



VA MID-ATLANTIC HEALTH CARE NETWORK • VISN SIX

Vol. 5, No. 12

“Excellent Care – Earned by Veterans – Delivered Here”

Voices of VISN 6

Official news from around *your* VISN

September 30, 2015

Vietnam Traveling Memorial Wall Visits Salem VAMC

By Brian Sipp
Salem VAMC
public affairs

Surrounded by local and state law enforcement vehicles and more than 100 motorcycle escorts from the Rolling Thunder Motorcycle Club and Combat Veterans Motorcycle Association, the Vietnam Traveling Memorial Wall arrived at Salem VAMC’s stadium field Sept. 16.

The Traveling Wall has visited more than 400 cities and towns throughout the nation, bringing

the healing legacy to millions.

Designed to travel to communities throughout the United States to offer Veterans a means to allow the healing process to take place, the Traveling Wall is a half-scale replica of the Vietnam Veterans War Memorial (The Wall) which stands in Washington, D.C., and was built by the Vietnam Veterans Memorial Fund (VVMF).

The Wall was designed by Maya Ying Lin of Athens, Ohio, then a

Continued on Pg 6



Brian Sipp

Donna Hard, of Vinton, Va., searches for the names of two classmates she attended school with on the Vietnam Traveling Memorial Wall at Salem VAMC.

VA Expands Medical Care To Chesapeake

More than 200 people braved stormy conditions Oct. 1, to welcome the opening of the new VA clinic located at 1987 S. Military Highway in Chesapeake, Va. The clinic began seeing patients on Oct. 5.

The new clinic provides about 6,000 Veterans easier access to VA healthcare, alleviating the need to cross the Hampton Roads Bridge-Tunnel or Monitor Merrimac Bridge-Tunnel for regular appointments.

The clinic’s 10,000 square feet of space mirrors the current Virginia Beach CBOC in terms of size and offered medical services – essentially dou-



Kenita Gordon

State and local officials joined Hampton VAMC Director Mike Dunfee Oct. 1, in cutting the ribbon to officially open the VA clinic in Chesapeake.

bling the current level of access for Veterans in the region. This new clinic is one of a handful approved in March for emergency leases.

Inside in Brief

- Pg 3 VA Primary Care team providing services at Camp Lejeune.
- Pg 4 Nurse-led initiative helps solve inpatient admission lag.
- Pg 5 Durham doctor appointed to North Carolina governor’s task force.
- Pg 7 Mohs surgery now available at Richmond VAMC.
- Pg 8 VA awards grants to prevent or end Veteran homelessness.
- Pg 9 Durham VAMC to open additional clinic in Raleigh.
- Pg 11 VA awards \$8.5 million in Adaptive Sports grants to aid disabled Veterans.
- Pg 12 Index of VISN 6 Sites of Care and VA Vet Centers.

From The Director

In the months ahead, you're likely to hear a lot about VA's ongoing realignment efforts. Wishing to keep you informed, I want to share the following information about VA's realignment, but I want to make it clear that the realignment is a managerial move and should be transparent to all the Veterans who seek our service.

In January, Secretary of Veterans Affairs Robert A. McDonald revealed a plan to realign VA into five districts, using state boundaries when possible to increase efficiencies and to allow for better collaboration and interaction with local, state, and federal officials, agencies, and organizations.

The impact to VISN 6 is through the consolidation of all the West Virginia VA Health Care Systems into one VISN. Prior to this move, each of West Virginia's four health care systems belonged to different VISNs. Our Beckley VAMC, along with Clarksburg and Huntington are all now part of VISN 5. Again, the realignment is a way to make VA more effective and efficient by making it easier to lead and manage and should have no impact to patient care.

Other big news this month comes out of Fayetteville. On Oct. 1, we took possession of the new Health Care Center. This is a truly exciting time for Veterans in the Southeast region of North Carolina. Much hard work still needs to take place within the structure to ready it for Veteran service. As you read this, teams are moving furniture and equipment in, setting up computers and work stations, and testing all building and clinical systems to ensure a flawless experience for Veteran's when the doors finally open. We all look forward to this once in a lifetime experience. All patients, Veterans and the community will be notified when the facility is ready for business.

And, while we're celebrating bringing the new HCC on line, we will take time to observe the 75th anniversary of the existing medical center. The present Fayetteville medical center opened on Oct. 17, 1940. We invite everyone to stop by the medical center on Oct. 13 when we host a diamond anniversary observance and reception from 3 to 5 p.m.

Another special event worth noting is the 2015 National Veterans Creative Arts Festival Oct. 12-19, being held in Chapel Hill. The Festival, presented by VA and the American Legion Auxiliary, is the culmination of

talent competitions in art, creative writing, dance, drama, and music for Veterans treated in VA's health care system.

All Veterans invited to participate are winners of year-long, national fine arts talent competitions from VA medical centers across the nation. Creative arts therapies are used by VHA's Recreation Therapy Service to enhance the physical, social, and emotional well-being of Veterans who participate. They also help patients to become engaged in treatment, provide emotional support for Veterans and their families, and create an outlet for expression of feelings.

