

VOICES OF VISN 6

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Fayetteville NC VA Adds New Therapy in the Fight Against COVID-19

Inside This Issue



By Gigail "Gail" Cureton | FAYETTEVILLE NC VA COASTAL HEALTH CARE SYSTEM PUBLIC AFFAIRS

- 2** Crews Appointed New VISN 6 Network Director
- 3** Central Virginia VA Brings Artificial Intelligence to Fight Against Cancer
- 4** Monoclonal Antibodies Show Promise for COVID-19 Treatment
- 6** CGVAMC to Implement VA Telestroke Program
- 7** Sticking It Out: Acupuncture Helps Veteran Beat Addiction
- 8** Hampton Remembers Patriot Day with M2VA, SPT Fair and Honor Run
- 9** The Intimate Partner Violence Assistance Program Honors Relationship Wellness

The Fayetteville NC VA Coastal Health Care System is taking the next step in the fight against COVID-19 by offering the monoclonal antibody infusions for high-risk Veterans.

Monoclonal antibody infusion is recommended for people in high-risk groups who have been exposed to COVID-19, including people over age 65 and those with underlying conditions such as diabetes, according to guidelines from the Centers for Disease Control and Prevention.

The infusion is given to Veterans experiencing COVID-19 symptoms to help build the immune response against serious infection from the virus. The monoclonal antibodies' role is to stop the virus from replicating once a Veteran is infected with the virus, according to Fayetteville NC VA Anesthesiologist Dr. Eric Miller. The COVID-19 vaccine, the monoclonal antibody infusions, can take up to two hours from infusion to recovery under observation in the clinic.

"The research is showing that there is a nearly 70-percent decrease in hospitalizations and complications if we can catch COVID-19 early," Dr. Dora Franzoni, Chief,

TOP PHOTO: Vietnam Veteran Tony Smith receives Monoclonal Antibody Infusion (mAb) at the Fayetteville VA Health Care Center Sept. 3. Smith is the first Veteran to receive this FDA emergency-use-authorization treatment within a Fayetteville NC VA Coastal Health Care System facility. The outpatient treatment can prevent mild to moderate COVID-19 symptoms from getting worse. VA providers assess Veteran eligibility before prescribing the therapy, which is administered via an intravenous (IV) infusion.

(Continued on page 5)



MESSAGE FROM OUR ACTING NETWORK DIRECTOR

Greetings,

As September fades into October, for us in the federal government, it's the start of a new fiscal year with a new budget, a new VISION 6 director soon, and many new protective measures to fight COVID-19 in the winter months.

In less than a week, we welcome Mr. Crews as our new VISION 6 Executive Network Director. Mr. Crews is coming to the VISION after three successful years as Executive Director of the Durham VA Health Care System. He will be in the VISION office on Tuesday, Oct 12th, after that Monday's federal holiday. I have worked with Mr. Crews side-by-side for the last nine months, and I can tell you, they selected the right person to continue moving VISION 6 forward.

Our COVID-19 numbers are decreasing slowly after our summer surge. Still, it is much too early to let our guard down, evidenced by the country's push for the Pfizer booster shot and the Pfizer/Moderna third shot for immunocompromised patients. [Read more here.](#) I want to remind everyone that now is the time to get your flu shot. ERs and Urgent Cares are filling up with patients who have colds, flu, strep and RSV way earlier than usual. We need to do the best we can to protect ourselves and each other with our tools.

It has been an eventful ride as the acting VISION 6 Network Director (one of a lifetime). I appreciate the support since day one; it allowed me to hit the ground running and make well-informed decisions for our Veterans and staff. I am proud of my time here and proud of all we have done; I know I can count on you to extend the same support to Mr. Crews. Thank you again.

Stay safe and be well,

STEPHANIE YOUNG

Acting VA Mid-Atlantic Health Care Network Director, VISION 6

Crews Appointed New Mid-Atlantic Health Care Network Director

Durham, N.C. – After three years leading one of the country's most complex Health Care Systems, Paul Crews, MPH, FACHE, has been appointed Director of the VA Mid-Atlantic Health Care Network, Veterans Integrated Service Network (VISN 6), effective (TBD).

The VA Mid-Atlantic Health Care Network is comprised of 46 sites of care in North Carolina and Virginia, including seven VA Medical Centers and 32 associated community-based outpatient clinics (CBOCs), five Health Care Centers, and two free-standing dialysis clinics. The network utilizes a \$4.7 billion budget to coordinate operations conducted by more than 20,000 clinical and administrative support staff members, and about 4,000 volunteers to serve greater than 415,000 Veterans annually.

Since March 2018, Mr. Crews has served Veterans as Director of the Durham VA Health Care System, with more than 30 years of health care experience. In that role, he maintained strategic planning and budgetary responsibilities for an approximate \$850 million operational budget, serving nearly 70,000 Veterans at 10 sites of care within a 27-county area, attributing to nearly one million patient encounters annually.

Regarding his recent experience in Durham, Crews, a Navy Veteran, offered, "It has been my honor to serve Veterans in Eastern North Carolina. I am proud of the work we have accomplished, especially in overcoming the most recent challenges facing employees and volunteers during the pandemic, and the many advances in medical care we have been able to incorporate over the years that demonstrate our dedication to serving Veterans."

Before joining the DVAHCS team, Mr. Crews served in leadership positions throughout VA in the Western New York, San Francisco and Tennessee Valley VA Health Care Systems, as well as health care organizations prior to joining VA. Mr. Crews also served as Vice President of the Virginia Rural Health Association, and Chair of the State's Rural Health Workgroup on Quality.



