FHCC hosts Hospital Corps ‘A’ School

New curriculum includes clinical rotations at FHCC and duty in Stroger Hospital of Cook County trauma center

By Jayna Legg
Lovell FHCC Public Affairs

On a recent Saturday in Chicago, two shooting victims were brought to John A. Stroger Jr. Hospital of Cook County. One was dead on arrival; the other was bleeding from multiple gunshot wounds but still alive.

The scenario was tragically familiar, but with an important variation. The team responsible for stabilizing the patient for life-saving surgery included Navy hospital corpsmen, training on-the-job to save future lives on the battlefield.

“We operated on him multiple times, and he ended up walking out of there only a few days later,” said Hospitalman Jacob Hampton, who explained that the surviving patient was carried to safety by the one who died. “Just the miracle that it happened, that he made it, was truly remarkable.”

Hampton, of Manteca, Calif., believes the trauma care experience he gained at Stroger will figure largely into his future success as a hospital corpsman.

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In January, Hampton and his fellow hospital corpsmen completed a six-week rotation at Stroger, the last phase of the new 12-week Hospital Corpsman Clinical Trauma Training Experience based at Lovell FHCC. The first two phases at the FHCC included time in the classroom and simulation center, followed by hands-on training with clinicians in the FHCC emergency department, intensive care unit, medical-surgical unit and in specialty clinics.

Hospital corpsmen are enlisted medical specialists in the Navy and Marine Corps. After completing boot camp, they receive their technical training at Hospital Corps “A” School at Fort Sam Houston, Texas.

The new training was a “proof-of-concept” curriculum developed by a Navy Medicine Education, Training and Logistics Command (NMETLC) working group. It is being evaluated by Navy Medicine to determine if there will be future iterations.

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Hampton, of Manteca, Calif., believes the trauma care experience he gained at Stroger will figure largely into his future success as a hospital corpsman.

“In my role as a nurse, I am often the first to care for a patient who has experienced a trauma event,” said Hospital Corpsman First Class Darrell Brown. “Now that I have completed this training, I feel confident in my ability to handle similar situations in the future.”

During his remarks, Smith emphasized the fact that a trauma training curriculum for hospital corpsmen had never been tried before. “Seeing you sitting here is proof that it was well worth it,” he said. “You are a part of history... You have set the benchmark for where we want to be at.”

The first Hospital Corpsman Clinical Trauma Training Experience graduates were honored at a Jan. 18 ceremony at the FHCC attended by Navy Medicine Force Master Chief Hosea Smith Jr., director of the Hospital Corps.

During his remarks, Smith emphasized the fact that a trauma training curriculum for hospital corpsmen had never been tried before. “Seeing you sitting here is proof that it was well worth it,” he said. “You are a part of history... You have set the benchmark for where we want to be at.” Smith told the audience of graduates, family members, instructors and FHCC active duty and civilian staff.

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FHCC boosts quality from ‘good to great’ in recent ranking comparing VA hospitals

By Julie Ewart
Lovell FHCC Public Affairs

Lovell FHCC made significant strides in the quality of its patient care over the past year, according to the VA’s recently-released Strategic Analytics for Improvement and Learning report for the 4th quarter, 2017.

The FHCC now ranks 26th among all 129 VA hospitals in the U.S., placing it in the top 20 percentile and generating its designation as a “4-star” facility. That’s a significant boost from just one year ago, when the FHCC was ranked 75th and a 3-star hospital through the same system.

SAIL is the VA’s internal quality improvement system, which assesses 28 quality measures in areas such as death rate, complications, and patient satisfaction at individual medical centers. It’s a working tool designed for comparing VA hospitals to one another so best practices for improvement can be shared.

“We’ve taken our performance from good to great over the past year,” said Michael Vastano, supervisory health science specialist for performance metrics. “A jump this big reflects real progress.”

