



VA MID-ATLANTIC HEALTH CARE NETWORK - VISN 6

Vol. 5, No. 1

“Excellent Care – Earned by Veterans – Delivered Here”

# Voices of VISN 6

Official news from around *your* VISN

October 31, 2014

## VISN 6 Ebola Workgroup Prepares For Any Possibility

The 2014 Ebola Virus Disease (EVD) outbreak is the largest in history and the first Ebola epidemic the world has ever known.

While the likelihood of Ebola finding its way into a VISN 6 facility remains low, the VISN continues to prepare for any possible scenario. VHA’s Office of Emergency Management and Office of Public Health, along with VHA Emergency Managers nationwide, have been working to prepare each facility to deal with a suspected or confirmed case of EVD.

A VISN 6 Ebola Work-

group has been established under the direction of Dr. Charles A. de Comarmond, associate professor of Medicine and Infectious Diseases, interim associate chief of staff for Medicine, Chief, and Infectious Disease Service at Salisbury VAMC.

The workgroup is hosting regularly scheduled discussions, sharing the most up-to-date information being circulated by the CDC, VA, HHS, state and local agencies.

Additional information is available on the web at [www.cdc.gov/vhf/ebola/](http://www.cdc.gov/vhf/ebola/).



*Steve Goetsch*

*Richmond VAMC nurse Jason McMiller creates a seal on nurse Donna Hannum’s Personal Protective Equipment during a training exercise.*

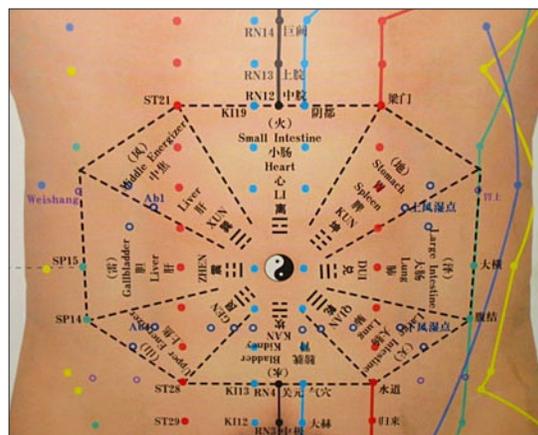
## VISN 6 Offers Pain Management Alternatives

“War is hell.” The phrase, signifying soldiers’ anguish they endure the rest of their lives, as the pain, trials and horrors of battle torture them well after they’ve left the battlefield, also fits their ability to cope with their pain. Many have done it through the use of opioid narcotic medication, an addictive treatment, which critics allege may do more harm than good. Critics point to the American experience with narcotics overall as the problem.

Narcotic pain killers can create conditions affecting Veterans’ jobs and family life, sometimes resulting in despondency or more severe quality of

life conditions. VA is working hard to reduce the number of Veterans relying on opioids by helping them cope with their pain using therapies outside commonly

practiced Western medicine. These therapies are often referred to as complementary (used in conjunction with conventional medical approaches) or alternative (in place of conventional medical ap-



*Acupuncture chart.*

proaches) health care.

In a recent Washington Post article (featuring alternative pain management therapies at Richmond VAMC) that pointed

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# VA Is Critical To Medicine, Veterans

By Robert A. McDonald  
Secretary of Veterans Affairs

During preparation for my confirmation as secretary of Veterans Affairs (VA), I was repeatedly asked, “Why doesn’t VA just hand out vouchers allowing Veterans to get care wherever they want?” For a department recovering from serious issues involving health care access and scheduling of appointments, that was a legitimate question.

After nine weeks at VA, travel to 31 VA facilities in 15 cities, discussions with hundreds of Veterans and VA clinicians, meetings with 75 Members of Congress, two hearings before the Senate and House Veterans’ Affairs committees and dozens of meetings with Veterans Service Organizations and other stakeholders, I can answer that question.

Veterans need VA, and many more Americans benefit from VA.

Almost nine million Veterans are enrolled to receive health care from VA — a unique, fully-integrated health care system, the largest in the nation. The VA stands atop a critical triad of support — three pillars that enable holistic health care for our patients: research, leading to advances in medical care; training that’s essential to build and maintain proficiency of care; and delivery of clinical care to help those in need.

VA’s accomplishments on all three pillars and contributions to the practice of medicine are as broad, historically significant and profound as they are generally unrecognized.

VA is affiliated with over 1,800 educational institutions providing powerful teaching and research opportunities. And our research initiatives, outcomes and honors are tremendous. Few understand that VA medical professionals:

- Pioneered and developed modern electronic medical records;
- Developed the implantable cardiac pacemaker;
- Conducted the first successful liver transplants;
- Created the nicotine patch to help smokers quit;
- Crafted artificial limbs that move naturally when stimulated by electrical brain impulses;
- Demonstrated that patients with total paralysis

could control robotic arms using only their thoughts — a revolutionary system called “Brain-gate”;

- Identified genetic risk factors for schizophrenia, Alzheimer’s and Werner’s syndrome, among others;

- Applied bar-code software for administering medications to patients — the initiative of a VA nurse;

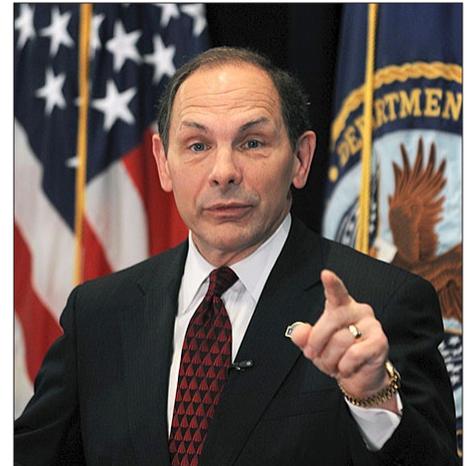
- Proved that one aspirin a day reduced by half the rate of death and nonfatal heart attacks in patients with unstable angina;

- Received three Nobel Prizes in medicine or physiology; seven prestigious Lasker Awards, presented to people who make major contributions to medical science or public service on behalf of medicine; and two of the eight 2014 Samuel J. Heyman Service to America medals.

