Defying the odds and powering through the challenges of COVID-19, one woman Veteran from the Hampton, VAMC, VISN 6 defied Multiple Sclerosis and rose to celebrate her first participation in the National Veteran Wheelchair Games (NVWG) hosted in New York City, N.Y., Aug. 7-14, 2021, bringing home gold in Table Tennis and Bowling. The last time Kathleen Jones thought of playing table tennis was when she was in the 8th grade. “It was called ping-pong in those days!” she remembers. “To be honest, I was zero good, but I played anyway! Fun is an understatement. If you're not giggling the entire time you're playing ping-pong, you ain't doin' it right!”

Multiple Sclerosis (MS), most often affecting women (2:1) within ages 20-40 can be a debilitating disease. It is estimated that 50-300 per 100,000 are affected (Alan J Thompson, 2018).

MS etiology is ever unfolding with its basis seemingly genetic but is definitively still unclear (Hollie Schmidt, 2007). The most accepted definition of MS is “a chronic autoimmune, inflammatory neurologic disease of the central nervous system (CNS).” To diagnosis MS, more than one area of the CNS must be affected, and additional causes must be excluded (Goldenberg, 2012). CD4+ T cells are theorized to preferentially target oligodendrocytes, cells that provide myelination for axons in the central nervous system.

Submitted by Lisa Riha, DNP, FNP and Eric Riha | HAMPTON VA WOMEN’S VETERAN PROGRAM

TOP PHOTO: Veteran Kathy Jones, has Multiple Sclerosis, just completed competing at the National Veterans Wheelchair Games in New York City. Here, she poses during the bowling competition. “What MSers need is coaching and training. I want to train, compete and win!”

(Continued on page 2)
September is National Suicide Prevention Month, and you’ve heard me share the 1-800-273-8255 Veterans Crisis Line a million times, and I will share it a million more; but for now, I want to share warning signs and resources of emotional distress that either you may have or that someone you care about can show, long before they even consider harming themselves.

This year has been tough, and we need to talk about it. We can’t act like it’s “business as usual” if it’s not. We are still in the middle of a pandemic, and the withdrawal from Afghanistan has greatly impacted our Veteran’s emotional health.

Let me offer a snapshot of America’s mental health report as of August 2021. Research shows that Americans report difficulty sleeping (36%) or eating (32%), increased alcohol consumption, and worsening substance abuse, specifically with opioids. Suicide is currently the 11th leading cause of death in America, COVID being third, cancer second, and heart disease first.

With all the stress and tension, we have to reach out to one another and encourage healthy options to get us through this tough time.

Here are the warning signs of emotional distress that we should watch for as a trigger to either get help ourselves or offer mental health resources to another:

- Crying spells or bursts of anger
- Difficulty eating
- Losing interest in daily activities
- Increasing physical distress symptoms such as headaches or stomach pains
- Fatigue
- Feeling guilty, helpless or hopeless
- Avoiding family and friends

The worst thing we can do for our mental health and others is to disassociate from the challenging experiences. We must connect with ourselves and others. We may not be in complete control of the world around us, but we can reclaim our mental and emotional health through VA mental health resources, and we can reach out and help others reclaim theirs, too.

No matter what you are experiencing, there are resources and support systems to help. Whether you’re looking for clinical care, counseling, assistance with benefits, or something else, we’re here. Use this link to find resources and assistance close to you.

**Stephanie Young**
Acting VA Mid Atlantic Health Care Network Director, VISN 6

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**Multiple Sclerosis Defied – A Woman Veteran’s Journey**

of neurologic dysfunction. Symptoms principally begin with the onset of progressive fatigue and headaches. Some patients develop issues with their vision, such as optic neuritis and bilateral eye coordination, or internuclear ophthalmoplegia (Elke Voss, 2011). Dr. Ghasemi (2016) states that additional primary symptoms can include paresthesia, cranial nerve palsies, bowel dysfunction, urinary symptoms and dizziness. Another well-described sign related to MS is known as the Uhthoff’s phenomenon. This is a transient worsening of neurologic symptoms when the body temperature is increased (Sreelakshmi Panginikkod, 2021).

