

# VOICES OF VISN 6

— Excellent Care – Earned by Veterans – Delivered Here —



## Multiple Sclerosis Defied — A Woman Veteran's Journey



### Inside This Issue



Submitted by Lisa Riha, DNP, FNP and Eric Riha | HAMPTON VA WOMEN'S VETERAN PROGRAM

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Defying the odds and powering through the challenges of COVID-19, one woman Veteran from the Hampton, VAMC, VISN 6 defied Multiple Sclerosis and rose to celebrate her first participation in the National Veteran Wheelchair Games (NVWG) hosted in New York City, N.Y., Aug. 7-14, 2021, bringing home gold in Table Tennis and Bowling. The last time Kathleen Jones thought of playing table tennis was when she was in the 8th grade. "It was called ping-pong in those days!" she remembers. "To be honest, I was zero good, but I played anyway! Fun is an understatement. If you're not giggling the entire time you're playing ping-pong, you ain't doin' it right!"

Multiple Sclerosis (MS), most often affecting women (2:1) within ages 20-40 can be a debilitating disease. It is estimated that 50-300 per 100,000 are affected (Alan J Thompson, 2018).

MS etiology is ever unfolding with its basis seemingly genetic but is definitely still unclear (Hollie Schmidt, 2007). The most accepted definition of MS is "a chronic autoimmune, inflammatory neurologic disease of the central nervous system (CNS)." To diagnosis MS, more than one area of the CNS must be affected, and additional causes must be excluded (Goldenberg, 2012). CD4+ T cells are theorized to preferentially target oligodendrocytes, cells that provide myelination for axons in the central

**TOP PHOTO:** Veteran Kathy Jones, has Multiple Sclerosis, just completed competing at the National Veterans Wheelchair Games in New York City. Here, she poses during the bowling competition. "What MSers need is coaching and training. I want to train, compete and win!"

*(Continued on page 2)*



## MESSAGE FROM OUR ACTING NETWORK DIRECTOR

September is National Suicide Prevention Month, and you've heard me share the 1-800-273-8255 Veterans Crisis Line a million times, and I will share it a million more; but for now, I want to share warning signs and resources of emotional distress that either you may have or that someone you care about can show, long before they even consider harming themselves.

This year has been tough, and we need to talk about it. We can't act like it's "business as usual" if it's not. We are still in the middle of a pandemic, and the withdrawal from Afghanistan has greatly impacted our Veteran's emotional health.

Let me offer a snapshot of America's mental health report as of August 2021. Research shows that Americans report difficulty sleeping (36%) or eating (32%), increased alcohol consumption, and worsening

substance abuse, specifically with opioids. Suicide is currently the 11th leading cause of death in America, COVID being third, cancer second, and heart disease first.

With all the stress and tension, we have to reach out to one another and encourage healthy options to get us through this tough time.

Here are the warning signs of emotional distress that we should watch for as a trigger to either get help ourselves or offer mental health resources to another:

- Crying spells or bursts of anger
- Difficulty eating
- Losing interest in daily activities
- Increasing physical distress symptoms such as headaches or stomach pains
- Fatigue
- Feeling guilty, helpless or hopeless
- Avoiding family and friends

The worst thing we can do for our mental health and others is to disassociate from the challenging experiences. We must connect with ourselves and others. We may not be in complete control of the world around us, but we can reclaim our mental and emotional health through VA mental health resources, and we can reach out and help others reclaim theirs, too.

No matter what you are experiencing, there are resources and support systems to help. Whether you're looking for clinical care, counseling, assistance with benefits, or something else, we're here. Use this [link](#) to find resources and assistance close to you.

### STEPHANIE YOUNG

Acting VA Mid Atlantic Health Care Network Director, VISN 6

#### CONTINUED FROM COVER

## Multiple Sclerosis Defied – A Woman Veteran's Journey

of neurologic disfunction. Symptoms principally begin with the onset of progressive fatigue and headaches. Some patients develop issues with their vision, such as optic neuritis and bilateral eye coordination, or internuclear ophthalmoplegia (Elke Voss, 2011). Dr. Ghasemi (2016) states that additional primary symptoms can include paresthesia, cranial nerve palsies, bowel disfunction, urinary symptoms and dizziness. Another well-described sign related to MS is known as the Uhthoff's phenomenon. This is a transient worsening of neurological symptoms when the body temperature is increased (Sreelakshmi Panginikod, 2021).

This Women Veteran, Ms. Jones recounts, "You see, transitioning to a wheelchair is not easy, and often I'm looked over, or overlooked. No one can see me — not at the NVWG. There were fellow Veterans just like me and Veteran camaraderie was over-

whelming. The excitement of checking into a major hotel chain in New York City, and traversing Times Square was a huge deal in defying MS." The event is organized by Veterans Affairs locally, to support athletes who may have never participated in games or ventured outside their area. This is a major undertaking for VA's staff and volunteers.

The prognosis of MS varies depending on the age of onset, sex category, and degree of current progression. Primary care providers play a key role in the health care of their patient, while encouraging them to seek challenges. Early diagnosis along with personalized treatment regimens can greatly improve the quality of life and minimize disease progression for these patients (Montalban, 2019). Women Veterans exemplify resilience learned in the military and transition this to manage life's challenges with determination.



According to Veteran Kathy Jones, "If you're not giggling the entire time you're playing ping-pong, you ain't doin' it right!"

