



Focus of transitional residences is recovery

Veterans receiving treatment for drug and alcohol addictions, mental illnesses, credit program with saving lives

By Jayna Legg

Lovell FHCC Public Affairs

The four two-story frame homes on 24th Street resemble others on the block, with concrete patios and gas grills in the backyards and tidy flower beds and stepping stones in the front.

Like other households, there's yard work to do during warm weather months, daily menus to be planned, groceries to be bought, floors to sweep and laundry to do; it's all posted neatly on bulletin boards in the common areas and discussed during regular household meetings.

But that's where commonplace domesticity stops, and extraordinary living begins.

The homes are occupied by a select group of people, of all ages and backgrounds, united by their Veteran status and now the most important mission of their lives – to recover.

Recovery, which encompasses the overarching goal of attaining employment and ultimately paying for a place to live, is the only business of the 18 men who reside in the Lovell Federal Health Care Center (FHCC) Compensated Work Therapy/Transitional Residence (CWT/TR) homes at any given time.

The majority of the residents are recovering addicts of some kind,



and/or living with mental illnesses, which resulted in them losing their jobs, their homes, their families, and in many cases, their will to live.

"I was going to bed at night and wishing that I wouldn't get up in the morning," said program graduate Otis Norsworthy, Jr., today one of the three house managers who live in, and oversee, the CWT/TR homes.



In the above photo, Veterans receiving treatment through the Compensated Work Therapy/Transitional Residence (CWT/TR) at Lovell Federal Health Care Center embrace during a group meeting in one of the four homes. Pictured left to right is Steven Harris, Courtney Pinnick, Anthony Cobb (with watch on his arm), Timothy Baggett (green shirt), Tony Hodges (looking at the camera), House Manager Steven Garrett (black turtleneck sweater in foreground) and House Manager Darryl Brown. Left picture shows the flagpole and new flower bed the residents planted in front of the homes last summer. (Photos by Mary Waterman)

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FHCC Navy officer awed by Honor Flight volunteer experience



Lt. Cmdr. Rachel Perry poses with WWII Veteran Claude Henderson. (Photo provided)

By Lt. Cmdr. Rachel Perry
Lovell FHCC Clinical Nurse Specialist, Medical-Surgical

I became involved in Honor Flight because my former neighbor from Chicago "recruited" me. We were trying to get on the same flight.

The trip was amazing. My day

started out at 0230 because I needed to be at Midway by 0415. Veterans were already arriving and staged in "Red, White, or Blue" teams. Many of our corpsmen help, and it was wonderful to see their interactions with the Veterans.

The amount of volunteers to assist is overwhelming. I was assigned two Veterans to escort onto the

plane. After going through security, we are greeted at the gate with coffee and donuts.

The Andrew Sisters tribute band sings, and few of the Veterans are already dancing. At one point, my Veteran started crying. The song brought back so many memories.

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Leadership Commentary

Our ‘special covenant’ is to provide holistic, integrated care

Holt: ‘How can improve at helping our patients have the healthiest, most active and satisfying lifestyles?’



By Dr. Stephen Holt
Lovell FHCC Director

We have a special covenant here at Lovell FHCC that extends far beyond our walls and sets us apart from anywhere else. We provide holistic, synergistic and integrated health care to our patients. What does that mean? It means we take ownership of their health outcomes, starting with wartime readiness for our

military patients, and extending beyond, as we care for Veterans who have returned from battle, ended their enlistments or retired from the military.

It means our care does not stop when a patient is transferred to a community hospital, or referred to another provider outside our facility. We are a resource to coordinate that care, and ensure more care when needed.

Consequently, we must outshine health care facilities in the private sector. We must be proud and take ownership, providing capacity for our special patients and families. We continue to evolve to be the nation’s leading health care system. We have to think about how we can do more, and how can we get better at helping our patients have the healthiest, most active and satisfying lifestyles possible?

We already do this every day. We provide more comprehensive, integrated patient-centered health

care than non-federal entities, consistent with our charge. Our mental health care is a great example. Look at the center spread of this newsletter, and you will see inspiring stories of recovery and hope coming out of our Compensated Work Therapy/ Transitional Residence (CWT/ TR) program, which was recently singled out for recognition by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Our mental health programs here at Lovell FHCC are far superior to anything found outside, and CWT/TR is a great example. It is a substance abuse program, vocational rehabilitation and mental health therapy; it addresses Veterans’ homelessness, and helps them obtain employment by providing them with work histories.

If Veterans need legal assistance, we help with that, too, through Veterans Justice Outreach. And the substance abuse treatment is integrated with our outpatient

mental health clinic and primary care clinic.