Approximately 120 Veterans will exhibit their artwork or perform musical, dance, dramatic or original writing selections in a variety show.

Please join us on Sunday, Oct. 18 for the art exhibit and Stage Show.

The art exhibit is slated for noon – 1:45 p.m. in UNC's Gerrard Hall. No ticket is required.

The Stage Show performance is set for 2 p.m. in UNC's Memorial Hall. A ticket is required but is free. You can obtain complimentary tickets by calling 919-286-0411, extension 6070.

Sincerely,

Dan Hoffmann



Kelli Higginbotham

VA Secretary Holds Town Hall

VA Secretary Robert McDonald addresses questions from Vietnam Veteran Jim Smith at a town hall meeting in Lewisburg, W. Va., on Sept. 25. About 200 Veterans attended the town hall, hosted by Sen. Joe Manchin. Together, the Secretary, Senators Joe Manchin and Shelly Capito, and U.S. Representative Evan Jenkins visited with Veterans in Charleston, Lewisburg, and Huntington W. Va.

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 or call 919-956-5541.

Daniel F. Hoffmann, Network Director
Mark Shelhorse M.D., Chief Medical Officer
Bruce Sprecher, Director, Public Affairs
Steve Wilkins, Network Public Affairs
Patrick Schuetz, Chitra Productions

VA Primary Care Team Providing Services At Camp Lejeune

By Jeff Melvin
Fayetteville VAMC public affairs

As many as 200-plus Jacksonville, N.C., area Veterans can receive VA health care services at Camp Lejeune's Hadnot Point Clinic, thanks to an agreement between Fayetteville VAMC and Naval Hospital Camp Lejeune officials.

"This is an important step as it offers another access to care point for our Veterans and it demonstrates the strong ties we have with the Camp Lejeune community," said Elizabeth Goolsby, director, Fayetteville VAMC. "Many of our Veterans in the Jacksonville area work on Camp Lejeune or frequent it for other reasons but are not retirees, so they cannot access Navy medicine."

Commenting on the initiative, U.S. Navy Capt. David Freedman, commander of Naval Hospital Camp Lejeune, said, "Naval Hospital Camp Lejeune is excited to build upon the already great partnership we share with the Fayetteville VAMC. In the spirit of Jointness, we are eager to welcome the CBOC team into our Hadnot Point facility and look forward to working together to serve our beneficiaries."

Having a Patient Aligned Care Team on Camp Lejeune provides easy access for these Veterans. It also provides a smooth transition for service members leaving the service as the PACT Team is located in the same building they have been using for sick call.

"Familiar surroundings and easy access. It makes sense for our Veterans," Goolsby continued.

Located on the 1st floor of Building 15, the PACT is currently operating once a week on Tuesdays from 8 a.m. to 4:30 p.m.. It will eventually ramp up services to 5 days a week.

Dr. Rebecca Ruiz-Almeyda, lead physician for the Hadnot PACT, said feedback from Veterans has been positive. "They're very happy. Since they work on Camp Lejeune, getting here is easy."

She and the rest of the PACT like it, too. "We love it here," Dr. Almeyda said. "The active duty members at the clinic have been very gracious. It's a pleasure to work here."

Goolsby added, "We applaud the Navy Hospital and Camp Lejeune leadership for working with us to secure this site of care for area Veterans. In an era of dwindling budgets, this is a good example of DoD and VA joining forces to share resources."

Captain Freedman was equally complimentary of his VA partners. "We are particularly excited to explore new opportunities to better serve our service members, particularly those who may be transitioning from active duty," he said. "We are not only eager to learn and share



HN William Cagle Jacksonville CBOC's Dr. Rebecca Ruiz-Almeyda, right, is all smiles as she welcomes a Veteran to the new PACT at Camp Lejeune's Hadnot Point Branch Clinic.

best practices, but this unique collaboration may lead to the development of optimizations in care, communication and coordination that we may be able to share throughout both Departments."

Veterans authorized to receive treatment at Hadnot Clinic have been notified, and Veterans interested in being seen at Camp Lejeune should call the Jacksonville CBOC at 910-353-6406 to learn how.

Veterans Affairs Medical Center
Fayetteville, North Carolina



Past, Present & Future

Please join the men and women of the Fayetteville VAMC in their observance of the medical center's 75th anniversary. The reception will be Oct. 13, from 3 to 5 p.m. at the facility.

Nurse-Led Initiative Helps Solve Inpatient Admission Lag

By Paul Waldrop
Asheville VAMC

Medical experts say one of the biggest work flow challenges hospitals face today is reducing the time it takes to get newly admitted patients moved to their inpatient beds.

Emergency Department Nurse Manager Patricia Campbell says the Asheville VAMC was no different.

“The ED was experiencing significant delays in the in-patient process which was causing patient dissatisfaction,” she said.

