



VA MID-ATLANTIC HEALTH CARE NETWORK • VISN SIX

Vol. 1, No. 7

*"Excellent Care – Earned by Veterans – Delivered Here"*

# Voices of VISN 6

Official news from around *your* VISN

May 11, 2011

## Durham VAMC Installs State-Of-The-Art PET/CT Scan

By Pete Tillman  
Durham VAMC public affairs

Veterans will soon benefit by a new state-of-the-art imaging device at Durham VAMC. The new Gemini "Big Bore PET/CT (positron emission tomography and computerized tomography) imaging equipment has arrived and is being installed on the third floor of the medical center. Manufactured by Philips, the new scanner is designed for easy entry and can accommodate patients in wheelchairs or stretchers.

"This is an exciting time for imaging technology at the Durham VA Medical Center. The cooperation of multiple services have made this happen," said Jim Stanfield, chief technician of Nuclear Medicine. "Our

Veterans will be served well by PET/CT," he adds.

PET/CT technology is typically used for the diagnosis, staging, and follow-up of a wide variety of cancers such as lung, esophageal, colon, breast, cervical, lymphoma, and melanoma.

With a cost of \$2.1 million, the equipment enhances Durham's capabilities by harnessing the strength of two imaging modalities. The PET scan assesses biology of disorders at the molecular level and the CT scan detects changes in body structure with pinpoint accuracy. This machine allows a radiologist to superimpose a nuclear medicine image with a CT image to identify precisely

**Continued on Pg 2**



*Linnie Skidmore*

*Jim Stanfield tests the new equipment while Mark Leitch, lies in the PET/CT machine at the Durham VAMC.*

## Two Dialysis Clinics To Join VISN 6 In June

By Bruce Sprecher  
VISN 6 public affairs

VISN 6 will open two state-of-the-art dialysis clinics in June as part of the ongoing

effort to increase the network's internal capacity to provide hemodialysis treatment to chronic dialysis patients. Currently, almost 600 Veterans receive dialysis in North Carolina, with

nearly 75 percent receiving dialysis by contract facilities. These clinics will help meet the growing needs of Veterans in North Carolina and advance VA's efforts to establish best practices in dialysis care for the Veteran population.

On June 1, a 16-chair clinic capable of treating up to 64 patients will open at 2301 Robeson Street in Fayetteville, and on June 6, a 12-chair clinic which can treat up to 48 patients will open at 8081 Arco Corporate Drive in Raleigh.

"Increasing internal capacity to provide outpatient ambulatory chronic dialysis care will allow more Veterans treatment in a comprehensive care environment which is thoroughly integrated with the other care they receive from VA," said Network Director Daniel Hoffmann.

According to Dr. Wissam

**Continued on Pg 2**



*Katie Murphy*

*Dr. Wissam Kourany, VISN 6 director of the Free-standing Dialysis Program, reviews the reverse osmosis water treatment with Roy McGrew, biomed installation specialist.*

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## From the Director

May is shaping up to be a banner month. On May 2, our Salem VAMC opened the doors of a new 9,500 sq. ft. CBOC in Wytheville, Va., providing a new medical home to more than 5,000 Veterans in Virginia, West Virginia and North Carolina.

This month also finds us putting the finishing touches on our newest initiative. In an effort to meet growing needs and to advance VA's efforts to establish best practices in dialysis care, the VISN is opening two state-of-the-art VA-operated dialysis clinics.

Currently, almost 600 Veterans in North Carolina require dialysis, of which nearly 75 percent receive this care through contract facilities. We will increase our internal capacity to provide this life saving treatment next month when we open free standing clinics in Fayetteville and Raleigh.

This effort ties directly into the new Patient Aligned Care Team approach. These clinics will enhance the continuity of care by allowing consistent and integrated oversight of medical records, which in turn allows each Veteran's entire health care team the ability to maintain continuous comprehensive awareness of the Veteran's treatment and status.

The reduction of C&P backlog remains a top priority. As noted in earlier communications, new referrals for C&P exams more than doubled between February and August 2010, going from an average of 3,500 per month to more than 7,100 during that time frame. The VISN-wide initiatives to reduce the backlog have made a significant impact. Along with evening and weekend clinics, the first two blitzes allowed the VISN to accomplish exams for more than 4,000 Veterans. Blitz 3 is currently under

way, so the final tally will be shared in next month's newsletter, however what I can share is that this VISN-wide effort has reduced the pending requests by 45 percent overall, and requests pending for more than 30 days have been reduced more than 58 percent. We know we are not done yet, but we are on the right track.

Finally, it's a pleasure to share that our work piloting the Virtual Lifetime Electronic Record is beginning to bear fruit. On April 20, our Hampton VAMC joined with local DoD medical facilities and Bon Secours in the first three-way exchange of Veteran medical data. This program enables clinicians to obtain a more comprehensive view of a patient's health, including information about health issues, medications, and allergies. Clinicians from participating organizations can now access critical information and electronically, securely, and privately, share authorized patient data. This immediate access supports efficiency and safety, helps avoid redundant care and testing, and most importantly, allows patients to seamlessly move between providers with no loss of continuity of care.

Since many Veterans receive some portion of their health care outside of VA or DoD facilities, interoperability between federal agencies and the private sector is essential. In addition to being underway at our Hampton VAMC, this program is getting started at our Richmond VAMC and will soon be brought online at our Asheville VAMC.

Please send comments to my communications officer at [bruce.sprecher@va.gov](mailto:bruce.sprecher@va.gov).

Sincerely,  
Dan Hoffmann

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Questions or comments about the newsletter, e-mail [Bruce.Sprecher@va.gov](mailto:Bruce.Sprecher@va.gov) or call 919-956-5541.



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**Brad Garner**  
*Dr. Wissam Kourany, VISN 6 director of the Free-standing Dialysis Program (center), talks through procedures at the new Fayetteville dialysis clinic with Director Dr. Manpreet Bhutani and staff.*

### Dialysis continued from Pg 1

Kourany, VISN 6 medical director of the Free-standing Dialysis Program, Veterans transitioning to the new clinics will benefit in a variety of ways.

"Receiving VA operated dialysis care will close the gap of fragmented care as experienced by having different doctors working in different health care systems, and because each record will now be in the VA electronic database, the Veteran's health care team will be able to have a comprehensive view of all tests, medications, and issues that may cross specialties," Kourany said.

Kourany went on to say that the dialysis team can more easily communicate with the

rest of the Veteran's providers when needing to discuss other care needs.

According to officials, this system should save Veterans time and money because having care under the umbrella of one health care system eliminates redundant tests and allows for more timely management of all labs, imaging, and medications.

Because dialysis typically requires three treatments each week, each 3 to 4 hours long, drive time is an important factor for transitioning to the new clinics. This effort is focused on providing outpatient chronic dialysis care to ambulatory Veterans who live within a 30-minute drive of the new clinics.

### PET/CT continued from Pg 1

the location of disease.

Veterans seen in the Hematology, Radiation Therapy, Pulmonary, and Surgery clinics will benefit from the strength of well-established imaging modalities delivered in a single scan. This single procedure will relieve patients from having to schedule two separate visits and will increase the number of Veterans that can be scanned each day. Ultimately, Veterans will have better access to imaging exams ordered by their physicians and will not have to wait as

long to be seen.

For the past three years, PET/CT services have been provided by a mobile imaging contractor. While the mobile service has been a tremendous asset for our patients, this new equipment will greatly increase capacity and reduce wait times for these critical exams. Because these imaging services will be available every day of the week, physicians will be able to initiate therapy earlier and assess progress more quickly and effectively than before.

