



VA MID-ATLANTIC HEALTH CARE NETWORK - VISN 6

Vol. 5, No. 4

"Excellent Care – Earned by Veterans – Delivered Here"

# Voices of VISN 6

Official news from around *your* VISN

January 30, 2015

## Veteran Receives Gift Of Life At Richmond VAMC

By Steven Goetsch  
Richmond VAMC  
public affairs

As many Veterans spent Veterans Day taking advantage of meals and discounts from local businesses recognizing their service and sacrifice, Glenn Ford, an Army Veteran and Virginia resident, came away with something much more valuable.

In the early hours of Nov. 11, Ford and his wife received the call they had been waiting on for nearly 12 years. He'd been se-

lected to receive a new heart.

"When the heart starts to go bad, you can't even walk to your mailbox," said Ford. Ford received a Left Ventricular Assist Device (LVAD) in 2012 to supplement his failing heart.

According to Dr. Gundars Katlaps, chief of cardiothoracic surgery at Richmond VAMC, LVADs are attached to patient hearts to improve their quality of life, and to act as a bridge for po-

[Continued on Pg 6](#)



*Mary Betty Brooks*

*Dr. Gundar Katlaps, chief of cardiothoracic surgery at Richmond VAMC, performs cardiac surgery for a Veteran.*

## First Total Joint Replacement At Salisbury

By Michael Maddox  
Salisbury VAMC  
public affairs

Army Veteran Elliot Crawford made many jumps while serving in an Airborne unit, but this one was different. As he came to land on the ground, his foot struck a stone. The awkward nature of the landing forced his knee to buckle. He was injured, but he went on to complete a four-mile road march even after injuring his knee.

He's lived with pain and a decreased quality of life for years as a result of that injury, but he's hoping

[Continued on Pg 4](#)



*Michael Maddox*

*Dr. Chris Nagy, MD, orthopedic surgeon, demonstrates how a knee joint replacement fits together to work properly. Nagy performed Salisbury VAMC's first total joint replacement when he performed a knee replacement surgery Jan. 5.*

### Inside in Brief

- [Pg 3](#) VA Deputy Secretary visits Wilmington; Mental Health Resources.
- [Pg 5](#) Influenza grounds many despite vaccination; guidelines for health.
- [Pg 6](#) Asheville VAMC leadership joins nationwide homelessness count.
- [Pg 7](#) Virginia works to end Veterans homelessness by end of 2015.
- [Pg 8](#) Veterans' Choice Card update and guidelines for use.
- [Pg 9](#) Black History Month: Leaders usher in equality, opportunity.
- [Pg 10](#) VA accepting applications for 2015 Wheelchair Games.
- [Pg 12](#) Index of VISN 6 Sites of Care and VA Vet Centers.

### MyVA realigns organization to better serve Veterans

**MyVA** is a term that many of you may have heard about. On Page 11, we've included a map that shows the boundaries of VA's new five regional office construct announced by Secretary McDonald. Regardless of where the boundaries are, the real meaning of this restructuring and resulting realignments is single fold: enhance internal coordination of care and benefits to provide a better experience for Veterans.

VBA, VHA, NCA and all the staff offices including the Office of Information and Technology, the Office of General Counsel, and the Office of Intergovernmental Affairs will be aligned within these new boundaries, allowing them to work together in a much more effective and efficient manner. This realignment will allow VA employees to work in the most cohesive and collaborative environment possible.

We should see streamlined internal coordination and decision making to enhance medical center and VISN functions on behalf of Veterans. In the end, the goal is truly to make VA much more valuable to Veterans, employees and America, than just the sum of its parts.

VA is focusing on five areas that will drive this effort.

The first is to **improve the Veteran experience**. VA will strive to ensure that all Veterans receiving services and benefits from VA are proud to share their experience in dealing with their VA.

The second area is to continue building a culture of **continuous improvement** across the enterprise. Like the rest of VA, VISN 6 is home to many people doing wonderful work, but our efforts to share and replicate best practices while reducing unnecessary variances can be improved. The third area of focus is on how to **improve support services**. Teams are working through how to ensure that support services like human resources, information technology, acquisitions and logistics, real property management, budget and finance, public affairs, congressional affairs, security and even legal services achieve the highest levels of collaboration across the entire spectrum of work.

The fourth area is **strategic partnerships**. Who, outside VA, can we and should we be working with? What partnerships are possible that will create a win-win for all. I'm proud to say that in VISN 6, we have built a foundation of many solid partnerships. Our agreements (partnerships) with DoD are growing every day and the envy of most other VISNs. Also, we continue to work on our many partnerships with schools throughout this region. The medical center directors and I routinely meet with the Deans at Wake Forest, Edward Via College of Osteopathic Medicine, Eastern Carolina Medical School, Eastern Virginia Medical School, University of Virginia, Virginia Central University and Duke to ensure these strategic partnerships provide training for their residents and future providers for our Veterans.

