



VA MID-ATLANTIC HEALTH CARE NETWORK • VISN SIX

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“Excellent Care – Earned by Veterans – Delivered Here”

Voices of VISN 6

Official news from around *your* VISN

October 2, 2012

Hampton Women’s Clinic To Be Model For Patient Care

By James Coty,
Hampton VAMC public affairs

HAMPTON, Va. – Hampton VAMC, the 4th oldest in VA, marked the opening of VISN 6’s second stand alone clinic dedicated to serving Women Veterans Sept. 21.

The changing demographics of service members leaving the military means that the VA has to make changes to the way it does business.

In today’s VA, women are the fastest growing population and account for nearly 6 percent of all Veterans. According to recent data, more than 37,000 women Veterans of all eras live throughout northeastern North Carolina and southeastern Virginia.

“There are more than

10,800 women Veterans enrolled to receive healthcare here at Hampton VA Medical Center,” said Benita Stoddard, acting medical center director. “That is an increase of nearly 1,000 new women Veterans seeking care through the VA this year. Because of this increase, the new clinic triples the size of the current one and is designed meet the needs of our growing Veteran population far into the future.”

During the keynote address, Daniel F. Hoffmann, director, Mid-Atlantic Health Care Network, noted that Hampton has the largest population of female Veterans in VISN 6.

“Hampton has a proud history of serving Veterans and

[Continued on Pg 3](#)



James Coty

Network Director Dan Hoffmann; Hampton VAMC Acting Director Benita Stoddard; Patrice Malena, Women’s Clinic program manager; Mary Beamer, past Virginia State Disabled American Veterans commander; and Hattie Cannady, U.S. Army Veteran, cut the ribbon to open Hampton’s new stand alone Women’s Clinic.

Green Selected To Lead Salisbury VAMC

SALISBURY, N.C. – Ms. Kaye Green has been selected to become the new director of the Salisbury VAMC.

Ms. Green will oversee delivery of health care to more than 82,000 Veterans living in the 24-county Central Piedmont Region of North Carolina, and an operating budget of \$359.4 million.

“We are excited to bring Ms. Green on board as the new medical center director in Salisbury,” said Daniel F. Hoffmann, Mid-Atlantic Health Care Network (VISN 6) Director.

“The leadership qualities and experience she demonstrated at other VA facilities will yield hefty returns for medical center employees, volunteers, and most importantly, the Veterans we are privileged to serve. I am confident that under her direction and leadership, the medical center will flourish,” added Hoffmann.

“It a great honor to lead

this VA healthcare system and to serve Veterans throughout North Carolina who deserve the best care we can provide,” Green commented.

“My family and I plan on living in Salisbury, and we are looking forward to becoming active members of the community,” she added.

Ms. Green has served Veterans in a variety of leadership positions, including her most recent post as associate director of the New Mexico VA Health Care System in Albuquerque, N.M. and prior positions as an associate director of the VA Healthcare System in Bay Pines, Fla., and as a health systems specialist supporting the director and deputy director of Veterans Integrated Service Network 8.

Ms. Green holds a Master of Business Administration and Bachelor of Business Administration Degrees from Wayland Baptist University, with special-



Kaye Green

ization in Healthcare Administration.

She is a graduate of the inaugural class of VHA’s Executive Career Field Candidate Development Program, Health Care Leadership Institute and Leadership VA.

She is also a Fellow in the American College of Healthcare Executives.

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From the Director

September is now behind us, and with it, another Fiscal Year closes out. As we cross this juncture, we review what we've accomplished and begin aggressively to implement those plans for FY'13 to improve on our mission to provide America's Veterans the Best Care Anywhere.

Veterans vote with their feet – I'm proud to say that care for Veterans in our VISN continues to grow. We have experienced sustained growth for more than 12 years running, with last year's growth just shy of 4%, or approximately 50% higher than the national average. Of note is our growth has been very consistent year after year, and grown an astonishing 19% over the past five years. We were first in the nation in real growth of new Veterans to use our services and, second if measured by percentage or growth over last year.

Some of that growth can be attributed to the outstanding outreach efforts of our Rural Health Teams. Our teams have crisscrossed the region, traveling thousands of miles to find and engage Veterans who may not have known about health care they are entitled to. Last fiscal year, these teams linked more than 7,500 Veterans to a VISN 6 site of care. Welcome to all the 7,500 Veterans who are now part of the VISN 6 family!

I'm confident this growth is also in part due to the work we've put into creating additional access points as well as the ceaseless efforts we've made to create a caring environment that encourages all Veterans to make their medical homes within one of our eight medical centers or 26 free standing sites of care.

Another area that has come far is how we welcome new and prospective Veterans to VA. The old sayings that "first impressions are lasting ones" and "you never get a second chance to make a first impression" really come into play with our Compensation and Pension and Integrated Disability Evaluation System (IDES) programs. These programs are designed to make every servicemember's transition to VA care seamless. These programs have grown enormously since the early 2000's when our annual volume of C and P exams across the VISN totaled approximately 7,200. Today, working closely with our DOD counterparts we accomplish an annual volume of 30,000 exams.

We have also made real progress with our Patient Aligned Care Teams. Our goal is to ensure each and every one of our Veterans has a team working closely with them to accomplish those health care goals important to that Veteran. Of note here is that along with the development of the teams, Veterans are reaping the benefits of new technology. The communications between Veteran and provider made possible by Secure Messaging has created patient/provider access like never before. Thousands of Veterans bypass the phone and send messages at anytime, day or night, to their team. If you are comfortable sending email, Secure Messaging is for you. If you have not yet



opted in, do so during your next visit. Get online and get connected. You'll be glad you did.

Finally, I want to address our behind the scenes Patient Transfer program. To provide the most comprehensive care, we need to provide continuity of care; ensuring smooth transitions, or handoffs, between providers among our VHA staff, and also those providers in the community. Last year we mounted a concerted effort to increase continuity by ensuring we maximize our bed space. Many of our Veterans find themselves in a civilian hospital as result of emergent situations. Our staff has put mechanisms in place to ensure we can transfer people into a VISN medical center at the earliest opportunity, thereby ensuring that their entire health care team maintains the highest level of awareness as to their health needs and can work to provide the optimal clinical outcome. Additionally, our case management of Veterans in non-VA facilities places added focus on making sure that Veterans are discharged with the appropriate medications, home based primary care, medical equipment and follow-up appointments.

These are just some of the highlights from the last fiscal year. I will share more about our refreshed strategic plan for FY'13 in future columns.

An important note before I close. Flu season is here again. For you, for your family, please stop by and get your flu shot. Thanks for your support and I wish you good health.

Sincerely,
Dan Hoffmann



Network Seeks Health Care Providers

The VA Mid-Atlantic Health Care Network is looking for highly qualified health care providers. If you or someone you know is looking for a challenging and rewarding opportunity, please contact Harold "Keith" Liles Jr., Mid-Atlantic Region's National Healthcare Recruitment Consultant, for additional information. Liles can be reached via email at Harold.Liles@va.gov or by phone at 919-408-4741.

