From Obstetrics to treating war wounded in Vietnam
World War II Veteran Lewis Cobbler was drafted into the Navy in 1944 and as a crew member of the USS Arkansas, took part in the naval bombardment of Omaha Beach for the D-Day landings, and the assaults on Iwo Jima and Okinawa.

Charles Roy Toler Jr. (US Marine Corps) was the first patient admitted to the HCI COVID Ward in March 2020.

Second Lieutenant Christina Straub, arrived in Vietnam in late 1968 and entered a very different world than what she’d been used to as an Obstetrics nurse in her civilian life.

Eddie Wright, Laundry Machine Operator (US Navy 1988-1996), removes gowns from one of two special washers. Learn more about the laundry services starting on Page 10.

Happy 100 to WWII Veteran Mary Mackey!
Steady Progress
COVID-19 vaccinations are ramping up

Since receiving our first COVID-19 vaccines just before Christmas, more than 14,000 doses of both the Moderna and Janssen vaccines have been given to Veterans within the Salem VA Health Care System and we hope those Veterans who haven’t yet reached out to their health care providers to schedule a vaccination do so soon.

The success of our vaccination program is in no small part the result of a coordinated logistics response headed by our Chief of Pharmacy, Dr. Jeffrey Thompson. Working with individuals from across the HCS, he spear-headed the delivery of the vaccines, the importance of which we have never witnessed in our lifetimes. From the Moderna vaccine in December, to the arrival of the Janssen single-dose vaccine in March, the Vaccination Team has kept up with the Herculean task of scheduling Veterans according to CDC-aligned priority groups, fluctuating dose numbers, and transporting vaccines to our CBOCs.

Make no mistake, vaccinations will be the difference between getting back to something near normal and continuing with the pandemic lifestyle we’ve become sadly accustomed to over the past year.

With all that said, however, it is important to note that until we reach a point in the country where enough people are vaccinated, we will need to maintain our guard. That means masks, hand hygiene, and physical distancing. As a Federal installation, this is mandatory for everyone who enters our facility. Please help each other by doing your part and if you see someone who is not wearing a mask, politely remind them they need to do so while on the VAMC campus or in our CBOCs.

Not Invisible
If you haven’t been to the hallway by the Women’s Clinic in Bldg. 5 recently, I invite you to take a walk and see the new display highlighting local women called I Am Not Invisible. This is a national campaign and all the women who are part of our display are Veterans who receive their care and/or work here as well. There is a photo of the display on the opposite page.

Vietnam War Veterans Day
March 29 was officially designated as National Vietnam War Veterans Day in 2017. The date commemorates March 29, 1973 when the last Vietnam prisoners of war were back on American soil and all combat troops removed from Vietnam. If you see one of these Heroes, please take a moment and say thank you.

Construction
And finally, if you’ve been around the campus lately you will notice there is grass now around the outside of what will be the new dialysis unit behind Bldg. 1. This facility should be open in April. The expanded renal dialysis facility will be a welcome addition to our healthcare capabilities. There are a host of other construction projects currently underway including: ER expansion; Utility Plant upgrade; re-roofing of Bldgs. 7 and 9; and work indoors to improve our patient rooms to allow more privacy.

Thank you all for your continued commitment to our Veterans, and thank you to our Veterans for your commitment to our Nation.
Christina Straub doesn't look her age, but her appearance hides another fact – Straub is a Vietnam Veteran. She doesn't wear a hat or other visible symbol of service, but she wears the war in other ways.

In 1968 a 24-year old obstetrics nurse in Redding, Pennsylvania, met a recruiter who was looking for nurses to join and serve in Vietnam, and he found a willing recruit in Straub, who commissioned as a second lieutenant, attended training and spent a few months at a stateside post before boarding a plane for Vietnam late in the year.

"It was hot and humid and after two or three days I got my in-country orders and got a chopper ride to the 12th Evac Hospital in Cu Chi."

The hospital was set up with the headquarters for the Army's 25th Infantry Division in the city about 20 miles northwest of Saigon. A series of metal Quonset huts made up the hospital wards and the base also served as a frequent mortar target for North Vietnamese forces.

"I arrived not long after the Tet Offensive and we worked day and night on 12-hour shifts for as long as we needed six days a week if not seven. It was one of the busiest times in Vietnam during my time and that was the reason for the build up of nurses to go there and take care of the casualties that we dealt with. These men came in from the field..."

In the quiet light of the Salem VAMC Chapel, Straub pauses. Her eyes drift backwards 53 years and she asks for another question.

"It was a huge adjustment. Not only were there professional demands to acclimate myself to, but the country, the environment, the threat. We were so caught up with being busy trying to save lives and taking care of casualties that the threat was really low on our list of priorities. We didn't have time to think of people lobbing mortars into the base – we were busy."

From delivering babies, Straub was thrust into the intensive care unit when she arrived, and after six months she moved to the operating room.

"I wasn't an operating room nurse when I went in and I'd never worked in an ICU, but you learn fast. You have to because you know what your mission is – to save lives. You pay attention and learn and do what you need to do."

The physicians Straub worked with didn't care what specialty the nurses came from, they taught them as they went, upgrading the nurses' skills outside of the scope they generally worked within.