To help remedy this, Campbell sought out Linda Bugg, chief nurse, Operations and Acute Care, to see what could be done to improve the process. A decision was made to create a multidisciplinary Rapid Cycle Systems Redesign team, led by nursing staff, to assess patient flow from the Emergency Department to the inpatient beds.

The team assessed the tasks associated with in-processing a patient and determined that a new communication model was the key to success.

Stephanie Dinkins, a member of the Systems Redesign Team, says a simple switch of roles significantly streamlined the process.

“Prior to the system redesign, the ED was contacting the accepting unit to coordinate the patient’s transfer. Now the accepting unit must contact the ED within 15 minutes of being notified by the Nursing Coordinator that the ED has a new patient.”

Dinkins says other communication initiatives are being implemented to further improve the process. “We’ll be installing ‘admission only’ or hotline phones that the ED and receiving unit Charge Nurses will carry with them to save time and ensure accountability,” she said.

Prior to installing the new communication model, it took an average of 13 phone calls to admit a patient. Now, that number is down to three and is expected to decrease even more when the hotline phones are installed. The process also resulted in an 18 percent reduction in the average number of minutes between the ED decision to admit and time patients left the ED.

“We knew that this initiative would help staff during the admission process, but to see how our improvements have helped the medical center’s overall efficiency has been professionally rewarding,” Dinkins said. “I feel that this new workflow has invigorated and empowered our staff to embrace a culture of continuous daily improvement.”

Acute Care Nurse Elizabeth Crooke says she was equally amazed at the impact of the initiative.

“The ultimate goal was to improve the process of



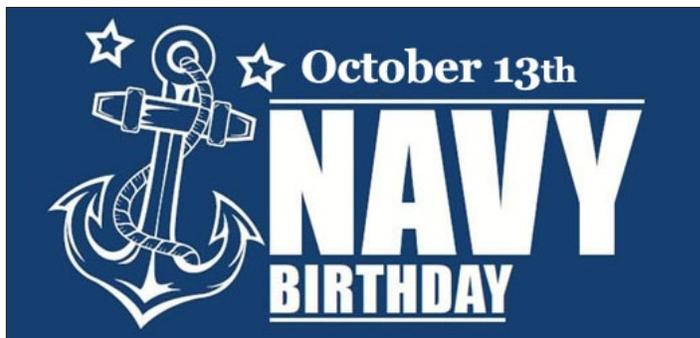
Sharonda Pearson

Assistant Emergency Department Nurse Manager Cynthia Morris administers a blood pressure check to Army Veteran John Horst as he awaits transfer to an inpatient unit. Morris was instrumental in implementing the “Be a Bed Ahead” initiative at the Asheville VAMC.

getting our Veterans to the right level of care at the right time,” she said. “Not only have we accomplished our goal, we have improved patient and staff satisfaction.”

Crooke says nursing staff are now able to have a room prepared with the correct set-up to meet the individual needs of a Veteran before the Veteran arrives to the inpatient unit.

“Nurses approach the situation with a positive attitude because they can immediately respond to a Veteran’s needs during the admission process,” she said. “As a result of this grassroots effort, the frontline nursing staff is engaged and feel empowered to collaborate and improve internal and external processes. A continuous improvement effort such as this helps us deliver seamless and integrated healthcare to our Veterans and helps us honor our commitment to provide the 5-Star quality care they have earned and deserve.”



Durham Doctor Appointed to N.C. Governor's Task Force

Dr. Bruce Capehart, a psychiatrist and the OEF/OIF/OND Medical Director at VAMC Durham, was appointed to the North Carolina Governor's Task Force on Mental Health and Substance Use Disorders. He welcomes your comments or suggestions on improving collaborations between VA and other healthcare organizations at bruce.capehart@va.gov.



Dr. Bruce Capehart

By Dr. Bruce Capehart

The North Carolina Governor's Task Force on Mental Health and Substance Use held its first meeting Sept. 15 in Raleigh. I am honored to have been selected by Governor McCrory for this important effort, and I am pleased that this Task Force will have the opportunity to hear from about the unique challenges facing our state's military and Veteran communities.

The governor asked the Task Force to evaluate the relationships between different government agencies, identify and share best practices for how healthcare organizations collaborate both with one another and with government agencies, and make recommendations on how to improve systems for mental health and substance use disorder treatment.

Within this charge is a special focus on how mental health and substance use disorders affect the state court and criminal justice systems. The Task Force also was asked to identify and recommend changes that will reduce stigma and increase awareness about mental health and substance use disorders.

"Treatment works," was a phrase heard several times at the first meeting, and the VA has ample evidence to support our successful efforts to start Veterans on their recovery journey.

The Task Force's charter outlines challenges that likely are known well to everyone reading this newsletter. Our system has expanded since 2005, both in terms of physical facilities and Veterans enrolled for care.

North Carolina is home for the largest Army and Marine Corps bases in the Eastern United States, a major Air Force base, and several Coast Guard facilities. Our VISN partners in Virginia house the nation's largest naval base plus several large Army and Air Force installations and the geography of VISN 6 is a popular area for military retirees, too.