The fifth area of focus is being called **people excellence**. VA understands that no organization can progress to a higher level of service without taking care of its own work force. VA will focus on ensuring employees have the training and tools needed to create the environment that will allow all to be proud to say, **"This is MyVA."**

I look forward to the journey with you.

Sincerely,  
Dan Hoffmann



*Voices of VISN 6* is published monthly by VA Mid-Atlantic Health Care Network.

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



"Excellent Care - Earned by Veterans - Delivered Here"  
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Bruce Sprecher, Director, Public Affairs  
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# VA Deputy Secretary Visits Wilmington Area



*Photos By Brad Garner*

*Department of Veterans Affairs Deputy Secretary Sloan Gibson visited the Wilmington Health Care Center Jan. 30. While there, he met with congressional staffers and Veteran Service officers, and spent time with employees taking their questions and telling them about issues being worked at the national level before being interviewed by local media. Gibson also presented awards to Dr. Warren Hsu, Tamula Bennett RN, Keith Woods LPN, and Michael Brown MSA for their achieving "GOLD" team in PACT Measures. That evening, Gibson spoke to health care professionals at the University of North Carolina Wilmington.*

# Asheville VAMC Hosts Mental Health Resource Fair

By Sharonda Pearson  
Asheville VAMC public affairs

The Asheville VAMC Veterans Mental Health Advocacy Council and community partners hosted a mental health resource fair Jan. 15. More than 30 organizations came together to ensure area Veterans are aware of all available services to support their recovery.

Christine Cooper, a psychologist and local recovery coordinator at the Charles George VAMC, believes events such as these empower Veterans to take an active role in their health care and well-being.

"This event allows community organizations and our mental health providers to learn about the services each can offer," Cooper said. "More importantly, it allows us to educate Veterans about all the great resources available to them during their road to recovery."

Cooper said leveraging community resources is just one of many ways that Asheville's mental health department provides personalized, proactive, patient-driven care.

"We leverage feedback from the Veterans Mental Health Advocacy Council, which largely consists of Veterans who receive mental health services at the medical center, to help us identify and meet the needs of the Veterans we serve."

Representatives from community organizations participating in the fair agreed that collaboration is the best way to provide high quality and integrated services to Veterans.



*Sharonda Pearson*

*Chuck Bowers, a Veteran who receives care at the Charles George VAMC, visits the mental health resource fair, Jan. 15.*

"This event is important so we can reach as many Veterans as possible. For our chapter here in Western N.C., Veterans have been our main focus because there are so many that are being left behind and forgotten," said Erica McGee, a representative from Sheep Dog Impact Assistance of Western N.C.

Shannon Knapp, the executive director of Heart of Horse Sense, says she participated because of the positive impact she's seen her program have on Veterans.

[Continued on Pg 7](#)

### Joint Replacement continued from Pg 1

that will be a thing of the past thanks to his recent knee replacement surgery. Crawford was the recipient of the first total knee joint replacement at Salisbury VAMC on Jan. 5. This marked the beginning of the VAMC offering total joint replacements for knees and hips.

“Since I’ve gotten out of the military, this has gotten worse over time,” he said. “I have a 3-year-old daughter, and this will help me be able to keep up with her. I want to be able to spend more quality time with her, where I couldn’t when I was always in pain.”

Dr. Chris Nagy, orthopedic surgeon at the Salisbury VAMC who performed the operation, said there are several factors that determine if a patient is suitable for a joint replacement.

“I tell patients that you don’t do a joint replacement based solely on what an X-ray shows. You replace someone’s joint based on how it’s affecting their lifestyle,” he said. “Of course they have to have the X-ray findings to support replacement; X-rays are a piece of the puzzle, but often times I’ll tell patients, ‘I’m not going to tell you when it’s time to have a replacement; you’re going to tell me.’ Basically, when it reaches the point where you aren’t doing things that you should be doing at your age, it’s time to consider joint replacement.”

Nagy said this was the case for Crawford, who is only 45, but had severe arthritic problems with his knees generally seen in those in their 70s.

Another factor that is weighed is the patient’s Body Mass Index.

“If you carry an extra 25-50 pounds of body weight, or more, that’s going to put extra stress on the replacement. We have research supported criteria for which a patient may be rendered an unacceptable risk for knee or hip replacement because of excess weight or other health risk factors. The more weight one is carrying and the more risk factors present – the more likely an individual may suffer a poor result and experience a poor outcome,” Nagy said.

Once a patient goes through joint replacement surgery, they start the recovery process.

“Typically, physical therapy will come out to the patient’s home two to three times per week for about three weeks after a joint replacement. If they are progressing well after three weeks – that’s great!” Nagy said. “If they’re not, we’ll send them to outpatient rehab. A safe estimate is six to eight weeks to have acceptable ambulatory function, but it may take six to 12 months to fully recover and get your strength back.”