"We did things in Vietnam that we would never ever do here – in order to save lives. We were asked to do it by the physicians who believed in us, who believed that they could depend on us to do the things that they weren't available to do. Yes, we did many things that would be considered outside the scope of..."
lost both legs and an arm, but all the time this is going on and we’re doing this critical surgery, you don’t pay attention to anything other than what’s in front of you. You’re focused on doing what you have to do. I’ll never forget that. I think that was probably the most frightening thing I dealt with over there, and trust me, there were many times we were frightened.”

During her time in Vietnam there were several groups of people who impressed the young lieutenant but the group that still inspires her today were the men she worked so hard to save.

“The people I worked with were very impressive, dedicated to saving lives and doing what they had to do to get the men back home to their families. But the most impressive were the men – how they made exceptions for their buddies, how they wanted their buddies taken care of first; how they asked for their family. They were the impressive people. These people who went there and did what they were asked to do and came to us hoping we could help them get back home.”

Straub takes another long pause and the conversation shifts back to the nurses and doctors.

“We had to develop a certain veneer to survive the catastrophic casualties that came into the hospital. We got the casualties directly from the jungle, from bombed APC (armored personnel carriers) and the like. The constant arrival of medevac helicopters that landed loaded with casualties could have been overwhelming if you let yourself get wrapped around emotionally with every casualty that came in. We had a job to do and that’s what we did. We were still very compassionate, we were there for them, but we had a little space where we couldn’t let ourselves get too totally involved.”

From a place far away, Straub said, “We did the best we could, but we couldn’t salvage 58,000 lives. But we tried.”

When her year was up, Straub said she was ambivalent about what was happening in regard to her orders home. She had developed a camaraderie with the people she worked with, and her skills had developed. ”It could have been a benefit to the men who came in as casualties.

“The other hand, you get caught up in the ‘only two more weeks until DEROS’ (Date Estimated Return from Over Seas).” It seems exciting, but it was so anti-climactic that I really should have stayed for a little while longer. But they discourage that because they felt like you needed to get back into some sort of normal lifestyle as opposed to the constant death and dying, we dealt with all the time.”

The ‘they’ in this case is the ‘military’ while the ‘we’ were the people that wanted people to return home, Straub doesn’t think there was much provision made for when it inevitably happened.

“Flying into San Francisco was really difficult because there was no transition. No way for people who dealt with this sort of emergency medicine, the death and dying for a full year, to have the ability to purge. You were expected to pick up your orders and go to your next assignment.”

For Straub her next assignment was back to Fort Sam Houston, to Brook Army Medical Center where she picked up where she left off, working in obstetrics.

“I go from this high-impact year in my life to right back with civilians and I’m expected to behave like the year was an enigma. Now I’m back in the real world and I have to start behaving like I’m back in the real world. The transition was difficult, and I don’t know, even now if I ever made the transition.”

Straub would go on to serve in Germany and resign her commission in 1971. She would spend the rest of her professional life bringing attention to the wounds that war caused to her orders home. She had developed a camaraderie with the people she worked with, and her skills had developed. ”It could have been a benefit to the men who came in as casualties.

“After I retired, that’s when it all comes flying back in your face. I work with Mental Health here, there’s no reason to hide that, it is what it is, I had PTSD. I crammed everything for those 48 years and then I had the opportunity to have it all come rushing back and I dealt with it in unhealthy ways. Not with drugs or alcohol, but with relationships with my children blended into that. I had the distraction of my profession for years and then when I no longer had that, mental health became a huge issue for me. I’ll be 77 in June and I deal with it to this day because I’ve never had a forum other than the mental health team here at Salem VA to speak to the things I need to speak to. I want people to know what we dealt with over there. I want people to be compassionate. Thank you for your service is a great, but it just seems like it’s too late. The caveat is that people who have never been to Vietnam don’t know – or if they’ve never been to Afghanistan or wherever they are going now. There was never any conversation about being an Army nurse in Vietnam, because people didn’t want to hear it. I wasn’t prepared to discuss it either, and it was something people just weren’t interested in.”

Like all other Vietnam Veterans, Straub didn’t get the homecoming she would have liked, but she doesn’t miss it for herself.

“What really destroys me more than anything was that those men who died to do this, those families who were affected by the Vietnam conflict and the sons and daughters they had to let go – it wasn’t fair. Those are the people, the POWs, the MIAs – those are the people who deserve all the recognition for the things they gave everything. They never had the opportunity to know how valued they were. I don’t need parades. I don’t need banners. I just need people to recognize the great human sacrifice that came from this conflict.”

Today, Straub gets involved with organizations like the Disabled American Veterans, and has a great respect for organizations who do things to highlight Veterans causes, and she is hopefully optimistic about the VA.

“I think people are starting to recognize that there is some credibility here. The nurses that went over there are hardly ever recognized, but that’s starting to change – it’s changing here at the VA – the care I get at the Women’s Health Clinic is wonderful. I think (the VA) is making a huge effort to make change and I applaud that.”
Veteran Recalls D-Day, Iwo Jima, Okinawa

In February 2021, Lewis Cobbler, 96, was recovering from a case of COVID-19 in the High Consequence Infection ward at the Salem VA Hospital, but he went back in time to 1944 to tell of his drafting by the US Navy, and how, by June 6, 1944 he was serving aboard the USS Arkansas as it barraged German positions at Omaha Beach in support of the D-Day landings.

