



"Excellent Care – Earned by Veterans – Delivered Here"

# Voices of VISN 6

Official news from around *your* VISN

Vol. 6, No. 7

April 30, 2016

## Salisbury VAMC Opens Doors Of New Charlotte HCC

By Marlous Black  
Salisbury VAMC  
Public Affairs

More than 600 Veterans, community members and staff attended the grand opening of the Charlotte VA Health Care Center, April 8, which is currently the largest leased facility in the Department of Veterans Affairs. VA Deputy Secretary Sloan Gibson, U.S. Senator Richard Burr, VISN 6 Network Director Daniel Hoffmann and Salisbury VAMC Director Kaye Green cut a ribbon

in front of the HCC to officially open the clinic.

The six-floor facility, which was designed to serve up to 35,000 Veterans from Charlotte-Mecklenburg and the surrounding region, has 295,000 square feet of usable space and more than 1,900 parking spaces.

The new clinic, located at 3506 W. Tyvola Rd., will serve as Charlotte's second outpatient clinic. The Charlotte Community Based Outpatient Clinic, or CBOC, on University

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**Luke Thompson**

*VA Deputy Secretary Sloan Gibson is flanked by Salisbury VAMC Director Kaye Green, Senator Richard Burr and VISN 6 Director Dan Hoffmann as they cut the ribbon at the new Charlotte Health Care Center.*

## Asheville Veteran Tames Chronic Pain

By Paul Waldrop  
Asheville VA Volunteer

For nearly 40 years, David Ramey has suffered with excruciating and debilitating chronic back pain. "On a scale of 1 to 10, my pain level was a constant 10 and somedays more than 10," he said. "It was like someone stabbed me with a red-hot hunting knife. The pain radiated from my waist down to my right knee and back up again."

In 1973, Ramey, like many young men of his era, joined the Army right out of high school. After attending basic training and technical schools, he was assigned to the 82nd



**Chelsia Bren**

*Army Veteran David Ramey exercises despite years of excruciating back pain thanks to pain management classes he participated in at the Asheville VAMC.*

Airborne Division at Fort Bragg, North Carolina, where he jumped out of airplanes until his dis-

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## From The Director

April 8 in Charlotte we opened the latest of five health care centers (HCC) to provide outpatient services to Veterans on a large scale (preceded by Wilmington, Greenville, Fayetteville, and Kernersville).

This represents a departure from the community clinics we've built over the last 10 years throughout the network.



Those clinics, mostly about 10,000 square feet, have enabled VA to offer thousands of Veterans quality care closer to home through strategic placement so every Veteran in the state is within an hour of primary care.

But in the more than one million square feet of space we have added in the last four months (at about 300,000 Net Useable Square Feet, HCC size, capacity to care for Veterans will exceed that of many VA medical centers), we have taken the next step in the evolution of health care.

The HCCs take advantage of Patient Aligned Care Team-focused design by orienting examination rooms around a central core area for Primary Care teams. This allows for improved veteran and staff circulation, increasing efficiency by allowing staff to work more collaboratively, according to the needs of the Veteran in each room. The design enables Veteran care with less confusion, shorter appointment times and more personal, consistent care.

In Charlotte, new technological capabilities make it possible to see more Veterans, enable assessment, diagnosis, treatment and rehabilitation. Providers will deliver care in environments that are more pleasing and with shorter wait times.

The new HCC offers Veterans a package of medical capability not found in the private sector. The Charlotte HCC is equipped with video integration in its operating rooms that stream to a pathology laboratory outside the OR, to provide real-time review of excised tissue. This allows surgeons and pathologists to make more timely and informed clinical decisions in the OR, and offer more information to Veterans and their families.

So many of the services offered now in our HCCs had been exclusively available in separate specialty

clinics and procedures requiring visits to, or overnight stays in hospitals.

The Charlotte HCC promotes connections in health care to streamline the health care experience. By placing services that may collaborate in patient care close to one another, we build both informal relationships between staff, and set the stage for formal protocols to make our care more efficient. For example, Rehabilitation, Prosthetics, and Podiatry are co-located at the HCC. Veterans requiring braces, orthotics, shoes, etc., will be able to access many products on the same day and get promptly scheduled for any necessary follow-up visits. Veterans are now able to accomplish simultaneous multiple appointments in just a few hours, making it possible for them, or their caregivers, to take less time away from work and get back to their lives.

Yet, it doesn't matter how good any health care system is, if those who need the care are unable to gain access or take advantage of it.