# Research Week Recognizes Veteran Contributions

By Steve Wilkins  
VISN 6 public affairs

Many Veterans benefit from advances in health care research that is often conducted in VA facilities. May 2-6, National Research Week commemorated VA research as a large part of VA with real implications on Veterans' health care. A great number of VA medical centers also have academic affiliations with colleges and universities that positively impact the quality of life for many Veterans.

VA Research Week recognizes Veterans for their participation in research studies and acknowledges VA investigators' discoveries and innovations that have led to advancements in health care.

Ongoing research at six VISN 6 facilities contributes to the development of new methods, policies and treatments nationwide. VA's Quality Enhancement Research Initiative (QUERI) was launched in 1998 to improve health care quality for Veterans by implementing research findings into routine clinical practice.

According to QUERI Director David Atkins' comments in the Association of American Medical Colleges March 2011 Online "Reporter," the relationship between research and putting it into practice, "has worked because we built successful relationships between researchers and our health care partners. We don't just figure something out and hand it off. We have developed trust and flexibility on both sides, and we recognize that we are focused on the same problem."

Most medical centers in the VISN offer research services including Cooperative Studies with other VA medical centers; Geriatric Research, Education, and Clinical Centers; Health Services Research & Development (HSR&D); Medical Research Service that supports basic and clinical investigations of the prevention, diagnosis, and treatment of diseases common to our Veterans; Mental Illness Research, Education and Clinical

Veterans Health  
Administration



[www.research.va.gov](http://www.research.va.gov)

Center (MIRECC) for clinical assessment and treatment of post-deployment mental illness; Rehabilitation Research; and biomedical research.

Some notable ongoing investigations include, from more than 450 studies currently underway at Durham VAMC, research of methods for rehabilitation of stroke patients with memory problems; a study of home blood pressure monitoring through home telehealth; as well as research looking at Brain Injuries from Blast exposure; Schizophrenia, Alzheimers, and Multiple Sclerosis at Salisbury VAMC; hepatitis C, diabetes and lipid disorders, among more than 200 research studies at Richmond VAMC; Asheville VAMC adding VA Cooperative studies in pharmaceutical trials for "Bridging," a therapy for anticoagulation treatment prior to surgery; an alternative to Insulin treatment for type II diabetes to its' complement of research studies; and Hampton investigations into smoking cessation, prostate cancer, substance abuse and PTSD; plus studies of correlation varying testosterone in men with and without concomitant chronic disorders, racial and cardiovascular paradoxes in kidney disease, and assessment of interpersonal functioning in PTSD at Salem VAMC.

Veterans considering participating should ask about possible risks and benefits, as well as side effects and other factors that may affect their quality of life. Educational materials for Veterans who may be asked to participate in a VA research study are available at [www.research.va.gov](http://www.research.va.gov).



*Linnie Skidmore*

*Dr. J. Brice Weinberg of the Durham VAMC recently received VA's prestigious William S. Middleton Award for outstanding achievement in biomedical or behavioral research.*

## Durham Doctor Wins National Research Award

By Brad Olson  
Durham VAMC Research

Dr. J. Brice Weinberg of the Durham VAMC has been awarded VA's prestigious William S. Middleton Award for outstanding achievement in biomedical or behavioral research.

Weinberg's research excellence has been recognized at national and international levels.

Established in 1960, the award is the Biomedical Laboratory Research and Development Service's highest honor for scientific achievement. It honors William S. Middleton, M.D., distinguished educator, physician-scientist, and VA's chief medical director from 1955 to 1963.

After receiving his BS and MD degrees from the University of Arkansas, he trained at the University of Arkansas and VA medical centers in Little Rock, Ark.

He then served as an Internist in the United States Air Force at Altus, Okla, after which he completed Hematology-Oncology fellowship training and post-doctoral re-

search at the University of Utah and VA medical centers in Salt Lake City, Utah.

Since 1978, he has been at the VA and Duke University Medical Centers in Durham, N.C., where he currently serves as staff physician in Hematology-Oncology at the VA and Professor of Medicine and Immunology at Duke.

His research involves studies of mononuclear phagocyte (monocyte and macrophage) and leukemia cell biology, with a focus on nitric oxide. The current work includes investigations of mechanisms of resistance to infection, pathways of inflammation, and regulation of normal and leukemic blood cells.

Weinberg's research features a "bedside-to-bench-to-bedside" approach. He works directly with patients, then studies their clinical problems in the laboratory, and subsequently returns to the patients, applying new tests and treatments. His activity serves as a prototype for the excellent physician-scientist.

He received the honor at a Capitol Hill Reception in Washington D.C. May 4.

# VA Initiative Cutting Spread Of MRSA In VISN 6

By Karissa Minn  
Salisbury Post

Aggressive prevention measures have reduced the spread of a potentially deadly infection at Veterans Affairs hospitals nationwide — including the one in Salisbury.

A Department of Veterans Affairs initiative that began in 2007 lowered methicillin resistant *Staphylococcus aureus* (MRSA) infections by more than 60 percent in intensive care units (ICUs) across the nation.

“Overall, this is something our Veterans can be proud of. This is a major patient safety initiative,” said Dr. Charles de Comarmond, head of the infectious disease department at the W.G. (Bill) Hefner VAMC.

In October 2007, Salisbury’s rate of hospital-acquired MRSA infections was 0.63 per 1,000 patient nights. That rate dropped to an average of 0.09 for the fiscal year ending in September 2010.

There were no MRSA infections in the ICU for fiscal years 2008 and 2009, Comarmond said, and just one in 2010.

MRSA is difficult to treat because the bacterium is often resistant to many antibiotics.

The latest issue of the *New England Journal of Medicine* reports data from the first three years of the initiative, and how a bundle of infection control practices showed dramatic improvement in prevention. These include patient screening programs, contact precautions for patients found to have MRSA, and hand hygiene reminders with readily available hand sanitizer stations. The strategy also involved creating a culture that promotes infection prevention and control as everyone’s responsibility.

Comarmond said nearly all patients — 97 percent in the most recent quarter — are being tested for MRSA. (They can refuse the test.) If a colony is found, those who work with the patient take extra precautions, including the use of disposable masks, gloves and gowns. “It’s

a truly preventable infection,” he said. “Our motto is, ‘One infection is one too many.’”

The Salisbury hospital began taking similar measures before 2007, but it only tested high risk patients and had to wait 24 to 48 hours for the results. New technology can identify a MRSA colony within one hour.

“That means when a patient is admitted, they are tested in the emergency room, and by the time they get onto the floor, we already know if they are colonized,” Comarmond said.

Not all patients who test positive for MRSA have an infection. The bacteria can live inside the nose or on the skin of a healthy person without causing problems, he said. But MRSA easily can infect vulnerable hospital patients with open wounds, catheters or IV lines. That’s why the VA has focused on preventing it from spreading between patients and health care providers.

“This is an organism that mostly lives in the hospital,” Comarmond said. “If we are the ones giving it to patients, we must find a way to prevent that transmission.”

A newer MRSA strain has been found in close community environments, like sports teams, that is spread through cuts, scrapes or sores on the skin. Testing infected wounds for MRSA can help catch this as well, Comarmond said.

Veterans Affairs started the intervention program after finding that 14 percent of VA patients carried MRSA — compared to 6.3 percent of non-VA hospital patients and 1.5 percent of the general population. At the Salisbury hospital, about 17 percent of patients carry MRSA colonies in initial screening, Comarmond said.

More than 1.7 million screening tests for MRSA were done during the period reported in the analysis.

VA operates the largest integrated health care system in the US with more than 1,000 medical facilities throughout the United States serving more than six million Veterans a year.