Chaplains like Greg Schmalfeldt, himself an Air Force Veteran, are an important part of the VA’s Veteran-centered holistic care model, providing spiritual care and counseling for Veterans and nurturing the spiritual health of Veteran’s families, caregivers, providers, staff, and community stakeholders. So, sitting down, decked out in full PPE, is part of what VA Chaplains do every day. On this day, Schmalfeldt took notes as he spoke with a member of America’s Greatest Generation.

Their discussion was halting and sometimes disjointed, but Cobbler’s recollection of the USS Arkansas’ path from northern France to Japan was clear.

“My job was to bring up supplies from four decks down,” Cobbler said when asked what he did in the war. “…the officer in the motor room gets a message, full speed ahead, and he’d no more than say that than he said, ‘full speed aft.’ We were going in (toward Omaha Beach) and they saw we were going in between two guns. If we’d have gone in and dropped anchor, they would have got us.”

The Arkansas, known in the Navy as the Arky, was the oldest battleship in active combat duty in the Navy by 1944. Its keel was laid down in 1910, one of only two ships in the Wyoming Dreadnought class and the last to use 12-inch guns; in the Arky’s case, six twin-mounted turrets. On D-Day, the ship was parked about 4,000 yards off Omaha Beach, well within range of its twelve main guns.

Some of the sailors on the ship were sent out on landing craft to the beach, and we were used as a hospital until a hospital ship could be brought in. We picked up pieces of guard rail (out of the ocean) that had ‘U.S.’ written on it and used them to help people board the ship.

As a coastal bombardment platform, the Arky packed a punch, throwing 870-pound shells with 353 pounds of propellant. At 12,000 yards, the Arky’s guns could penetrate 12.3 inches of face-hardened armor. The ship also sported eight 3-inch 50 caliber anti-aircraft guns which would become especially useful in the Pacific Theater.

“Our captain, when we went to Normandy, the skipper said, ‘bring the batteries to fire’ and he’d say, ‘double the powder, double the powder’. We had 12-inch guns, and we’d use that double powder, it might not help none, he’d say, but they’d get there quicker.”

Cobbler moved his hands together to show how the Arky was sitting and said that when they used double powder, the guns would twist the ship. “When we got 14 days leave, they took the ship the Navy yard to straighten it out.”

After Omaha Beach, the Arky took part in the bombardment of Cherbourg, and then as part of Operation Dragoon, the invasion of Southern France. By August, the ship and Cobbler were heading to the Pacific.

The first stop for the Arky was Iwo Jima where the ship and crew provided bombardment support in February 1945, followed by the Battle of Okinawa in April.

“The Germans fought like we did. They’d go to sleep, and you could get some sleep, but the (Japanese) saved up enough to keep you awake. We’d say the Japanese work all day and party all night.”

(In the Pacific) “We didn’t think we were in any danger, and then a (Japanese) would come over, and we knew he was up there and we knew he was coming down, but we didn’t know where or when ... get behind a gun.” In fact, the Arkansas was repeatedly attacked by Kamikazes during the ship’s 46 days off Okinawa.

The Arkansas earned four battle stars for World War II service, and when the fighting was over, the ship was used as part of Operation Magic Carpet, bringing US servicemembers home from the Pacific Theater.

The ship’s final mission was to serve as a target vessel for atomic bomb tests at Bikini Atoll, surviving an initial air-burst test. In July 1946 the ship was engulfed in a column of water from an underwater atomic blast and quickly sank.

Some information for this article was taken from US Navy History, and Wikipedia.
Homelessness and food insecurity are not Veteran-specific issues, so working together with the local community provides social workers like Jeremy Floyd, the HUDVASH Case Manager, an opportunity to help Veterans who may be in either of, or both of, those categories.

Floyd has been working with Feeding Southwest Virginia (FSV) to coordinate disaster relief food boxes, and because of the pandemic, the last year has seen a shift in the way food pantries typically operate. As Case Manager for Housing Urban Development-Veterans Affairs Supportive Housing, Floyd works both to assist with housing and food insecurity issues for Veterans throughout the area.

“The food pantries have had to adjust their distribution process to keep up with the increase in demand and need for assistance as well as social distancing and COVID-19 precautions for safety and this presents a challenge for homeless Veterans. Veterans and the general population had difficulty before navigating resources, but with COVID-19, even more so now.”

Floyd has been working with distribution sites and engaging with FSV to set up boxes specifically for homeless Veterans. The collaboration has worked to fill a vital food need throughout the onset of the pandemic.

“The Blue Ridge Continuum of Care – the region’s local planning group working to end homelessness – has seen a slight increase of inflow of Veterans into the Roanoke area since the pandemic began. This increase has really led the whole community to work together even more to provide necessary resources. Grants in the local government and federal government, as well as Total Action for Progress – a community action agency that serves 11 locations in the Roanoke Valley, have stepped in and are vital for offering assistance.”

Social worker partners with local community to tackle Veteran homelessness and food insecurity

The funding from these sources helps both civilians and Veterans who have issues ranging from homelessness to risk of eviction or assistance with utilities.

“They (TAP) has been a huge asset for us and the community,” Floyd said. “The pandemic has resulted in job markets being affected which is a huge burden on the local employment commission. A lot of people have been forced to make tough choices, like paying for food or rent. A lot of people choose food as they wonder where their next meal will come from or how they will make it through the week.”

