America woke up to the threat of Novel Coronavirus (COVID-19) in February. Reports circulating behind the scenes told epidemiologists and health care professionals about localized indicators of the deadly illness’ spread. Cautious subject matter experts spoke guardedly to avoid an overreaction or panic. As the threat emerged as a manifest killer, easily transmitted between humans, the nation opened its eyes and confronted the little-known contagion.

VA reacted early, activating emergency management and incident command centers to initiate and manage an epidemic response. Once it became clear that close and incidental contact might transfer the disease, the department began constricting patient access to facilities and staff opportunities for contact with potentially affected individuals.

The new rules affected everyone — staff, doctors, Veterans and their caregivers, families and friends. But none were
Message from the Network Director

Greetings,

I hope that you are all doing what you can to stay safe. I have said before that we are living in an historic era. As we are faced with this worldwide pandemic, we have heeded historical lessons from the 1918 pandemic. I am so proud of the response we have witnessed in VA, the VISN and around the country. They say that necessity is the mother of invention, and we have seen a good bit of it play out in front of our eyes. Two months ago, most of us had never heard of this nemesis. Today, we have taken steps to protect Veterans and staff, while continuing to provide care to all who need it. Not knowing this Novel Coronavirus meant that we, as VA, pulled together as a nation to ensure that appropriate supplies were available. Although testing was slow and cumbersome in the beginning stages, VA has once again surpassed expectations by standing up internal testing options that allow our Veterans to have results within 24-48 hours. We were prepared as a nation to protect ourselves from a much less intrusive contagion, so we have had to adjust our practices. We have implemented new methods and means to better control who enters our facilities, manage where people go, and who they interact with. COVID-19 caused us to shift our clinical modalities from face-to-face appointments to virtual ones, through video and/or telephone. VA’s agility has empowered our staff to continue providing excellent and timely care to a high volume of Veterans under the Stay at Home order. We have had to adapt our supply, contracting and transportation practices on the fly, to ensure that people, whether Veterans or staff in our facilities, got the medications and protections they needed to continue functioning. We have been able to communicate through our mobile phones and in video conferences like never before. Doing so enables us to solve problems in real time, and to implement new ideas as they’re hatched. We may not have been in the room when it happened, but the way we were able to react to school and business closings was as if we had been part of the coordination team. I want to thank my medical center directors and their teams, my team at the VISN, and everyone who has contributed to this effort. We are far from seeing the end of this crisis, but we have developed a rhythm, a way to integrate our styles and workflow.

We have managed to coordinate our operations in concert with national needs and local concerns to offer Veterans and staff the best we could hope for at the time, in protection and care. I am confident that we will meet the challenge.

– DeAnne M. Seekins
VISN 6 Network Director

Salisbury VA Health Care System (SVAHCS)

Staff Go the Extra Mile During COVID-19 Crisis

By Amanda Reilly
SALISBURY VHAHS PUBLIC AFFAIRS

Employees in the health care field are all aware of the hardships and daily challenges our patients have been facing since the COVID-19 crisis began. For inpatient Veterans, the changes in operations at VA have presented rapid and unexpected lifestyle adjustments. One of the toughest changes for some is waking up each day and knowing that visits from family, friends and neighbors that would typically brighten their day are no longer a possibility. In addition to this agonizing new reality for these Veterans, there has been no timeframe given for when they may be able to see their loved ones again.

On March 18, Dr. Willard Thompson, Geriatrician at the Salisbury VA Medical Center, approached the Community Living Center (CLC) Nurse Manager regarding an actively declining Veteran whose wife has been visiting each day until recent restrictions on inpatient visitation were put in place due to COVID-19.