*Dr. Charles de Comarmond demonstrates the use of hand sanitizer, a simple measure to help limit the spread of MRSA infections.*

**Luke Thompson**

## MRSA Control In N.E. Journal of Medicine

WASHINGTON – A Department of Veterans Affairs (VA) initiative that reduced the global health care issue of methicillin resistant *Staphylococcus aureus* (MRSA) infections by more than 60 percent in intensive care units (ICU) across the Nation is featured in the latest issue of the *New England Journal of Medicine*. It reports data from the first three years of the initiative that is now in its fourth year of implementation, and which continues to be associated with decreased rates of MRSA infections.

“This is a landmark initiative for VA and health care in general,” said VA’s Under Secretary for Health, Dr. Robert Petzel. “No one should have to worry about acquiring an illness or infection from the place they trust to deliver their care. I am proud that VA is leading the way.”

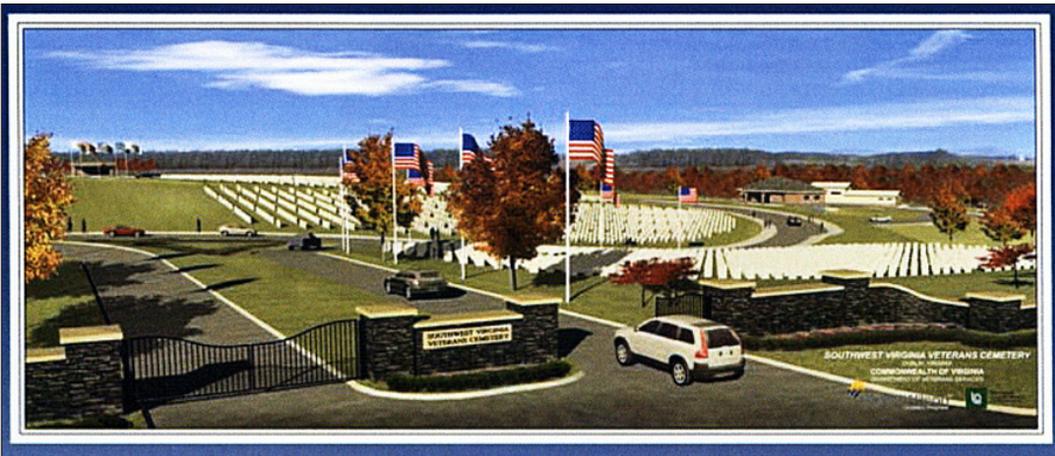
The article reviews a bundle of four infection control practices that marked a dramatic improvement in preventing hospital-acquired MRSA infections. MRSA infections are a serious global health care issue and are difficult to treat because the bacterium is often resistant to many antibiotics.

The prevention practices consist of patient screening programs for MRSA, contact precautions for hospitalized patients found to have MRSA, and hand hygiene reminders with readily available hand sanitizer stations placed strategically in common areas, patient wards, and specialty clinics throughout medical centers. The strategy also involved creating a culture that promotes infection prevention and control as everyone’s responsibility.

“MRSA is a serious threat to patient health that can be minimized with a few achievable strategies,” said Dr. Rajiv Jain, VA’s chief consultant for specialty care services and lead author of the study. “I am extremely grateful I work for an agency with 152 integrated medical centers across the Nation so these strategies could be implemented, assessed, and ultimately, shown to work on a vast scale of many different environments. These results mean better health care for Veterans and a way for the people they defended to also benefit from this effort in the future.”

“These are the types of results hospitals should be striving for,” said Dr. John Jernigan, chief of the interventions and evaluation section in the division of healthcare quality promotion at the Centers for Disease Control. “The bottom line is that MRSA prevention and control is possible.”

VA operates the largest integrated health care system in the US with more than 1,000 medical facilities throughout the United States serving more than six million Veterans a year. To review the article in the *New England Journal of Medicine*, go to [www.nejm.org/doi/full/10.1056/NEJMoa1007474](http://www.nejm.org/doi/full/10.1056/NEJMoa1007474).



## Southwest Va. Veterans Cemetery Dedicated

The Virginia Department of Veterans Services held a dedication ceremony for the Southwest Virginia Veterans Cemetery Friday, May 6 at the cemetery, located at 5550 Bagging Plant Road, Dublin, Va.

Adrian Cronauer, former U.S. Air Force Sergeant, radio personality, and the inspiration for the movie Good Morning Vietnam, emceed the ceremony.

Speakers included the Honorable Terrie L. Suit, Virginia's Secretary of Veterans Affairs and Homeland Security, Congressman Morgan Griffith, and State Senator John Edwards. Paul Galanti, Commissioner of the Virginia Department of Veterans Services and former Vietnam POW, as well as Frank K. Salvias, Sr., Director, State Cemetery Grants Service, National Cemetery Administration, U.S.

Department of Veterans Affairs.

The cemetery is located on an 80-acre parcel of land transferred from the Department of the Army, Radford Army Ammunition Plant to the Commonwealth of Virginia in 2008. Initial construction covers 24 acres and includes the main entrance area, full casketed and cremation burial areas, a columbarium, a memorial garden and scatter garden areas, roads, an assembly area, committal shelter, cemetery office, maintenance complex, and supporting infrastructure.

Interment areas include 5,167 standard burial plots; 2,750 pre-placed crypts; 500 in-ground cremation spaces; and 625 columbarium niches for cremated remains. Additional grave sites will be added as needed.

The Southwest Virginia

Veterans Cemetery is Virginia's third state-operated Veterans cemetery. The Albert G. Horton, Jr. Memorial Veterans Cemetery is located in Suffolk and the Virginia Veterans Cemetery is located in Amelia. The cemeteries are operated by the Virginia Department of Veterans Services.

Service members who were honorably discharged qualify for burial in one of Virginia's Veterans cemeteries. Members of the National Guard/Reserves who served on federal active duty may also qualify. A grave site, opening and closing of the grave for the Veteran, placement of a government grave marker, and perpetual care of the site are provided to the Veteran at no charge. Veterans' spouses and eligible dependent children may be interred for a small fee, currently \$300.

## North Carolina Receives \$5.8 Million In Grants

GREENSBORO – U.S. Housing and Urban Development Secretary Shaun Donovan awarded \$5,854,919 to 25 new homeless programs in North Carolina.

The grants are an investment

in local projects which have never benefitted from receiving HUD homeless funds in the past. The money will be used to provide critically needed housing and support services to homeless individuals, as well

as homeless families.

The grants are in addition to \$15,865,468 HUD awarded in January to renew funding to 130 existing North Carolina homeless housing and service programs.

## N.C. To Begin Veteran Service Designation On Licenses

Veterans will now be able to prove their military service by simply showing their driver's license, thanks to a new law passed by North Carolina lawmakers.

Senate bill \*S186-v-1\* entitled, "An Act to Authorize the Division of Motor Vehicles to Make a Notation on a North Carolina Drivers' License Showing a License Holder's Military Service," sponsored by State Senators Allran; Bingham, Blake, Brown, Daniel, Davis, Forrester, Goolsby, Harrington, Hunt, Mansfield, Newton, Preston, Rabon, and Tucker was passed and referred from the State Assembly to the Department of Transportation March 3.

The change will make it easier for Veterans to demonstrate their service whenever called upon, whether it is for official purposes, or to qualify for discounts.

The General Assembly version of the bill, which made the action law, amends a current law allowing the Division to develop a military designation for drivers' licenses of North Carolina residents on active duty, their spouses and dependent children. Now the law includes wording directing development of a military designation for drivers licenses granted to North Carolina residents "who are honorably discharged from military service in the United States Armed Forces." The designation displays the Veteran's branch of service.

Veterans requesting the designation must show their DD-214 as evidence of their service and discharge. The fee is one dollar for each year for which the designation is issued. The act takes effect when the Division of Motor Vehicles has completed implementation of its' Next Generation Secure Driver License System or July 1, 2012, whichever occurs first.