**"My four days included playing Disc Golf, Bowling, Bocce, and Table Tennis," Jones says. "I joined a team, and I feel incredibly blessed and privileged to have had the opportunity to participate. What MSers need is coaching and training. I want to train, compete, and win! I want to be noticed! I want people to see me!"**

# Reverse Shoulder Replacement Gives Navy Veteran Back His Hobby

By Todd Goodman | SALISBURY VA PUBLIC AFFAIRS

Navy and Vietnam Veteran Bill Metcalfe took a hard fall while working on a roofing job. He landed on his right side and lay there gasping for air.

"After a couple of minutes, I got up and was fine," he said. "I never knew there was a problem until I was playing cornhole and damaged tendons in my arm and shoulder. My arm is pretty useless right now."

Thanks to a partnership between Salisbury VA and Atrium/Wake Forest, Metcalfe is on his way to hitting the cornhole boards again. The procedure is called a reverse total shoulder replacement and it's used on patients with rotator cuff damage.

"Rotator cuff tears are one of the most common problems people have with their shoulders," said Dr. Chris Tuohy, associate professor of Orthopedic Surgery at Atrium/Wake Forest, specializing in shoulder, elbow, and hand surgery. "When people have a pattern of arthritis in their shoulder from a big rotator cuff tear, often they can't raise their arm past shoulder height."

Tuohy lends Salisbury VA his services four days per month. Not only did he recently perform the first reverse total shoulder replacement in Salisbury VA history, he also did the first full shoulder replacement several months ago.

"The benefits of a partnership between Salisbury VA and Atrium/Wake Forest are that it brings better access to the Veterans, and also allows us to bring skill sets to the VA that we wouldn't otherwise have," said Dr. Jeffrey Baker, section chief of Orthopedic Surgery at Salisbury VA. "Dr. Tuohy

has been able to significantly help facilitate Veteran care."

Veterans with "normal" shoulder arthritis are candidates for the full shoulder replacement. However, those with rotator cuff tears lack the stabilizing tissue to support that type of joint. The reverse procedure switches the placement of the ball-and-socket parts of the shoulder joint.

"It changes the biomechanics of the shoulder," said Tuohy. "It's pretty revolutionary in terms of helping people regain their function, especially in older patients. Reverses are a constrained implant. It holds itself together naturally on its own and doesn't rely on the soft tissues healing much."

Recovery time for a reverse procedure is usually four to six months. Patients typically will use a sling for the first month. After that, it's just a matter of building up strength in the shoulder.

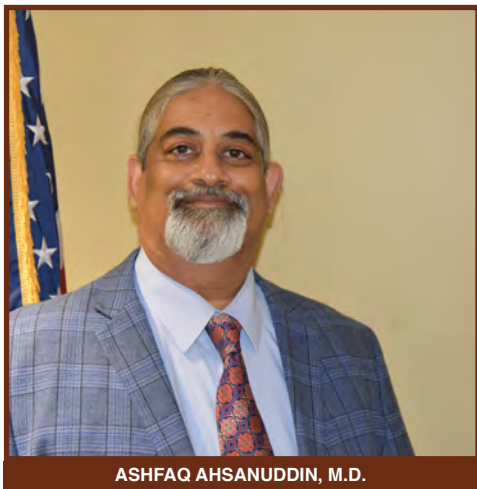
"The big thing that patients like about it is that it gets rid of their pain pretty quickly, usually within a couple weeks," said Tuohy. "And they are particularly happy that they can raise their arms and do things overhead — like putting dishes away or washing their hair. It makes a big difference for folks in terms of their daily activities and being able to take care of themselves."

Metcalfe's daily activities include playing a lot of cornhole and following a successful surgery he is excited to get back to the game he enjoys.

"It's entertainment for me and exercise also," said Metcalfe. "And I'm hard to beat."



PHOTO ABOVE: Dr. Chris Tuohy, associate professor of Orthopedic Surgery at Atrium/Wake Forest, prepares to do the first reverse total shoulder replacement in Salisbury VA's history. The procedure helps those with rotator cuff tears get back to a normal life. (Photo by Luke Thompson, Salisbury VA Medical Media) PHOTO BELOW: Dr. Chris Tuohy (L), associate professor of Orthopedic Surgery at Atrium/Wake Forest, operates on the right shoulder of Navy Veteran Bill Metcalfe. (Photo by Luke Thompson, Salisbury VA Medical Media)



ASHFAQ AHSANUDDIN, M.D.

## Charles George VA Medical Center Announces Ashfaq Ahsanuddin, M.D., as Chief of Staff

ASHEVILLE, N.C. — Charles George VA Medical Center has announced that Ashfaq Ahsanuddin, M.D., has accepted its chief of staff position.

Dr. Angela Williams, acting Charles George VAMC Director, lauded Dr. Ash — as he is well known to both staff and Veterans — in an email Aug. 30.

"Dr. Ash has been the Deputy Chief of Staff for the last two years," she said. "He is

a tremendous asset to our team. His passion for a better patient experience is just one of the many qualities that made him an exceptional leader with the hospital.

"His sound leadership qualities and proven experience will be valuable assets for the medical center, the employees and volunteers, and most importantly, for the Veterans we are honored to serve," she added.

# Innovation: Here's an Idea That Won't Keep You Awake at Night

By Vance Janes | WESTERN NORTH CAROLINA VA HCS PUBLIC AFFAIRS

ASHEVILLE, NC — Let's face it — for most people, it's hard to sleep in a hospital.

