

Source

A Newsletter for the Patients, Volunteers & Staff of the VA Southern Oregon Rehabilitation Center and Clinics

Project Healing Waters

WHAT'S INSIDE



A Message from the Director.....1

**Thank You Oregon Veterans
Motorcycle Association2**

Southern Oregon Stand Down ...3

**New Recovery Services in the
Mental Health Service.....6**

The Flight of Cohort 1379



The Project Healing Waters. therapeutic program is designed to provide relaxation to the soldiers,” said volunteer Gary Spuhler. “At the same time, Army occupational therapists realize what they’re doing is also good for both their emotional and physical rehabilitation.” Spuhler said more than 40 Fort Carson soldiers have joined the program. They’ve learned fly-tying as well as fishing. Some have traveled as far as the Green River in Utah to test their new skills.

Story continued on page 8

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The VA SORCC, welcomes submission of articles of interest to our readers. The editor reserves the right to use and edit all contributed articles. Views expressed in this publication do not necessarily reflect the opinions of the Administrative Boards, Editorial Staff, or Department of Veterans Affairs.

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A Message from the

Network Director

Dear Fellow Employees, Volunteers, Veterans and Friends of VASORCC:

With the summer season well underway, Fiscal Year 2008 in its final quarter, and, as of this writing, 146 shopping days until Christmas, it's time to take stock of our accomplishments while continuing to focus on renewed targets for the months and years ahead. In November of last year, we as a VISN set some lofty goals:

#1 – By 4/1/08, there will be no patients waiting over 30 days from their desired appointment dates for the Top 50 clinics, except Orthopedics

#2 – By 9/30/08, there will be no patients waiting over 30 days for their desired appointment dates for Orthopedics

#3 – Achieving best performance in 15 Clinical Measures will move our Quality Aggregate Score from 80% to 85%

#4 – A new requirement from VHA also challenged us to obligate 80% of Non-Recurring Maintenance (NRM) funds by June. In addition to an accelerated deadline, the fact that VISN 20, along with the rest of VHA received an unprecedented amount of funds for NRM expenditures (used for equipment purchases, upgrades to electrical and mechanical systems, and general upgrades) made this a race to the finish line.

So how have we performed so far?

#1 & 2 – Although our wait list is not yet zero, we have made extraordinary strides – from 5,629 patients as of November 1st and a national rank of 19th (out of 21), to 1,411 and a national rank of 6th as of August 1st. Most impressive is Alaska, which as of last count, only had 16 patients waiting – the lowest single individual facility number (and closest to 0) since we started the project. In the coming months, we must continue our focus and maximize efficiencies in order to provide our veterans the timely care they so richly deserve.

#3 – At the end of FY07, VISN 20 was ranked 15th out of 21 VISNs for clinical performance. The percentage score for overall clinical aggregate performance was 80%, and the best performing VISN was 85%. Starting with FY08, the VISN goal was set based on the best performing Network, a high reaching bar of 85%. By the end of the 3rd quarter of FY08, VISN 20 achieved a clinical aggregate score of 83% – just 2% short of our goal. However, during the same time period, the VHA best performing VISN also increased their clinical score to 89%. So, although we made strides in achieving our goal, the rest of VHA also improved, resulting in an overall Quarter 3 ranking of 19th out of 21 VISNs. The lesson here is, the bar of performance continues to rise; therefore, our Network needs to meet the challenge by accelerating improvements in clinical quality or we will continually fall behind.

Continued on page 7

Thank You! Oregon Veterans Motorcycle Association



Many thanks goes to the members of the Oregon Veterans Motorcycle Association (OVMA), Siskiyou Chapter, for their tribute in honor of our veterans through their donation of a POW/MIA monument and flag pole placed in a position of honor on June 21 at the Eagle Point National Cemetery.

It is so appropriate this monument, that reminds us all to never forget those great warriors still missing-in-action, was dedicated on the same day Oregon and the OVMA honored ten previously “forgotten” veterans via the Missing in America Program (MIAP). Their dedication to creating this program in Oregon and bringing it to fruition all across America honors all veterans.