No single institution trains more doctors or nurses than VA. More than 70 percent of all U.S. doctors have received training at VA. Each year, VA trains, educates and provides practical experience for 62,000 medical students and residents, 23,000 nurses and 33,000 trainees in other health fields — people who go on to provide health care not just to Veterans but to most Americans.

The 278,000 employees of the Veterans Health Administration work in a system spanning all 50 states and beyond, providing — from Maine to Manila — a high volume of quality, clinical care. Our 150 flagship VA Medical Centers are connected to 819 Community-Based Outpatient Clinics, 300 Vet Centers providing readjustment counseling, 135 Community Living Centers, 104 Residential Rehabilitation Treatment Centers, and to mobile medical clinics, mobile Vet Centers and telehealth programs providing care to the most remote Veterans.

That network of facilities allows VA to deliver care to Veterans from the greatest generation of World War II to the latest generation from Afghanistan and Iraq. In 2013, VA provided over 90 million episodes of care; that’s an average of over 240,000 each day. And since



Secretary Robert A. McDonald

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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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## VISN 6 Receives Funds To Expand Rural Health Care

The Office of Rural Health has worked to increase access to Veterans in rural and highly rural communities since 2009. In September, VA announced Rural Health program funding that included \$22 million for 35 proposals submitted by VISN 6.

The programs represent a step forward in the growth and variety of access programs VA is using to engage Veterans away from medical centers.

Several programs in Physical Therapy, staff training,

telehealth (CVT or E-Consults, Tele-GYN) and wellness promotion, involve multi-organization collaborations.

Durham, Richmond and Salisbury VA medical centers received funding for the expansion of geriatric care in rural areas.

Funding for other notable programs that will impact Veteran access to care this year include an expansion of the Rural Osteoporosis Evaluation Service operated out of the Durham VAMC, tele-gynecology at Fayetteville, the expansion of telehealth services in the Hampton area, the increase in services for Home Based Primary Care operated by both Richmond and Salem VAMCs, tele-mental health at Staunton, Wytheville and Lynchburg CBOCs; funding for additional and a multi-VISN coordinated project to provide maternity care coordination through the telephone care program at the Salem VAMC.

For more information on VA's Rural Health programs, please contact the Rural Health coordinator at any of the medical centers or visit [www.ruralhealth.va.gov/](http://www.ruralhealth.va.gov/).



**National Rural Health Day**  
*Celebrating the Power of Rural!*

**NOVEMBER 20, 2014**

In the United States, approximately 62 million people live in rural areas. Rural America is home to more than 5.3 million Veterans who continue to serve their country. Nov. 20 marks the national observance of Rural Health Day 2014—a day to “Celebrate the Power of Rural.” Learn more about National Rural Health Day online at <http://celebratepowerofrural.org/>.

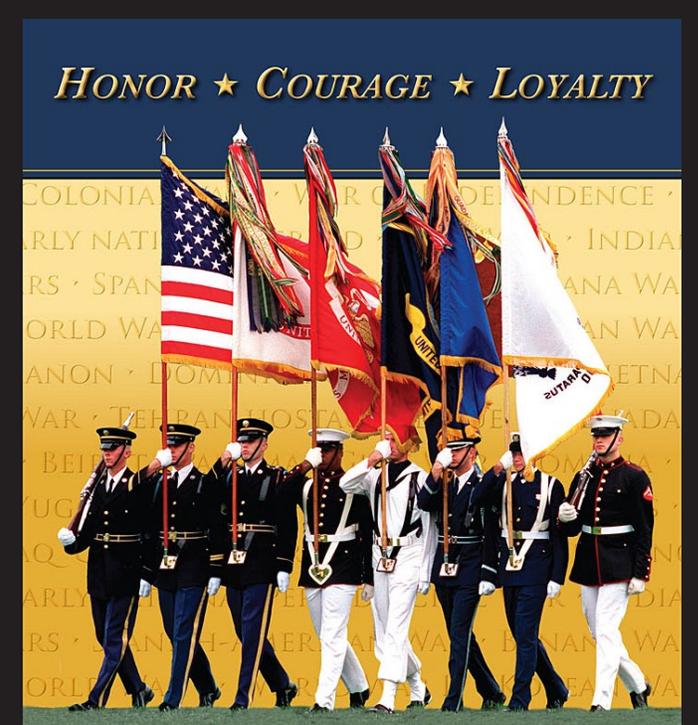
### Secretary continued from Pg 2

2004, the American Customer Satisfaction Index survey has consistently shown that Veterans receiving inpatient and outpatient care from VA hospitals and clinics give a higher customer satisfaction score, on average, than patients at private sector hospitals.

Finally, VA is uniquely positioned to contribute to the care of Veterans with traumatic brain injury (TBI), prosthetics, PTSD and other mental health conditions, and the treatment of chronic diseases such as diabetes and hepatitis. The work we do in these areas, as well as many others, produces results and life changing improvements in care for Veterans — and for all Americans and people around the world who suffer from these conditions.

Fixing access to VA care is important; we have a plan to do that and are dedicated to implementing it. That process will take time — but it must be done, and we will be successful. Those who fully understand the value of the department in research, training, and clinical care understand that Veterans and all Americans need and deserve their VA to continue providing exceptional care to those we serve.