At the time of the discussion, another team member chimed in with a recommendation, asking the Nurse Manager if the Veteran’s wife had an iPhone. If so, she could utilize FaceTime to “see” her husband. The team member volunteered to use her own personal device to assist, and the Veteran would be able to virtually visit with his wife. The idea sounded fantastic to the whole team. Unfortunately, when Dr. Thompson reached out to the wife of our Veteran, she advised that she did not have an iPhone. This did not stop the team from faithfully arranging a virtual visit between this couple. Dr. Thompson offered his own cellular device, thus enabling the Veteran to see his wife.

Staff contacted the campus police at the gate (where visitors are being turned away due to safety precautions in place) and let them know she would be arriving.

After Dr. Thompson and Ms. Burch had several unsuccessful attempts to connect the Veteran and his wife, Nurse Manager Sharon Harrison was asked if they could use her phone, which connected the FaceTime call successfully. Because of this team, the Veteran and his wife had the opportunity to visit with each other virtually, which made an unbelievably heartfelt impression on both of them during these difficult days. “It is important to remember that sometimes the smallest gestures can make the biggest impact,” Harrison expressed. Additionally, she reported how refreshing it was to witness these employees going the extra mile.

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VISN 6 Employs Creative Thinking in Care for Residential Patients

more deeply affected than the Veterans who called VA their home — residents in the VA’s numerous Community Living Centers (CLCs). VA has achieved mightily in transitioning Veteran appointments to virtual technology, using tele- and video-based appointments for Veterans using outpatient services.

“We’ve been particularly concerned for our Community Living Center Veterans, who have been cut off from socialization since our implementation of restrictions on visitation,” VISN 6 Director DeAnne Seekins declared. CLC Veterans are long-term residents with chronic illnesses. They “live” at the VA. Their lives have become the VA staff they see every day and the friends or family who visit them. Seekins elaborated, “The connections to friends and family who visit them are vital to their wellbeing, so when VA began restricting visitors we had to find ways to keep those lines open and think creatively about things we could do to substitute for the lost socialization in their routines.”

Seekins was talking about the cabin fever CLC Veterans live with routinely, and how essential it is to curtail the intensity of such feelings when their connections to friends and family are cut off. But staff at many VA medical centers started thinking creatively and applied their out-of-the-box thinking to solve the problem of the confined, wistful Veteran.

In Durham and Fayetteville, N.C. staff have been able to use iPads that have been part of the facility’s telehealth program for facetime or skype video messaging for family members who are still able to visit the CLC Veterans. “The use of iPads has eased some anxiety, especially since many family members are used to visiting every day,” according to Shantel Hall, a certified nursing assistant at the Fayetteville VA NC Coastal Health Care System. While it may not have been Hall’s idea to furnish the equipment to help Veterans and their families cope with the COVID-19 Pandemic, she is happy to help Veterans like Thomas Byrd, retired U.S. Army Vietnam Veteran and longtime Community Living Center (CLC) resident. (See photo.)

Seekins offered that, “I am so proud of all of our staff, because they have stepped up and extended themselves, to collaborate in ways that show how deeply they care for our Veterans, and the lengths they’ll pursue to support one another.” In Salisbury, at the W.G. Hefner VA Medical Center, a staff member loaned their phone to a visiting family member when other mediums were unavailable. In Asheville, the staff brought Veteran patients to their doorways. Without breaking any rules, it brought everyone back together and several smiles to formerly long faces. (See photo.)

VA is doing what it can to mitigate the spread of disease among staff and Veterans for everyone’s health and wellbeing. According to Seekins, “This is not a new normal. We’ll recover from this challenge. But the adjustments we’ve made to normalize our response to a critical situation is testament to our devotion to do what’s right for our Veterans, co-workers and our community.”

Socializing While Social Distancing

By Vance Janes | CHARLES GEORGE VA MEDICAL CENTER PUBLIC AFFAIRS

ASHEVILLE, N.C. — Bingo! Following a protective measure which isolated residents to reduce the chance of Veterans contracting COVID-19, Charles George VA Medical Center’s Community Living Center residents got a chance to do a bit of socializing.