Food insecurity is not a one-time event, but rather a weekly or monthly issue. Pre-pandemic people sought assistance at sites such as food pantries, the Salvation Army, or faith-based providers. But the pandemic meant more people were using these services and what would have normally been a 30-minute food pantry visit, sometimes turned into 3-hours during peak influx.

“We reached out to FSV and said, ‘look, we haven’t seen this before. What can you offer?’ Their response was amazing. They worked with us a for a couple months and helped with emergency packages. They had their suppliers who donated a lot of things and packaged for Veterans and we took some fleet vehicles and distributed these packages to Veterans on our caseload. Since then, FSV appears in the community with a food truck and hands out food packages.”

To meet the challenge of providing aid in a pandemic Floyd says the program follows protocols that involve screening Veterans as well as sanitation and cleaning for vehicles and personal protective equipment for staff.

“Some days you’re suited up like you’re going into the OR. We have masks, gloves, and face shields in the kits for Veterans and employee protection. It has been a year now with these protocols and it’s starting to become second nature – it’s part of life now and it’s odd if you don’t have some of these safety things in place or if your gloves or mask isn’t on you feel as if something is missing or out of place.”

Since the beginning of the pandemic, many agencies have adapted to the new normal and have systems in place to distribute aid. But help is still needed.

“Food pantries will always need people to volunteer with time or donations. Roanoke Area Ministries, FSV, and Christian Soldiers are local communities that have places for donations, so people should check with their local communities to find out where and when donations can be accepted.

To make a donation to Feeding Southwest Virginia, go to their website at: https://www.feeding-swva.org/ways-to-give/ to donate, or to learn how to volunteer or create a food drive or call 540-342-3011

For information on Christian Soldiers Food Pantry, find them on Facebook at: www.facebook.com/ChristianSoldiersFP/ or call 540-206-3466
In every hospital room there is about 15 pounds of equipment that gets largely taken for granted – linen.

The Salem VA Health Care System is one of a small number of facilities across the VA to have its own laundry facilities, and in 2019 more than 3.3 million pounds of laundry was cleaned and processed, providing clean linen for Salem Veterans and a large portion of the linen for the Durham Health Care System Veterans in Durham, North Carolina, as well as the Virginia Veterans Care Center.

In addition to being convenient, the service is also economical, costing only about 46 cents per pound instead of the national average of 74 cents per pound.

“If we had to ship our laundry out for cleaning and processing, Salem would have spent about $600,000 last year,” said Jesse Gearheart, Laundry Manager. Instead, the facility is able to return money to the VA general fund. (As a government facility it is not allowed to make profit, but the savings are returned).

While COVID-19 meant there were fewer patients in the hospitals, isolation gowns were in high demand, and the Laundry Manager said his team were busy keeping up with the high-demand item.

“We’ve got about 14 people working here right now, even though we have 25 positions on the books, and they’ve been busy ensuring all facilities have the items they need in time.” Using a continuous batch washer, the facility processes 150 pounds of linen every four and a half minutes. Each worker in the laundry can handle from 75-110 pounds of laundry per hour at their stations which include sheet folding machines, presses, and cart washers to ensure the carts that carry the laundry to and from the hospital are as clean as the linen they carry.

A couple pieces of machines are 20 years old but most are nearing 10 years, and are at the end of their service expectancy the Laundry Manager explained. Several new machines are expected in the next year that will help make the process more efficient.

“We have one maintenance person to work on all these machines, and the age of some of the equipment makes it difficult for him to find

Laundry provides essential service
what he needs to keep the facility moving,” Gearheart said.

The movement of the linen starts in the sorting area with carts loaded with 100-300 pounds of soiled linens. Before going into the washers each cart load is sorted by hand to ensure all non-linen items are removed. “Everything from human waste to cell phones and tubing to TV remotes gets pulled out of these carts, so we have to be careful.”

When the items are separated and sorted, the dirty laundry goes first into the batch washer which has six large drums. The first drum is filled and after a few minutes the laundry moves to the second drum and the first drum is filled with new laundry. Once all segments are filled, cleaned laundry is delivered in damp circular cakes every four and a half minutes.

About 60 percent of the water used in the system is recycled. Chemicals are filtered out and neutralized in the washing process so nothing hazardous goes into the wastewater stream. “Every piece of textile that goes through the laundry is manually touched at some point,” according to the laundry manager “Some pieces several times. After washing and drying, each piece is clipped to a machine that irons or folds.”

There are different machines for pillowcases, towels, bedspreads, uniforms and flat bed sheets. Pajamas and patient gowns are each folded by hand as are washcloths.

The Laundry Manager who is also a Registered Nurse, says he remembers as a nurse grabbing a handful of washcloths and using maybe one or two and just throwing the rest into the pile of soiled linens to be rewashed. “I didn’t think anything of it then but seeing the process from this side makes me appreciate it differently.”

During the holidays the team tries to build up a stock so the laundry workers can get time off. “The crew working here are the unseen backbone of the hospital he says. “It’s a tough job and one not many people think about. But I suppose that means they’re doing their job well if nobody notices the linen cabinets are always full,” Gearheart concluded.
For nurse, working at VA is personal

When Gary Cook, a native of Waynesboro, Virginia, joined the US Navy in 1987 his path was uncertain. He was a non-rated enlisted man serving as a machinist’s mate/fireman aboard the USS Kitty Hawk when a fellow sailor went down. He performed first aid on the man and his efforts caught the attention of the ship’s medical officer. “He asked if I’d ever thought about becoming a corpsman, and I realized then, that was something I’d like to do, so I did that. After I got off of Active Duty and went into the Reserves, I went back to school to pursue a nursing degree.”

