



VA MID-ATLANTIC HEALTH CARE NETWORK • VISN SIX

Vol. 3, No. 9

“Excellent Care – Earned by Veterans – Delivered Here”

Voices of VISN 6

Official news from around *your* VISN

June 30, 2013

Dignitaries Break Ground On New Fayetteville HCC

From left: Joyce Alexander-Hines, Fayetteville VAMC Associate Director of Patient Care Services; James Galkowski, Fayetteville VAMC Associate Director; Elizabeth Goolsby, Fayetteville VAMC Director; U.S. Congressman David Price; Dr. Rustom Khouri, Carnegie Management & Development Group; Paul Witt, Fayetteville VAMC Chaplain; Daniel Hoffmann, VA Mid-Atlantic Health Care Network Director; Ted Voorhees, Fayetteville City Manager; Wendy Gillis, Fayetteville VAMC Project Manager; and Mayor Tony Chavonne, City of Fayetteville, break ground for the new facility. See story on Pg 3.



Gus Davila

Submitting Disability Claims Goes Electronic

WASHINGTON – A new VA online application enables disability compensation claims to be processed faster in a more end-to-end electronic environment, and VA is urging Veterans and their Veterans Service Organization (VSO) representatives to make full use of its capabilities to receive speedier decisions and reduce the backlog of claims.

The availability of the joint VA-Department of Defense Web portal eBenefits, which now integrates with the new internal Veterans Benefits Management System (VBMS) electronic claims processing system, marks a major milestone in VA’s transformation from paper claims records to a fully digital operating environment, one of the keys to VA’s goal to eliminate the disability claims backlog by the end of 2015. VBMS has now been fielded at all 56 Regional Offices across the country.

VA will continue to upgrade and improve VBMS based on user feedback, and add features and tools that make it faster and easier to process claims. Instead of filling out and mailing paper forms to VA, Veterans can now use eBenefits to enter claim information online using a step-by-step, interview-style application, with pre-populated data fields and drop-down menus.

“There are so many advantages to making this move from paper to digital – for both Veterans and VA” said Under Secretary for Benefits Allison A. Hickey. “Veterans can now file their claims online through eBenefits like they might do their taxes online.”

By filing electronically, any compensation benefits that are awarded will be effective back to the date the Veteran started entering their claim information in eBenefits. From that initial claim establishment date, each Veteran has up to a year to gath-

er all necessary records and hit “submit” to preserve their original date of claim.

eBenefits allows Veterans to upload digital images of records and evidence to support their claims, bypassing the need to physically mail in personal records and wait for confirmation of receipt.

VA is advising Veterans to gather and submit all relevant medical records and file a Fully Developed Claim (FDC) in eBenefits, which entails entering all available evidence at the time the claim is submitted and verifying to VA that they have no more evidence to submit.

Veterans filing an FDC will receive priority processing over the traditional claims process. VA can typically process FDCs in half the time it takes for a traditionally filed claim, and there is no risk to Veterans in filing an FDC. If VA finds that there is a

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An Open Letter to Employees of VISN 6 and the Veterans We Serve

This month, we celebrate the 4th of July holiday, America's Independence Day, with family gatherings, barbecues, and fireworks. I thought I'd reflect on how this celebration was made possible, and why it serves as a reminder to all of us of the importance of our work for Veterans.

From that date in 1776 to present, Americans from all walks of life, and even some who were not citizens, have answered the call to arms, risking lives and livelihoods to protect and defend our democratic principles as set forth in our Constitution.

From coast to coast and border to border, Alaska, Hawaii, Puerto Rico, America Samoa, and many foreign lands, men and women from every race and religion have served, and continue to serve our great nation. For their service and sacrifices, America owes these Veterans a tremendous debt of gratitude.

From our nation's beginnings, when few Veterans received any benefits at all, America has developed the most comprehensive system of assistance for Veterans of any nation in the world.

Several conflicts followed the Revolutionary War; however, prior to the Civil War only military Veterans of the regular forces, "lifers" – and typically just officers – received benefits. These were typically disability pensions and widow's survivors' pensions and only provided for a limited term. Volunteers could petition Congress for a disability pension, but these were rarely granted, and if granted, usually only paid for a year.

In terms of human sacrifice, the Civil War was the most costly war America ever fought. With more than 2 million Americans engaged in battle and more than 625,000 casualties, it provided the true foundation for our present day Department of Veterans Affairs.

During the Civil War, President Lincoln put volunteer soldiers and Veterans on equal footing with "regulars" by extending benefits to all. He authorized the first national cemeteries, the National Home for Disabled Volunteer Soldiers, the first Veterans' pref-



erence laws, a soldier's orphans' home, and more. The National Homes were the first hospital facilities built to provide medical care to large populations of volunteer Veterans. The National Homes, all of which have operated continuously and are now VA medical centers, have provided medical care and hospitalization to generations of American Veterans.