That's because it's an unfamiliar setting with unfamiliar people and unfamiliar sounds all around you. Couple that with the stress of being treated, and it makes the perfect recipe for a lack of restful sleep.

Two of the registered nurses at the Western North Carolina VA Health Care System decided to do something about it. Debra "Cindy" Peters, RN, came up with the idea to use a white noise machine to drown out some of those undesirable noises going on around their patients to improve their sleep and to decrease anxiety.

They did this as part of a fiscal 2021 Spark Investment and, in doing so, they received \$1,400 to spread the White Noise Project to other areas of the hospital and to add more speakers to the Warriors Recovery Unit, the Inpatient Mental Health Unit.

Peters said she initially came up with the idea in 2019.

"In 2019, while I was still a part of the Weekend/Holiday/Evening/Night (WHEN) and Clinical Inquiry and Research councils, staff on the WHEN Council would identify issues that impacted their nursing practice and Veterans," she said. "At home, I was researching ways to help facilitate sleep in a more

holistic approach."

That's when she said she came across an article about masking sound being incorporated into the designs of new hospitals and its positive outcomes, including increased privacy and better sleep.

"Patients often report a hard time sleeping in hospitals due to the natural increases in unfamiliar noise on hospital units — from beeping machines to doors opening and closing," she said. "Sleep is well documented to be vital in healing and recovery as well. After further research, in the fall of 2019, I submitted an Item for Consideration with the Clinical Inquiry and Research Council for the use of white noise machines to improve sleep, anxiety and privacy."

The idea had initial approval and the Warriors Recovery Unit started to implement a limited number of machines on the unit as a trial. Initial data reflected positive outcomes that far exceeded expectations, prompting Peters to push her innovative approach even further.

"In August of 2020, I presented a pitch with the collected data to the Executive Leadership Team to propose rolling this project out hospital-wide," Peters said.

That's when she recruited Krysl Earles, a registered nurse from Warriors Recovery Unit, to assist with implementing the project and collecting data. In September 2020, the two were given the news that the VHA Innovators Network, or iNET, was awarding support and funding for the project to move forward as part of the Spark-Seed-Spread Innovation Investment Program.

Although research is ongoing, and the final data won't wrap up until October, the results are promising.

"Since going hospital-wide in January 2021, we have continued to collect and submit extremely positive results on both qualitative and quantitative data measurements for sleep, anxiety, and privacy improvement," Peters



Warriors Recovery Unit at Charles George VA Medical Center in Asheville North Carolina has been using white noise machines (pictured) and collecting qualitative and quantitative stats with positive results. Now the speakers have been rolled out to the other units at the CGVAMC. The machines provide 11 different white noise settings.

said. "We have consistent numbers showing improvements in sleep hours of more than an hour-a-night difference when compared to Veterans not using white noise, and over 90 percent satisfaction reports."

There have even been Veterans who have shared their experiences. One Veteran came to the nurse's station and said he was having a hard time sleeping. The staff asked if he slept with a fan at home and he said he did — every night. That's when they offered him one of the white noise machines.

"The next morning, he said the machine had 'brought [him] a feeling of safety and peace,'" Peters said. "[He said it reminded him] of when he was at his grandmother's home because the 'noise sounded like it was her old furnace.'"

Another Veteran said that he too had slept quite well.

"I had the best sleep," he reported. "I thought I was at the beach, very relaxing."

The white noise machines have also been found to be helpful in other medical treatments.

With dementia patients, white noise has been implemented as part of gentle non-medication interventions to help assist with agitation and difficulty falling asleep successfully.

"We also see this as a win for less medication intervention and fall prevention," Peters said. "Overall, this project has been a labor of love and we are happy to see real data results to provide an effective alternative solution for our Veterans that encompasses a holistic approach to care provides comforts of home when they are away, and facilitates healing in the hospital."



From left, Krystal Earles, RN, and Debra "Cindy" Peters, RN, from the Western North Carolina VA Health Care System, have been working with the idea to use a white noise machine to drown out some of the undesirable sounds happening around their patients to improve their sleep and to decrease anxiety.

**Editor's note:** *Peters and Earles have recently applied for further support from iNET's Spark-Seed-Spread Program as "Spread" applicants in the hopes of diffusing the successful project to two other VA Medical Centers. Having already successfully pitched to local leadership, they have recently found out that their idea is advancing to the next round of review and selection at the national level.*

# Durham VA HCS Makes Significant Technology Advancements in Spinal Procedures

By Christopher Camacho | DURHAM VA HCS PUBLIC AFFAIRS

Significant advancements in spinal care and fractures are happening at the Durham VA Health Care System (DVAHCS). In August 2019, the DVAHCS became the first medical facility in North and South Carolina to provide the new SpineJack kyphoplasty. As a result, Veterans admitted to the hospital due to pain from spine fractures have another option for relief without the traditional outcomes.

“With kyphoplasty, we can improve pain more rapidly and allow sooner mobilization and returning our Veterans to their loved ones,” said Dr. Alan Sag. “This is one of my favorite aspects of treating Veterans at the Durham VA Health Care System — we have early access to the latest available technology.”

Dr. Alan Sag is an interventional radiologist serving Veterans at the DVAHCS, where he specializes in the evaluation and minimally invasive treatment of spine fractures in outpatient and inpatient settings.