In each of the placements, I believe the timing is right, the locations are right, and the designs are right. This year in each of our five locations we have established state-of-the-art health care facilities that will serve as the medical home for tens of thousands of area Veterans.

I'm confident that everyone knows that North Carolina, home to about 800,000 Veterans, where we have built these physically impressive structures in areas of large concentrations of underserved Veterans, prides itself on being a very Veteran-friendly state.

But, we recognize the attraction of Virginia to Veterans as well, and the current need in that state for additional health care space. Plans are underway to supplant that need soon.

In just a couple of years, I expect Veterans will be served at similar new facilities in the Hampton Roads region, and additional facilities around Richmond and Fredericksburg.

We know Veterans and their distinguishable health care needs better than any other organization in this country. And, most importantly, we want to care for every eligible Veteran. I'm extremely pleased and proud that so many Veterans can make these HCCs their medical home. I'm proud, because by making VA their medical home, Veterans have demonstrated their trust in us to provide the "Best Care Anywhere."

The staff in VISN 6 is proud to embrace VHA's mission...our mission, "to honor America's Veterans by providing exceptional health care that improves their health and well-being."

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 [stephen.wilkins2@va.gov](mailto:stephen.wilkins2@va.gov) or call 919-956-5541.

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# Veterans Health Administration, Working To Improve Access

Improving access to health care is the Veterans Health Administration's top organizational priority. MyVA Access is a coordinated, comprehensive, national initiative to implement best practices to enhance Veterans' access to quality health care.

Under Secretary for Health David Shulkin and VHA's leadership team signed the MyVA Access Declaration April 7, a set of foundational principles and our commitment to provide timely, quality health care.

The MyVA Access Declaration is a set of guiding principles. It is VHA's commitment to putting the Veteran first and to improving access to health care now and into the future.

Throughout the VISN and across the nation VHA staff met with their facility leadership April 18-25 to sign the same declaration of devotion to the initiative that focuses on VA's people, tools, and systems to provide timely, Veteran-centered access to health care and, which ultimately puts Veterans in control of how, when and where they wish to be served.

To cement VHA's commitment to access, the MyVA Access Declaration will guide us in our endeavor. These are actionable goals that Veterans should expect VA employees to strive for as we work to improve service to Veterans.

### My Access Declaration

We aspire to provide access to care based on the following core principles:

- Provide timely care, including same day services in Primary Care, as needed;
- Provide timely Mental Health care, including same day services, as needed;
- Provide Veterans medically necessary care from another VA Medical Center, while away from their primary facility;

## USO Of NC Expanding NCServes To Raleigh/Durham July 1

No longer will North Carolina's service members, Veterans, and their families have to look for providers on their own, follow up on the progress of their requests, or be denied services due to capacity or eligibility restrictions.

The state is taking a big step to ensure its military-connected citizens and their families have access to networks of services and resources, through a program known as NCServes, part of the AmericaServes effort housed in Syracuse University's Institute for Veterans and Military Families (IVMF). Following a very competitive RFP process, the IVMF awarded a \$450,000, multi-year grant to the USO of North Carolina (USO-NC) to serve as the NCServes coordinating entity in Raleigh/Durham, which will connect military-related



**Mary Beatty-Brooks**  
*Richmond VAMC Director John Brandecker (left) is joined by medical center leadership and staff in signing the MyVA Access Declaration, a dedication to Veterans' Service VA staff share throughout the nation.*

- Respond to routine clinical inquiries within 2 business days;
- Offer appointments and other follow-up options upon leaving clinic;
- Actively engage Veterans for timely follow-up if a clinic is canceled due to unforeseen circumstances;
- Integrate community providers as appropriate to enhance access;
- Offer Veterans extended clinic hours, and/or virtual care options, such as Telehealth, when appropriate;
- Transparently report access to care data to Veterans and the public.

individuals to vetted area service providers.

Following a launch in Charlotte last year, NCServes-Raleigh/Durham will go live June 1. The launch of this second NCServes coordinated network will be followed with strategy development initiatives for two additional regions in North Carolina.

The goal of these public-private networks is to connect each military-connected member seeking services and support to networked providers who can best meet their needs. With a true 'no wrong door' approach, individuals seeking services can either call the network's toll-free number, 800-939-5911, to speak with a licensed professional, or submit their request directly through the local NCServes website <http://raleigh.americaserves.org>.