## State Benefits...Did You Know?

Veterans living within the boundaries of VISN 6 have multiple sources of assistance, not only federal benefits, but also those offered by each state. All Veterans should review the benefits they are entitled to in their state, in addition to finding points of contact to speak with, and can do so easily by going on line to the following websites:

- North Carolina: [www.doa.state.nc.us/vets/](http://www.doa.state.nc.us/vets/)
- Virginia: [www.dvs.virginia.gov/](http://www.dvs.virginia.gov/)
- West Virginia: [www.wvs.state.wv.us/va/](http://www.wvs.state.wv.us/va/)

# Memorial Day Preserves Annual Commemoration



## The Contentious History To Create Memorial Day

By Darlene Richardson  
Veterans Affairs Historian

Today's Memorial Day began as two separate regional observances—one in the North and one in the South—that honored soldiers who died in the Civil War. Although grave decoration efforts took place in both regions during the war, interest in a dedicated day to commemorate the dead didn't gain momentum until after the war ended in April 1865.

Memorial Day, commonly called "Decoration Day" while Civil War survivors were alive, was held on different days depending on where it was observed. A common, united, national Memorial Day observance was not possible until memories of the war had faded and the nation's wounds had healed from damage wrought by the Civil War.

The holiday we now know as Memorial Day began in the South as a local act of remembrance within weeks of the Civil War's end. To Southerners, it was a day to "annually adorn with choicest floral offerings the resting places of those who wore the gray in defense of the Lost Cause." Numerous Southern communities claimed to be the birthplace of Decoration Day: A monument in Jackson, Miss., attributed the April 26,

1865 origins to Miss Sue Landon Vaughn; Petersburg, Va., claimed resident Mrs. Judge Joynes held the first observance on May 9, 1866; and Kingston, Ga., laid claim to the first observance held in that state in April 1865.

In the South, Decoration Day was a local observance held on various days ranging from early April to early June. If you lived in Louisiana, Decoration Day was held in early April; in Georgia, it was often April 26th; and in North Carolina, depending on the town, the first week of May or June. West Virginia commemorated the anniversary of the birth of General Stonewall Jackson as their Confederate Memorial Day.

The most popular date was April 26, owing to the belief that "on that day, the army of Gen. J[oseph] E. Johnston surrendered, and with it went the last hopes of the Confederacy."

Veterans of the Union Army formally adopted the annual custom of commemorating their dead in 1868 when General John A. Logan, commander-in-chief of the Grand Army of the Republic (GAR), issued General Order 11. The order designated May 30, 1868 as a day for "strewing with flowers or otherwise decorating the graves" of fallen Union comrades. According to General

Logan's order, "Memorial Day" was not just about decorating graves and monuments—it was about honoring the dead, preserving their memory, and aiding the soldiers' and sailors' widows and orphans too. General Logan's order was issued for implementation by GAR chapters, though he dreamed of much more. His dream was to transform Memorial Day from a local, chapter-led GAR activity into a nationwide recurring day of remembrance for the Union dead.

President Andrew Johnson, in a show of support for General Logan's new Memorial Day order, issued the first presidential executive order that authorized federal employees to participate in Decoration Day activities on May 30, 1868, "To unite with their fellow-citizens in paying a fitting tribute to the memory of the brave men whose remains repose in the national cemeteries." Every president for the next 20 years issued an annual executive order to close the federal government on May 30 to observe Memorial Day. Presidential support and the participation of federal employees helped spread Memorial Day beyond the GAR chapters, but it was a long way from a national observance. Local businesses, banks, and states quickly adopted the practice of closing on Memorial/Decoration Day as well.

Around 1883, flags replaced flowers as the chosen adornment for graves of Union soldiers. Despite protests, the term "Decoration Day" was far more popular than "Memorial Day" in both the North and South while Civil War Veterans were living.

In 1887, for the first time, Congress allowed government employees to be paid for the Memorial/Decoration Day and Fourth of July holidays. Ironically, a former Confederate general introduced the Congressional bill to declare Memorial/Decoration Day as an annual recurring government holiday.

General William Henry

[Continued on Pg 10](#)

## Snapshot of 1890

Twenty-five years after the Civil War ended, there were seven National Homes for Disabled Volunteer Soldiers located in Togus, Dayton, Milwaukee, Hampton, Leavenworth, Santa Monica (now West Los Angeles), and Marion, Ind. Here are some statistics of the occupants.

There were 19,372 men, system-wide; all served in the U.S. (Union) armed forces

Of those, 11,078 were foreign born (57%); 8,294 were native born (43%). The top five countries of origin were: Germany (4,958); Ireland (4,004); England (585); Canada (252) and Scotland (251).

Just 669 of these men served in the Regular Army; 17,837 served in the U.S. Volunteer Army, 118 of those served with the U.S. Colored Troops; and 866 served in the Navy.

There were 14 Veterans of the War of 1812 and 415 Veterans of the Mexican War.

Married men represented 7,187 while 12,185 were unmarried.

Only 2,204 could not read and write, while 17,186 could do both.

The top five occupations were: laborers (6,850); farmers (2,926); carpenters (766); clerks (617); and shoemakers (613). There were also 52 actors, 10 civil engineers, 49 brewers, 12 dentists, and numerous other occupations represented.

The top five states where the men enlisted were: New York, Pennsylvania, Ohio, Massachusetts and Illinois

The majority of Veterans at the National Homes in 1890 were 46-63 years of age; nine were in their 90s.

# WOMEN VETERANS HEALTH CARE



*You served, you deserve  
the best  
care anywhere*

## Inpatient PTSD Pgm For Female Vets

The Salem VAMC's Specialized Inpatient PTSD Unit will conduct a seven-week trauma program for female veterans Oct. 3 – Nov. 16. The program will be open to women who are experiencing PTSD related to combat or military sexual trauma.

The Salem PTSD program is recovery-oriented and addresses both physical and psychological well-being. All treatment takes place in a group setting and consists of community building, education, Acceptance and Commitment Therapy, and exposure therapy. Female clinicians make up the majority of the program's counselors and nursing staff, and each Veteran will have a private room.

Veterans must be engaged in outpatient treatment for PTSD prior to the program and be willing to return to treatment once the program is over.

An on-site evaluation is required for each potential candidate for admission. The evaluation will take approximately 24 hours and will require an overnight stay at the Salem VAMC.

For additional information and a program application, please contact Kay Montgomery at (540) 982-2463, Ext. 2548.

## TRICARE Young Adult Now Online

TRICARE Young Adult is now open for enrollment with coverage beginning May 1.

Uniformed services dependents younger than 26, unmarried, and not eligible for their own employer-sponsored health care coverage may be qualified to purchase TYA, which offers TRICARE Standard coverage for monthly premiums of \$186.

A premium-based TRICARE Prime benefit will be available later this year.

Dependent eligibility for TRICARE previously ended at age 21, or age 23 for full-time college students. Similar to provisions in the 2010 Patient Protection and Affordable Care Act, TYA extends the opportunity for young adults to continue TRICARE health care coverage, as long as their sponsor is still eligible for TRICARE.

Complete information and application forms are available at [www.tricare.mil/tya](http://www.tricare.mil/tya). TRICARE officials encourage beneficiaries to explore all possible health care plan options and costs when choosing a plan that best meets their needs.

Those considering TYA should determine if they are eligible before completing and sending in an application. The application and payment of three months of premiums can be dropped off at a TRICARE Service Center or sent by mail or faxed directly to the appropriate regional health care contractor.

Beneficiaries can find out where to send their form and payment by filling out the pro-

file at [www.tricare.mil](http://www.tricare.mil) to get information tailored to their location. Once the initial payment is made, monthly premiums must be paid in advance through automated electronic payment.