Albeit from a distance. “The CLC had a bit of a diversional activity today after a long week isolation and distancing,” Kristie King, Chief Nurse of Geriatrics and Extended Care here. “The staff decided to offer a fun and safe activity to encourage participation, mental engagement, activity and a little exercise.”

The participants were kept at their doorways and the nursing staff relayed the Bingo numbers and letters around the entire unit.

“Though noisy, it was fun!” she said. “We are determined to minimize the extra stress and isolation felt by the Veterans in the building.

“It was also really good for the staff,” King added.

CONTINUED FROM PAGE 1

Vanessa Harland, a restorative aid at the CGVAMC calls out Bingo numbers during a social distancing social at the CGVAMC community living center.
The Durham VA Medical Center is the only facility within VISN 6 to have the Abbott M2000 Test Instrument. The M2000 is a highly specific molecular testing machine that is FDA-cleared and approved for nucleic acid testing in clinical laboratories. The tests are run by a highly trained molecular microbiologist. VHA made a mass purchase of Abbott COVID-19 Tests kits for distribution across all 18 Networks. Because Durham VAMC is the only site that had the M2000 instrument, the Network Director determined that it was important to make this resource available for use across the VISN. The hard work and decades of experience from infectious disease Lead Dr. Maria Joyce and Medical Technologist Amy Radack were essential to bringing this testing to Durham VA and VISN 6. They are ensuring that more individuals are trained to operate the apparatus, so the team can maximize the testing effort over multiple shifts.

VISN 6 recently implemented a process to provide COVID-19 testing across the enterprise using the Durham VA Medical Center’s Abbott M2000 Molecular Test Instrument. The M2000 can complete approximately 170 tests per day in two batches, providing test results up and running at all sites in the coming weeks. VISN 6 can provide a much-needed resource. They quickly developed a process that would ensure safe delivery of viral transport media to Durham, and reliable communication of test results back to the parent facility. Most facilities are using their own couriers, and several are using UPS or FedEx contracts. Expectation is that with the transport arrangement the process should be able to sustain a 24-48-hour turnaround for test results. Durham is also exploring the purchase of a second M2000 to expand their current capacity for testing. VISN 6 continues to support all facilities in the expansion testing processes as we work to get Cepheid tests up and running at all sites in the coming weeks.

According to Durham VA Chief of Pathology and Laboratory Medical Services Dr. Elizabeth Boswell:

“Our medical microbiology team is proud to bring this level of molecular testing to not only Durham VA, but to VISN6 and beyond to patients along the East Coast. We are working with VISN6 leaders to expedite mass COVID testing of our nation’s Veterans, and provide them high-quality and rapid results.” Boswell, who directs laboratory services, added that “In particular, Dr. Joyce is an invaluable resource, with both medical laboratory and infectious disease physician training.”
A Veteran Serving Veterans:

John Rowland, RN, Reminiscences on More Than 50 Total Years of Service

By Rosaire Bushey | SALEM VA MEDICAL CENTER PUBLIC AFFAIRS

Over the course of more than 44 years, a nurse at Salem VA Medical Center has only one regret — that he didn’t start keeping a journal when he started.

In April, a tour of duty with the VA that began in 1975 will end for John Rowland, a surgical nurse who began his medical career as an operating room corpsman in the U.S. Navy from 1969-1975.

“I knew then I wanted to get my nursing license, and I hoped I would be able to continue in surgery,” Rowland said.

When he left the Navy, Rowland got a position as a nursing assistant that same year and used the GI Bill to earn his RN license in 1978. “I was working at the VA at night and attending classes during the day,” Rowland explained. “There was no doubt in my mind that I wanted to continue my work with the military. The VA was where I could help our Veterans and use my love of surgery at the same time.” Shortly after earning his RN, a position in surgical nursing opened up and he’s been a mainstay at the Salem, Va., hospital since then.

