



"Excellent Care – Earned by Veterans – Delivered Here"

Voices of VISN 6

Official news from around *your* VISN

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March 31, 2017

Shorter Wait Times, Simplified Appointment Scheduling

By Bart Major
Salisbury VAMC
Public Affairs

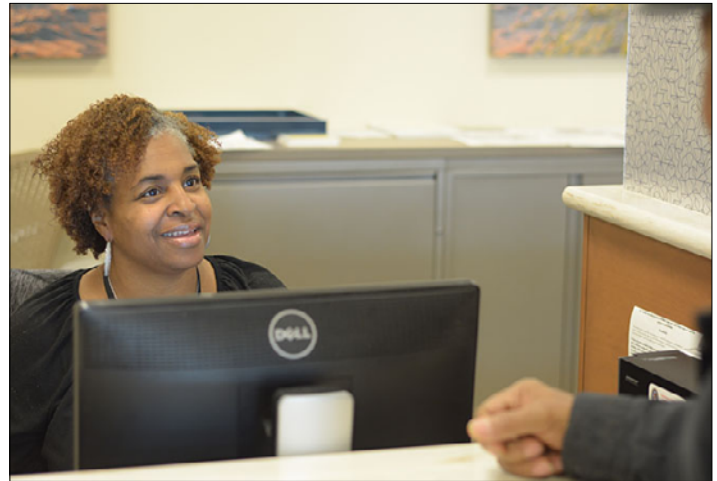
Salisbury VA Health Care System is currently expanding immediate scheduling, a best practice implemented at the Charlotte VA Health Care Center (HCC) in the fall of 2016, for the purpose of lowering Veteran wait times. Immediate scheduling gives Veterans who have completed their primary care appointment the ability to schedule certain provider-ordered specialty care and imaging

appointments before they ever leave the facility.

Previously, Veterans would wait for a telephone call to schedule their appointment after a specialist reviews the consult request and determines exactly what is needed.

"We are constantly working to lower the time Veterans have to wait for all types of care," said Kaye Green, Salisbury VA Health Care System director. "Immediate scheduling removes a lot of unnecessary steps and, in

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Bart Major

Sharon Doyle, an advanced medical support assistant at the Charlotte HCC, checks a Veteran in for his appointment before explaining the new immediate scheduling process available in Charlotte.

Mental Health Care To Expand To OTH Veterans

VA Secretary Dr. David J. Shulkin, while testifying in a House Veterans Affairs Committee hearing on March 7, announced his intention to expand provisions for urgent mental health care needs to former service members with other-than-honorable (OTH) administrative discharges.

This move marks the first time a VA secretary has implemented an initiative specifically focused on expanding access to assist former OTH service members who are in mental health distress and may be at risk for suicide or other adverse behaviors.

"The president and I have made it clear that

suicide prevention is one of our top priorities," Shulkin said.

"We know the rate of death by suicide among Veterans who do not use VA care is increasing at a greater rate than Veterans who use VA care. This is a national emergency that requires bold action. We must and will do all that we can to help former service members who may be at risk. When we say even one Veteran suicide is one too many, we mean it."

It is estimated that there are a little more than 500,000 former service members with OTH discharges. As part of the proposal, former OTH service members would

be able to seek treatment at a VA emergency department, Vet Center or contact the Veterans Crisis Line.

"Our goal is simple: to save lives," Shulkin continued. "Veterans who are in crisis should receive help immediately. Far too many Veterans have fallen victim to suicide, roughly 20 every day. Far too many families are left behind asking themselves what more could have been done. The time for action is now."

Before finalizing the plan in early summer, Shulkin will meet with Congress, Veterans Ser-

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From The Director

It is widely known that when Veterans receive VA care they are much less likely to attempt suicide.

While the number of Veterans enrolled in VA Health Care continues to climb, it still seems there are many Veterans who don't receive the care they need.

An abundance of those Veterans severely need mental health care, often harming themselves when they didn't get adequate treatment in time. Therefore it is essential that we all do more to find new ways that ensure Veterans are a part of VA and receive that critical care.

Recently VA Secretary Shulkin testified to Congress that one of the new avenues we will use to reach Veterans in crisis will be to make sure that those discharged under other than honorable circumstances (OTH) know they can depend on VA for critical mental health care.

While it has never been customary for a VA doctor to turn a Veteran in crisis away, many Veterans, due to the conditions of their discharge, may have avoided VA feeling they could be turned away.

We are currently in the midst of a 90-day period that welcomes Veterans with other than honorable discharges to seek VA mental health care, while we work out the administrative details of the secretary's vision.