Upon entering World War I in 1917, Congress established a new system of Veterans' benefits which included disability compensation, insurance for service persons and Veterans, and vocational rehabilitation for the disabled.

The various benefits were administered by the Veterans Bureau, the Bureau of Pensions of the Interior Department, and the National Home for Disabled Volunteer Soldiers, until 1930 when Congress authorized the President to "consolidate and coordinate Government activities affecting war Veterans." The three component agencies became bureaus within the new Veterans Administration.

During the 20th century, America's armed forces were engaged around the globe: World War I and World War II; the Korean War (1950–1953), Bay of Pigs (1961), Vietnam War (1961–1973), Dominican Republic (1965), Lebanon (1982–1984), Grenada (1983), Panama (1989), Gulf War (1991), Somalia (1993), Bosnia (1994–1995), Kosovo (1999) and of course our most recent wars in Iraq and Afghanistan.

During the same period, VA's health care system has grown to become America's largest integrated health care system. Today, VA operates more than 1,700 sites of care and presently serves more than 8 million Veterans.

Throughout the Department's history, we have evolved to meet the needs of Veterans. Now, we are working to transform this Department into a high-performing 21st century organization. Under the leadership of Secretary Shinseki, VA has adopted three guiding principles to govern the changes: being *people-centric, results-driven, and forward-looking.*

Within this VISN, we forge ahead steadfastly guided by these principles. Using all the tools at our disposal and in collaboration with communities throughout our area, we work tirelessly to "Honor America's Veterans by providing exceptional health care that improves their health and well-being."

I am privileged to be associated with America's Veterans, and proud to lead the employees in VISN 6 as they strive every day to exemplify our motto: Excellent Service. Earned by Veterans. Delivered Here.

During this 4th of July celebration, let us all pause to remember that we are here – "to care for him who shall have borne the battle and for his widow and his orphan."

God Bless America and the men and women who serve to protect her.

Sincerely,
Dan Hoffmann

When in the course of human events...

**THE
DECLARATION
OF INDEPENDENCE**

We hold these truths to be self-evident...

"Resolved: That these United Colonies are, and of right ought to be, free and independent States, that they are absolved from all allegiance to the British Crown, and that all political connection between them and the State of Great Britain is, and ought to be, totally dissolved."

– Presented by Richard Henry Lee of Virginia on June 7, 1776, during the Continental Congress in Philadelphia.

For complete text of the Declaration of Independence, visit:
www.archives.gov/exhibits/charters/declaration_transcript.html

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



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Courtesy Illustration

Artist's concept drawing of the new Fayetteville HCC.

Construction To Begin On Fayetteville Health Care Center

By Steve Wilkins
VISN 6 public affairs

Fayetteville area Veterans will have another option for their future health care needs as Mid-Atlantic Health Care Network officials broke ground for a new, state-of-the-art health care facility not far from the present medical center.

The ceremony took place June 24, as government and VA officials, civic leaders and military members gathered to initiate construction of the \$110 million Fayetteville Veterans Affairs Health Care Center on Raeford Road in Fayetteville.

More than 200,000 Veterans live within the boundaries of Fayetteville's catchment area. Close to 60,000 are enrolled to receive their health care at the Fayetteville VAMC. Those numbers are expected to grow due to the downsizing of America's military and the expansion of eligibility for VA Healthcare, said Congressman David Price (NC-4th Dist.), one of the dignitaries in attendance.

"Building this state-of-art facility is VA's way of showing our commitment in providing exceptional health care to area Veterans for years to come," said Elizabeth Goolsby, Fayetteville VAMC director.

The Fayetteville HCC will expand health care services currently offered at the Fayetteville VAMC located on Ramsey Street. The HCC will offer primary care, mental health and specialty care services to more than 38,000 Veterans in Cumberland County and

surrounding areas. When operational, outpatient health care services will be transferred from the Fayetteville VAMC and the Village Green Primary Care Clinic to the new location.

Citing a continual effort to offer Veterans in VISN 6 the greatest access to high quality healthcare, Network Director Dan Hoffmann said, "We've worked to provide the additional space in places with high populations of Veterans, and since 2001, we have grown from 10 sites of care to 37."

Hoffmann added the number of new facilities includes several in southeastern North Carolina managed by Fayetteville VAMC, with the most recent completed addition, Wilmington 3 joining other community-based clinics; Hamlet, Robeson County, Jacksonville, Goldsboro, Brunswick County, Village Green, and the free standing outpatient Dialysis clinic in Fayetteville.

