

**CARES TESTIMONY**

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Thank you for the opportunity to speak today on behalf of the Southern Oregon Rehabilitation Center and Clinics (SORCC). I am an associate professor of nursing at Oregon Health and Sciences University and the coordinator of the Mental Health Nursing courses on our campus. In this capacity, I have had the privilege of working with the White City VA for the past 17 years. During this time, over 600 undergraduate nursing students have had clinical experiences with the inpatient population at the VA. Graduate students have also done clinical practice at the facility. Nursing students provide an average of 640 direct care hours per year to veterans at the facility. This includes individual sessions, group work, patient education groups and screenings. In addition, students have conducted annual flu clinics at the facility. They spend additional hours being mentored by staff and observing clinicians at work. Many OHSU graduates are currently employed at the facility or other VA facilities in the region.

Given the current nursing shortage in this country, it is imperative that future nurses have clinical experiences that will prepare them for a rapidly changing health care arena. This facility provides students with unique experiences. Students spend considerable time in acute care settings where they may work with a patient only one or two times prior to discharge. This gives them a very narrow perspective on the continuum of health care needs. We know that future health care needs will have increased emphasis on helping populations manage chronic conditions

SORCC provides students with an opportunity to learn about case management, working with interdisciplinary teams, forming meaningful relationships with clients and providing direct input into treatment planning. These are skills that are essential as they move into their professional careers. Having the opportunity to work with veterans over a term, gives students a profound grasp of what it means to live with chronic mental illness, chronic physical illness and addiction. These relationships help reduce stigma students often have about mental illness and addictions. Many students come to the VA with preconceived biases regarding the types of clients who reside at the facility. Most students leave with a new appreciation for the sacrifices many veterans have made and

the challenges they have faced. Students who have spent clinical time at the facility become advocates for veterans in the community. This learning will help them work with underserved, diverse populations in the future.

Staff shortages, higher patient acuties and limited resources have made it increasingly difficult to find settings that can take large groups of students at one time. SORCC has consistently demonstrated a commitment to the mission of education and has demonstrated strong collaborative ties with educational institutions in the region. They provide experiences for students from a variety of disciplines and are currently addressing the nursing shortage by mentoring and recruiting high school students into the field of health care. SORCC nursing personnel are seen as leaders in the community and are serving on statewide councils that are addressing innovative solutions to the nursing shortage. Nursing staff also serve on our OHSU Community Advisory Board.

It is also difficult to find settings that demonstrate the principles and practices of psychiatric rehabilitation. I have witnessed significant changes in the White City facility over the past few years as it has moved into a more active rehabilitation focus. There is an infusion of creative energy among staff. Veterans express enthusiasm for the programs and demonstrate a renewed sense of hope. This comprehensive biospsychosocial rehabilitative focus has been a catalyst for change. Having been at the facility for over 17 years, I can attest to a palpable positive change in both clients and staff.

This facility is modeling approaches that are truly innovative. The Ropes Course, Group Counseling sessions around health issues, Experiential Learning and Vocational Training are all programs that are geared toward helping veterans get back on their feet and to develop new skills for living. These programs are delivering care in an efficient, effective manner. These are the types of programs and approaches that students need to be exposed to in terms of addressing future health care needs.

I have been in the unique position of watching the transformation that takes place with students as they begin to grasp rehabilitative concepts and become an integral part of a treatment team in implementing these approaches. My 30 plus years of mental health nursing have taught me that recovery and rehabilitation for people with chronic mental illness, acute psychiatric breaks and /or addictions takes time. This process of recovery and rehabilitation requires a safe and stable setting that allows the person the opportunity to make necessary changes in their lives as well as respond to therapeutic interventions. This is historically time well spent as it helps provide stability in the future.

I have also had the unique opportunity to do some postgraduate work at the Mental Health Clinic at SORCC. I have seen a range of clients who are entering the facility for the first time. Many are young and are recently diagnosed with serious mental illness. Others have led successful, productive lives and have found themselves homeless, unemployed and struggling with depression. All of the veterans I have seen are eager to get better, to participate actively in the services provided and to learn how to live with their illness. They frequently say, "I don't know what I would have done without this

place. It is helping me get back on my feet and has restored a sense of dignity I feel like I can go out and be productive now".

I believe that closure of the inpatient section of SORCC would have a profound impact on our community, nursing education in this region and the veteran population dealing with chronic mental illness and addictions. It will also significantly impact community resources that are currently stretched beyond capacity. I am grateful that I have had the opportunity to work with the staff and veterans at this facility. They have all made a significant contribution to nursing education. Thank you again for the opportunity to speak today.