Our Patient-Aligned Care Teams (PACT) are another example. Patients need only go to one place to have all of their health care needs met. It is a patient-centered approach to health care in which we strive to provide safe, efficient, quality care for each patient on each visit, every time!

Therefore, we have to ask ourselves, how do we provide the kind of care we can be proud of and would want for our loved ones? And then, let us just do it. Let us not accept “good enough” when we can be great. We will not accept any bad outcomes without a hard look at what we could have done to improve. We cannot let anything get in the way of doing the right thing for our patients and their families. Together, we will continue to honor our promise kept of *Readying Warriors and Caring for Heroes*.

Dr. Martin Luther King, Jr. Day

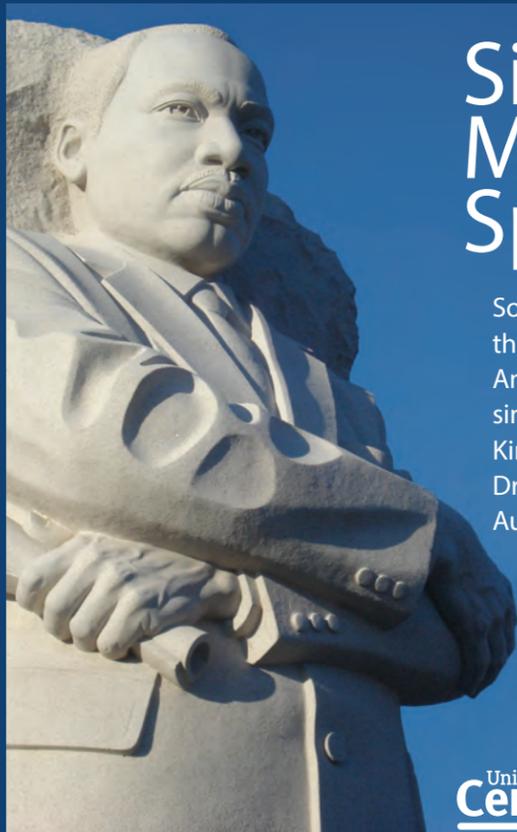
Dr. King was a powerful, persuasive speaker. In his “drum major instinct” sermon delivered in February of 1968, he said “Yes, if you want to say that I was a drum major, say that I was drum major for justice. Say that I was a drum major for peace. I was a drum major for righteousness. And all the other shallow things will not matter. I won’t have any money to leave behind. I won’t have the fine and luxurious things of life to

leave behind. But I just want to leave a committed life behind. And that’s all I want to say.”

We at the FHCC are in a position to continue Dr. King’s legacy of helping others by being “drum majors” for America’s Veterans, Active Duty servicemenbers and their families. Our patients are our highest priority, and the people who serve them our most treasured resource. So we must

ensure that equal opportunity is carried out through the hiring, promotion, and advancement of our diverse workforce.

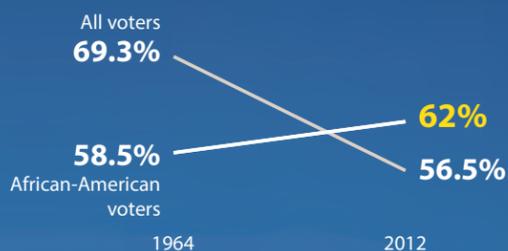
Employees: Are you interested in helping the FHCC meet this mission? Contact Adrienne Fisher, Equal Employment Opportunity Specialist, at adrienne.fisher@va.gov for more information about the Diversity and Inclusion Committee.



Since MLK’s Speech

Some changes in the nation’s African-American population since Martin Luther King Jr.’s “I Have a Dream” speech on Aug. 28, 1963

Percentage voting in U.S.



Percentage of African-Americans graduating high school



Number of African-American college students



U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU

Source: U.S. Census Bureau’s Profile America Facts for Features http://www.census.gov/newsroom/releases/archives/facts_for_features_special_editions/

The Apollo

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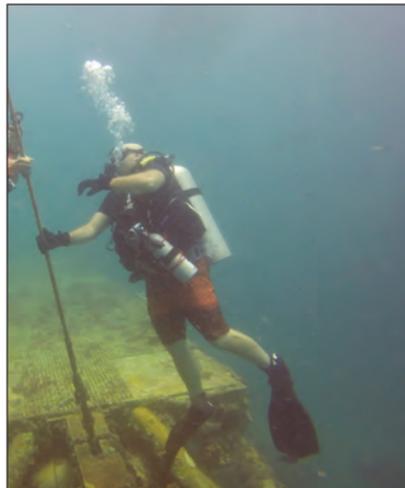
FHCC diving medical officer goes on NASA ocean mission

Lt. Nicholas DiGeorge provided medical care for international crew of aquanauts on NEEMO 18 expedition



In the photo above, Lt. Nicholas DiGeorge, a doctor of osteopathic medicine and Navy Undersea and Diving Medical Officer assigned to the FHCC's branch clinic USS Tranquillity, gets his KM-37 Mask checked during an exercise at the 2012 Naval Dive and Salvage Training Center.