# Kessler Named VA's Acting Emergency Medicine Chief

By Paul Brown  
Durham VAMC Medical Support Assistant,  
Ambulatory Care

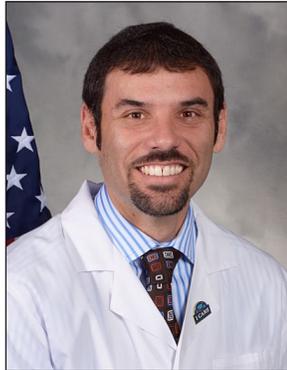
Chad Kessler, M.D., has two deep connections to the Department of Veterans Affairs. His father, a Vietnam War Veteran, receives care at the Durham VAMC, and Kessler got his first taste of emergency room medicine as a young intern at the Jesse Brown VAMC in Chicago.

Those connections have taken on greater meaning since April 1 when Kessler, currently Deputy Durham VAMC Chief of Staff, became VA's Acting Director of Emergency Medicine.

"Our national Emergency Medicine Team knows Dr. Kessler's passion for emergency medicine; his past and present work speaks for itself. This appointment will benefit our Veterans and the VA Health Care System," said DeAnne Seekins, Durham VAMC Director.

As director, Kessler will oversee the 119 emergency departments in VA medical centers across the United States (while continuing in his Durham post).

Kessler got his start in emergency care through a program sponsored by the VA at Brown VAMC allow-



*Chad Kessler, M.D.*

ing him to do a combined residency in emergency and internal medicine.

After five years Kessler left the Brown VAMC for cross-town Loyola University Hospital. But the emergency room hours challenged his young family. Not long after, a former colleague contacted him about coming back to Jesse Brown -- to run the ED. The switch was better for his family and offered the chance to lead.

In the next five years, "we totally revamped that place," Kessler said. Every physician was trained in emergency medicine. The department drew residents from Chicago-area medical schools, strengthening ties between VA and the community.

Kessler has since become a leading member of VA's Emergency Medicine Field Advisory Committee, and has chaired the group since 2013. The panel writes policies for emergency departments nationwide.

He moved his family to Durham in 2012 in search of new challenges. Like Chicago, Durham's emergency department has doctors and nurses specially trained in emergency medicine, enabling Durham's emergency unit to treat 32,000 patients a year, even though it doesn't offer specialty care like trauma care or pediatrics.

Also like Chicago, Durham eagerly seeks emergency medicine residents from local medical schools. "They find out about VA, they tell others about the exciting things that happen here every day, and they might come back and practice at VA hospitals," he said.

Durham and Chicago are two of about just 20 VAs with residents specially trained in emergency medicine.

## Charlotte continued from Pg 1

East Drive in NE Charlotte will remain open for primary care and limited specialty care.

Gibson, who gave the key note address at the ceremony, credited VA staff for making VA's current transformation a success. "This new clinic stands as a brick and mortar symbol of how we will continue to transform VA," he said, "... this transformation, like everything we do, will be successful because of our unwavering commitment to care for those who have served us so well."

Following the ceremony and cutting of the ribbon, Veterans, community members and media took tours of the facility, guided by VA volunteers. While not all of the facility's clinics are open yet, Salisbury VAMC's Director Kaye Green says they'll be open in the near future. "Longer term, our goal is to allow Veterans to get the majority of their outpatient specialty care in Charlotte instead of driving to Salisbury," Green said.

VA leaders also want to be clear that the facility is not a hospital or medical center. "Our objective isn't

to duplicate all of the services we offer in Salisbury.

"The HCC does not have inpatient beds required for emergency or intensive care, or inpatient rehabilitation, which are all offered at Salisbury VA," said Green. "The HCC doesn't have an emergency department, but if a Veteran has a medical emergency, they should call 911 or go to the nearest emergency room. We will continue to coordinate with the wonderful medical community in Charlotte to provide Veterans the benefits they have earned and deserve." Veterans who do go to an emergency room should contact the VA within 48 hours to authorize VA payment, if eligible.

Since opening, staff at the HCC have completed more than 3,760 appointments.

Veterans who are not enrolled in VA Health Care are encouraged to apply for enrollment, which can be done online at [explore.va.gov](http://explore.va.gov), by calling 877-222-8387 Monday – Friday, 8 a.m. – 8 p.m. EST, or in person at the nearest VA facility by bringing their DD-214 military discharge form.