Robert A. McDonald is secretary of Veterans Affairs. His email is [Bob.mcdonald@va.gov](mailto:Bob.mcdonald@va.gov).



**HONOR ★ COURAGE ★ LOYALTY**

**VETERANS DAY 2014**  
HONORING ALL WHO SERVED

**NOVEMBER 11, 2014**

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

Veterans Day National Committee

# New Clinic, Provider, Expand GYN Services To Greenville

By Kenita D. Gordon  
VISN 6 Public Affairs

On Sept. 30, VISN 6's Greenville Health Care Center (HCC) began providing gynecological (GYN) care for women Veterans living in Greenville, N.C. and the surrounding areas.



Dr. Gwendolyn Knuckles

The GYN clinic is open every Tuesday morning and will provide outpatient gynecology procedures and services to include pap smears and pelvic exams, colposcopy, cryosurgery, loop electro-surgical excision (LEEP) procedures, implantable birth control (or IUD), evaluations for incontinence, pelvic floor dysfunction and infertility.

The clinic's opening is welcome news for area

Veterans who wish to receive GYN care and procedures closer to home. Prior to the clinic's opening, many patients had to visit the Durham VAMC or were sent out to the local community via Non-VA Care. The clinic projects that it will be able to offer GYN care to more than 1,000 female Veterans in Greenville and surrounding areas.

Greenville HCC's new gynecologist is Dr. Gwendolyn Knuckles, M.D., a U.S. Air Force Veteran who has provided GYN care in the Greenville community for several years. In addition to her assignment at the HCC, Knuckles currently runs her own private practice. She was previously director of OB/GYN education at Andrews Air Force Base in Maryland.

Knuckles earned her undergraduate degree in Biology at the U.S. Air Force Academy and her medical degree from Tulane University School of Medicine in New Orleans. She completed her internship studies at Keesler Air Force Base in Biloxi, Miss.

If you are a female Veteran who is enrolled in VA health care living in or around Greenville and wish to receive Women's Health Care, please call the Greenville HCC at 252-830-2149.

## Happy 80th Anniversary Salem VAMC



# Fayetteville Temporary Clinics Open

Veterans in the Fayetteville VAMC catchment area now have increased access to care through the medical center's temporary expansions, located in Jacksonville and Fayetteville.

The new clinic in Jacksonville opened Sept. 29, and is located at 308 Brynn Marr Road. On Nov. 3, Fayetteville's temporary clinic will open at 2919 Breezewood Avenue, Suite 101. Both clinics are under a two-year lease with option for a one-year extension.

The clinic contracts were paid for out of the \$7.4 million allocated to the medical center as part of the Accelerated Care Initiative announced by then-Acting Secretary Sloan Gibson in June, to help with decreasing wait times, extend clinic hours, and fund short-term leases for medical office space in the local community.

"The acquisitions of these leased spaces allow us to provide immediate primary care services to Veterans who have been waiting beyond VA's goals," said James Galkowski, Fayetteville VAMC associate director of operations.

The opening of these clinics will increase Fayetteville VAMC's capacity by allowing as many as 3,600 more Veterans to be seen in each area.



*New clinic at 308 Brynn Marr Rd.*

## VISN 6 Construction Updates



*Courtesy Photo*

*Charlotte HCC.*



*Courtesy Photo*

*Fayetteville HCC.*



*Courtesy Photo*

*Jacksonville CBOC.*



*Courtesy Photo*

*Kernersville HCC.*

### Pain Management continued from Pg 1

to a five-year, \$21.7 million initiative to study alternative treatments in VA, reporter Emily Wax-Thibodeaux asserted, "The alternative-therapy programs (at VA) mark a dramatic departure in the treatment offered to troops who are returning from the wars in Iraq and Afghanistan and seeking relief from pain."

In VISN 6, doctors are beginning to use these therapies to manage pain and help Veterans cope with other conditions like PTSD. From Beckley VAMC, where pet therapy in the Community Living Center and Snoezelen therapy works effectively with hospice and palliative care patients, to the Salisbury VAMC's offering of Acupuncture, Prolotherapy, Hypnosis, Tai Chi, REM sensitization, nutritional therapy including supplements, structured exercise programs, wax therapy, body mechanics and stress reduction, Veterans are finding a variety of means that allows them to configure therapy that work best for them.

Salisbury VAMC's Dr. Kristin Humphrey says some of the treatments, like dream re-scripting, equine ther-

apy, meditation and Tai Chi can help Veterans decrease their anxiety. Understanding that not everything works for everyone, Humphrey asserts that, "We want Veterans to be exposed to as much of a variety of treatment for PTSD as possible so they will use what worked for them when they face stressors at home."

Not every program is yet offered at each facility. Presently, biofeedback, hypnosis, yoga, acupuncture, mindfulness, aqua therapy, pain kinesiotherapy (structured exercise programs to improve muscle endurance, mobility and strength), and "pain school" (methods to reduce chronic pain) are being offered at the Salem VAMC. The Hampton VAMC offers biofeedback, stress management and acupuncture, and the Fayetteville VAMC offers aroma therapy, massage therapy and pet therapy in addition to yoga and Tai Chi pain management programs.

Prolotherapy, and more specifically neuroprolotherapy has been especially successful in treating specific joint pain, according to Dr. Chloe Bomberger. The treatment includes injections of an irritant, usually a low concentration of dextrose, that attract endorphins to the affected area, accelerating the healing effect on the area.