To the left, DiGeorge swims outside Aquarius Reef Base in the Florida Keys. He conducted virtual "sick calls" with the Aquarius crew and dived to examine them in person one time during the nine days they were submerged. (Photos provided)



By Jayna Legg
Lovell FHCC Public Affairs

When asked what he did on his last summer vacation, Navy Lt. Nicholas DiGeorge could talk about conducting "virtual sick calls" with NASA astronauts submerged in 45 feet of water in the Florida Keys.

Other than the fact that DiGeorge was on shore near Key Largo, Fla., and a face-to-face appointment with his high-profile patients in the Aquarius Reef Base meant he had to dive down to see them, DiGeorge was performing similar medical duties to what he does every day at USS Tranquillity, a Lovell FHCC Branch Medical Clinic.

As one of two Undersea and Diving Medical Officers (UMO/DMO) assigned to USS Tranquillity, DiGeorge takes his turn covering sick call and manning urgent care when he's not conducting special physicals for young Sailors who want to become Navy or Marine divers, like him. The other UMO/DMO is Lt. Cmdr. (select) John Vigilante.

DiGeorge was excited to volunteer for the July, 2014, 17-day mission, where he served as the DMO for NASA's Extreme Environment Mission Operations (NEEMO) 18 project, one of two NEEMO expeditions in 2014. Aquarius is operated year-round by Florida International University.

"It was definitely an once-in-a-lifetime experience," DiGeorge said. "As a diving medical officer, qualified in saturation diving, it was a great test of using my diving knowledge in physiology and diving medical expertise." DiGeorge's duties included conducting saturation diving

physicals on the crew members – called aquanauts after being submerged 24 hours under pressure. He cared for them while they were in the Aquarius, including one dive to check on them midway through the nine days the crew spent submerged. He also conducted dives to supply the underwater base with food and equipment and observed the aquanauts during the



The Aquarius Reef Base is maintained by Florida International University. (Photo provided courtesy NASA)

decompression process when they resurfaced. He dived 12 times.

DiGeorge was accompanied by Navy Diver Chief Eric Real from the Center for Explosive Ordnance Disposal and Diving Great Lakes detachment, who also participated in training and diving operations.

Supporting NASA was "a nice tie," DiGeorge said, to working at Lovell FHCC. He was honored to shake the hand of former NASA astronaut and retired Navy Capt. James Lovell at the FHCC last year.

NEEMO 18 was commanded by Akihiko Hoshide, from the Japan Aerospace Exploration Agency. Other crew members were NASA Astronauts Jeanette Epps and Mark Vande Hei, and European Space Agency Astronaut Thomas Pesquet. The goal was to test technologies and training techniques for use aboard the International Space Station and long-duration missions.

FHCC Sailors volunteer to assist on Honor Flights *(cont.)*

Continued from page 1

He said, "It is as if I am watching my life back then on a panoramic screen."

We landed in Washington DC and were greeted by the DC crew and many children waving flags. Both of my Veterans were shocked and boasting to the others that they had an officer escort.

We loaded the buses and had a police escort to the Marine Corps Memorial. We were only able to drive by due to time constraints. We then left for the WWII memorial. It was just amazing to watch their faces and listen to the stories as we spent a few moments touring.

The ceremony was breathtaking,

and the 92 Veterans proudly assembled. It was quite an honor to stand before them and salute not only our Colors, but them as well. Two of the Veterans were women, so I felt a strong connection to them and thanked them for "paving the way" for me.

The next stop was the Lincoln, Vietnam War, and Korean War memorials. Of course, the Veterans' favorite part was an ice cream shop that was close to the buses. We enjoyed a Dove bar before getting back on the bus. I did manage to get chocolate on my Summer Whites.

The next stop was the Air and Space Museum where the Enola Gay and many other WWII planes are on display.

We returned to the airport to get

through security and enjoy a quick dinner. There was more dancing while we waited (I was exhausted, and I definitely could not do the moves they were doing!). The flight home was different ... there was so much more excitement, and a bond was created among the Veterans.

Many of the escorts (family members or friends) confided that they felt so much closer having shared this day with them. There were a few surprises on the plane that I would not want to give away.

The Welcome Home celebration at Midway is absolutely spectacular. I was very proud to see our newest Sailors from Recruit Training Command/Naval Training Center "man the rails," as well as our own FHCC Corpsman assist in

the pomp and circumstance of the evening. FHCC volunteers include Hospital Corpsman (HM) 1st Class Dennis Kadel, HM2 Steven Reilly and HM2 Jose Tamez.