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September 16, 2003

Richard E. Larson
Executive Director
CARES Commission
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Washington, DC 20420

RE: Written Statement Concerning Closure of the Southern Oregon Rehabilitation Center and Clinics (SORCC) in White City, Oregon.

In my statement I wish to address the questions; how will Veterans access rehabilitation services they desperately need if the SORCC were to close or if services were reduced, and what services would be left to benefit these deserving individuals? Please note that the average age of patients seeking services here is 50. They have many productive years ahead of them if rehabilitated. Veterans requiring services have multiple issues including homelessness, addiction, psychological, and chronic health conditions. Beyond these they also have limited education, dated work skills, and poor work history. The SORCC has recognized that an approach that targets only one issue will not be effective in putting the veteran back on a path to become productive and stable. It takes a three-pronged approach: stable living conditions; treatment for health conditions, psychiatric symptoms, and addiction; while giving the patient basic education, vocational skills, and work experience.

To the credit of past and present Directors of the SORCC they have realized that their unusual relationship with Rogue Community College (RCC) could provide the Basic Skills and Vocational Training component desperately needed to allow patients to leave with the confidence that they would be able to obtain and maintain a job, while continuing their rehabilitation outside of the SORCC.

Rogue Community College and the VA Domiciliary (DOM) in White City, Oregon have maintained a collaborative relationship since 1988. The theme of this relationship has always been Vocational Rehabilitation for patients by providing a Community College on site. The first collaboration brought a "New Jobs" program to the DOM. Patients could attend GED and Basic Skills classes as well as vocational skills training in Culinary Arts, Medical Office Procedures, Public Safety, Accounting and Bookkeeping, Computer Technology, Warehousing/Inventory, and Human Relations. Over 60 individuals received certificates and went on to find employment.

In 1994, RCC moved into Building 240, giving the DOM a college campus. This allowed expansion of training to include Truck Driving, Computer Aided Drafting, Construction Technology, Computer Numeric Control (CNC), Turf Maintenance, Apprenticeship, and other RCC Degree Programs. Though classes were open to the tuition paying public, all DOM patients referred by their Vocational Counselors could attend any class free of charge. During the past 10 years, over 1300 DOM patients have attended one or more classes at RCC. Just a short list of vocations and graduate numbers will give an idea of the impact: 23 Truck Drivers, 13 Aluminum Welders, 3 Cooks, 15 Computer Technicians, 79 Forklift Drivers, and 67 Turf Maintenance Workers.

Turf Maintenance has been a shining example of successful rehabilitation of individuals housed at the DOM. Patients accepted into this program must be willing to dedicate nine months of their life for the opportunity to rehabilitate themselves. While at SORCC, they receive Drug and Alcohol addiction treatment, Psychological stabilization, life skill training, and Vocational Training in Turf Maintenance provided by RCC. Courses taken include: Turf and Ground Maintenance, Plant Health, Irrigation Design, Pesticide Laws and Safety, Basic Computer Applications, Human Relations in Organizations, and 30-40 hours a week of work experience on the DOM golf course. This program model is probably the best example of rehabilitation of the whole person that I have seen. Individuals who come here are homeless, addicted or psychologically damaged and have no skills or skills that have become useless with age and lifestyle. By working, living, playing, learning, and counseling together, they find hope for the future and a means to attain that positive future. I would like to read a quote from one graduate of the 2002-2003 class of Turf Maintenance.

Quote from Steve Longoria, a member of "Team Turf:" "What began as merely a means of passing time in an environment of despair, evolved into a triumphant blend of emotional spirit and unity which transcended our surroundings and gave new life to old souls. Our striving to overcome adversity on the golf course, translated into a bigger picture of willingness to do the same with the other components of our lives. Addicts near death began to transform into athletes embracing life. You see, golf for us was not about fame, fortune, recognition or adulation; rather it was about re-igniting the spark to live again in a different way; for each of us had seen the face of death and it was ours, but somehow we had escaped, minus much of what sustains other people. We had, however, found a place to begin the rebuilding process. How ironic it came disguised through golf, an arena of conformity and conservative tradition. For that certainly describes none of Team Turf's individuals.

What is to be the future of veterans seeking rehabilitation in Southern Oregon and the Northwest? Will they be given the opportunity to get the treatment and vocational skills to live out their lives productively, or are they to be allocated pieces of service that research has shown to be less than effective. I am hoping that the CARES Commission chooses the SORCC-RCC model and promotes the quality of service each Veteran deserves.

Respectfully,

Jeanne Howell
Associate Dean