"These clinics," Hoffman said, "have worked well to enhance accessibility for many who would have had long commutes to seek our services."

"I'm proud to say that, as one charged with providing exceptional health care to Veterans, and as an American tax-payer, we've designed this state-of-the-art facility from the ground up to provide the best possible environment for care inside the building, while at the same time, protecting the external environment and incorporating the latest/most efficient green technologies," Hoffmann added.

The Fayetteville Health Care Center is expected to open in 2015. The new facility will provide about 260,000 square feet of space and include 1,300 parking spaces.

Housing Development For Homeless Veterans Opens In Raleigh

On June 26, CASA, a non-profit housing development and property management company, opened the Sunnybrook Road Apartments adjacent to the Raleigh CBOC, located at 3305 Sun-gate Blvd. According to Jessica Brandes, project coordinator, "Sunnybrook Apartments is our first community specifically devoted to Veterans. The complex means a new start for 10 of the community's Veterans who have been homeless."

The complex, developed by CASA with funding provided by the US Department of Housing and Urban Development, Wake

County, and the City of Raleigh, will provide safe, permanent, affordable homes for Veterans.

CASA has 2 more communities specifically focused on homeless Veterans, particularly those with disabilities, in the pipeline. An 11-unit community serving homeless Veterans with disabilities will be underway this summer in Durham, and a Phase 2 of the Sunnybrook project creating 10 more units will begin construction by the end of the year.

To learn more about CASA, visit, www.casanc.org.

Literature Program Helps Providers Develop Empathy

By Scott Pittillo
Asheville VAMC public affairs

Human interaction is the foundation of quality health care, from the time the receptionists greet patients to the one-on-one conversations they have with their doctors. Empathy is key for effective interactions. It is important to know where a person is coming from and what they have experienced to really understand what they are trying to tell you and how they are feeling.

Health care providers working at the Asheville VAMC are gaining a better understanding of the Veterans they serve through a literature study program. A multi-disciplinary group of doctors, nurses, social workers and more have been meeting after work, at the medical center, to discuss readings. The discussions are led by University of North Carolina - Asheville Professor Peter Caulfield.

The "Literature and Medicine Program" was coordinated through the North Carolina Humanities Council, a statewide non-profit affiliated with the National Endowment for the Arts. Facilitating the program for the North Carolina Humanities Council is Donovan McKnight. McKnight has been putting the professors together with the health care providers and making sure that readings fit their audiences. McKnight has helped organize similar projects at other hospitals in North Carolina including Randolph Hospital in Asheboro, and New Hanover Regional Medical Center in Wilmington.

The program included six after hours sessions over several weeks. The providers also pitched in together sharing a meal, making it an atmosphere ripe for relaxed and candid discussion. "Imagine What it's Like" and "Echoes of War" were the titles of the anthologies used for readings and their titles speak to their contents.

Reviews from participants for the course at CGVAMC are positive.

"I have found many of the readings so enlightening by describing illnesses and medical conditions in a humanistic rather than scientific way. I think this enhances my view of my patients as more than a condition," wrote one registered nurse.

One pharmacist wrote, "This program has improved my empathy and ability to relate to all of the Veterans that we care for



Scott Pittillo

From left: Asheville VAMC RN Barbara Gerding-Owen, North Carolina Humanities Council Program Coordinator Donovan McKnight, UNCA Literature Professor Peter Caulfield, and CGVAMC Chief of Medical Service Dr. Eva Morgenstern discuss the readings.

in addition to giving me an opportunity to gain the perspective of fellow healthcare providers at our facility in other professions/disciplines. I am certain that these two benefits can only lead to improved patient care and employee satisfaction."

A primary care doctor wrote a similarly positive review, commenting, "As a primary care provider it has helped me step back and think about the Veterans perspective in a more global and humanistic sense ... What is the nature of the experience they have gone through? How has that informed who they have become? It's easy to get caught up in their specifics, losing sight of the deeper, personal meaning that informs their suffering, pain, loss, or grief."

Any person or organization interested in the program should contact McKnight at dmcknight@nchumanities.org.



VA Secretary Visits Durham VAMC

VA Secretary Eric Shinseki, flanked by Durham VAMC Director DeAnne Seekins, greets Veteran Kenneth Bourn during his visit to the medical center June 11. Secretary Shinseki stopped in at Durham during a visit to North Carolina in which he met with UNC system leaders about a wide range of subject including Veteran education, GI bill, employment, traumatic brain injury (TBI) research and more. Following the UNC visit, Shinseki met VAMC patients and staff, learned about Durham VA TBI and PTSD research and toured the community living center and hospice.