According to the 2014 edition of the Vet Pop de-

mographic database, North Carolina is home to about 775,000 veterans. The largest age group, those 65-69 years old, make up 14 percent of the total. While the OEF/OIF/OND veteran group is often in the news, the number of Veterans aged 30-39 is almost the same as the number aged 80 and above.

Demographic projections show the North Carolina Veteran population remaining more or less constant over the next 10 years. In fact, the current demographic model shows only 31 percent of North Carolina's Veteran population is under age 50, which means that we all should expect care for older adults to become a more prominent part of our daily work.

As the Governor's Task Force considers the interactions between mental health diagnoses and the legal system, the demographic data point to two different areas for emphasis.

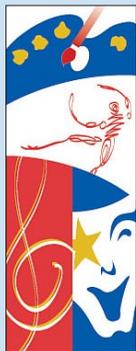
The older adults diagnosed with dementia will create civil court cases for legal issues such as guardianship, while Veterans who encounter the criminal justice system are more likely to be younger and diagnosed with a substance use disorder.

North Carolina is home to approximately 91,000 post-9/11 Veterans. About 43 percent of these Veterans are at least zero percent service-connected, and during fiscal year 2014, 88-95 percent of Veterans with any service connected disability used VA for their care. However, only 35 percent of the 34,000 OEF/OIF/OND Veterans without service connection use VA for their care.

The brief data overview of the OEF/OIF/OND Veterans demonstrates the power of service connection for keeping our Veterans engaged in VA care. As a wider issue, it probably signals "wallet share," a marketing term for the percentage of an individual's business given to a single company. Our 'wallet share' among the service-connected OEF/OIF/OND Veterans is high, but our challenge is to expand that reach into other Veteran cohorts. What we do works for our patients, and I am excited to have this unique opportunity to talk about VA's excellent clinical programs as potential role models while highlighting Veteran healthcare needs across this great state.



Durham VAMC To Host 2015 National Veterans Creative Arts Festival



You're invited! Durham VAMC is hosting the 2015 National Veterans Creative Arts Festival Oct. 12-19. The Festival, presented by VA and the American Legion Auxiliary, is the culmination of nationwide talent competitions in art, creative writing, dance, drama, and music for Veterans treated in VA's health care system.

Approximately 120 Veterans will exhibit their artwork or perform musical, dance, dramatic or original writing selections in a variety show.

Please join us Sunday, Oct. 18 for the art exhibit and stage show at 114 E. Cameron Ave, Chapel Hill. The art exhibit is slated for noon – 1:45 p.m. in UNC's Gerrard Hall. No ticket is required. The stage show performance is set for 2 p.m. next door in UNC's Memorial Hall. A ticket is required but is free. You can obtain complimentary tickets by calling 919-286-0411, extension 6070.

Traveling Wall continued from Pg 1

21-year-old senior at Yale University. The memorial was dedicated on Nov. 13, 1982. The replica was unveiled on Veterans Day 1996.

VVMF reports the replica is approximately 250 feet in length and, like the original Memorial, is erected in a chevron-shape. It is constructed of powder-coated aluminum, supported by an aluminum frame, and is made of 24 individual panels. As on The Wall, the names on the Traveling Wall are listed by date of casualty.

"The Vietnam War Memorial has 58,307 names on it. Of those, 1,307 were Virginians and 106 were from the Roanoke area," said John Miller, president of the Stonewall Jackson Chapter of the Association of the United States Army and driving force behind the effort to bring the Wall to Salem.

The opening ceremony featured the Roanoke Valley Community Band, a Joint Municipal Color Guard, and was highlighted by the remarks from Botetourt County resident Adrian Cronauer, whose experience as an unconventional disc jockey in Vietnam inspired the 1987 film "Good Morning, Vietnam," starring Robin Williams.

The event also served as an introduction of the newly-authorized Vietnam Veteran Lapel Pin that was issued to eligible Veterans in attendance.

The schedule of events, including being open for visits 24 hours-a-day, was designed to offer maximum access to the Traveling Wall during its five-day visit. Relying on volunteers from local colleges, universities, and JROTC programs for support, the visit became more than a sum of its parts and grew into a local event.

Daily events included a standard 6 p.m. program that included a presentation of the colors, singing of the national anthem, an evening prayer, and the playing of Taps. There were also several special events, such as the annual POW/MIA recognition ceremony, which added to the reflective mood when held in front of such a transformational and reflective backdrop as the Trav-

eling Wall.

"Freedom is not free; it is very expensive," said Robert O. Gray, a former U.S. Army POW in Korea and honoree of the Sept. 18 POW/MIA ceremony at the Traveling Wall. "Take the time to walk through the hospital here and you [will understand the price]," added Gray, gesturing to the Salem VAMC hospital proper on the hill overlooking the memorial.

To increase education and insure the legacy the memorial represents in American history does not fade with time, Miller echoed the nationwide call for photos of individuals whose names are inscribed on it.

