

PHILADELPHIA

Volume 4.
2021



Choose VA

Corporal Michael J. Crescenz VA Medical Center Veteran Newsletter

Special Women Veterans Edition



DIRECTOR'S CORNER

Karen Flaherty-Oxler, RN, MSN
Medical Center Director

I am a Navy Veteran, having served 38 years and it is with great pleasure that I share with you this special edition of our Choose VA magazine highlighting women Veterans.

Inside you will find stories from your fellow women Veterans, care providers, as well as news and informational updates.

The increase of women serving in the military and the subsequent increase of women Veterans utilizing VA services continues to outpace our male counterparts. These statistics continue to propel the VA and our facility to ensure that we are continually adding services that address women's specific and unique needs. Further, we are expanding our outreach efforts to reach women where they are, provide information that is beneficial and useful, and more importantly, ensure we continue to create a safe, welcoming, and inviting space for our women Veterans.

In this edition, you will meet a pioneer among women Veterans, Retired USAF 1st Lieutenant Sandra Williams-Ortega. 1st Lt. Williams-Ortega was the first woman of color to be selected by then-President Dwight D. Eisenhower into the military's Officer Training School straight out of college. This was a historic first as the usual route for people of color was that they enlisted, regardless of how many higher education degrees earned, and then tried to go to officer training. Much rested on Sandy's shoulders. Her success or failure could advance or setback other women of color. You will find her life's journey and her continued service to all women Veterans and her community inspiring.

We have several more interesting stories from your fellow women Veterans that work here at the hospital, information on our Intimate Partner Violence, Military Sexual Assault and Women's Health expanded care programs, to name a few.

In the future, we plan to do more targeted publications like this for you. I sincerely hope that you enjoy this edition. Stay safe and take good care of each other.

Warmest regards,
Karen

2030: 13.5% of the Veterans population will be female

- 15.5 million total Veterans
- 13.4 million male Veterans
- 2.1 million women Veterans

Anticipated: Women will represent 18 – 20% of the total Veterans population by 2040

**VA****U.S. Department of Veterans Affairs**

Veterans Health Administration

Corporal Michael J. Crescenzo VA Medical Center

3900 Woodland Avenue
Philadelphia, PA 19104
(215) 823-5800
(800) 949-1001

Karen Flaherty-Oxler, RN, MSN
Medical Center Director

Patricia O'Kane, MSS
Deputy Director

John Kelly, MD, MBA, FACP
Chief of Staff

Robert Askey, CC, AAS, MBA
Associate Director

Coy Smith, RN, MSN, ND, NEA-BC, FACHE, CPHQ
*Associate Director for Nursing/
Patient Care Services*

Evan Perdikogiannis, BA, BS, MS
Assistant Director/Eastern Market Manager

Medical Media Staff

Rita D. Chappelle
*Executive Editor &
Writer*

John E. Bowser Jr.
Content Placement

Jonathan Hodges
Writer & Editor

Photography
*Rita D. Chappelle
Jonathan Hodges
Samuel Shavers
Leslie Geter
John E. Bowser Jr.*

Samuel Shavers
Photographer



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We Need You

VA NEEDS YOU! Share widely with those you know! Retired VA clinicians and Federal health care providers: WE NEED YOU! We need your help in the battle against the COVID-19 pandemic. We're especially looking for health care professionals with interest and expertise in Tele/Virtual Care, National Call Center, Travel Nurse Corps and Direct Patient Care/Support (at VA Medical Centers). Be on the front line of defense against the spread of the #coronavirus at our medical centers, outpatient clinics, community living centers and call centers. Consider #VA re-employment. Dual compensation waivers will be available. You can partner in our efforts to maximize quality, safety and care during this national emergency. To learn more, email vacareers@va.gov or apply at www.vacareers.va.gov. #WorkAtVA.



Have an upcoming VA mental health appointment? You can change your routine in-person appointments to telehealth visits. Learn how: www.va.gov/coronavirus-veteran-frequently-asked-questions/#what-should-i-do-if-i-have-an

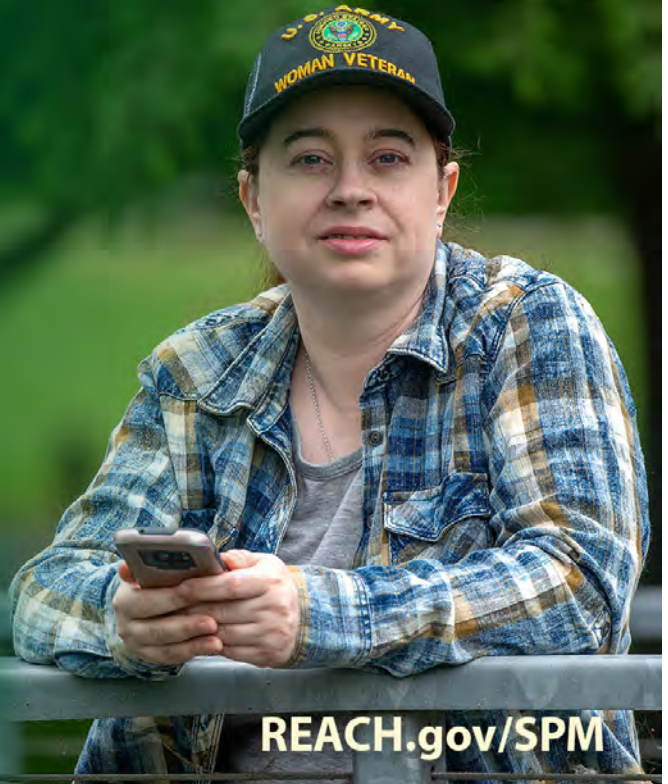


**Veterans
Crisis Line**
1-800-273-8255 PRESS 1

SEPTEMBER IS SUICIDE PREVENTION MONTH

TAKE A MOMENT
**REACH
OUT**

You've been trained to carry the heavy stuff,
but you don't have to do it alone.



REACH.gov/SPM

The Corporal Michael J. Crescenz VA Medical Center is Celebrating

75 YEARS **VETERANS
HEALTH
ADMINISTRATION**

*A Legacy of Service. **The Future of Care.***



At Home

Meet with VA providers virtually and send important health data from the comfort of your home, using your computer or mobile device.

Note: Certain telehealth programs may not be available in all locations. To learn about telehealth options in your area, reach out to your provider at the nearest VA Medical Center.

To find your nearest VA Medical Center using the VA facility locator, enter your city, state, or ZIP code and select "VA Health" from the facility drop down menu. VA Telehealth is based out of your nearest VA Medical Center, not CBOC or Vet Center.

Care That Fits Your Life

Having easy access to your VA care team is important for your health. But scheduling appointments and traveling to your provider's office can be difficult. Telehealth at home offers services that work with your current care plan, fit your lifestyle and help you stay healthy and independent.

Remote Patient Monitoring

Telehealth technologies can collect and send your health data, like vital signs, to your care team. Providers get the information they need to manage your care, while you are in a more comfortable environment. Health data will not be collected without your informed consent.

How it works:

You are assessed for Home Telehealth remote monitoring services.

If deemed appropriate, VA provides a device to fit your needs and gives you training on how to use it.

VA assigns you a Home Telehealth remote monitoring care coordinator.

Your care coordinator contacts VA hospitals and providers and helps you arrange treatment changes, clinic appointments and hospital admissions.

Video Appointments

With VA Video Connect, you can meet providers in virtual medical rooms using the camera on a smartphone, computer or tablet. You and your provider work together to schedule online video appointments. You can even invite family members and caretakers to join the sessions.

How it works:

Talk to your doctor to see whether VA Video Connect could become a part of your care plan.

Receive an email link for your VA Video Connect session once it's scheduled.

At the time of your appointment, simply click on the link, enter your information and launch the session. (If you are using an Apple device, you must download the VA Video Connect app to connect.)

For more information, visit the VA Video Connect page on the VA App Store.

Why I Choose VA



Losing Her Sight, But Not Her Hope!

By: Rita Chappelle

U.S. Army Veteran Lawanda McIntosh has spent her entire life overcoming barriers, from racial to gender prejudices to now knocking down barriers as blind Veteran. Despite it all, McIntosh has refused to give up or give in to her blindness, but rather to learn to master the huge curveball life has thrown at her.

Army Specialist McIntosh was born in Coatesville, PA and enlisted in the Army in 1982 during the Gulf War. She was trained as an Armorer/Weapons Technician and Inventory Supply Specialist/Logistics serving in Korea, and Germany, among her many deployments.

“Back then, women weren’t really recognized as a ‘soldier’ because of our gender,” said McIntosh. “We were sexually harassed all the time but dared not say anything because you either weren’t believed, or it impacted your career so many suffered in silence,” she said.

But McIntosh feels that because she was a Weapons Tech responsible for taking apart, cleaning, reassembling, testing, and training new recruits in handling weapons, it shielded from what many other women Veterans were experiencing.

“As women, we did our Basic Training alongside the men and there was no special treatment because we were women. It was hard, but I was determined to persevere,” said McIntosh. Her Army training and determination were traits that she found she would need in facing the ultimate challenge of her life.

While in the military McIntosh learned to speak both German and Korean as she would have to negotiate with businesses in those countries. She recalls dealing with both East and West Germans and how she missed the historic fall of the Berlin Wall when she was deployed just weeks before it was pulled down. While in Korea, she was in the DMZ at Checkpoint Charlie and often recalls seeing daily the bodies of North Koreans who tried to flee for South Korea. It was an eye-opening experience for her on what people would risk to have a better life.