Simply replacing the joint is only part of the process for a successful knee or hip replacement – the other half of a successful replacement falls on the patient, Nagy said.

“In general, many people think we have all of the answers in medicine, but we don’t. There are some things we can do to help you, but that’s only half of the patient’s success.

“The other 50 percent is on the patient to exercise, go to rehab, and get up and move. It’s not just the magic of putting in a replacement that will change one’s life; it’s being an active participant in one’s recovery and wellness that’s going to make a positive change in one’s life,” he said.

Nagy, who’s been a practicing orthopedic surgeon since 1996, said those positive changes can also make a huge difference in how long a joint replacement will last.

“They can last up to 30 years, pretty reliably 15-20 years. Much of it depends on how someone treats their replacement. If you treat your joint replacement well, it will treat you well,” he said. “One reason younger people sometimes don’t do as well with a joint replacement is because they demand more from it. I tell them, ‘It’s metal and plastic, and if you abuse it, it will wear out quicker.’”

Nagy said he and his team take a lot of pride in providing this new service to Veterans.

“It’s more than just performing a surgery, it takes a team effort to have a successful joint replacement program – it’s nursing care, it’s physical therapy, it’s prosthetics,” he said. “You want to create a program that you can be proud of, and you want it to be done properly. We’ve instituted a lot of cutting edge technologies into our joint replacement program. We offer the same level of care that individuals will experience at any other qualified facility.”

Dr. Steven Larson, another orthopedic surgeon at the Salisbury VAMC, will also be performing total joint replacement surgeries. Nagy said his team is starting with one joint replacement a week to evaluate and improve the program and will eventually be performing four per week once the program is running at full capacity.

Salisbury VAMC Director Kaye Green added that the entire leadership team is excited about offering joint replacements for Veterans along with other more complex procedures that have begun in recent years.



# Influenza Grounds Many Despite Vaccination

By Steve Wilkins  
VISN 6 public affairs

One after another, across the nation, people are decrying their influenza or “flu” shots, befuddled by the onset of severe flu symptoms that have driven them to their beds.

“It is unfortunate that the vaccine this year was not a great match for the strain of flu virus the majority of the nation is dealing with,” declared Stephen Coombs, VISN 6 director of Pharmacy Operations. Coombs has led the VISN 6 flu prevention effort for several years. VISN 6 health care facilities are working hard to make sure Veterans and staff members are protected as much as possible throughout the flu season.

Coombs said that the CDC works hard to predict which strains of the flu virus will hit each season, and arranges for distribution of vaccines developed to defend against them. Sometimes the CDC misses the mark. This year, the strain that hit the country is not the strain the CDC had everyone prepare for. More unfortunate is that the spread of flu this season is “moderately severe.” According to a CDC estimate, the vaccine more than half the nation received won’t work very well against the strain spreading across the nation.

Veterans feeling symptomatic should immediately contact their primary care team for guidance. The Primary Care teams, now called PACTs (Patient Aligned Care Teams), have expanded hours and are able to see patients on the same day if needed.

Typical symptoms include feeling feverish/chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue, and some people may have vomiting and diarrhea, though this is more common in children than adults. Veterans not able to see a team member quickly can visit the nearest VA Emergency

Department or Urgent Care facility.

Despite the reduced effectiveness of the vaccine against this particular strain, Coombs agrees with the CDC that it will still be helpful to get vaccinated, because the vaccine can still have a protective effect on an individual’s health condition. “CDC continues to recommend influenza vaccination ... because the vaccine can still prevent some infections with the circulating viruses and might also prevent serious complications requiring hospitalization. Also, the vaccine might protect against other influenza viruses that can circulate later,” according to the Jan. 16 CDC update.

Several medical centers in the VISN, including Salisbury, Asheville, Fayetteville, and Durham have implemented visitation restrictions due to the increase of influenza cases in the community, and have communicated the restrictions as widely as possible. They have also emphasized the practice of basic infection prevention, including frequent hand-washing; maintaining social distances, like staying home with symptoms, or avoiding close contact; and covering coughs by directing them into the elbow crease when they happen. Medical centers have also positioned Respiratory Hygiene stations in waiting areas which include tissues, masks and hand sanitizer.

The worst may not be over. The CDC predicts the nation may be just halfway through the season, stating that, “For the past 13 seasons, influenza seasons have ranged in duration, with an average of 13 weeks of increased activity. This season, as of the week ending Jan. 3, influenza activity has been elevated for seven consecutive weeks, suggesting that the current influenza season might continue for several weeks.” So, VA medical centers will continue to enforce visitation restrictions and offer flu shots. Anyone who has not yet received the vaccine is strongly encouraged to get it.

## 6 MONTHS+

Everyone 6 months of age and older should get vaccinated against the flu.

## TAKE PRECAUTIONS

Take everyday precautions, like washing your hands, to protect your health.