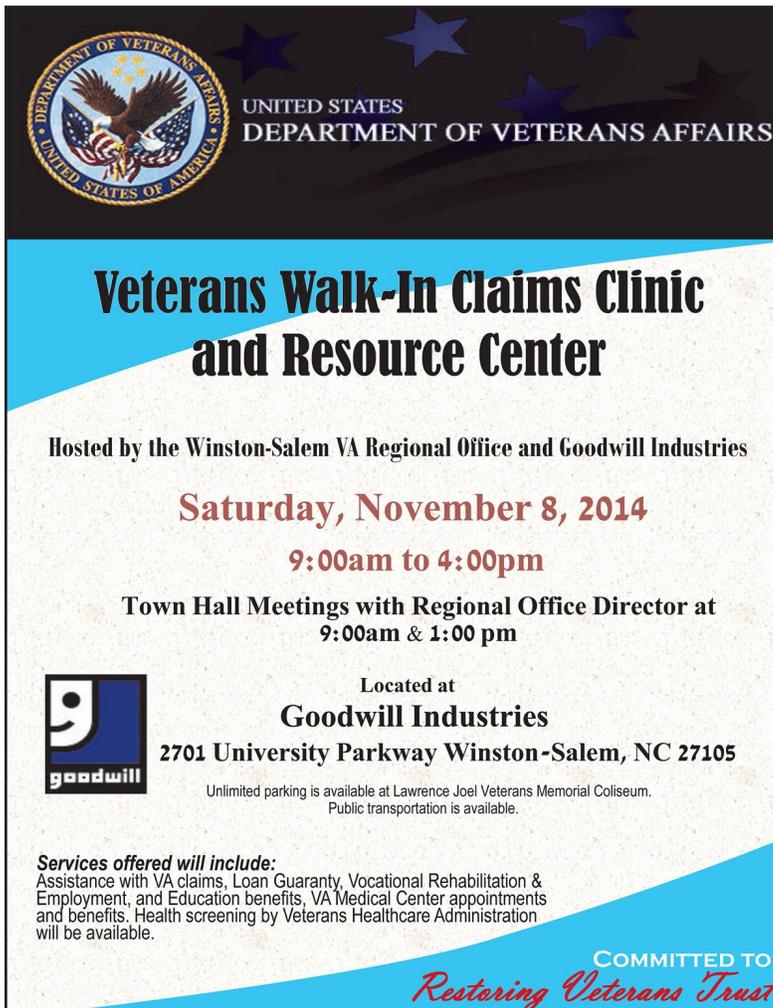
Tai Chi is a set of movements that use a "full range of motion and the continuous turning of the waist and spine." Like yoga, it is gentle and meditative.

Wax therapy involves repetitively dipping the ailing extremity into hot wax, then allowing it to cool. It is more commonly used to help treat Rheumatoid arthritis. Snoezelen or controlled multisensory environment uses lighting effects and color, sounds, music, and scents in a soothing and stimulating environment for people with dementia or brain injuries.

Acupuncture has grown in use and acceptance in the United States. Bomberger claims confidence in the ability of the practice to achieve positive results.

"I've been stretched, gotten shots, had surgery and visited a chiropractor, and this is the best thing that's ever happened to me," said Army Veteran Kenneth Clay. Clay claimed that his back problems began when he was jumping out of helicopters into the jungles of Vietnam. When he complained to Dr. Bomberger that past therapies weren't working, she suggested he try acupuncture. He said now the pain has left before he walks out the door after his appointment and he's good for about seven weeks.

Veterans interested in alternative medicine programs should check with their primary care physician.



The poster features the Department of Veterans Affairs seal at the top left, with the text "UNITED STATES DEPARTMENT OF VETERANS AFFAIRS" to its right. The main title "Veterans Walk-In Claims Clinic and Resource Center" is in large, bold, black font. Below it, it says "Hosted by the Winston-Salem VA Regional Office and Goodwill Industries" and "Saturday, November 8, 2014" in red. The hours "9:00am to 4:00pm" are also in red. It lists "Town Hall Meetings with Regional Office Director at 9:00am & 1:00 pm". The location is "Goodwill Industries, 2701 University Parkway Winston-Salem, NC 27105". A Goodwill logo is on the left. A note mentions "Unlimited parking is available at Lawrence Joel Veterans Memorial Coliseum. Public transportation is available." A list of services is provided at the bottom left. The bottom right has the slogan "COMMITTED TO Restoring Veterans Trust" in red script.

**Veterans Walk-In Claims Clinic and Resource Center**

Hosted by the Winston-Salem VA Regional Office and Goodwill Industries

**Saturday, November 8, 2014**

**9:00am to 4:00pm**

Town Hall Meetings with Regional Office Director at  
**9:00am & 1:00 pm**

Located at  
**Goodwill Industries**  
2701 University Parkway Winston-Salem, NC 27105

Unlimited parking is available at Lawrence Joel Veterans Memorial Coliseum.  
Public transportation is available.

**Services offered will include:**  
Assistance with VA claims, Loan Guaranty, Vocational Rehabilitation & Employment, and Education benefits, VA Medical Center appointments and benefits, Health screening by Veterans Healthcare Administration will be available.

COMMITTED TO  
*Restoring Veterans Trust*

## VA Publishes Final Regs For Camp Lejeune Vets, Families

On Sept. 25, VA announced the publication of final regulations that fully implemented the “Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012.”

Two publications were released – one to address the care of Veterans affected by the contaminated water at U.S. Marine Corps Base Camp Lejeune and the second to reimburse the expenses related to the care of family members who were also affected.

Since President Obama signed the Act into law Aug. 6, 2012, VA has provided care to Veterans who may have been affected by contaminated drinking water while serving on active duty at Camp Lejeune for at least 30 days between Jan. 1, 1957 and Dec. 31, 1987. The Act does not provide service connection or compensation, as legislation has not been enacted by Congress to address compensation for conditions associated with water contamination at Camp Lejeune.