## VA Invites Veterans, Staff To 'Walk & Roll' May 18

We're getting ready for the 6th Annual VA2K Walk and Roll! Join your fellow Veterans, VA employees, and community members and support homeless Veterans on May 18. In 2015, nearly 24,000 VA employees, Veterans, and community members participated in the 1.2 mile walk held at 211 VA sites, raising more than \$325,600 in donations.

Learn more about how you can help at <http://go.usa.gov/ctDsF>.

Join #Veterans, VA staff, & your community for the 6th Annual #VA2K Walk & Roll on May 18 to support homeless Vets: <http://go.usa.gov/ctDHA>.




Jeff Melvin

### Guild Presents Quilts

Ann Jackson of the Tarheel Quilters Guild presents a handcrafted quilt to one of the inpatients at the Fayetteville VAMC. The guild members work on the quilts all year long. During National Salute to Veteran Patients, they come to visit our hospitalized Veterans and residents of the Community Living Center, thanking each Veteran for their service, and presenting personalized beautifully handcrafted quilts with the Veteran's name. Continuing a tradition that began in 1981, they present over 100 quilts each time they visit. This year, they also provided an additional 61 quilts for Veterans being treated at the Fayetteville VAMC's Dialysis Center.

**EXCELLENT SERVICE**  
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 VA Mid-Atlantic Health Care Network VISN 6

# MyHealtheVet Helps SCI Patient Live Independently

By Susan T. Haidary  
Veterans/Consumers Health Informatics Office  
and Treva Lutes  
Connected Care

Army Veteran Michael Franks, who had been hospitalized for over a year due to spinal cord injuries, wanted to return to independent living.

“I knew that it would be challenging, but it was so important to me. It had been a long time since I lived on my own and had to manage my own health care,” said Franks, who didn’t have family and friends in the Richmond area after relocating there more than a year ago.

Franks is a patient at Hunter Holmes McGuire VA Medical Center’s Spinal Cord Injury & Disorders Center of Excellence in Richmond.

SCI home health nurse Bettie Rogers understood his desire to transition from full-time hospital care. After consulting with occupational therapist Jenna Hanson, she thought that MyHealtheVet would be a great tool to help him manage his own health care and to achieve his goal. “I was unsure at first, because I didn’t have much experience with computers. I didn’t even own a computer,” Franks noted.

They agreed to give it a try and Rogers made My HealtheVet part of Franks’ treatment plan, hoping that Franks could use it to manage his medications, supplies, follow-up appointments and communicate with his health care team on non-urgent issues.

Franks purchased a laptop and met with My HealtheVet Coordinator Gwen McMillian and My HealtheVet Volunteer Harry Brown to get started. Brown helped Franks register for a My HealtheVet account and showed him how to use all the features.

“They worked with me one-on-one until I was comfortable and confident that I could use the site myself,” Franks said. His mastery of the available re-



**David Hodge**

*My HealtheVet Volunteer Harry Brown, SCI Registered Nurse Bettie Rogers, Occupational Therapist Jenna Hanson, Pharmacist Brian Gielowski and My HealtheVet Coordinator Gwen McMillian join Veteran Michael Franks, front, at the Richmond VAMC.*

sources and tools moved him closer to his goal of being discharged and living on his own.

Once Franks was discharged, his health care team followed-up with him and was encouraged to hear that he continued to explore the My HealtheVet portal on his own.

“With My HealtheVet, I can check in with my health care team and request appointments using Secure Messaging. I use the Prescription Refill feature to track and order my medications and other supplies,” Franks said.

Today, Franks is living independently, managing his own health care, and doing very well. His McGuire VA family, a dedicated multi-disciplinary team, is so pleased with his success. They think that others can benefit from a similar approach.

## VA Using National Work Que To Centralize, Speed Claims

The National Work Que is a paperless workload management initiative designed to improve VBA’s overall productive capacity and assist with reaching the Secretary’s goal of eliminating the claims backlog by processing all claims received within a 125 day parameter, with improved accuracy.

By fully transitioning to a national workload approach, VA will be able to move claims electronically across regional office boundaries through the National Work Queue – an electronic workload management initiative designed to improve VBA’s overall production capacity. Daily, claims applications, as work assign-

ments will be distributed according to the location and individuals possessing qualified skillsets and available to complete the work on a national basis, according to standard rating and processing procedures and shared best practices. VBA transitioned to Centralized Mail in 2014.