When the application is processed, TRICARE coverage will begin the first day of the following month. Because TYA was "fast-tracked" to begin enrollment as soon as systems changes, forms, premiums and other rules governing the program were approved and in place, TRICARE Management Activity will allow eligible applicants to be covered for all of May as long as enrollment forms and payment are received (not postmarked) by the regional contractor before May 31.

Those eligible for TYA who have been saving receipts since Jan. 1 in anticipation of the new program can also pay all premiums back to January to purchase coverage retroactively.

After getting a welcome letter and enrollment card, dependents and their sponsor are encouraged to visit uniformed services identification card issuing facility to obtain a dependent ID card. The card will assist in identifying the dependent as eligible for TYA benefits.

The signing of the National Defense Authorization Act in January 2011, brought TRICARE in line with the provisions of the 2010 Patient Protection and Affordable Care Act, and enabled the extension of excellent TRICARE coverage to this new group.

## Atomic Veterans Have New Voice

WASHINGTON – Dr. Charles H. Roadman II, a retired Air Force lieutenant general and professor of military and emergency medicine at the Uniformed Services University of the Health Sciences, assumed duties as the chairman of the Veterans' Advisory Board on Dose Reconstruction last month.

"General Roadman brings years of medical expertise and leadership experience, a passion for helping his fellow Veterans and a profound sense of urgency to reach all those who may have been exposed to ionizing radiation during their military service," said Secretary of Veterans Affairs Eric K. Shinseki. "We are committed to supporting his efforts."

Roadman, who previously served as the surgeon general of the Air Force, succeeded retired Vice Adm. James A. Zimble, physician who served as chairman of the advisory board. Roadman sits on the board of directors of Assisted Living Concepts, Inc., and Air Force Village. He is a member of various non-profit and for-profit scientific advisory boards.

As its second chairman, Roadman provides leadership to the board, a federal advisory committee that works with VA and the Department of Defense through the Defense Threat Reduction Agency on issues of im-

portance to the nation's atomic Veterans.

Atomic Veterans include service members who participated in the 1945-1946 occupation of Hiroshima or Nagasaki in Japan, and in atmospheric nuclear testing sponsored by the United States between 1945 and 1962. As part of its charter, the board conducts periodic, random audits of dose reconstructions and decisions on claims for radiogenic diseases and assists VA and DoD in communicating information on the mission, procedures, and evidentiary requirements of the dose reconstruction program to Veterans.

VA examines and treats atomic Veterans, or other Veterans exposed to ionizing radiation in service. It also evaluates disability claims and pays compensation to Veterans whose health has been adversely affected by exposure.

Roadman retired in 1999 as the Air Force Surgeon General. Since his retirement, he served as president and CEO of the American Health Care Association in Washington, D.C., from 1999-2004.

Please visit [www.vbdr.org/](http://www.vbdr.org/) for more information on advisory board activities and [www.publichealth.va.gov/exposures/radiation](http://www.publichealth.va.gov/exposures/radiation) for information on VA services for exposed Veterans.

**EXCELLENT SERVICE**  
**Earned by Veterans. Delivered Here.**  
VA Mid-Atlantic Health Care Network VISN 6





**Scott Pittillo**

*Army Veteran Phil Dahlgren, left, enjoys a game of pool with friend and foster home caregiver Thomas Stephens at the Stephens' home in Hayesville, N.C.*

## Happiness Can Be Found In A Medical Foster Home

By Scott Pittillo  
Asheville VAMC public affairs

A home is central to most people's lives. It's where they go to rest and get away from things. It is also where many of their happiest memories occur. Many people spend their whole lives paying for and perfecting the place where they hang their hat at the end of the day.

However, when health begins to fail and they are no longer able to take care of themselves, they often have to make some hard choices. Those who don't have anyone able or willing to take care of them in their home often end up moving into a managed care facility because

it is the only choice they have.

Army Veteran Philip Dahlgren has struggled with disability for most of his life, but when he recently developed a heart condition and underwent surgery, he was told that he would not be able to go back to independent living. He then moved into the Community Living Center (CLC) at the Charles George VAMC in Asheville, N.C. While Dahlgren was content with the care he was receiving at the CLC, he wished for more of the freedom and the special feeling he had had when living on his own.

Not long after moving into the CLC, Phil heard about the Medical Foster Home program

and met Susan McKinnish, the MFHP coordinator. Susan told Phil how the program matches disabled Veterans with non-family caregivers who share their homes to provide on-going care. At first he was skeptical, but he decided to give it some thought and eventually agreed to meet with some possible families. Last fall, Phil met Thomas and Christine Stephens for the first time at the CLC. Thomas is a retired postal worker and Christine is a retired special education teacher. They live near Hayesville, N.C.

"The first time we met Phil, we sat on a balcony at the CLC and talked for a couple of hours," said Thomas. "We really fit like an old shoe. We both love to read and we both love to play pool. We just had a lot in common."

After the meeting, Phil and the Stephens decided to go ahead and have Phil move into their home.

The Stephens' home is a little unusual. Hayesville is one of North Carolina's more remote towns, and their home is near the top of a mountain, making it even more remote. Natural beauty abounds. Hardwood trees surround the home and visits by local wildlife are not unusual. To take advantage of the scenery and a view of a mountain lake, the Stephens built a round house that offers 180 degree views.

"I loved it; I couldn't get over the natural beauty of the area," said Phil about his first impressions of his new home. "The Stephens treated me like one of the family. I couldn't have asked for anything more."

Qualifying to provide care under the Medical Foster Home

Program is an in-depth process. Host families and their homes have to meet strict standards to be able to qualify to provide care for a Veteran. The process includes FBI background checks and their home has to meet the same safety standards as a medical facility.

"A VA safety inspector actually inspects every home," said Susan about the process. "They are looking for things like ceiling height, door and hallway width and all kinds of things that could possibly pose a safety hazard. The process makes sure homes are safe, but it also limits the number of homes that can qualify."

Knowing how hard it can be for a family to qualify makes Susan a little nervous when a Veteran first moves into a home. "I just want it to work, for the Veteran and for the family," said Susan. "I really do care deeply about each and every Veteran and I want them to be happy and well cared for."

Phil and the Stephens say the program meets their needs perfectly. Phil often enjoys matches of pool with Thomas and trips to explore the local area. More importantly, he says he enjoys the social interaction he gets from being part of a family, and they say they enjoy having Phil in their home for the same reasons.

Susan monitors the care given to each Veteran and frequently visits homes to make sure standards are being maintained. So far the main issue has been finding homes and families that qualify.

For more information about the program in western North Carolina, contact Susan at (828) 298-7911 x 5834.

## Eliminating Veteran Homelessness: Partnering To Raise Awareness

By Dr. Jennifer Burden  
VISN 6

A few months ago we shared with you our ongoing efforts at the facility and VISN level to eliminate Veteran homelessness. The Summits completed at every facility focused on beginning the conversation. These efforts have continued and several facilities have hosted follow-up summits and workgroup

meetings to push forward the plans developed during the initial summits. A key theme to all of the facility plans is the importance of partnership.

There are several great examples of these partnership efforts including the upcoming VA 2K Walk and Roll events being held on June 2. VA facilities across the country will be hosting a 2K walk during lunch on June 2nd. This 30-minute stroll and

roll is designed to promote employee wellness, support our homeless Veterans, and involve the community. Facilities will be collecting donations of coats (gently used and clean or new), new clothing (hats, gloves, underwear, socks, boots, shoes), blankets, grocery store or restaurant gift cards, sunscreen, and toiletry items that will be distributed to support Veterans who are homeless. Veterans, families,



and community members are welcome.

More information about VA's efforts to eliminate Veteran homelessness is available at [www.va.gov/homeless](http://www.va.gov/homeless).