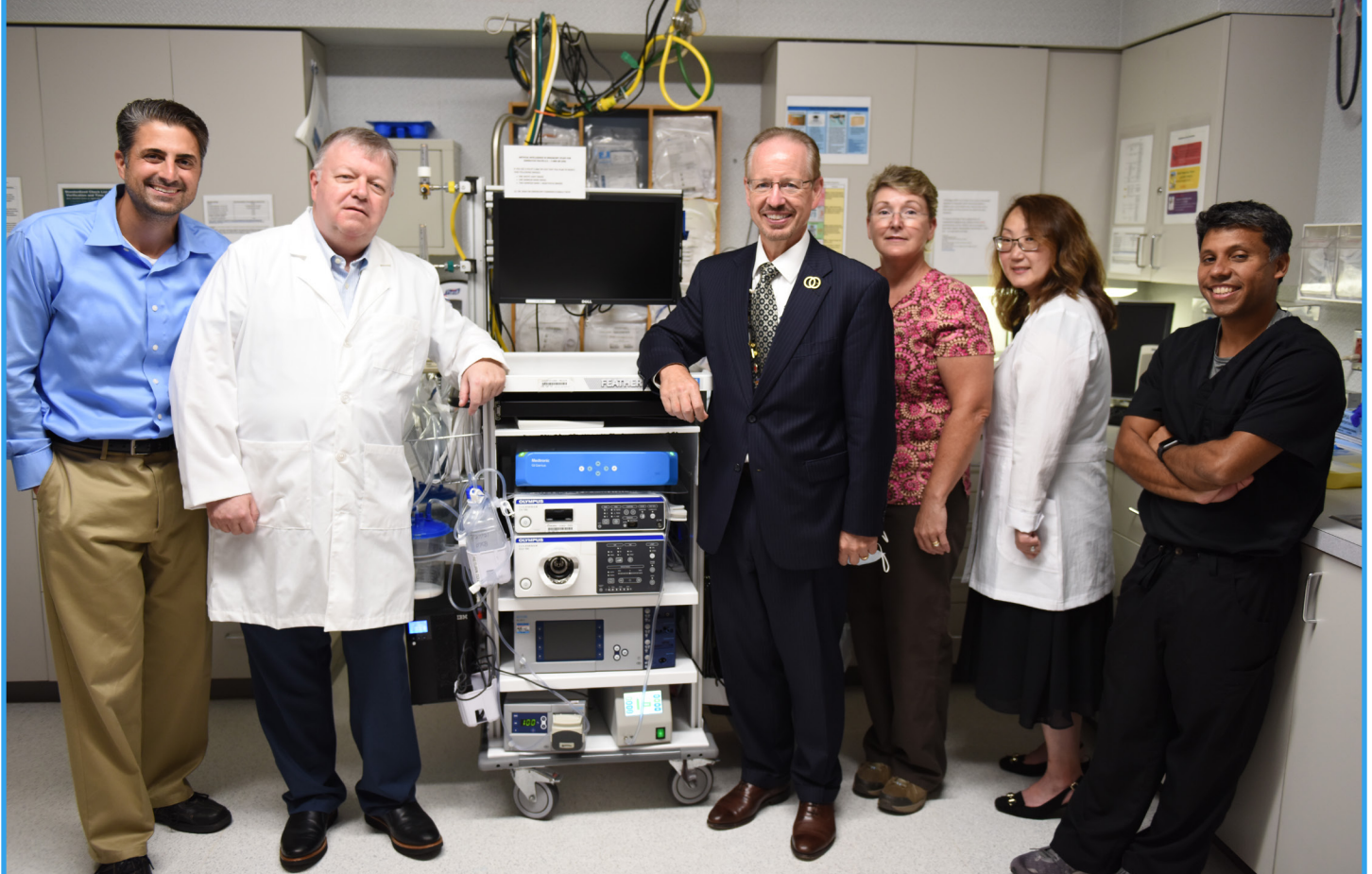
Paul Crews, MPH, FACHE

Mr. Crews is an active member in the ACHE and a member of the VHA Regents Advisory Committee. He is an ACHE mentor and was awarded the North Carolina Chapter's 2020 Regent's Senior Healthcare Executive Award. Mr. Crews is a servant leader, with emphasis on high reliability organizational principles. Additionally, he serves as a coach for the VHA's Health Care Leadership Development Program (HCLDP).

Mr. Crews earned a Bachelor of Healthcare Administration from Texas State University, San Marcos, TX, in 2000 and Master of Public Health in Policy and Management from Texas A&M University, College Station, TX, in 2002. Mr. Crews and his wife Mary Lou have been married for more than 20 years.

"We are excited to bring Mr. Crews on board as the new VISION 6 Director," said Assistant Undersecretary for Health for Operations Renee Oshinski. "His sound leadership qualities and proven experience will be valuable assets for the VISION, the employees and volunteers, and most importantly, for the Veterans we are honored to serve. We anticipate he will arrive for duty at the VISION 6 office within the next 45 to 60 days."

Mr. Crews concluded remarks, saying, "As I transition into my new role, I look forward to remaining in the Durham area and continuing my relationships with our Congressional delegates and community partners in North Carolina and Virginia and having broader oversight on the quality care provided to Veterans."



Central Virginia VA Brings Artificial Intelligence to Fight Against Cancer

Story and photo by David Hodge

Doctors at Central Virginia VA Health Care System (CVHCS) recently implemented a new medical device that uses artificial intelligence (AI) during colonoscopies to assist in recognizing and diagnosing cancerous growth.

In June, CVHCS' main hospital, McGuire VA Medical Center, in Richmond, Va., became the first hospital in the U.S. to purchase and incorporate the GI Genius intelligent endoscopy module into colorectal screenings for Veterans.

"We're privileged to introduce this innovative new tool to our patients," said Dr. Michael Fuchs, Chief of Gastroenterology and Hepatology. "The message is clear: Identifying more polyps during colonoscopies leads to increased cancer detection."

According to Fuchs, CVHCS performs an average of 2,500 colonoscopies per year, and the main challenge is to correctly distinguish concerning polyps from surrounding healthy tissue.

"When the AI detects an abnormality, a visual and audible signal is generated to alert the endoscopist," Fuchs explained. "This assisted technology increases the ability of the endoscopist to detect these serious lesions outside of the field of vision."

GI Genius is currently the only FDA-ap-

proved, computer-aided detection system available on the commercial market, and it is easily integrated with existing colonoscopy platforms. This technology was designed by Medtronic, a company specializing in electronic and medical devices for the past 70 years.

The computer-aided detection system can precisely recognize surface characteristics, similar to the concept of facial recognition software, Fuchs explained.

Then, part of GI Genius' magic comes from in-depth algorithms developed from images of more than 13 million polyps of varying shapes and sizes. As this dataset of polyp images grows, the AI will learn and become better.

"This device and future modifications will make AI an integrative tool used in all aspects of medicine," Fuchs explained. "Such technology will lead to better quality and outcomes for our Veterans."

Informed by the latest data and scientific study, the medical community now recom-

Executive Director J. Ronald Johnson, third from left, and Dr. Michael Fuchs, second from left, surround the GI Genius module recently acquired at Central Virginia VA Health Care System (CVHCS). GI Genius, a product from Medtronic, harnesses artificial intelligence (AI) during a colonoscopy to assist doctors in recognizing and diagnosing cancerous growth.