“SAIL data identified key opportunities for meaningful improvement and learning,” Vastano said. “For example, based on last year’s data, the FHCC’s Inpatient Services Directorate implemented some new procedures that have really made a difference.”

Improvements in the quality of patient care stemmed from a multidisciplinary approach involving Nursing, Utilization Management and the Hospitalist team. The team meets daily to plan and address variations in practice. Dr. Gerson Teran, the FHCC’s chief hospitalist, described specific changes that have generated better patient care within inpatient units.

“Previously, many of the physicians providing inpatient hospital care were multidisciplinary specialists,” he said. “Over the past year, we’ve hired hospitalists, whose primary professional focus is general inpatient care. Hospitalists assume the care of hospitalized patients in place of patients’ primary care physicians.”

Teran said that scheduling processes have also changed for physicians providing inpatient care, keeping the same providers with the same patients for longer stretches.

“This has improved our continuity of care,” he said. “Communication between physicians and patients has improved, and doctors are more familiar with the documentation of individual patients’ cases. It’s enhanced physicians’ ability to make the best decisions for their patients.”

But how should patients best utilize SAIL data to make informed decisions for themselves?

“It’s important to understand that 3-star hospitals are still providing high quality care,” Vastano said. “SAIL is really a way for an individual hospital to gage its own improvement, and for all hospitals to benefit from sharing best practices. Under SAIL, facilities are ranked on a bell curve. By design, 40 percent will always be at the 3-star level. This means if the national benchmark goes up, a hospital’s rankings could go down, even if its quality measures remain high.”

SAIL standards have been proven through research to favorably compare VA health care facilities with those in the private sector. Those studies include a 2015 RAND study, which found that the VA generally delivered care that was better or equal in quality to other health care systems.

SAIL is a valuable tool for the FHCC, but the FHCC’s unique status as an integrated VA and Department of Defense facility means that SAIL data cannot be used as a perfect apple-to-apple comparison, Vastano said.

“While we do utilize SAIL for improvement, we provide the same attention to our Navy Medicine East scorecard to that ensure we’re constantly striving to provide high-quality care for all our patients,” he said.

“SAIL gives us an idea of areas to where to look for opportunities to optimize our care to patients,” Vastano added. “When we do that, we do see improved quality scores. We don’t focus on the data. The data follows high-quality care, but it’s not the aim. Our aim is to ensure we’re doing what’s right for our patients, not fix the score card.”

From the Desk of the Director

Flu season continues; please protect yourself, your patients

FHCC Interim Director Michael Kiefer: ‘Every state in the union is reporting significant outbreaks’

By Mr. Michael Kiefer
Interim Lovell FHCC Director

February is noted to be the month Cupid inspires love. If you love yourself and you surround yourself with loved ones, do yourself and them a favor – get health.

“Be a Valentine – get a flu shot!”

By Mr. Michael Kiefer
Interim Lovell FHCC Director

If you love yourself and you surround yourself with loved ones, do yourself and them a favor – get health.

“No one wants to be the cause of another’s pain and suffering.”

Mr. Michael Kiefer
Lovell FHCC Interim Director

Love your family by first loving yourself. Take that personal first step of getting immunized.

The journey of a thousand miles begins with the first step. If not me, then who, if not now, then when?

Be a Valentine – get a flu shot!
By Jayna Legg
Lovell FHCC Public Affairs

For veteran John Sawyer, treatment 14 years ago, the guilt and shame has made him a better person, but it’s a long road to healing and recovery. "I condemned myself … You were ashamed of what you did in the combat zone," he said. "I didn’t feel worthy," he said. "I felt my capacity to love is dormant. The shame has meant he can’t love. The feelings of condemnation made me reclusive and kept him from going to church. ‘I didn’t feel worthy,’ he said.

For former Marine Jim Rinehart, whose daughter brought him to the Department of Veterans Affairs to get help 14 years ago, the guilt and feelings of condemnation made him a recluse and kept him from going to church. “I didn’t feel worthy,” he said.