## VA Partners With Easter Seals To Train Family Caregivers

WASHINGTON – The Department of Veterans Affairs (VA) and Easter Seals formally announced a partnership to provide comprehensive Caregiver Training to Family Caregivers of eligible post-9/11 Veterans as authorized by the Caregivers and Veterans Omnibus Health Services Act of 2010.

“We at VA are committed to providing the Family Caregivers who share our sacred duty to care for those ‘who have borne the battle’ with the best services available,” said Secretary of Veterans Affairs Eric K. Shinseki. “We are very pleased to partner with a renowned organization such as Easter Seals in developing the best possible training program for Family Caregivers. Throughout its long history, Easter Seals has demonstrated its strong commitment to supporting our Nation’s Military, Veterans and their families.”

“Easter Seals is proud to share our expertise and knowledge with this important group of Family Caregivers, taking care of loved ones who returned home with serious injuries after their post 9/11 service to our nation,” explained James E. Williams, Jr., president and chief executive officer of Easter Seals. “We are honored to help these Veterans and their families.”

Starting today, Family Caregivers and Veterans can apply for services authorized under a VA interim final rule that was published on May 5. Eligible Family Caregivers of eligible post-9/11 Veterans will receive comprehensive training developed by Easter Seals in collaboration with VA clinical experts. It is part of a package of new services that also include a monthly stipend, mental health services and access to medical care under the Civilian

Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), if the primary Family Caregiver is not entitled to care or services under a health plan contract.

Easter Seals has been helping people with disabilities and special needs, and their families, live better lives for more than 90 years. From child development centers to physical rehabilitation and job training for people with disabilities, Easter Seals offers a variety of services to help people address life’s challenges and achieve personal goals.

Family Caregivers of eligible post-9/11 Veterans will have a choice of how to receive their training. Options will include traditional classroom training, online learning or a correspondence course. All Family Caregivers will be expected to complete training as part of the preparation to start receiving other services under the new program. The first training courses are expected to start in June, and monthly stipends, which are backdated to the day applications are formally submitted, could begin as early as July.

Veterans may download a copy of the Family Caregiver program application at [www.caregiver.va.gov](http://www.caregiver.va.gov). The application enables the Veteran to designate a primary Family Caregiver and secondary Family Caregivers. Caregiver support coordinators are stationed at 153 VA medical centers and available by phone at 1-877-222 VETS (8387) to assist Veterans and Family Caregivers with the application process. Caregivers of Veterans from all eras are also encouraged to use the website and support line to explore more than two dozen other services VA provides Caregivers.

## New Caregiver Program Accepting Applications

The Department of Veterans Affairs recently implemented rules for the Caregivers and Veterans Omnibus Health Services Act 2010. The rules provide additional support to eligible post-9/11 Veterans who receive their care in a home setting from a primary Family Caregiver.

Additional services for primary Family Caregivers of eligible post-9/11 Veterans include a stipend, mental health services, and access to health care insurance. Veterans and their Family Caregivers can now apply for the new services. Applications for Caregiver program can be found at [www.caregiver.va.gov](http://www.caregiver.va.gov).

VISN 6 facilities provide a variety of support to Caregivers with Adult Day Health Care Centers, Home-based Primary Care, Skilled Home Care, Homemaker and Home Health Aides, Home Telehealth, respite Care and home Hospice Care. Additionally, Caregiver Support Coordinators are available at each facility to help Caregivers get the support they need.

For help with Caregivers services, contact:

|                      |  |                     |
|----------------------|--|---------------------|
| <b>Asheville:</b>    | Patricia Kitlasz   | 828-298-7911 x 3698 |
|                      | <a href="mailto:patricia.kitlasz@va.gov">patricia.kitlasz@va.gov</a>           |                     |
| <b>Beckley:</b>      | Jane Flanagan  | 304-255-2121 x 4883 |
|                      | <a href="mailto:jane.flanagan@va.gov">jane.flanagan@va.gov</a>                 |                     |
| <b>Durham:</b>       | Christy Knight   | 919-286-0411 x 6068 |
|                      | <a href="mailto:christy.knight@va.gov">christy.knight@va.gov</a>               |                     |
| <b>Fayetteville:</b> | Ronita Bland   | 910-488-2120 x 7563 |
|                      | <a href="mailto:ronita.bland@va.gov">ronita.bland@va.gov</a>                   |                     |
| <b>Hampton:</b>      | Sonja Poitier-Hickman  | 757-722-9961 x 4985 |
|                      | <a href="mailto:sonja.poitier-hickman@va.gov">sonja.poitier-hickman@va.gov</a> |                     |
| <b>Richmond:</b>     | Darlene Dameron  | 804-675-5000 x 4822 |
|                      | <a href="mailto:darlene.dameron@va.gov">darlene.dameron@va.gov</a>             |                     |
| <b>Salem:</b>        | Rhonda Fletcher  | 540-982-2463 x 1372 |
|                      | <a href="mailto:rhonda.fletcher@va.gov">rhonda.fletcher@va.gov</a>             |                     |
| <b>Salisbury:</b>    | Debra Volkmer  | 704-638-9000 x 4499 |
|                      | <a href="mailto:debra.volkmer@va.gov">debra.volkmer@va.gov</a>                 |                     |

## 2011 Innovations In Gov’t Honors VA

WASHINGTON – The ethics program used by the Department of Veterans Affairs to handle issues affecting its patients is a semi-finalist for the prestigious “Innovations in Government” award from Harvard University for the third time in a decade.

“This honor is a tribute to the men and women who care for our sick and injured veterans, and to VA’s health care system, which is leading the industry in so many sectors,” said Secretary of Veterans Affairs Eric K. Shinseki. “In VA, we view ethics as an integral part of health care services to Veterans, which helps define VA’s health care excellence in the 21st century.”

VA’s ethics program, of-

officially known as Integrated Ethics, is a practical and comprehensive model for organizational ethics that was developed by VA’s National Center for Ethics in Health Care. In 2007, the IE was implemented at 152 VA medical centers and 21 regional networks across the country.

The annual award for excellence and creativity in the public sector is sponsored by Harvard University’s Ash Institute for Democratic Governance and Innovation at the Kennedy School of Government.

The top 25 programs were selected from approximately 500 entries. In the fall, five finalists and one winner of the Innovations in Government award will be announced.



# Durham VAMC Doctor Gets Harvey Teaching Award

By Pete Tillman  
Durham VAMC public affairs

Dr. Sunil V. Rao, director of the Cardiac Catheterization Laboratory at the Durham VAMC, was awarded the W. Proctor Harvey Teaching Award at the American College of Cardiology Conference in New Orleans recently. Dr. Rao received his M.D. from Ohio State University and trained in the internal medicine residency program at the Duke University Medical Center. Later he completed two fellowships, Cardiology and Interventional Cardiology, both at the Duke University Medical Center.

His extensive training, coupled with his clinical experience, research, and devotion to teaching, make him an excellent choice for this national award. Dr. Rao has been instrumental in training many medical students, interns, residents, and fellows over the years through the catheterization laboratory, coronary care unit and cardiology consult service.

W. Proctor Harvey, of which the Harvey stethoscope is namesake, is famous for being an excellent clinician and model of medical teaching. In his day, Dr. Harvey trained many top of their field doctors of cardiovascular medicine. He also helped to keep alive the classic art of medicine through his ability to instill in protégés the preservation of basic clinical skills and bedside diagnosis. To win an award with this name attached to it is a big honor and is appropriately awarded to Dr. Rao.

Dr. Rao is a leader of national proportions. He is frequently a speaker at major cardiology conferences, including those on the international stage. Within the VA system, he is highly regarded for his contributions at the national cardiac catheterization laboratory meeting for directors.