In June, CVHCS became the first hospital in the U.S. to purchase and incorporate the GI Genius intelligent endoscopy module into colorectal screenings for Veterans. Pictured are: Dr. Joseph Spataro (left), staff physician; Fuchs, Chief of Gastroenterology and Hepatology; Johnson, CVHCS Executive Director; Rachel Johns, Acting Nurse Manager for Endoscopy; HoChong Gilles, Clinical Program Director for Gastroenterology, Hepatology and Liver Transplant; and Dr. Tilak Shah, Director of Endoscopy.

mends screening for colorectal cancer by age 45 for most people, he added.

Cancer is the second leading cause of death in the U.S., and colorectal cancer is the third leading cause of cancer-related deaths. GI Genius has demonstrated increased detection rates of dangerous abnormalities.

When detected early, doctors can perform curative treatments on any pre-cancerous lesions. The goal is to locate any lumps or bumps in the colon that could grow into cancer.

Fuchs said he is certain this new technology will help Veterans receiving care at CVHCS.

Monoclonal Antibodies Show Promise for COVID-19 Treatment

By Rosaire Bushey | SALEM VA PUBLIC AFFAIRS

After more than 18 months of the COVID-19 pandemic, millions of Americans have heard about convalescent plasma, but few may appreciate one of the latest players in the fight against the disease — monoclonal antibodies.

According to Dr. Shikha Vasudeva, Infectious Disease specialist with the Salem VA Health Care System in Virginia, monoclonal antibodies are one of three treatments that provide passive immunity for COVID-19. The others are convalescent plasma, and hyper-immune globulin.

An active immunity is when a person's body creates antibodies as part of the immune response. A passive immunity is when antibodies are given to someone who has an infection.

"Monoclonal antibodies are produced in a laboratory to mimic body's natural response, as opposed to being harvested from a recovered patient as are key ingredients in convalescent plasma," Vasudeva said. "The antibodies prevent the attachment of a virus to a cell and slow down the infection."

Doctors at the Salem VA Medical Center used convalescent plasma at the start of the pandemic, but research revealed it worked best only if given very early in the disease — usually within the first 72 hours.

Monoclonal Antibodies received Emergency Use Authorization in November 2020 for use in outpatient COVID positive patients to decrease the risk of severe disease and hospitalization.

"We are currently one of only a few hospitals in Southwest Virginia participating in a trial for some monoclonal antibodies for inpatient use," Vasudeva said. "We have enrolled about 10 patients so far, and we've been given the go-ahead to continue the therapy for

another series of patients.

"Patients who take part in the trial go through an informed consent," she continued. "We talk to patients about what they can expect, and the side effects of monoclonal antibodies, and then the patient can agree to enroll in the trial." Because it's a placebo-controlled trial, neither the patient nor the administering doctor knows if the monoclonal antibodies are active or a placebo.

Research such as the monoclonal antibody trial is important in developing COVID-19 treatments, as the disease continues to ravage our communities. Vasudeva assessed the situation, saying, "At the end of May we considered closing our COVID-19 units as the numbers were low but we held off, and now we are once again filling up our COVID unit as numbers continue to rise in the community and at the VA."

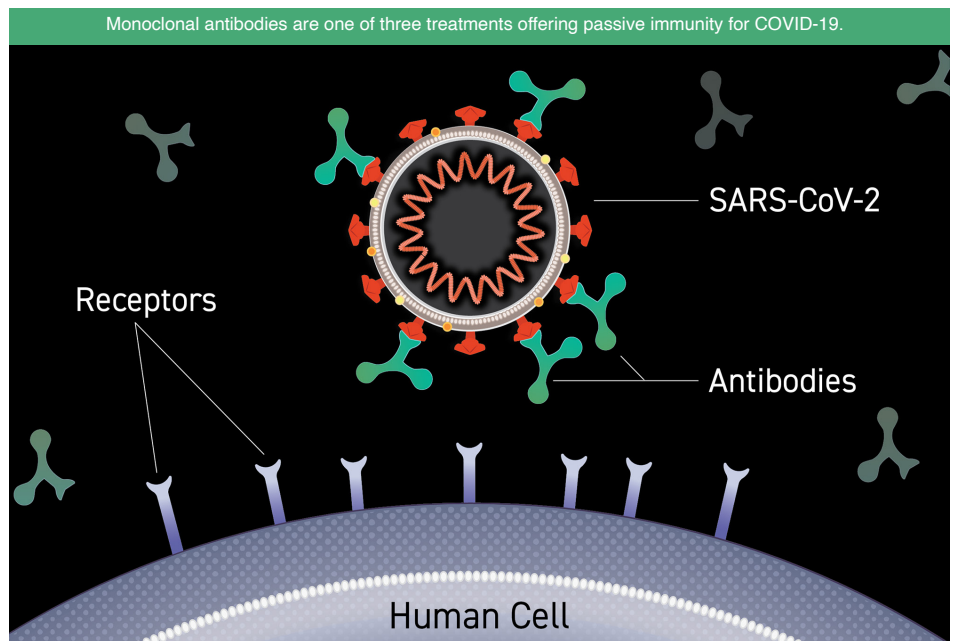
Prevention is better than cure, and Vasudeva said we do have a very effective tool

to decrease severity of disease and prevent hospitalization from COVID-19 — vaccines.

"It's so important," Vasudeva asserted. "The death and hospitalization rates are much lower in vaccinated individuals. In general, our Veterans are older and at a higher risk of hospitalization, and all our patients since late August who have tested positive are showing the Delta variant, which is more contagious, produces higher viral load, and may cause more severe disease."

"Veterans should get their COVID-19 vaccination," she said. "As we move toward fall, Veterans should get their annual flu shot as well. COVID-19 vaccine and flu shots can be given at the same time. Last year there were far fewer flu cases because of masking and social distancing, but we should not let our guard down this year."

Vasudeva is hopeful that the monoclonal antibodies research will yield another weapon in the fight against COVID-19, and said that people should be very wary of taking unproven medicines like Ivermectin and hydroxy-chloroquine. People are best served by getting vaccinated, continuing proper hand hygiene, social distancing, and mask wearing.



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Vietnam Veteran Has Experienced VA's Progress Over the Years

Now Does His Part to Get Other Veterans into the System

Story and Photo By Salisbury VA HCS Public Affairs

South Carolina native David Grant didn't like the job prospects in the Charleston area back in the 1960s. Working the farm wasn't for him. He wanted something different. He wanted to travel. So, he joined the Navy in 1963, and within eight months he travelled all the way to Vietnam.

He served as a radar operator on a guided missile cruiser off the Vietnam coast.

"We ran officers back and forth to shore to meet with South Vietnamese officials," said Grant. "That was the scary part ... dropping officers off at the dock."