Using a centralized data trend analysis that best leverages technology is dynamic and immediately actionable, the process can identify areas where workloads should shift, issues with training and quality, and

[Continued on Pg 11](#)

### Chronic Pain continued from Pg 1

charge in 1976. In total, Ramey would make 35 parachute jumps, including one particular night jump that unbeknownst to him at the time, ruptured two discs in his back. He had his first major back surgery when he was just 22 years old. That initial surgery was only the beginning of a life filled with chronic pain. Today, 61-year-old Ramey has endured six back surgeries.

“When I first got my VA disability rating in 1987, I told my doctor at the time that everything I do, from the kinds of shoes I wear to the type bed I sleep in, every aspect of my life is centered around how I can reduce the pain.”

For decades, Ramey dealt with the pain by taking high doses of Morphine and Percocet. “There was a point when the pain was so extreme with no relief in sight that I just wanted to die and get it over with. When you suffer severe chronic pain you start to ask yourself, is life worth living?”

Ramey first came to the Charles George VAMC pain management classes in 2013. “I was mad, and I let all of my health care providers know exactly how angry I felt.” He was also extremely mad at his doctor for wanting to ween him off his pain medications. “My doctor told me I had the choice to live or die, but if I wanted to live, I could no longer take my pain medicine because it was killing me.”

In the beginning, his attitude was anything but positive. “When I started the pain management classes my mind was closed tighter than a steel trap. I was less than hopeful that they would make any difference at all. None of the other programs had.”

Around the fourth week in class, he sensed something was different and the proverbial “light bulb” came on in his head. He slowly began to understand that the drugs he was taking were not treating the source of the pain, merely masking it. By the ninth week, he realized it was possible for him to leave the drugs behind.

Sherry McCully-Hall, a Clinical Nurse Specialist who provides case management at the Veterans Integrative Pain Management Clinic (VIPM) clinic has been working to help patients like Ramey manage their chronic pain for more than a decade. She helped create and now manages the 12-week chronic pain management course that Ramey took in 2015.

“Our classes are all about active learning. We want our patients to be engaged in their recovery process. We want them to re-engage with life,” she said. “We have a multi-disciplined approach. Every week we bring in different subject matter experts to help give our patients a well-rounded set of tools they can use to help manage their pain.”

Each week Ramey and his classmates were given new coping strategies to help manage their pain. “We



**Chelsea Bren**  
*Army Veteran David Ramey purchased his dream car – a Ford Mustang – as a personal reward after eliminating the use of medications to manage his chronic pain.*

learned about the benefits of regular exercise and acupuncture, and we learned how to meditate and have an open mind,” he said. “They taught us about good nutrition and introduced us to an anti-inflammatory diet, that incorporated herbs and spices, all designed to help us manage our pain.”

Ramey now adheres to a strict anti-inflammatory diet and performs physical activities such as swimming, walking, riding a stationary bike, and light weightlifting six times a week.

For the first time in years, he is able to walk without the assistance of a walker or a cane and drive a vehicle because he is no longer taking high dosages of pain medication. Last year he finally realized his fantasy when he was able to purchase his dream car—a red Mustang.

Ramey is adamant that the difference between how he felt before and after the pain management classes is a 100 percent improvement. “My whole attitude changed. I became hopeful and realized I could be drug-free and manage my severe pain. Now, my new normal is drug-free.”

Ramey says he is grateful to have his life back and wants to share his experience with other Veterans, so he tells his story at the beginning of each new pain management class. “These classes literally changed my life. I don’t know if I would still be alive without them,” he said. “I hope my story will resonate with fellow Veterans suffering with chronic pain and provide them with a sense of hope.”

# May Is Mental Health Awareness Month

*Quality of care for Veterans includes raising awareness around important health topics. By highlighting some of the national health awareness campaigns each month, Veterans can get ideas, information, and resources on a variety of health matters.*

May is Mental Health Awareness Month. Mental health issues can cause changes in thinking, feelings, behavior, and physical activity, but it can be difficult to tell if you or your loved ones are affected by a mental health condition. Without seeking help, mental health issues could potentially impact careers, families, social interactions, and overall wellbeing.

Some common mental health conditions, often affecting Veterans include anxiety, Bipolar disorder, depression, Post-Traumatic Stress Disorder and Schizophrenia.

Along with the delivery of quality and effective treatment for mental health the VA also strives to provide the best mental healthcare possible by focusing on research and recovery. To focus on these important aspects of care the VA has more than 11,000 mental healthcare professionals providing support to Veterans and their families, making it the country's largest provider of mental health services.

What can you do? The most important thing to remember is to talk with your primary care or mental health provider when anything is bothering you, or if you are having any problems. Your health care team is there to help you figure out what's going on and what to do about it.