"We hope that as visitors come out to see the Traveling Wall they'll bring photos of those named on it that we can send back to Washington, D.C. to become part of the National Vietnam Education Center. Our goal is to fully recognize every Veteran," said Miller.

Family members and loved ones were told that they could bring their photos to the Wall, where they would be scanned electronically and returned, avoiding any cost to reproduce them or chance that they could be lost, if required to mail them.

The closing ceremony featured the readings of each of the 106 names on the Wall who were from the Roanoke area, followed by the ringing of a bell made by the same company who cast the original Liberty Bell almost 250 years ago, according to Miller during closing remarks.

While the five-day event attracted more than 8,200 visitors to the Salem VAMC grounds, informing and teaching them about a divisive period of American history, the true mission of the visit was to provide a mechanism for healing to local families and loved ones who have names on The Wall and a reaffirmation to them that we (collectively) will "never forget."

To see more photos of the Traveling Wall's visit to Salem, visit www.flickr.com/photos/105805564@N05/albums/72157658333691948.

Mohs Surgery Now Available At Richmond VAMC

By David Hodge
Richmond VAMC public affairs

The difference between two and five may seem insignificant to some people, except when this margin represents the percentage of recurrence of skin cancer in the body.

In July, the Richmond VAMC began offering a specialized dermatology surgery to remove skin cancer that offers a lower recurrence rate and better resulting aesthetic appearance.

Mohs Micrographic Surgery, often referred to as just Mohs, has consistently shown a 1-2 percent recurrence rate while standard methods have about 5-8 percent, said Dr. Brett Blake, Mohs surgeon at Richmond.

Over the past year, Blake said he has performed about 1,500 Mohs surgeries—a technique used at only a few VA medical facilities.

“I like curing cancer,” Blake said.

Blake said he spent three years as a resident in a dermatology program, followed by a one-year fellowship in Mohs Micrographic Surgery and Cutaneous Oncology.

There is an unbelievable need for this specialized medical procedure amongst the Veteran population, Blake said.

The traditional method of removing skin cancer involves excising an area surrounding the cancerous lesion, examining the removed tissue and inspecting the visible edges to see if all affected areas were removed, Blake explained. With the Mohs method, doctors are able to see all of the tissue and better determine if, and where, any cancer remains.

“It’s about being able to inspect 100 percent of the skin sample whereas with the old method we saw about only 1-2 percent,” Blake said.

Not all skin cancer is the same shape and size, and with Mohs the initial cut is generally smaller in diameter than with traditional methods. After the initial removal of tissue, the specimen is prepped and analyzed. Cancer containing areas are noted and the surgeon returns to the exact site and removes a smaller bit of tissue. This process is repeated until all cancer is removed.

This method allows us to take only what is necessary to get rid of the cancer, Blake said. Removing smaller pieces of skin leads to smaller scars.

Depending on the size of the lesion, patients can spend only half of a day in hospital, usually under local anesthesia, Blake said, and repair work can generally be done immediately following the surgery. Sutures are then placed along natural wrinkle lines if possible, which makes scars more easily hidden and less noticeable.

“I’m tickled to death that the procedure is done here at the VA now, said James Poe, a military policeman who served in Vietnam.

Poe said he’s had three Mohs surgeries—each in different places—and he’s extremely happy with the results.

The dermatology department at the Richmond VAMC sees approximately 12,000 patients a year.



American College
of Mohs Surgery
Fellowship trained skin cancer
and reconstructive surgeons

The Mohs Surgery Process



Step 1: The roots of a skin cancer may extend beyond the visible portion of the tumor. If these roots are not removed, the cancer will recur.



Step 2: The visible portion of the tumor is surgically removed.



Step 3: A layer of skin is removed and divided into sections. The ACMS surgeon then color codes each of these sections with dyes and makes reference marks on the skin to show the source of these sections. A map of the surgical site is then drawn.



Step 4: The undersurface and edges of each section are microscopically examined for evidence of remaining cancer.



Step 5: If cancer cells are found under the microscope, the ACMS surgeon marks their location onto the “map” and returns to the patient to remove another layer of skin - but only from precisely where the cancer cells remain.

Step 6: The removal process stops when there is no longer any evidence of cancer remaining in the surgical site. Because Mohs surgery removes only tissue containing cancer, it ensures that the maximum amount of healthy tissue is kept intact.

© 2008 – All Right Reserved
American College of Mohs Surgery

Source: American College of Mohs Surgery.
Reprinted with permission.

VA Awards Grants To Prevent/End Veteran Homelessness

By Sharonda Pearson
Asheville VAMC public affairs

Hundreds of very low-income Veteran families in Buncombe and surrounding counties, who are permanently housed or transitioning to permanent housing, will have access to crucial services with the award of roughly \$300 million in nationwide grants for Supportive Services for Veteran Families (SSVF) program.

SSVF funding, which supports outreach, case management and other flexible assistance to prevent Veteran homelessness or rapidly re-house Veterans who become homeless, went to 286 nonprofits and consumer cooperatives in all 50 states, the District of Columbia, Guam, Puerto Rico and the Virgin Islands.