At night, he'd sometimes listen to a Vietnamese radio broadcast where a woman would ask American servicemembers why they were fighting in the first place.

"She would address black soldiers by saying, 'Y'all are my soul brothers. Y'all can't eat at the counter in Georgia. Why are y'all coming all the way here to kill me? I'm family.'"

Grant certainly could relate, having grown up in that environment. When he left the Navy in 1966, he opted to live on the West Coast.

"I moved to Seattle and got a job with Boeing," he said. "Seattle is probably the greatest place I ever lived. It was like the people there didn't care what color you were, long as you could do the job."

Grant first sought VA services in the early 70s. At that point, he said the doctors would spend five minutes with him, throw some pills his way, and appointment over. There was no such thing as preventative medicine or offering any type of explanation as to what was wrong with him.

"Back then I'd go to a clinic and there'd be 50 people waiting to see three doctors," he said. "It was hard. You'd be there half a day and not get to see anybody. It wasn't until later on in life that I realized those doctors were just burned out."

These days, Grant — who receives his care at Charlotte VA Health Care Center — has a doctor who goes over him from head to toe each visit. She discusses preventative medicine and makes sure he is following his care plan.

"We've got some good doctors now, man," he said. "We've got some of the best. They're so thorough. They're not getting you in and getting you out. They're making sure you understand everything."

And it's for that reason that Grant has such a passion and interest in making sure younger Veterans know what VA can offer them. He likes to wear his Navy shirt and hat in public as a conversation starter.

"I walk around with these shirts on so people ask me questions," he said. "A restaurant manager came up to me as I was eating, and we got to talking and he was telling me how much he was paying for his health insurance. He told me was in the Army but didn't know a thing about getting VA services."

Grant took it upon himself and picked up the restaurant manager and drove him to the Charlotte HCC. A staffer set him up and now he's the "happiest camper in the world" because he no longer pays private sector money for his health care.

"I came into the VA system years ago and I've seen the growth," said Grant. "Anything I can do to bring more Vets into the hospital is what I'll do. I'll travel and talk to any group. I don't have much else to do, you know?"



Veteran David Grant takes it upon himself to let younger Vets know what the VA has to offer them.

Fayetteville NC VA Adds New Therapy in the Fight Against COVID-19

Fayetteville NC VA Department of Anesthesia said. "The sooner we administer the therapy, the better."

Tony Smith, a Vietnam Veteran, had the distinction of being the first Veteran to receive monoclonal antibody infusion at the Fayetteville Health Care Center, which is currently the only facility within the Fayetteville NC VA system to offer it. After testing positive, he experienced symptoms that gave him cause for concern.

"My age and some other factors made me decide to give this a try," said Smith. "I have a neighbor who is also a nurse and she mentioned it. When my doctor told me I was a candidate, I didn't hesitate."

The Fayetteville NC VA team didn't hesitate when they learned that VA would make the treatment available for Veterans.

"We've been at this (COVID-19 care) since March 2020 and we have not really had an approved early outpatient treatment program," Dr. Franzoni said. "Now that we are able to support our Veterans with treatment, we are hoping to have some very positive outcomes for our high-risk Veterans," she added.

The rise in COVID-19 cases and the increase in staffing requirements needed to treat hospitalized Veterans led to the reduction in elective surgery. That is when the anesthesia department stepped in to lead the establishment of the new monoclonal antibody infusion clinic.

"We accepted the lead for planning and staffing, but this is certainly a team effort across many clinical and non-clinical services," Franzoni said. "The team got this clinic up and running in about a week and a half."

"It's important that our Veterans understand that the COVID vaccine, which we offer at all of our clinics, remains highly-recommended," Dr. Franzoni said.

"Offering this infusion treatment is another example of our focus on caring for our Veterans," Dan Dücker said. "We're glad we can bring this to Veterans enrolled in our health care system, and we hope to expand availability to our coastal health care center soon."

CGVAMC to Implement VA Telestroke Program

WNC VA Health Care System Public Affairs

ASHEVILLE, NC — Charles George VA medical Center personnel will be training on the VA Telestroke Program Oct. 25 through 28.

Telestroke is the rapid virtual examination of a suspected stroke patient, over video telephony, including a review of affected-area imaging, evaluation via the NIH Stroke Scale, and recommendation for or against the administration of a clot-busting drug, resulting in a determination whether the patient should receive treatment to remove the clot.

Onsite providers initiate the telestroke process by engaging a telestroke neurologist when their patient has stroke symptoms. They use Facetime to discuss the case at the patient's bedside, including the patient, caregiver, and the onsite providers.

Carlin Smith, a nurse educator at CGVAMC said training will take place both virtually and with a hands-on simulation.

"In preparation to join The VA National Telestroke Program (NTSP), the NTSP Team in partnership with SimLEARN nurse faculty will provide two-and-a-half days of training to our facility during the week of Oct. 25th, 2021," Smith said. "On Oct. 28, there will be two different simulation events involving a patient with stroke symptoms — one simulation will occur in the Emergency Department, and the other event is planned in the Intensive Care Setting."

Both simulations will include mobile technology with simulation with actual patient monitors. Each simulation will begin with initial stroke symptoms and communication with the Telestroke Neurologist, ultimately resulting in medication administration after labs/CT scan are simulated.

Kathy Daley, CNS, co-chair of the Stroke Workgroup, who has been with the project since its inception at CGVAMC, explained that all emergency department and intensive care providers and registered



Asheville Providers will soon train on a new telehealth model known as telestroke. Stroke is the fifth leading cause of death in the United States, and the leading cause of serious long-term disability. The doctors will talk in real time with stroke experts, from their patient's bedside, using apparatus similar to that being viewed by the Salisbury VAHCS leadership team in this photo. The technology will save critical time and offer crucial, immediate expert guidance.

nurses, along with hospitalists, must complete prerequisite training for the simulation events.

"Our facility will continue to have ongoing simulation requirements in the Telestroke program," Daley said.

Smith said the hands-on portion will be extremely useful.

"Simulation in healthcare provides a safe learning environment where clinicians are able to test new and old clinical processes and perfect them in a safe environment prior to contact with patients," Smith said.

Brittany Brannigan, CGVAMC Facility Telehealth Coordinator, said the program adds to the hospital's ability to use technology in a way that's good for our Veterans.

"Implementing Telehealth's National Telestroke program ensures that we can bring the right healthcare at the right time for our nation's Veterans using cutting edge Telehealth Technologies," she said.

According to the Centers for Disease Control and Prevention, when a patient having a stroke arrives at the emergency room within three hours of their first symptoms, they often have less disability than those who received delayed care.