While serving, she met and fell in love with another soldier, her husband of 32 years, retired Army Veteran ???. The two share five children. It was during her 10th year of service that she decided to leave the military to support her husband as he sought to advance his career.

In 2019, McIntosh had cataract surgery at the Wilmington VAMC in her left eye. Soon thereafter, her eye started turning red, then she it became inflamed and the inflammation worsened and she diagnosed with chronic inflammation in that eye along with Lyme disease and high eye pressure. The VA sent her to an ophthalmologist who performed emergency glaucoma surgery. A stunt was put into her eye to drain the excess fluid build-up in her left eye, but despite the medical interventions, she ended up losing her vision in her left eye. As she worked to adjust to the loss of vision in one eye, tragedy struck again in March 2021 when she woke up in what she thought was the night asking her husband where he was headed, only for him to tell her “to work.” She immediately realized the darkness she ‘saw’ was blindness starting in her right eye. Her husband rushed her back to the Wilmington VAMC. She would later undergo an exploratory temporal artery biopsy as surgeons sought to understand why she was now losing her sight in her right eye. Her brain was cut open as the medical team looked for a cause, but none was found. She once again faced bouts of inflammation, infections, eye injections, steroid treatments, but nothing worked.

Enter CMCVAMC’s Blind and Low Vision Support Services Program where she would be introduced to Jennifer Ettenger, our Visual Impairment Services Coordinator and Robert Fitzgerald, our Polytrauma Blind Rehabilitation Outpatient Specialist who manages our BROS program. Fitzgerald began working with her for five (5) hours each week in her home teaching her how to navigate it.

“It’s funny, I thought I knew my home and how to get around in it, but that notion was crushed when I quickly learned how knowing your home as a sighted person is completely different from knowing it after losing your vision,” she said.

Blind and Low Vision Rehabilitation Services have assisted McIntosh in adjusting to the world around her and re-engaging with it as a blind person. Through providing her

with numerous adaptive devices to help her reclaim her independence, something McIntosh fights for daily.

From a Talking Convection Oven, to a Color ID Handheld device that tells her what color something is, like clothing, to an OrCam which is a computer that attaches to her glasses and enables her to read whatever she is facing or what is in front of her. She also was provided with a Writer's Guide that enables her to write out her checks, and an ID Mate that reads UPC codes so she can find the seasonings she needs to cook with. She also now uses GPS alerts – one for outside and one for inside her home – in the event she gets lost or needs help it will call 911 and give them her location. She also has a Talking Telephone, is learning how to use her adaptive iPhone and will soon have a Talking Microwave.

To help her increase her confidence, CMCVAMC staff enrolled her in an Adaptive Horseback Riding class where she had to learn how to saddle up, mount and handle a horse.

Even with all the support, McIntosh admits she still suffers with periods of depression, anger, and self-pity. "To have lost so much so quickly and to be dependent on my husband and family, it gets to me at times because I led an extremely independent life when I had my sight." To deal with all that she has faced in the last two years, McIntosh receives mental

health counseling from the VA from both a licensed therapist and a psychiatrist along with lots of telemedicine visits.

"I am grateful to the VA and continue to trust them with my healthcare," said McIntosh. "They are my partner in my healthcare journey. I don't miss any appointments, if I don't click with a certain provider, I ask for another one that I feel a better connection with," she added. "I also am a faithful patient of and was one of the first women Veterans at the Women's Health Clinic in Philly."

McIntosh has one parting message for others experiencing low vision or blindness. "Don't give up, be vigilant and pursue all options of care," she advised others. "If I had stopped, I would not know how to dress myself, cook for my family, or learned to ride a horse with no vision," she stated. "Be the hope YOU need. No one can fight more for you, than you! I believe I will one day regain my vision and consider it a victory to one day see a shadow again. I also believe that CMCVAMC will help me get there. Until then, I will never stop fighting, adapting and owning my life and my health journey."

The mission of **Blind Rehabilitation Service (BRS)** is to assist eligible Veterans and active-duty Service members with a visual impairment in developing the skills needed for personal independence and successful reintegration into the community and family environment. We provide care coordination, assessments and therapeutic instruction to help Veterans reclaim the confidence and skills needed to lead an independent, fulfilling life after vision loss. At the CMCVAMC, the low vision program offers VIST, BROS and an Advanced Low Vision Clinic.

Visual Impairment Services Team (VIST) Coordinators provide lifetime care coordination for Veterans with visual impairments and often serve as the entry point into the continuum of care for Blind Rehabilitation Services.

Blind Rehabilitation Outpatient Specialists (BROS) provide assessments and therapeutic instruction within a variety of settings.

When basic low vision care provided in Optometry and Ophthalmology is no longer sufficient,

Veterans may receive outpatient care at an **Advanced Low Vision Clinic**.

Please contact Jennifer Ettenger, VIST, at (215) 823-5179 for further information on the BRS continuum of care or to make a referral for low vision services



Meet The Provider



From Teen Mother to Army Veteran to Nurse Manager

Katrina Maxwell BSN, RN, NE-BC
Nursing Supervisor

On August 9, 1988, I became a mother at the age of fifteen. Many friends and family members told me that my life was over and that I'd never do anything with my life. I became determined to prove all of them wrong. It wasn't easy, but I obtained my GED the same year I should have graduated from high school, then I went straight to college in the fall.

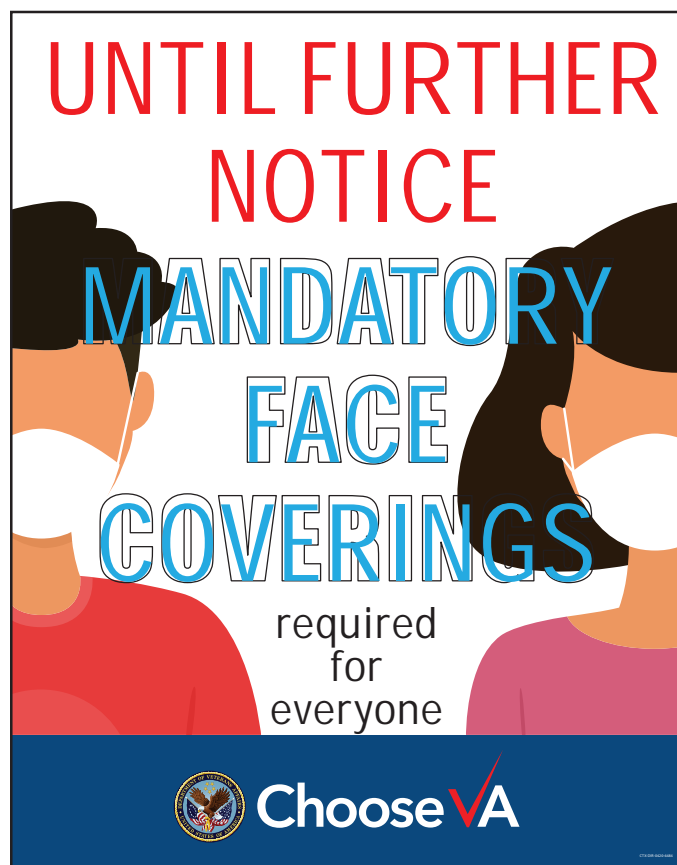
Affording college and creating a good life for my son was difficult so I made the choice to join the Army in 1995 to make it better for us. My first duty station was in Germany - Landstuhl Regional Medical Center's Gastroenterology Department. During my two years there I worked with many outstanding nurses who explained how they came to be in the profession. They also showed enormous levels of professionalism and caring towards our patients which resonated with the kind of healthcare professional that I wanted to be. It didn't take very long before I knew that I also wanted to have a career in nursing.

I took classes during my lunch breaks and after work for years. I also reenlisted for a semester off so I could go to college full-time. It took a very long time, but I eventually reached my goal of becoming a registered nurse.

Since then, I have had many great experiences in my career. I have worked as a float pool and outpatient procedure nurse. I was a nursing supervisor at Temple University Hospital for almost ten years covering everything from critical care to labor and delivery.

I came to the Corporal Michael J. Crescenz Medical Center in 2019 as a nursing supervisor. In October 2020, I became the nurse manager for the COVID-19 screeners. In addition to this role, I am also the nurse manager of the vaccination clinic, coordinator of the 2021-2022 influenza clinic and a relationship-based care coach. Further, I also help with the nurse empowerment committee. I rank being a nurse at the Corporal Michael J. Crescenz Medical Center among my best experiences because it has given me the opportunity to give back to my fellow Veterans. I am extremely humbled and honored to be able to show our Veterans the same professionalism, caring and service that I initially saw in Landstuhl.

My success as a nurse is a direct result of the support and guidance I received, mixed with my determination to create a good life for my son. It was a rough road getting here but I'm glad I took it. Being an Army medic was one of the more difficult parts of that road but it is an experience that I would repeat over and over again if given a chance because it led me to where I am now.





Reclaiming Her Life

By: Rita Chappelle

U.S. Army Veteran Valerie Harper had big plans and dreams when she decided to follow in her older sister's footsteps and join the military. A native of Fayetteville, North Carolina, Harper envisioned a life where she could further her education, learn a skilled trade/career, be a part of a team, and have the chance to show others all that she could do. She was giddy with excitement as she envisioned her future and prepared to go off to Boot Camp.