Locally, two organizations—Homeward Bound of Western North Carolina and Asheville Buncombe Community Christian Ministry (ABCCM)—received grants totaling \$3.47 million. A list of grantees is available at www.va.gov/homeless/ssvf/index.asp.

“SSVF is a key tool to promote housing stability among our most economically vulnerable Veterans and their families,” said Cynthia Breyfogle, Asheville VAMC director. “This program empowers our community-based partners to provide the mix of services needed to prevent Veterans from becoming homeless and rapidly rehouse those who become homeless.”

Homeward Bounds SSVF Project Director Leslie Stewart says the funding will help fill service gaps for Veterans who do not qualify for the Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH) program.

“We are working in collaboration with ABCCM and VA to ensure we are filling gaps in services for homeless Veterans in Buncombe County,” Stewart said. “Some of our Veterans do not qualify for VA healthcare and therefore are not eligible for the HUD-VASH program. This funding helps provide short-term assistance to Veterans in a housing crisis as quickly as possible.”

ABCCM’s Executive Director Rev. Scott Rogers says the funding is used as part of a comprehensive program to address every area of restoration in the life of a homeless Veteran.

“Our SSVF funds are combined with our Veteran employment and training funds to provide career-level jobs. We combine jobs with housing solutions, and we remove the shame of homelessness by providing shelter for men and women through the Veterans Restoration Quarters and Steadfast House,” Rogers said. “Our multiple strategies of homeless prevention, rapid rehousing plus training and employment result in restoring dignity and homes for our humble heroes.”

SSVF grantees typically serve Veterans with in-



Sharonda Pearson

Charles George VAMC’s Homeless Program RN Kristie Roswech administers a flu shot to HUD-VASH recipient Johnny Harrison during the 2015 Stand Down in Asheville, N.C. Local organizations, including Homeward Bound of Western North Carolina and Asheville Buncombe Community Christian Ministry (ABCCM), provided services to more than 225 homeless Veterans within Buncombe and surrounding counties.

comes below 30 percent of the area median income. Grantees must follow the housing first approach, which centers on permanently housing homeless Veterans quickly without preconditions and providing supportive services as needed.

Additional SSVF requirements are that grantees engage in outreach to find and serve Veterans in need, provide Veterans with case management, and assist them in obtaining VA and other public benefits.

Nationally, SSVF served 127,829 participants in FY 2014 and is on track to serve 135,000 Veterans and their family members by the end of FY 2015.

As a result of these and other efforts, Veteran homelessness is down significantly since the launch of the Federal Strategic Plan to Prevent and End Homelessness in 2010.

Since 2010, nearly 230,000 Veterans and their family members have been permanently housed, rapidly rehoused or prevented from falling into homelessness by HUD’s targeted housing vouchers and VA’s homelessness programs.

The SSVF program is authorized by 38 U.S.C. 2044. VA implements the program by regulations in 38 CFR part 62. Visit www.va.gov/homeless/ssvf.asp to learn more about the SSVF program.

Asheville VA Employee Discovers Family Ties In Archives

By Paul Waldrop
Asheville VAMC

When Tim Lewis, a self-proclaimed history buff, started working in the Asheville VAMC's Learning Resources Center a few months ago as part of the Compensated Work Therapy program, he had no clue what he was about to discover.

In addition to providing computers and learning opportunities for Veterans, the Resources Center is also home to the medical center's archives, which stay locked away safely in a fireproof cabinet.

Curious, one day Lewis began to search through the cabinet full of old documents, newspaper clippings and photos. Right away, his attention was drawn to one particularly old and tattered photo album.

"When he opened it," Lewis said, "I almost lost my breath." That's because he came face-to-face with a picture of his paternal grandmother with her siblings and parents. "When I was a child, she was my best friend," he said.

As Lewis continued to turn the pages he found more and more family pictures dating back to between 1915 and 1919. "I couldn't wait to tell my Dad what I had found," he said excitedly.

But what is a scrapbook full of Lewis's family pictures doing in the medical center's archives? It seems at one time his ancestors owned and lived on some of the land where the medical center stands today.

Lewis says unexpectedly finding old family photos were exciting and means the world to him and his dad, now nearing 80 years old. But, he says the greatest gift



Dennis Mehring

Compensated Work Therapy employee Tim Lewis shows Chief of Learning Resources Service Charles Cooley family photos he discovered in the medical center's archives, which are located in the Learning Resources Center.

he received while working at the medical center is the opportunity to help Veterans. "Working with Veterans and helping them to learn computer skills gives me a real sense of pleasure and purpose," Lewis said, "This hospital and the people I've met here mean a lot to me."

The CWT program is a VA vocational rehabilitation program that matches and supports Veterans who are ready to work with competitive jobs.