VA's Telestroke program currently offers services at 52 VA Medical Centers and Charles George VA Medical Center will soon join them. The program began in 2017 and more than 5,000 Veterans have reaped the benefits of its care.



Hefner VA Medical Center Acting Chief Appointed

Randall D. Gehle DO, FAAFP was appointed as Acting Chief of Staff for the W.G. (Bill) Hefner VA Medical Center effective Oct. 1, 2020. Dr. Gehle has been a Board-certified Family Physician since 1992 and served as the Medical Director for the Charlotte Health Care Center (HCC) since December 2016. He joined VA in 2013 as a PACT Physician, also serving as the Assistant Chief for Primary Care, and has been the Flagship Education Champion for Whole Health within the Salisbury VA Health Care System since 2015. He also graduated from the VA Health Care Leadership Development Program (HCLDP) in 2017.

Prior to working for VA, Dr. Gehle spent 17 years with Caromont Medical Group (CMG) in the McAdenville, N.C., office, and was the Co-Chair for the Physician Governance at CMG, as well as their Physician IT Champion. Dr. Gehle received his Bachelor of Science degree in Microbiology/Post Baccalaureate Studies at the University of Florida, Gainesville, Fla., in December 1984, and his Doctor of Osteopathic Medicine from the Southeastern College of Osteopathic Medicine, North Miami Beach, Fla., in June 1989. He served as Battalion Surgeon for 3rd Battalion, 2nd Marines in Operation Desert Shield/Desert Storm.

Dr. Randall D. Gehle has been appointed as Acting Chief of Staff for the W.G. (Bill) Hefner VA Medical Center.

VA, National Support Network Teach Veterans How to Fight Cybercrime

WASHINGTON — The Department of Veterans Affairs is partnering with the [Cybercrime Support Network](#) to protect Veterans who are disproportionately targeted for identity theft and other online scams.

Launching in the fall of 2021, the partnership will provide educational resources that strengthen online security for service members, Veterans and their families and focus on [recognizing, reporting and recovering](#) from cybercrime.

The educational awareness campaign includes:

- Public service announcements via Comcast broadcast services and an online portal.
- [FightCybercrime.org](#), a resource database for those impacted by cybercrime and online fraud.
- [ScamSpotter.org](#), a website to help Veterans identify scams and report fraudsters.

“According to the [Federal Trade Commission](#), in 2019 our nation’s Veterans lost 44% more in damages to cyber-criminals compared to non-Veteran,” said VA Director of IT Strategic Communication, Office of Information and Technology Reginald Humphries. “This nationwide partnership provides needed education and resources to mobilize the Veteran community to help protect themselves from the impact of these crimes.”

The FTC also stated, between 2017 and 2021, the military and Veteran community reported over \$820 million in losses from cybercrime. The results of these financial losses have a devastating impact on families, careers and Veterans’ overall wellbeing.

“Our goal is to help Veterans from becoming victims of cyber fraud,” said Interim CEO and Chief Strategy Officer for Cybercrime Support Network Robert Burda. “Together, we are building a support system that will create a space for real change and cybersecurity innovation in the military and Veteran community.”

The partnership includes [33 nonprofit service](#) organizations. Learn more about [Cybercrime Support Network’s](#) Military and Veteran Program at [Fight Cybercrime](#).

STICKING IT OUT:

Acupuncture Helps Veteran Beat Addiction

By: Joshua Edson | DURHAM VAHCS PUBLIC AFFAIRS

The best way to reduce downtime when ill is to avoid becoming sick to begin with. That is part of the reason that VA adopted several initiatives through its Whole Health wellness program, using a variety of Complementary and Integrative Health (CIH) practices designed to keep people well, in addition to supporting recuperation and healing. In some cases, it can result in a reduction in medications. For many Veterans, it is changing their lives.

Veterans are becoming more aware of their need for good health. Some are making changes subtly over time, and others are making daily changes. For Wavey Alston, a Vietnam-era Air Force Veteran, change began in June 2017.

“I just couldn’t live with the [back] pain much longer,” said Wavey. “I was taking morphine tablets, and they helped, but I only felt better until the effect wore off and the pain came back.”

Wavey’s back pain began while he was in the Air Force. While stationed in Thailand during the Vietnam War, Wavey worked as an aircraft mechanic, which required much physical labor.

“I had fun,” said Wavey, “but I did a lot heavy lifting. Of course, I was young, and it didn’t seem to be a problem then.”

Once his time in the Air Force was over, Wavey returned home to Durham, N.C., to move on with his life. He found work at a printing company and started a family. Life was good. But then the years of heavy lifting began to emerge in the form of back pain.

“My back just got worse,” said Wavey. “Then our insurance costs went up. I never considered going to the VA until then, but it was the best decision we ever made.”

Eventually, Wavey became a patient at the Physical Medicine and Rehabilitation Clinic at the Durham VA Healthcare System (DVAHCS). During his entrance into VA health, Wavey acknowledged his dependency on opioids to control pain. To him, the morphine tablets were necessary but self-defeating. That is when staff at the clinic suggested a possible alternative: acupuncture.

Acupuncture is a CIH practice involving the insertion of needles at strategic points on the body. It is traditionally and

frequently used to treat pain. Studies show that acupuncture is an effective treatment for various conditions, especially chronic back pain. Despite the uneasiness some Veterans initially feel about the use of needles, acupuncture is a relatively painless alternative treatment option that promotes wellness.

“The whole needle thing put me off at first,” said Wavey. “But the doctors explained the benefits to me, and I decided that it wouldn’t hurt to try it.” It took a few visits, but the treatments began to work. “It was a strange feel at first.” He was seeing an acupuncturist twice a week. “It took a while to start feeling the benefits,” said Wavey. “I’m glad I stuck with it.”

Wavey has engaged in acupuncture for his chronic back pain for the past four years, now. He is sure to meet his acupuncturist once a week. While his pain is not gone entirely, it is not the hurdle that it once was.

“Before I started all this, I could barely move without the morphine,” said he said. “It was that bad. Now, I can move around and do more of things that I couldn’t do before. Can’t say I’m a new man, but I really feel like it.”



Wavey Alston and his wife, Edna. After years of back pain that made him dependent on opioids to function, Wavey found relief through the DVAHCS Whole Health program. Weekly acupuncture appointments now make his back pain manageable.