Southern Oregon Stand Down

A Project for Veterans in Need

September 19, 20 and 21, 2008

VA Roseburg Health Care System

913 NW Garden Valley Blvd.

Roseburg, OR 97471

- **Legal Assistance & Courtroom**
- **Triage-Medical & Mental Health Counseling**
- **Substance Abuse Intervention, Counseling/Referral**
- **VA & Social Security Benefits Counseling**
- **Meals, Showers, Clothing-DOD Issue, Haircuts, Glasses**
- **Housing/Employment/Food Stamp Referrals**
- **Community Resources, Spiritual Counseling**
- **Honoring our Veterans, Volunteers and Supporters**

For information volunteering, donating goods or services contact: Kathy/ Steve Patterson (541) 665-4001 or Cell Phone (541) 951-6088



Camp White Hospital

by Al Inlow, Camp White Museum Curator

Camp White Hospital was the largest and best equipped hospital in the state of Oregon in 1942. In August 1942 the new two story red brick buildings were ready to be staffed as a general hospital. The Army ran the hospital until 1945 at which time the buildings of Camp White were put up for sale. In September 1945, the Navy took over the 1400 bed hospital. The hospital was not fully being utilized by the Navy's 300 patients. Therefore, the Navy permanently closed the hospital in May 1946.

The local Community leaders thought the hospital would be perfect for the Veterans Administration. The VA did not agree with this, as the VA wanted to build a new structure in Klamath Falls for 3 million, but the local hospital was ready and available.

local leaders continued to press the VA, as Medford had a larger population and milder weather than Klamath Falls. In February 1947 various groups in Medford were still working to change the VA's opinion. Senator Wayne Morse of Oregon pushed the Senate Bill 1035, which directed the VA to take over the hospital at Camp White. On June 3, 1948 President Harry Truman signed the bill into law. In September 1948, the VA announced that it would begin a \$300,000 remodeling project to ready Camp White station hospital. Later it became known as the Domiciliar until 2004 when the name changed to Veterans Affairs Southern Oregon Rehabilitation Center and Clinics (VA SORCC)_



Major General George White for whom the Camp was named

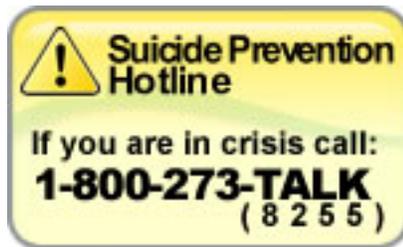
**Visit the
Camp White Museum
Bldg. 202
Monday - Friday
10-3**

VAVS CALENDAR OF EVENTS

September '08	1 st	Labor Day - CRD Office closed
	11 th	Patriot Day
	19 th	National POW/MIA Recognition Ceremon
	19 th - 21 st	Stand Down - VA Roseburg

NOTE: This is not an all-inclusive list. It is a general guideline to recurring events!

VA Rolling Out Suicide Hotline Ads in DC



WASHINGTON – Veterans and other residents of metropolitan Washington, D.C., have begun seeing outreach information on buses and inside subway cars about the suicide prevention hotline of the Department of Veterans Affairs (VA).

The red-white-and-blue displays, the centerpiece of a new three-month outreach campaign, will highlight VA’s suicide prevention hotline --1-800-273-TALK. If the campaign is successful in raising awareness, VA officials plan to extend the promotional campaign to other parts of the country.

“It takes the courage and strength of a warrior to ask for help,” said Dr. James B. Peake, Secretary of Veterans Affairs. “That’s the message of this outreach.”

In D.C., 80 buses, 220 subway cars and 10 subway stations will carry the displays until mid October. VA officials will measure the effectiveness of the outreach campaign by tracking any increase in calls to its suicide prevention hotline from telephone numbers in the metro D.C. area. VA’s newest outreach to veterans and their families about suicide prevention includes soon-to-be-released public service ads featuring actor Gary Sinese.

The ads are the latest outreach tool in a suicide prevention program that includes creation of a toll-free, round-the-clock hotline, which began operation last summer; the expansion of hours at VA’s 153 medical facilities to care for veterans with mental health problems; the hiring of suicide prevention counselors at each VA medical center; and special training programs for all VA employees in medical centers and clinics to alert them to warning signs in veterans for suicide and other emotional problems.