Since he arrived, Rowland has treated American servicemembers from every conflict since World War I. “My patients have come from all wars from WWI on,” he said. “I’ve had the honor of serving former POWs from Korea and Vietnam. I’ve had Tuskegee Airmen as patients, as well as Veterans from Desert Storm, Afghanistan and Iraq. I am a Veteran taking care of Veterans, and my job is like no other,” he said. “The passion I have for my job means I still enjoy what I do, but at my age (70), retirement lies ahead.”

Among Rowland’s catalog of stories engaging with Veterans, one stands out that symbolizes the shared common experience of military service, and the brotherhood of his time in uniform.

“I was on a surgical case and three of us in the room had all served on the same ship but in different wars,” Rowland said. “The patient was on the USS Vulcan during WWII; Don Cameron, who was a nurse anesthetist at the time, was on the ship during the Korean War, and I served aboard during the Vietnam War. In addition, Joe Wilder, a shipmate of mine aboard the Vulcan worked here from 2003-2017 as a supervisor of biomedical engineering. There are so many connections I’ve made with our Veterans that are unbelievable. I wish I had started a journal in 1975.”

As Rowland nears retirement, he keeps in mind the thoughts that have kept him coming back to the same facility for more than four decades.

“When I return to work in the morning, I ask God to let me be the best I can be for Him and the patients I serve. I’m happy to be here and learn more and make a difference in the lives of those I see, and while some days are definitely more difficult than others, every day with a Veteran is a blessing.”

issues or concerns brought up via the audits and systems in place. Members review and discuss each issue openly and objectively and identify opportunities for resolution. In turn, the team expects to achieve better outcomes, better processes and policies, best practices for our health care system and enhanced care for Veterans.

SPICE is just one part of Salisbury’s SAIL team that continues to collaborate with other committees for their acute inpatient and ICU data scores. Veteran feedback has been vital to this initiative, not only in terms of what can be improved, but especially when it comes to positive recognition regarding staff members. If there are any concerns or issues identified, the team works toward immediate service recovery and resolution. During the questionnaire, Veterans are asked for recommendations and input for improvement ideas. This information is then added to the SPICE action plan and solutions to resolve any issues are discussed. “Our Veterans seem to be very appreciative of this process and that someone takes the time to listen. It’s important to hear the voice of our Veterans,” says Dr. Kamran Lateef, Chief Hospitalist and SPICE Committee co-chair.

When asked how the SPICE team plans to sustain these new processes, Dr. Charles de Comarmond stated, “Our plans to sustain these new processes are to continue with the current processes we have outlined and to resume our regular SPICE committee meetings. We are committed to driving change and continuing efforts which we hope will lead to better patient outcomes and improved customer and staff satisfaction. Our main concern is the well-being of our Veterans. We will continue to strive toward our goal of implementing and achieving best practices for our Veterans, and patient and staff satisfaction.”

The SPICE team’s ultimate goal is to be among the top to percent of hospitals nationally when it comes to patient satisfaction, and the team remains very motivated and dedicated to achieving this goal. They have enthusiastically presented the SPICE initiative and its practices throughout VISN 6 and hope this will one day expand to a national level. “We will continue to share information for the purposes of improvement, and it’s very important that we all work together, both internally and externally amongst the entire VA network,” said Dr. de Comarmond.

PO2 John Rowland, Hospital Corpsman, 1974, receiving the Sailor of the Quarter award.

John Rowland and Saundra Smith-Hickman.

PO2 John Rowland, Hospital Corpsman, 1974, receiving the Sailor of the Quarter award.
Dr. Ashraf S. Gorgey, Chief of Spinal Cord Injury (SCI) Research at Central Virginia VA Health Care System, is being recognized as a Distinguished Member of a major global non-profit.

Gorgey will attend the American Congress of Rehabilitation Medicine (ACRM) 97th Annual Conference to accept its 2020 Distinguished Member Award. The ACRM award honors those who have significantly contributed to the development and functioning of ACRM, demonstrated evidence of leadership skills, organizational abilities and public service.