In the beginning, the military met most of her expectations, but it was not too long after completing her Basic Training that the picture began to go dark as she became a victim of sexual harassment, sexual and mental abuse, bullying/intimidation and mistreatment by male colleagues and superiors. It both tainted and sullied her outlook on her military prospects and dimmed her view of service.

"When the harassment started, I felt I had no one to turn to as I was alone, helpless and dealing with the military system where my superiors word meant more than mine," said Harper.

That sense of helplessness was internalized and Harper took on guilt that should have been laid at the feet of her tormentors and abusers. The married mother of five, never told her husband about it for fear he would seek her abusers out. She just held it inside going to work every day, but at home she began drinking. Overwhelmed, she felt she was going to explode. Her secret was ruining her mental and physical health.

"My life was swirling out of control, I was depressed, drinking, crying at home," she recalled.

She had begun to hear voices and see shadows flashing back to her abusers faces, the touches, their voices and the male soldiers brushing up on her body.

"I went to the hospital and was admitted," she said. "I finally opened up to someone -- my doctor, who was a woman -- about my abuse in the military," she added.

Harper's doctor told her about Snyder House. Hesitant at first, she helped convince Harper that the program was worth a try. So Harper admitted herself into the program. While there, she met other Veterans who had similar experiences. "Prior to going to Snyder House, I didn't think there were other victims out there," Harper said. "It took me nearly a month of hearing their stories before I opened up to share mine."

That is when the demons that tortured her began to be destroyed one by one. She also found comfort in the fact that the therapists and staff she worked with themselves had suffered abuse.

Harper spent 90 days at Snyder House where the staff built her up mentally and emotionally, instilling confidence, renewed strength, resilience, stability and trust while empowering her with the skills to re-enter society.

"When it came to time graduate, I didn't want to leave," she said. "I had 90 days to focus on me and it was great," she added.

Staff at Snyder House encouraged Harper to enroll in our Vocational Rehabilitation Services Program where she applied for an apprenticeship with our Environment Management Services (EMS) team. She so impressed management, that she was hired fulltime and has become a valued, trusted and important part of the CMCVAMC team. She credits it all to Snyder House, but we give credit to this amazing Veteran who reclaimed her own life back!

Vocational Rehabilitation Services

The Veterans Health Administration's (VHA) Vocational Rehabilitation Services, previously called (CWT), celebrated Vocational Rehabilitation Recognition Week on October 17-23. The week fittingly takes place during National Disability Employment Awareness Month. During this week, we take time to recognize the importance of Vocational Rehabilitation Services and the contributions of VHA Vocational employees, community partners and participants in the lives of Veterans.

The three programs fall under the VRS umbrella and comprise the Supported Employment, Transitional Work and Vocational Assistance. Staff in these programs provide invaluable employment and therapeutic services by providing meaningful work and the opportunity to enhance and develop job skills while they continue to improve their overall health and wellness.

If you know of a Veteran who is interested in returning to work, they can call Nicola Laury at 215-292-2094 or email her at Nicola.Laury@va.gov

To Our Veterans



Meet Christopher Tarassoff, M.D

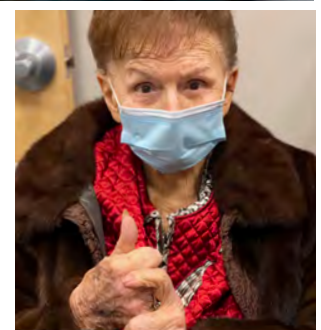
Interim Women's Health Medical Director

My name is Dr. Christopher Tarassoff and I am serving as the interim Women's Health Medical Director at the Corporal Michael J Crescenz (Philadelphia) VA Medical Center. I have been working full time at the Department of Veterans Affairs for four years. I work in both the Women's Health clinic as well as the Men's clinic as well as supervising the training of future physicians from the University of Pennsylvania in both men's and women's health.

I am very proud of our dedicated group of providers responsible for the delivery of comprehensive primary care services ranging from diabetes and obesity management to complex musculoskeletal issues such as osteoarthritis, fibromyalgia, and other chronic pain issues. We provide preventative care such as immunizations and screening for cervical, breast, lung, and colon cancer. Our primary care providers work together with multiple other specialties including an embedded gynecology team. This team provides long-acting contraceptives including IUDs, assists in management of chronic pelvic pain and bleeding, and provides surgical services ranging from cervical/uterine biopsies to hysterectomy and other advanced oncologic procedures. We are expanding our surgical offerings by adding on a breast surgeon, addressing a significant need, and allowing us to care for women in need of lumpectomy or mastectomy procedures without outside referral.

In addition to our providers, we also work with a dedicated team of nurses and pharmacists who assist in chronic disease management such as diabetes and high blood pressure. Our team is also augmented with behavioral health psychologists and psychiatrists, social work and whole health specialists focusing on wellbeing and mental health needs in order to address psychological and other social determinants of health.

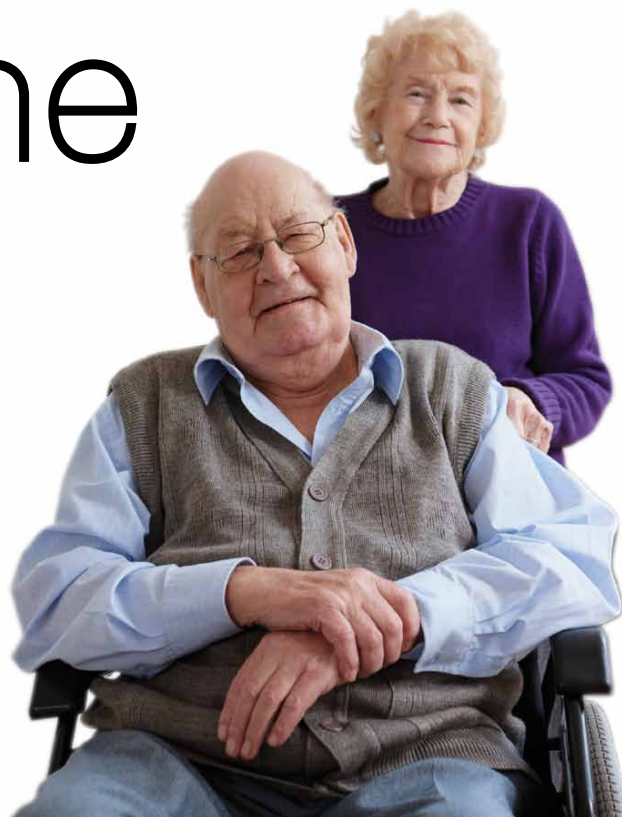
Maintaining wellness is a collaborative effort with multiple moving parts all effecting a Veteran's care. In our Women's Health Clinic we try to address all the issues that contribute to our Veteran's health.



which one is the veteran?

Both.

It's **our job** to give **every vet**
the best care anywhere.



WOMEN VETERANS HEALTH CARE



Department of
Veterans Affairs

learn more at
www.womenshealth.va.gov

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Corporal Michael J. Crescenz VA Medical Center

COVID-19 Vaccines STILL AVAILABLE!

Have you gotten your COVID-19 vaccine? How about your Booster Shot? We are providing both COVID-19 vaccines and Booster shots for Veterans and SAVE LIVES Act Individuals. The FDA & CDC have authorized all three vaccines for Booster shots and have said that the vaccine products can be used interchangeably. So, if you initially received the Johnson & Johnson vaccine but what to use either the Moderna or Pfizer as your Booster shot, you can. J&J vaccine recipients are approved for Boosters from age 18 and up. Those who received the Pfizer or Moderna vaccine must be 18 and up with underlying health conditions, at increased risk of contracting the virus or work in an occupation or institutional healthcare setting that puts them at greater risk. Or, be 55 and older.

Our COVID-19 Vaccine clinics are open Monday through Friday from 8am until 3pm for walk-ins. You can also call ahead to 215-823-4014 and schedule your appointment. You are also able to receive both a COVID-19 vaccine or Booster AND your flu shot at the same time!






Veterans Affairs Program of Comprehensive Assistance for Family Caregivers

Eligibility Criteria Fact Sheet



The U.S. Department of Veterans Affairs (VA) Program of Comprehensive Assistance for Family Caregivers (PCAFC) offers enhanced clinical support for caregivers of eligible Veterans who are seriously injured. These changes are based on the new "Program of Comprehensive Assistance for Family Caregivers (PCAFC) Improvements and Amendments Under the VA MISSION Act of 2018" Final Rule, RIN 2900-AQ48 effective October 2020.

These changes include:

-  Expanding eligibility for the PCAFC
-  Establishing new benefits for designated Primary Family Caregivers of eligible Veterans
-  Making other changes affecting program eligibility and VA's evaluation of PCAFC applications

Who will potentially qualify: Veterans who incurred or aggravated a serious injury (now includes serious illness) in the line of duty in the active military, naval, or air service on or after September 11, 2001, **or** on or before before May 7, 1975.