Current Vacancies

Primary care physician: Morehead City, N.C.

Emergency Medicine, Psychiatrist, Psychologist, General Surgeon, Orthopedic Surgeon (specializing in shoulder), Ophthalmologist, Urologist: Fayetteville, N.C.

Hospitalist, Geriatrician: Salisbury, N.C.

Chief of Medicine, Associate Chief of Staff for Geriatrics/Rehab/Extended Care, Community Living Center Physician: Hampton, Va.

Emergency Medicine, Physician Assistant (cardio-thoracic): Richmond, Va.

Urologist, Gastroenterologist, Dermatologist: Salem, Va.

Emergency Medicine, Pulmonologist, Psychiatrist, Gastroenterologist: Beckley, W. Va.

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Telehealth Principals Address Growth At Conference

By Steve Wilkins
VISN 6 public affairs

Telehealth has been operational throughout VISN 6 since January 2006; last year it got a boost with a \$6 million infusion. The VISN 6 Telehealth Sub Council convened at the network headquarters Sept. 12 and 13 to discuss the program.

Telehealth's mission is to provide the right care in the right place at the right time through cost-effective, Veteran-centered use of health information and telecommunications technologies. Telehealth alters where Veterans receive elements of their care and supports enhanced services, processes and results.

The Telehealth Sub Council offers VISN-level oversight for Home Telehealth, Clinical Video Telehealth and Store and Forward Telehealth to optimize the program.

"Telehealth is the glue between different service lines, bridging Veterans' access to providers and enhancing their access to care," said VISN 6 Telehealth Program Manager Mary Foster. "The Telehealth Sub Council ensures that all means of telemedicine and telehealth comply with standards and procedures in place to deliver safe and effective clinical care using Telehealth technologies."

A variety of speakers covered topics from the introduction of new technology to policy and program expansion over the two-day session.

National Telehealth program analyst John Peters led a discussion on the recent development of four new initia-



Steve Wilkins

Video Teleconferencing Specialist Michelle Gilbert and Dr. Robert Morris try out a Telehealth optometric device, connected to a Telehealth Global Media Cart, while attending the Telehealth Sub Council meeting Sept. 12 and 13.

tives employing Clinical Video Telehealth technology: Tele Audiology, SCI Telehealth, Tele-mental Health and Video to Home Telehealth.

VISN 6 currently operates a pilot program in Tele-Audiology to evaluate hearing aid fittings, adjustments and repairs. VISN audiologists are also working diligently to move the program into a second phase, enabling technicians to test hearing remotely.

Another Telehealth pilot program supplements treatment of Veterans with spinal cord injuries. Although doctors can't make diagnoses "over the phone," they can conduct pre-operational consultations and follow-up visits to survey the Veteran's condition, evaluate their well-being, and check overall progress.

Instead of driving to the medical center, which could

take several hours and require an ambulance to transport them, Spinal Cord Injury patients can go to the nearest CBOC where they can speak with their provider via telehealth. "It reduces the need to travel to the medical center just for me to ask them, 'How are you doing?'" said Dr. Teodoro Castillo, a Richmond VAMC SCI physician and telehealth clinical champion.

Castillo said most of the encounters take place in clinical settings, but the security of the technology has advanced so that it also incorporates home-video connected encounters, negating the need for extended travel, securing childcare or for a caregiver to miss work.

Home Telehealth can be used for chronic diseases as well as education. Veterans may upload information into

the VA-issued in-home monitoring/messaging devices for coordination of care. This method of case management has proven to be more convenient for the Veteran and staff.

In fact, VISN 6 Women's Health Program Manager Shenekia Williams-Johnson said some credit for a recent reduction in women's diabetic diagnoses, as well as Heart Disease, where the gender disparity gap has noticeably diminished can be attributed to education through Home Telehealth.

"VISN 6 is working to integrate Telehealth into its strategic plan, to supplement the supply of services to growing demand in a number of areas," said Dr. Mary Voss, VISN 6 Acute & Tertiary Care Service Line Manager.

One of the most successful uses of Clinical Video Telehealth is the provision of mental health consultations. Veterans can go to the nearest clinic to meet remotely with a provider from another health facility. Veteran and provider interact through video monitors connecting the two locations. Review of data reveals many Veterans prefer this to face-to-face meetings.

The use of Telehealth still requires a change in culture as it is not yet an automatic consideration as an alternative solution for the management and treatment of certain patient care and education needs. However, the recent increases in staff and equipment have expanded the opportunities for providers and administrators to use this safe and effective means of communication.

Women's Clinic continued from Pg 1

now has an opportunity not only to serve its male population, but to provide specialized services that are unique to women Veterans," Hoffmann said.

The new clinic's features include private exam rooms with special attention to privacy considerations, such as placement of exam tables, child play areas in the lobby, and adjoining wings that connect pri-

mary care providers with their mental health counterparts.

The new clinic is part of the cultural transformation taking place across the VA which is focused on patient-centered care.

"Our goal is to create a safe, Veteran friendly environment for the women who seek healthcare services at the Hampton VAMC," said Patrice Malena, women's health care

program manager. "It is a one-stop-shop for America's women Veterans."

By co-locating services in one centralized location, women Veterans in need of psychological services can seamlessly be seen by a mental health provider as part of their primary care appointment. Previously Veterans would have to wait for another appointment. Communication between providers

will improve the services that women Veterans receive.

"It's such a benefit to us women Veterans," said Hattie Cannady, U.S. Army Veteran. "Before this clinic, I could spend the entire day, going from appointment to appointment. Hampton is a huge place where nothing is close together. At this clinic, we have everything we need right here for us, and that's a big help."

Rural Health Teams Bring 7,500+ Veterans 'Home' In 2012

By Sheila K. Zeto
VISN 6 Rural Health Coordinator

Fiscal Year 2012 was a banner year for the Network's eight rural health teams. In operation for just a bit more than two years, the teams ventured far and wide in their efforts to make VA health care more accessible to Veterans throughout North Carolina, Virginia and West Virginia. Their outreach efforts took them to more than 1,300 events where they engaged more than 33,000 Veterans, and helped more than 7,500 make VA their medical home.

"Since we first formed the teams, we've worked hard to ensure that every eligible Veteran, no matter where he or she may live, is aware of what VA can offer," said Dr. Harold Kudler, VISN 6 Lead for Rural Health. "We know that what we are doing is making a difference and in the lives of so many."

These outreach efforts took place in venues which included VFW and American Legion posts, as well as apple festivals, state fairs and the large Vietnam Veterans homecoming which took place in Concord, N.C., in May. Regardless of location, Rural Health team members answered questions and provided thousands of Veterans information about their health benefits.