Rinehart was an interrogator during the war. “I worked with a North Vietnamese turncoat … He was brutal to say the least,” Rinehart said. “I fell in with that as well.”

For veteran John Sawyer, treatment has made him a better person, but shame has meant he can’t love. The father of six and grandfather of seven feels his capacity to love is dormant. “I don’t really feel that way,” he said.

“Much of Moral Injury is unspeakable,” said Dr. John Bair, clinical psychologist and facilitator of the new Moral Injury Clinic. “Experts agree that Moral Injury is one area that calls for our expanded definition of PTSD,” he said. “This has to do with damage to a person’s moral foundation. Events in war may lead to irreconcilable alterations in one’s moral compass and deeply held beliefs of goodness, benevolence and morality.”

The Moral Injury Clinic, which meets every Tuesday from 1:30-3:30 p.m., is one part of a steadily growing effort at the FHCC to clarify diagnosis – and treatment – of PTSD. One research study involving FHCC staff has been completed and will be presented at Medical Grand Rounds Sept. 4. Two more research studies in 2018 will assist with clarity in diagnosis and understanding of Moral Injury and PTSD, Bair said.


Several of the clinic participants originally were members of Bair’s ‘Perpetration Group,’ started seven years ago. Bair sees the Moral Injury Clinic as one step on a continuum of care for combat veterans.

“Initially, many veterans suffering from PTSD can’t talk because of great shame,” Bair said. “As they learn about Moral Injury and how to talk about it and address the layers of shame, progress occurs.”

The veterans in the new group, in Bair’s eyes, are now peer leaders. Several of them accompany Bair to speak in the community, at churches, libraries, colleges and elsewhere, to educate the public about Moral Injury.

“It’s good to unburden ourselves,” Shaw said. “A lot of us haven’t done it for 45 years… Here, you are able to relate to people who understand. This is a place where you can let your feelings out … it’s a healing place, and it’s a place of friendship.”

“You are ‘Warrior Elders,’” said Mukoyama, who speaks on the subject of Moral Injury on a regular basis and moderated a public program on the subject at the FHCC in 2016. The program included a showing of “Honoring the Code: Warriors and Moral Injury,” with a panel discussion afterwards.

Mukoyama, a veteran of Korea and the Gulf War as well as Vietnam, and several veteran outpatients were involved in the making of the 75-minute documentary.

From his experience, Mukoyama said veterans wanted to serve and be part of something “greater than themselves.” Then, war changed the equation.

“Most of us in combat have gone against our moral standards,” Mukoyama said. “You feel no one can love you and that you are worthless … after you forgive yourself, you have to rebuild a sense of self-worth.”

Bair’s goal, through the clinic, community outreach/education and ongoing research, is “to provide veterans, families and society information and education to make these issues speakable.” To learn more about what is being done at the FHCC for veterans with Moral Injury, call Bair at 847-302-3110.
Social workers help count homeless veterans

Every year, volunteers conduct a Point-in-Time (PIT) Homeless Count to search Lake County, Ill. and help homeless people. The data gathered is used to help identify gaps in services for homeless people and develop strategies to end homelessness. Three Lovell FHCC homeless program social workers were among the 86 volunteers who conducted the 2018 PIT throughout one January night at January and February events. On the far right, HM2 Gregory Cooley was named Sailor of the Year. Immediately right, HM3 Reynaldo Alfaro was named Junior Sailor of the Year. (All photos by FHCC Communications)

CWT lead honored for getting jobs for veterans

Congratulations to Beverly “Chia” Maier, MS, LCPC, CRC, who was selected for the National Jacqueline Bethany Award for Excellence in Compensated Work Therapy (CWT) Vocational Rehabilitation Service Delivery.

The honor is awarded through the VA’s Office of Mental Health and Suicide Prevention (OMHSP) to acknowledge CWT staff who exemplify excellence in the delivery of CWT services.