Linnie Skidmore

CHRONOLOGY

THE WAR BEGINS
25 JUN - 15 SEP 1950

In the early morning of 25 June 1950, 130,000 North Korean troops launched attacks across the entire length of the 38th Parallel. Supported by the Soviet Koreans led by North August general Kim Il-sung, the North Korean army in the southern center of the peninsula passed the point of which became known as the Pusan Perimeter.

By the end of June 1950, the Republic of Korea (ROK) army had only 100,000 troops and the original force of 90,000. The North Korean army had captured some bases as well. Sixth Air Force rapidly built up air support. Sixth Army rapidly built up the front line. The U.S. Army with the 8th Army began moving to Korea. More troops quickly followed. By mid August the United States had 100,000 more men, 10,000 U.S. Army, and 8,000 U.S. Marines.

North Korean continued around all fronts of the Pusan Perimeter throughout the July and into September. Beginning in late August, the North Korean launched a major attack with close to 100,000 troops. The U.S. Army and Marines were forced to evacuate Pusan and retreat to the Pusan Perimeter. The U.S. 8th Army, the U.S. Marine Corps, and the U.S. Navy, along with the U.S. Air Force, had achieved an opportunity to surround and attack the North Korean army and force by September (eventually) to retreat to the Pusan Perimeter and the rest of Korea.

At sea, the U.S. Navy maintained and control the sea lanes of communication and the Pusan Perimeter. Naval operations provided support along the coast line. By mid September the North Korean army had retreated to the Pusan Perimeter. The Pusan Perimeter had stood.

Prelude to War

President Truman's decision in World War II to drop atomic bombs on Japan, China, and North Korea, a decision that was made through the 1950s, Korea eventually descended to Japan, which entered the country in 1945.

After Japan's defeat in World War II, the United States and the Soviet Union agreed to divide the Korean peninsula into two zones, dividing the peninsula along the 38th parallel. The division was intended to be temporary, but Korea quickly became a part of the emerging Cold War between the United States and the Soviet Union. The Soviet Union withdrew a reconnaissance mission to the North under Kim Il-sung, and announced a military build-up of the North Korean army. The United States began a rearmament program in Korea. In 1948, the United States began a rearmament program in Korea. In 1948, the United States began a rearmament program in Korea. In 1948, the United States began a rearmament program in Korea.

DoD Photo

Department of Defense Unveils Korean War Pentagon Exhibit

Members of the Department of Defense 60th Anniversary of the Korean War Commemoration Committee participated in a special program and ribbon cutting ceremony June 18 to dedicate the Pentagon's permanent Korean War exhibit. The exhibit debuted one month before the 60th Anniversary Signing of the Armistice event on July 27.

To learn more about the Korean War Pentagon Exhibit, the July 27 commemorative event, to listen to a Korean War Veteran's oral history, and obtain other information about the Korean War, visit the website at www.koreanwar60.com.

Disability Claims continued from Pg 1

piece of relevant evidence that was not submitted by the Veteran, but is needed for a rating decision (like private medical records), claims processors will work to obtain that evidence on the Veteran's behalf and process the claim in the traditional way.

Once logged into eBenefits, Veterans can also choose to have an accredited VSO representative assist with their claim submission by filing an electronic power of attorney form. Using this new system, the chosen VSO representative, with proper authorization, will be able to see the contents of a Veteran's claim, track its status, and add additional information when needed. A Veteran and his or her representative can even work a claim simultaneously while both are logged into the system, enabling VSOs to assist more Veterans in their homes or even remotely.

VA will still accept claims in paper form, though processing may take longer than for an electronically-submitted claim. As of this summer, VA scans all new paper claims and uploads them into VBMS so they too can be processed electronically, though without many of the benefits provided when Veterans initiate the process in eBenefits such as guided questions that help ensure complete and accurate information and the immediate receipt of information without having to wait for the scanning and processing of paper documents. In addition to filing claims online, registered eBenefits users can track their claim status and access information on a variety of other benefits, like pension, education, health care, home loan eligibility, and vocational rehabilitation and employment programs.

A free premium eBenefits account is required to file claims electronically. The quickest and most convenient method of establishing a free premium eBenefits account is to complete the remote verification process through the eBenefits home page, or use

DoD's common access card (CAC) to register for and/or upgrade to a free premium account. Veterans can also establish an account by telephone at 800-827-1000, option 7, if they are in receipt of VA benefits via direct deposit, or by visiting a VA regional office or TRICARE Service Center (if they are a military retiree).

While compensation claims are pending, eligible Veterans are able to receive healthcare and other benefits from VA. Veterans who have served in recent conflicts are eligible for five years of free healthcare from VA. Currently, over 55 percent of returning Iraq and Afghanistan Veterans are using VA healthcare, a rate of utilization greater than previous generations of Veterans.