This Women Veteran, Ms. Jones recounts, “You see, transitioning to a wheelchair is not easy, and often I’m looked over, or overlooked. No one can see me — not at the NVWG. There were fellow Veterans just like me and Veteran camaraderie was overwhelming. The excitement of checking into a major hotel chain in New York City, and traversing Times Square was a huge deal in defying MS.” The event is organized by Veterans Affairs locally, to support athletes who may have never participated in games or ventured outside their area. This is a major undertaking for VA’s staff and volunteers.

The prognosis of MS varies depending on the age of onset, sex category, and degree of current progression. Primary care providers play a key role in the health care of their patient, while encouraging them to seek challenges. Early diagnosis along with personalized treatment regimens can greatly improve the quality of life and minimize disease progression for these patients (Montalban, 2019). Women Veterans exemplify resilience learned in the military and transition this to manage life’s challenges with determination.

According to Veteran Kathy Jones, “If you’re not giggling the entire time you’re playing ping-pong, you ain’t doin’ it right!”
Navy and Vietnam Veteran Bill Metcalfe took a hard fall while working on a roofing job. He landed on his right side and lay there gasping for air.

"After a couple of minutes, I got up and was fine," he said. "I never knew there was a problem until I was playing cornhole and damaged tendons in my arm and shoulder. My arm is pretty useless right now."

Thanks to a partnership between Salisbury VA and Atrium/Wake Forest, Metcalfe is on his way to hitting the cornhole boards again. The procedure is called a reverse total shoulder replacement and it’s used on patients with rotator cuff damage.

"Rotator cuff tears are one of the most common problems people have with their shoulders," said Dr. Chris Tuohy, associate professor of Orthopedic Surgery at Atrium/Wake Forest, specializing in shoulder, elbow, and hand surgery. "When people have a pattern of arthritis in their shoulder from a big rotator cuff tear, often they can’t raise their arm past shoulder height."

Tuohy lends Salisbury VA his services four days per month. Not only did he recently perform the first reverse total shoulder replacement in Salisbury VA history, he also did the first full shoulder replacement several months ago.

"The benefits of a partnership between Salisbury VA and Atrium/Wake Forest are that it brings better access to the Veterans, and also allows us to bring skill sets to the VA that we wouldn’t otherwise have," said Dr. Jeffrey Baker, section chief of Orthopedic Surgery at Salisbury VA. "Dr. Tuohy has been able to significantly help facilitate Veteran care."

Veterans with “normal” shoulder arthritis are candidates for the full shoulder replacement. However, those with rotator cuff tears lack the stabilizing tissue to support that type of joint. The reverse procedure switches the placement of the ball-and-socket parts of the shoulder joint.

"It changes the biomechanics of the shoulder," said Tuohy. "It’s pretty revolutionary in terms of helping people regain their function, especially in older patients. Reverses are a constrained implant. It holds itself together naturally on its own and doesn’t rely on the soft tissues healing much."

Recovery time for a reverse procedure is usually four to six months. Patients typically will use a sling for the first month. After that, it’s just a matter of building up strength in the shoulder.

"The big thing that patients like about it is that it gets rid of their pain pretty quickly, usually within a couple weeks," said Tuohy. "And they are particularly happy that they can raise their arms and do things overhead — like putting dishes away or washing their hair. It makes a big difference for folks in terms of their daily activities and being able to take care of themselves."

Metcalfe’s daily activities include playing a lot of cornhole and following a successful surgery he is excited to get back to the game he enjoys.

"It’s entertainment for me and exercise also," said Metcalfe. "And I’m hard to beat."
Innovation: Here’s an Idea That Won’t Keep You Awake at Night

By Vance Janes | WESTERN NORTH CAROLINA VA HCS PUBLIC AFFAIRS

ASHEVILLE, NC — Let’s face it — for most people, it’s hard to sleep in a hospital.

That’s because it’s an unfamiliar setting with unfamiliar people and unfamiliar sounds all around you. Couple that with the stress of being treated, and it makes the perfect recipe for a lack of restful sleep.