Kyphoplasty is the treatment of spine fractures by injecting bone cement into the fractured bone. Two minor scratches are placed on the back, and two thin tubes are inserted into the skin, which delivers treatment to the fractured bone. An X-ray guides the thin tubes during the procedure, which aids in precision and accuracy to target the fracture.

“Typically, we perform this procedure without even needing general anesthesia,” said Dr. Sag. “We put the patient under what’s called twilight, or moderate sedation — they’re sleepy throughout the process, and they’re not feeling what we’re doing.”

SpineJack is a unique and innovative type of kyphoplasty. With SpineJack, implants are used to restore the height of the fractured bone. Research shows that SpineJack treatments have a lower risk of future fractures compared to legacy versions of kyphoplasty.

“When I see Veterans, and I talk to them about this treatment, one of the things that surprises them is how minimally invasive the procedure is,” Dr. Sag says. “They walk out the door, often with less pain than they had before the procedure.”

Bone health is a high priority for aging Veterans. With maturity, bone health can decline, creating risks for painful spine fractures with extreme bending, lifting and, twisting maneuvers. Veterans are encouraged to explore various food groups that can provide benefits to their bone health. For help creating healthy eating options for bone health, please contact Clinical Dietitian Janelle Kramer at [janelle.kramer@va.gov](mailto:janelle.kramer@va.gov). Go [here](#) for more information.



Dr. Alan Sag



Dr. Alan Sag performs a spinal fracture procedure on a broken L5 vertebral body, while using real-time X-ray to assist with guiding the SpineJack device.

## VA Doctor Awarded \$1.7M to Continue Efforts in Cancer Research

By Megan Kon | RICHMOND VA PUBLIC AFFAIRS



Dr. Alex Neuwelt is a clinical doctor and researcher in the Hematology and Oncology Clinic at the Central Virginia VA Health Care System in Richmond, VA. He received a VA Career Development Award totaling \$1.7 million to study the effects of high-dose medications on cancerous stem cells. (Photo by Megan Kon/CVHCS Released)

A researcher at the Central Virginia VA Health Care System (CVHCS) recently earned a Career Development Award (CDA) for his efforts to stop cancerous stem cells from growing using only the most common drug found in America.

Dr. Alex Neuwelt’s research is experimental, but he says it has the potential to benefit cancer patients in the future. He initially began studying Tylenol while living in Poland, working as a Fulbright Fellow. Now he leads a pre-clinical study treating human cancer cells with high-dose Tylenol and n-acetylcysteine (NAC). NAC is proven to prevent liver damage in patients who overdose on Tylenol. Neuwelt’s research shows that Tylenol used in high doses, along with NAC to protect the liver, shows promising [anti-cancer results](#).

The award is provided through VA’s Career Development Program, which provides mentoring for researchers to work with renowned, experienced VA researchers.

“I am inspired by the Veterans I treat in the Oncology Clinic on a regular basis and am excited to have the opportunity to develop novel therapies that

could potentially help my cancer patients,” Neuwelt said.

Neuwelt’s mentorship team includes Dr. Bhau-mik Patel, Dr. Howard Li and Dr. Ron Gartenhaus. “Dr. Patel is my primary mentor on the project. [He] has truly gone above and beyond what I could ever expect of a mentor. He has taught me the methods and conceptual framework of cancer stem cell research that made this award possible,” Neuwelt continued. “Also, the leadership at CVHCS has provided me with the expertise, collaborations, protected time and resources to put me in the best possible position to secure this highly competitive award.”

He says that cancer cells are difficult to treat, and can grow to become tumors. At first, some cancer cells show positive results to therapy, but soon begin to resist treatment and relapse. The research funding totaling \$1.7 million will guarantee Neuwelt and his team time in the lab to continue his research.

“Unfortunately, even though promising new treatments have emerged in the last few years, most patients fail to respond to those treatments,” said Neuwelt. “New therapies are desperately needed.” For more information about VA research, visit <https://www.research.va.gov/>.



The Salem VA Health Care System recently opened a new renal dialysis unit to serve Veterans of Southwest Virginia.

## Salem VA Christens New Dialysis Unit

By Rosaire Bushey | SALEM VA MEDICAL CENTER PUBLIC AFFAIRS

A new renal dialysis unit has recently opened to serve the Veterans of Southwest Virginia who receive care through the Salem VA Health Care System.

The new facility began treating patients in early summer, culminating a \$10.64 million project that provides more than 11,000 square feet of new or renovated space, and several additional spaces to serve the needs of inpatient and outpatient dialysis.

“The biggest difference is the amount of space and chairs for Veterans,” said Mitzi Markham, an RN who has been with the Salem VA for more than six years. “There are large windows to provide light, and a nice workspace at the nurse’s station. I think the Veterans enjoy the larger room where they don’t feel as cramped, and it’s easier to ingress and egress with scooters and wheelchairs and walkers. The larger space provides more safety for them.”

The 14 chairs and two isolation rooms mean the facility can accommodate up to 16 patients at one time. The staff runs two groups per day. “This facility is great,” said Robert Miller, a U.S. Army Veteran who served from 1965-1967. “It’s lighter and airier; [it has] a much better atmosphere with more room.”

Miller, who has treatments three times per week for nearly four hours per session, appreciates the new facility, but also the men and women who work there. “The main thing for me is the people, and they haven’t changed,” he says. “They’re still here and still doing a great job.”