Almost 800,000 Veterans live in the region defining this VA health network, VISN 6. Just over 500,000, more than half of these Veterans, are registered in VA and nearly 400,000 have visited VA for care. But that means just as many haven't come to the myriad VA facilities we've placed throughout the region over the years. For many it is a matter of trust.

Often the news we hear carries stories that exploit the unfortunate experience of a Veteran or family member, overshadowing the good work that VA staff accomplish through hundreds of millions of appointments here, every year.

A statistic that has gained notoriety recently is the approximation of 20 Veterans committing suicide daily. Well, the rest of that story is that when VA care is involved, the number drops to five. While even five a



day is an embarrassing statistic, letting people know about that kind of success can help Veterans feel better about taking advantage of the care we offer.

As VA works to include OTH Veterans, and continues to search for other ways to embrace Veterans in our catchment who currently stand outside VA's safety net, I encourage you to do what you can to lead Veterans to VA, where they can get the help they need.

If you aren't sure how to connect, feel free to call the VISN office at 919-956-5541, or contact one of our medical centers (numbers are listed on the back page of this newsletter) or Vet centers.

Other VA mental health information can be found on the VA Mental Health page at: www.mentalhealth.va.gov.

Information about the VA Crisis Line is available at www.VeteransCrisisLine.net; Veterans in crisis can call Crisis Line at 800-273-8255 (press 1) or texting 838255. A Suicide prevention fact sheet may be found at: www.va.gov/opa/publications/factsheets/Suicide_Prevention_FactSheet_New_VA_Stats_070616_1400.pdf.

Evans Appointed New Associate Director At Asheville VAMC

Navy Veteran Robert Evans recently joined the Asheville team as the new Associate Medical Center Director. Prior to his selection for the Asheville position, Evans started his career with the VA in May 2011 at the Aleda E. Lutz VA Medical Center in Saginaw, Mich. and most recently served as the Assistant Medical Center Director at the Atlanta VA Medical Center in Georgia. He also served two extended details as Acting Associate Medical Center Director at the Atlanta VA and the WJB Dorn VA Medical Center in Columbia, S.C.



Robert Evans

During his 25-plus year career in the United States Navy he held senior leadership positions within the Navy, Joint, and Combined Command structures with worldwide, national, and regional spans of command and control. He was awarded the Bronze Star for his service in Afghanistan.

Evans is a graduate of Bowdoin College in Maine, the Princeton Theological Seminary in New Jersey, the Candler School of Theology in Georgia, and the Naval War College in Rhode Island.

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



Mark Shelhorse M.D., Acting Network Director
Joseph Edger, Deputy Network Director
Kim Voss M.D., Acting Chief Medical Officer
Steve Wilkins, Acting Chief Public Affairs
Patrick Schuetz, Chitra Productions

VA Medical Foster Homes Need Veterans, Caregivers

Reprinted with permission from PARAGLIDE
By Tina Ray, Paraglide

As a five-year Army Veteran, Shamara Young knows the value of taking care of service members. As a medical support assistant with the Department of Veterans Affairs Medical Foster Home program, she also knows the value of taking care of Veterans.

The program, which began nationwide a decade ago, is in need of both Veterans and caregivers.

An MFH, according to officials, is one in which an adult Veteran is placed under the care and supervision of a caregiver. It is geared toward Veterans who are unable to live independently because of functional, cognitive or psychosocial impairment. Such Veterans typically have issues relating to dementia/Alzheimer's Disease, heart disease, diabetes, congestive heart failure, osteoporosis, brain injuries and other maladies.

The Fayetteville VAMC has placed Veterans as young as 27 years old and as elderly as 94, said Dr. Adrienne O. Monroe, MFH coordinator. The foster home program is currently looking for caregivers as well as Veterans.

"We not only recruit for those Veterans ... we also recruit for caregivers," she said.

In addition to Monroe and Young, MFH the team also includes Magdalene Phillips-Fulks, who provides recreation therapy services to Veterans. Because the MFH program falls under the jurisdiction of VA home-based primary care, dietician, social work, psychology, kinesiology therapy and other services are also provided, Monroe explained.

"We provide all their (Veterans) medical care in the home, so they don't have to come to the VA."

For instance, services are provided to a Special Forces Veteran who medically ended his career because of a spinal injury, she said. The Soldier had previously been placed in nursing home and felt out-of-place in a facility that accommodated older persons. In talking with MFH staff, he realized that a foster home was the ideal fit for him and has gone on to a more peaceful, happy disposition.

Three Veterans who had been placed in MFHs ultimately died in those homes. But, that was not a bad thing — it means that they were happy in their last placement.

"We want this to be their final destination," Monroe said.