From a nursing perspective, I had to ensure that they remained hydrated and did not fall, especially as the day continued. The escorts or the Veteran was responsible for their own medication. I was given the "White" bus (approximately 26 Veterans) and reviewed their medical histories prior to leaving Chicago so I would be able to watch for any acute changes. We were very fortunate not to have any incidents and had a safe trip.

Honor Flight Chicago is an amazing organization. I plan to become more involved when the next season begins.

Schedules, chores, homework, provide needed structure *(cont.)*



Left to right, some of the residents and staff of the FHCC Compensated Work Therapy/Transitional Residence Program pose in front of the homes: Stephanie James (program manager), Otis Norsworthy (house manager), Darryl Brown (house manager), Steven Garrett (house manager), Stewart Harris, Courtney Pinnick, Timothy Baggett, Tony Hodges, Terence Conkey, Leon Douglas and Cole Coleman. (Photo by Mary Waterman)

Continued from page 1

“That’s when I changed my mind about getting help. I knew I had to do something,” Norsworthy said.

Norsworthy is a Veteran of the Army and has been a house manager for several years. He is unpaid for the around-the-clock duties associated with the position but lives rent-free in one of the homes. House managers are required to work a full-time job elsewhere, and to remain drug-free. He completed the program in 1996, when the FHCC was known as the North Chicago Veterans Affairs Medical Center and the program was called the Pride Residential Employment Program (PREP).

“I’ve long been a part of this

program,” said Norsworthy, a former gang member. “The VA took me in off the street, fed me and clothed me and got me a job. Going through the program gave me the motivation to give back.”

In the homes on 24th Street, with the help of fellow former service members including Norsworthy, Veterans have another chance to thrive, to prosper, to regain the lives they lived before they turned to alcohol to cope, or prior to PTSD and depression driving them to drugs.

Veterans come to the homes via different routes, said Social Worker Stephanie James, CWT/TR program manager. Veterans are referred from other FHCC residential treatment

programs; some transfer from other VA medical facilities and other Veterans come from the community.

“We’ve opened doors to Veterans with a wide variety of issues and disabilities,” James said.

For some, the homes are a chance to make things right after relapses.

House Manager Darryl Brown remembers clearly how devastating his fifth (and last) relapse was, after seven years of being clean and “getting to a point where I wanted to be, working a job helping people.”

When he relapsed, Brown said, “I actually contemplated taking my own life ... I took all my blood pressure medication and painkillers and started walking.”

At the time, Brown was living and working in an Oxford House, a residential recovery program in the community. A fellow Oxford House employee happened by when Brown was walking in the street, picked him up and drove him to what was then the North Chicago VA Medical Center.

“I said, OK God, I get the message,” Brown said. “You want me to do this.”

Brown is a former gang chief and, as such, found himself constantly fighting the influence of family

members and others who wanted to draw him back into that destructive lifestyle. He told his counselor he needed a strict program, and his doctor at the time referred him to the PREP program. “I knew I needed something else, not as loose, to make it work,” said Brown, an Air Force Veteran.

The rules and routines of the homes, coupled with a whole-health approach to treatment and rehabilitation, form a foundation of success for “graduates,” who are welcome for return visits any time.

First things first

The Veteran residents are required to work. They are assessed before they enter the program and initially placed in a CWT job on the nearby FHCC West campus in North Chicago. The ultimate goal is permanent employment, which may be in the community, or at the FHCC.

Working jobs means they get paid, and in turn, they pay a program fee to live in the homes.

Veterans are coached to save money as part of their “discharge planning,” so they have money to rent their own home or apartment after they graduate from the program from the program in six months to a year. Veterans may have the option of moving to a recovery house or apartment after graduation, as long as they



Air Force Veteran Courtney Pinnick uses the computer in the common living room. Pinnick said his PTSD and depression symptoms have lessened since he entered the program and began addressing his substance abuse problem. (Photo by Mary Waterman)



Veterans Terry Conkey, left, and Leon Douglas play chess in the common living room of one of the four homes. Conkey, who served in the Army both on active duty and in the National Guard, said the program has given him “a renewed sense of self-worth.” Douglas, a former airborne paratrooper, said the environment in the homes, “makes you want to do good for yourself.” (Photo by Mary Waterman)

remain drug-free and active in a local Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) group.

“It’s all about working toward independent living,” Norsworthy said. “You get used to working every day again, and paying bills,” he said, remembering his time in PREP program. “We learned to live life on everyday terms without drugs. We learned how to problem-solve situations without the use of drugs. We learned how to communicate better, how to use empathy, and how to be responsible, and it’s the same in the program today.”