Each VISN 6 medical center is assigned a rural health team. The team's mission is to engage, enroll, educate, and vest Veterans by reaching out to them where they live and work. Each team is built to meet the needs of its respective area and is typically made up of a nurse, a social worker, a pharmacist, a public affairs officer, a mid-level provider, a dietitian, an administrative staff, and a Rural Health Integrator.

The teams' goals include optimizing the use of available and emerging health information technologies to improve access and to enhance health care options for Veterans residing in rural and highly rural areas.

During the year, the rural health teams also successfully launched a comprehensive health communications outreach strategy. In addition to raising awareness about VA health services and how to access them, the clinical educators delivered targeted educational materials related to chronic diseases with emphasis on diabetes.

"We provided approximately 1,500 educational sessions to about 6,400 Veterans and 500 family members residing in rural communities. We covered a broad range of health education sessions on topics including health promotion, disease prevention, and self-management of chronic disease such as heart disease,



Courtesy Photo

A Salisbury VAMC Rural Health Team member assists Veteran with enrollment form at a Vietnam Veterans Welcome Home Event in Charlotte.

COPD, hypertension, tobacco cessation, nutrition and weight management," said Sharon Bostic, VISN 6 Rural Health Clinical Education Manager.

Additionally, rural health teams identify and refer Veterans to appropriate VA programs for additional support by working with Patient Aligned Care Teams, Telehealth, TeleMOVE!, Mental Health, MyHealtheVet, and Women's Health programs.

Also during the year, the Beckley, Hampton and Salisbury medical centers piloted the Rural Health Diabetes Self-Management Education Program. "We're very excited because preliminary data reveals 36 percent of the participating Veterans lost weight, 30 percent realized a decrease in blood pressure, and 21 percent experienced a decrease in hemoglobin A1c," Bostic said.

"The rural health teams provide a service unlike any that existed before. We are the tip of the spear with regard to making sure America's Veterans, no matter where they live, have access to services they have earned. We are already laying the ground work to make sure that we reach even more Veterans in 2013," said Dr. Kudler.

Virginia Wounded Warrior Pgm Aids Veterans Home From War

By Roger Schlimbach
Virginia Wounded Warrior Program

Virginia is home to more than 820,000 Veterans and that number is rising. In 2008, the Commonwealth created the Virginia Wounded Warrior Program to ensure that Virginia has the appropriate services in place to support all its Veterans and mitigate the effects of combat. VWWP reaches out to Veterans of all eras suffering from stress-related injuries from military service and connects them with the services they need.

The program has employed a small army of combat Veterans referred to as Veteran peer specialists, as well as civilians hired on as resource specialists. These men and women work tirelessly traveling the region searching for Veterans in need, connecting them with the Department of Veterans Affairs and making sure that they have access to all the other services that they may need, such as Combat Support Groups and Family Support Groups.

One of the biggest issues facing Veteran's today is unemployment. Young Veterans, many without college degrees, coming off of active duty are encountering one of the toughest job markets this country has seen in decades. Unemployment rates in Virginia

among Veterans age 18 to 24 have recently soared above 30 percent.

This, said newly appointed Deputy Commissioner of Virginia's Department of Veteran's Services Bill Janis, is unacceptable. Janis and Virginia Congressman Rob Wittman participated in a recent Employment Resource fair in Stafford where they talked about Veteran's employment.

This job fair, one of many that have been held in Virginia specifically for Veterans, was a joint venture of the Rappahannock Area Goodwill, Fredericksburg Regional Chamber of Commerce and the Virginia Wounded Warrior Program. It took place at the Stafford campus of the University of Mary Washington, Aug. 21.

During the event, job seekers like Operation Iraqi Freedom Veteran James Davis were able to have their résumés critiqued as well as practice interview skills with experienced professionals before meeting with area recruiters.

Congressman Wittman and Deputy Commissioner Janis both touched on the importance of companies similar to one of the employers, Able Forces, a Veteran-owned company where 79 out of

Continued on Pg 8

Three VISN 6 Teams Win Innovation Awards, Earn \$10K

By Jeff Melvin
VISN 6 public affairs

VISN 6 posted three of the winning entries in the Office of Nursing Services' 2012 Nursing Services Innovations Awards. Started in 2003, the Nursing Innovation Awards program annually awards 10 submissions for quality improvement initiatives or programs. Each winning team receives a \$10,000 group award to be distributed equally among team members.

Teams from Salem VAMC, Salisbury VAMC and Durham VAMC Geriatrics Research Education, and Clinical Center were among the "best of the best" of more than 40 entries related to the theme, "Prospective Risk Management: Creating and Sustaining the High Reliability Organization."

Salem's team, registered nurse Dorothy Rizzo, palliative care coordinator, and physician assistant Laura Hart, palliative care unit coordinator, submitted a project entitled, "Ensuring Excellence in End of Life Care."

Salisbury's team – Melissa Zimmerman, nurse manager, Integrated Fee/Non-VA Care Service; Kelley Miller, chief, Integrated Fee/Non-VA Care Service; Dr. Gregory Scott, assistant chief of staff, Non-VA Care and Tamara Monroe, fee supervisor, submitted a project entitled "Integrated Fee/Non-VA Services: A unique patient care approach."

Durham GRECC's project was entitled "Supporting Veterans and their Caregivers Post Discharge: The Transitional Care Partners program." Team members were nurse practitioner Christina C. Hendrix, TLC program leader/Durham VA GRECC Nurse Investigator; Sabrina Forest, TLC nurse practitioner; Sara Tepfer, TLC program co-leader/GRECC social worker; Dr. Jeannette Stein, TLC medical director; and Valerie Fox, TLC occupational therapist.

"ONS strives to identify new and innovative ideas that are best practices recognized as nurse-led, quality improvement initiatives across VHA," said

Chief Nursing Officer Cathy Rick in a letter, announcing the 2012 award winners. All of entries described valuable programs and initiatives led by VA nurses, she added and applauded each team for their innovation and commitment to quality patient care.

"We congratulate the VISN 6 teams for their fantastic showing in the ONS innovation awards. It speaks to their dedication in providing America's Veterans the high quality care they so richly deserve," Network Director Daniel F. Hoffman said.

Salem VAMC's team members, Rizzo and Hart, said they were proud to be chosen as recipients of the 2012 ONS Innovations Award. "It is very rewarding to be nationally recognized for our dedication and years of work spent building the Hospice and Palliative Care program at the Salem VAMC, said Rizzo, who wrote the award narrative. "It is through nursing leadership and interdisciplinary collaborations that successful innovations are able to influence practice that ensures excellent care is provided for our Veterans and their families at end of life."

Melissa Zimmermann, who wrote the narrative for the Salisbury group, said, "To be a recipient of the 2012 ONS Nursing Innovation Award is quite an honor and is a testament to the excellent nursing staff we have in Integrated Fee/Non-VA Care Service at Salisbury. As a Service dedicated to comprehensive care coordination of Veterans receiving non-VA care, we stand firm in our commitment to ensure no Veteran is left to navigate non-VA care alone."