Cook retired from the Navy Reserves in 2009 as a corpsman and is now a Licensed Practitioner Nurse at the Staunton Community Based Outpatient Clinic where he was one of the first members of the team when the facility opened in 2011. “We started with a provider from Salem, an RN, a nurse manager, and one LPN. We had a ‘We started with a provider from Salem, an RN, a nurse manager, and one LPN. We had a ‘We started with a provider from Salem, an RN, a nurse manager, and one LPN. We had a ‘We started with a provider from Salem, an RN, a nurse manager, and one LPN. We had a ‘We started with a provider from Salem, an RN, a nurse manager, and one LPN. We had a good mix of staff who work well together bring a familial feel to the clinic. “Sometimes our patients won’t always come out and say they’re having a problem—but here, knowing us they open up more. We also try to reach out to those Veterans who don’t normally come in– word of mouth from the Veterans who do, helps us reach out to those communities.”

Some of the patients are also familiar faces to Cook and the rest of the staff. “One of the MSAs who works here, I knew in high school and she came back after retiring from the Army; and we have patients here who I served with during a 2006 deployment to Kuwait – so it’s comforting for them to have a familial face.”

With the onset of the COVID-19 pandemic, Cook said there has been a lot of change at the clinic with the increase in telehealth and video. “People prefer the face-to-face interaction but generally we are all adapting well. Most Veterans have a computer or smartphone, and while the younger Veterans may embrace the technology a little more, the older ones often have their families to help them connect.”

Cook said he thinks the next 10 years will bring more telehealth to include dietitians and occupational therapy and it will develop a younger Veteran population that is more involved in their healthcare. “There will always be a need for nurses, though,” he said. “My grandmother was a nurse, and now here I am still taking care of people I cared for in the Navy. For me, it’s personal as well.”

Veteran celebrates unenviable ‘first’

A year ago, March 28, 2020, Marine Veteran and Salem VA Medical Center Housekeeper Charles Roy Toler Jr., made history in a most unenviable way—he became the first patient admitted to the hospital’s High Consequence Infection (HCI) unit for COVID-19.

“I remember I had a cough that wouldn’t go away, and I kept it for about two weeks. I get headaches and the coughing aggravated the headaches and I wanted it to go away. My wife said, ‘you might have COVID,’ so, being a good soldier and doing what my wife told me to do, I checked into the ER.

“The ER staff took me in and I started feeling sick. They put me in a room and at that time I felt like I had to throw up. So I got up and the next thing I knew I was waking up on the floor. I had just passed out. But I got up and threw up in a trash can, which is where I was heading when I got up the first time.”

From that point Toler was given a nasal swab and sent to the COVID unit. “I had never seen the unit until then and everybody is all dressed in PPE and gowns and the doctor came in and introduced himself and then told me the worst-case scenario of what I could expect: worsening cough, rising fever. Fortunately, I didn’t get any of it. Then he told me, ‘if it comes down to it I will stand on your chest and give you compressions. I won’t give up on you.’ He broke it all down Barney style for me, which I appreciated. Sometimes you have to do that with Marines.”

While he was in the hospital, Toler’s wife and two daughters were worried that if he got COVID-19, they might get it as well. Realistically, he said, he probably had it for a couple weeks before coming to the ER, so there was concern for the rest of the family. “They never had any symptoms. It’s strange, especially for my wife because we are in the same room at night but apparently, they have good immune systems.”

Toler only spent a few days in the unit before heading home to spend 14 days in quarantine. “Honestly, that was more difficult than being in the hospital. Fortunately, I had a separate room and bathroom so I didn’t have to go into the house, and my wife gowned-up to bring me food and told me not to leave that room. Everyone was isolated from me. I’m a family-oriented person, I’ve got to have everybody near me when I’m at home. It was definitely the hardest part because I couldn’t see them.”

Looking back from his one-year anniversary, Toler reflected on the care he received. “The nurses were professional, and I tried to be a good patient. I think they tried to match my sense of humor and it made it feel more natural to me because that’s how I want my frustrations, I do it through my sense of humor. My nurse that first day matched my personality and humor perfectly.

“I’d like to thank them all for putting up with me, for their care and professionalism and to the doctor for being so straight-forward.

“To those people who might be not feeling well, get tested! You hear so much about people putting it off until they’re in the hospital and it’s almost too late. At the first sign you think something might be a wee bit off, get tested. Yeah, it’s uncomfortable, but it only lasts a second and you’ve got peace of mind that if you do have it, you’ve hopefully caught it early so it won’t be as big an issue than if you’d waited another month.”

A year after making history, Toler says he hasn’t had so much as a sniffle. “Knock on wood.”
February was National Recreational Therapy Month. Recreational therapists continued to provide excellent care to Veterans on the CLC, our inpatient acute psychiatric unit, SARRTP, PTSD-RRT, and our outpatient programs. The team has adapted and continues to be a positive support to Veterans as they maintain the social connection through VVC and FaceTime visits. Pictured are: Marilyn Radatz, MS, CTRS, Whole Health Coordinator and Supervisor Rec Therapist, Mary K Brumfield, CTRS, Mark Hogan, MA, CTRS, and Molly Haylett, CTRS, CDP, Lead Recreational Therapist.