Residents take turns planning menus and making shopping lists, getting the groceries and cooking. In each home, residents sit together at a dining table in the common area for the evening meal, which is served family style. Holidays are cause for celebratory meals with family members and other guests.

The homes are tastefully decorated and furnished, with comfortable chairs and pleasant artwork. The newly remodeled kitchens are bright and spacious. Framed photos of the residents are displayed in the living rooms. Each resident has his own room with a desk, bed, and bedside tables.

James said the program received \$400,000 over three years from the VA to renovate the homes, including kitchen upgrades, new furniture, new floors, and improvements to inside décor as well as new patios, fire escapes and roofs.

The task of cleaning the homes also is shared by the residents, on a rotating, 30-day basis. “They are all very proud of their homes,” James said. “They treat the homes as their own.”

Program provides structure

When they aren’t working, doing household chores, going to counseling and other medical appointments, and attending meetings, residents have homework

that reinforces recovery principles. Throughout the program, they are required to complete exercises in a workbook called “Staying Sober.” The first 94 pages are supposed to be done in the first 30 days of the program.

Completing the workbook helped Brown realize that his relapses revolved around family connections and interactions. “You have to be honest in the writing, and then you start to see your patterns,” he said. “My family, and my disease, was calling me back.”

The homework, chores and regular meetings help provide structure for lives that previously lacked it. A prominently posted weekly schedule in one home reads:

- Monday – Reflections group
- Tuesday – AA meeting
- Wednesday – Grocery shopping and gym
- Thursday – Community Meeting (Problems and Concerns)
- Friday – NA meeting
- Saturday – G.I. (cleaning)
- Sunday – Church, or pass, NA meeting

Much of the success of the program stems from the support residents

receive from other Veterans, who have “been there” and can identify with what each is going through, Norsworthy noted, whether it’s the house managers or their housemates.

“One thing we have in common is that we are all Veterans and for whatever reason, we ended up here needing help,” he continued. “I know what he’s feeling when he first gets here and he is sitting in that chair. He is scared, he’s has a hopeless feeling, and he doesn’t know what is going to happen.”

Brown said every Veteran has to come to the realization that he can’t do it alone. “We have to get them to buy in,” he said. “We have to get them to ask for help, and show them by example that we are here to help them, so then they can turn around and help the next person.

“You have to give them a ‘hope shot,’ is what we call it,” Brown said.

There is a tradition at the Thursday night group meeting, where all 18 Veterans gather in one of the

homes. The new Veterans share what they want of their personal stories, and at the end of the meeting, all the members of one home stand in the center of the chairs, and the remaining residents of the other homes encircle them, Brown explained.

The group then chants the “TR Challenge,” which, according to James, goes like this:

“What are we here for?” (*Inside circle asks*)
 “Change!” (*Outside circle shouts*)
 “How do we accomplish this?”
 “Support the program!”
 “How does this make me feel?”
 “Proud!”
 “When I’m proud, I reflect?”
 “Pride!”
 “In what?”
 “My family and this program!”
 “And this program is?”
 “TR!”
 “What?”
 “TR!”
 “What?”
 “TR!”

“It’s just awesome to witness,” James said of the chant.

See page 8 for stories of recovery



Each home has recreational space. Here, Veterans Timothy Baggett, left, Stewart Harris in the center, and Anthony Cobb, right, relax with a game of pool. Baggett, who served in Operation Iraqi Freedom/Operation Enduring Freedom with the Army, said the program is “much tougher” than boot camp. Harris, an Air Force Veteran known for his cooking, said “there’s no doubt TR is a ‘life-saving station.’” Cobb was homeless for 20 years. His amazing story is on page 8. (Photo by Mary Waterman)



Veterans living in the four Compensated Work Therapy/Transitional Residence homes come together every Thursday for a “community meeting,” where they discuss ongoing recovery issues and residents’ problems and concerns. New residents also receive hearty welcomes at the weekly meeting. (Photo by Mary Waterman)

Your Perspective: 2015 Healthy Resolutions



“I’m going to watch what I eat. I’ve been losing weight on the Atkins Plan, so I will keep following that plan.”

Jim Miller, Associate Chief Nurse, Department of Medicine



“I plan to continue ensuring our patients have a safe experience at Lovell FHCC, so not only will I follow hand hygiene rules, but I will also encourage my fellow staff members to follow safe hand hygiene practices.”

*HM Dennis Zamorski
Corpsman, ENT Clinic*



“I want to reduce stress in my life, so I plan to work out more. I also plan to make financial goals this year, so I do not stress about finances.”

*Cmdr. Majorie Alexander,
Nurse Manager, ENT and Urology Clinics*



“I’m going to keep trying to stay independent by keeping my mind alert. I like to play games and watch documentaries. These all help stimulate my mind!”