The regulations allow VA to reimburse eligible Camp Lejeune family members for out-of-pocket health care costs related to any of the 15 covered medical conditions listed in the Act, from March 26, 2013, onward.

Because the law only reimburses expenses, as the payer of last resort, family members should not change existing health insurance and should keep receipts for medical expenses related to the covered conditions.

Family members can apply for eligibility online. Once deemed eligible, family members who have received care for one of the associated conditions since March 26, 2013, can submit a claim for reimbursement.

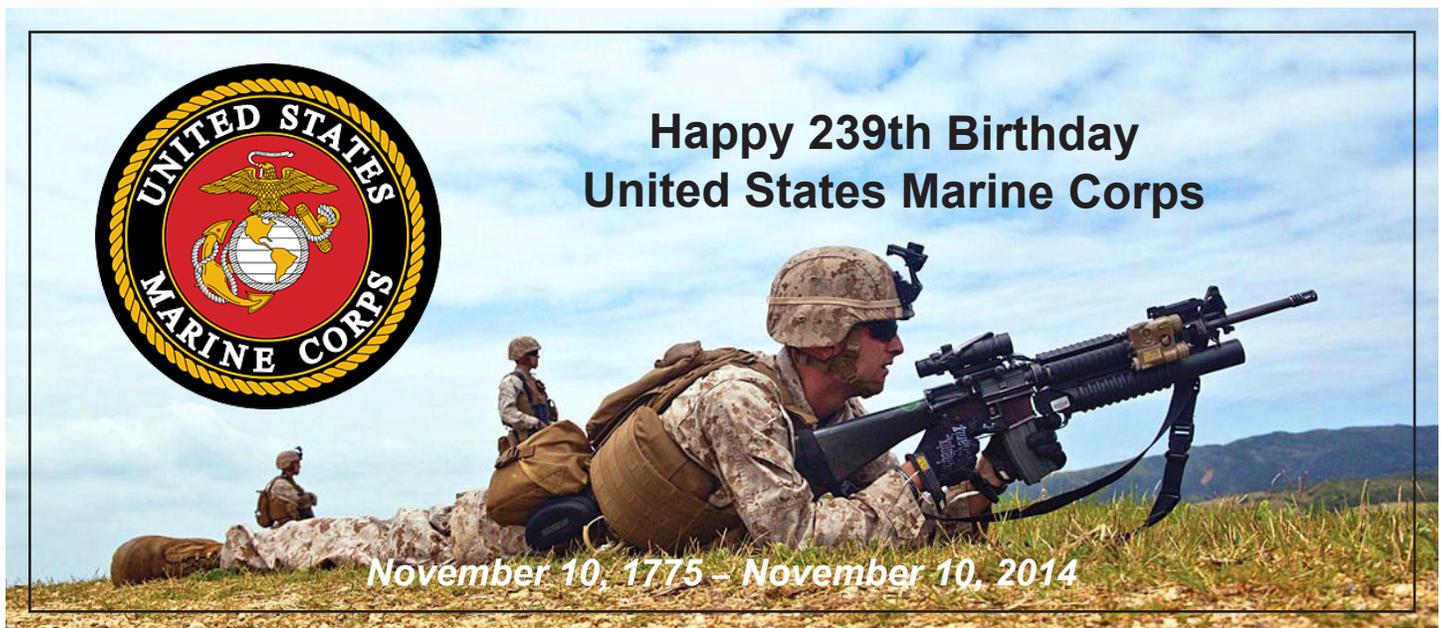
A federal court recently ruled in favor of North

Carolina’s “statute of repose,” ending a plaintiff’s right to seek damages more than 10 years after the last contamination. The 11th U.S. Circuit Court of Appeals ruling conveyed that it was too late for anyone to file a claim against the government for damages due to the contamination, last indicated in 1987. But, Senator Kay Hagan (D-N.C.) and Congressman G.K. Butterfield, (D-N.C., 1st Dist.) have introduced a bill “to ensure federal law takes precedent over the state statute.”

For more information about VA’s Camp Lejeune program, including eligibility and how to apply, visit [www.publichealth.va.gov/exposures/camp-lejeune/](http://www.publichealth.va.gov/exposures/camp-lejeune/) or call 877-222-8387. Family members with questions regarding application for Camp Lejeune Family Member Program benefits, claims payment, appeals, or other related matters should call toll-free at 866-372-1144 between the hours of 7 a.m. and 4:30 p.m. CST.

### Conditions Covered by the Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012:

Esophageal cancer	Lung cancer
Breast cancer	Bladder cancer
Kidney cancer	Leukemia
Multiple myeloma	Myelodysplastic syndromes
Renal toxicity	Hepatitis steatosis
Female infertility	Miscarriage
Scleroderma	Neurobehavioral effects
Non-Hodgkin’s lymphoma	



# VA Expands Fry Scholarship To Surviving Spouses

VA will begin accepting applications by mail on Monday, Nov. 3, for the Fry Scholarship under newly expanded eligibility criteria to include surviving spouses. The expanded criteria for the Fry Scholarship is the latest in a series of VA actions to implement provisions of the Veterans Access, Choice, and Accountability Act of 2014 (“Choice Act”).

Specifically, Section 701 of the Choice Act expands the Fry Scholarship to include the surviving spouses of service members who died in the line of duty after Sept. 10, 2001. Prior to this expansion, only children of those who died in the line of duty were eligible for this benefit.

“We can never fully repay the debt we owe to these families who have lost a loved one,” said VA Secretary Robert McDonald. “It is a privilege to provide educational benefits that will make a positive difference in their lives.”