Army Veteran Robert Miller appreciates the new environment he receives dialysis treatments in at the new Salem Dialysis clinic.

# Patriot Day | National Day of Service and Remembrance

Twenty years ago, on Tuesday morning, Sept. 11, 2001, terrorists attacked the United States of America in a series of despicable acts of war. They hijacked four passenger jets, crashed two into the World Trade Center’s Twin Towers, and a third into the Pentagon. The fourth plane crashed in the Pennsylvania countryside after passengers learned of the other planes and overpowered the hijackers. Thousands were killed that day, thousands more injured and still thousands more responded to help the victims.

September 11, 2001, changed our lives forever. It was a sober day marked by the humanity, heroism and grace that rose up throughout our nation as we faced unimaginable tragedy and loss. To honor the lives lost and those forever changed, VHA will host a National 9/11 Remembrance Event on Friday, Sept. 10, 2021, at noon (EST).

Each VA medical center in VISN 6 will host a local 9/11 Remembrance Event during the week of Sept. 7-11, 2021. Those events are listed below. Please refer to social media and listen for local announcements for more information about events near you.

## VISN 6 Patriot Day Ceremonies - September 2021



**ASHVILLE:** Readings from the Brothers and Sisters Like These Writing Group will take place virtually, Sept. 10, at noon.

**DURHAM:** Moment of Silence. Please check the website and social media for additional local announcements.

**FAYETTEVILLE:** Will hold a moment of silence on Sept. 11; an Executive Director commemorative video message will also be posted via social media.

**HAMPTON:** Planning a Day of Remembrance that will include a resource fair and short ceremony around the VA National Event. In addition, facility staff will dedicate a landscaped area with a small bench.

**RICHMOND:** Planning a social media Facebook live session on Sept. 10 at 11:00am. It will feature the Post-9/11 Military2VA program manager and a message from the medical center’s Chief of Chaplain service.

**SALEM:** Will publish remembrances from local Veterans about where they were and how they were impacted.

**SALISBURY:** The Salisbury Post 9/11 M2VA program will dedicate a table of honor to those impacted by 9/11. There is also a planned virtual memorial service planned by the Chaplaincy.

# Suicide Prevention Month

VA uses the month of September to raise awareness of Veteran suicide prevention. Suicide is a national public health concern affecting all Americans, including Veterans, their families, and their friends. What was once an annual weeklong initiative has evolved into an entire month focused on increasing understanding about Veteran suicide prevention and the programs and resources available to Veterans and their supporters. Suicide Prevention Month amplifies the work VA does year-round.

Because we can all help individuals in crisis, Reach Out is the theme for Suicide Prevention Month 2021 this year. Everyone should keep in mind that suicide is preventable and there is hope. You don't need special training to show a Veteran, friend, acquaintance or family member that you care. It can be as simple as asking, "How are you?" Asking someone if they're having thoughts of suicide does not make them want to die by suicide. It can be a tough question, but it may help someone connect with support they need.

If you're facing a crisis, you're not alone. It's not always easy to open up, but there are people who want to listen. The [Veterans Crisis Line](#) is available 24/7 every day of the year: Call

1-800-273-8255 and Press 1, text 838255, or chat at [VeteransCrisisLine.net/chat](#).

During Suicide Prevention Month, VA encourages everyone to take these actions:

## Reach out. Reduce the stigma. Share resources and support.

The Reach Out campaign concept is rooted in the idea that during life changes Veterans can practice upstream mental wellbeing and get support, and — in turn — supporters and stakeholders can be empowered to provide assistance and help to Veterans or others going through a life challenge or tough time. Reaching out may look different for each person, but everyone has a role to play in preventing suicide.

## Reduce the Stigma: Normalize conversations about suicide to help end the stigma.

If you're concerned about a person or Veteran you care about, ask them directly, "Are you thinking of killing yourself?" Remember: How you ask about suicidal thoughts is very important. Don't inject judgment or emotion — ask calmly in a direct tone that doesn't come across as though you want them to

TAKE A MOMENT  
**REACH OUT**

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

SEPTEMBER IS SUICIDE PREVENTION MONTH

Learn more at [REACH.gov/SPM](#)

answer "no."

Supporters and health care providers may feel uncomfortable talking about suicide with the Veterans in their life. But talking about suicide does not make a person want to die by suicide or increase their risk, and it could save their life.

## Charles George VA Medical Center CLC Gets Grammatical in Creating Memorial

By Vance Janes | WNC VA HCS PUBLIC AFFAIRS

**ASHEVILLE, N.C.** — A lot of thought went into the plaque adorning the Memorial Wall at Charles George VA Medical Center's Community Living Center in Asheville, North Carolina.

According to Kristie King, Chief Nurse, Geriatrics and Extended Care, when it came to the design, there was a lot of brainstorming that went into deciding what message should be conveyed.

"The goal was to have impactful but limited words in this space," King said. "Verb tense was a subject of lots of discussion, and the ultimate decision was made to have the sign read, 'Loved, Served, Remember.'"

The sundial-shaped sign was placed Aug. 19.