David Brown, patient in Freedom Square

Strategies and tips for Mindful Eating in 2015

Are you thinking about making some changes in your lifestyle to be healthier? Have you ever heard of the term “Mindful Eating?” Mindful Eating is about being present and in the moment, increasing your awareness in a non-judgmental way. A lot of our habits are automatic and habitual, including our eating. By bringing more awareness to your eating behaviors, you may find you are able to learn how to be satisfied on smaller portions.

There are so many different strategies to being a mindful eater. Take a look at the following suggestions and choose one or two items that you feel that you can pay more attention to, and start feeling healthier!

1. Pay attention to your hunger and fullness before, during, and after the meal. Ask yourself, are you is something else other than hunger triggering the urge to eat? When you are slightly hungry is the time to plan what to eat. If you eat at this time, you only need a little food. The best time to begin eating is when you are significantly hungry. Then the food will be pleasurable and satisfying. If you wait until you are ravenous, you are more likely to eat anything you can get your hands on and eat too quickly to notice when you’ve had enough.

2. Did you know that often we think we are hungry but really we are thirsty? Try having a glass of water or unsweetened tea (especially in between meals). Be mindful of choosing a beverage that has no calories for weight control. Really “think your drink” because the calories in beverages don’t register as “full” in our brains as much as solid food does.

3. Did you know that it takes about 20 minutes for food to start being digested into the blood stream? It takes that long before your hunger and fullness hormones start to recognize that you have eaten. Try these tips:

- Before you eat, decide what you are going to eat and make sure it includes five colorful fruits and/or vegetables.
- Before you dig in, notice the colors and shapes of your foods.
- Choose a smaller bite than normal by cutting food into small pieces.
- Count your chews and chew at least 20 to 30 times before swallowing.
- Put your fork or spoon down in between bites...and let it go!
- Check your hunger and fullness during the meal and consider saving food left on your plate if you feel satisfied.
- At the end of the meal, check your hunger and fullness and if you feel satisfied and not stuffed, congratulations! You ate mindfully!

If you are interested in learning more strategies to live healthy, consider joining the MOVE! weight-management program. There are group and individual options that teach you strategies to eat healthier, move more, and how to be more mindful and stick to your plan. Coordinator, Erin Thompson, 224-610-7137, for more information!



“I am going to run more! I am planning to run a 10 kilometer race in March and a half-marathon in May.”

Susan Stankis, Patient Advocate



“I already run, so this year I will stay healthy by continuing to run and keep my body in shape!”

*Murry Olagbemi,
Health Technician,
Mental Health Clinic
(outpatient)*



“I’m going to work out more. I already feel like I am in good shape, but I would like to go to the gym more.”

John Pearce, staff in Vocational Rehabilitation Unit

ONE TEAM

News Employees Can Use

Extra

RN Myna Shegog goes on Hospitals for Humanity mission in Nigeria

There are parents in Nigeria who are still thanking Myna Shegog and her teammates for their work in December 2014.

As part of the team Hospitals for Humanity, Shegog, a forensic nurse examiner at Lovell FHCC, and a team of medical professionals traveled to Nigeria to perform pediatric open heart surgeries. Shegog said the team began planning for the mission three years ago.

“A lot of work goes into each mission trip,” she said. “We have to work with the Ministries of Health in each country and make sure we have adequate staff, supplies and are capable meeting their needs while ensuring a method of sustainability after our team leaves.”

Despite the team’s extensive work to prepare for the trip, the 10-day mission was not without complications. They ran into electrical and supply issues, but through hard work and determination, they were able to deliver safe patient care.

Shegog said, “There are lots of obstacles when working in a third world country. But our team dealt with each crisis as it came.”

The obstacles were well worth it. Shegog said the team’s work is necessary and important. The team works with pediatric patients requiring open heart surgery that they cannot get in their own region because of inadequate resources.

Most of the patients suffer from congenital heart

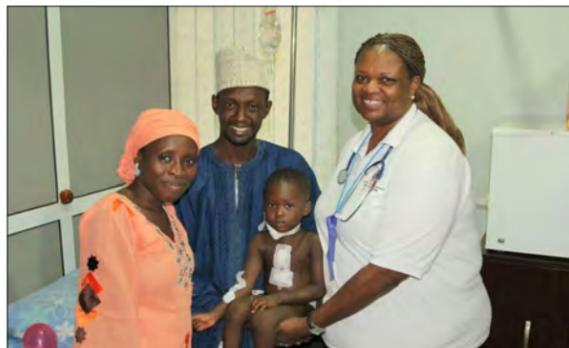
conditions requiring the risky and costly open heart surgery.

Shegog said she enjoyed the entire trip and was happy they could help so many.