VA operates one of the largest mental health programs in the country, with about 9,000 mental health professionals, a yearly mental health budget of about \$3 billion and about one million patients who have a mental health diagnosis.



EMPLOYEE NEWS

From Human Resources

August 2008

WELCOME ABOARD:

Canteen: Mike Hicky, Canteen Cook

Clinical Support Service: Eileen McConnell, LPN; Kiah Sanger, Dietitian; Michelle Abell, RN

Director Staff: Sherri Masterson, Health Systems Specialist

Facilities Management Service: Keith Dillard, Housekeeping

Mental Health Clinic: Gerald Glenn, Vocational Rehabilitation Specialist; Katherine Dodd, Dietitian – Home Based Primary Care; Karen Adams, RN - Home Based Primary Care; Lynette VanDusen, Social Worker

Nutrition and Food Service: Charles Whitmore, Food Service Worker; Winston Meyer, Food Service Worker

Pharmacy: Robert Rowe, Pharmacy Technician

MOVING AROUND:

Facilities Management Service: Gloria Arenas, Secretary; Stacey Harvey, Budget & Fiscal Clerk

VISN IT: Ben McLean, VISN IT

RETIREEES:

Utilization Management: Marilyn Smith, Program Management Officer

New Recovery Services in the Mental Health Service

Recovery Services is a new component under the Mental Health Service Line. It includes Suicide Prevention, Mental Health Classes, Local Recovery Coordinator, and the Day Treatment Program. We are dedicated to the principles of Recovery as they apply to Mental Health and have been articulated in a National Consensus Statement published by Substance Abuse and Mental Health Services Administration (SAMHSA), namely – self-direction, individualized and person-centered, empowerment, holistic, non-linear, strengths-based, peer support, respect, responsibility, and hope.

Recovery is a key concept woven throughout the recently published VHA Uniform Mental Health Services Handbook. It is an approach to Mental Health care that assumes that persons with serious mental illness can gain a full life (self-esteem, supportive relationships, connection with family or friends, meaningful employment or other ways of contributing to the community, and being part of rather than separate from society) in spite of their illness. It does not mean cure from mental illness but a partnership with providers in managing illness combined with engagement in life activities.

If you would like more information about Recovery Services, contact Judith Emerson, Clinical Psychologist at 541-826-2111 ext. 3286

Changes In The VA SORCC Police Department

We've had some major changes in the Police Department in the past year. As most of you, know we lost Chief Frazier suddenly last year. We started the new year off by hiring Chief Kurt Barthel. Chief Barthel has now been to the police academy at North Little Rock, Arkansas, finished his five weeks of academic training and is ready to take the helm and let Lieutenant Paperman resume his duties.

Another major change in the department was the hiring of four Security Assistants/Dispatchers and promoting Linda Genaw to Lead Security Assistant. These four Security Assistants/Dispatchers cover the off shifts so our police officers can be out and about on patrol instead of one per shift remaining in a fixed post. We have seen a drop in disturbances and thefts since we brought the Security Assistants aboard.

Genaw's training plan for the new dispatchers and the manual she put together for the Assistants/Dispatchers has been forwarded to several other facilities for use as a best practice in training new dispatchers as other facilities add them to their police departments.

In the last years the Police Department has gone from seven officers to a staff of 18. Since our department has grown we have had sufficient coverage which has given us the opportunity to send Police Officers to the facility in Walla Walla as needed to provide coverage at their station while Walla Walla was short handed.

The Police Department's mission is to provide for the welfare and safety of patients, employees, and visitors of VA SORCC through a highly trained, visible organization that is responsible for site and personal security. The VA Police Department duties include the following:

- Monitor and respond to alarms (duress, intrusion and fire).
- Investigate and report on criminal activity
- Report any significant issues directly to the Director and the Associate
- Respond to staff alerts, disaster alerts and codes.
- Respond to missing patients.
- Provide scheduled patrollong of grounds and hallways.
- Provide crime prevention, workplace violence and "Prevention and Management of disruptive behavior" training for staff

Everyone in the department would like to express our heart felt thanks to the patients, staff and volunteers for their support during this very challenging year.