“This award does not surprise those of us who know of Chia’s enthusiasm for what she does, her love of the veterans and her tenacity to ensure that these veterans get employed and stay employed,” said Dr. V. Chowdary Jampala, then the head of the FHCC Mental Health Department. “On behalf of the Mental Health Department, Vocational Rehabilitation Unit and the veterans we serve, I congratulate Chia.”

Maier began her career at the FHCC as a graduate Illinois Institute of Technology intern in 2013. She was quickly assigned to the VRU’s Supported Employment (SE) Program because of her interviewing skills and knowledge of the Individual Placement and Support model. By the end of her brief internship, she helped two veterans secure job interviews. At one point, she spent a day in freezing temperatures driving around the community seeking vocational options for a veteran without transportation. She was hired as the SE specialist at the end of her successful Individual Placement and Support internship. In the ensuing three years, Maier secured employment for 32 assigned veterans, many whom have required multiple jobs.

Lovell FHCC Sailors of the Year 2017 honored

Beverly Maier was recognized for her outstanding work in Compensated Work Therapy for FHCC veteran patients. Co-workers say “Chia” works tirelessly to get veterans jobs.

Senior Sailor of the Year was awarded to HM1 Fleet Marine Force (FMF) Rebecca Dietrich. She was honored by Navy League of the United States, Lake County Council.

The Lovell FHCC 2017 Blue Jacket of the Year distinction was given to HM Dustin Duement.

Volunteers help raise money for Lovell Legends Veterans Wheelchair team

February awards ceremony honors employees; one for 50 years of service

• Valentines for Vets” with Congressman
• FHCC honors “Four Chaplains” at event
• “Lovell FHCC Tips” provide helpful info ... and many more stories and photos!

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Or Visit Our Website
@ lovell.fhcc.va.gov
“Who was nervous when you first got here?” he asked the students, most of whom raised their hands. “And who is confident now? I see more hands raised,” Smith said, noting that the new training means hospital corpsmen won’t see blood for the first time when they are in a combat situation.

Smith admitted he was skeptical that hands-on clinical and trauma training could be incorporated into Hospital Corps “A” School, and he thanked the Navy Medicine instructors and the “phenomenal team” at the FHCC who “made it happen.”

Can we do this?

Last year, Navy Surgeon General Vice Admiral Forrest Faison made a request centering on readiness, and the FHCC had an answer—a trauma training partnership that already existed between the FHCC and Stroger. Started in 2013, the partnership allows Navy medical professionals of all ranks stationed at the FHCC to conduct rotations at Stroger, where they work alongside Stroger doctors and nurses in the trauma and burn unit to advance their skills and improve their readiness for deployment.

An exchange between the surgeon general’s office and FHCC leaders, including Command Master Chief Thomas Moore and surgeon Capt. Paul Roach, jump-started the plan for the new hospital corpsman training, with guidance and manpower from NMETLC. While other locations were also selected to try the new curriculum, Lovell FHCC is the only one that had Stroger.

“They are learning things they would have never had an opportunity to be exposed to at one of our other military training facilities,” Moore said. “(Stroger staff) treat them like they are resident trainees.”

Since 2013, Roach has remained on staff at Stroger, where he said medical professionals miss FHCC sailors when they aren’t there. So, when asked if they wanted to expand the existing partnership with the FHCC to include corpsmen students, the answer was a resounding “yes” from Stroger leadership, Roach said. On a recent day at Stroger, Dr. John Shannon, CEO of the Cook County Health & Hospitals System, reaffirmed Stroger’s commitment to the partnership on a visit with the hospital corpsmen during their operating room orientation. “We’re thrilled you are here,” Shannon said. “We’re proud of you and glad we can help … I hope some of you will decide long-term to work in health care.”

Where are my corpsmen?

The same December morning of the CEO’s visit, victims of two car crashes arrived in the trauma unit where hospital corpsmen were on duty. A mother, baby, and two young men were injured when their car flipped over and all needed emergency care. Trauma Charge Nurse Gloria Hall said the assistance the corpsmen rendered—including starting IVs, drawing blood, performing electrocardiograms and moving patients—was invaluable. “They were really part of the team,” Hall said. “They just jump in; they never say no.”