Despite receiving this award, "our work is not complete. We will continue to evaluate our program to be certain that the processes we have in place are the most effective for the sake of Veteran care," she added.

A complete list of the winning innovations and their accompanying narratives can be found on the ONS intranet site at <http://vaww.va.gov/NURSING/nationalawards.asp>.



Suzanne Graf
Salem VAMC 2012 ONS Innovation Award winning team Dottie Rizzo, left, and Laura Hart.



Luke Thompson
Salisbury VAMC 2012 ONS Innovation Award winning team, from left, Melissa Zimmerman, Tamara Monroe, Kelley Miller, and Dr. Gregory Scott.



Linnie Skidmore
L to R: Durham VAMC Director DeAnne Seekins congratulates 2012 ONS Innovation Award winning team members Dr. Jeannette Stein, Sara Tepfer, Valerie Fox and Christina C. Hendrix. Not pictured is Sabrina Forest.

VISN Quality Management Officer Provides Aid in Panama

By Steve Wilkins
VISN 6 public affairs

Veterans aren't the only beneficiaries of VA employees' tireless efforts to provide high quality care. VA employees often volunteer in their communities but in the case of VISN 6 Quality Management Officer, Lisa Shear, volunteering led her outside the country for her annual tour with her reserve unit.

Lisa Shear, an Air Force Reserve officer and civilian nurse, spent two weeks on a humanitarian mission with her unit, providing health care to the residents of Penonome, Panama, Aug. 18 to Sept. 1.

Her unit, the 445th Aerospace Medicine Squadron at Wright-Patterson AFB, Ohio, participated in the U.S. Southern Command-sponsored Medical Readiness Education and Training Exercise or MEDRETE. MEDRETE Panama provided free medical care, including dental, optometry, and general adult & pediatric primary care medicine to Panamanians living in poor, rural areas. The exercises enhance U.S. and Central American relations, and promote medical training with host nation military forces and local civilian health organizations.

Lt. Col. Shear became a part of the team by virtue of her medical and administrative experience, acquired over the course of more than 20 years of nursing. She had served nearly 9 years on active duty with the Air Force before joining VA.

"A majority of my work for the VA and the Air Force

involves critical thinking about clinical care, so I enjoy the chance to get back to the patient contact, as well as the excitement of experiencing other countries and cultures," said Shear, who has also been on another MEDRETE mission to Guatemala in 2005. Although this trip was beset a couple of times by heavy rains (it is the rainy season there), the team was not deterred by the weather or the crowds they attracted. In just 10 days, the team of 35 military personnel completed more than 9,400 medical actions (patient encounters), dispensed nearly 15,000 medications and distributed almost 2,200 pair of eyeglasses. The dental contingent also extracted 1,314 teeth.

"We found many opportunities to train on and review medical procedures (like suturing machete wounds) with a very hectic schedule, but it was so rewarding," Shear shared, adding, "the people have limited incomes, many are farmers and come from rural villages by bus, horse or piled into the back of a pick-up truck. Transportation to get medical care is limited, so our setting up clinic in the local schools helps to bring medical care to them." She even arranged a 'curbside consult', treating an 86-year-old blind man with a rash on his legs "because it was easier to take the 'docs' to him in the car he pulled up in, than it would have been to get him in-



Master Sgt. Rose Harris
Lt. Col. Lisa Shear and Senior Airman Brandon High monitor an 11-year-old Panamanian dehydration patient being treated with IV fluids and medications as the boy's mother looks on.

side through the crowds."

Medications the group distributed included many items that can be obtained over the counter here, as well as prescription antibiotics and dermatologic creams, and the prices are similar to the US. However, as she explained, "The money they might spend on a \$6 bottle of Pediatric Tylenol could be re-directed to buy a meal or two for an entire family. Patients were very grateful for the care and medicines they received."

Shear said the experience helped her break down the essential parts of processing medical care efficiently and thinking outside the box to treat illnesses with what you have on hand. She hopes that some of that experience

will translate into helping to smooth and create a more effective system of delivery in VA.

The group found time to have some fun too intermixed among the busy days. They played games with the area children and socialized with their security contingent (National Police), translators, Panamanian doctors and staff of the Ministry of Health. They even met a few expatriate Americans.

The group also had a chance to do a little sightseeing and was able to visit the Panama Canal. Overall, Shear said, "We became a much closer group, and the unit cohesion and lessons learned will help us streamline our abilities to work together in the future."

Salisbury, Durham VAMC Associate Directors Get Top Posts

Two VISN 6 associate medical center directors have been tapped for promotion and selected to lead the Gulf Coast Veterans and Eastern Kansas Health Care Systems.

Salisbury VAMC Associate Director Anthony Dawson is the new director of VA's Gulf Coast Veterans Health Care System. VA Gulf Coast Veterans Health Care System serves Veterans along the Gulf Coast

of Mississippi, Alabama and Florida. It includes a medical center in Biloxi, Miss., along with CBOCs in Mobile, Ala., Eglin AFB and Panama City, Fla., as well as a joint ambulatory care center in Pensacola.

Durham VAMC Associate Director Anthony "Rudy" Klopfer will take charge of the Eastern Kansas Health Care System. Eastern Kansas Health Care System serves Vet-

erans from a 39-county area in eastern Kansas and northwest Missouri. It includes medical centers in Topeka and Leavenworth, Kan., along with CBOCs in St. Joseph, Mo., and Chanute, Emporia, Fort Scott, Garnett, Kansas City, Lawrence, Junction City, and Seneca, Kan.

Both men served recently as interim medical center directors and begin their new duties

this month.

VISN 6 Network Director Daniel F. Hoffmann said, "Anthony and Rudy made noteworthy contributions throughout their tenures as associate and interim medical center directors at Salisbury and Durham. Join me in wishing them well as they join the senior executive ranks and embrace this new milestone in their professional careers."

Copper Creations Calm, Soothe Vietnam Vet

By Dennis Mehring
Asheville VAMC public affairs

Who knows better than a combat veteran that your whole life can change literally in a flash? Asheville VAMC Veteran Victor Mora-Loza is one of those Veterans. Victor, a coppersmith, is an award winning artist. He has had no formal training in his craft, and yet his interpretation of a Rhododendron, in copper, was recently awarded a first place prize in the annual National Veterans Creative Arts Festival.

Victor, now 62-years old, was born in Mexico but his family moved to Colorado when he was just 6. He is one of five brothers. When he was old enough, he joined the U.S. Army and was a member of the 173rd Airborne Brigade. Three of the brothers served in the 173rd, one in the 101st and the other brother served in the Navy.