## ANTIVIRAL MEDICATIONS

If you are exposed to or caring for someone with the flu, talk to your doctor about preventive antiviral medications.



# Asheville VAMC Leadership Joins Homelessness Count

In 2014, VA dedicated \$1.4 billion to programs and \$5.4 billion to health care for homeless Veterans, offering 16 different programs staffed by more than 3,000 employees providing outreach, case management, and clinical services to homeless Veterans or those at risk. As a result, VA delivered services to more than 260,000 homeless or at-risk Veterans placing more than 72,000 Veterans and their family members in permanent housing or preventing them from becoming homeless.

On Jan. 28, HUD conducted the annual national Point-in-Time count to determine the number of Americans, including Veterans, who are homeless.

All the medical centers in VISN 6, in collaboration with community agencies, participated in the PIT counts in their areas.

In Asheville, the VAMC Director Cynthia Breyfogle joined Mayor Esther Manheimer at the Asheville Buncombe Community Christian Ministry Veterans Restoration Quarters.

“The Point-in-Time Count is great because it really gives us a snapshot of how many people are homeless within the Asheville Buncombe County community. And, for the Asheville VA specifically, how many Veterans are homeless,” Breyfogle said. “The survey helps us understand why they are homeless and what we can do to ensure they are not homeless in the future.”



**Sharonda Pearson**

*Asheville VAMC Director Cynthia Breyfogle participates in the national Point-In-Time Count, Jan. 28.*

Manheimer, says she participates in the annual PIT to gain a better understanding of homelessness in Asheville Buncombe County and to demonstrate the city's commitment to ending Veteran homelessness.

“You really don't get to know a topic until you get in

**Continued on Pg 8**

## Heart Transplant continued from Pg 1

tential transplant recipients. VADs can add years to a patient's life, enabling them to enjoy it a little as well.

The Organ Procuring Organization (OPO) called the Fords at 12:30 a.m. to say they received a heart from a 28 year-old donor in Central Virginia.

“From the time the donor's heart is harvested, it should ideally be implanted and working in the recipient within four hours,” said Lisa Martin, McGuire VAD coordinator. Indicating the urgency to complete the procedure quickly.”

“When they called me, I got here in one hour,” Ford said.

Still, transplantation isn't guaranteed. “They [OPDs] offer the organ to several medical centers at the same time,” said Katlaps, “usually giving up to an hour to respond.”

Successful transplants have many moving parts that must be ready to go: patient, transplant team, harvesting team, OPO and the most important part, the donor.

It happened so fast, Ford's daughter, Elisha a major in the Air Force, and his son, Charles who followed his footsteps as a sergeant in the Army could not get there.

Ford's quality of life is already improving. “Life is

great,” said Ford. “Now I get to do all the small things around the house.”

Veterans' resiliency amazes Katlaps. That resiliency enabled Ford and his wife to return to their renovation projects. “

Katherine Osbourne, Richmond's heart transplant coordinator praised the transplant team, but noted, “It is important to realize that the real hero on Veterans Day was the donor and his family.”

VHA has offered organ transplant services since 1962 and bone marrow transplant services since 1982. Richmond's heart transplant program began in 1981 and is still VA's only in-house program.

Osbourne is quick to acknowledge where the life-saving takes place. “Donors are the life and breath of an OPO.” Katlaps added that while the need for hearts has increased, the overall number of heart transplants has not changed significantly in two decades, because the number of available organs is dwindling.

“I got to go back to feeling like I'm 28 with all of the wisdom I have,” Ford said. “If a 28-year-old has what I have, he would be the richest man in the world.”

For information about organ donation, visit [www.organdonor.gov/index.html](http://www.organdonor.gov/index.html).

# Virginia Works To End Veteran Homelessness By End Of 2015

By Matt Leslie, Director of Housing Development,  
Sim Wimbush, Assoc. Dir. of Housing Development  
Virginia Wounded Warrior Program

According to the January 2014 Point in Time Count, on any single night throughout Virginia, there are approximately 620 homeless Veterans. On Sept. 25, Virginia kicked off a statewide 100 Day Challenge to house homeless Veterans. "The 100 Day Challenge is an acknowledgement of the need to bolster our efforts and establish clear, sharp goals for ending Veteran homelessness without delay," said John Harvey, Secretary of Veterans and Defense Affairs.

Community teams from Roanoke, Richmond and Hampton Roads collaborated to create local goals to house homeless Veterans faster based on increased coordination among community partners. The teams comprised members from six local homeless Continuums of Care and the Hampton, Salem, and Richmond VAMCs. Also present to help provide policy guidance and support to the teams were members from HUD, VA, the Virginia Department of Veterans Services, Virginia Wounded Warrior Program and the Virginia Coalition to End Homelessness.

The teams set a goal of housing 370 homeless Veterans by the end of January 2015, and as of Jan. 9, 395 homeless Veterans were either successfully housed, or in the process of being housed.