Determination about the placement of a Veteran is based on the Veteran's specific physical, social and emotional needs.

However, there are some criteria that must be met



Lewis Perkins
Dr. Adrienne Monroe is the Fayetteville VAMC Medical Foster Home Coordinator, helping Veterans unable to live independently.

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McGuire VAMC Doctor Tests New Prosthetics Technology

By Patrick Gordon
Richmond VAMC Public Affairs

Dr. Douglas Murphy, a physician at Richmond VAMC, is working with ground-breaking technology to allow Veterans to control prosthetic legs using only their thoughts. Using a brain-computer interface (BCI) allows Veteran patients to control complex leg functions with brainwaves.

According to Murphy, "The goal of all prosthetic research is to restore to the amputee the level of functioning that existed prior to the amputation and prior to any pathology that existed in the leg."

Murphy says with the device patients are able to activate a switch that unlocks a prosthetic knee. He con-

tends that "adding the ability to control prosthetic function with thought alone provides a giant step toward achieving the previous level of natural functioning."

This new BCI technology allows amputees better mobility through many activities which previously required manual adjustments. Activities like standing up, sitting down and walking are all affected by this method.

BCI allows the prosthetic user a quick, hands-free system to control their prosthesis in a variety of unpredictable environments. The system is easy to use and learn. After working all day to orient to the device with Richmond VAMC prosthetics specialist John Fox, Marine Veteran William Gadsby said he was working on

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Veteran Gets Her Wish, Flies High With FSU Women Athletes

By Paul Brown
Durham VAMC

Last month, Durham VA hospice patient Frances “Frankie” Holland, firmly planted in her wheelchair, was flying high. Holland is a Woman’s Army Corps Veteran who served during the Vietnam War era. She is also a longtime fan of the Florida State University (FSU) women’s basketball team.

During a visit from her Nurse Practitioner, Michaelene Moore, Holland mentioned her decade’s old loyalty to Florida’s basketball squad and her desire to attend an upcoming game between her favorite team and its North Carolina opponent, University of North Carolina at Chapel Hill. Due to her condition, Holland knew she could not endure the 40-minute game.

Moore was sympathetic and committed to honoring the Veteran’s final wish. She contacted recreational therapy employee Erica Dickens to see what could be done. The office, housed in the medical center’s Community Living Center, spearheads an effort to fulfill hospice patients final wish.

Between Moore, Dickens, FSU, UNC, the N.C. American Legion Auxiliary and the Durham VAMC’s Voluntary Services office, Holland got the next best thing to being at the FSU game.

The Florida women had a one-hour practice session in Chapel Hill just hours before their game. Dickens contacted the FSU staff who issued Holland a warm welcome to attend. UNC’s staff made sure the visit happened.

“When we got there, we were treated like kings,” Dickens said. “Nurse Practitioner Moore and I escorted Frankie to the Carmichael Arena, where she was able to



Courtesy Photo

Durham VA hospice patient Frances “Frankie” Holland meets the Florida State University women’s basketball team as part of medical center’s program to fulfill the final wish of Veterans.

speak with Coach Sue [Semrau] for about 10 minutes before practice began and was then invited court side to watch practice. The coaches were so kind. The staff came over, spoke with Frankie at length, and shared with us about their team. They listened as Frankie and even shared stories of similar places they enjoyed in Florida. Frankie was so content and grinning ear to ear the whole time.”

After practice, Coach Sue invited Frankie out onto mid court, where she participated in the final moments

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Wait Times continued from Pg 1

many instances, has even allowed Veterans to be seen for specialty care on the same day as the referral when there are cancellations in the schedule. Quality of care and timely access are among our greatest priorities.”

Initially implemented in August 2016 in the Charlotte HCC for specialty care, immediate scheduling has been expanded to even more sub-specialties in the Charlotte and Kernersville HCCs, and in imaging across the Salisbury VA system. Immediate scheduling is also planned for the Salisbury VAMC which will take place in a new designed scheduling hub. The scheduling hub is currently under construction on the first floor of the Salisbury primary care building.

For more information about VA services visit www.explore.va.gov or like us on Facebook at www.facebook.com/VASalisbury.

Mental Health continued from Pg 1

vice Organizations and Department of Defense officials to determine the best way forward to get these former service members the care they need.

“I look forward to working with leaders like Congressman Mike Coffman from Colorado, who has been a champion for OTH service members,” Shulkin added. “I am grateful for his commitment to our nation’s Veterans and for helping me better understand the urgency of getting this right.”

Veterans in crisis should call the Veterans Crisis Line at 800-273-8255 (press 1), or text 838255.



