000 s.f. ambulatory care addition.

Progress of the surgical expansion project continues to steadily march forward. Currently, infrastructure (lights, power and water) for the surgical suites and interior walls are being put into place. After these are completed, the interior will go through its finishing phase which will be followed by the installation of

equipment and furniture. Anticipated opening of this new wing should be mid-winter, 2011.

Installation of the third of three solar projects is underway. Two of the arrays are ground mounted solar panel banks which have created covered parking and the third is a rooftop installation. After this last solar array is installed on the roof of the main building, there will nearly 900 solar panels contributing to the power demands of the Cheyenne VAMC main campus.

Employees at the main campus as well as at outpatient and mobile clinics are busy preparing for Veteran's Day on November 11, 2010. Major plans to recognize this important day include a breakfast for residents of the Old Glory Community Living Center, participation in community Veterans Day programs in Cheyenne and participation in the Northern Colorado Homeless Stand-Down in Fort Collins, CO.



  **Defining EXCELLENCE**
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