If you or a loved one are experiencing any of the

20  Mental Health  
16 Month

20  Mental Health  
16 Month

Some of the symptoms and signs of mental health conditions can include:

- Feeling very sad or nervous;
- Muscle tension and weakness;
- Headaches or other physical pain;
- Irritability, anger, or “short temper”;
- Decreased energy, motivation, or interests;
- Problems functioning at home, work, or school;
- Problems with attention, concentration, or memory;
- Changes in sleep, appetite, weight, or intimate activities;
- Feelings of guilt, worthlessness, helplessness, or hopelessness;
- Unhealthy behaviors (misusing drugs, alcohol, food, or excessive spending to cope with stress).

symptoms associated with mental health disorders you owe it to yourself and loved ones to get help. By knowing the risks and taking steps to get help we can bring our loved ones and ourselves closer to living mentally-healthy lives!

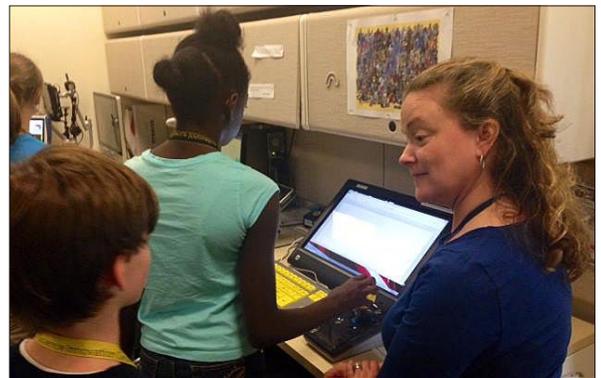
# Richmond Therapist Receives National Recognition

By Richmond VAMC Public Affairs

Occupational therapy helps people across their lifespan to do the things they want and need to do through the therapeutic approach to daily activities. Occupational therapists provide holistic, client-centered treatment designed to maximize each Veteran's independence in activities of daily living, community living skills, education, work, leisure interests, and social participation.

One of McGuire VAMC's occupational therapists, Melissa Oliver, was recently recognized by VA for leading the initiation, development, and execution of a national event in Richmond. The program was designed to accelerate the development of personalized assistive technologies and prosthetics for Veterans with disabilities. The two-day event was held in Richmond in July 2015.

In addition, on April 9 in Chicago, Ill., at the 2016 American



**Armenthis Lester**

*Richmond VAMC's occupational therapist Melissa Oliver (right) was recognized for her role in the execution of "Make-a-Thon".*

**Continued on Pg 10**

### Memorial Day Is May 30

Memorial Day is a United States federal holiday celebrated on the last Monday of May commemorating men and women who died while serving in the United States Armed Forces.

Initially (officially since 1868 - proclaimed by General John Logan) Memorial Day was a holiday in memory of the soldiers who died in the Civil War. The feast was supposed to be a step towards national reconciliation. The original name (Decoration Day) comes from placing flowers on the graves of the soldiers.

Memorial Day was celebrated differently in different states. Until 1890 it was celebrated in all the states of the North. After World War I the nature of the holiday changed to honor the memory of all Americans who died in any war - not only the Civil War.



### Remembering Vietnam

Authorized by Congress, established under the Secretary of Defense, and launched by the President in May 2012, the Vietnam War Commemoration recognizes all men and women who served on active duty in the U.S. Armed Forces from Nov. 1, 1955 to May 15, 1975. VA is in the midst of commemorating the 50th Anniversary of the war.

The official end of Vietnam War occurred 41 years ago on May 7, 1975. Although many cite March 1973 as the end of the war, VA recognizes and classifies a Vietnam Veteran as a person who performed active military, naval, or air service in the Republic of Vietnam during the period Feb. 28, 1961 to May 7, 1975.

#### *Vietnam War (1964-1975)*

Deployed to Southeast Asia: 3,403,000  
Battle Deaths: 47,434  
Other Deaths (In Theater): 10,786  
Non-mortal Woundings: 153,303

#### *America's Wars Total (1775 -1991)*

U.S. Military Service during Wartime: 41,892,128  
Battle Deaths: 651,031  
Non-mortal Woundings: 1,431,290  
Living Veterans as of May 30, 2013: 23,234,000

### VA Awards \$6.8 Billion For Medical Disability Examinations

The Department of Veterans Affairs announced the award of twelve major contracts that will enhance its ability to deliver timely disability benefits claims decisions to the nation's Veterans in line with the MyVA initiative. The contracts make up a \$6.8 billion enterprise-wide Medical Disability Examination Program under Public Law 104-275, and represent a major step forward in improving the disability examination experience for Veterans.