Clinical Command Center Adds Greater Access For Veterans

By David Hodge
Richmond VAMC Public Affairs

Behind an ordinary solid wood door on the 2nd floor sits one of the busiest hubs of activity within the sprawling McGuire VAMC.

The 600-square-foot room is home to a multi-disciplinary team of doctors, nurses and social workers charged with managing patient flow for Veterans coming into, and out of, the facility.

The Clinical Command Center operates around the clock, said Dr. Trishana Glover, chief of the command center. It acts as a hub of information for the hospital similar to an air traffic control room.

At McGuire, command center staff gathers, analyzes, and distributes information throughout the hospital so clinical staff can make timely and accurate decisions regarding admissions, discharges and inter-facility transfers, Glover said.

Large monitors cover one entire wall within the command center, displaying an array of information used by the staff members inside. Every two hours, Glover's iPad dings with the latest patient flow report.

"We get information from so many places," Glover said. "We identify patterns and are the best-equipped outfit to help areas of the hospital to be efficient."

The use of a data-driven command centers in public sector healthcare is rising, but in VA the concept is still relatively new. McGuire is the only VA hospital in the region utilizing this concept.

"By efficiently managing patient flow, we are able to have the patients in the right place at the right time with the correct staffing, and the patient gets the level of care they need," said Dr. Sandeep Chhahira, deputy chief of staff, McGuire VAMC.

In 2015, John A. Brandecker, director of McGuire, established the command center to streamline patient care and ensure the proper utilization of medical staff, Chhahira said. This is important because Veterans from across the nation receive highly-specialized services from McGuire.

"We work towards seamless coordination of care," Chhahira said. "If it's fragmented, it creates bad outcomes for patients and employee dissatisfaction. So, coordination is key."

In its second year, the Clinical Command Center has proven to be an important commodity for the hospital in positive clinical outcomes, operating room efficiency, employee satisfaction and fiscal responsibility.

Just last year, the Clinical Command Center saved the hospital two million dollars through efficient management, increased access, continuous evaluation of processes, and incorporating innovative ideas to over-



David Hodge

Richmond VAMC Clinical Command Center staff meet to manage patient flow, analyze information, increase efficiency throughout the building, and help improve overall patient outcomes for Veterans.

come barriers.

"VA is unique in the sense that VA staff are the best trained to deal with care for Vets," Chhahira added. "We have the knowledge the Veterans need."

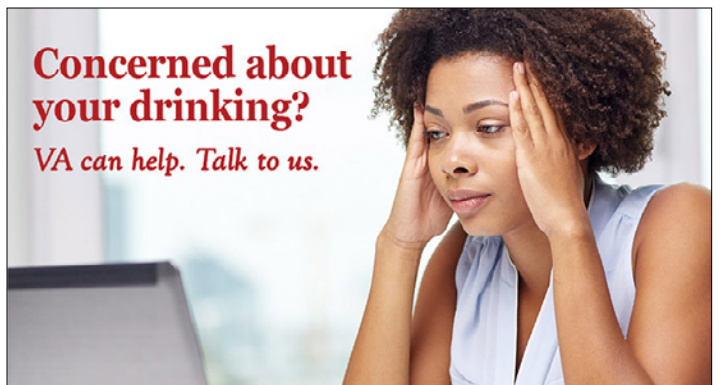
The hard work of the command center contributed to a 30 percent reduction in diversion hours between 2014 and 2016, explained Chhahira.

Diversion occurs when a particular area in the hospital temporarily reaches max capacity.

"Since 2014, diversion has been gradually cut down," Chhahira said. "In the last six months or so, diversion has been almost eliminated."

Less time spent on diversion equates to greater access for Veterans, he added.

McGuire VA is a 1A complexity health system serving approximately 60,000 Veterans throughout central Virginia at its main facility in Richmond, and four community-based outpatient clinics located in Fredericksburg, Spotsylvania county, Charlottesville and Emporia.



Order of the Long Leaf Pine Presented to Asheville Resident

On March 28, Former State Representative Joe Sam Queen (right) presented the prestigious Order of the Long Leaf Pine award to Wayne Carringer (seated), a Bataan Death March survivor and longtime Asheville VAMC Community Living Center resident. The honor is conferred by the Governor of North Carolina for exemplary service that is above and beyond the call of duty. VA volunteer Bill McEntire (left) and Asheville VAMC Director Cynthia Breyfogle were on hand to congratulate him.



Rod Doty

Foster Homes continued from Pg 3

before a caregiver's home can be designated as an MFH. That criteria includes, but is not limited to:

- Own/rent their home as a primary resident;
- Be at least 21 years old;
- Care for no more than three residents;
- Complete VA MFH application and inspection process;
- Maintain a written crisis plan and respite plan;
- Receive ongoing training.