Veteran Eligibility Requirements:

The Veteran or service member must have a serious injury, which is a single or combined service-connected disability rating of 70% or more, and meet the following eligibility requirements to participate in the Program of Comprehensive Assistance for Family Caregivers:

- 1 The individual is either:
 - A Veteran; or
 - A member of the Armed Forces undergoing a medical discharge from the Armed Forces.
- 2 The individual has a serious injury (serious injury now includes serious illness) incurred or aggravated in the line of duty in the active military, naval, or air service:
 - On or after September 11, 2001; **or**
 - Effective on the date specified in a future Federal Register document, on or before May 7, 1975; **or**
 - Effective two years after the date specified in a future Federal Register document, after May 7, 1975 and before September 11, 2001.
- 3 The individual is in need of in-person personal care services for a minimum of six continuous months based on any one of the following:
 - An inability to perform an activity of daily living; **or**
 - A need for supervision, protection, or instruction.
- 4 It is in the best interest of the individual to participate in the program.
- 5 Personal care services that would be provided by the Family Caregiver will not be simultaneously and regularly provided by or through another individual or entity.
- 6 The individual receives care at home or will do so if VA designates a Family Caregiver.
- 7 The individual receives ongoing care from a Primary Care Team or will do so if VA designates a Family Caregiver.

How to Contact a Caregiver Support Coordinator:

Veterans and caregivers can find their local Caregiver Support Coordinator by...

-  Calling the Caregiver Support Line at **1-855-260-3274** (Toll Free Monday-Friday, 8 a.m. to 8 p.m.)
-  Using the Caregiver Support Coordinator locator tool at www.caregiver.va.gov/support/New_CSC_Page.asp

Online applications will soon be a reality, as well.

VA  U.S. Department of Veterans Affairs



The future of medicine is in your genes.

We need your help.

Fifteen minutes and a blood draw are all it takes to make a lasting difference.

The Corporal Michael J. Crescenz VA Medical Center's Research department is enrolling Veterans into the Million Veteran Program, a national research program that studies how differences in genes, lifestyle and military experiences affect Veterans' health and illnesses.

The goal is to one day give Veterans specialized care with targeted treatments and preventions based on their genetics and medical history.

Veterans can enroll online at mvp.va.gov or by scheduling an appointment at our facility by calling 866-441-6075. You do not need to receive VA health care to join VA's Million Veteran Program or schedule an appointment at our facility.

What is the Million Veteran Program (MVP)?

Since launching in 2011, nearly 840,000 Veteran partners have joined MVP, helping researchers better understand the genetics of disease in Veterans.

By collecting DNA from as many Veterans as possible, along with information on their health, lifestyle and military experiences, researchers are beginning to answer important questions like:

- Why does a certain treatment work well for some Veterans but not others?
- Why are some Veterans at greater risk for developing an illness?
- How can we prevent certain illnesses in the first place?

If **more women** and diverse populations enroll, MVP researchers can discover new medical breakthroughs that work for all Veterans.

What does it mean to enroll?

To join MVP, you'll be asked to:

Complete a consent process online at mvp.va.gov or at the Crescenz VA Medical Center by calling 1-866-441-6075 to make an appointment.

- Allow access to your health records.
- Provide a one-time blood sample for genetic analysis.
- Fill out occasional surveys about your health and lifestyle.

Once enrolled, you may be contacted again on a periodic basis if additional information is requested, or if there is a research opportunity you may want to consider. You will also receive newsletters about the program at least once a year with updates on research findings and other topics of interest.

For more questions about MVP, [explore their FAQs](#) or speak with a staff member at 866-441-6075.



By: Julie Allen, LCSW, Manager, CMCVAMC's Women Veterans Program

Julie Allen is our Women Veterans Program Manager (WVPM) for the Corporal Michael J. Crescenz (Philadelphia) VA Medical Center (CMCVAMC). A Licensed Clinical Social Worker in practice for 25 years, she has served in her current role for the past 4 years and here provides an overview of her program and available services for women Veterans.

Women Veterans comprise over 11% of all Veterans served in our medical center and CBOCs. Enrollment for women Veterans in our healthcare system is expected to increase 10% in the next 5 years, and we are working diligently to enhance our services and the already-excellent care we provide to meet those emerging needs.

We offer women's Primary Care services delivered by specially trained Women's Health medical doctors. This care includes:

- General medical care for acute and chronic conditions;
- Immunizations;
- Cancer screenings such as mammograms and PAP;
- Birth Control consults;
- Fertility evaluations;
- Menopause care;
- Perinatal care;
- Osteoporosis screening and care;
- Gynecological Care including abnormal PAP results follow-up care;
- IUD placement;
- Gynecological surgery;
- Acute and chronic pelvic pain;
- Preconception counseling;
- Infertility treatment and much more.

You Served, Now We Serve You!

This care is offered in a state-of-the-art women's health clinic located within the medical center in Philadelphia, and at every one of our community-based outpatient clinics (CBOC).

Additionally, the VA covers maternity and newborn care for pregnant Veterans. This care is provided by private sector Obstetricians, with every VA having its own Maternity Care Coordinator to help support the Veteran during, and in the year following her pregnancy.

Mental Health care is tailored for the needs of women Veterans and is offered in our outpatient mental health clinic and within our CBOCs. This includes treatment for Military Sexual Trauma (MST) and PTSD, individual and family therapy, and treatment for depression and anxiety. We have mental health providers trained in providing women's reproductive mental health care and postpartum depression. We also have an Intimate Partner Violence (IPV) Coordinator to assist Veterans who are experiencing this, and to help the staff who serve them in supporting them as well.



Recently we hired a Women's Whole Health Coach and have a wide array of Whole Health services tailored for women. This includes groups such as Intro to Whole Health, Taking Charge of My Life and Health, Intro to Complimentary and Alternative Medicine, Women's Wellness Pre-Diabetes, and Breastfeeding Support.

We value and deeply respect the service our women Veterans provided to our country and hope you'll take advantage of all the VA has to offer you!



5 STEPS TO DETECTING BREAST CANCER EARLY:

1. Practice routine self-exams
2. Know your risks and family history
3. Visit your doctor regularly
4. Know when to get a mammogram
5. Follow-up after a screening or test

Fighting The Flu Together!



Veterans, the location where you receive your no-cost flu shot may change this year!

Flu shots for enrolled Veterans

Choose from more than 60,000 community locations to get your **no-cost** flu shot.

Visit www.va.gov/communitycare/flushot.asp to find a current in-network location near you. Thousands of new sites available this year!

Veterans, present your government-issued ID to receive a no-cost flu shot at an in-network location.



#FIGHTFLU

Concerned about your breast cancer risk?

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Leading the Way

By: Rita Chappelle

It is often said that it is not how you start out in life, but how you finish that matters. Retired 1st Lieutenant Sandra Williams-Ortega, PhD, epitomizes that phrase. Born in Baltimore, Maryland during the Jim Crow era to a Mulatto father with blue eyes and blonde hair, and an



African-American mother, she was one of six siblings who lived in a world of segregation that defined where they could live, shop and even go to school.

Segregation was the norm in America when Sandy was growing up in the 1940's and 1950's. African-Americans were banned from shopping in downtown Baltimore stores where White customers shopped.

"I remember holidays like Easter and Christmas, how my father would ask us what we wanted as he was able to move between both the Black and White worlds and buy our clothes, candies and presents in the best White shops," she remembers.

While at the Booker T. Washington Junior High School for Colored Children, she began have grand mal seizures.

School officials felt that they could not manage her medical condition in school and sent her home permanently. Sandy was devastated because there were no other school options for a little Black girl at that time which meant her formal education had come to a screeching halt. Her parents learned of an Order of Black nuns, the Oblate Sisters of Providence, the first and oldest Order of Black Nuns in the United States that operated a girls day and boarding school called St. Francis Academy in East Baltimore. They took Sandy to meet with the nuns. The nuns said the tuition was \$3.00 a month, but her parents couldn't afford even that amount. However, a friend of Sandy's mother who worked as a domestic, offered to pay so Sandy could go to school.

"In my life there were always people during my journey who interceded on my behalf and are the reason I have been able to achieve all that I have today," said Dr. Williams-Ortega.

Each day Sandy would rise early to catch a trolley and two busses from West Baltimore to East Baltimore. Unlike her former school, the Oblate Sisters were a diverse group of nurses, educators, linguists and other professionals that understood that seizures did not define a child's mental capacity. They were impressed with the young girl and admitted her into the school. That opportunity was one that young Sandy did not waste as it would open the door for her to opportunities she could never have imagined!



"The nuns saved my life because I had no other options for schooling because of my seizures," she said. "It was thought at the time that people who had seizures should be institutionalized, but my parents were not having that. I don't know what would have become of me without those Sisters. They were my Godsend," she added.



When it came time for her to graduate at 16, the nuns encouraged her to apply to Morgan State College, an HBCU (historically Black College and University) to pursue her education. Sandy was excited at the prospect, but knew her parents could not afford a college education, but the nuns told her to write a letter to the President of Morgan State. In her letter she wrote, "my parents and I have no money to pay for me to go to your college, but if you would admit me, I promise that I will make you and the school proud."

Her letter and recommendations from the Oblate Sisters so impressed the President that he forwarded it onto Morgan's Board Regents. After reading her letter, the Board wrote her back welcoming her to Morgan State College on a four-year, full academic scholarship.

"When the letter came I was certain it was to say 'sorry, but we can't do that,'" she remembered. "You can't imagine my shock and that of my parents that I was offered admissions and a full academic scholarship, contingent upon my maintaining a B-average."

Sandy washed clothes and cleaned houses over the summer and throughout college. She recalls

while cleaning the home of a White woman how she saw the woman boiling the saucer and glass she had served her lunch on after she used it and the sick feeling she felt inside. When late summer rolled around it was time for her college journey to begin, but she was not alone.