Nominated by Dr. David X. Cifu, Senior TBI Specialist for the U.S. Department of Veterans Affairs, Gorgey received the honor due to his great leadership and successful clinical research.

“Dr. Gorgey is an exceptional clinical research scientist who has focused successfully upon clinical and translational research with a special concentration on persons with spinal cord injury,” Cifu said.

Cifu serves as the Principal Investigator of the Chronic Effects of NeuroTrauma Consortium (CENC-LIMBC).

“Currently, he is running three large, established laboratories with emphases on body composition and metabolic assessment, exercise in the clinical population and locomotion in persons with spinal cord injury,” Cifu added.

New Breakthrough Can Help People Stand, Step and Walk Gorgey recently received $3.7 million for a DOD clinical trial to study Epidural Stimulation and Resistance Training for Overground Locomotion After Spinal Cord Injury by the Congressionally Directed Medical Research Programs.

“A new scientific breakthrough called lumbosacral epidural stimulation, or ES, can help people stand, step and even walk again,” said Gorgey, principal investigator for this clinical trial. “Our research team has already used the ‘ES Robot Suit’ for three months in one person with tetraplegia and showed remarkable improvements in motor control. We are aiming to implant 20 Veterans with spinal cord injury by placing electrodes inside the body in the spine.”

VA Geriatrics Researcher Dr. Miriam Morey Receives Paul B. Magnuson Award

Dr. Miriam Morey has been awarded the VA Rehabilitation Research and Development Service’s highest honor — the Paul B. Magnuson Award. It is given to recognize humanitarianism and dedication in service to Veterans.

Morey is considered a leading researcher in the field of exercise and aging. She serves as the associate director of research at the Geriatric Research, Education, and Clinical Center at the Durham VA Health Care System in North Carolina. She is also professor of medicine and co-director of the Claude D. Pepper Older Americans Independence Center at Duke University Medical Center.

“Dr. Morey’s research is a compelling example of blended clinical and research activities,” said Dr. Jean Beckham, co-chair for the research and development committee at the Durham VAMC. “Her clinical demonstration program, Gerofit, has provided robust improvements to aging Veterans by increasing their physical fitness, functional status, and wellbeing.”

Gerofit is a supervised exercise program designed to help aging Veterans improve their physical strength and functional independence. Morey developed the program in the mid-1980s to help reverse functional decline in older Veterans.

To date, Gerofit has been implemented at 15 VA health care systems across the U.S. The Office of Geriatrics and Extended Care and the Office of Rural Health in VA have committed $10 million over the next five years to expand the program, and to develop new delivery models like tele-video exercise.

Morey is known for her collaborative approach to geriatrics research, having fostered research projects that extend across multiple disciplines such as nursing, engineering, orthopedics, and community and family medicine.

In 2016, Morey and her team published a landmark study called “Physical Performance Across the Lifespan (PALS).” Investigators from the Durham VA Medical Center and Duke University followed 775 individuals between ages 30 and 90 for two years. Participants were assessed for mobility, strength, endurance and balance. They also contributed blood samples and completed a medical history.

The researchers found that physical performance in study participants started to decline in their 50s, earlier than typically detected. Based on these findings, the research team recommended the use of physical assessments across an adult’s lifespan to facilitate early intervention.

Morey has been instrumental in mentoring young physicians studying clinical biomarkers of functional decline in older adults. Together with Dr. Thomas Povsic, she published research that has identified depletion of progenitor cells as a possible marker for age-related functional decline. The team used data from Morey’s VA-funded clinical trial that examined the effects of home-based counseling on older Veterans with prediabetes.

Morey’s work is of particular relevance to VA, noted Dr. Gregory Eagerton, acting director of the Durham VAMC. Older Veterans over the age of 60 represent more than half of the VA population and they tend to use more health care.

In 2017, the mean age of all Veterans in the U.S. was 64 years. Preserving physical function and building greater endurance in old age can make a significant impact on quality of life for Veterans.