Also, family members who are interested in placing their loved one in an MFH can do federal and state background checks for safety oversight.

Among other requirements, caregivers should have formal or informal experience with patient care, be physically able to provide needed care and able to follow the veteran's treatment plan.

An inspection team will visit the property to ensure that it is safe for Veteran placement. Team members verify measures such as the proper wiring of fire alarms, the availability of a first aid kit and an adequate evacuation route, Young said.

Additionally, they ensure that caregivers maintain at least a three-day supply of water and food, which became especially important in the wake of Hurricane Matthew last year when some homes were without water and electricity for days. Also, medications should be stored behind a locked door to lessen the likelihood of patients who struggle with dementia obtaining access, said Monroe.

Staff also guarantees that the homes are an ergo-

nom fit for Veterans. If, for instance, a Veteran is bothered with arthritis, the home must contain toilets that are not too low and don't complicate that person's condition.

Toilets, hospital beds and other medical equipment can be supplied as needed, Young said.

Monroe and Young visit the home several times a month, and also make unannounced visits.

Young said inspections are renewed annually.

All bases are covered. A psychologist visits the home to offer advice to assuage caregivers stress. Staff also confirm that a caregiver has a relief caregiver in place so that the primary caregiver can take time away, if necessary.

Referrals for a Veteran to be placed in an MFH are made through the VAMC, other hospitals and social workers. The referrals do not have to be from local facilities or medical professionals, explained Monroe. As long as the Veteran is first enrolled in a VAMC, he or she can be placed from other cities and states.

Many people do not know that an MFH is a long term option for Veterans. Routinely, when one thinks of foster homes, one thinks of children, but an MFH provides a home-like environment and is a viable option for those who have served.

"There's a need for both Veteran referrals and caregivers. We want the word to spread like wildfire," Monroe said. "We have the capacity to serve more."

Interested Veterans or caregivers may call 488-2120, ext. 7599 or toll-free at 800-771-6106, ext. 7599.



Courtesy William Gadsby
Marine Veteran William Gadsby was one of the first amputees to test brain-computer interface technology (BCI) prosthetic equipment.

Marine Veteran Benefits From New Prosthetic

continued from Pg 3

the parallel bars when he dropped his keys. “Instinctively I stooped to pick up the keys, bending both knees simultaneously, when (as if a light came on) it hit me.”

Gadsby explained that with most prosthetic devices, a person would consciously bend their back, unlock the prosthetic at the knee and then bend to recover the keys. In that instant he realized that he had regained much of what he’d been living without.

Murphy suggests, “[BCI] contributes simplicity, speed, naturalness and an increase in capacities to walk, run or participate in recreational activities,” taking the amputee that much closer to restoring the kind of abilities and functions that their amputated leg once provided. “The amputee can shed the mechanistic appearance that comes with current methods of prosthetic control,” he concluded.

Gadsby finished, “When we have our organic limbs we tend to take the spontaneity for granted, but when you have a prosthetic you always have to think about what to do and how to move to do it.”

Relating to dreams he harbors in sleep and while imagining another life, running or hiking with his organic leg, he contends the feeling of the BCI is “surreal, it is almost like having that spontaneity back again.”

Murphy spoke about this technology at the Association of Academic Physiatriests Annual Meeting in Las Vegas on Friday, Feb. 10. WCVE, Richmond’s NPR radio station, ran a story about this technology featuring Dr. Murphy on Feb. 10 as well.

Flying High continued from Pg 4

of practice. She was invited into the team huddle, introduced to the team, and had the opportunity to share some of her stories with the team as well.

Holland relished the visit. “We had so much fun,” she said. A Women’s Army Corps (WAC) clerical technician from 1969 to 1971, she played basketball and softball in her younger years — and remembers when she was in high school in High Point, N.C. playing pick-up basketball with a friend of Semrau’s, legendary N.C. State University’s women’s coach, Kay Yow. After her discharge, she lived in Florida for more than 20 years. It is where she became an FSU fan. She has followed Semrau’s career since her FSU debut in the early 1990s. “She’s a fantastic coach,” said Holland. “She brought that team from the bottom to the NCAA nationals.”

At the end of the team practice, Holland was presented with an FSU Veteran’s Day t-shirt and a basketball signed by the team. They even promised her a win

in the UNC game that night.

Holland’s is not the first wish that the Durham VAMC staff has granted. Abena Jones-Boone, also in the recreational therapy office, helped start the effort about four years ago. Since then, the Recreational Therapy office has worked with the American Legion Auxiliary, which provides funding, and the Voluntary Services office to grant end-of-life wishes to Veterans.