Message from the Network Director, continued

#4 – In total, VISN 20 received a record \$42.7M for obligation this fiscal year (nearly triple FY06 numbers), of which we have obligated \$38M, or 89% — far surpassing our goal. Even more impressive is that fact that an additional \$14M was obligated for NRM projects via an Emergency Supplemental Appropriation from Congress, for a total of \$52M in improvements throughout the VISN. In other news, the VISN continues to grow, in terms of patients served, employees on board and access points. Since last December, we've seen the opening or expansion of seven CBOCs and Outreach Clinics, a 10.7% growth (900+) in FTEE (with an additional 1,300 recruitment actions in process) and a modest workload increase of 3.47%. Our MCCF collections continue to break records (setting the standard for VHA,) and Boise and Alaska successfully met Joint Commission requirements, achieving full accreditation. We continue to focus our efforts on increasing access points and reaching out to veterans in rural communities, having secured permanent space for CBOCs in Northwest Washington, Portland Metro West and Coos Bay, Oregon and receiving Secretary approval for a CBOC in the Mat-Su area of Alaska. In total, VISN 20 will open nine more access points by the end of FY09. We have many things to be proud of and more goals to achieve as we strive to work smarter and faster for veterans and their families throughout the Pacific Northwest, Idaho and Alaska. Here's hoping you've enjoyed a healthy and productive summer – thank you for all that you do.

Project Healing Waters



In June and July a group of SORCC veterans participated in the Healing Waters Program. This is a national program that teaches veterans the art and science of fly fishing. The veterans participated in a series of evening classes in which they learned fly tying and fly fishing. They learned how to set up a fly rod and reel system, and how to tie the various knots for such a system. They learned about different kinds of flies and when to use them, and how to read the water. They also learned how to cast and drift the flies in the most effective way to catch fish. The group of twelve veterans was eager to learn. Their enthusiasm was contagious as they supported each other in learning these new skills. The classes culminated in a guided fishing trip on the Rogue River. It was a beautiful day on the river. Some fish were caught, but enjoying the river and using their new found skills was very satisfying for all involved. The hope is that the vets will continue to pursue this healthy pastime while here and after they leave the SORCC. Judging by comments from the vets they will continue to enjoy fly fishing in the years to come.

A quote from the Project Healing Waters brochure:

“Never have I felt less in control of my life as I did when I arrived at Walter Reed Army Medical Center with wounds and injuries sustained in Afghanistan. It is through events such as a day on the river fly fishing that has allowed me to regain some control over my life and limbs. Any day on the river is a good day. The pain goes away, and for a while, I am allowed to be one with Nature.” SFC Diane Cochran U.S. Army

The vets say a heartfelt thank you to the Southern Oregon Fly Fishers Association and Recreation Therapy staff for providing this exciting opportunity.

The Flight of Cohort 137

by Patient Council Member
Henry C. Hinz

Dr. Carole Hayne is, by any standard and all accounts, the Grande Dame of ELP. She is also the person who spearheaded the formation of the first all woman cohort in the history of ELP, which graduated seven members strong on June 13th, 2008. Their cohort number was 137, and had started out with nine members. The formation of the cohort was unusual in that the women had to agree to participate in ELP. This commitment is not part of the normal process of cohort formation. The two cohort members who were lost left early on. One loss was due to a protracted stay in the infirmary, the other to a relapse. These numbers are consistent with the success rate for all cohorts of graduating approximately 75% of their original members.

Dr. Hayne informed me that there have been three individual women who participated as members of otherwise all male cohorts, numbers 3, 5 and 7. These early experiments did not work very well, according to her. She theorizes this to be due to a couple of factors. One is that most women inpatients have trauma issues related to men. Another is that men have more difficulty revealing themselves and bonding with one another when women are present in the cohort. The formation of cohort 137 was fortuitous in that it hinged on the first time simultaneous availability of enough women to form a cohort that could succeed.

Cohort 137 underwent all facets of ELP except for the climbing in the ropes segment. This omission was simply due to not enough members with the necessary medical clearances to meet safety requirements. One other anomaly was that Dr. Hayne taught all the classroom segments. She drew personal and professional satisfaction from the success of the cohort. She believes that it provides a viable rationale for more women in the VA inpatient system to be sent here for the ELP experience, which is unique to SORCC in the VA's array of rehabilitation programs.