The Fry Scholarship was created to honor Sergeant John David Fry, 28, of Lorena, Texas. Sergeant Fry had one week left in his tour in Iraq in 2006, when he volunteered to continue working for seven more hours disarming explosive devices, despite having already

sustained an injury to his hand. He made the ultimate sacrifice on March 8, 2006, in Anbar province, Iraq, when an improvised explosive device detonated. He left behind a widow and three young children.

The Fry Scholarship will entitle eligible spouses to up to 36 months of the full, 100-percent level of the Post-9/11 GI Bill, which includes a tuition-and-fee payment, a monthly housing allowance and stipend for books and supplies. Some spouses currently eligible for or already receiving benefits under the Survivors’ and Dependents’ Educational Assistance (DEA) program may now be eligible for the Fry Scholarship. All surviving spouses eligible for DEA and the Fry Scholarship must make an irrevocable election for terms beginning on or after Jan. 1, 2015.

VA will identify surviving spouses eligible for both programs and send them a letter with comparative information on the benefits available and instructions on how to make an election. Information about these two programs is available on VA’s website and the GI Bill website at [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill). The VA call center (888-GIBILL-1) also will be able to help individuals understand the differences between the two programs.

## October Peer Fishin’ Festival A Big Success

According to Operation North State’s Chairman Terry Snyder, the recent Peer Fishin’ festival held Oct. 17, at the Ocean Crest Pier at Oak Island was a great success.

The event was one of many ONS sponsors to help wounded warriors with their rehabilitation. More than 150 wounded warriors came from as far as Washington D.C. and Asheville, N.C., to participate in this event. Participants included Veterans from World War II, Korea, Vietnam and the Middle East conflicts, and ranged in age from 25 to more 90 years old.

Operation North State will be hosting additional fishing events for Wounded Warriors on Lake Norman in Charlotte, Jordan Lake near Raleigh, the Trent River in New Bern, Badin Lake and Randleman Lake in 2015. For more information on sponsoring or participating in these events go to [www.operationnorthstate.com](http://www.operationnorthstate.com).



### VA Processes More Than 1.3 Million Veterans' Claims In FY14

More than 1.3 million Veterans received decisions on their VA disability compensation and pension claims in fiscal year 2014 – the highest number in VA's history, surpassing last year's record-breaking production by more than 150,000 claims.

This second year of record-breaking production comes as VA continues to transform the way it provides benefits and services, to deliver faster and higher quality decisions, to Veterans, their families and survivors. At the end of the year, the disability claims backlog (defined as any disability claim pending longer than 125 days) was reduced by 60 percent from the peak backlog in March 2013, and is at its lowest number in nearly four years. Veterans waited, on average, 119 fewer days for a decision on their claim than Veterans did in fiscal year 2013. VA is on target to hit its 2015 goal.

"I am so proud of our employees – more than half of whom are Veterans themselves – who continue to work tirelessly to deliver the benefits our Veterans have earned through their service to our Nation," said Under Secretary for Benefits Allison A. Hickey.

"But we all also recognize there is still much more

work to do to better serve Veterans," she added.

VA's move to a web-based electronic claims processing system has enabled a quicker, more accurate and integrated benefits delivery. VA once processed 5,000 tons of paper annually – today it processes 93 percent of Veterans' disability claims electronically. One in seven Veterans who submit a claim to change the status of a family member now does so online and more than half of those are paid in one to two days.

VA's progress would not have been possible without the support of its strong partners. Veterans Service Organizations and State and County Veterans Service Officers embraced the Fully Developed Claim program, which enables VA to make faster claim decisions when Veterans submit their claims with all available evidence and certify they have no more evidence to submit.

In FY 2014, more than 4.5 million Veterans and survivors received more than \$72.7 billion in VA compensation and pension benefits. For more information on VA's Transformation, benefits and programs visit [www.benefits.va.gov/](http://www.benefits.va.gov/), [www.ebenefits.va.gov](http://www.ebenefits.va.gov) and [www.benefits.va.gov/fdc](http://www.benefits.va.gov/fdc).

### VA Sharply Reduces Drug-Resistant Staph Infections

A VA initiative targeting potentially life-threatening staph infections in hospitalized patients has produced significant positive results, according to recent statistics released by the department. VA's success in substantially reducing rates of health care-associated infection with methicillin-resistant *Staphylococcus aureus* (MRSA) serves as important confirmation that multifaceted intervention strategies can achieve effective and sustained control of MRSA in.

Among VA patients in intensive care units (ICU) between 2007 and 2012, healthcare-associated MRSA infection rates dropped 72 percent—from 1.64 to 0.46 per 1,000 patient days. Infection rates dropped 66 percent—from 0.47 to 0.16 per 1,000 patient days—for patients treated in non-ICU hospital units.

"These results are striking," said Dr. Carolyn Clancy, VA's Interim Under Secretary for Health. "Health care-associated infections are a major challenge throughout the health care industry, but we have found in VA that consistently applying some simple preventive strategies can make a very big difference."

MRSA infections are a serious global health care issue and are difficult to treat because the bacterium is resistant to many antibiotics.

In a Centers for Disease Control and Prevention 2012 MRSA surveillance report from its Active Bacterial Core surveillance (ABCs), the CDC cites that there were 75,309 cases of invasive MRSA infections and

9,670 deaths due to invasive MRSA in 2012.

VA's prevention practices consist of patient screening programs, contact precautions for hospitalized patients found to have MRSA, and hand hygiene reminders with readily available hand sanitizer stations placed strategically in common areas, patient wards, and specialty clinics throughout medical centers. Computerized reminders, online training, frequent measurement, and continual feedback to medical staff reinforce such practices.