Durham VAMC To Open Additional Clinic In Raleigh

Veterans living in the Raleigh area will soon have greater access to VA health care. Durham VAMC Director, DeAnne Seekins announced the award of the contract for another 10,000 square feet of space to house additional Patient-Aligned Care Teams and Integrated Mental Health services for Veterans in the Raleigh area. The new site of care will be located at 2600 Atlantic Avenue in Raleigh and will augment the existing outpatient clinic located at 3305 Sungate Blvd. in Raleigh.

This additional space is needed to accommodate the growth in patient population. According to VISN 6 Director Dan Hoffmann, the number of Veterans using the existing Raleigh outpatient clinic grew by almost 15 percent in the last 2 years, with outpatient visits growing by more than 19 percent. "Our ability to meet the demand for care in Raleigh has hit its ceiling with the existing space. This new space will enhance our ability to see new patients faster and to allow Primary Care

and Mental Health teams to integrate and operate more efficiently" Hoffmann said.

The present Raleigh outpatient clinic houses 13 PACT teams, almost double what it was designed for. According to Seekins, "Our aim with this new space is to improve patient centered care, maximize patient flow, and create an environment highly-conducive to efficiency and teamwork. The new space will allow us to improve the exam room to provider ratio, creating a more efficient environment to work in and increasing patient satisfaction.

The new space will close the gap needed to care for the increase in patients by using a short-term lease until a larger lease is approved. A minimum of 50 parking spaces will be available for Veteran and staff access.

The total contract value is \$3.4 million and was awarded to Construction Managers Inc., of Goldsboro, N.C.

Kristen Beck: Lady Valor Speaks At Richmond VAMC

By Steve Goestch
Richmond VAMC public affairs

Kristin Beck, advocate for transgendered individuals and former Navy SEAL, spoke at the Richmond VAMC as part of the VA's Inclusion and Diversity Program.

Richmond's Equal Employment and Opportunity office holds many events such as these to ensure diversity and inclusion are part of the medical center's commitment to all Veterans.

"We believe educational opportunities like these help us all to have a better understanding of each other and encourage us to draw on the multiple talents of a diverse community," said Vanessa Walden, Chief of the EEO office. "The VA is proud to serve all who have served our Nation."

The former Navy SEAL described an event to the crowd gathered in the multipurpose room that had a huge impact on her and how she viewed stereotypes and human interpersonal connections.

Beck described a mission in Afghanistan where she spotted a wiry, old man with an AK-47. They both had weapons drawn, he looked Taliban, but something inside kept her from shooting him. Disregarding the stereotypes she held turned out to be a great decision for Beck. The man was a shop owner who joyfully greeted Beck weeks later in an open air market.

Beck was very successful as a SEAL, graduating top in her class, and getting selected for many special projects and teams. She emphasized that she is the same person, and still maintains the same qualities.

"Valor, courage, bravery and intelligence are values we put on a person," Beck told the audience. "Not one of those values has gender, color or religion."

Beck just wanted the audience to take the time to see the humanity in everyone.

"I am asking you for a couple of seconds, for a little smile," Beck stated. "We get so caught up and so angry, looking for those differences, we look for something to fight about," she added. "You'll never get to see the human being,"

Beck sets out on her tour of speaking engagements attempting to educate people. "I came here today to hear Kristin Beck speak because I had never heard a transgender person speak before," said Richmond patient Harvey McWilliams.

McWilliams took away the key points that Beck wanted to deliver. "What I thought was so important is that she said she is still the same person, said McWilliams" He added that he wanted to know more of how they feel, why they felt they needed to change, and wanted to really understand everything about transgen-



der people.

The audience was invited to ask Beck questions or provide comments. They spoke of experiences with gay family members, and the tough road they had coming out to friends, family, and coworkers.

When Kristin first decided to come in for VA care, she was nervous and dressed down to stay invisible from the old Vietnam Veterans who snickered at her. The patients weren't the only group who did not know enough about transgendered individuals. "I went through four primary care providers after I came out," Beck said. "Why did that happen?"

She added that she has a great primary care provider now and the VA is making strides towards improving care for transgendered Veterans. "The way you make changes real quick is with great leadership," Beck stated. Like inviting a Kristin Beck to come speak and educate at every medical center.

If you would like to learn more about the VA Inclusion and Diversity program, check out their website at www.diversity.va.gov/.

VA Awards \$8 Million Adaptive Sports Grants To Aid Veterans

VA has awarded \$8 million in grants to recipients with experience managing largescale adaptive sports programs for disabled Veterans and service members to use for planning, developing, managing and implementing adaptive sports programs.

“Adaptive sports help Veterans heal both physically and emotionally,” said VA Secretary Robert McDonald. “We are proud to partner with organizations nationwide to provide these rehabilitative opportunities for America’s Veterans.”

VA has awarded the grants to national governing bodies, which prepare high-level athletes for Paralympic competition; Veterans service organizations; city and regional municipalities; and other community groups to provide a wide range of adaptive sports opportunities for eligible Veterans and service members.

The grants will support sports ranging from rowing, cycling and skiing to golf, fly fishing and equestrian sports.