Two of the registered nurses at the Western North Carolina VA Health Care System decided to do something about it. Debra “Cindy” Peters, RN, came up with the idea to use a white noise machine to drown out some of those undesirable noises going on around their patients to improve their sleep and to decrease anxiety.

They did this as part of a fiscal 2021 Spark Investment and, in doing so, they received $1,400 to spread the White Noise Project to other areas of the hospital and to add more speakers to the Warriors Recovery Unit, the Inpatient Mental Health Unit.

Peters said she initially came up with the idea in 2019.

“In 2019, while I was still a part of the Weekend/Holiday/Evening/Night (WHEN) and Clinical Inquiry and Research councils, staff on the WHEN Council would identify issues that impacted their nursing practice and Veterans,” she said. “At home, I was researching ways to help facilitate sleep in a more holistic approach.”

That’s when she said she came across an article about masking sound being incorporated into the designs of new hospitals and its positive outcomes, including increased privacy and better sleep.

“Patients often report a hard time sleeping in hospitals due to the natural increases in unfamiliar noise on hospital units — from beeping machines to doors opening and closing,” she said. “Sleep is well documented to be vital in healing and recovery as well. After further research, in the fall of 2019, I submitted an Item for Consideration with the Clinical Inquiry and Research Council for the use of white noise machines to improve sleep, anxiety and privacy.”

The idea had initial approval and the Warriors Recovery Unit started to implement a limited number of machines on the unit as a trial. Initial data reflected positive outcomes that far exceeded expectations, prompting Peters to push her innovative approach even further.

“In August of 2020, I presented a pitch with the collected data to the Executive Leadership Team to propose rolling this project out hospital-wide,” Peters said.

That’s when she recruited Krystal Earles, a registered nurse from Warriors Recovery Unit, to assist with implementing the project and collecting data. In September 2020, the two were given the news that the VHA Innovators Network, or iNET, was awarding support and funding for the project to move forward as part of the Spark-Seed-Spread Innovation Program.

Although research is ongoing, and the final data won’t wrap up until October, the results are promising.

“Since going hospital-wide in January 2021, we have continued to collect and submit extremely positive results on both qualitative and quantitative data measurements for sleep, anxiety, and privacy improvement,” Peters said. “We have consistent numbers showing improvements in sleep hours of more than an hour-a-night difference when compared to Veterans not using white noise, and over 90 percent satisfaction reports.”

There have even been Veterans who have shared their experiences. One Veteran came to the nurse’s station and said he was having a hard time sleeping. The staff asked if he slept with a fan at home and he said he did — every night. That’s when they offered him one of the white noise machines.

“The next morning, he said the machine had ‘brought [him] a feeling of safety and peace,’” Peters said. “[He said it reminded him] of when he was at his grandmother’s home because the ‘noise sounded like it was her old furnace.’”

Another Veteran said that he too had slept quite well.

“I had the best sleep,” he reported. “I thought I was at the beach, very relaxing.”

The white noise machines have also been found to be helpful in other medical treatments.

With dementia patients, white noise has been implemented as part of gentle non-medication interventions to help assist with agitation and difficulty falling asleep successfully.

“We also see this as a win for less medication intervention and fall prevention,” Peters said. “Overall, this project has been a labor of love and we are happy to see real data results to provide an effective alternative solution for our Veterans that encompasses a holistic approach to care provides comforts of home when they are away, and facilitates healing in the hospital.”

Editor’s note: Peters and Earles have recently applied for further support from iNET’s Spark-Seed-Spread Program as “Spread” applicants in the hopes of diffusing the successful project to two other VA Medical Centers. Having already successfully pitched to local leadership, they have recently found out that their idea is advancing to the next round of review and selection at the national level.
Significant advancements in spinal care and fractures are happening at the Durham VA Health Care System (DVAHCS). In August 2019, the DVAHCS became the first medical facility in North and South Carolina to provide the new SpineJack kyphoplasty. As a result, Veterans admitted to the hospital due to pain from spine fractures have another option for relief without the traditional outcomes.