"Four of us made it back," he recounts, noting that one brother committed suicide three weeks after he returned from his tour of duty in Vietnam. Victor tells his story in a quiet, but earnest voice. The jobs he has held, his wounding in Vietnam, the number of operations he has undergone, and the way he uses his art to deal with his physical and mental wounds are all told in a calm manner that many people might find difficult to duplicate if they had to endure what he has.

It was May 16, 1970, his last day of duty in Vietnam. His little brother was flying in to replace him. They never saw each other that day; however, because Victor's life changed in a flash. He tripped a booby trap at a spot on the post that he had passed about one hour before without incident. His wounds were extensive. Scars from the grenade shrapnel that hit him cover his legs and arms. Victor was medically retired from the Army and is considered 100 percent disabled due to his wounds.

Since 1970, he has had both knees replaced, at the Asheville VAMC, and both of his shoulders have been surgically repaired here as well.



Scott Pittillo

Victor Mora-Loza works on a piece of copper artwork, a form of therapy that helps take his mind off the war wounds he endures.

"They are getting ready to work on my arms next," Victor said, remarking that the medical care he has received from the VA "has been great. They've done a first class job working on me. This is a great hospital"

Victor came to Asheville almost by accident. He was on his way to Florida for a job as an aircraft mechanic when he stopped in Asheville. He liked it so much he decided to stay. He found an outlet for his energies by working with copper. "I've had no formal lessons. Everything is trial and error. I make all my own chisels and hammers, but I buy the metal shears I need.

"I had good years before I taught myself to do this, but working with copper helps me relax. It's mind over body. It takes my mind off the pain and the thunder at night that brings back memories of the war," Victor said. His home and 600 sq. ft. studio are in Franklin, N.C.

How does he account for his success even though he's had no training? "Because I'm a beginner I put no limits on

my art," Victor said. "All my art is custom ordered work. I do small stuff like roses, wall art and fountains. I've also done nature and yard pieces. I've been approached by a gallery to display my work, but I donate a lot of my work to fund raisers.

Victor has one large piece that he is particularly proud of, a 42-inch-wide eagle with spread wings holding an American flag.

He hopes to sell the statue, which he values at \$40,000 - \$50,000, and donate the proceeds to the Wounded Warrior Fund. So far there have been no buyers.

In addition to his charitable donations, he has also mentored Franklin High School students, working with boys and girls in a program that took them through 20 hours of instruction in metalwork. His involvement included helping them develop a project and see it through to the end.

Victor's life will undergo another major change next spring. After 26 years of bachelor life, he is getting married. Unlike that day in Vietnam, some changes do not happen in a flash.



Rhododendron

VISN 6 Vets get CAF Invites

Three VISN 6 Veterans are among the select craftsmen, artist and performers invited to attend the National Veterans Creative Arts Festival hosted by VA Boston Healthcare System Oct. 8 - 15 in Quincy and Boston, Mass.

Nationwide, VA medical facilities use the creative arts as one form of rehabilitative treatment to help Veterans recover from and cope with physical and emotional disabilities. Across the country each year, Veterans treated at VA facilities compete in a local creative arts competition. This year, the competition includes 53 categories in the visual arts division ranging from oil painting to leatherwork to paint-by-number kits. In addition, there are 120 categories in the performing arts pertaining to all aspects of music, dance, drama and creative writing.

Asheville VAMC's Victor Mora-Loza, a coppersmith, earned first place in the Metalwork category for his piece titled, "Rhododendron."

Richmond VAMC's Veteran Tom Inslee was awarded first place in Wood Model Building Kit category for his entry "The Spray."

Saxophonist Richard Lilliston, a Hampton Veteran, was a multiple award winner, earning first place in Instrumental Solo Patriotic category playing "American the Beautiful" second place in Instrumental Solo Inspirational category, playing "I'm Just Holding On," and earning second place in Instrumental Solo Jazz Rhythm & Blues category, playing "Fever." Lilliston will perform "Fever" in the NVCAF stage show Oct. 14 at the Cutler Majestic Theatre in Boston.

Veterans: It's Time Again For Your Flu Shot – Don't Delay

While many people associate the flu with cold weather, the Center for Disease Control and Prevention recommends getting a shot as soon as the vaccine becomes available. Flu season usually peaks in January or February, but it can occur as late as May. It is never too early – or too late – to get vaccinated. More helpful information about the flu follows.

- Who should get the flu shot?

Everyone 6 months of age and older should get the flu vaccine. Seasonal flu vaccines have a very good safety track record. The flu vaccine is available by shot or nasal spray. It is especially important to get the vaccine if you, someone you live with, or someone you care for is at high risk of complications from the flu.

Mild reactions such as soreness, headaches, and fever are common side effects of the flu vaccine. If you experience a severe reaction such as difficulty breathing, hives, or facial swelling, seek medical attention immediately.

- How should I get the vaccine?

There are two types of vaccine, the flu shot and the nasal spray. Both protect against the same virus strains.

The flu shot is made with inactivated (killed) flu virus; given by needle and approved for use in healthy people older than 6 months and people with chronic health conditions.

It is available in 3 types: regular, for people 6 months and older; high-dose, for peo-

ple 65 and older (This type contains a higher dose vaccine, which may lead to greater protection against the flu); and intradermal (given with a small needle and injected in your skin), for people 18 to 64.

The nasal spray is made with weakened live flu virus; given with a mist sprayed in your nose; approved for healthy people between the ages of 2 and 49, except pregnant women.

- Does the flu vaccine work right away?

It takes about two weeks after vaccination for antibodies to develop in the body and provide protection against influenza virus infection. In the meantime, you are still at risk for getting the flu. That's why it's better to get vaccinated early in the fall, before the flu season really gets under way.

- Is the vaccine safe?

Seasonal flu vaccines have a very good safety track record. Although there are possible side effects to vaccination, the Centers for Disease Control and Prevention and the Food and Drug Administration closely monitor the safety of seasonal flu vaccines.

- Should I get the flu vaccine if I'm not feeling well?

If you are sick with a fever, you should wait until your fever is gone before getting a flu shot.

VA MID-ATLANTIC HEALTH CARE NETWORK



**Do
your
part,
Get
your
flu
shot**

Availability, dates, times vary by location, check with your primary care provider

However, you can get a flu shot if you have a respiratory illness without a fever, or if you have another mild illness.

The nasal-spray flu vaccine can be given to people with minor illnesses, such as diarrhea and a mild upper respiratory tract infection, with or without a fever.

- Can I get the flu from the vaccine?

No, you cannot get the flu from the flu shot or the nasal spray. The flu shot contains inactivated (killed) flu viruses that cannot cause illness. The nasal spray contains weakened live viruses.

- Is there anyone who should not get the vaccine?