Joyce Smith has been an inpatient at SORCC for approximately two years. Her decision to join the cohort came after some hesitancy. She is now very positive about her ELP experience and would not hesitate to repeat ELP in order to facilitate the formation of another all women's cohort. She believes that she uses things learned in ELP on a daily basis to her benefit and possesses a better understanding of herself and others. She is much closer to her fellow six cohort members than before ELP. Prior to ELP, Joyce had experienced very little education about how the human brain works. There were some genuine surprises experienced about herself and others. Prior traumatic experiences involving men were definitely an issue in Joyce's life. Bonding with other female inpatients had been minimal. When asked for one ELP moment that was the most fun for her, she recounted how the cohort gave Dr. Hayne a new dancing chicken mascot and Dr. Haynes's pleasure in the surprise. On the flip side, the most unpleasant episode was what Joyce called the yelling and screaming day, when some cohort members erupted at each other about things said and done during the course. Joyce dryly observed that perhaps not everyone had bought in to ELP 100%. A very positive attitude on her part developed and remains for Dr. Carole.

Diane Calvert has been an inpatient for a little more than a year. Curiosity about ELP was a main motive for her agreeing to join the cohort. She characterizes her ELP experience as her best ten weeks at the SORCC. Her insight and understanding of herself has been greatly enhanced by her measure. A change in the way that she

Continued on page 10



relates to other females and the male inpatient population has occurred. Previous to her ELP experience, she had avoided interactions with other women inpatients, but now she feels it to be worth the risk. She believes that rage against men, based on prior experiences, was a common issue amongst the cohort members, and subscribes to the concept of either all male or all female cohorts only. For her the best cohort day was when they had a ropes exercise where all communication was strictly non-verbal. She said it was fun, and went a long way towards relaxing all the members. She believes that all female veterans should take ELP. She emphasizes patience as the one thing she gained most from ELP.

Anna Belski has been an inpatient since March, 2008 after being an outpatient since 2004. She is pregnant with her daughter Elizabeth, and will be an outpatient living locally quite soon. What caused her hesitancy in committing to ELP was what she perceived as differing agendas among potential cohort members. Prior to ELP she had only superficial relationships with male inpatients and cautious ones with other females. She gained the ability to risk sharing with other people, and that this is helping her remain sober and addiction free. She notes that her being pregnant, while frustrating at times, was not a stumbling block to completing ELP. Her memory of a fun time was the ropes exercise where different objects such as rubber eggs were rolled down PVC half pipes. Anna strongly believes that ELP allowed her to get in touch with early life trauma issues which had been hidden behind her addictions. Her biggest surprise was the exposure of the connection between how she used to think and those addictions. She would definitely repeat ELP both for herself and to enable other women's cohort forming. Anna is very positive about Dr. Hayne, whom she credits for showing her that "I am not my father."

Linda Stevens has been an inpatient for about 14 months. She had no hesitation about signing on for ELP, which she had heard good things about, and knew something of conceptually, having taken a few Trauma classes from Dr. Hood. Traumatic experiences with men was an issue for Linda. Her relationships with other women inpatients prior to ELP had been minimal. She was surprised by her own self insights during ELP and tried to use them as examples to help others to grasp ELP concepts more easily. Her closeness with other cohort members increased as did her compassion, patience, tolerance, understanding and respect for their willingness to reveal themselves. The ropes segment was a pleasant surprise, and the most fun. She would take ELP again to make possible another women's cohort, and feels that action needs to be taken to spread the word, to other female veterans about the SORCC and ELP.