The Danville team was February’s star team! They showed improvement on every one of their Metabolic Report Cards improving the care of many Danville area Veterans, showing their dedication and commitment to provide the best care possible to those who served. Front row – Angela Myers, Melissa Hines, and Mary Sue Miller; 2nd row – Stephanie Henderson, Janet Zampich, and Judy Bailey; 3rd row – Dr. Emilie Storch, and Melissa Hall; 4th row – Cynthia Booxes, Christal Porter, and Stephanie Pounds, and 5th row – Sherry Price, Jennifer Broughton, Mikelle Hall, and Janice Bailey.

Photo courtesy PACT Newsletter

Veteran Submits

Information System Security Officer and Marine Veteran Charles Hurd submitted this photograph of his father, Russell Hurd, who enclosed the image with a letter to his parents from Milt-ington Naval Air Station Jan. 20, 1951. A portion of the letter is below:

Dear Mom and Dad:

I got your letter and was really glad to get some mail at last. This week has been swell. The weather was wonderful and Thurs. we started our indoctrination and will start to school on Monday. After that I will have something to keep me occupied and won’t be so home sick. This week was tough that way. Just sitting around and nothing to do but wish I was home. This place isn’t nearly as pretty as San Diego but the life is easier. And the barracks is beginning to feel like home. I like the Bendix washer. Just put in the clothes and 15 cents and wait half an hour and hang them up. We still have to march to classes and chow (sometimes) but I don’t mind that very much. Just sitting around and nothing to do but wish I was home. This place isn’t nearly as pretty as San Diego but the life is easier. And the barracks is beginning to feel like home. I like the Bendix washer. Just put in the clothes and 15 cents and wait half an hour and hang them up. We still have to march to classes and chow (sometimes) but I don’t mind that very much. We have four sections here and I get duty every 4 days instead of every other day and we have three weekends off out of four. More liberty that I could ever use.

Kayla Mick, LPN, gives Jerry Arehart, a Vietnam Veteran who served with the US Army from 1966-1968, the first dose of the Moderna COVID-19 vaccine at the Staunton CBOC the week of Feb. 22. Staunton was the first Salem CBOC to administer the vaccine.

Karen Hamed, RN, provides a COVID-19 vaccine to a Veteran the week of Feb. 8. Nearly 2,000 vaccination doses were provided to the Salem VA Medical Center the week of Feb. 8-12 making it the single largest week in terms of doses given to that point. The auditorium vaccination stations were set up for in preparation for this event.

Janet Allen, LPN and Stephanie Taylor, RN provide World War II Veteran George Huffman Jr. (US Army) the COVID-19 vaccine at the Lynchburg CBOC. Huffman was the first to receive the vaccination at that location.

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Mary Mackey, a World War II Veteran who was a nurse in Italy, celebrated her 100th Birthday Jan. 29 in the Community Living Center. About 10 family members called in through Video-Connect including her niece Fifi Prillman (on screen). As part of a small party in the CLC, Mackey was serenaded by Demfries Maxon, a CLC Health Technician who coordinates activities for residents; along with Mackey (in the red sweater) is Mary Brumfield, CTRS, a recreational therapist who organized the event along with CLC Restorative Coordinator Amanda Miller, RN.

February and March DAISY Award winners

Thomas Biggio, RN
My husband was admitted through the Emergency Room because he kept passing out. He was also having severe leg pain. After about 10 hours, he was taken for a CT scan and the doctors discovered both of his legs were completely blocked with blood clots. After 3 days, they were able to clear this right leg of the clots. They made the decision to amputate his left leg a few inches above the knee. He stayed in intensive care for about 5 days and then transferred to PCU. Tommy was his nurse when he was admitted and they automatically became friends. Tommy was very attentive and when any of my family or his had questions, he always took time to answer them. He explained things in terms we could understand, and made sure my husband was comfortable. He went above and beyond what I felt most people would do. He always had a smile on his face and was very respectful to everyone. He also made sure the visitors were comfortable. He is wonderful.

Patricia Lockett, LPN
The award for extraordinary nurses provides recognition of the clinical skill and compassion nurses provide to patients and families. The Salem VA HCS is one of more than 4,500 health-care facilities across 50 states and 28 nations, who honor nurses through the DAISY Award. The following is from her nomination: “From day one upon my entrance to the Program, Pat displayed a genuine care for myself and all Veterans in the program. She would always willingly to go the extra mile to take care of my needs no matter what was asked of her. Pat had such a loving, kind and special disposition about her which no other could trump. She always made me feel like someone special with love in her heart. Pat is the epitome of what VAMC employees should be. I will always keep her in my mind and heart as that special nurse that God has graciously blessed us with.”

Patricia Lockett, LPN

Happy 100!

Michael Bunch, a US Army Veteran who served from 2008-2016 including a tour of duty in Iraq from 2009-2010, enjoys spring weather March 12 while practicing on the guitar while his service dog, Boomer, plays with a squeaky toy.