This is the latest effort in support of the Secretary's plan to eliminate the backlog. On May 15, VA announced that it is mandating overtime for claims processors in its 56 Regional Offices through the end of fiscal year 2013 to help eliminate the backlog, with continued emphasis on high-priority claims for homeless Veterans, those claiming financial hardship, the terminally ill, former Prisoners of War, Medal of Honor recipients, and Veterans filing Fully Developed Claims.

In April, VA announced an initiative to expedite compensation claims decisions for Veterans who have waited one year or longer. On April 19, VA began prioritizing claims decisions for Veterans who have been waiting the longest by providing decisions based on evidence currently in hand that allow eligible Veterans to begin collecting compensation benefits quickly while waiting for their final eligibility decision.

For more information about VA benefits, go to www.benefits.va.gov. For more information on VA's Transformation, go to <http://benefits.va.gov/transformation>.



'Coaching Into Care' Provides Support To Families, Friends

When a Veteran comes home, or their military service comes to an end, their support shifts from military comrades and superiors to family members and close friends. Frequently, friends and family are the first to notice their Veteran having a tough time adjusting. If you haven't served in the military yourself, it may be more difficult to know how to help—what to say, how to reach out.

Fortunately, VA has several programs that help family members provide support to their Veterans, like Caregiver Support, counseling at your local Vet Center, and Coaching into Care, a national phone service that places priority to linking Veterans with benefits and services available in their own communities.

Want to know more about "Coaching Into Care?" Take a look at the following Frequently Asked Questions.



Need a hand helping your Veteran get into care? Reach out to us.

Coaching intoCare *Helping you help your Veteran*

1-888-823-7458
www.va.gov/coachingintocare

VA HEALTH CARE *Defining EXCELLENCE in the 21st Century*

Coaching Into Care FAQs

Q. What is Coaching Into Care?

A. Coaching Into Care is a new national VA telephone-based service that provides consultation services for family members who would like to help a Veteran seek mental health care in a VA treatment facility or Vet Center.

Q. What is the primary goal of Coaching Into Care?

A. The primary goal of this call center is to help Veterans suffering from mental health issues engage in VA health care in order to treat and help these individuals lead a healthy life.

Q. How does a caller reach Coaching Into Care?

A. The toll-free telephone number is (888) 823-7458. Call center staff can work with callers between 8 a.m. and 8 p.m. EST, Monday - Friday. Outside of these times, a staff member will take the caller's contact information and questions, and we will return the call during the next business day.

Q. Is there an option to email Coaching Into Care?

A. Yes, they can be reached at CoachingIntoCare@va.gov.

Q. What is meant by the word "coaching?"

A. Coaching involves helping a caller reach their goal of helping a Veteran in several ways: providing information about mental health issues, discussing the best ways to communicate with the Veteran, and discussing ways to solving logistical problems about obtaining VA care.

Q. May Veterans call with concerns or questions?

A. Yes. Coaching Into Care can help Veterans find the right resource, treatment facility or Vet Center that they need.

Q. What if the caller is concerned about an enrolled Veteran who is not yet receiving care for suspected mental health issues?

A. The caller will be coached about how to talk with the Veteran about adding mental health treatment to their current health care regimen.

Q. Is there a fee for the service?

A. No, there is no cost to the caller or the Veteran. The Coaching Into Care service is developed, funded and operated by VA.

Q. How do family members know whether to call Coaching Into Care, the Caregiver Support Line or the Veterans Crisis Line?

A. There is no wrong number to call. All three services work closely together and call center staff will make sure you reach the best service for your needs. In general Coaching Into Care helps callers help Veterans seek care when they are not currently receiving treatment, the Veterans Crisis Line handles immediate crises (888-273-8255, press 1 for Veterans), and the Caregiver Support Line helps those family members who are caring for a disabled Veteran and have needs associated with this role (1-855-260-3274).

Q. How many calls are provided to the caller?

A. There is no set number of telephone consultations conducted with callers. Typically, staff speaks with a concerned friend or family member for about 20 to 30 minutes anywhere from one to eight different times. Consultations usually conclude when the Veteran successfully engages in VA care or the caller has benefitted as much as possible from the service.

Q. May callers continue to talk to a coach after the Veteran is in care?

A. Callers are encouraged to work with local providers as much as possible since that is the best way to ensure responsiveness of these providers to the concerns of the Veteran and his or her family members.

Q. What if a family member needs help with mental or medical health issues but does not have any benefits for VA care?

A. Coaching Into Care does not provide mental health services but in many cases can help family members find local and state treatment resources for family members of Veterans.