Increased coordination and streamlined processes among VAMCs and community providers have resulted in dramatic decreases in the turnaround time to place Veterans in housing as well as leveraging additional resources. For example, the Hampton and Richmond Redevelopment and Housing Authorities provided an additional 60 Housing Choice Vouchers to allow existing HUD VASH clients who no longer need intensive supportive services to move on to more independent affordable housing; thereby freeing up HUD-VASH resources to serve more Veterans with greater needs.

Additionally, the creation of community data and information sharing agreements between the VAMCs,

CoCs and community providers resulted in the development of a single, consolidated list of Veterans experiencing homelessness who are prioritized by vulnerability and need. Finally, increased partnerships between community providers and local businesses have resulted in additional resources to pay for deposits, furniture, and other household items for homeless Veterans transitioning to housing.

Adhering to the Housing First model, many Virginia communities have been successful in housing their most vulnerable homeless Veterans. In Richmond, a Veteran who had been panhandling for years received a HUD VASH voucher after exiting from a recent hospital stay and was stably housed for the first time in years. Likewise, in Norfolk, a young Army Veteran, who served a tour in Afghanistan, was homeless only months after his 2012 discharge. Through the assistance of VWWP he was connected to Virginia Supportive Housing's Housing First Program in October 2014, and successfully housed in Norfolk. When asked how this housing has changed his life, he said, "I remember who I was before and (that) gives me hope for a better tomorrow...everything is different...being able to collect myself has really made a difference."

Understanding the gravity of Veteran homelessness, Governor Terry McAuliffe and 13 Virginia mayors signed the Mayors Challenge. "Together, we can be a force for positive change," said Governor McAuliffe, one of only five state executives to sign the Mayors Challenge. "We must renew our commitment to better serve our Veterans in every community across the Commonwealth. Our labors on their behalf pale compared to the sacrifices these men and women have made in service to our country."

This collaboration of local, state and federal efforts is a pivotal movement that will push Virginia closer to becoming the first state to reach the federal goal of ending Veteran homelessness by the end of 2015.

For more information about Virginia's programs for homeless Veterans, call 877-285-1299 or visit [www.dvs.virginia.gov/virginia-wounded-warrior-program/](http://www.dvs.virginia.gov/virginia-wounded-warrior-program/).

## Mental Health continued from Pg 3

"We have been doing equine therapy for almost 20 years and the impact the horses can have on some of the challenges that Veterans face is substantial. It's so rewarding to see the smiles and the changes," Knapp said. "You could have to pay me not to come to an event like this."

Cooper said the medical center's mental health department will continue to look for ways to partner with

the community and provide innovative and Veteran-centric care to the more than 38,000 Veterans it serves.

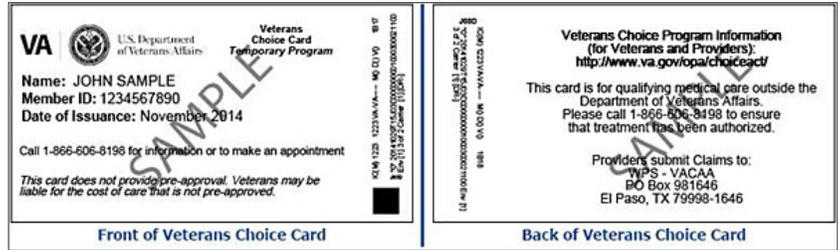
"No single office, organization, or agency has the resources to deliver all of the benefits and services necessary to meet the needs and expectations of every Veteran," she said. "Partnerships between the VA and community are the only way to not only meet their needs but exceed them."

## Choice Card Update

By now, most every eligible Veteran should have received a Veterans' Choice Card. It is important to review the letter that comes with the card to ensure users fully understand how the program works.

It is important to note that a Veterans' Choice Card does not provide guaranteed health care coverage or an unlimited medical benefit. Before using the Choice Card, one must receive authorization from VA. Each authorization is good for 60 days and any new treatment needed will require an additional authorization.

To use the Card, a Veteran must either live more than 40 miles from a VA site of care (clinic or medical center) or have been told that an appointment date exceeds the current VA wait time, which is 30 days. Veterans meeting either of these criteria become eligible to use the card and may elect to receive Non-VA care or



choose to be placed on an electronic waiting list for a VA appointment.

Please be aware that if you do not confirm your eligibility with VA prior to seeking care in the community, you may be responsible for some or all of the costs associated with the Non-VA care you receive.

Veterans also need to bear in mind that VA is a secondary payer for care for non-service connected conditions and pays after other health insurance (excluding Medicare, Medicaid and Tricare) for authorized care for non-service connected conditions.

## Homelessness continued from Pg 6

there and roll up your sleeves,” Manheimer said. Specifically, in my role as mayor, I’ve signed the Mayor’s Challenge to end Veteran homelessness.”