The clinical work of Dr. Rao allows him to lead the cardiac catheterization service. Cardiac catheterization involves the injection of contrast dye in order to take detailed images of the heart and cardiac arteries. By exercising exceptional clinical skills, the Veterans provided heart procedures and therapies for heart diseases at the Durham VA are in extremely capable hands.

His research on the subject of bleeding complications, radial and femoral approaches to percutaneous coronary intervention, and anti-clotting medication has been widely accepted to



*Linnie Skidmore*

*Dr. Sunil Rao recently received the W. Proctor Harvey Teaching Award at the American College of Cardiology Conference.*

improve patient safety. His focus is on improving the safety of treatments for patients with ischemic heart disease, one of several diseases to recently be acknowledged by the VA as a presumptive service-connected disability for some Veterans.

Most impressive and relevant are the number of training courses that Dr. Rao has organized. He has planned and executed courses at the Durham VA and Duke for physicians who want to do cardiology procedures. Notably, he has provided training for dozens of physicians in performing procedures from the radial artery instead of the traditional femoral/groin approach.

This award exemplifies the synergy between the VA and its educational partners. Veterans benefit greatly from the teaching affiliations the Durham VA has in place. Dr. Rao humbly offered, "I feel honored to receive this award. I know a lot of people who deserve this, so I am thrilled to be recognized among them." Congratulations to the Durham VA's own Dr. Sunil Rao: cardiologist, colleague, mentor, researcher, and now.... national award winning teacher!

## **Memorial Day continued from Pg 6**

Fitzhugh "Rooney" Lee, second son of General Robert E. Lee, proposed the bill establishing, "The 30th of May in each year, usually called "Decoration Day," shall be and hereby is, made a holiday." It became law on Aug. 1, 1888.

Interest in national reconciliation between the North and South grew after the Spanish American War. GAR leaders pushed for a joint Memorial Day beginning in 1898, and by 1910, clergy of various churches and organizations joined in the call for unity. On May 30, 1899, Americans spread the Memorial Day custom beyond U.S. borders by adorning the wreck of USS Maine in Havana, Cuba, and the Tomb of Lafayette in Paris, France.

One of the first acts of reconciliation by the Federal government occurred in 1900, when Congress enacted a law to relocate Confederate soldiers buried at the National Soldiers Home in Washington, D.C., to Arlington National Cemetery. The same law provided government headstones to mark the graves, resulting in the design of a new headstone incorporating a pointed design to mark Confederate graves, while Union headstones remained curved.

The first formal Memorial Day service for those Confederate soldiers reburied at Arlington National Cemetery took place on June 5, 1904. In 1905, General Fitzhugh Lee, nephew of General Robert E. Lee, became the first former Confederate to speak at a

GAR Memorial Day service. The following year, in 1906, the Foraker Act authorized marking the graves of Confederates who were buried in Union prison cemeteries during the war.

Following World War II, Memorial Day customs changed again. On May 28, 1948, a new addition was made to Memorial Day traditions when a joint resolution of Congress requested the president issue a proclamation "for the people of the U.S. to observe Memorial Day, 1948, as a day of prayer for permanent peace." As a result, President Harry S. Truman was the first president to issue a proclamation for an hour of prayer to begin at 8 p.m. on May 30, 1948. The following year, in 1949, President Truman changed the time to 11 a.m. Except for one year (2000), every president since 1948 has issued an annual proclamation for Americans to dedicate an hour on Memorial Day to pray for permanent peace.

In 1966 the Federal government updated all public holidays under Title V of the United States Code and Memorial Day remained May 30. Two years later, Public Law 90-363 was signed on June 28, 1968 and changed many public holidays. Following European trends, many holidays were moved to Mondays, allowing Americans to commemorate the holiday while enjoying a long weekend. As a result, Memorial Day was moved to the last Monday in May—which is where it has remained since.

# Going Green Brings National Attention To FVAMC Employee

By Ed Drohan  
Fayetteville VAMC public affairs

A Fayetteville VAMC employee is receiving national recognition for her efforts in helping a 70-year-old building “go green.”

Shelley Reeder, the medical center’s Green Environmental Management Systems (GEM) coordinator, has been selected to receive the 2011 VA Sustainability Achievement Award. The award provides Department-level recognition to VA employees and facilities who have demonstrated outstanding environmental stewardship and whose efforts have resulted in significant contributions to the environment. She has been invited to Washington, D.C., in May to accept the award.

Reeder has been with the Fayetteville VAMC for seven years, coming to Fayetteville from the Charleston, S.C., Naval Hospital where she worked as an industrial hygienist for 18 years. Starting here in the same position, she moved into the GEMS coordinator position five years ago when VA created environmental coordinator positions at each medical center. Reeder said she was already working with the environmental program as an industrial hygienist, so the move was a natural one.

“In IH, I worked with all the occupational health haz-

ards in the workplace – noise, chemicals, radiation and lead exposure among others,” Reeder said. “We worked (in IH) to minimize exposure to hazards in the workplace. We were looking out for people, and now we’re looking out for the environment.”

She received the award for her part in developing and leading a project that cleaned about 400 fan coil units around the facility and replaced outdated air filter systems with modern antimicrobial filters. The project not only increased the air quality in the hospital, but also decreased energy consumption, saving the VA about \$154,000 a year.

Fan coils are wall mounted heating and air conditioning units that were originally installed in the 1960s, Reeder said. Facility upgrades and additions since have moved that function to centralized air handling units, but the older systems still must be used and maintained.

Reeder started a pilot project in December 2009 with 10 fan coil units. When the results proved the project had merit, the GEMS committee approved expanding the project throughout the hospital. In less than two weeks, the project was completed at a cost of \$81,000, a cost that was repaid in energy savings alone in the first five to seven months.

The project has also helped reduce the amount of green-



**Ed Drohan**

*Shelley Reeder explains environmental efforts taking place at the hospital to a Veteran during the April 19 Earth Day Celebration.*

house gases emitted by medical center operations by 1,920 tons, thus reducing the hospital’s carbon footprint, Reeder explained.

There were other benefits to the project as well. Air temperatures coming from individual fan coil units were as much as 26 percent hotter or colder than before the project. Installing high efficiency antimicrobial filters also reduced particulates in patient care areas by as much as 90 percent, helping eliminate odors creating a more pleasant and safer environment for both patients and staff members.

As part of the initial investment, the Fayetteville VAMC also received a cleaning machine that is now used by two staff members who were trained by the original contractor, Reeder said. Because the newer system is more efficient, that cleaning now only needs to be done once a year.

Reeder said the difference in the hospital after the project was completed was noticeable.

“We had a lot of positive feedback from people who said they could tell the difference,” Reeder said. “We got emails from people saying the air smelled cleaner and their eyes weren’t itchy anymore. They were ecstatic that we were doing something with the fan coil units.”

One requirement for the award was that the project could

be duplicated at other facilities, Reeder said. She briefed the Mid-Atlantic Health Care Network GEMS coordinators about the success at Fayetteville, and now the Salisbury, N.C., VAMC is conducting a fan coil cleaning project of their own.

Reeder, who said she was surprised but excited when she learned about the award, said the project had other less tangible benefits.

“The Veterans see us taking steps to green our facility,” Reeder said. “Even though it’s old, there are still things we can do.”

Reeder isn’t sitting still though. She said there were several other energy projects underway, including a project to wrap steam pipes in the facility in thermal blankets to reduce heat loss through the pipe walls over the length of the pipe run.

“People think of me as the recycling person, but there’s so much more here than that,” Reeder said.

Fayetteville VAMC Director Elizabeth Goolsby personally congratulated Reeder for her leadership in the project.

“We have an older facility, but with people like Shelley looking for ways to make it more efficient, we’ll be able to continue providing quality health care to our Nation’s heroes for many years to come,” Goolsby said. “This award is well deserved.”