A dome clock, featured in the last issue of Vets Quarterly, by Vietnam Veteran John Barbazon, is now complete. Barbazon will enter the piece in the 2021 National Veterans Creative Arts Festival. Barbazon has received top prize in the competition before with carved chess set.
KUDOS

JANUARY

Dr. Carolyn H'Doubler
Dr. Jon Lampkin
Susan Wilbide
Joe Bratt
Dr. Neeraj Gupta
Dr. Tom Martin (x2)
Dr. Wu Atan (x3)
Jessica Edwards
Oncology Team
Andrē Fiaschi
Amanda Thomas
Paul Martin
Dr. Timothy Krohe
PM&RS Team
Dr. John Bonk
Podiatry Clinic Team
Sara Argabright
Tajia Sullivan
Rhonda Hobson
Ashley Macauley
Randall Lawrence
Jeremy Teubert (x2)
Alissa Anderson
Kryston Conner
Lori Bishop
Jody Martin
Karen Wright
Transportation Team
Dr. Bridgette West
Rhonda Weinholds
Nancy Cooper
Deb Martin
Ashley Robertson
Elizabeth Crockett (x3)
Nick Edwards
Patricia Wagner
Kim Martin (x2)
Karen Wright
Tayla Stone
Bill Kelly
Elizabeth Wegener
Dr. Julia Ewen
Shelton Johnson
Tammy Young
Rita Rhanee
Joyce Stowers
Donna Lewallen
Acute Care Nursing Team
Beth Woodward (x2)
Mark Sayre
Wytheville CBC Team
Chris Milby
Rob Berholtz
Michelle Hall
Charles Loftland
PCU Nursing Team
Katelyn Peters
Kathy Hairston
Dr. Adam Kadioglu
Callie Irish
Jennie (Virginia) Steele
Jessica Wigg
Jennifer Reece
Saundra Smith-Hickman
Deborah Neese
Cassette Boeker (x2)
PC Clinic 1 Team
Andy Wingfield
Ginger Rogers
Megan Faults
Inpatient Physical Therapy
Occupational Therapy
Speech Therapy
Elizabeth Wegener
Stephen Muniz
Frances Shugart
Heather McKee
HC Team
Deb Summer
Wendy Wyant
Robin Angelou
John Gart
Karen West
Gerald Killian
Leanne Reink
Jeremy Hodges
Jason Hoft (x2)
DIT Team (x2)
Kris Burns
Renal Team
Veteran Vaccination Team
Donald Thompson
Glenna Young
Laurie Hess
Sherry Carr
Barbara Alowashad
Teresa Sanders
Shane Sanders
Helen Sanders
Tammy Henderson
Kevin Amos
Dr. James Paulberg
Dr. Carolina Bulas
ED Team
Christi Chewing
Naymon Mack
EMS Team
The Moving Crew
Steve Poole
Eric Carpenter
FMS Team
Tim Dayton
Salem COVID Team
Dr. James Gooding
Dr. Basha Misra
Al Alan Moge
PRRC Staff
Service Chiefs & Supervisors
who worked with employees to get people scheduled to receive the COVID vaccine.

FEBRUARY

HAS Call Center Team
Release of Information Team
ED Team (x2)
Patient Transfer Team
ECU Team
Dr. Mike Bevan
Inpatient MBA Team
2-3 Team
Dr. Murray Brooks (x2)
Codie Hise
Porta Tomkinson
Rebecca King
Malene Bailey
Robin McMillan
Andre Fiaschi
Dr. Erin Caldwell
Kathy Tibbs
HC Unit Team
Dr. Betty Gillispie
Elizabeth Wegener
Bill Kelly
Helen Sanders
Codie West
Robins Haas
Chris Sandovol (x2)
Matt McCollum
Latham Taylor
Wilke Davis
Kim Davis
Dr. Autumn Jordan
Zain Afzal
Jeffrey Scotti
Grayson Hurst