The Mayor’s Challenge to End Veteran Homelessness is a call to action announced by First lady Michelle Obama in 2014 for mayors to make a commitment to ending Veteran homelessness in their cities by 2015.

Breyfogle said that in addition to assisting VA staff and partner agencies in targeting homeless resources where they are needed most, participating in the annual PIT is a personally rewarding because she sees first-hand some of the success stories of CGVAMC’s homeless program.

“One of the gentlemen I interviewed today went through the Asheville VA Substance Abuse Program. I was so thrilled when he shared with me that he’s moving into an apartment next week,” she said. “Through our Health Care for Homeless Veterans Program, we were able to arrange both a temporary location for him

to stay and also help him get permanent housing.”

Allison Bond, Asheville VAMC’s homeless program supervisor, agrees that helping a homeless Veteran secure permanent housing is the best part of managing the program.

“The most gratifying part of my job is talking to a Veteran I’ve been working with after he or she moves into his or her own home,” she said. “I have witnessed several Veterans who have literally gone from living under bridges to obtaining and maintaining their own homes. These success stories keep my cup full.”

According to VA’s Acting Secretary of Health Dr. Carolyn M. Clancy, VA has seen a 33 percent reduction in Veteran homelessness, and a 43 percent decrease in the number of Veterans living on the street since 2010.

More information about VA’s homeless programs is available at [www.va.gov/homeless](http://www.va.gov/homeless). To contact a VISN 6 coordinator regarding local homeless programs, please refer to the chart below.

VISN 6 HOMELESS PROGRAM COORDINATORS			
FACILITY	POC	TELEPHONE	E-MAIL
Asheville VAMC	Allison Bond	828-298-7911 ext. 5506	Allison.Bond@va.gov
Beckley VAMC	Tracie Belcher	304-255-2121 ext. 4480	Tracie.Belcher2@va.gov
Durham VAMC	Lindsey Arledge	919-286-0411, ext. 6197	Lindsey.Arledge@va.gov
Fayetteville VAMC	Mary Fisher Murray	910-488-2120 ext. 5796	Mary.FisherMurray@va.gov
Hampton VAMC	Martha Chick-Ebey	757-722-9967 ext. 1285	Martha.Chick@va.gov
Richmond VAMC	Lynn P. Anderson	804-675-6494	Lynn.Anderson@va.gov
Salem VAMC	Tanyia Jones	540-982-2463, ext. 3936	Tanyia.Jones@va.gov
Salisbury VAMC	Jennifer Herb	704-638-9000 ext. 3011	Jennifer.Herb@va.gov

# African American Leaders Usher In Equality, Opportunity

When he founded the Association for the Study of African American Life and History in 1915, Carter G. Woodson labored under the belief that historical truth would crush falsehoods and usher in a new era of equality, opportunity, and racial democracy. Based on that premise, we recognize February as Black History Month; a time to commemorate and celebrate the contributions made by people of African descent to our nation.

There has been no war fought by or within the U.S. in which African Americans did not participate. Their actions, alongside those of other Americans in the military, helped to fuel the great engines of change.

Here is a brief mention of the pioneering leaders who led America from its segregated military past to the organization we recognize today, in which any member can legitimately see themselves reaching the pinnacles of leadership.

**Colin Powell**, was chairman of the Joint Chiefs of Staff (1989–93) and U.S. Secretary of State (2001–05), the first African American to hold either position. In April 1989, Powell became a four-star general. In August 1989, President George H.W. Bush nominated him Chairman of the Joint Chiefs of Staff and in 2001, Powell was appointed U.S. Secretary of State.



**Daniel "Chappie" James** was the first African American four-star general in the history of the U.S. military. In 1949, James received the Distinguished Flying Cross for valor when he rescued a fellow pilot after a flame-out in a T-33 at 50 feet above the ground. Then James flew 101 combat missions. In 1970, he was involved in an armed face-to-face standoff with the Libyan leader, prompting President Nixon to nominate him for Brigadier General. General James' rapid rise to flag officer culminated in August 1975, with his assignment as Commander in Chief, North American Air Defense Command and promotion to the rank of General.

**Benjamin O. Davis, Sr.** entered military service on July 13, 1898 and on Feb. 2, 1901, he was commissioned a second lieutenant of Cavalry in the Regular Army. He was promoted to brigadier general (temporary) Oct. 25, 1940, retired on July 31, 1941, and recalled to active duty with the rank of brigadier general the following day. He retired on July 14, 1948, after having served fifty years.



**Benjamin O. Davis, Jr.** became the first African American general in the U.S. Air Force. In 1943 he organized and commanded the 332nd Fighter Group (the Tuskegee Airmen). He was promoted to brigadier general in 1954. After retiring in 1970, he was named director of civil aviation security in the U.S. Department of Transportation, where he devised and coordinated measures that effectively ended a wave of aircraft hijackings in the United States.