"At the time, two of my brothers were also students at Morgan working their way through college on a deferred payment plan paying as they go," she said. "We lived in West Baltimore and Morgan was in East Baltimore some distance away. We devised this scheme in order to be able to hitchhike to Morgan each day. My older brothers would hide while sending me out into the street to hitchhike. When a car would stop, I would open the door to get in and then my brothers would emerge from their hiding places and jump in the backseat so we all could get a ride. Sometimes we were put out, but often they took pity on us and helped us get there because they wanted to us to be successful in college."

Their lack of steady transportation nearly cost Sandy her full scholarship as she was chronically late for her 8am Negro History class.

"Dr. Benjamin Quarles was my professor and his class was a requirement for graduation," Dr. Williams-Ortega recalled. "He would always give a 15-minute quiz at the start of each class and by the time I arrived it was over and the class was discussing it. The professor called me up and recommended that I withdraw from his class because he was going to fail me, and I remember my heart sinking as I was so ashamed," she added.

All students that were proposed for removal had to meet with the college president personally.

"I remember the shame I felt meeting with Dr. Jenkins and the one question he asked me was, 'why are you here?'" she said.

Sandy took the opportunity to explain her transportation situation and begged for a second chance sharing what it meant to her and her family for her to graduate from Morgan. At the time, she had a 1.9 GPA, well below the B-average she was expected to maintain for the full academic ride.

"I know that if I had been anywhere else but at an HBCU that they would have expelled me," she said. "But instead Dr. Jenkins looked at me and said, 'I'll see you in the fall' and allowed me to retain my scholarship." She would go on to

redeem herself and Morgan State by coming back stronger than ever, showing the administration that she understood the grace she had been given with a second chance.

In 1957, the year she was to graduate, President Dwight D. Eisenhower was under tremendous pressure to appoint an African American woman as a commissioned officer into the newest branch of the US Military – the United States Air Force. Heated discussions were occurring between Civil Rights leaders, Eisenhower, and the Department of Defense over the issue. Eisenhower was resistant, but said he would relent if Civil Rights leaders could produce a ‘qualified colored girl’ to serve as the first Direct Commissioned US Air Force Officer.

One day, Sandy arrived home to find the Commander and 1st Warrant Officer of Morgan’s Army ROTC program in a meeting with her parents. They were seeking their permission to submit her name and academic credentials for consideration to the Department of Defense in order to force the President’s hand. They agreed realizing the impact it would have on the race and generations to come. For about a year Sandy was transported back and forth to Fort Holabird in Maryland where she was subjected to various academic and psychological tests, made to translate French to English and write essays, all that her mentors and she inferred was to screen her out and disqualify her from consideration. Even after having past all the tests, the Department of Defense told the ROTC that she had to come up with \$300 in cash, purchase a new girdle, an iron, a 26” pullman suitcase and other items that posed a financial hardship for her as her parents made \$2 a day. However, the Morgan State community and the Army ROTC program raised the money and purchased the items she needed so that nothing could thwart her opportunity.

In the spring of 1957, she was notified by Morgan’s Commander of its Army ROTC program that they had received a letter from President Dwight D. Eisenhower offering her a direct commission into the U.S. Air Force and to attend Officer Training School at Lackland Air Force Base in San Antonio, Texas. She had yet to take the Oath of Office

because she was still going through tests at Fort Holabird and had not yet turned 21, which was also a requirement.

“For a colored person at the time, no woman of color had ever been offered a Direct Commission into the US Air Force straight out of college regardless of the degrees they had earned. Prior to that as an enlisted person you could only hope to be among the 1% who survived racism to hope to be admitted,” she added.

Her selection put a lot of pressure on this young woman. She not only had to be intellectually and physically capable, but mentally strong enough to withstand any racial taunts, torments or attacks without striking back. Her success, or failure, would either help other women of color be able to get a direct commission.

“I also knew that I didn’t want to embarrass Morgan, my ROTC family, my parents, the Sisters of the Oblate of Providence and all the other people who had fed into my life and supported me along my journey,” she said.

So, with her Bachelors degree in French in hand, she departed for Lackland Air Force Base to begin her officer training program. She was, of course, the only person of color in her Flight of 20 other young women.

Socially isolated because of her skin color, she was determined to succeed and not let anything or anyone deter her from her mission.

Six months later, she had survived all that was thrown at her, overcome the racism to emerge as the first Direct Commissioned African American female officer of the United States Air Force. There was no formal graduation just the presentation of a Certificate and her next duty assignment.

Her Flight mates had planned to have a celebratory party and the hostess, also a fellow officer, unceremoniously uninvited her to the event explaining to her that she was sure that Sandy ‘would understand as no colored people were allowed.’ That was her last parting gift of racism from that experience. Being the gracious person that she is, Sandy looked her in the eye and said, “Congratulations and have a wonderful time.”

Her family, her early health challenges, the nuns, her ROTC training and her personal determination and drive were the foundation that enabled her to withstand all the visible and invisible wounds throughout her

life and still rise up to claim and make her mark in US History. This was just the first of many more accolades and achievements to come.

Following graduation, Sandy was assigned to Hill Air Force base in Utah to work in the hospital, but not given any official duties. Her immediate superior refused to meet with her and at her three-month evaluation proposed her for Discharge.

By that time, she had met Airman 1st Class Julio Ortega, a native of Cuba who had immigrated to the USA at age 14 and enlisted in the Air Force at 17. He heard of her plight and shared it with the Commander of the Air Force Logistics Command who tore up the evaluation her superior had given her, took her under his wing and appointed her as Assistant Chief of Personnel and Administration over 400 men in the 4754th Squadron. She also was named Chief of Personnel and Administration for the 2705th Explosive Ordnance Squadron where she oversaw 13 global detachments.

She and Julio would later marry and have remained married for over 60 years. Sandy resigned her Commission when she became pregnant as it was a military requirement and gave birth to their first child, Julia while her husband worked in Intelligence for the military and NSA.

But that was not the end of Sandy's service. She would return as an executive in the civil service and continued being a pioneer in her civilian roles. Working with colleges and universities to design coursework for soldiers and Veterans to help develop marketable and useful skills. She also designed and directed the Air Force's first Family Support Center at McGuire AFB and played a strategic role devising strategies for the closing of several military bases (BRAC) overseeing the merger of stand-alone drug treatment and mental health services. She has won countless awards, citations, and received an Honorary Doctor of Law Degree as a Civil Rights Pioneer from her Alma Mater, and



was inducted into the State of Maryland's Hall of Fame. A Licensed Clinical Therapist with a PhD in Counseling Psychology her work has impacted 10's of thousands of soldiers and Veterans lives. Though in her 80's, she has yet to slow down and continues to give back to her military family and community as a proud parent of four daughters and a grandmother to 10 grandchildren.



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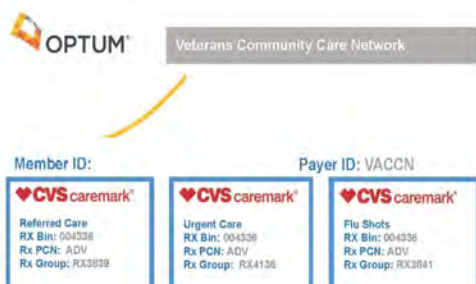
* To refill your VA prescription, you must have an Advanced or Premium My HealtheVet account. Simply go to the "Register Today" button on the My HealtheVet home page at www.myhealth.va.gov to get started.

VA COMMUNITY CARE

The Office of Community Care is now issuing Pharmacy cards to all Veterans receiving Community Care to be used for their first, 14-day only, non-routine prescription (new medication prescriptions only!) fill (no refills).

For instance, if you are seen in an Emergency Room and are given a brand new prescription (one that is not one of your regular medications), you can use the Pharmacy card for a 14-day supply of the new medication you were prescribed. After that, the medication must be filled at the VA Pharmacy along with your other routine (regular) medications.

If you need further clarification or guidance, call (215) 823-6310 or email us at VHAPHI Care Coordination.



The Office of Community Care

The Office of Community Care is now issuing Pharmacy cards to all Veterans receiving Community Care to be used for **new prescriptions only**. The card entitles you to obtain a 14-day supply of the new medication at one of the pharmacies listed on the card. It is not to be used to refill existing prescriptions.

For instance, if you are seen in an Emergency Room and are given a **brand new prescription** (not a refill of an existing medication) you can use the Pharmacy card for a 14-day supply of the new medication you were prescribed. After that, the medication must be filled at the VA Pharmacy along with your other routine (regular) medications. If you need further clarification or guidance, call (215) 823-6310 or email us at VHAPHI Care Coordination.



Eyeglass Eligibility

Parameters for Issuing Eyeglasses:

1. A compensable service connected patient is eligible for a standard pair of lined multifocal lenses OR, if unable to wear a multifocal lens a patient may receive one pair of distance spectacles and one pair of near spectacles.
2. A standard pair of lenses does not include options such as progressives, polarized, anti-reflective coating, tinted or photochromic (Transition) options. If a Veteran wishes to obtain these options, a prescription may be released for the Veteran to obtain at their own expense.
3. Protection for incident radiation is included in the lenses which includes UV protection.
4. Frames and lenses are prescribed for medical reasons, not for cosmetic purposes.
5. Replacement eyeglasses may be provided due to a change in the prescription if there is a change of: +/- 0.25 Diopter Sphere, +/- 0.50 Diopter Cylinder, Axis change 5 degrees for 0.25 to 0.75 diopter, 3 degrees for 1.00 to 2.00 diopters. And 2 degrees for more than 2.25 diopters.
6. Safety eyewear, including polycarbonate lenses, may be provided for Veterans enrolled in a VA-sponsored vocational program or who are monocular, or who have disparity between the two eyes (i.e. amblyopia, retinal detachment, corneal disease, etc.).
7. Multiple replacement eyeglasses within a relatively short period of time due to excessive wear, tear, or loss, may be addressed on an individual basis by the local VA facility and will be determined by the Chief of Prosthetics who may request further guidance from the Chief of Optometry, or Chief of Ophthalmology.