“With kyphoplasty, we can improve pain more rapidly and allow sooner mobilization and returning our Veterans to their loved ones,” said Dr. Alan Sag. “This is one of my favorite aspects of treating Veterans at the Durham VA Health Care System — we have early access to the latest available technology.”

Dr. Alan Sag is an interventional radiologist serving Veterans at the DVAHCS, where he specializes in the evaluation and minimally invasive treatment of spine fractures in outpatient and inpatient settings.

Kyphoplasty is the treatment of spine fractures by injecting bone cement into the fractured bone. Two minor scratches are placed on the back, and two thin tubes are inserted into the skin, which delivers treatment to the fractured bone. An X-ray guides the thin tubes during the procedure, which aids in precision and accuracy to target the fracture.

“Typically, we perform this procedure without even needing general anesthesia,” said Dr. Sag. “We put the patient under what’s called twilight, or moderate sedation — they’re sleepy throughout the process, and they’re not feeling what we’re doing.”

SpineJack is a unique and innovative type of kyphoplasty. With SpineJack, implants are used to restore the height of the fractured bone. Research shows that SpineJack treatments have a lower risk of future fractures compared to legacy versions of kyphoplasty.

“When I see Veterans, and I talk to them about this treatment, one of the things that surprises them is how minimally invasive the procedure is,” Dr. Sag says. “They walk out the door, often with less pain than they had before the procedure.”

Bone health is a high priority for aging Veterans. With maturity, bone health can decline, creating risks for painful spine fractures with extreme bending, lifting and, twisting maneuvers. Veterans are encouraged to explore various food groups that can provide benefits to their bone health. For help creating healthy eating options for bone health, please contact Clinical Dietitian Janelle Kramer at janelle.kramer@va.gov. Go here for more information.

Dr. Alan Sag performs a spinal fracture procedure on a broken L5 vertebral body, while using real-time X-ray to assist with guiding the SpineJack device.

VA Doctor Awarded $1.7M to Continue Efforts in Cancer Research

A researcher at the Central Virginia VA Health Care System (CVHCS) recently earned a Career Development Award (CDA) for his efforts to stop cancerous stem cells from growing using only the most common drug found in America.

Dr. Alex Neuwelt’s research is experimental, but he says it has the potential to benefit cancer patients in the future. He initially began studying Tylenol while living in Poland, working as a Fulbright Fellow. Now he leads a pre-clinical study treating human cancer cells with high-dose Tylenol and n-acetylcysteine (NAC). NAC is proven to prevent liver damage in patients who overdose on Tylenol. Neuwelt’s research shows that Tylenol used in high doses, along with NAC to protect the liver, shows promising anti-cancer results.

The award is provided through VAs Career Development Program, which provides mentoring for researchers to work with renowned, experienced VA researchers.

“I am inspired by the Veterans I treat in the Oncology Clinic on a regular basis and am excited to have the opportunity to develop novel therapies that could potentially help my cancer patients,” Neuwelt said.

Neuwelt’s mentorship team includes Dr. Bhau-mik Patel, Dr. Howard Li and Dr. Ron Gartenhaus. “Dr. Patel is my primary mentor on the project. [He] has truly gone above and beyond what I could ever expect of a mentor. He has taught me the methods and conceptual framework of cancer stem cell research that made this award possible,” Neuwelt continued. “Also, the leadership at CVHCS has provided me with the expertise, collaborations, protected time and resources to put me in the best possible position to secure this highly competitive award.”

He says that cancer cells are difficult to treat, and can grow to become tumors. At first, some cancer cells show positive results to therapy, but soon begin to resist treatment and relapse. The research funding totaling $1.7 million will guarantee Neuwelt and his team time in the lab to continue his research.

“Unfortunately, even though promising new treatments have emerged in the last few years, most patients fail to respond to those treatments,” said Neuwelt. “New therapies are desperately needed.” For more information about VA research, visit https://www.research.va.gov/.

Dr. Alex Neuwelt is a clinical doctor and researcher in the Hematology and Oncology Clinic at the Central Virginia VA Health Care System in Richmond, VA. He received a VA Career Development Award totaling $1.7 million to study the effects of high-dose medications on cancerous stem cells. (Photo by Megan Kon/ CVHCS Released)
A new renal dialysis unit has recently opened to serve the Veterans of Southwest Virginia who receive care through the Salem VA Health Care System.