“The parents were incredibly grateful for all the work we did,” she said. “One parent wrote us a letter after we returned home that said he had worried about his young child her entire life [because of the congenital heart condition], but because of our work, he was so thankful the child would grow up strong. He thanked God for our help.”

To Shegog, those kind and grateful words encourage her to return for more mission trips. Shegog has been on more than 20 missions with Hospitals for Humanity and plans to go on more in the future. Thank you, Myna Shegog, for your selfless dedication to patients here at Lovell FHCC and abroad!

-Stephanie McCrobie



Myna Shegog, a forensic nurse examiner at Lovell FHCC, poses here with a patient and his family during her Hospitals for Humanity mission in Nigeria. (Photo courtesy of Kenneth Smith Photography)

Evanston social worker featured in national VA care management, social work newsletter

Congrats to Page Lessy, senior social worker for the Lovell FHCC Evanston Community Based Outpatient Clinic!

An article about Lessy appears on page 3 of “Synergy,” the National VA Care Management and Social Work Services Newsletter. Lessy was selected to serve on the VA Care Management and Social Work Services’ Quality, Safety

and Value (QSV) Committee. The committee judges VA social work graduate student interns’ projects. The projects reflect best practices in social work across the nation. Twenty-seven students submitted 21 projects that emphasized patient care, including caregiver and respite services, mental health program evaluations, women Veterans initiatives and more.

-Jayna Legg

Ongoing improvement projects yield results

Lovell FHCC is always on the road to improvement, so we can provide the best patient-centered care. Kudos to many staff members who contributed to the following improvement efforts:

In recent months, the FHCC has improved hand hygiene in the ICU, reduced the Catheter-Associated Urinary Tract infection (CAUTI) rate, increased completion of Basic Life Support (BLS), improved oxygen tank status identification in primary care, saved money by starting cone beam imaging of oral surgery patients at USS Osborne, and created a “Take Home Care Plan” for patients at the McHenry

Community Based Outpatient Clinic to help patients remember their discharge instructions.

Improving hand hygiene decreased infection rates, which led to much less money spent on supplies. Making BLS courses more convenient and encouraging leadership to take a more active role helped raise the completion rate to 95 percent.

USS Osborne purchased two Carestream imaging units for in-house cone-beam imaging. The move will save recruit training time and hundreds of thousands of dollars previously spent to send recruits to community imaging facilities.

-Jayna Legg

Gazmuri picked for committees

There are many examples of beneficial research going on at Lovell FHCC. The work of Dr. Raúl J. Gazmuri, section chief of critical care medicine, is an example.



Dr. Raúl J. Gazmuri

Gazmuri has been invited to participate in two prestigious activities in the field of resuscitation medicine.

This year, he will serve as a member of the International Liaison Committee on Resuscitation (ILCOR), which

brings together resuscitation organizations worldwide for the purpose of reviewing scientific evidence use in resuscitation guidelines. Members include the United States, the European Union, Canada, Australia, Council of Asia, and Councils of Southern Africa.

On ILCOR, Gazmuri will serve as an evidence reviewer and a join the writing group for basic life-support (BLS) guidelines. The BLS guidelines Gazmuri and other members write will be released at the end of 2015 and incorporate any new scientific development since the previous guidelines in 2010.

Also this year, Gazmuri will serve as a member of the planning and organizing committee for the Resuscitation Science Symposium (ReSS), an annual event hosted by the American Heart Association. As part of ReSS, Gazmuri will be part of the group proposing topics for the annual ReSS event.

-Stephanie McCrobie

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Healing: Recovery in FHCC Transitional Residence homes

(Editor's Note: "Healing" is an occasional series highlighting the recovery stories of patients who have experienced significant medical recovery in their lives and are willing to share their experiences. The focus this month is on a Veteran currently undergoing treatment in the FHCC

Compensated Work Therapy/Transitional Residence (CWT/TR) program, and CWT/TR house manager who successfully completed the program himself. CWT/TR is featured on the front page and on pages 4-5 of this issue of "The Apollo.")

Name: Darryl Brown
Branch of Service: U.S. Air Force

Air Force Veteran Darryl Brown is proud to talk about his son, who has served in the Air Force for 19 years.

The son who followed in his father's footsteps and enlisted in the military is the same one who once found his Dad unconscious in a stairwell, bleeding from severe wounds and left for dead.

"I was in a coma for a week," said Brown, a former Chicago gang chief. "I've been stabbed, I've been burned ... and you have to ask, 'What was that all for?' A few more dollars? Power and prestige?"

Today Brown is a Compensated Work Therapy/Transitional Residence (CWT/TR) program house manager. He is required to stay clean and sober, hold an outside full-time job, as well as manage the household where he and four fellow Veterans in recovery reside.