Q. Does Coaching Into Care provide information about benefits?

A. Call center staff can direct callers to benefits information, including online VA resources, official VA publications regarding benefits, and the VA benefits call center.

What is PTSD ... And Who Is It For?

By Dr. Harold Kudler
Associate director, VA's Mid-Atlantic Mental Illness Research, Education and Clinical Center (MIRECC), and associate professor of psychiatry and behavioral sciences at Duke University

Editor's Note: June is PTSD awareness month. The following is an excerpt from an article authored by VISN 6's Dr. Harold Kudler that appeared in the June 26, 2013 edition of "Time" magazine.

The light went on in my head during a debate over PTSD nomenclature last year.

Then-president of the American Psychiatric Association, John Oldham, was chairing a session entitled "Combat-Related PTSD: Injury or Disorder?"

A stellar panel of trauma experts — retired generals, senior researchers and key framers of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders — debated whether the term, post-traumatic stress disorder (PTSD) should be changed to post-traumatic stress injury (PTSI).

Supporters of the change to "injury" argued that it might help overcome the stigma that many military members and veterans associate with seeking treatment for PTSD.

Service members aren't happy to report "a disorder" but might be willing to admit an injury. Those in opposition argued that "injury" is too imprecise a term for psychiatric diagnosis and treatment.

As I sat through the heated session, it struck me that they were also implying that the term, disorder, is somehow "more scientific" and, therefore, "more psychiatric."

From the perspective of science, it seemed to me that the real question here was whether there is any evidence that changing the name of PTSD would actually promote health: neither side seemed interested in researching that very answerable question.

This made me wonder if we were actually debating about science or, perhaps, whether we were arguing about something else. Following up on this year's APA session in San Francisco last month (and, in particular, its 45-session Military Psychiatry track organized by Elspeth Cameron Ritchie, M.D., MPH, retired U.S. Army colonel and now chief medical officer for the District of Columbia's Department of Mental Health) triggered that recollection, and others connecting to the vexing challenge of PTSD, or whatever you want to call it.

Among the key questions that occurred to me was "Who is DSM, the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, actually written for?"

If for patients, shouldn't its language be crafted to serve them best (and shouldn't we be doing research to find out how

it might best serve them)? If for professionals, do we psychiatrists really believe that treating injuries is less consistent with science or with the practice of medicine (or is somehow beneath our dignity) than the treatment of disorders?

Don't most physicians treat injuries? And might we be conflating medicine with science in worrying about being "precise" in describing mental disorders? While I'm all for precision, we don't really know enough about the basic science of any mental disorder to be very precise in diagnosing or treating it. This is particularly so with PTSD, a complex clinical problem in which a stressful life experience perceived by the mind becomes an intricate and enduring problem of mind, body and society.

Stepping back a bit, these considerations raise the question of whether DSM is a clinical document or a research document. While based on a good deal of research, DSM is primarily meant to help clinicians make sense of their patients' symptoms and signs by providing a basis for diagnosis and subsequent treatment. Am I a scientist or a clinician?

For that matter, if I were ill, would I seek medical care from a scientist? Would anybody?...

What are We as Psychiatrists?

Freud was fond of quoting his teacher, the neurologist Jean-Martin Charcot, in saying that "theory is a lovely thing but it does not prevent the facts from existing."

If we fail to research our treatments, what are we as mental health professionals?

But if we abandon our focus on the patient (even for a highly sophisticated or a highly fundable theory), what are we as psychiatrists?

To read the complete article, go to <http://nation.time.com/2013/06/26/what-is-ptsdand-who-is-it-for/>. (Dr. Harold Kudler is highly regarded for his post-traumatic stress disorder expertise derived from clinical and research work with combat veterans, ex-prisoners of war, survivors of other traumatic events, and their families. He has reported on many aspects of PTSD including its diagnosis, its biological psychological characteristics, and its treatment. From 2000-2005, Dr. Kudler co-chaired the Under Secretary for Veterans Affairs' Special Committee on PTSD.



Learn about PTSD and other reactions from all types of trauma at:

www.ptsd.va.gov

Posttraumatic Stress Disorder (PTSD) is a mental health problem that can occur after you have been through a traumatic event.

FIND

UNDERSTANDING PTSD



Have you, or someone you know:

- Been through combat?
- Lived through a disaster?
- Experienced any other kind of traumatic event?

Read [Understanding PTSD \(PDF\)](#)
Includes full color photos, real stories, and more.