Patients without a compensable service connected disability may be eligible for eyeglasses if their uncorrected acuity at distance or near is 20/50 or worse, or there is clinical justification as deemed by the provider.

References:

VA Stars & Stripes Healthcare Network (VISN4): Policy Memorandum No. 10N4-20

VHA Handbook 1179.12 PRESCRIPTION OPTICS AND LOW-VISION DEVICES

VHA Handbook 1034(1) PRESCRIBING AND PROVIDING EYEGLASSES, CONTACT LENSES, AND HEARING AIDS.

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Sgt. Heather Johnson  1996	Sgt. Danyell Wilson  1997	Staff Sgt. Tonya Bell  1998	Sgt. Ruth Hanks  2015	Sgt. 1st Class Chelsea Porterfield  2021
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www.womenshealth.va.gov | Veterans Day 2021




U.S. Department
of Veterans Affairs

VA takes **PRIDE** in serving **LGBT** Veterans



The Corporal Michael J. Crescenz Women's Health Service Wants To Hear From ALL Women Veterans Who Served!

Attention Women Veterans: Women's Health will be holding a series of *Women's Focus Groups* in the coming months. We want to hear from ALL Women Veterans, whether they are enrolled in VA Healthcare, or not! To express your interest, email Julie.Allen@va.gov and use the subject line: 'Women's Focus Group.' If you don't have access to email, please call (215) 823-5800 and ask for Julie Allen or leave a message expressing your interest in participating on her voicemail. The groups will be limited in size



Taking That Next Step

For the past 13 years, CMCVAMC's Prosthetics & Rehabilitation services have helped Veterans who have lost limbs begin the journey of learning that the loss of a limb does not prevent them from participating in sports and learning new ways to do things as an amputee. One such event is CMCVAMC's annual Next Step Golf Clinic. This Clinic is the last part of a two-part program that begins each spring when Amputee Veterans, most of whom have never swung a golf club or even played miniature golf, are taken out onto a professional golf course, and taught how to hold, swing, and hit a golf ball off a tiny tee in our First Swing Golf Clinic. Once that is mastered over several months of lessons, later in the year they

participate each fall in part two, the Next Step Golf Clinic where they go out on the golf course and play a full round of golf putting their newfound skills to the test. This is a progressive form of rehabilitative therapy that takes them beyond physical therapy and the grueling workouts as they learn to utilize their new prosthetics.

Celebrities and golf pros, along with former graduates of the program come out to make it competitive and encourage the new players who get the opportunity to meet other Veteran amputees and hear their stories and journeys.

This year, 18 Amputee Veterans, 9 PGA Golf Pros, and 9 VIPs participated in our Next Step Golf Clinic. Of the 18 Veterans, 16 were males and two were female Veterans. It all took place at the Pitman Golf Course in Pitman New Jersey on September 16, 2021. Veteran amputees, golf pros and VIPs paired up with the new players providing tips, tricks, and helpful techniques for their golf game as they navigated the course. All the participants enjoyed the comradery, learning experience and fellowship as evidenced by the laughter and smiles on their faces.

Following the competitive tournament, all participants enjoyed a catered lunch, awards, prizes, and free gifts. It was an uplifting, empowering and motivating event that left all the Veterans encouraged in their own rehabilitative journey. If you are an Amputee Veteran or know of someone who might be interested or could benefit from the First Swing/Next

"VA helped me get back on my feet."



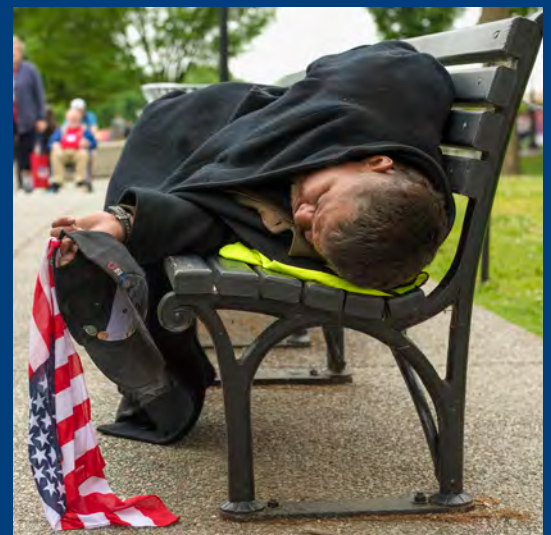
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Sprouting Healthy Choices in Veterans

By Cherie Eichholz, DSW, LSW

The Corporal Michael J. Crescenz VA Medical Center's (CMCVAMC) Whole Health team and Sanctuary Farm Philadelphia, a non-profit farm/garden in North Philadelphia, joined forces in order to educate and empower Veterans to improve their Whole Health through a therapeutic farming program called Gardening for Health.

Twenty Veterans enrolled in VA Healthcare at CMCVAMC asked to participate in the program as part of the hospital's Whole Health program. Sanctuary Farm, located at 2337 West Berks in Philadelphia, partnered with the hospital to facilitate the farming program.

"The Gardening for Health program is a terrific example of what Whole Health is all about," said Rebecca Helms, PsyD, CMCVAMC's Whole Health Clinical Director. "The program meaningfully emphasizes those elements of health which are sometimes lost in the 'medical model' of patient care, including socialization, good nutrition, exercise, etc." she added.

Sanctuary Farm grows and distributes produce in the North Philadelphia community. In partnership with CMCVAMC's Whole Health program designed a therapeutic horticulture program for Veterans served by the CMCVAMC.

The Department of Veterans Affairs is committed to improving health outcomes for America's heroes. Through

its Whole Health initiative, CMCVAMC aims to help Veterans increase movement, learn about nutrition, develop goals, interact socially, learn about gardening practices and nature in order to lessen the impact of mental health stressors.

Veterans participating in the program engage in tasks and time designed to gain insight into their lives, decrease stress and anxiety, and improve their overall sense of well-being.

In the program, Veterans learn to garden and participate in Sanctuary Farm's work to prepare for fall on the farm which includes planting fall vegetables, covering beds for winter, continuing to harvest summer crops, and clearing past summer beds. Veterans are also able to design their personal engagement with nature and gardening at their own pace. One

Veteran remarked: "I love doing this. It makes me feel good. If I could do it every day, I would. I'd be here early in the morning until late at night. It calms me." Another Veteran said, "You forget everything you were going through before you came here once you go through that gate."

Veterans interested in participating in the Gardening for Health program should contact Cherie Eichholz at Cherie.Eichholz@va.gov or by calling her on (215) 823-5800, ext. 20-3340. Sanctuary Farm is located at 2337 West Berks, Philadelphia, PA 19121.



Intimate Partner Violence We Can Help!

October is Domestic Violence Awareness Month. The VA Intimate Partner Violence Assistance Program (IPVAP) recognizes Domestic Violence (DV) and Intimate Partner Violence (IPV) is a serious yet, preventable public health problem that may disproportionately affect Veterans. The IPVAP serves Veterans, their partners and caregivers, and VHA employees experiencing or using IPV.

The term, "intimate partner violence" describes physical, sexual or psychological harm (including coercive acts) by a current or former partner or spouse that occurs on a continuum of frequency or severity and does not require sexual intimacy or cohabitation. The IPVAP provides comprehensive and integrated services through a trauma-informed, person-centered and recovery-oriented approach. The IPVAP recommends and promotes prevention and early intervention for those impacted by IPV. Developing healthy relationships and healing from the impacts of IPV is critical to wellbeing. The IPVAP can help those impacted by IPV by safety planning, coordinating care, providing referrals, conducting further assessment, and providing support. The IPVAP also provides trainings and awareness events for VHA employees in order for all front-line staff to be able to directly assist those impacted by IPV when they are comfortable and ready to ask for help.



Get Connected:

- For 24/7 support with resources, safety planning, and emergency shelter please call the National Domestic Violence Hotline at 800-799-SAFE (7233) or text 'START' to 88788
- To connect with the Crescenz VA Medical Center Intimate Partner Violence Assistance Program, contact the IPVAP-Coordinator: Cheryl Greubel, LCSW at (267) 600-3859 or (215) 823-4458.
- Find more information about IPV and the IPVAP by following this link: [Intimate Partner Violence Assistance Program \(IPVAP\) - VHA Social Work](#)





Major Expansion Changes – Big Wins for Veterans!

Previously: VA required a connection between the need for personal care services and the qualifying serious injury.

Expansion Changes: In addition to expanding to pre-1975 era Veterans, the enhanced PCAFC eliminates the need for a connection between personal care services and the qualifying serious injury. It also redefines serious injury to now include any service-connected disability — regardless of whether it resulted from an injury, illness or disease. Both these changes greatly expand program eligibility.

Why This is Important: In most cases, the eligible Veteran has multiple conditions that may warrant a need for personal care services. A Veteran's needs may be so complex that it can be difficult to determine what specific condition, out of many, causes the need for personal care services.