Talk to your health care provider about vaccination if you have severe allergy to

chicken egg; history of severe reaction to a flu vaccination; moderate-to-severe illness with a fever (you should wait until you are better to get the vaccine); history of Guillain-Barré Syndrome (a severe paralytic illness, also called GBS)

Seasonal influenza vaccine provides the best protection available from seasonal flu—even when the vaccine does not exactly match circulating seasonal flu strains, and even when the person getting the vaccine has a weakened immune system. Vaccination can lessen illness severity and is particularly important for people at high risk for serious flu-related complications and close contacts of high-risk people.

For more information, log on to www.flu.gov/.

VWWP continued from Pg 4

the 80 employees are Veterans.

Among the topics they discussed were: the difficulty private sector employers have deciphering the language of Military Occupational Specialties; making improvements to the transition of skill sets, such as heavy machine operations, into comparable fields in the private sector; and improving the hiring techniques of companies interested in employing Veterans.

Janis mentioned the recent implementation of the Virginia Values Veterans Program (V3), a program designed to teach employers to become more adept at finding and hiring Veterans.

“You shouldn't be hiring Veterans to hire Veterans, you should hire Veterans because it's great for your company,” Janis said.

The program also stresses the need for companies to retain the Veterans they hire for at least a year. This phase of the V3 initiative is called, “On a mission 1 Company—1 Job—1 Vet at a Time.”

VWWP recognizes that issues Veterans face today do not sim-

ply disappear when they find work. Many Veterans not only have trouble finding jobs, they experience challenges in keeping them. Regardless of employment status, VWWP connects Veterans with counseling services as well as support groups.

“Statistics only go so far as to tell you the Veterans who do not have jobs, they don't tell you about the Veterans who are about to lose their jobs or even the Veterans who are underemployed. The stressors of life can bring any person to their knees; while Veterans suffering from PTSD are already starting on their knees and are forced to climb back up. VWWP can help them get over the first few obstacles, connect them with organizations to get them proper treatment as well as help them through the mountains of paper work that come with claiming disability with the VA,” said Janis.

For more information on the Virginia Wounded Warrior Program, visit www.wearevirginia veterans.org.

Cuban Missile Crisis, Near Cold War Calamity, Turns 50

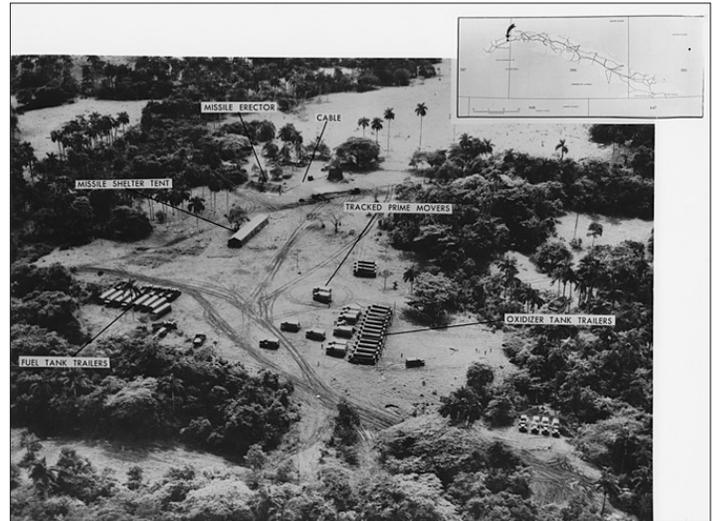
By Dennis Mehring
Asheville VAMC public affairs

It probably won't be highly celebrated, but Oct. 14 to 28 will be the 50th anniversary of the Cuban Missile Crisis; two weeks in time when the U.S. and Russia faced off in an eyeball-to-eyeball confrontation that it is generally regarded as the moment the Cold War came closest to turning into a nuclear conflict.

On Oct. 14, 1962, a U2 spy plane, flying a routine Strategic Air Command mission over Cuba, snapped a series of photographs that were the first direct evidence of Soviet medium-range ballistic nuclear missiles in Cuba. The Russians were placing nuclear missiles on the figurative U.S. doorstep. The photographs triggered extraordinary military, diplomatic and journalistic efforts that had most of the world holding its breath.

President John F. Kennedy gathered his Executive Committee of the National Security Council and they learned that the missiles would probably be operational in 14 days. Three courses of action were considered: surgical strikes to take out the missiles, a general invasion after air strikes, or a blockade. Kennedy chose the blockade, but called it a quarantine.

The U.S. armed forces gathered enormous amounts of military firepower to let the Soviets know that the U.S. meant business. The 1st Armored Division was sent to Georgia, and five Army divisions were alerted for action. For the only confirmed time in U.S. history, B-52 bombers were dispersed to various locations and made ready to take off, fully equipped, on 15 minutes' notice. One-eighth of SAC's 1,436 bombers were on airborne alert, some 145 intercontinental ballistic missiles stood on ready alert, while Air Defense Command redeployed 161 nuclear-armed interceptors to 16 dispersal fields within nine hours with one-third maintaining 15-minute alert status. Twenty-three nuclear-armed B-52s were sent to orbit points within striking distance of the Soviet Union



File Photo

The San Cristobal Medium Range Ballistic Missile site, Cuba, photographed Oct. 23, 1962. Source: Naval History and Heritage Command

so they would know the U.S. was serious. By Oct. 22, Tactical Air Command had 511 fighters plus supporting tankers and reconnaissance aircraft deployed to face Cuba on one-hour alert status. The concentration of aircraft in Florida strained command and support echelons so Reserve and Guard units were called up and deployed. Naval units went to sea to inspect all naval vessels going to Cuba.

The most chilling measures were the Civil Defense drills given to children. Teachers went through "duck and cover" drills with their students that were supposed to help save them from Russian nuclear bombs.

President Kennedy used diplomatic as well as military means. The Organization of American States approved a resolution that called for a quarantine of all offensive weapons to Cuba. The United States requested an emergency meeting of the United Nations Security Council on Oct. 25. U.S. Ambassador to the United Nations Adlai Stevenson confronted Soviet Ambassador Valerian Zorin in an emergency meeting of the Security Council challenging him to admit the existence of the missiles. Ambassador Zorin refused to answer. The U-2 photos were shown to the world to prove what the Russians were doing in Cuba.

The crisis was averted by back-door diplomacy begun by the Russians who approached a U.S. journalist and asked him to contact his friends in the State Department to find out if the U.S. was interested in negotiating. While negotiations were underway a U-2 reconnaissance plane piloted by Air Force Maj. Rudolf Anderson, was struck by a Russian surface-to-air missile launched from Cuba. The aircraft was shot down and Anderson was killed.

On Oct. 27, after much deliberation between the Soviet Union and Kennedy's cabinet, Kennedy secretly agreed to remove missiles that were then based in southern Italy and in Turkey, and publicly agreed not to invade Cuba in exchange for the Soviets removing all missiles from Cuba.

The confrontation ended on Oct. 28. At 9 a.m. EDT, Soviet leader Nikita Khrushchev announced on Radio Moscow, "The Soviet government, in addition to previously issued instructions on the cessation of further work at the building sites for the weapons, has issued a new order on the dismantling of the weapons which you describe as 'offensive' and their crating and return to the Soviet Union."