During his tour aboard the USS Jouett, Captain **Samuel Gravelly** was promoted to Rear Admiral in 1971, the highest rank ever attained by a black American in the Navy. President Richard Nixon promoted Vice Admiral Gravelly in September 1976 to assume control over the entire Third Fleet, including 100 Navy ships, and 60,000 sailors at Pearl Harbor.

**Frank E. Petersen**, the first African American promoted to the rank of general in the U.S. Marine Corps, saw combat in Korea as a fighter pilot where he earned the Distinguished Flying Cross. Petersen also flew combat missions in Vietnam and became the first Black Marine Corps general officer in 1979.



**Erroll M. Brown**, was the Coast Guard's chief engineer when he was promoted to Rear Admiral in July 1998 becoming the first African American promoted to flag rank in the U.S. Coast Guard.

**Roscoe Robinson, Jr.** was the first African American to become a four star general in the U.S. Army. In 1976, he was promoted to major general and assigned as the first African American to command the 82nd Airborne Division at Fort Bragg, N.C. He was promoted to the rank of General in 1982.



**VISN 6 Celebrates  
Black History Month**

### Applications For 2015 National Veterans Wheelchair Games

VA is accepting applications for the 2015 National Veterans Wheelchair Games. Registration will close April 15.

The National Veterans Wheelchair Games is a sports and rehabilitation program for military service Veterans who use wheelchairs for sports competition due to spinal cord injuries, amputations or certain neurological problems.

Each year, hundreds of disabled Veterans travel from around the country to compete in the Games, which is the largest annual wheelchair sports event in the world. With them, they bring the fighting spirit and tenacity that defines the Veterans of our Armed Forces.

“I encourage all eligible Veterans to take this opportunity to prove yet again that disability does not mean inability,” said VA Secretary Robert McDonald.

Competitive events at the National Veterans Wheelchair Games include air guns, archery, basketball, bowling, field events, hand cycling, a motorized wheelchair rally, nine-ball, power soccer, quad rugby, slalom, softball, swimming, table tennis, track, trapshooting and weightlifting. Athletes compete in all events against others with similar athletic ability, competitive experience or age.

The 2015 National Veterans Wheelchair Games will take place in Dallas, Texas, from June 21-26. The games are cosponsored by VA and Paralyzed Veterans of America, VA’s partner in this annual event since 1985.

For more information, please visit [www.wheelchairgames.org](http://www.wheelchairgames.org) and follow VA Adaptive Sports on Twitter at @VAAdaptiveSport.

### VA Expands Fry Scholarship To Surviving Spouses

VA is accepting applications by mail 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”).

Section 701 of the Choice Act expands the Fry Scholarship to include the surviving spouses of Servicemembers 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 Sgt. John David Fry, 28, of Lorena, Texas. Fry had one week left in his tour in Iraq in 2006, when he volunteered to continue working 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 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.

Information about these programs is available at [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill). The VA call center (888-GIBILL-1) is also available to help individuals understand the differences between the two programs.

### VA To Pilot IBM Computer Technology To Assist Patient Care

VA has begun a two-year pilot to study innovative approaches to quickly search electronic medical records and medical literature for relevant published studies. During the pilot, VA will assess how the technology may accelerate evidence-based clinical decisions.

“Physicians can save valuable time finding the right information needed to care for their patients with this sophisticated and advanced technology,” said Interim Under Secretary for Health Carolyn M. Clancy, M.D. “A tool that can help a clinician quickly collect, combine, and present information will allow them to spend

more time listening and interacting with the Veteran.

Today, IBM is working with several healthcare organizations to apply Watson’s cognitive capabilities in helping doctors identify and analyze cancer treatment options. Learning about the opportunities and challenges these next-generation technologies may have is part of an ongoing effort for VA to advance the quality of healthcare provided to our nation’s Veterans.

During the pilot, clinical decisions will not be made on actual patient encounters, but instead will use realistic simulations.

# VA Announces Single Regional Framework Under MyVA

VA announced Jan. 26 that it is taking the first steps under the MyVA initiative to realign its many organizational maps into one map with five regions to better serve Veterans.

The new regions under the MyVA alignment will allow VA to begin the process of integrating disparate organizational boundaries into a single regional framework to enhance internal coordination.

“We want every Veteran to have a seamless, integrated, and responsive VA customer service experience every time. This regional alignment is the first step in empowering Veterans to interact with one VA – MyVA,” said Secretary Robert McDonald. “Ultimately, this reform will improve the Veteran experience by enabling Veterans to more easily navigate VA and access their earned care and benefits.”

VA’s new regional design utilizes state boundaries to divide the country into five regions. Each organization within VA will begin work to ensure their structures are aligned within this framework by the end of June 2015.