The Magnuson Award honors the life and legacy of surgeon Dr. Paul B. Magnuson, who continuously sought new treatments and devices for his patients as they faced disability. Magnuson understood his duty, not just to cure, but to also restore a patient “to his family, his job, and his life.”
Need urgent child care?

**COVID-19 NC RESPONSE**

If you are a parent who provides necessary services to, or cares for, members of our communities and your child care has fallen through or is unavailable because of COVID-19 closures, call 1-888-600-1685 to be connected with the right fit for you and your child.

- Care options are for parents whose typical child care arrangements are unavailable due to school or child care closings and who cannot access other care.
- Options are available for infants up to children age 12.

**CALL**

1-888-600-1685

Under the direction of Governor Cooper, the NC Department of Health and Human Services, the NC Department of Public Instruction, the North Carolina Child Care Resource and Referral Network and our partners across the state are working together provide these vital child care options.
March was National Social Worker’s Month, and unfortunately due to the COVID-19 crisis, Social Workers at Hampton VAMC were stymied in recognizing their fellow staff members. Generally, they hold several social gatherings, but those became increasingly limited as the month went along. However, they were able to have three educational opportunities including: Advance Directives, presented by Hampton VAMC Social Worker Heather Keating; Legal Aid by Society of Eastern Virginia, Inc presentation by Attorney Ray Hartz; and an ethics presentation by Basil Rowland, of the National Ethics Offices.

Before social distancing became the rule, the facility held an ice cream social and a wonderful self-care activity, along with a luncheon, hosted by the Director’s office and Chaplain Dianne McGlen. There was a drawing for five themed baskets, which were given to the winning recipients. Many of our Social Workers wore social work-inspired T-shirts. A big shout-out in the facility newsletter celebrated some of the social workers who were named by their colleagues or others as providing world-class social work services or interventions.

Sadly, due to safety and social distancing, social workers were not able to have their MSW student presentation and luncheon this year. In closing, Social Workers would like to remind staff that they are practicing social distancing, but not emotional distancing, and that they are reaching out to each other and those they serve during a very challenging time for all. During this challenging time, they are not only reaching out to our Veterans, but to staff as well. Our leadership thanks all social workers for your care of America’s Veterans throughout all clinical services at Hampton VA Medical Center.

HVAMC Social Workers celebrate Social Worker Month: (fl) Tashico Broadhead, Carvin Harmon, Charity Peregoy, (fr) Felicia Powell, Trakesha Jones, (c) Laron-da White, (r) Katie McDonald and (l) Effie Alford.

#StopExposure

CORONAVIRUS SYMPTOMS
CALL FIRST

Per CDC, symptoms may appear 2-14 days after exposure. If you have traveled out of country and developing symptoms, call your primary care team, the call center or send a message in My HealtheVet before going to a clinic or an urgent care.
Here are Wellness Tips to Stay on Point while Friends are Away!

**Physical Activity:** Keep Moving at Home

- **Yoga with Adriene** (always free)
- **Fitness Blender** (always free)
- **Gyms offering free livestream workouts**
- **Go outside! Just keep some distance**

**Meditation:** Access Your Inner Calm

- **VA Mindfulness Coach**
- **Headspace**
- **Insight Timer**
- **Breathing Exercises**
- **Tibetan Singing Bowls with John Ferguson**

**Entertainment:** Things to Make You Smile

- **Free streaming concerts** – popular and classical
- **15 Broadway musicals to stream**
- **Read a great book or eBook**
- **Accessing eBooks from your local library**
- **Look at pics of baby animals**
- **Museums, Concerts and Plays**
- **17 Quick and Easy Meals with Pantry Staples**
- **30 Easy Pantry Dinners**
- **21 Fun Recipes to Make with Kids**
- **Cooking at Home in the Time of Coronavirus**

**Food:** Nourish Your Self

- **VA.GOV/WholeHealth**
- **#STAY HOME SAVELIVES**