A unique feature of this multi-contract award is the consolidation of the contracts under a single program management initiative, with representation in the central management group from both the Veterans Benefits Administration and the Veterans Health Administration.

To date, contracts for medical examinations have been managed by both administrations with varying degrees of efficiency and delivery time of exam reports, which are critical to Veterans' disability determinations supporting their compensation and pension claim.

The new program management and delivery process

will also continue to ensure broad national and international coverage of medical examination requirements to meet Veterans' needs world-wide. Acting Principal Deputy Under Secretary for Benefits, Tom Murphy noted that, "This will be a major accomplishment for Veterans going forward, not only for the efficiencies and additional oversight, but VA can now maximize the capacity of inherent capability and leverage the contract expertise and capacity as needed. The goal will be to reduce the veteran's wait times for examinations as much as possible thereby providing faster claims decisions and enhancing Veterans' experience in a positive way." Contracts were awarded to VetFed Resources, Inc. of Alexandria, VA, Veterans Evaluation Services located in Houston, and QTC Medical Services, from Diamond Bar, CA.

The contracts are awarded for a period of 12 months with four, 12-month options, with an aggregate ceiling of \$6.8 billion. The contract will be managed by VA's Strategic Acquisition Center based in in Frederick, Md.

### VA Announces Future Site Of The VA National Archives

The Department of Veterans Affairs today announced that the Dayton VA Medical Center has been officially selected as the site for the National Department of Veterans Affairs Archives.

Secretary Robert McDonald made the announcement this morning while speaking with Dayton-area leaders.

"I believe that history is incredibly important to VA. We're all about keeping the promises of the past to the Veterans of the present and the future," said Secretary McDonald. "With the necessary capital improvements, I can announce today that the Dayton Headquarters and Club House buildings will serve as a fitting home for VA's National Archives and we look forward to working with community leaders to make the archive a reality and to improve the lives of Veterans."

Dayton has a long history of service to our nation's Veterans and is home to one of the original United States Veterans' facilities. The Ohio community has been caring for our nation's Veterans since the Civil War era

when it housed a branch of the A National Home for Disabled Volunteer Soldiers, a predecessor to the Department of Veterans Affairs.

The Department of Veterans Affairs and its predecessor agencies have generated archival records and artifacts from the time before the Revolutionary War. Many of these historic materials are stored at the Washington-area facilities of the National Archives and Records Administration along with records from other federal agencies.

VA is one of the largest federal agencies and it owns more historic buildings than any other civilian federal agency. Many of its historical documents, photographs, artifacts, and other materials are spread across the country in its 150 facilities under conditions that do not meet federal curation standards.

The VA Archive at Dayton will enable VA to organize and protect its important heritage and eventually share VA's rich history with the public.

### Richmond OT continued from Pg 8

Occupational Therapy Association national conference, Oliver was recognized by the American Occupational Therapy Foundation (AOTF) with a National Leadership Service Commendation Award.

In the May 9 issue of OT Practice, a national professional magazine, Oliver will be highlighted for her work as an occupational therapist utilizing innovative means to help Veterans achieve their goals.

She was recognized for 16 years of leadership ser-

vice in occupational therapy, serving as the treasurer and then president of Pi Theta Epsilon (PTE), the occupational therapy honor society, and is the first PTE President to sit on the AOTF Board of Directors as a voting member.

Oliver is a graduate of Shenandoah University where she earned her masters of science in occupational therapy. She is currently the Assistive Technology Program Coordinator at McGuire VAMC.

### VA Secretary Joins Pledge To Donate Brain To VA TBI Research

The Secretary of Veterans Affairs Robert A. McDonald announced that he, along with three-time Olympic gold medalist swimmer Nancy Hogshead-Makar and former NFL player and Super Bowl champion Phil Villapiano, have pledged to donate their brains to advance brain research conducted by VA in partnership with the Concussion Legacy Foundation.

The announcement was made at the VA-hosted Brain Trust: Pathways to InnoVAtion, a public-private partner event which builds on the trailblazing efforts of a number of distinguished VA brain researchers and brings together many of the most influential voices in the field of brain health to identify and advance solutions for mild traumatic brain injury (mTBI), and Post Traumatic Stress Disorder (PTSD).