VA will distribute the grants to 89 national, regional and community programs serving all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands and Guam. Approximately 10,000 Veterans and Service-members are expected to benefit.

A total of \$337,389 has been granted to organizations within VISN 6’s catchment area. The Wounded Warrior Amputee Softball Team, Alexandria, Va., received \$37,256; Bridge II Sports, out of Durham, N.C. \$151,000, VA American Canoe Association, Fredericksburg, Va., received \$149,133.

Information about the awardees and details of the program may be found at www.va.gov/adaptivesports.

VA Announces Expansion Of Veterans Economic Initiative

VA has announced the expansion of a program aimed at increasing education and employment opportunities to America’s Veterans to an additional to 25 new communities. The Veterans Economic Communities Initiative (VECI) brings together local and national partners to coordinate services for Veterans, Service-members and military families.

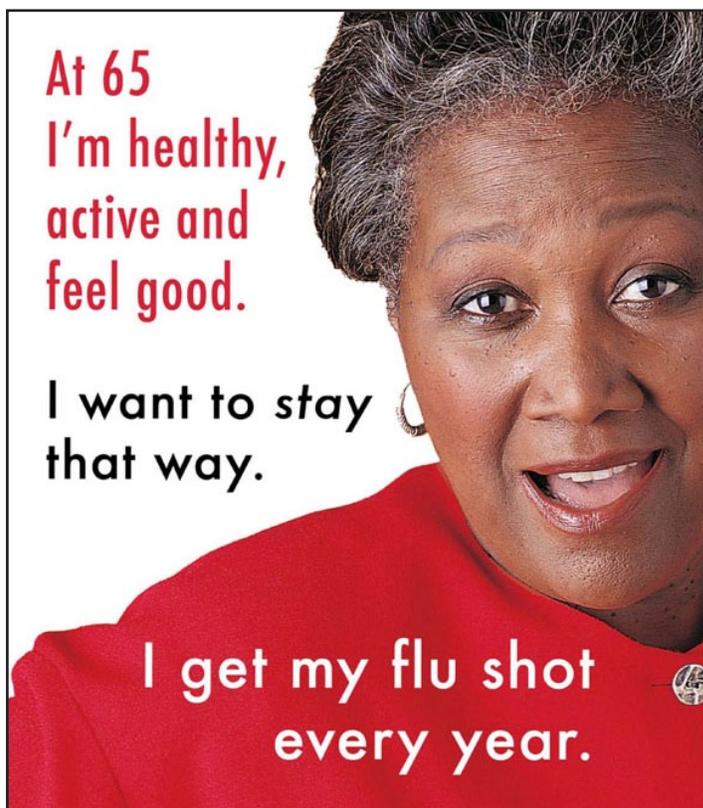
“History has shown that when you give Veterans an opportunity to succeed, they go above and beyond. And we as a nation owe them those opportunities to succeed,” said Secretary of Veterans Affairs Robert A. McDonald. “There is a tremendous amount of goodwill from the American people towards Veterans; they want to help. Through public-private partnerships like those formed and harnessed by VA’s Economic Communities Initiative, we will now be able to provide better networks and tools to Veterans in 50 communities nationwide.”

McDonald launched the VECI campaign in May 2015 to promote local collaboration, dialog and partnership among organizations that serve transitioning service members, Veterans and their families. VECI is part of McDonald’s department-wide transformation called MyVA, which is dedicated to putting Veterans at the center of everything VA does and enhancing strategic partnerships to extend VA’s reach of services.

As part of the VECI initiative, a VA economic liaison in each community will expand and encourage collaboration among private and public organizations that offer resources related to Veteran education, training and employment. Through strategic partnerships, and by offering Veterans innovative forms of learning and employment opportunities, these communities will help Veterans gain competitive career skills and knowl-

edge in locally in-demand fields.

Campaign partners include the Departments of Defense and Labor, the Small Business Administration, and regional and national nonprofits, businesses and educators. All VECI communities were selected based on the size of transitioning service member and post-9/11 Veteran populations; unemployment, employment opportunity and job growth; and education spending.



At 65
I’m healthy,
active and
feel good.

I want to stay
that way.

I get my flu shot
every year.

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/

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

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

Fayetteville VAMC
2300 Ramsey St.
Fayetteville, NC 28301
910-488-2120, 800-771-6106
www.fayettevillenc.va.gov/

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

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

Salem VAMC
1970 Roanoke Blvd.
Salem, VA 24153
540-982-2463, 888-982-2463
www.salem.va.gov/

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

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

Chesapeake CBOC
1987 S. Military Highway
Chesapeake, Va 23320
757-722-9961

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

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

Princeton VA Clinic
1511 North Walker Street
Princeton, WV 24740
304-425-8105

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 Road
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
2301 Robeson Street
Fayetteville, NC 28305
910-488-6252

Greensboro Vet Center
3515 W Market Street, Suite 120
Greensboro, NC 27403
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
1511 North Walker Street
Princeton, WV 24740
304-425-8098

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