**Sherry Rambin**

*Actress Andie MacDowell embraces Army and Air Force Veteran Harold Osborne, a resident of the Community Living Center at the Charles George VAMC in Asheville, N.C., on May 5. Ms. MacDowell spent four hours thanking Veterans for their service.*

# VISN 6 Sites of Care

**Asheville VAMC**  
1100 Tunnel Road  
Asheville, NC 28805  
828-298-7911, 800-932-6408  
<http://www.asheville.va.gov/>

**Beckley VAMC**  
200 Veterans Avenue  
Beckley, WV 25801  
304-255-2121, 877-902-5142  
<http://www.beckley.va.gov/>

**Beckley Vet Center**  
1000 Johnstown Road  
Beckley, WV 25801  
304-252-8220  
<http://www2.va.gov/directory/guide/facility.asp?ID=5634>

**Charlotte Vet Center**  
2114 Ben Craig Dr.  
Charlotte, NC 28262  
704-549-8025  
<http://www2.va.gov/directory/guide/facility.asp?ID=485>

**Charlotte CBOC**  
8601 University East Drive  
Charlotte, NC 28213  
<http://www.salisbury.va.gov/visitors/charlotte.asp>

**Charlottesville CBOC**  
650 Peter Jefferson Pkwy  
Charlottesville, VA 22911  
434-293-3890  
<http://www.richmond.va.gov/visitors/charlottesville.asp>

**Danville CBOC**  
705 Piney Forest Rd.  
Danville, VA 24540  
434-710-4210  
<http://www.salem.va.gov/visitors/Danville.asp>

**Durham VAMC**  
508 Fulton St.  
Durham, NC 27705  
919-286-0411, 888-878-6890  
<http://www.durham.va.gov/>

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

**Fayetteville VAMC**  
2300 Ramsey St.  
Fayetteville, NC 28301  
910-488-2120, 800-771-6106  
<http://www.fayettevillenc.va.gov/index.asp>

**Fayetteville Vet Center**  
4140 Ramsey St.  
Fayetteville, NC 28311  
910-488-6252  
<http://www2.va.gov/directory/guide/facility.asp?ID=486&dnum=All&stateid=NC&v=1>

**Franklin CBOC**  
647 Wayah St.  
Franklin, NC 28734-3390  
828-369-1781  
<http://www.asheville.va.gov/visitors/franklin.asp>

**Fredricksburg CBOC**  
1965 Jefferson Davis Highway  
Fredericksburg, VA 22401  
540-370-4468  
<http://www.richmond.va.gov/visitors/fredericksburg.asp>

**Greensboro Vet Center**  
2009 S. Elm-Eugene St.  
Greensboro, NC 27406  
336-333-5366  
<http://www2.va.gov/directory/guide/facility.asp?ID=719&dnum=All&stateid=NC&v=1>

**Greenbrier County CBOC**  
804 Industrial Park Rd.  
Maxwelton, WV 24957  
304-497-3900

**Greenville CBOC**  
800 Moye Blvd.  
Greenville, NC 27858  
252-830-2149  
<http://www.durham.va.gov/visitors/greenville.asp>

**Greenville Vet Center**  
1021 W.H. Smith Blvd.  
Greenville, NC 27834  
252-355-7920  
<http://www2.va.gov/directory/guide/facility.asp?ID=720&dnum=All&stateid=NC&v=1>

**Hamlet CBOC**  
100 Jefferson Street  
Hamlet, NC 28345  
910-582-3536  
<http://www.fayettevillenc.va.gov/visitors/hamlet.asp>

**Hampton VAMC**  
100 Emancipation Dr.  
Hampton, VA 23667  
757-722-9961, 888-869-9060  
<http://www.hampton.va.gov/>

**Hickory CBOC**  
2440 Century Place, SE  
Hickory, NC 28602  
828-431-5600  
<http://www.salisbury.va.gov/visitors/hickory.asp>

**Hillandale Rd. Annex**  
1824 Hillandale Road  
Durham, North Carolina 27705  
919-383-6107  
<http://www.durham.va.gov/visitors/hillandale.asp>

**Jacksonville CBOC**  
241 Freedom Way  
Midway Park, NC 28544  
910-353-6406, 910-353-6406  
<http://www.fayettevillenc.va.gov/visitors/jacksonville.asp>

**Lynchburg CBOC**  
1600 Lakeside Drive  
Lynchburg, VA 24501  
434-316-5000  
<http://www.salem.va.gov/visitors/lynchburg.asp>

**Morehead City CBOC**  
5420 U.S. 70  
Morehead City, NC 28557  
252-240-2349  
<http://www.durham.va.gov/visitors/morehead.asp>

**Norfolk Vet Center**  
1711 Church Street  
Norfolk, VA 23504  
757-623-7584  
<http://www2.va.gov/directory/guide/facility.asp?id=403>

**Princeton Vet Center**  
905 Mercer Street  
Princeton, WV 24740  
304-425-5653  
<http://www2.va.gov/directory/guide/keystaff.cfm?id=400>

**Raleigh CBOC**  
3305 Sungate Blvd.  
Raleigh, NC 27610  
919-212-0129  
<http://www.durham.va.gov/visitors/raleigh.asp>

**Raleigh II CBOC**  
3040 Hammond Business Place  
Raleigh, NC 27603  
919-899-6259  
<http://www.durham.va.gov/visitors/raleighII.asp>

**Raleigh Vet Center**  
1649 Old Louisville Rd.  
Raleigh, NC 27604  
919-856-4616  
<http://www2.va.gov/directory/guide/facility.asp?ID=5442&dnum=All&stateid=NC&v=1>

**Richmond VAMC**  
1201 Broad Rock Blvd.  
Richmond, VA 23249  
804-675-5000, 800-784-8381  
<http://www.richmond.va.gov/>

**Roanoke Vet Center**  
350 Albemarle Ave., SW  
Roanoke, VA 24016  
540-342-9726  
<http://www2.va.gov/directory/guide/facility.asp?ID=405>

**Robeson County CBOC**  
139 Three Hunts Drive  
Pembroke, NC 28372  
910-521-8452

**Rutherford County CBOC**  
374 Charlotte Rd.  
Rutherfordton, NC 28139  
828-288-2780  
<http://www.asheville.va.gov/visitors/rutherfordton.asp>

**Salem VAMC**  
1970 Roanoke Blvd.  
Salem, VA 24153  
540-982-2463, 888-982-2463  
<http://www.salem.va.gov/>

**Salisbury VAMC**  
1601 Brenner Ave.  
Salisbury, NC 28144  
704-638-9000, 800-469-8262  
<http://www.salisbury.va.gov/>

**Tazewell CBOC**  
123 Ben Bolt Ave.  
Tazewell, VA 24651  
276-988-2526  
<http://www.salem.va.gov/visitors/tazewell.asp>

**Virginia Beach CBOC**  
244 Clearfield Avenue  
Virginia Beach, Virginia  
757-722-9961, ext. 1900  
<http://www.hampton.va.gov/visitors/cboc.asp>

**Wilmington CBOC**  
736 Medical Center Drive  
Wilmington, NC 28401  
910-763-5979  
<http://www.fayettevillenc.va.gov/visitors/wilmington.asp>

**Winston-Salem CBOC**  
190 Kimel Park Drive  
Winston-Salem, NC 27103  
336-768-3296  
<http://www.salisbury.va.gov/visitors/winstonsalem.asp>

**Winston-Salem Annex**  
2101 Peters Creek Parkway  
Winston-Salem, NC 27127  
336-761-5300  
<http://www.salisbury.va.gov/visitors/winstonsalem.asp>

**Wytheville CBOC**  
165 Peppers Ferry Rd.  
Wytheville, VA 24382-2363  
276-227-5400  
<http://www.salem.va.gov/visitors/wytheville.asp>