King said the hope is that people will

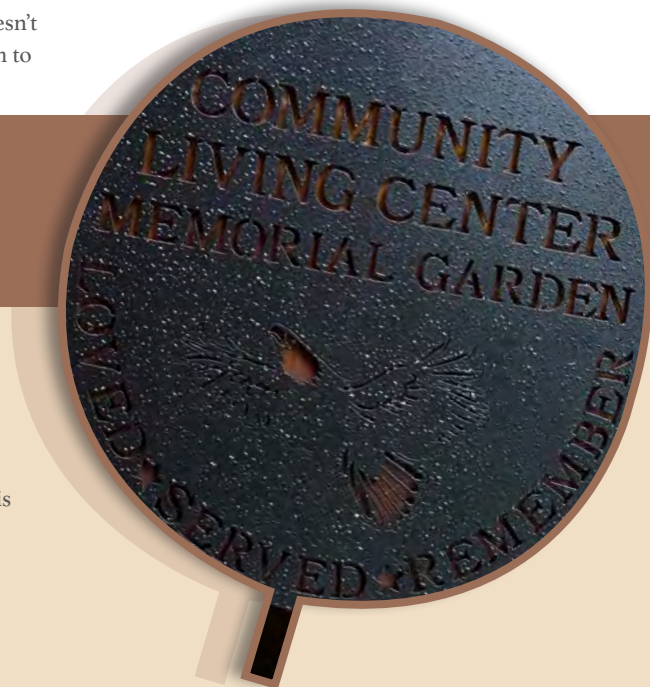
pause, read the sign, and really absorb its meaning.

"We wanted those stopping by casually or intentionally to remember those identified here or others who have served in military service," she said. "Remember is active — not past or future, but always."

The change of seasons is rapidly approaching, something King said makes for a perfect occasion to stop by and view the new sign.

"As we work to move the garden from the fading summer flowers and colors to fall ones, please take a minute to walk by and remember those who have impacted all of us," she said.

She also said a lot of thanks goes to the CGVAMC Voluntary Services team for their contributions to the wall, flowers,



signage and bricks.

"It is all so appreciated," she said.

**Photo Above:** Charles George VA Medical Center Community Living Center has placed a new sundial-shaped sign in its Memorial Garden. Inscribed on the sign are the words "Loved, Served, Remember."

# VA Spotlights Special Benefits for Elderly Wartime Veteran Population

**WASHINGTON** — As a follow up to National Financial Awareness Day, Aug. 14, the Department of Veterans Affairs is launching an awareness campaign to inform elderly wartime Veterans and their families of their lesser-known pension, funeral, burial and survivor benefits.

“VA’s pension benefit helps Veterans and their families cope with financial challenges by providing supplemental income,” said Acting Under Secretary for Benefits Thomas Murphy. “Currently, only 189,800 wartime Veterans and 139,800 surviving spouses are using their needs-based pension benefits that are meant to ease the burden on them, their families and caregivers. We need to ensure all of our wartime Veterans and their survivors are aware of their benefits.”

The following benefits are available through VA’s [Pension and Fiduciary Service](#) for use in planning and preparing for the future:

- VA [pension](#) is payable to wartime Veterans who are permanently and totally disabled due to non-service-connected disability, or who are age 65 years old or older, and who meet certain income and net worth limits.
- [Special monthly pension](#) is an additional benefit for Veterans in receipt of pension who are housebound, require the aid and attendance of another person to help

them with daily activities (such as eating, bathing and dressing), have very limited eyesight or require nursing home care.

- For surviving spouses, there are two types of benefits P&F Service offers. [Survivors Pension](#) provides monthly payments to qualified surviving spouses and unmarried dependent children of wartime Veterans who meet certain income and net worth limits. Special monthly pension is also available to surviving spouses who are housebound or require the aid and attendance of another person.
- [Dependency and Indemnity Compensation](#) is available to dependents and parents and generally is not based on income and assets. (Except the income limits apply to parents.) DIC is a monthly monetary benefit paid to a surviving spouse, child or parent of a Veteran who died from a service-related injury or illness, or when an active-duty service member dies in the line of duty. Special monthly DIC is also available to surviving spouses who are housebound or require the aid and attendance of another person.
- A surviving spouse of a Veteran who served on a Blue Water Navy vessel offshore of the Republic of Vietnam, or on another U.S. Navy or Coast Guard ship operating in the coastal waterways of Vietnam between Jan. 9, 1962, and May

7, 1975, may be eligible for DIC benefits — [even if they were previously denied](#).

- VA’s [funeral and burial benefits](#) are available for both service-related and non-service-related deaths. New regulations allow a flat-rate burial and plot or interment allowance with decreased paperwork and maximum payment permitted by law.
- For those interested in burial benefits such as a Presidential Memorial Certificate, burial flag, headstone or marker, the [National Cemetery Administration](#) has information about pre-need eligibility.

Many vulnerable senior wartime Veterans are targeted with misinformation. In many cases, this is because they are not fully aware of their benefits, which increases the chances of them being taken advantage of and/or defrauded.

VA encourages elderly wartime Veterans and their family members to consult a [VA-accredited representative](#) if they want or need help filing a claim. They are reminded to be aware of individuals or companies that promise benefits or ask for money upfront, as only VA can make final determinations on [eligibility](#).

[Factsheets](#) are available to assist Veterans with limited resources. [Pension eligibility information](#) has details on how Veterans and their families can get help filing their claim for free.