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Wellness contact



Mental health counseling



Travel and per diem compensation
(when traveling for a Veteran's VA healthcare appointment)



Financial stipend

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Using the Caregiver Support Coordinator locator tool at www.caregiver.va.gov/support/New_CSC_Page.asp

Online application available
<https://www.va.gov/family-member-benefits/comprehensive-assistance-for-family-caregivers>

Released 10/1/2020



U.S. Department
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Veteran Spotlight



A Real Life Wonder Woman

The Army motto of 'Army Strong' epitomizes the drive, determination and work ethic of Army Veteran Nicola Laury, head of CMCVAMC's Vocational Rehabilitation Services Program.

Born in Trinidad and Tobago, an island in the Caribbean, Nicola determined early on that life is a journey with challenges and obstacles that you can either let them decide your future or you can face them head on and use them as steppingstones to attain the goals you have set for yourself. In her island village, she grew up learning to raise the food you eat and other traditional roles given to women. But her real desire was to hunt and fish like her father and brothers, but this was frowned upon for girls. She always admired one of her older brothers who served in the Trinidad/Tobago military and knew that was a career she wanted to pursue too.

While in high school, Nicola welcomed the birth of her first child. School officials in her tiny village felt that Nicola should withdraw and focus on raising her son, but her father and Nicola told them "No." With the love and support of her dad who picked up her schoolwork every day so that Nicola could keep up with her classmates, she was able to graduate from high school, parent her son and learn that there is nothing in life that you can't accomplish if you put your whole self into it. Nicola credits her family for helping her every step of the way. Nicola credits her parents and siblings and the web of support they built for her that helped her early on.

In 1991, Nicola, with the support of her family, moved to the United States alone to build a better life for herself and her children. Leaving her kids with her dad, she moved in with relatives in New York and took a job as a bank teller to support herself eventually advancing to Senior Teller. She enrolled in Medgar Evers college and worked hard to earn her Bachelor's degree. She never forgot her dream of serving in the military and when that spark was reignited when an Army recruiter visited her college and shared with her the benefits of enlisting. The final event that pushed her to give this dream more legs came while she was working at the bank and a gunman entered the bank, grabbed her, and held her at gunpoint during a robbery. That life-altering experience propelled her to leave banking and pursue her ultimate dream of joining the military. Family and friends tried hard to discourage Nicola from a military career, but she was now more resolute than ever and her father finally relented and gave her the 'okay' to join so she could also learn self-defense. So, in 1994 she enlisted in the Army and went on to serve eight years and rising to the rank of Staff Sergeant. She spent time in Albania, Germany, and Kosovo, to name a few of her deployments. She also met and married a fellow soldier. As an E5 she ran the entire Mobile Ambulatory Hospital in Albania because the E6's didn't want the responsibility. She and her new husband also welcomed a son which required a decision to be made as to who would be able to continue with their military career. Nicola selflessly decided to leave the military so that her husband could continue to advance his military career and she could raise their son. They settled in Louisiana and she took on a job as a Certified Nursing Assistant (CNA) with the DoD. Never one to settle, she applied for a position with the DoD's Warriors Transition Unit that works to help reintegrate wounded warriors. With a degree in Social Work, Nicola applied for and was accepted as a Social Service Coordinator with the program, then she began a Master's program in Social Work while in Texas.

Nicola next moved to New Jersey to be close to her mother and took a new job with the Warriors Transition program at Fort Dix, New Jersey as a Recovery Care Coordinator. Her next career move was as a Vocational Rehabilitation Specialist at first, Lyons VAMC and then ultimately here at CMCVAMC where she has been for over 10 years. She is now Program Manager of all CMCVAMC's Vocational Rehabilitation Service programs where she oversees the Transitional Work, Supported Employment, and Domiciliary and Medical Center Vocational Assistance Programs.

This Island girl and mother of three has knocked down barriers, straightened crooked paths so that they kept her constantly moving forward towards her goals and dreams, and is now dedicating her life to helping her fellow Veterans find a path forward after service.

GET ON THE ROAD TO RECOVERY

Military service can be rough on joints, muscles and bones. VA treats all injuries, including overuse conditions, with a Whole Health approach that may include:

- Physical and Occupational Therapy
- Primary Care and Orthopedics
- Complementary practices such as acupuncture, massage, yoga and more

**Listen to your body.
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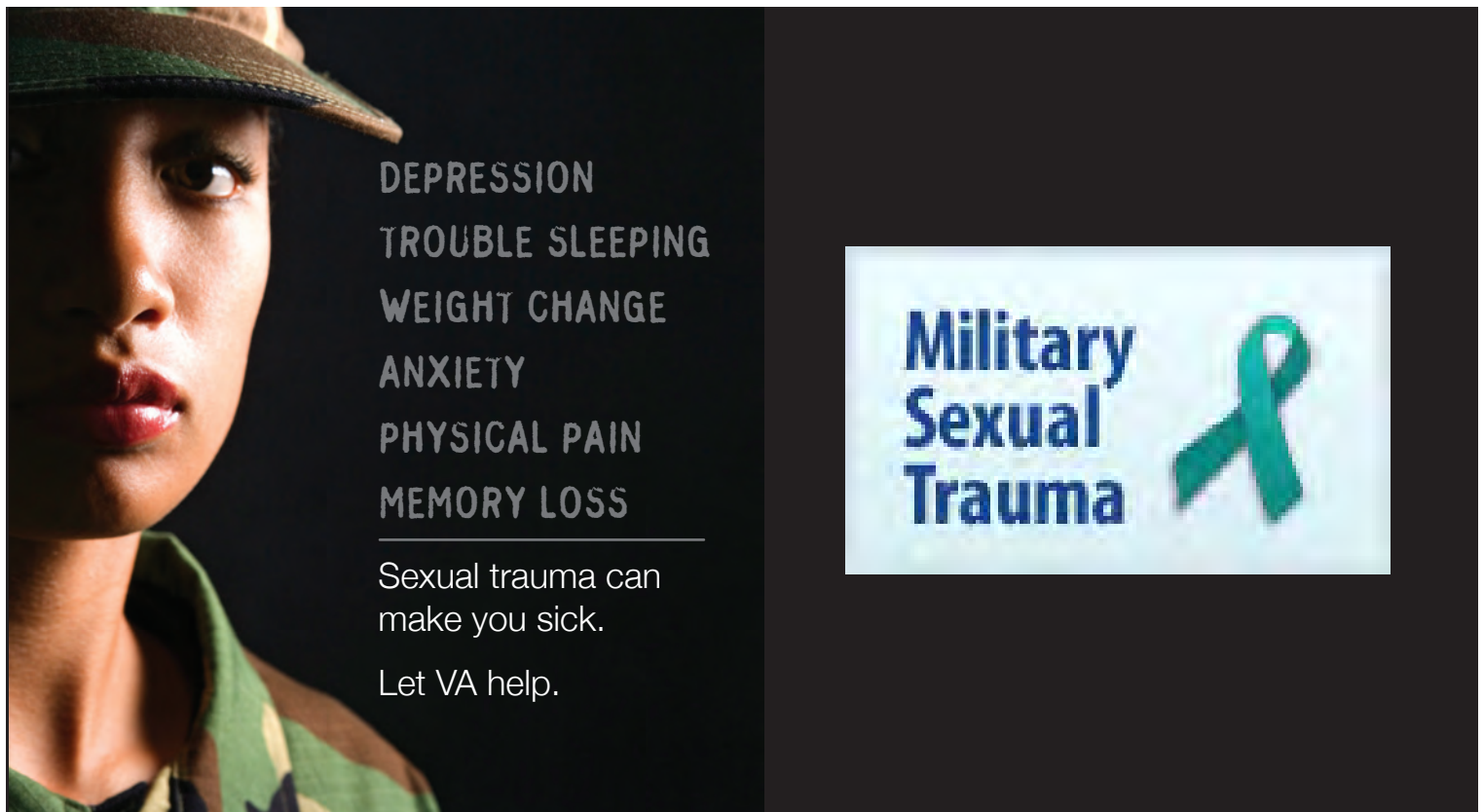
VA



U.S. Department
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WE ARE NOT INVISIBLE





Military Sexual Trauma – We Hear You!

By: Shelby Munschauer, PsyD, MST Co-Coordinator

You are not alone in overcoming Military Sexual Trauma (MST). MST is never your fault, and there are many paths to healing. One in three women Veterans say they experienced MST when asked by a VA provider. Women of all backgrounds, including factors such as era of service, rank, age, race and sexual orientation, have experienced MST.

MST is any sexual activity during military service where someone was involved against their will. This could include being pressured or forced into sexual activity without consent, being touched or grabbed in a sexual way that made you feel uncomfortable, comments about your body or sexual activities that you found threatening, or unwanted sexual advances that you found threatening. Experiencing MST may lead to emotional difficulties, sexual concerns, relationship issues, body image concerns, isolation, increased pain, problems with work, and many others.

Treatment for all psychological and physical health conditions related to MST is free. VA offers trauma-informed care for treatment of conditions or symptoms related to MST. Former service members and Veterans

may be eligible for free MST-related care, even if they are not otherwise eligible for VA services. Philadelphia CMCVAMC offers specialized behavioral health treatment for MST-related concerns, such as individual and group therapy (including a Women's MST Support Group), as well as psychopharmacotherapy. Every VA facility has an MST Coordinator who serves as a point person for any questions about MST-related issues. The MST Coordinators at the Philadelphia VAMC are Shelby Munschauer, Psy.D., and Louis Rivera, Ph.D. The MST Coordinators can be reached on our local hospital MST Coordinator Line at 215-823-4412 or x4412. Please call the MST Coordinator line to learn more.