Additionally, VA has created a culture that promotes infection prevention and control as everyone's responsibility. A major part of that commitment is a dedicated employee at each VA medical center exclusively for the purpose of monitoring compliance with MRSA protection procedures, training staff, and working with Veteran patients and families.

"The VA health care system is able to implement and assess these prevention strategies," said Dr. Martin Evans, director of VA's MRSA control program. "What we've learned translates into better health care for the Veterans we serve."



# VA Joins Great American Smokeout With Thunderclap

VA will join the Nation on Nov. 20 to help Veterans participating in the “Great American Smokeout”.

In support of the Smokeout, VHA’s Office of Public Health started an online campaign with Thunderclap to send a message of support to Veterans who have pledged to quit smoking or to set a quit date during the Smokeout.

Smokers across the nation participate in the Smokeout every year on the third Thursday of November, and many use the date to make a plan to quit, or plan in advance and then quit smoking that day.

Quitting tobacco has many positive benefits like lowering blood pressure and improving lung function. It also reduces the risk of cancer and heart disease.

To join the Smokeout Thunderclap, visit [www.](http://www.thunderclap.it/projects/17814-greatamericansmokeout)



[thunderclap.it/projects/17814-greatamericansmokeout](http://thunderclap.it/projects/17814-greatamericansmokeout). For more information on how to quit smoking, please call 855-QUIT-VET or visit [www.publichealth.va.gov/smoking/quit](http://www.publichealth.va.gov/smoking/quit).

# Program For Veterans With Traumatic Brain Injury Extended

VA is currently accepting proposals for the Assisted Living Pilot Program for Veterans with Traumatic Brain Injury (AL-TBI). The program had been slated to sunset this year, however the Veterans Access, Choice, and Accountability Act of 2014 (“Choice Act”) extends the program through Oct. 6, 2017.

“Due to the severity and complexity of their injuries, Veterans with TBI can require an extraordinary level of care and other support services,” said Interim Under Secretary for Health Dr. Carolyn Clancy. “The AL-TBI program provides specialized assisted living services to eligible Veterans with traumatic brain injury to enhance their rehabilitation, quality of life and community integration.”

Under the AL-TBI program, Veterans are placed in private sector TBI residential care facilities specializing in neurobehavioral rehabilitation. The program offers team-based care and assistance in areas such

as speech, memory and mobility. Approximately 187 Veterans were enrolled into the AL-TBI Pilot Program in 46 different facilities located in 22 states. Currently, there are 94 Veterans enrolled in the pilot.

The extension of the program offers opportunities for providers wishing to participate in the program. VA is accepting proposals through Nov. 20, 2014. To be eligible, contractor facilities must meet Federal, State and local standards and be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) in Residential Rehabilitation/Brain Injury Program. Contracts for the extended program are expected to be awarded in February 2015.

For more information about the AL-TBI Request for Proposal, visit [www.fbo.gov/spg/VA/VADDC791/VADDC791/VA79114R0074/listing.html](http://www.fbo.gov/spg/VA/VADDC791/VADDC791/VA79114R0074/listing.html).

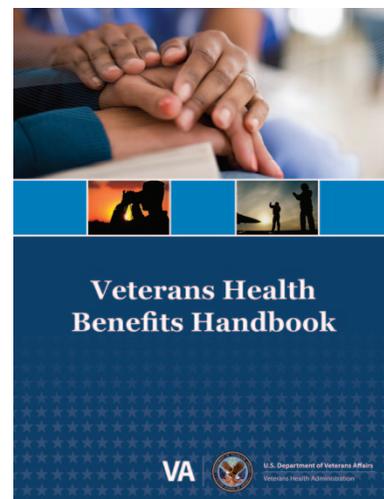
For more information about the AL-TBI program, visit [www.polytrauma.va.gov](http://www.polytrauma.va.gov).

# Veterans To Receive New Benefits Handbook

VA has produced a new and improved version of the personalized Veterans Health Benefits Handbook for Veterans who are enrolled for VA health care. Like the previous handbooks, the new handbooks are tailored specifically for each Veteran and provide detailed, updated information about the VA health care benefits the Veteran may be eligible to receive such as medications, prosthetics and dental care.

New patients will receive the handbooks within two weeks of enrollment and previously enrolled Veterans will receive them by mail in phases. Since the old handbook contains personal information, VA encourages Veterans to destroy their old handbook by cutting it up or shredding it.

If you are enrolled and have a new mailing address, please be sure to update your information with VA so that you can receive your new handbook. You may do so by visiting your local VA medical center or by calling 877-222-VETS (8387).



# ***Ebola Virus Disease: Frequently Asked Questions***

## **What is Ebola?**

Ebola Virus Disease, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with the Ebola virus. The 2014 Ebola epidemic is the largest in history, affecting multiple countries. Although the risk of an Ebola outbreak in the United States is very low, public health authorities are taking precautions to prevent this from happening.

## **What are the symptoms?**

Symptoms of Ebola include fever, severe headache, muscle pain, weakness, diarrhea, vomiting, abdominal (stomach) pain, and unexplained hemorrhage (bleeding or bruising). Symptoms may appear anywhere between 2-21 days after exposure to Ebola, but the average is 8 to 10 days. Recovery from Ebola depends on supportive medical care and the patient's immune response.

## **How does it spread?**

Ebola is spread through direct contact (through broken skin or mucous membranes in, for example, the eyes, nose, or mouth) with blood or body fluids (including but not limited to urine, saliva, sweat, feces, vomit, breast milk, and semen) of a person who is sick with Ebola; objects (like needles and syringes) that have been contaminated with the virus; and infected animals.