Another outcome of the negotiations was the creation of the Moscow-Washington hotline, a direct communications link between Moscow and Washington, D.C.



**300 Miles.
Two Mustangs.
One Mission.**

Army Veteran to Ride Wild Horses 300 Miles for Wounded Warrior Project

Jim Thomas, a retired Sergeant Major and regular Extreme Mustang Makeover competitor, will be riding his two competition mustangs from his farm in Chatham County, N.C. to the Extreme Mustang Makeover in Clemson, S.C., Oct. 8-18, to raise money for the Wounded Warrior Project. Wounded Veterans located along the route are encouraged to ride along on his extra horse.

To Learn More:

www.BarTHorsemanship.com/mustangs-for-the-warrior

Mustangs for the Warrior

Oct. 8-18, 2012
for the Wounded Warrior Project

(919) 428-3209

VA, DoD To Invest \$100 Million To Improve PTSD, TBI Treatment

WASHINGTON – VA and DoD are investing more than \$100 million in research to improve diagnosis and treatment of mild Traumatic Brain Injury (mTBI) and Post-Traumatic Stress Disorder.

The two groups, The Consortium to Alleviate PTSD (CAP) and the Chronic Effects of Neurotrauma Consortium (CENC), will be jointly managed by VA and by the Congressionally Directed Medical Research Programs (CDMRP), on behalf of DoD.

More than 15 percent of service members and Veterans suffer impaired functioning as a result of PTSD. CAP will study potential indicators of the trauma, as well as prevention strategies, possible interventions, and improved treatments. Biomarker-based research will be a key factor for CAP's studies.

A primary goal of CENC is to establish an understanding of the aftereffects of an mTBI. Potential co-morbidities also will be studied; that is, conditions associated with and worsen because of a neurotrauma.

"PTSD and mTBI are two of the most prevalent injuries suffered by our warfighters in Iraq and Afghanistan, and identifying better treatments for those impacted is critical," said Assistant Secretary of Defense for Health Affairs, Dr. Jonathan Woodson. "These consortia will bring together leading scientists and researchers devoted

to the health and welfare of our Nation's Servicemembers and Veterans."

The President signed an executive order to improve access to mental health services for Veterans, Service members and military families Aug. 31. As part of that executive order, the President directed the DOD, VA, the Department of Health and Human Services and the Department of Education to develop a National Research Action Plan that will include strategies to improve early diagnosis and treatment effectiveness for TBI and PTSD. He further directed DOD and Health and Human Services to conduct a comprehensive mental health study with an emphasis on PTSD, TBI, and related injuries to develop better prevention, diagnosis, and treatment options.

VA, which has the largest integrated health care system in the country, also has one of the largest medical research programs. This year, approximately 3,400 researchers will work on more than 2,300 projects with nearly \$1.9 billion in funding.

Specific information on the consortia, including the full description of each award, eligibility, and submission deadlines, and General Application Instructions, are posted on the Grants.gov and CDMRP websites: <http://www.grants.gov> and <http://cdmrp.army.mil>, respectively.

Nearly 1,500 Trained Through Women's Health Practitioner Pgm

WASHINGTON – VA has trained nearly 1,500 providers through its flagship National Women's Health Mini-Residency Program, one of many training opportunities for VA clinicians to sharpen their women's health skills.

VA is offering an unprecedented number of creative education opportunities to its health care providers interested in women's health care. The training ranges from traditional lectures with direct instruction to online and audio courses. Several courses target physicians, physician assistants, and nurse practitioners; other courses have sections geared toward wider audiences, including nurses, pharmacists, social workers, and psychologists. VA's Employee Education System and VHA's Simulation Learning Education and Research Network partnered closely with Women's Health Education to develop the courses.

"Health care providers throughout VA must understand that women have unique health care needs and that different approaches might be necessary to provide the highest quality care to them," said VA Under Secretary for Health Dr. Robert Petzel.

Training programs include:

- The flagship Mini-Residency Program on Primary Health Care for Women Veterans, which has educated nearly 1,500 VA primary care providers using techniques like first-hand practice, lectures, and case discussions. This year, an online e-learning version of the mini-residency has been released as well as a mini-residency program for nurses.

- Monthly Women's Health Provider Audio-conferences, which are designed to complement the mini-residency program by supplying providers with up-to-date information about important women's health topics. A new Monthly Women's Health Nursing Audio-conference Series launched in May 2012.

- Women's Health Emergency Medicine Course, a se-

ries of 10 online modules that use virtual patient scenarios, interactive content delivery, and videos to educate emergency care providers about common women's health issues in emergency rooms. The first module was released this year and an additional three are slated for release this summer.

- Women's Health Simulation Equipment and Videos enable health care providers at VA facilities nationwide to get hands-on training in breast and gynecologic examinations. One such system is MAMMA-CARE, involving computerized simulation equipment that gives the provider the opportunity to hone hand-eye coordination when assessing lumps.

To reach VA's more remote locations, Women's Health Services recently partnered with VA's Office of Rural Health to sponsor 15 Women's Health Education Innovation Grants. These grants are providing resources to produce creative ideas for women's health education training at 15 VA locations nationwide. Lessons learned from this grant program will be used to shape future national training initiatives.

Additionally, the VA Women's Health Advanced Fellowship Program, which provides stipends to trainees in health care professions, has been expanded from seven to eight sites. Previously available only to physician trainees, the program has begun an inter-professional approach that incorporates training of associated health and nursing professionals. The Women's Health Advanced Fellowship Program is sponsored by VA's Office of Academic Affiliations.

Women Veterans are one of the fastest growing segments of the Veteran population. By 2020, VA estimates women Veterans will constitute 10 percent of the Veteran population and 8 percent of VA patients.

For more information about VA programs and services for women Veterans, please visit: www.va.gov/women-health and www.womenshealth.va.gov.

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Retired, Separated Wounded Can Still Pursue CCAF Degree

By Tammy Cournoyer
Air Force Personnel Center
Warrior and Family Operations
Center

JOINT BASE SAN ANTONIO-RANDOLPH, Texas – Air Force combat-related wounded warriors wishing to continue their Community College of the Air Force education can now do so after separating or retiring thanks to provisions in the 2012 National Defense Authorization Act.

This legislative change supports the secretary of the Air Force's priority to ensure combat-related wounded warriors receive the services and support they need throughout the recovery process and also provides a transition into additional educational opportunities through the GI Bill or Veteran's Affairs Vocational Rehabilitation program.

In order to be eligible, wounded warriors must have been enrolled in a CCAF degree program at the time of separation or retirement; must have been awarded a 9W-series Reporting Identifier for combat-related injuries or illnesses as reflected in the military personal system; and have 10 years from their separation or retirement date or from Dec. 30, 2011 if separated/retired between Sept. 12, 2001 and Dec. 30, 2011 to complete degree requirements.