Hampton Remembers Patriot Day

With M2VA, SPT Fair and Honor Run

Twenty years ago, a pair of hijacked planes decimated the World Trade Center in New York City. In addition, a passenger jet crashed in a Pennsylvania field after passengers fought hijackers for control of the aircraft and a fourth plane crashed into the side of the Pentagon, resulting in the deaths of nearly 3,000 people. In commemoration of the attacks, on Sept. 10, Hampton VA held its annual 9/11 honor run and Patriot Day ceremony. In an effort to garner awareness for suicide prevention, this year's ceremony was held in collaboration with the Military to VA Transition and Case Management Program (M2VA) team and the Suicide Prevention Team (SPT).

In the past, the M2VA program has been called by different names, including: Post Deployment, OEF/OIF/OND, and Transition and Care Management. Today we are the Post-9/11 Military to VA Transition & Case Management Program (M2VA), and we do all within our expertise to ensure that the VA is meeting the unique needs of transitioning Service Members. This year, Hampton M2VA staff had the privilege to serve nearly 5,000 Service Members/Veterans, screening for needs and setting expectations. With just one chance to get it right the first time, when needed or requested, staff provide strong care coordination and case management services within the VA facility, ensuring that those who answered the call receive the care, services and benefits they have earned.

While suicide prevention is important to address year-round, the SPT vendor fair provided a dedicated time to come together

with collective passion and resources around a difficult topic. Shaconda Griffith, LCSW, stated that “we can all benefit from suicide prevention resources, because these tools can change a life.” This year's theme for Suicide Prevention Month is *Reach Out* — this means not just to our Veterans, but to our family and friends as well. Reach out to ensure that they are doing well and are not suffering in silence. Ms. Griffin asked that we take the time to learn the warning signs and risk factors of someone who may be in crisis. Let them know that help is available. We encourage everyone to reach out and to remember that suicide prevention is everybody's business. The following vendors took part in the event: M2VA, Intimate Partner Violence, Suicide Prevention, Vet Center, Safe Harbor Recovery Center, Reboot Recovery, Barry Robinson Center, Virginia Department of Veterans Services, Steven A. Cohen Center, Virginia Beach Psychiatric Center and Bryant Stratton College.

In addition to the ceremony, VA police officer Sergeant Bryan Skipworth and fellow staff member David Crain ran three miles, from Fort Monroe to the Hampton VA Medical Center, carrying an American Flag. “The run has always been about the people,” Skipworth said. “People want to remember the fallen, and when they see the flag go running by, they cheer, honk, and say thank you. This helps people remember.”

David Crain stated, “There's still service members fighting terrorism to keep us safe; it's a small gesture to show appreciation for their service.” Skipworth and Crain arrived at VA



After a 3-mile run carrying the flag, VA police officer Sergeant Bryan Skipworth and fellow staff member David Crain lowered the facility's flag to half-staff at 09:11 and observed a moment of silence.



Hampton VA installed this bench in memory of the victims of the 9/11 attacks 20 years ago.

at 09:00, lowered the facility flag to half-staff at 09:11 and, along with VA staff members, observed a moment of silence.

Team Hampton will always remember the sacrifices made on 9/11, and we honor the victims who lost their lives that day.

We will never forget!

NOW OFFERING VIRTUAL VA BENEFIT APPOINTMENTS

VA Wilmington Health Care Center now offers virtual video VA benefit appointments for Veterans, service members, and caregivers.

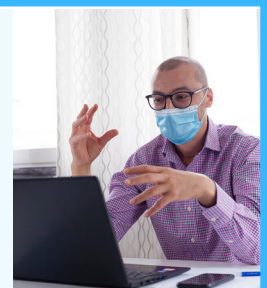


Call **910-343-5300** or ask any medical support assistant at the VA Wilmington Health Care Center to schedule a VA Tele-benefits appointment.

Updated 9/23/2021

VA Tele-benefits offer a virtual space to inquire about the following:

- VA benefits claims status
- Service-connected disability compensation and ancillary benefit
- Non-service-connected pension benefits
- Widow's pension, burial, and memorial benefits
- Veterans readiness and employment services
- VA home loan
- VA education
- VA life insurance



Connecting Veterans faster to the VA benefits they have earned.

The Intimate Partner Violence Assistance Program Honors Relationship Wellness

October is recognized as National Domestic Violence Awareness Month (DVAM). The Veterans Health Administration (VHA) Intimate Partner Violence Assistance Program (IPVAP) supports prevention, intervention and recovery for those impacted by intimate partner violence (IPV). In the United States, about one in three women and one in four men report experiencing IPV and the Veteran population is twice as likely as civilians to experience IPV. Intimate Partner Violence is a significant and preventable health concern for Veterans, their partners and VA staff.

This year the IPV Assistance Program's DVAM theme is, "Honor Relationship Wellness," which highlights the importance of healthy relationships to overall wellbeing and promotes healing and growth for those impacted by IPV. Supportive and connected relationships are universal protective factors for physical and mental health. A Harvard study of adult development tracked the lives of more than 700 men (and in some cases, their spouses) for 75 years and concluded that being connected to other people matters more than any other life factor, including money and power, to our health and happiness. There are many benefits to healthy supportive relationships such as having someone to celebrate good times with or offer support when needed. Positive close relationships can buffer life stressors and is good for our health and wellbeing across the lifespan. Connected and supportive relationships can often prevent loneliness, build self-confidence, improve self-worth and increase a sense of belonging and purpose. One crucial lesson learned in the Harvard study is, "living in the midst of

conflict is very bad for our health and the quality of our close relationships are important." When relationships are unhealthy or potentially dangerous, it is imperative to seek support.

Relationship wellness is the act of developing supportive close connections to another person that creates a sense of purpose, belonging and togetherness. Relationship wellness is critical to individual and social wellbeing. Developing healthy relationships takes practice and sustained effort over a period or even a lifetime. Healthy relationships have common shared dimensions which support both the relationship and individual's growth over time.

The Four Key Dimensions of Relationship Wellness are:

1. Intimacy Wellness - promotes safety, trust, equality and mutual appreciation.
2. Communication Wellness - encourages compromise, conflict resolution and active listening.
3. Personal Wellness - enhances personal development and supports being present in the relationship.
4. Relationship Wellness - grows partnership through working together towards common goals.

Each relationship wellness dimension is a strong indicator of relationship health. These dimensions are foundational to developing individual health, healing and growth over the lifespan.^{i,iii} Because relationships are an essential aspect of overall health, it is vital that relationship wellness be understood and

Honor Relationship Wellness Through Healing & Growth



promoted. When relationships are unhealthy the negative impacts can last a lifetime. It is critically important those impacted by unsafe and unhealthy relationships have support to heal and grow beyond these traumatic experiences. The IPVAP is committed to relationship wellness and promotes services for all impacted by the use and experience of intimate partner violence. IPVAP's comprehensive program takes a person-centered, trauma informed, Veteran-centric and recovery-oriented approach to provide education and resources, engage in prevention, enhance safety, reduce risk and promote healthy relationships for Veterans, their partners and VHA employees.