Here are some national resources for MST support:

- MST Resources: <https://www.mentalhealth.va.gov/mentalhealth/msthome/index.asp>
- Beyond MST Mobile App: <https://www.ptsd.va.gov/appvid/mobile/beyondMST.asp>
- About MST Youtube Video: <https://youtu.be/b9snig5gZfk>



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TALKING WITH A VETERAN IN CRISIS

You don't have to be an expert to ask if someone is going through a difficult time or having thoughts of suicide. If you notice changes in a Veteran's behavior or moods and you think they might be in crisis, it's time to respond. The simple act of having a conversation can help save a life.

Here are some ways to approach a conversation with a Veteran who may be suicidal.

First, assess the situation to determine if the Veteran may be in **imminent danger**. Check to see if there are any harmful objects in the area, such as firearms, sharp objects, or lethal drugs. Those at the highest risk for suicide often have a specific suicide plan, the means to carry out the plan, a time set for doing it, and an intention of following through with it.

Asking whether a Veteran is having thoughts of self-harm or suicide may seem extreme, but it is important. Although many people may not show clear signs of intent to harm themselves before doing so, they will likely answer direct questions about their intentions when asked. **Remember, asking if someone is having suicidal thoughts will not give them the idea or increase their risk.**

However, some of those who are at risk may not admit that they plan to attempt suicide. In case the Veteran won't talk about it, be sure to look for warning signs in the box to the right.

Safety Issues:

If you believe a Veteran is at high risk and has already harmed himself or herself, you need to call local emergency services at 911.

- **Never** negotiate with someone who has a gun. Get to safety and **call 911**.
- If the Veteran has taken pills or harmed himself or herself in some way, **call 911**.

Veterans who are in emotional distress and are showing warning signs for suicide can be connected to the 24-hour **Veterans Crisis Line**: Call **1-800-273-8255** and **Press 1**, use the **online chat**, or **text to 838255**. Caring, specially trained responders are available to provide free, **confidential support 24 hours a day, 7 days a week, 365 days a year**. Responders are available to speak to Veterans and their caregivers, family members, or friends.

Warning Signs of Imminent Suicide Risk

Acting recklessly or engaging in risky activities that could lead to death, such as driving fast or running red lights — seemingly without thinking

Showing violent behavior such as punching holes in walls, getting into fights, or engaging in self-destructive violence; feeling rage or uncontrolled anger; or seeking revenge

Giving away prized possessions, putting affairs in order, tying up loose ends, and/or making out a will

Seeking access to firearms, pills, or other means of harming oneself

If you and/or the Veteran are not in imminent danger, start a conversation to help the Veteran open up and to find out how you might be able to help. You can ask questions such as:

- "When did you first start feeling like this?"
- "Did something happen that made you begin to feel this way?"

When responding to answers from a Veteran, remember that simple, encouraging feedback goes a long way in showing support and encouraging help-seeking:

- "You're not alone, even if you feel like you are. I'm here for you, and I want to help you in any way I can."
- "It may not seem possible right now, but the way you're feeling will change."
- "I might not be able to understand exactly what you're going through or how you feel, but I care about you and want to help."

Even for Veterans who do not appear to be suicidal, it is important to direct them to resources to help them face mental health challenges and more.

For more information about the Veterans Crisis Line, visit [VeteransCrisisLine.net](https://www.veteranscrisisline.net)

For more information about VA's mental health resources, visit www.mentalhealth.va.gov

For access to more than 400 stories of strength and recovery from Veterans and their family members, visit [MakeTheConnection.net](https://www.maketheconnection.net)

Annie Messages Can Advise You About Coronavirus



If the new coronavirus (COVID-19) is causing you concern, Annie may be able to help. Annie is VA's automated text messaging app that sends health information and reminders to Veterans. Any cellphone with texting capabilities can receive Annie messages.

Annie's **Coronavirus Precautions** protocol messages can help you monitor viral symptoms and know when to contact your VA care team or a nurse triage line for additional care. The messages also provide general wellness tips and education on precautions you can take to help prevent the contraction of coronavirus.

How to Set Up Annie

Follow these steps to get started. If you already receive Annie messages for other protocols, skip to Step 6.



Step 1: Go to the Website
veteran.mobile.va.gov/annie-vet



Step 2: Log In
Log in using your My Health eVet Premium, DS Logon Level 2, or ID.me account. Find out how to get a secure login account at mobile.va.gov/login-information.



Step 3: Consent to Participate
Read the consent information. Scroll to the end and select the consent box.



Step 4: Set Up Your Annie Account
Complete the fields under the **Information Messages**, **Preferences**, and **Patient Info** tabs.
Select **Submit**, which will take you to a screen saying your registration was a success.



Step 5: Confirm Participation
You will receive a message from Annie asking you to confirm your participation. Reply to the message with the word **Start**.



Step 6: Subscribe
To subscribe to the Coronavirus Precautions protocol, text Annie (75338) the words **SUB COVID**.



Taking charge of your health — one text at a time.

For detailed instructions, visit Annie online:

mobile.va.gov/annie



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CAMP LEJEUNE HEALTH *and* DISABILITY BENEFITS

Benefits for Camp Lejeune Veterans and family members include health care for 15 conditions listed in the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012.

Veterans can receive disability and health care benefits for eight presumptive disease conditions associated with contaminants in the water at Camp Lejeune.

HEALTH

Health care and health care funding assistance to Veterans and family members who lived on Camp Lejeune and have one of the covered conditions.

Qualifying health conditions include:

- Bladder cancer
- Breast cancer
- Esophageal cancer
- Female infertility
- Hepatic steatosis
- Kidney cancer
- Leukemia
- Lung cancer
- Miscarriage
- Multiple myeloma
- Myelodysplastic syndromes
- Neurobehavioral effects
- Non-Hodgkin's lymphoma
- Renal toxicity
- Scleroderma

FOR INFORMATION

VA Health Care 1-877-222-8387

VA Benefits 1-800-827-1000

CL Family Health Care 1-866-372-1144

www.va.gov/healthbenefits/apply/

<https://explore.va.gov/disability-compensation>

www.clfamilymembers.fsc.va.gov/

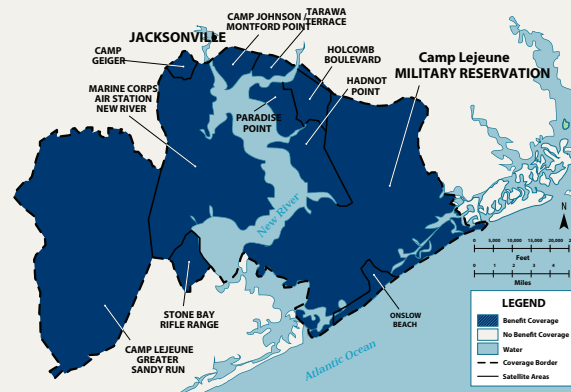
DISABILITY

The presumption applies to active duty, reserve, and National Guard members exposed to contaminants in the water supply at Camp Lejeune who later developed one or more of the following eight conditions:

- Adult leukemia
- Aplastic anemia and other myelodysplastic syndromes
- Bladder cancer
- Kidney cancer
- Liver cancer
- Multiple myeloma
- Non-Hodgkin's lymphoma
- Parkinson's disease

Family members are not eligible for disability benefits.

CAMP LEJEUNE DISABILITY BENEFIT COVERAGE AREA



ELIGIBILITY REQUIREMENTS

Stationed at/lived on Camp Lejeune for at least 30 days between August 1, 1953 and December 31, 1987.



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VETERANS DAY

November 11, 2021



HONORING ALL WHO SERVED



www.va.gov



The Corporal Michael J. Crescenz VA Medical Center (CMCVAMC) has established the Fiscal Year 2022 Veteran Town Hall schedule to provide the Medical Center and Veterans an opportunity to share information. We will be publishing the schedule quarterly in each of the Choose VA quarterly publications.

The CMCVAMC's Veteran Town Hall meeting dates are as follows:

November 17, 2021 – 6 p.m.	Virtual
December 14, 2021 – 6 p.m.	Virtual
January 22, 2022 - 11 a.m.	Virtual <i>Dr. Martin Luther King, Jr. Tribute</i>



VA

U.S. Department of Veterans Affairs

Veterans Health Administration
Corporal Michael J. Crescenz VA Medical Center

**3900 Woodland Avenue
Philadelphia PA 19104
(215) 823-5800
(800) 949-1001**

Burlington County VA Outpatient Clinic
3000 Lincoln Drive East, Suite E
Marlton, NJ 08053
(844) 441-5499

West Philadelphia VA Outpatient Clinic
6232 Market Street, Suite 100
Philadelphia, PA 19139-2922
(215) 222-7540

Camden VA Outpatient Clinic
300 South Broadway, Suite 103
Camden, NJ 08104
(877) 232-5240

Gloucester County VA Outpatient Clinic
211 County House Road
Sewell, NJ 08080-2525
(877) 823-5230

Victor J. Saracini VA Outpatient Clinic
433 Caredean Dr.
Horsham, PA 19044
(215) 823-6050



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