"It's all about remembering the pain," Brown said, talking about the elements of recovery. "And it's all about the gratitude. Today, I'm alive and functioning. There's a saying, 'A grateful addict will never use again.'"

Brown's former lifestyle "dictated that drugs and alcohol were always going to be there," he said. "The streets were my life ... That lifestyle had to change. It took me saying, 'this is not working for me.' I felt the fall coming."

He first came to Building 46, to an outpatient recovery program at what was then the North Chicago

Veterans Affairs (VA) Medical Center. But it took five more relapses, and attempts at other treatment programs, before he asked to be admitted into CWT/TR.

After he completed the program five years ago, Lovell FHCC Social Worker Stephanie James, program manager, asked him to be a house manager. Between the four, two-story North Chicago homes, there are three house managers, who work without pay but live rent-free.

Brown's peers in the program pointed at him when James asked who among them would be a good house manager.

James has nothing but praise for Brown and the other two house managers, Steven Garrett and Otis Norsworthy. "They are all leaders and give back daily to the newer Veterans admitted to the program," she said.

The camaraderie and support from fellow Veterans are key components of the program's success, Brown said.

"It's that image some of them have as a Veteran, and as a man," Brown said. "They don't want to say, 'I'm lonely; I need help. My family abandoned me' ... We have to show them that real men have feelings, and it's okay to ask for help."

Being a CWT/TR house manager, "solidifies what I'm supposed to be doing with my life," said Brown, who looks to God for direction.

"Because of what I've done to destroy so much in the past ... it's a blessing to be able to change that. And it's necessary to change everything. You have to surrender."

-Jayna Legg



Left to right, Darryl Brown, a house manager in one of Lovell FHCC's Compensated Work Therapy/Transitional Residence homes; Air Force Veteran Stewart Harris, and Navy Veteran Anthony Cobb talk during a group meeting in one of the homes. (Photo by Mary Waterman)

Name: Anthony Cobb
Branch of Service: U.S. Navy

Anthony Cobb says he was suicidal and had "run out of reason," when he checked himself into the psychiatric ward at Jesse Brown Veterans Affairs (VA) Medical Center in the summer of 2014.

"I lived in an alley for 20 years, running from police from sunup to sundown and bedding down at night on the ground," he readily confesses. "Addiction problems were taking over everything. I lost touch with everyone. There really was no place for me to go."

July 30, 2014, Cobb came to the CWT/TR program at Lovell FHCC, and began finding his way back, learning how to function again in a structured environment, with other people, and without drugs.

Without a doubt, Cobb credits the Lovell FHCC CWT/TR program with saving his life.

"I had to learn to live again," said the soft-spoken and now bespectacled Veteran. "I had given it up to my addiction."

Dressed in a blue sweater and khaki pants, standing in the kitchen of the CWT/TR home where he now resides, Cobb matter-of-factly tells his compelling story, including how he reconnected with family after two decades.

A fellow resident used the Internet to help Cobb track down his only brother and his 73-year-old mother. Both have since visited him, and the three spent Thanksgiving together.

"These clothes," Cobb said, gesturing to his cable-knit sweater, "I had to learn how to wear real clothing again. I just prepared my first resume - ever. This is the first employment I've had in 20 years. I've had to relearn everything. I question myself all the time, even my cooking."

Cooking, cleaning, going to counseling and participating in support groups, getting medical care for the first time in two decades, holding a job at the FHCC and using his income to pay his bills - Cobb is making his way, and he knows it is not going to be easy.

"My fear is the unknown," he said, "the unknown about a new way of living. But I will be ready."

"I had to learn to live again. I had given my life up to my addiction."

Anthony Cobb
Veteran, CWT/TR Program

In reality, there is no graduation from the CWT/TR program, Lovell FHCC Social Worker Stephanie James said. James, CWT/TR program manager, explained that much like a diabetic who has to take insulin for life, recovery - staying clean, sober and functioning successfully in society - is a "lifelong effort ... you make the transition from one stage to another."

Cobb said he knows he won't be discharged without a support system when he completes the program requirements. Veterans aren't released until they are assigned a sponsor and have found an Alcoholics Anonymous or Narcotics Anonymous group to join in the community where they choose to live.

Alumni of the program are always welcome to return for group meetings, or visits, James added.

Cobb said he is grateful for the love of God, and is thankful every day for CWT/TR.

"It's nothing that I did to earn this program," Cobb said. "But I'm here. I learned the only requirement to join was to come inside."

-Jayna Legg



Left to right, the three house managers in the Lovell FHCC Compensated Work Therapy/Transitional Residence program - Darryl Brown, Otis Norsworthy, and Steven Garrett - pose with Stephanie James, program manager and licensed clinical social worker. See the February issue of "The Apollo" for Garrett's recovery story. (Photo by Mary Waterman)