“Wishes have ranged from a New Year’s champagne toast for a husband and his wife; Thanksgiving dinner in October for a Veteran and his estranged siblings mere hours before the Veteran passed; to providing a final meal of a hamburger and a milkshake,” said Jones-Boone.

Of her visit, Holland said, “They were even more than I expected.” True to their word, the FSU women kept their promise. They defeated UNC that night by a score of 90 to 77.

April Is National Stress Awareness Month

Stress happens. Sometimes it's unavoidable, at times it's unbearable. That's why taking time for yourself is invaluable. It's healthy to relax, renew, and rejuvenate.

Stress does not merely afflict your mind; it can also affect you on a cellular level. In fact, long-term stress can lead to a wide range of illnesses—from headaches to stomach disorders to depression—and can even increase the risk of serious conditions like stroke and heart disease. Understanding the mind/stress/health connection can help you better manage stress and improve your health and well-being.

The sympathetic stress response is a survival mechanism that is hardwired into our nervous systems. This automatic response is necessary for mobilizing quick reflexes when there is imminent danger, such as swerving to avoid a car crash.

When you perceive a threat, stress hormones rush into your bloodstream—increasing heart rate, blood pressure, and glucose levels. Other hormones also suppress functions like digestion and the immune system, which is one of the reasons why chronic stress can leave you more vulnerable to illness.

Danger triggers the stress response. Unfortunately, so can work conflicts, concerns over debt, bad memories, or anxiety in general. Although one bad day at work won't compromise your health, weeks or months of stress can dampen your immune response and raise your risk for disease.

Meditation is a way to relax and renew the mind, body, and spirit. Meditation is not necessarily about having no thoughts; it's about having no reactions to your thoughts, so allow the thoughts to come and go. Be gentle and patient with the process.

www.foh.hhs.gov/calendar/stress.html

If you suffer from chronic stress and can't influence or change the situation, then you'll need to change your approach. Be willing to be flexible. Remember, you have the ability to choose your response to stressors,

and you may have to try various options. Recognize when you don't have control, and let it go. Don't get anxious about situations that you cannot change. Take control of your own reactions and focus your mind on something that makes you feel calm and in control.

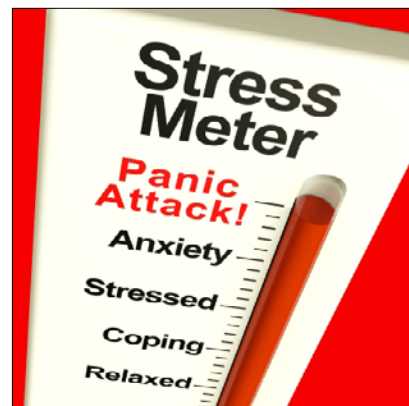
This may take some practice, but it pays off in peace of mind. Develop a vision for healthy living, wellness, and personal growth, and set realistic goals to help you realize your vision.

Be sure to carve out some time to relax and take care of yourself each day—even just 10 to 15 minutes per day can improve your ability to handle life's stressors. Also, remember that exercise is an excellent stress reliever.

Everyone has different ways they like to relax and unwind. Here are a few ideas to get you started:

- Take a walk;
- Read a book;
- Go for a run;
- Have a cup of tea;
- Play a sport;
- Spend time with a friend or loved one;
- Meditate (learn how in the sidebar);
- Do yoga.

While you can't avoid stress, you can minimize it by changing how you choose to respond to it. The ultimate reward for your efforts is a healthy, balanced life, with time for work, relationships, relaxation, and fun.



VA, DoD Study Major Breakthrough For Understanding PTSD

Researchers from the Department of Veterans Affairs (VA) and Department of Defense (DoD) recently released findings of a new study called Prospective Post-Traumatic Stress disorder Symptom Trajectories in Active Duty and Separated Military Personnel, which examines Post Traumatic Stress Disorder (PTSD) symptoms in Veterans, compared with active-duty populations.

This is the first known study comparing PTSD symptom trajectories of current service members with those of Veterans, and is the product of a collaborative effort from VA and DoD researchers analyzing data from the Millennium Cohort Study (MCS), the largest prospective health study of military service members.

According to VA's National Center for PTSD, the PTSD rate among Vietnam Veterans was 30.9 percent for men and 26.9 percent for women. For Gulf War Veterans, the PTSD rate was 12.1 percent. Operation Enduring Freedom/Operation Iraqi Freedom Veterans had a PTSD rate of 13.8 percent.