Every relationship can benefit from enhancing communication and connectedness. The VA is here to support and honor relationship wellness through healing and growth and is a confidential place to discuss questions, concerns or to seek assistance with relationship health and safety. Contact your local IPVAP Coordinator or VA health care team to further explore relationship health and wellness events this DVAM 2021.

Authored by the VA Intimate Partner Violence Assistance Program Leadership Council Raising Awareness Committee Members: Tisha Petelo LCSW, MAC, Andrea Knowlton LCSW, Andrea Mooney LCSW, Brandi Austin LISW, Reggie Miller ACSW.

OCTOBER
BREAST CANCER AWARENESS MONTH

Awareness

- Every woman is at risk.
- One in eight will get it in their lifetime.
- Every 13 minutes a woman dies from breast cancer.
- It is the leading cancer death ages 15 to 54.
- 96 percent survive with early detection.
- It is 100 times more common among women than men.
- For more information: www.nci.nih.gov

Breast Cancer

MYSFACEBARN.COM

Program of Comprehensive Assistance for Family Caregivers to Provide Additional Year for Eligibility, Reassessment of Certain Participants

WASHINGTON — The Department of Veterans Affairs [Caregiver Support Program](#) is extending eligibility through Sept. 30, 2022 for Veterans who are [legacy participants](#), [legacy applicants](#) and their family caregivers, participating in the [Program of Comprehensive Assistance for Family Caregivers](#).

This [extension](#) applies to Veterans who were participating in PCAFC before Oct. 1, 2020, individuals who applied for PCAFC before Oct. 1, 2020 and those who were accepted into the program after Oct. 1, 2020.

The extension will provide VA an additional year to conduct required reassessments of this cohort.

PCAFC offers enhanced clinical support for family caregivers of eligible Veterans who

incurred or aggravated a serious injury in the line of duty and meet other eligibility criteria. Benefits under PCAFC include education and training, enhanced respite care, counseling, a monthly stipend, CHAMPVA (if eligible) and certain travel expenses, among others.

All legacy participants, legacy applicants and their family caregivers will be reassessed based upon the new [eligibility criteria](#) resulting from the [Final Rule](#) which became effective Oct. 1, 2020.

“During this one-year period, approximately 19,800 legacy participants, legacy applicants and their family caregivers will be reassessed,” said VA Caregiver Support Program Executive Director Colleen M. Richardson, Psy.D.

The department will initiate a large-scale effort to complete reassessments for this cohort. This effort will begin within the next several weeks.

The earlier VA conducts reassessments, the sooner it will be able to assist with discharge planning for PCAFC participants who do not qualify under the new eligibility criteria. Discharge planning may include engaging the Veteran and family caregiver in other services to include participation in the [Program of General Caregiver Support Services](#), which provides caregivers with education, training, peer support mentoring, coaching and self-care courses.

Questions about PCAFC should be directed to local VA facility Caregiver Support Program staff or the Caregiver Support Line, tollfree at 855-260-3274. Find your Caregiver Support team or Caregiver Support coordinator using the [facility locator](#).

VA Stands Ready to Offer COVID-19 Booster Vaccines

WASHINGTON — The Department of Veterans Affairs has started administering Pfizer-BioNTech COVID-19 vaccine boosters under Emergency Use Authorization.

This decision follows the Food and Drug Administration’s authorization and Centers for Disease Control and Prevention recommendation for a booster dose of Pfizer-BioNTech vaccine to:

- **People 65 years and older and residents in long-term care settings** should receive a booster shot of Pfizer-BioNTech’s COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series.
- **People aged 50–64 years with underlying medical conditions** should receive a booster shot of Pfizer-BioNTech’s COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series.
- **People aged 18–49 years with underlying medical conditions** may receive a booster shot of Pfizer-BioNTech’s COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risk.
- **People aged 18-64 years who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting** may receive a booster shot of Pfizer-BioNTech’s COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks.

“These booster doses are an important step forward in the fight against COVID-19,” said VA Secretary Denis McDonough. “With the authorization of the Pfizer-BioNTech booster for eligible individuals, VA can provide Veterans an opportunity to maximize their protection, continuing our work to keep people safe and save lives during the COVID-19 pandemic.”

The safety and care of Veterans is VA’s top priority, as well as ensuring the health and welfare of its workforce. VAs doors are open for walk-ins today during hours when vaccine clinics are operational, with full opening on Monday where Pfizer-BioNTech booster vaccines are available. Vaccines will be offered to Veterans receiving care at VA and employees, prioritizing those persons who are 65 and older, residents of long-term care facilities, and people 50-64 years with underlying conditions. As supply and capacity permits, VA will offer booster doses to all other Veterans, spouses, caregivers and CHAMPVA recipients under the authority of the SAVE LIVES Act (SLA), which was signed into law in March 2021. The law expanded VA’s authority to offer vaccine to include Veterans not traditionally eligible for VHA care, and others including spouses and caregivers of Veterans.

Veterans who receive care in VA and are due for booster shots will be contacted and advised of the recommended booster shots, which may be offered by appointment or on a walk-in basis. Veterans who received a Pfiz-

er-BioNTech COVID-19 vaccine outside of VA, and persons who received a Pfizer-BioNTech vaccine in VA for whom we don’t have records of their high-risk condition, will need to contact their local VA facility for information about how they can receive their booster shot.

CDC advises that people can get both the COVID-19 vaccine and flu vaccine at the same time. Veterans receiving care at VA who wish to get a booster shot can get both shots together during the same visit.

Currently, only the Pfizer-BioNTech vaccine has been authorized as a booster shot. FDA and CDC continue to review data to determine whether and when a booster might be recommended for recipients of the Moderna and Johnson & Johnson (J&J)/Janssen COVID-19 vaccine(s).

VA will plan to offer boosters of these vaccines if authorized and recommended.

VA is also continuing to reach out to Veterans who have not yet been vaccinated. Even without a booster, COVID-19 vaccination offers excellent protection and makes it 10 times less likely to be hospitalized or die from COVID-19. Monitoring Incidence of COVID-19 Cases, Hospitalizations, and Deaths, by Vaccination Status — 13 U.S. Jurisdictions, April 4–July 17, 2021 | MMWR (cdc.gov).

Veterans who would like additional information can visit the VA COVID-19 vaccines webpage, visit their local facility’s website or contact their care team. Visit VA’s Questions webpage for questions and answers regarding COVID-19 vaccine.