Amber King
Frank Shupp
Ashley Shiver
Ryan Martin
Seth Moore
Brittany Zuhkle
Fred Phillips
Paul Romano
Cassy Danza
David Childress (x2)
Cody Quinn (x2)
Jason Roth
Andrew Jossberger (x3)
Richard Hines
Alisa Oliver
 imaging
Tamika Hardy
Dr. Steve Lash
Linda Richards
Mary K. Brumfield
Amanda Miller
Jeremy Teubbett
Dr. Peter Taylor
Danielle Young
Marsha Redwine
Tamina Terry
Jessica Mutter
Sylvia Thompson
Kate Meadow
Kurtley Taylor
Natalia Velez (x2)
Tameisha Mason
Lab Team (x2)
Wendy Craft
Tonda Yates
Kristin Dunford
Acute Mental Health Team
(x2)
Quita Gates
Ignacia ‘Gis’ Ciricaco
Irene Edelmann
Tina Ighoot
James Witches
Ken Turner
Cheri Tucker
Talita Napper
David Tanks
Maneta Pires Galvao Filho
Stacey Lockett
Sandrea Campbell
Ron Parker
Jillian Hof (x2)
COVID Vaccination Team
(x2)
Amy DiBenedetto
Brandon Dillon
John Johnson
Dr. Sara Perez Torres
Women’s Health Clinic Team (x2)
Shane Cox
Michael Wright
Carl Charmion
Bennie Morgan
Joseph Kaylor
Mike Arnold
Dennis Leary
Grounds Crew
Robert Young
Munger Hamilton (x2)
Magellan Fisher
Christopher Rosser
James Randolph
Catherine Burton
Cassette Boeker
Grulee Sullivan
Tamara Hamilton
Nick Molodyan
Glendon Crawford
Greg Dumas
Patricia Palmer
FMS Team (x2)
Cardiology Team
EMS Team (x3)
James Rutherford
Beth Gogel
Dr. Deepa Lala (x3)
Raven McCrinn
Dr. Scott Dewar
Patrick Tilson
Dr. Russell Hernandez (x2)
Bob Gibson
Brenda Mayo
Jackie Woodworth-Pitts
Tim Goins (x2)
Paul Weather
Angie Cunningham
Stephanie Woodwell
Dr. Arindam Choudhury
Krystal Connor
Kayleigh Webb
Nicole Silliman
Emily Martin
Katina Reid
Dr. Alexi Casey
Dr. Michael Boyko
Dr. Douglas Kirtley
Dr. Scott Nixon
Joseph Eddins
Dr. Tom Krohe
Hannah Ayers
Amy Berry
Nicki (Teresa) Gross
Caroline Forbes
Allison Humbert
Celine Butler
Niki (Nicole) Dykes
Megan Bords
Jason Clark
Daniel Wise
Kayla Mick
Lauren Reynolds
Noel Barnett
Tameka Hardy
Jeremy Floyd
Dr. Drew Baisett
Joe Bratt
Tanya Jones
Leslie Hendle
HAS Call Center Team
Elizabeth Halterman
Matt (James) Smith
Dr. Peter Taylor
Stanton CBC Team
Carlissa Brooks-Ashley
Kristina Patterson
Garrett Killian
Christopher Crews
Christine Moffett
Michael Taylor
Sylvio Roy
Alex (Alexandra) DeAndrea
Rose West
Jennifer Paine
Eugenia Preston
Michael Ochalek
Tish (Leticia) Williams
Courtney Wade
Zach Puckett
Matt Brunelli
Shannon Morgan
Kim Haynes
Scott Guilliams
Ivanka Leko
Emily Wolak
Joyce Lund
Ashley Evans
Kristina Ray
Dr. Gerald Brown
Bob Gibson
Roman Angulo
John Garst
Jesse Geary
Jessica Geary
John Garst
Paul Billings
Dale Hendley
Dr. Katherine Cunningham
Lauren Reeves
Tammy Mortson
Christina Belle
Dr. Epes Davida
Aparisala Bolek
Amber Drew
Dr. Jody Meredith
Brad Coon
Deana Smith
Marquita Payne
Kim Collurrufci
Rosaie Rushney
Christina Chewing
Dr. David Eppes
Sarah Bryant
Dr. Sarah Head
Chris Lentz
Dr. Jacqueline Lapin
Sanamie Moore
Dr. Scott Khoury
Tae (Sherentha) Barber
Macye Thompson
Georgine Gubotta
John Goldsmith
Mary Kay Brunfield
Kathy Harriston
Ruth Nath
N&FS Team
Nic (Jon) Leonard
Stephanie Weatherford
Dr. Timothy Koch
Amber Byrd
Sleeve Clinic Team
Danville CBC Team
Michelle Hall
Anna Terry
Celeste Ghirri
Karen Phillips
Jason Clark
Dr. James Martin
Natalia Meyer
Michelle Hall
Cinnamon Sexton
Imaging Team
Robert Brown
Kim Collurrufci
Dr. James Gooding
The following is a selection of comments by Veterans regarding their health care experience at Salem and associated CBOCs during the last quarter.

- My experience with the VA health care has been very good, from my primary care physician to my specialists. I have health insurance, but choose the VA.

- I have seen several doctors and their support teams and every time I have received total respect and concern for whatever my situation may call for. For over 2 decades I have had all my medical and mental needs handled at the Salem VA Medical Center. I wouldn’t have it any other way!

- This I know, I have been coming to the Salem VA for 30 years. I know that I get the best healthcare in the world there. Some of the best physicians, nurses, and all the staff there in this country. Thanks for the great job that you all do taking care of us Veterans.

- Everyone at the Salem VA is determined to take great care of every Veteran, and they do!

- The VA teams that I have interacted with so far have shown great compassion and competence. I am quite pleased. I have future appointments and am looking forward to them.

- The past year has brought many problems with ordering and receiving needed supplies. Many companies have been unresponsive and indifferent to customers. This is not so with VA Pharmacy. I am on a medication that is critical to my health and the supply has not been interrupted. I have always been able to count on the VA to fill my prescriptions in a timely manner and get them to me quickly.

- The past is a visit to the Out-Patient clinic in Wytheville VA. This was my first visit with my new doctor who I am confident will treat me with the best care I could get. Thanks to all the staff in Wytheville and at Salem who give me excellent care with unsurpassed respect.

- We would like to thank you to all the people who work at the VA. Everyone has been so kind! They are very busy yet they try to always treat everyone respectfully and with courtesy. We are thrilled to be able to come to the VA in Salem!

- The Salem VA and the Staunton VA Annex consistently provide superb medical services. I have, during the past two decades of receiving care, never felt that the medical personal have done anything but the best effort they could provide.

- I always feel appreciated as a person and for my service to this Country every time I come to Salem. The staff are all courteous and extremely professional. Thanks Salem for taking good care of us Vets.

- The pharmacy is awesome. Considering the number of Veterans they serve and the number if prescriptions that go out... They deserve some serious recognition!

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