Becki Brown started ELP as an inpatient for seven months and finished as an outpatient. She is now married to another former inpatient and they live locally. She had no hesitancy about signing on for ELP, loved the experience and only wishes that the classes had been longer. She would definitely take it again. It allowed her "to return to who she really is". Besides in her own self, she observed significant change for the better in other cohort members over the span of the course. Becki did have prior college level education as to how the brain functions. She does not agree that all female veterans share trauma issues concerning men. She had participated in very little bonding with other female vets prior to ELP. Her belief is that most are in total denial that they have a problem and exhibit an 'I'm stronger than a man' attitude. In the past Becki believed if you get three or more women together, "they will fight, bicker and backstab". The most enjoyable memory for Becki was the ropes exercise where they were all blindfolded. This really solidified bonding in the cohort. Becki believes any female veteran would benefit from ELP and subscribes to the goal of drawing more of them to the SORCC. There are certainly some easily observed commonalities in the ELP experiences of these women. Each is very positive about the program and about Dr. Carole Hayne. Everyone would repeat the course to facilitate formation of another all woman cohort, and believe there needs to be significant action taken to make woman veterans aware of the SORCC and the ELP

Continued on page 11

program. All have developed enhanced ability and willingness to risk revealing themselves and forming new relationships amongst the inpatient population. Most make reference to trauma issues with men and believe that having mixed gender cohorts is a bad idea. All reported minimal interaction with the inpatient population, male or female, prior to completing ELP. Congratulations, Dr. Hayne and Cohort 137!

VASORCC'S Substance Abuse Treatment Program

SATP still has the same face, with a little bonus. Currently in SATP we have Dr. Mike O'Malley, Program Coordinator, Michelle Peterson, Administrative Personnel, and nine Addiction Therapists. One therapist works with out-patients while each of the other eight; lead a group of ten veterans through the 17 week program. Carolyn Potts-Metzger, therapist, manages the female veteran's Substance Abuse Program. The therapist runs seven weeks of intensive SATP treatment Monday through Thursday. Each addiction therapist takes on their own group of ten veterans. This allows more process and one on one time, as well as helps the group form a close bond.

The first phase begins with 7 weeks of intensive substance abuse treatment including classes on; stages of change, dual diagnosis, community support, triggers and relapse, PAWS, grief and loss, sex and addiction, biopsychosocial model, personality disorders, self esteem, cross addiction, and motivation for recovery. During the 7 weeks several different staff will lead educational groups including SATP Addiction Therapists, Chaplains, Mental Health, Nurses, and other staff. After completing the 7 weeks, the veteran is then required to attend 10 weeks of aftercare which consists of one evening a week. Once the program is completed, the veteran receives a graduate certificate and coin from the program. Veteran's names are then put into a data base upon completion where they are tracked and also invited back to attend alumni functions.

Integrate Ethics

Integrated Ethics - Informed Consent: Computerized I-Med Consent has made it easier to get informed consent and have this available in the medical record. Informed consent must be obtained by the provider who will perform the procedure. If the patient cannot grant consent due to lack of decision making capacity, the health care proxy (one who is designated in a Durable Power of Attorney for Health Care (DPHAC) or Advance Directive) or surrogate decision maker (individual or organization authorized under VA policy to make health care decisions on behalf of a patient, must be contacted to give consent.

Construction News

Construction Activities - 2008

The FMS Project Section has been very busy this year and expects to have another busy year in FY09.

Projects recently completed:

- B201, Enhance Patient Access was completed in January 2008:
- Renovate SPD, B214 was completed in October
- Replace Bed B215 & B216
- Renovate B209LS, Phase 1
- Deconstruct B217

Projects recently awarded and will start soon or already have:

- Upgrade B201 Elevator (along with some work on B208 elevator which has been completed)
- B200 Replace Branch Circuits
- B220 Replace Exterior Stairwells – 75% done
- Renovate B209, Phase 2
- Renovate CC 202 and Install Elevator (Design/Build) – will start work soon and will block access through CC202 to B202
- Replace Flooring – various buildings
- Storm Water Management
- Boiler Plant Structural (Design/build) – seismic upgrade
- Replace Underground Storage Tanks, Boiler Plant – replace tanks with above ground tanks
- Replace Dom Bed B217 – will start in September (hopefully)
- B224 HVAC Installation
- Designs – Main Roadways, 2nd Waterline Connection, Activity Room and Restroom Renovation, Energy, Replace Dom Bed B221, and B250 FCA Deficiency Renovations.