"The recent legislative

changes expanding CCAF program eligibility to our wounded warriors opens opportunities that would have otherwise been closed – this is great news!" said Chief Master Sgt. James E. Pepin, the college's vice commandant.

"CCAF degree participation by our separated or retired wounded warriors enables those individuals, who sacrificed so much for our country, the chance to complete the associate in applied science degree program they were enrolled in during their active service," he added.

Students who do not hold a 9W-series RI, but believe they qualify for combat-related wounded warrior status should contact the Air Force Wounded Warrior Program office via email at wounded.warrior@us.af.mil or call 800-581-9437. Program officials will determine status, effective date of status, if applicable, and update the appropriate personnel data/records.

Former Airmen with the 9W-series RI and who meet eligibility requirements may contact their local Air Force education office for more information, or email or call CCAF directly at ccaf@us.af.mil or 334-649-5093.

For more information about Air Force personnel issues, visit the myPers website at <https://mypers.af.mil>.

New VRAP Pgm Fills 45,000 Slots

WASHINGTON – VA has approved applications for all 45,000 slots available in FY 2012 under the successful Veterans Retraining Assistance Program and is in the process of approving applications for a total of 54,000 slots available in FY 2013.

VRAP is a training and education program for unemployed Veterans who want to upgrade their skills for high-demand jobs. The goal of VRAP is to train a total of 99,000 Veterans over the next two years in more than 200 job skills that the Department of Labor has determined are the most sought-after by employers.

The joint VA/DOL program is a provision of the Veterans Opportunity to Work to Hire Heroes Act of 2011, which Congress passed and President Obama signed into law in November 2011. The program allows qualifying Veterans to receive up to 12 months of education assistance equal to the current full-time Montgomery GI Bill – Active Duty rate of \$1,473 per month. The rate increases to \$1,546 per month Oct. 1.

To be eligible for VRAP, a Veteran must: be 35-60 years old, unemployed on the day of application, and not dishonorably discharged; not be eligible for any other VA education benefit program such as the Post-9/11 GI Bill, Montgomery GI Bill, or Vocational Rehabilitation and Employment; not be enrolled in a federal

or state job-training program within the last 180 days; and not receive VA compensation at the 100 percent rate due to individual unemployability.

"We're gratified that 45,000 unemployed Veterans can begin the retraining they need to compete for in-demand jobs," said VA Undersecretary for Benefits Allison A. Hickey.

Veterans approved for VRAP are encouraged to enroll as soon as possible and begin training full-time in a VA-approved program of study at their local community college or technical school. The program of study must lead to an associate degree, a non-college degree, or a certificate for a high-demand occupation as defined by DOL.

Some of the high-demand job training programs Veterans pursued in FY 2012 include: computer support specialist, general and operations manager, business operations specialist, and heating, air conditioning and refrigeration mechanic and installer.

Potential applicants can learn more about VRAP and apply online at www.benefits.va.gov/VOW, or call VA toll-free at 1-800-827-1000. Information about the Department of Labor's programs for Veterans is available at www.dol.gov/vets. Veterans can also visit the nearly 3,000 One-Stop Career Centers across the nation, listed at www.servicelocator.org, for in-person employment assistance.

Blue Button Reaches Major Milestone – 1 Million Registered Patients

WASHINGTON – Just short of two years since its introduction, VA's Blue Button program reached a major milestone in August. One million patients have registered for Blue Button to access and download their Personal Health Record information.

The Blue Button enables patients to assemble and download personal health information into a single, portable file that can be used inside a growing number of private health care electronic records—as well as those in VA, Department of Defense, Centers for Medicare and Medicaid Services, and

private sector partners. The VA Blue Button Personal Health Record includes prescription history, the ability to review past appointments and medical history details, wellness reminders and emergency contact information. Because it is web-based, the information is available anywhere, any time. Its security measures are identical to those employed by retail websites that accept credit cards.

"VA believes that patients are hungry for their health information," said Peter Levin, VA's chief technology officer. "The simplicity of Blue Button

makes it easy for other public agencies and Federal Employee Health Program carriers to participate. Getting to one million registered users so quickly is a great validation for our team."

The Blue Button will see even wider use as more non-profit organizations and health care industry partners, such as Kaiser Permanente and Aetna adopt it as an integral part of their customer health records. One of the most recent Blue Button partners is UnitedHealth Group.

"We are just thrilled to see how Blue Button has expanded so quickly, both in the

richness of its content as well as the number of institutions that have pledged to make their data available," said U.S. Chief Technology Officer Todd Park. He said Blue Button has become the model of data liberation throughout the Federal Government. "Data is the rocket fuel of job creation in the high tech sector. Blue Button is just a terrific example of what people can do once we liberate their data – safely and privately – from our vaults," said Park.

For more information on the Blue Button initiative, please visit www.va.gov/blue-button/.

VISN 6 Sites of Care

Albemarle POC
1845 W City Drive
Elizabeth City, NC
252-331-2191

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

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

Beckley Vet Center
1000 Johnstown Road
Beckley, WV 25801
304-252-8220

Brunswick Outreach Clinic
20 Medical Campus Drive
Supply, NC 28462
910-754-6141

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

Charlotte CBOC
8601 University East Drive
Charlotte, NC 28213

Charlottesville CBOC
650 Peter Jefferson Pkwy
Charlottesville, VA 22911
434-293-3890

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

Durham VAMC
508 Fulton St.
Durham, NC 27705
919-286-0411, 888-878-6890
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
www.fayettevillenc.va.gov

Fayetteville Vet Center
4140 Ramsey St.
Fayetteville, NC 28311
910-488-6252

Franklin CBOC
647 Wayah St.
Franklin, NC 28734-3390
828-369-1781

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

Greensboro Vet Center
2009 S. Elm-Eugene St.
Greensboro, NC 27406
336-333-5366

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

Greenville CBOC
800 Moye Blvd.
Greenville, NC 27858
252-830-2149

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

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

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

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
241 Freedom Way
Midway Park, NC 28544
910-353-6406, 910-353-6406

Jacksonville, N.C. Vet Center
110-A Branchwood Drive
Jacksonville, NC 28546
910-577-1100

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

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

Princeton Vet Center
905 Mercer Street
Princeton, WV 24740
304-425-5653

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 Vet Center
1649 Old Louisville Rd.
Raleigh, NC 27604
919-856-4616

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

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

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

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/

Staunton CBOC
102 Business 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, ext. 1900

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

Wilmington CBOC
736 Medical Center Drive
Wilmington, NC 28401
910-763-5979

Winston-Salem CBOC
190 Kimel Park Drive
Winston-Salem, NC 27103
336-768-3296

Winston-Salem Annex
2101 Peters Creek Parkway
Winston-Salem, NC 27127
336-761-5300

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