Veterans are already seeing the impacts of changes made through the MyVA initiative. For example, at the suggestion of VA employees, the Department has made improvements to VA call center operations, to allow call center agents to suspend or resume certain benefit payments at the request of the Veteran, which eliminates additional steps typically required of Veterans.

Also at the suggestion of employees, VA is working towards piloting improved signage in certain facilities, to make sure Veterans know where they are going and that directions are easy to follow.

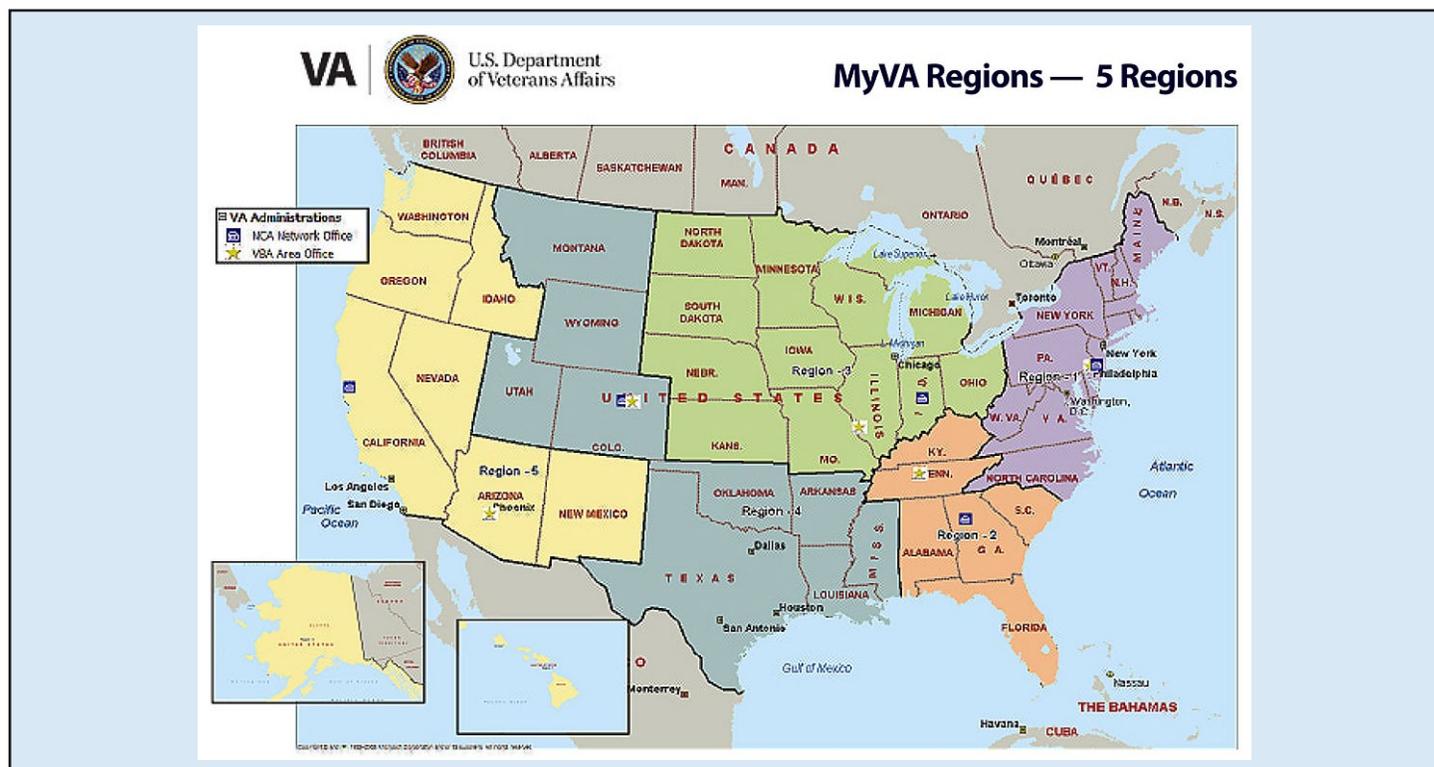
Additional VA efforts are currently underway to define the next steps to transform the Department into one that is more centered on the Veteran.

### Background on MyVA

Launched on Sept. 2, 2014, MyVA is an initiative which will reorient VA around Veteran needs and empower employees to assist them in delivering excellent customer service to improve the Veteran experience. It is the largest department-wide transformation in VA’s history and will be a product of ideas and insights shared by Veterans, employees, members of Congress, VSOs, and other stakeholders.

The first phase of MyVA has included creating the task force and building the team to support the mission and an organizational change of this breadth. MyVA is focused on five areas of improvement:

- 1) Improving the Veteran experience
- 2) Improving the employee experience so they can better serve Veterans
- 3) Improving internal support services
- 4) Establishing a culture of continuous improvement, and
- 5) Enhancing strategic partnerships.



# 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. 6100/6101  
800-771-6106 Ext. 6100/6101

**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**  
306 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