Ebola is not spread through the air or by water, or in general, by food. There is no evidence that mosquitos or other insects can transmit Ebola virus. Only mammals (for example, humans, bats, monkeys, and apes) have shown the ability to become infected with and spread Ebola virus.

Health care providers caring for Ebola patients and the family and friends in close contact with Ebola patients are at the highest risk of getting sick because they may come in contact with infected blood or body fluids of sick patients

## **What can I do to protect myself?**

There is no FDA-approved vaccine available for Ebola. If you travel to or are in an area affected by an Ebola outbreak, make sure to follow the recommendations by the CDC: [www.cdc.gov/vhf/ebola/prevention/index.html](http://www.cdc.gov/vhf/ebola/prevention/index.html).

Notify health officials if you have had direct contact with the blood or body fluids of a person who is sick with Ebola.

## **Is VA prepared to handle Ebola cases? How will they protect patients?**

To date, no Ebola Virus Disease (EVD) has been reported at any VA facilities. However, VA is prepared to care for Veterans with suspected EVD in a manner that will protect VA patients, employees, volunteers, visitors, and family members. All VA hospitals have infectious disease control units, and VA staff system-wide

have experience caring for patients with infectious diseases. Based on CDC guidance, clinical staff throughout the VA system is receiving additional support and guidance on evolving clinical protocols and the appropriate level of personal protective equipment (PPE).

## **What should I do if I think I have Ebola?**

If you believe that you are infected, contact your medical provider before coming to the hospital so that you can be isolated upon arrival.

## **Where can I get more information?**

The CDC is the best source of up-to-date information on Ebola in the U.S.

## **When will VHA staff be trained on the new CDC protocols announced on October 20?**

The newest CDC guidelines, released on Oct. 20, 2014, are currently being incorporated into VHA training for our staff. Having inventoried current supplies of personal protective equipment, we are now developing training specifically for potential exposure to EVD. Of course, VHA has general emergency plans and procedures in place and regularly holds emergency exercises with employees.

## **What training has occurred to date? Were these live simulations, or simply posting a notice on a bulletin board? What more are you doing?**

VA medical center employees regularly drill and train on the safest ways to handle exposure to highly communicable and potentially dangerous diseases. Enhanced training for Ebola is taking place on a site-by-site basis and the newest training, per recently received CDC guidelines, is being rolled out now.

## **Do you have Personal Protective Equipment (PPE) available at all hospitals that are in line with the new CDC guidelines?**

Many facilities have PPE in their stock. VHA has assessed what is currently available and is ordering additional materials for any facilities that may require additional stock.

## **If an Ebola patient comes to a VA hospital, would they be cared for there, or transferred to one of the facilities like Emory or NIH, or Nebraska Medical Center, which has a proven track record?**

VHA will actively be working to obtain the best care for any Veteran who has a confirmed case of Ebola. In many cases, if capacity is present in one of the civilian sites that has extensive experience in the care of these patients, VHA would anticipate transferring the patient to such sites. However, VHA is also planning as to how to provide the best care to a Veteran with confirmed Ebola within our own system.

# VISN 6 Sites Of Care & VA Vet Centers

## MEDICAL CENTERS

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

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

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

**Fayetteville VAMC**  
2300 Ramsey St.  
Fayetteville, NC 28301  
910-488-2120, 800-771-6106  
[www.fayettevillenc.va.gov](http://www.fayettevillenc.va.gov)

**Hampton VAMC**  
100 Emancipation Dr.  
Hampton, VA 23667  
757-722-9961, 866-544-9961  
[www.hampton.va.gov/](http://www.hampton.va.gov/)

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

**Salem VAMC**  
1970 Roanoke Blvd.  
Salem, VA 24153  
540-982-2463, 888-982-2463  
[www.salem.va.gov/](http://www.salem.va.gov/)

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

## OUTPATIENT CLINICS

**Albemarle CBOC**  
1845 W City Drive  
Elizabeth City, NC 27909  
252-331-2191

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

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

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

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

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

**Fayetteville CBOC**  
2919 Breezewood Avenue, Ste 101  
Fayetteville, NC 28304  
910-488-2120 Ext. 7816  
800-771-6106 Ext. 7816

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

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

**Goldsboro CBOC**  
2610 Hospital Road  
Goldsboro, NC 27909  
919-731-4809

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

**Greenville HCC**  
401 Moye Blvd.  
Greenville, NC 27834  
252-830-2149

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

**Hickory CBOC**  
2440 Century Place, SE  
Hickory, NC 28602  
828-431-5600

**Hillandale Rd. Annex**  
1824 Hillandale Road  
Durham, North Carolina 27705  
919-383-6107

**Jacksonville CBOC**  
241 Freedom Way, Suite 1  
Midway Park, NC 28544  
910-353-6406

**Jacksonville II CBOC**  
308 Brynn Marr Road  
Jacksonville, NC 28546  
910-343-5301

**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

**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

**Staunton CBOC**  
102 Lacy B. King Way  
Staunton, VA 24401  
540-886-5777

**Tazewell CBOC**  
123 Ben Bolt Ave.  
Tazewell, VA 24651  
276-988-2526

**Village Green Annex**  
1991 Fordham Drive  
Fayetteville, NC 28304  
910-488-2120 ext. 4020,

**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

## DIALYSIS CENTERS

**VA Dialysis and Blind Rehabilitation Clinics at Brier Creek**  
8081 Arco Corporate Drive  
Raleigh, NC 27617  
919-286-5220

**VA Dialysis Clinic Fayetteville**  
2301 Robeson Street, Ste. 101  
Fayetteville, NC 28305  
910-483-9727

## VET CENTERS

**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 Louisburg 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