VISN 6 Sites Of Care & VA Vet Centers

MEDICAL CENTERS

Asheville VAMC

1100 Tunnel Road
Asheville, NC 28805
828-298-7911 | 800-932-6408
www.asheville.va.gov

Durham VAMC

508 Fulton Street
Durham, NC 27705
919-286-0411 | 888-878-6880
www.durham.va.gov

Fayetteville VAMC

2300 Ramsey Street
Fayetteville, NC 28301
910-488-2120 | 800-771-6106
www.fayettevilleenc.va.gov

Hampton VAMC

100 Emancipation Dr.
Hampton, VA 23667
757-722-9961 | 866-544-9961
www.hampton.va.gov

Richmond VAMC

1201 Broad Rock Blvd.
Richmond, VA 23249
804-675-5000 | 800-784-8381
www.richmond.va.gov

Salem VAMC

1970 Roanoke Blvd.
Salem, VA 24153
540-982-2463 | 888-982-2463
www.salem.va.gov

Salisbury VAMC

1601 Brenner Ave.
Salisbury, NC 28144
704-638-9000 | 800-469-8262
www.salisbury.va.gov

OUTPATIENT CLINICS

Albemarle CBOC

1845 W City Drive
Elizabeth City, NC 27909
252-331-2191

Brunswick County CBOC

18 Doctors Cl., Units 2 & 3
Supply, NC 28462 | 910-754-6141

Charlotte CBOC

8601 University East Drive
Charlotte, NC 28213
704-597-3500

Charlotte HCC

3506 W. Tyvola Rd.
Charlotte, NC 28208
704-329-1300

Charlottesville CBOC

590 Peter Jefferson Pkwy
Charlottesville, VA 22911
434-293-3890

Chesapeake CBOC

1987 S. Military Highway
Chesapeake, Va 23320
757-722-9961

Clayton CBOC

11618 US Hwy 70 Business Highway West,
Suites 100 & 200
Clayton, NC 27520

Danville CBOC

705 Piney Forest Rd.
Danville, VA 24540
434-710-4210

Emporia CBOC

1746 East Atlantic Street
Emporia, VA 23847
434-348-1500

Fayetteville HCC

7300 So. Raeford Rd
Fayetteville NC 28304
910-488-2120 | 800-771-6106

Fayetteville Rehabilitation Clinic

4101 Raeford Rd. Ste 100-B
Fayetteville NC 28304
910-908-2222

Franklin CBOC

647 Wayah Street
Franklin, NC 28734-3390
828-369-1781

Fredericksburg CBOC

130 Executive Center Pkwy
Fredericksburg, VA 22401
540-370-4468

Fredericksburg at Southpoint CBOC

10401 Spotsylvania Ave, Ste 300
Fredericksburg, VA 22408
540-370-4468

Goldsboro CBOC

2610 Hospital Road
Goldsboro, NC 27909
919-731-4809

Greenville HCC

401 Moye Blvd.
Greenville, NC 27834
252-830-2149

Hamlet CBOC

100 Jefferson Street
Hamlet, NC 28345
910-582-3536

Hickory CBOC

2440 Century Place,
SE Hickory, NC 28602
828-431-5600

Hillandale Rd. Annex

1824 Hillandale Road Durham
North Carolina 27705
919-383-6107

Jacksonville CBOC

2580 Henderson Drive
Jacksonville, NC 28546
910-353-6406

Jacksonville 2 VA Clinic

306 Brynn Marr Road
Jacksonville, NC 28546
910-353-6406

Jacksonville 3 VA Clinic

4 Josh Court
Jacksonville, NC 28546
910-353-6406

Kernersville HCC

1695 Kernersville Medical Pkwy
Kernersville, NC 27284
336-515-5000

Lynchburg CBOC

1600 Lakeside Drive
Lynchburg, VA 24501
434-316-5000

Morehead City CBOC

5420 U.S. 70
Morehead City, NC 28557
252-240-2349

Raleigh CBOC

3305 Sungate Blvd.
Raleigh, NC 27610
919-212-0129

Raleigh II Annex

3040 Hammond Business Place
Raleigh, NC 27603
919-899-6259

Raleigh III CBOC

2600 Atlantic Ave, Ste 200
Raleigh, NC 27604
919-755-2620

Robeson County CBOC

139 Three Hunts Drive
Pembroke, NC 28372
910-272-3220

Rutherford County CBOC

2270 College Avenue, Suite 145
Forest City, NC 28043-2459
828-288-2780

Sanford CBOC

3112 Tramway
Road Sanford, NC 27332
919-775-6160

Staunton CBOC

102 Lacy B. King Way
Staunton, VA 24401
540-886-5777

Tazewell CBOC

141 Ben Bolt Ave.
Tazewell, VA 24651
276-988-8860

Virginia Beach CBOC

244 Clearfield Avenue
Virginia Beach, VA
757-722-9961

Wilmington HCC

1705 Gardner Rd.
Wilmington, NC 28405
910-343-5300

Wytheville CBOC

165 Peppers Ferry Rd.
Wytheville, VA 24382-2363
276-223-5400

DIALYSIS CENTERS

VA Dialysis and Blind Rehabilitation Clinics at Brier Creek

8081 Arco Corporate Drive
Raleigh, NC 27617
919-286-5220

VA Dialysis Clinic Fayetteville

2301 Robeson Street, Ste. 101
Fayetteville, NC 28305, 910-483-9727

VET CENTERS

Charlotte Vet Center

2114 Ben Craig Dr.
Charlotte, NC 28262
704-549-8025

Fayetteville Vet Center

2301 Robeson Street
Fayetteville, NC 28305
910-488-6252

Greensboro Vet Center

3515 W Market Street, Suite 120
Greensboro, NC 27403
336-333-5366

Greenville Vet Center

1021 W.H. Smith Blvd.
Greenville, NC 27834
252-355-7920

Jacksonville, N.C. Vet Center

110-A Branchwood Drive
Jacksonville, NC 28546
910-577-1100

Norfolk Vet Center

1711 Church Street
Norfolk, VA 23504
757-623-7584

Raleigh Vet Center

8851 Ellstree Lane
Raleigh, NC 27617
(919) 361-6419

Roanoke Vet Center

1401 Franklin Rd SW
Roanoke, VA 24016
540-342-9726

Virginia Beach Vet Center

324 Southport Circle, Suite 102
Virginia Beach, VA 23452
757-248-3665

VISN 6 Newsletter

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Questions or comments about the newsletter, email stephen.wilkins2@va.gov or call 919-956-5541

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