"Knowing there are similarities in how PTSD affects service members and Veterans makes it easier to pinpoint which treatments are the best to control the

condition," said Dr. Edward Boyko, an epidemiologist and internist at the VA Puget Sound Health Care System in Washington state, and VA's lead researcher on the Millennium Cohort Study.

Officials involved with the project said they are hoping the collaboration will improve the understanding of Veterans' health needs, relative to their experiences in service.

"The data that MCS researchers have been collecting since 2001 is incredibly valuable for both the DoD and VA," said Dr. Dennis Faix, director of the Millennium Cohort Study and preventive medicine physician.

"Going forward, working with VA will allow both agencies to make sure we are getting the best information to develop a comprehensive understanding of the continuum of health in current and former service members."

The results of the joint VA DoD study will appear in the Journal of Psychiatric Research's June 2017 issue. It is the first of many joint future publications expected to result from the collaboration between VA and MCS. For more on the study visit: <http://millenniumcohort.org/>.



The graphic features a collage of images: a man in a wheelchair being assisted by others, a large American flag, and a blue tethered balloon. A red box on the right contains the text "MAY 26-29 2017 SAVE THE DATE". Below the images is a dark blue banner with "2017 FREEDOM BALLOON FEST" in white. Underneath is the website "WWW.WRALFREEDOMBALLOONFEST.COM". At the bottom, a red banner lists the location "Fleming Loop Park | Fuquay-Varina, NC" and various activities: "Festival Food - Merchant, Arts & Crafts Village - Military Displays & Exhibits - Field Games - Music - Chef's Challenge - Children & Family Friendly - Tethered Balloon Rides - Competition Flying Demonstrations - Nightly Balloon Glow". A circular logo on the left shows "5 WRAL FREEDOM BALLOON FEST".

VA, DAV Host Annual Disabled Veterans Winter Sports Clinic

Nearly 400 injured Veterans and active-duty military members will join volunteers and leading medical and rehabilitative professionals from across the nation for the 31st National Disabled Veterans Winter Sports Clinic, scheduled March 26-31 in Snowmass Village (near Aspen), Colo.

The event, hosted by VA and DAV (Disabled American Veterans), is made possible by strategic corporate partnerships, nonprofit organizations and individual donors.

“The National Disabled Veterans Winter Sports Clinic is a life-changing event for the Veterans who participate,” said Dr. David J. Shulkin, Secretary of Veterans Affairs. “I am inspired by our Veterans and equally inspired by our staff, who coach and encourage them to dream beyond their imagination, draw from their inner strength and use this clinic to showcase their resilience and courage.”



Courtesy Photo

When Veterans go back to their communities, they bring this experience of a lifetime back to help others, while motivating themselves throughout the entire year. Often referred to as “Miracles on a

Mountainside,” the clinic promotes rehabilitation through adaptive Alpine and Nordic skiing, rock climbing, wheelchair self-defense, sled hockey, scuba diving, and other adaptive sports and activities. Studies show adaptive sports provide participants with physical and emotional benefits, including stress relief, reduced dependency on pain and depression medications, and higher achievement in education and employment.



Courtesy Photo

The event has also been a starting point for numerous Paralympic athletes. “Involvement in this event has been life changing for me,” said DAV National Commander David Riley, a past-participant and quadruple amputee Coast Guard Veteran. “This event helped me redefine the perceived limitations I had after losing my limbs. And it does the same thing for hundreds of my fellow Veterans every year.”

Participation is open to active-duty service members and Veterans with spinal cord injuries, orthopedic amputations, visual impairments, and certain neurological problems and disabilities. For more information, visit www.wintersportsclinic.org.

Thinking About Your Drinking

If you are of legal drinking age, going out with friends on special occasions for one or two adult beverages is perfectly acceptable. There are healthy limits when drinking alcohol, generally no more than one drink a day and seven drinks in a week for women and people over 64, and no more than two drinks a day and 14 in a week for men under 65. How can you stay within these healthy limits?

- Before going out, make a mental note to yourself to drink within healthy limits
- Set a limit of one to two beverages per drinking occasion — and keep track
- Switch between alcoholic and non-alcoholic beverages

• Consider limiting the number of nights per week that you drink alcohol to no more than one or two nights a week. Develop ways to enjoy time with friends that don't involve alcohol.

• Think about other ideas that might work well for you. You are more likely to follow your own personal goals and plans.

If you choose to drink socially with family and friends, remember the healthy limits for drinking alcohol. If your drinking is creating problems (e.g., hangovers, problems with friends and family, interfering with work or school), you might ask yourself: “What impact is alcohol having on my life?”