The arrangement between the FHCC and Stroger is good for both sides, Hall said. “We need them,” she said. “They do a lot of things … and we’re both learning from each other.”

Roach exchanged hugs and congratulations after the FHCC graduation. “I’m so proud of you,” he said. “The docs and nurses at Stroger really loved you, and when you’re not there, they call me and ask, ‘Where are my corpsmen?’”

Hands-on training at FHCC

FHCC staff members, too, benefitted from the arrangement when the hospital corpsmen worked on their units. In the ICU during the clinical training phase of the new curriculum, each corpsman on shift was paired with a FHCC nurse.

“I start off by asking what their baseline knowledge is,” explained Staff Nurse Lesella Judilla. “Injections for example; they have the basics, and now it’s just getting the hands-on experience.”

Judilla also volunteers to help educate nursing students when they train at the FHCC. “It’s good because it’s helping future providers, and it’s good for me. I have to slow down and think about how to teach and explain what I’m doing.”

One November day, Judilla was paired with Hospitalman Abagail Chambers, who said she welcomed the chance to “finally” work with real patients. “We’ve only worked on manikins up to now,” the St. Ignace, Michigan resident said. “The truly big portion of this is learning how to communicate with patients.”

Chambers added she appreciated the chance to “pick the nurses’ and doctors’ brains” during clinical rotations at the FHCC, as well as “show them how what we do helps them.”

Chambers chose to be a hospital corpsman when she joined the Navy because her future goal is to become a physician assistant. It was fitting, then, when her classmates selected her for the “I am the one called Doc” award at graduation. The award goes to the sailor “whose classmates believe truly embodies the role of ‘doc’ … and they would gladly serve with this doc on any of the many hospital corps platforms.”

Using manikins has its benefits

A key component of the new curriculum is the Tactical Combat Casualty Care (TCCC) course Final Exam (FINEX), which the hospital corpsmen were required to successfully finish before their Stroger rotations. In a run-down, vacant building attached to the FHCC’s Simulation Center, simulation specialists have created a realistic urban battlefield, using advanced computer software and high-tech manikins that weigh 185 pounds and gasp, breathe and bleed. The goal of TCCC—“We want them to be stressed and frazzled,” said Simulation Specialist Ricky Kaebisch.

“We simulate the smells, sights, sights of the battlefield,” Kaebisch said. “It’s one thing to remember how to practice on a patient in a classroom; here, they have to take care of the patient in the middle of all these distractions and stressors. And they are doing it alone.”

At the end of the FINEX, Hospital Apprentice Veronica Amaya was spent but motivated. “It was an adrenaline rush. I enjoyed it,” she said as she caught her breath. “Here, you had obstacles to test you on what you should know. It’s more realistic to being out in the field. It makes you use what you were taught.”

The petite Los Angeles native said she struggled to move her patient from the building to the simulated helicopter. “They asked me to imagine I was alone trying to load the patient,” she said. “That’s one of the things that’s good about this lane; it’s realistic because you have to go through it by yourself. It takes a lot out of you.”

In addition to student evaluations, feedback from the 10 Navy Medicine East instructors assigned temporarily to the FHCC to run the training will guide the final decision on future iterations at Lovell FHCC. Chief Hospital Corpsman Yesenia Minaya, who led the NMETLC working group that designed the curriculum, spoke for her fellow instructors. “Over the course of the clinical trauma experience, we as instructors and preceptors were able to witness the professional growth of each of the hospital corpsmen,” she said. “Their confidence, technical abilities and resiliency surpassed all of our expectations, and we have no doubt they will go on to do great things throughout the fleet.”