**WE SERVE  
ALL WHO  
SERVED**

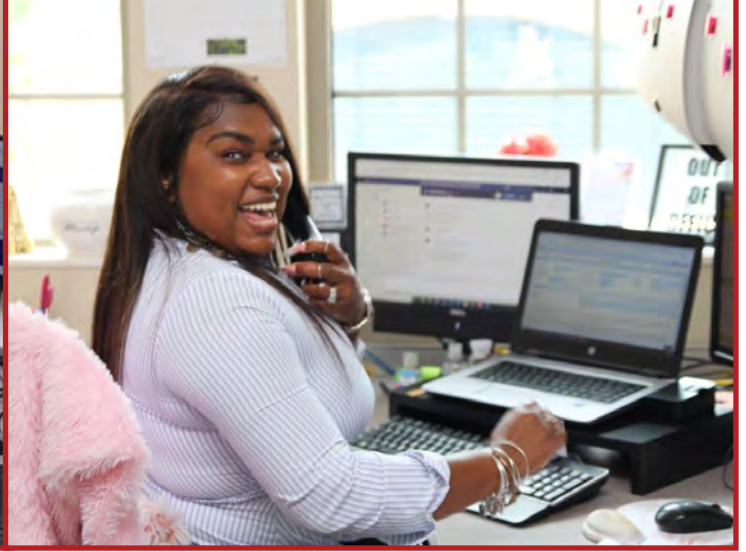
[www.patientcare.va.gov/LGBT](http://www.patientcare.va.gov/LGBT)  
[VAIgbtprogram@va.gov](mailto:VAIgbtprogram@va.gov)

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

**Veterans  
Crisis Line**

**1-800-273-8255**  
**PRESS 1**





## Hampton Office of Community Care Working to Create a Seamless Bridge of Care for Veterans

The Hampton VAMC Office of Community Care (OCC) consists of a group of people whose sole responsibility is to ensure that the care offered to our Veterans is both seamless and timely to ensure that they are able to live their best lives while getting world-class care for their medical needs. More than 80 employees work in the halls, cubicles, offices and digitally to seamlessly take Veteran care needs from being identified to being resolved. When, due to the nature of the complexity of a Veteran care need or the lack of availability of a particular care option, the OCC teams consisting of Nurse Navigators, LPNs, Medical Support Assistants (MSAs) and Social Workers working in various capacities and partnered with community providers are there to meet the goal of obtaining the medical care needed for the Veteran.

The OCC has teamed up with multiple facilities and private practice entities in the community to provide more than 50 areas of specialized medical care as the need arises. Anything from Primary Care to Neurosurgery to Inpatient Care is offered via the OCC consult process, and care is available throughout the Tidewater area to as far away as the outer banks of North Carolina and the Virginia eastern shore. The OCC teams work to ensure that all steps in the process to include evaluation, eligibility, authorization, Veteran contact, scheduling and request for records after the visit are completed in the quickest manner possible. In addition, there is a team of four providers to confirm that the appropriate prerequisite care has been completed prior to scheduling a Veteran for care.

Call center personnel ensure that questions and concerns are appropriately handled while patient representatives are available to

ensure that the care experienced has met the needs and expectations of the Veterans we serve. Rounding out the team are a budget analyst, MSA supervisors and leads, a business manager, an administrative officer as well as the Nurse Manager and the Service Chief to provide oversight and to mitigate any issue that would prevent world-class care from being provided and maintained.

One of the improvements made over the last eight months is the establishment of workable goals for each area to accomplish in every work period. A combination of scheduling, Veteran contacting, note updating, consult closing, and other tasks were reviewed, given a weight, and an identified productivity goal was created for our OCC employees. Goals were adjusted for the type of work that each employee is responsible for, and since those goals' implementation, the amount of backlog of consults has decreased approximately 50 percent from more than 12,000 consults in pending status to just under 6,000 in pending status during that 8-month period.

The creation of a patient representative segment to our OCC has given the Veteran experience office located at the main hospital a place to directly transfer those calls having to do with community care specifically. This creates a streamlined process in which the call is handled in a one-stop fashion as often as possible by a staff of dedicated representatives with experience in most if not all aspects of how consults are handled. Due to that experience, a Veteran can call and get their problem addressed and often resolved while on one call, without having to be transferred to multiple departments, which results in a pleased Veteran. Currently we have two representatives and are recruiting for a third to be able to

**(LEFT PHOTO)** Amare, Staff Physician, works alongside three Nurse Practitioners to approve and move consults forward. **(RIGHT PHOTO)** Vanessa Timmons, Veteran Representative, taking care of Veteran issues involving Community Care.

continue to improve the addressing of concerns raised by Veterans about their community care experience.

In addition, frontline staff have taken hold of the OCC mission action points and created a set of 10 "How To" workshops consisting of 30-minute refresher sessions on the following topics: RFS Process and Documentation, Electronic Tagging, How to Navigate Hospital Portals, How to Properly Document on a Consult, and others. These topics are presented by volunteers who created the presentations, had them vetted by leadership prior to presenting to their peers, and continuously update them as necessary to ensure that the most current information is being shared. This activity is a strong indicator of the passion and professionalism of the OCC team here at Hampton VAMC.

The Office of Community Care is a crucial part of the entire Hampton VAMC family, and works extremely hard to provide the appropriate services at the appropriate time to the appropriate Veteran, ensuring that all aspects of the Veteran's care needs are addressed. The Hampton VAMC is extremely proud of the work being done every day by the outstanding staff at the Office of Community Care to not only get all our Veterans the care they need in a timely manner, but to ensure that there is care available in the community by maintaining a close professional relationship with multiple and diverse vendors able to assist with providing needed care to the Veterans we serve.