The new facility began treating patients in early summer, culminating a $10.64 million project that provides more than 11,000 square feet of new or renovated space, and several additional spaces to serve the needs of inpatient and outpatient dialysis.

“The biggest difference is the amount of space and chairs for Veterans,” said Mitzi Markham, an RN who has been with the Salem VA for more than six years. “There are large windows to provide light, and a nice workspace at the nurse’s station. I think the Veterans enjoy the larger room where they don’t feel as cramped, and it’s easier to ingress and egress with scooters and wheelchairs and walkers. The larger space provides more safety for them.”

The 14 chairs and two isolation rooms mean the facility can accommodate up to 16 patients at one time. The staff runs two groups per day. “This facility is great,” said Robert Miller, a U.S. Army Veteran who served from 1965-1967. “It’s lighter and airier; [it has] a much better atmosphere with more room.”

Miller, who has treatments three times per week for nearly four hours per session, appreciates the new facility, but also the men and women who work there. “The main thing for me is the people, and they haven’t changed,” he says. “They’re still here and still doing a great job.”

Twenty years ago, on Tuesday morning, Sept. 11, 2001, terrorists attacked the United States of America in a series of despicable acts of war. They hijacked four passenger jets, crashed two into the World Trade Center’s Twin Towers, and a third into the Pentagon. The fourth plane crashed in the Pennsylvania countryside after passengers learned of the other planes and overpowered the hijackers. Thousands were killed that day, thousands more injured and still thousands more responded to help the victims.

September 11, 2001, changed our lives forever. It was a sober day marked by the humanity, heroism and grace that rose up throughout our nation as we faced unimaginable tragedy and loss. To honor the lives lost and those forever changed, VHA will host a National 9/11 Remembrance Event on Friday, Sept. 10, 2021, at noon (EST).

Each VA medical center in VISN 6 will host a local 9/11 Remembrance Event during the week of Sept. 7-11, 2021. Those events are listed below. Please refer to social media and listen for local announcements for more information about events near you.

**VISN 6 Patriot Day Ceremonies - September 2021**

**ASHVILLE:** Readings from the Brothers and Sisters Like These Writing Group will take place virtually, Sept. 10, at noon.

**DURHAM:** Moment of Silence. Please check the website and social media for additional local announcements.

**FAYETTEVILLE:** Will hold a moment of silence on Sept. 11; an Executive Director commemorative video message will also be posted via social media.

**HAMPTON:** Planning a Day of Remembrance that will include a resource fair and short ceremony around the VA National Event. In addition, facility staff will dedicate a landscaped area with a small bench.

**RICHMOND:** Planning a social media Facebook live session on Sept. 10 at 11:00am. It will feature the Post-9/11 Military2VA program manager and a message from the medical center’s Chief of Chaplain service.

**SALEM:** Will publish remembrances from local Veterans about where they were and how they were impacted.

**SALISBURY:** The Salisbury Post 9/11 M2VA program will dedicate a table of honor to those impacted by 9/11. There is also a planned virtual memorial service planned by the Chaplaincy.
Suicide Prevention Month

VA uses the month of September to raise awareness of Veteran suicide prevention. Suicide is a national public health concern affecting all Americans, including Veterans, their families, and their friends. What was once an annual weeklong initiative has evolved into an entire month focused on increasing understanding about Veteran suicide prevention and the programs and resources available to Veterans and their supporters. Suicide Prevention Month amplifies the work VA does year-round.

Because we can all help individuals in crisis, Reach Out is the theme for Suicide Prevention Month 2021 this year. Everyone should keep in mind that suicide is preventable and there is hope. You don’t need special training to show a Veteran, friend, acquaintance or family member that you care. It can be as simple as asking, “How are you?” Asking someone if they’re having thoughts of suicide does not make them want to die by suicide. It can be a tough question, but it may help someone connect with support they need.