New hospital corpsman course is realistic, hands-on (cont.)
Last wish to broadcast granted to Vietnam veteran

By Jayna Legg
Lovell FHCC Public Affairs

Before Army Vietnam Veteran John “Jack” Nugent died, he wanted to talk to his friends one last time. And by friends, he meant a select group of strangers from across the nation.

Nugent got his wish just weeks before his death when his family, community members, employees and volunteers got together in the Lovell FHCC home where Nugent lived and helped him broadcast on ham (amateur) radio one last time using the call sign he kept active since childhood – WA2EQJ.

The joint effort over just a few days started with the family mentioning Nugent’s wish to FHCC Social Worker Alesia Behnke, who then mobilized recreation therapists and co-workers from the Community Living Center, as well as the Lake County (IL) Veterans Assistance Commission, to make it come true.

The VAC involved American Legion Amateur Radio and Lake County Radio Amateur Civil Emergency Services (RACES). RACES sent a team on a blustery day Dec. 5 to set up the necessary equipment at Nugent’s Green House home, where he lived from 2014 until he died Dec. 30.

Behnke was awed by the community effort. “We went from ‘We might be able to get this done,’ to ‘What week do you want to do it,’” she said.

From his wheelchair in the home’s living room – with his family, house mates, staff, volunteers, reporters and community members looking on – Nugent for more than 30 minutes talked with multiple operators, politely discussing weather, news of the day, military service histories and specialized radio equipment each was using.

“So very nice to make your acquaintance … Sorry, I’m dying of cancer … but I’ll be around for a while,” he slowly told operators.

He spoke with operators from as far away as California and Texas, and as close as Gurnee and Lake Villa.

“This is his one true love,” said his son Chris Nugent, a chef and owner of Goosefoot restaurant in Chicago. “It’s his whole life.”

The elder Nugent told a reporter he was fascinated by radios since the age of 9, when he built a cigar box radio and co-opted a neighbor’s call sign to broadcast.

The son said Vietnam veterans like his father are an inspiration. When he was a child, Jack Nugent was inspired by President John Kennedy to serve his country. He joined the Army when he was old enough; he was assigned to the Signal Corps, and after the war, came home to New York with a leg injury. He worked for the Department of Defense and raised a family with his wife, Sharon Marie, who died after a long battle with kidney disease.

Chris Nugent said ham radio provided his father a comforting outlet when he needed it. “Before he dies, he wants to talk to his friends,” said Chris Nugent.

There wasn’t a dry eye when Jack Nugent, nearly spent from the effort, uttered his call sign of more than 60 years and signed off with his son at his side holding the microphone.

Chris Nugent and his wife, Nina Nugent, hugged FHCC employees and all involved. “Living here improved his life unbelievably,” Chris Nugent said. “Everyone here is part of his family.”

Lovell honors Air Force Veteran who worked on LM-7 lunar module

By Julie Ewart
Lovell FHCC Public Affairs

Many people followed the harrowing story of the Apollo 13 space mission, commanded by the FHCC’s namesake, retired Navy Capt. James A. Lovell, either while it played out in 1970, or through the acclaimed 1995 “Apollo 13” film.

Dec. 28, the Apollo 13 mission was the nexus for Capt. Lovell’s visit to an FHCC hospice inpatient, Gerald “Gerry” Gibbons. An Air Force veteran, Gibbons had a vital role in ensuring the happy ending to the Apollo 13 story.

As a vehicle director for Grumman Aerospace following his military service as a B-29 pilot in Korea, Gibbons worked with the team that built and tested the LM-7 lunar module. The module was nicknamed “Lifeboat” after it safely launched Gerry to crawl in the lunar module.

The meeting between Lovell and Gibbons was “a dream for about 45 to 50 years,” said Bill Gibbons, who sparked the idea by sharing his father’s story with FHCC staff. He and many proud relatives stood by Gerry Gibbons during the visit, which ended with a traditional ceremony. Hospice team members presented the veteran, who moved from his son’s Gurnee home to the FHCC last year, with a pin and certificate in honor of his military service.

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