Projects that are planned to be awarded by September 30, 2008:

- Sleep Lab, B213LS
- Large Meeting Room, B222S
- Replace Dom Bed B218
- Crawl Space Access, B201

Integration work status:

- Infirmary work has been completed; there are four exam rooms designated as outpatient/inpatient exam rooms.
- B222S work completed. Moved SATP to B222S and Fee Basis to B212LN.
- Began work on B211LN – 50% completed
- Completed two new offices in B211LS.
- After completion of B211LN we will need to start moving people around in the clinics and then will start on B212LN. If you work in the clinic or MH psychiatry, please check with Tracy, Dr. Nelson, Toni or Doina for information on potential, future moves for integration.



Desegregation of the U.S. Military Celebrated 60th Anniversary

The Oregon Department of Veterans Affairs and the Oregon Military Department honored minority military veterans during a celebration ceremony on July 26 to recall the 60th anniversary of the Desegregation of the United States Armed Forces. The ceremonial event was at the Anderson Readiness Center in Salem.



Tuskegee Airmen

Among the minority military veterans who were present at the ceremony were original members of both the World War II U.S. Army's Japanese-American 442nd Infantry Regiment and the Army Air Corps' 332nd Fighter Group known as the Tuskegee Airmen. The keynote speaker was the Oregon National Guard's first African-American general officer, U.S. Air Force Deputy Inspector General, Brigadier General Garry Dean.

In Executive Order 9981, President Harry S. Truman ordered the integration of the armed forces – a major advance in civil rights. Signed on July 26, 1948, the Order states, “It is hereby declared to be the policy of the President that there shall be equality of treatment and opportunity for all persons in the armed services without regard to race, color, religion, or national origin.”

Oregon Department of Veterans Affairs Director Jim Willis saw this celebration as a way to recognize where we have been and where we are going as a nation. “The military was the first institution in America to understand that we cannot tolerate a divided society,” Willis said. “While there is still work to be done, our country has come a long way since 1948 in part due to desegregating the military.”

Desegregation of the military had its roots in the historic formation in 1942 of minority military units, such as the 442nd Infantry Regiment and the Tuskegee Airmen. At the time, President Franklin D. Roosevelt noted, “No loyal citizen of the United States should be denied the democratic right to exercise the responsibilities of his citizenship, regardless of his ancestry. Americanism is not, and never was, a matter of race or ancestry.”

Marcellus Bear Heart Williams April 13, 1918 - August 4, 2008

The VA SORCC hosted a Memorial Friday August 15, 2008 for World War II Army Native American Veteran Marcellus Bear Heart Williams. Marcellus Bear Heart Williams a member of the Muskogee Creek Tribe Wind Clan was respected and well known to the Southern Oregon Native American community. An interfaith and inter tribal celebration was held whereby relatives and friends gathered and shared their memories of Bear Heart and of friends and relative who were unable to attend. Marcellus Bear Heart Williams was remembered and honored with the presentation of Eagle Staffs, Ceremonial Drumming, Prayers, Pipe Offering and pot luck. Marcellus Bear Heart Williams was born on April 13, 1918 in Okemaa, Oklahoma and passed over on August 4, 2008 in Albuquerque, New Mexico.

Special Olympics Trained At The SORCC

We are very pleased to have the Jackson County Special Olympics here at the SORCC for another year of training and fun. This year one of our own is an assistant coach for the golf team. R.J. Beadle who works for FMS. (Facility Management Service) in the Paint Shop has helped with the Special Olympics for the past two years but this is his first year with the golf team. Along with Paula Lysinger, R.J. helps five Special Olympics athletes learn and tone basic golf skills. Practice was held on Monday and Wednesday evenings and, thanks to Russ Cooper and Matt Cerekas with recreation Therapy Service and the volunteers



Top-Tim, Chris, Eric, Ron Front-Paula, Judy, R.J.

who run the golf course and driving range each practice ran without a hitch. June 1 we went to regional's in Eugene, Oregon, and won two silver medals, one bronze medal and a sixth place ribbon. The trip started at 4:30 a.m. and we returned home at 8:00 p.m. It made for a very long day, but it was worth every minute of it. You make a lot of friends and have a great time.

Wolfgang Agotta, Patient Advocate

Can help you with: Compliments, complaints or unmet needs. If you have SORCC policies and procedures questions not answered elsewhere, come see me I have an open door policy. My hours are:

6:30 a.m. to 4:00 p.m.
Monday—Thursday
Building 202, Room 103
Ext. 3657