“As I listened to the powerful personal stories from Veterans and the challenges the world’s top researchers face to overcome, I made a decision: I decided to join the hundreds of Veterans and athletes who have already donated their brain to the VA Brain Bank so that I may, in a small way, contribute to the vital research happening to better understand brain trauma,” said Secretary of Veterans Affairs Robert A. McDonald.

“This is a very, very serious issue, one that affects Veterans and non-Veterans alike. We don’t know nearly as much as we should about brain health, but if there’s one thing I’ve seen after visiting almost 300 VA facilities in the past two years: our Veterans, particularly those who served in Iraq and Afghanistan are greatly affected by TBI. VA needs to continue leading the coalition of scientists working to improve their lives. Building more and stronger strategic partnerships is one of the five strategies of the MyVA transformation.

“Today, we witnessed a room full of the world’s leading experts coming together under the convening authority of VA to solve one of our most significant challenges, particularly among our younger Veterans. I’m proud to do my part because I know that the researchers at VA are committed to improving lives and they have my full support.”

“Concussions were ignored for a long time and viewed largely as an invisible injury but chronic trau-

matic encephalopathy (CTE) is something we can see and something we can understand. It reveals that brain trauma can have long-term and devastating consequences,” said Chris Nowinski, former WWE wrestler and co-founder and president of the Concussion Legacy Foundation which leads outreach and recruiting for the VA-BU-CLF Brain Bank. “The Concussion Legacy Foundation is working to create a culture of brain donation in America by asking living athletes and Veterans to donate their brains to the Brain Bank to be researched by VA and Boston University researchers.

It’s a perfect partnership because the most common victims of CTE are athletes and Veterans and by researching both as a part of one program, the sports community and Veteran community can work together to solve this problem. We all need to work together to solve the concussion crisis.” The VA-BU-CLF Brain Bank is directed by VA’s own Dr. Ann McKee and is located at the Bedford VAMC.

It is now the largest sports mTBI and CTE repository in the world with over 325 brains donated, and over a thousand more pledged. “The research on CTE all started with VA; it began with a VA patient who was a well-known boxer and from that first case of CTE, it has morphed into a tremendous research effort involving NIH, DoD and many other organizations,” said McKee. “This is not a problem we can solve in any one lab. It’s going to take medical researchers and scientists working with business to detect where it first starts – on the battlefield and sports field.”

Issues related to brain health and head trauma transcend the Veteran and military community, impacting all Americans. By highlighting the themes of collaborative research, medical technology, and sports innovation, Brain Trust participants are discussing the prevention, diagnosis, treatment, rehabilitation and reintegration of Veterans, athletes, and Americans in general - suffering from head trauma related injuries. For more information on donating to the VA-BU-CLF Brain Bank or to get involved, go to: <http://concussionfoundation.org/get-involved/research-registry>. For more information on VA’s work on TBI, go to: <http://www.polytrauma>.

### Work Que continued from Pg 6

reduce the need for rework. VBA’s 56 regional offices have the ability to process disability claims electronically from start to finish – more than 99.8 percent of VA’s pending disability claims inventory is fully electronic.

Each claim will be addressed and prioritized initially at a national level and distributed to the location available nationally which should be able to process it first and most quickly. This does not include special is-

issues, requiring exceptional consideration, like Agent Orange, Camp Lejeune water contamination, Radiation or Mustard Gas. However, With a national workload approach, VA will continue to focus on ensuring Veterans, their families and Survivors receive timely and accurate claim decisions – without regard to their state affiliations. For more information go to: [www.blogs.va.gov/VAntage/25819/vas-national-workload-approach-to-processing-disability-claims/](http://www.blogs.va.gov/VAntage/25819/vas-national-workload-approach-to-processing-disability-claims/).

# 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/)

**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

**Charlotte HCC**  
3506 W. Tyvola Rd.  
Charlotte, NC 28208  
704-329-1300

**Charlottesville CBOC**  
590 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 HCC**  
7300 So. Raeford Rd  
Fayetteville NC 28304  
910-488-2120  
800-771-6106

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

**Fredericksburg 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**  
4006 Henderson Drive  
Jacksonville, NC 28546  
910-353-6406

**Kernersville HCC**  
1695 Kernersville Medical Pkwy  
Kernersville, NC 27284  
336-515-5000

**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 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

**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

**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

**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

**Raleigh Vet Center**  
8851 Ellstree Lane  
Raleigh, NC 27617  
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