# VA Grants Improve Transitional Housing, Prevent Veteran Homelessness

Community Organizations in VISN 6 Reap \$4,632,887

**WASHINGTON** — The Department of Veterans Affairs will begin awarding \$116.4 million in grants Sept. 30 to more than 200 community organizations under VA's [Grant and Per Diem program](#).

GPD provides funding to community organizations that provide transitional housing and supportive services for Veterans at risk of or experiencing homelessness, and aims to help them to achieve residential stability, increase skill levels and income, and obtain greater self-determination.

"The Grant and Per Diem program is integral to VA's evidence-based approach to preventing and ending homelessness among Veterans, which remains one of our highest priorities," said VA Secretary Denis McDonough. "These grants give the department continued flexibility to customize our services to the unique circumstances and needs of each Veteran facing a housing crisis, and puts them on the pathway to permanent and stable housing."

VA will award three different types of grants to address the unique needs of Veterans who are experiencing or at risk for homelessness.

**Capital Grants** will provide funding for community organizations to build or renovate facilities that serve Veterans experiencing

homelessness, and are authorized through the Coronavirus Aid, Relief and Economic Security Act established in 2020. The improvements must result in less congregate and more individual-unit-style housing, thereby improving personal safety and reducing risks associated with close quarters living. VA will award 60 capital grants totaling approximately \$64.2 million to provide 1,439 new beds over the next 18 to 24 months.

**Case Management Grants** will be used to support case managers who provide services to help Veterans to maintain self-sufficiency and housing stability. A total of 121 grants to organizations are awarded to support almost 155 case managers, totaling about \$28.4 million over two years.

**Special Need Grants** will provide funding for community organizations that help Veterans experiencing homelessness with special needs such as women Veterans, those with chronic mental illnesses, and those who care for minor dependents. A total of 26 grants to organizations will be awarded for 217 beds totaling about \$23.75 million over three years.

GPD has provided Veterans experiencing homelessness with community-based transitional housing and supportive services since 1994. As a result of this program and other VA efforts, the number of Veterans experiencing

homelessness in the U.S. has declined by [50% since 2010](#). For a list of GPD grantees and non-profit organizations seeking details about the program, visit [homeless GPD](#). Organizations in VISN 6 receiving awards are listed below:

## CAPITAL AWARDS LIST:

- Richmond** – Liberation Veteran Services – 1,900,000
- Salisbury** – Open Door Ministries of High Point, Inc. – 300,000
- Salisbury** – Rowan Helping Ministries – 450,000
- Salisbury** – The Servant Center – 1,050,000

## CASE MANAGEMENT AWARDS LIST

- Durham** – Volunteers of America of the Carolinas – 161,952
- Fayetteville** – Volunteers of America of the Carolinas – 161,952
- Asheville** – Asheville Buncombe Community Christian Ministry – 129,000
- Richmond** – Handup Community Resource Center – 220,000
- Richmond** – Liberation Veteran Services – 143,000
- Salem** – ARCH Roanoke – 116,983

## VA to Start Processing Disability Claims for Certain Conditions Related to Particulate Matter

**WASHINGTON** — The Department of Veterans Affairs will begin processing disability claims Aug. 2 for asthma, rhinitis and sinusitis on a presumptive basis based on presumed particulate matter exposures during military service in Southwest Asia and certain other areas — if these conditions manifested within 10 years of a qualifying period of military service.

VA conducted the first iteration of a newly formed internal VA process to review scientific evidence to support rulemaking, resulting in the recommendation to consider creation of new presumptions of service connection for respiratory conditions based on VA's evaluation of a National Academies of Science, Engineering and Medicine report and other evidence.

The process concluded that particulate matter pollution is associated with chronic asthma, rhinitis and sinusitis for Veterans who served in the Southwest Asia theater of oper-

ations beginning Aug. 2, 1990, to the present, or Afghanistan, Uzbekistan, Syria or Djibouti beginning Sept. 19, 2001, to the present. VA's review also concluded that there was sufficient evidence to presume that these Veterans have been exposed to particulate matter.

"I announced my intent to initiate rulemaking on May 27 to consider adding respiratory conditions to the list of chronic disabilities," said Denis McDonough, Secretary of Veterans Affairs. "Through this process I determined that the evidence provided was sufficient to establish presumptions of service connection for these three respiratory conditions. This is the right decision, and VA will continue to use a holistic approach in determining toxic exposure presumptions moving forward."

The Southwest Asia theater of operations refers to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates,

Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea and the airspace above these locations.

VA will conduct outreach to impacted Veterans and survivors to inform them about their eligibility and will provide information on how to apply. Veterans and survivors who believe they may be eligible for the newly established presumptive conditions are encouraged to apply. They should file a [VA Form 21-526EZ](#) if applying for the first time or a [VA Form 20-0995](#) if they are re-applying for these conditions. For more information on the new presumptive conditions, visit our website at [Airborne Hazards and Burn Pit Exposures - Public Health \(va.gov\)](#).

To apply for benefits, Veterans and survivors may visit [VA.gov](#) or call toll-free at 800-827-1000. Within the next week, you can view the interim final rule at [www.regulations.gov](#).

# 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 Ct., 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 27809  
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](mailto:stephen.wilkins2@va.gov) or call 919-956-5541

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