Watch [Understanding PTSD \(Flash\)](#)

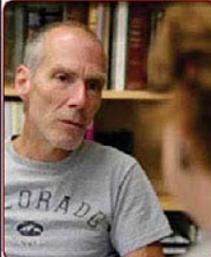


What is PTSD? This interactive module will help you learn about common reactions to trauma, hear real stories of those who have dealt with PTSD, and how to get help.

Help with Flash

FIND

UNDERSTANDING PTSD TREATMENT



Don't let PTSD get in the way of your life, hurt your relationships, or cause problems at work or school.

PTSD treatment can help.

READ
[Understanding PTSD Treatment \(PDF\)](#)

▶ WATCH
[Understanding PTSD Treatment \(Flash\)](#)
Help with Flash



Richmond VAMC Polytrauma Expansion Nears Completion

By Darlene Edwards
Richmond VAMC public affairs

Many of the nation's most severely injured Veterans are about to experience a heightened level of service and satisfaction when Richmond VAMC opens a new wing to treat its polytrauma patients in late summer. Finishing touches are now being applied to an \$8.4 million, 20,000 square-foot expansion of Richmond's current inpatient polytrauma rehabilitation treatment center.

Polytrauma is a term describing injuries to more than one body part or system, with long-term impairment or disability. Richmond VAMC's Polytrauma Treatment Center is one of five such centers nationwide and includes three integrated programs: the polytrauma rehabilitation center, the polytrauma transitional rehabilitation program, and the polytrauma network site programs.

The three programs provide initial inpatient, transitional, and outpatient rehabilitation tailored to individual patterns of impairment. The goal of the integrated programs is for patients to regain a degree of self-sufficiency and control of their lives.

James W. Dudley, Richmond's chief of engineering said the medical center leadership is "excited about the polytrauma center addition, which is the first of our phased privacy initiatives to create single rooms." He added that the design for "the new polytrauma addition includes input from our staff and patients, for a patient-centered unit we hope will improve patient satisfaction."

With this new addition, patient care, therapy, rehabilitation and support services will all be present in one unit. The new unit includes 20 patient bedrooms and will also offer more epilepsy monitoring units.

After patients move into the new Polytrauma Rehabilitation Center expansion, the 14,215-square-foot space of the original



Darlene Edwards
Contractors use an HVAC Testing Hood to measure air density and flow in the new polytrauma expansion.



Neil Glover
A construction worker prepares the grounds outside the new addition of the polytrauma expansion.



Darlene Edwards
Construction continues on the polytrauma expansion in Richmond VAMC as painting contractors secure the bumper guard for the new nursing station.

treatment center will undergo renovation.

When completed, the 34,000 square-foot unit will also include two therapy gyms. The renovations and expansion are part of the medical center's first of a multi-phase initiative to create all private patient rooms.

The construction also offers several environmentally friendly, or green, features such as the use of LED lights and new high efficiency HVAC equipment. The angle of the dining room glass will minimize solar heat gain in the summer to help keep the indoors cool.

Many other Veterans may also notice the changes, as the new construction has affected the external appearance of the medical center's mall entrance, from the second floor. The unit will also offer research opportunities, providing Veterans with the very latest in treatment options and information.

"The new addition will provide for world class rehabilitation care for our polytrauma patients, encompassing excellence in clinical care with the added benefit of sharing space with the Polytrauma Neurosciences Research Center of Excellence," said Dr. Shane McNamee, chief of physical medicine and rehabilitation.

Construction for the new unit began in March 2012 and the polytrauma team is scheduled to move into the space later this summer.

VA Processes Nearly All Disability Claims Pending 2+ Years

WASHINGTON – VA announced June 20 that as a result of the initiative launched in April to expedite disability compensation claims decisions for Veterans who have waited a year or longer, more than 65,000 claims – or 97 percent of all claims over two years old – have been eliminated from the backlog.

Veterans Benefits Administration (VBA) staff will now focus their efforts on completing the disability claims of Veterans who have been waiting over one year for a decision, while completing the final batch of oldest claims in progress.

“Over the past two months, VA has been dedicated to providing earned benefits to the Veterans who have waited the longest,” said VA Secretary Eric K. Shinseki. “Thanks to our hard-working VBA employees, we have completed nearly all claims that have been pending two years or longer. We’ve made great progress, but know much work remains to eliminate the backlog in 2015.”

“The success of this phase of the effort was due in part to the implementation of mandatory overtime for the Veterans Benefits Administration’s (VBA) claims processing staff, as well as the dedicated support of physicians from the Veterans Health Administration (VHA), who expedited exams to provide medical evidence needed to rate these pending claims,” said Under Secretary for Benefits Allison A. Hickey.

The remaining two-year-old claims will be finalized in the coming days except for those that are outstanding due to unique circumstances, such as the unavailability of a claimant for a needed medical exam, military service, vacation, or travel overseas.