Fortunately, there are lots of options for help, in-

Continued on Pg 11

Explore VA-Offered Women Veterans Health Services Online

Did you know that VA offers health care resources to meet the unique needs of women Veterans? VA offers a range of services including comprehensive primary care, mental health services, and gender specific services such as maternity care and specialty care.

On March 23, VA and Disabled American Veterans (DAV) co-hosted a [Facebook Live video tour](#) of the D.C. VA Medical Center Women's Health Clinic to discuss these services and more. Experts from VA and DAV then answered questions and directed Veterans to available resources.

In case you missed it, here are some of the resources discussed during the event: [Explore.VA.gov](#)

Get connected with the benefits you have earned as a woman Veteran by visiting [Explore.VA.gov](#). Using the Benefits Navigator, Veterans can find out which benefits they may be eligible to receive. Learn more about all VA benefits and how to apply.

Women Veterans Program Manager (WVPM)

Every VA medical center has a WVPM who serves as an advocate for women Veterans and the primary contact within the VA medical system. To find a local facility, use this [interactive map](#).

All VA medical centers also have a designated women's health primary care provider trained to address issues women Veterans face. Veterans can also choose the gender of their primary care provider, ensuring they feel safe and comfortable.

Women Veterans Call Center (WVCC)

The all-women WVCC staff provides women Veterans and their families with the resources they need.

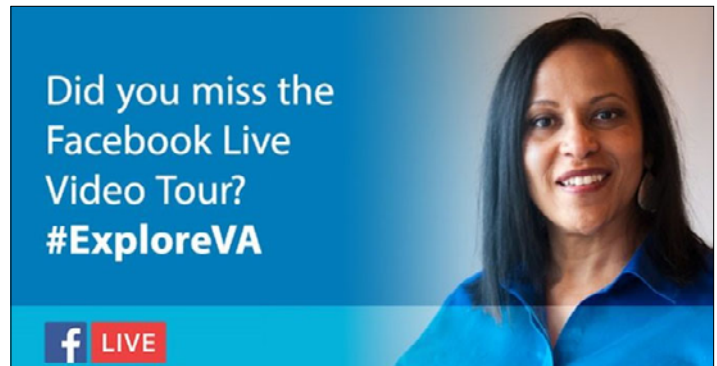
Drinking continued from Pg 10

cluding measuring your levels with a short, anonymous screening test on My HealtheVet. (Results are not recorded.) Some people decide they are drinking at unhealthy levels. They may limit themselves successfully or stop altogether on their own. Others find they want help.

There are many resources available in the VA, the community, and on-line to help you reduce risky drinking. Alcohol dependence can be treated. Risky drinking can be limited.

Effective treatments include one-to-one counseling, group treatments, medications to reduce craving or prevent relapse, and inpatient or residential treatment. Learn the basic facts so you can 'Limit Alcohol.'

Remember you can always talk to your health care provider if you have more questions about limiting your alcohol use.



By calling 855-VA-WOMEN (855-829-6636), Veterans will be put in touch with a team knowledgeable in navigating VA services and benefits. In addition, a new chat function allows Veterans to chat anonymously online.

Maternity Care

Enrolled Veterans are able to receive VA maternity benefits through care in the community. In addition, VA also covers newborns for the first seven days after birth, including all post-delivery care services and routine health care services.

More Information

Learn more about VA initiatives for women Veterans on the Center for Women Veterans website.

Thank you to all who participated in this event and to DAV for hosting.

Watch the full video below, and visit the [ExploreVA events page](#) for information on upcoming events.

- From a *Vantage Point Staff Report* posted March 31.

A graphic titled "Thinking About Your Drinking?" with the subtitle "If you choose to drink alcohol, drink moderately." It lists recommended limits for women, men, and those over 64. It also includes a section for "Avoid heavy drinking" with limits for women and men. At the bottom, it provides a key for "A drink is equal to:" with icons for 12 oz. beer (5%), 5 oz. glass of wine, and 1 1/2 oz. spirits (40 proof). Logos for I CARE and VA are at the bottom.

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 St.
Durham, NC 27705
919-286-0411, 888-878-6890
www.durham.va.gov/

Fayetteville VAMC
2300 Ramsey St.
Fayetteville, NC 28301
910-488-2120, 800-771-6106
www.fayettevillenc.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 Outreach Clinic
20 Medical Campus Drive
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

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

Franklin CBOC
647 Wayah St.
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
4006 Henderson Drive
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
910-521-8452

Rutherford County CBOC
374 Charlotte Road
Rutherfordton, NC 28139
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
123 Ben Bolt Ave.
Tazewell, VA 24651
276-988-2526

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
919-856-4616

Roanoke Vet Center
350 Albemarle Ave., SW
Roanoke, VA 24016
540-342-9726

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