In May, VA announced that it was mandating overtime for claims processors in its 56 regional benefits offices to increase production of compensations claims decisions, which will continue through the end of FY 2013. Today, VA has the lowest number of claims in its inventory since August 2011 and has reduced the number of claims in the VA backlog – claims pending over 125 days – by 10 percent since the initiative began.

Under this initiative, VA claims raters may make final or provisional decisions on the oldest claims in the inventory, which will allow Veterans to begin collecting compensation benefits more quickly, if eligible. Veterans are able to submit additional evidence for consideration a full year after the provisional rating before VA issues a final decision. If no further evidence is received within that year, VBA will inform Veterans that their ratings are final and provide information on the standard appeals process, which can be found at www.bva.va.gov/. If a Veteran disagrees with a final decision and chooses to appeal, the appeal is entered into the appellate processing system, and is not reflected in the claims inventory.

VA continues to prioritize disability claims for homeless Veterans, those experiencing extreme financial hardship, the terminally ill, former Prisoners of War, Medal of Honor recipients, and Veterans filing Fully Developed Claims, which is the quickest way for Veterans to receive a decision on their compensation claim.

Claims for Wounded Warriors separating from the military for medical reasons will continue to be handled separately and on a priority basis with DoD through the Integrated Disability Evaluation System (IDES). Wounded Warriors separating through IDES currently receive VA compensation benefits in an average of 61 days following their separation from service.

VA’s inventory is comprised mostly of supplemental claims from Veterans already receiving disability compensation who are seeking to address worsening conditions or claim additional disabilities. Regardless of the status of compensation claims, Veterans who have served in combat since Nov. 11, 1998, are eligible for five years of free medical care for most conditions from VA. This eligibility was enacted through the National Defense Authorization Act of 2008.

Veterans can learn more about disability benefits on the joint Department of Defense/VA web portal eBenefits at www.ebenefits.va.gov.

E-Donate Offers Online Option To Support Local Veterans, Med Ctrs.

Community members who wish to give back to Veterans at local or designated medical centers now have a simple and easy way called E-Donate to pledge their support online.

“We’ve known for years that our citizens want to show their support to the service members who defended their freedoms,” said Darlene Laughter, voluntary service chief, Asheville VAMC and VISN 6 voluntary service liaison. “While not everyone will have the time to volunteer, now anyone can take five minutes online to thank Veterans in any number of ways.”

The E-Donate option allows donors to select from a number of funds at individual medical centers. Additionally, VA administrative costs are appropriated, so donors can be sure 100 percent of their donations go to the funds they select and the Veteran patients they are choosing to support.

“Money donated to medical centers goes to transportation, social services, hospices, community living centers, therapeutic recreation, holiday activities, national special events such as the Wheelchair Games, Golden Age Games, Creative Arts Festival and Adaptive Winter Sports Clinic, and more,” Laughter said.

To donate online, prospective donors should look for the E-Donate button on most medical center web sites or go click on the “Volunteer or Donate” link at www.volunteer.va.gov/apps/VolunteerNow/. After selecting “Volunteer or Donate,” donors can use the locator to find a particular facility. The actual donation is made through a secure site at the Department of Treasury’s www.pay.gov website. A minimum of \$5 is required for an online donation. An immediate confirmation of your donation is generated along with a receipt.

Rule Change Effects Voluntary Military Service Deposits Processing

A recent DFAS/OPM (Defense Accounting and Finance Service/Office of Personnel Management) change regarding the processing of active duty voluntary Military Service Deposits could have significant impact for VA employees considering retirement.

Generally, making a deposit for post-1956 active military service allows Veteran employees to receive permanent credit for military service under Federal civilian retirement systems, plus the military service is creditable for Social Security purposes.

Previously, VA employees could pay these deposits at the time of retirement. Now as a result of the DFAS/OPM change that’s no longer an option.

“Effective immediately, all active duty Military Service Deposits (MSD) must be paid in full and completed prior to retire-

ment,” said Reneè Johnson, chief, VISN 6 Retirement Service Center. “DFAS/OPM will no longer process active duty military service deposits for VA employees at the time of retirement.”

Johnson added that if the MSD has not been completed at the time of retirement (separation from federal service) the employee has two options:

- (1) Delay retirement until the MSD is paid in full and completed or;
- (2) Retire and NOT receive credit for active duty military service for retirement purposes.

For questions or assistance, please call the VISN 6 Retirement Service Center’s toll free number at 877-645-6015 or email the RSC at VISN6RSC@va.gov. The RSC is open Monday through Friday from 8 a.m. to 4:30 p.m.

VISN 6 Sites of Care & VA Vet Centers

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/

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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