If you’re facing a crisis, you’re not alone. It’s not always easy to open up, but there are people who want to listen. The Veterans Crisis Line is available 24/7 every day of the year: Call 1-800-273-8255 and Press 1, text 838255, or chat at VeteransCrisisLine.net/chat.

During Suicide Prevention Month, VA encourages everyone to take these actions:

Reach out. Reduce the stigma. Share resources and support.

The Reach Out campaign concept is rooted in the idea that during life changes Veterans can practice upstream mental wellbeing and get support, and — in turn — supporters and stakeholders can be empowered to provide assistance and help to Veterans or others going through a life challenge or tough time. Reaching out may look different for each person, but everyone has a role to play in preventing suicide.

Reduce the Stigma: Normalize conversations about suicide to help end the stigma.

If you’re concerned about a person or Veteran you care about, ask them directly, “Are you thinking of killing yourself?” Remember: How you ask about suicidal thoughts is very important. Don’t inject judgment or emotion — ask calmly in a direct tone that doesn’t come across as though you want them to answer “no.”

Supporters and health care providers may feel uncomfortable talking about suicide with the Veterans in their life. But talking about suicide does not make a person want to die by suicide or increase their risk, and it could save their life.

Charles George VA Medical Center CLC Gets Grammatical in Creating Memorial

ASHEVILLE, N.C. — A lot of thought went into the plaque adorning the Memorial Wall at Charles George VA Medical Center’s Community Living Center in Asheville, North Carolina.

According to Kristie King, Chief Nurse, Geriatrics and Extended Care, when it came to the design, there was a lot of brainstorming that went into deciding what message should be conveyed.

“The goal was to have impactful but limited words in this space,” King said. “Verb tense was a subject of lots of discussion, and the ultimate decision was made to have the sign read, ‘Loved, Served, Remember.’”

The sundial-shaped sign was placed Aug. 19.

King said the hope is that people will pause, read the sign, and really absorb its meaning.

“We wanted those stopping by casually or intentionally to remember those identified here or others who have served in military service,” she said. “Remember is active — not past or future, but always.”

The change of seasons is rapidly approaching, something King said makes for a perfect occasion to stop by and view the new sign.

“As we work to move the garden from the fading summer flowers and colors to fall ones, please take a minute to walk by and remember those who have impacted all of us,” she said.

She also said a lot of thanks goes to the CGVAMC Voluntary Services team for their contributions to the wall, flowers, signage and bricks.

“It is all so appreciated,” she said.

Photo Above: Charles George VA Medical Center Community Living Center has placed a new sundial-shaped sign in its Memorial Garden. Inscribed on the sign are the words “Loved, Served, Remember.”
WASHINGTON — As a follow up to National Financial Awareness Day, Aug. 14, the Department of Veterans Affairs is launching an awareness campaign to inform elderly wartime Veterans and their families of their lesser-known pension, funeral, burial and survivor benefits.

“VA’s pension benefit helps Veterans and their families cope with financial challenges by providing supplemental income,” said Acting Under Secretary for Benefits Thomas Murphy. “Currently, only 189,800 wartime Veterans and 139,800 surviving spouses are using their needs-based pension benefits that are meant to ease the burden on them, their families and caregivers. We need to ensure all of our wartime Veterans and their survivors are aware of their benefits.”

The following benefits are available through VA’s Pension and Fiduciary Service for use in planning and preparing for the future:

- **VA pension** is payable to wartime Veterans who are permanently and totally disabled due to non-service-connected disability, or who are age 65 years old or older, and who meet certain income and net worth limits.
- **Special monthly pension** is an additional benefit for Veterans in receipt of pension who are housebound, require the aid and attendance of another person to help them with daily activities (such as eating, bathing and dressing), have very limited eyesight or require nursing home care.
- For surviving spouses, there are two types of benefits P&F Service offers. **Survivors Pension** provides monthly payments to qualified surviving spouses and unmar ried dependent children of wartime Veterans who meet certain income and net worth limits. Special monthly pension is also available to surviving spouses who are housebound or require the aid and attendance of another person.
- **Dependency and Indemnity Compensation** is available to dependents and parents and generally is not based on income and assets. (Except the income limits apply to parents.) DIC is a monthly monetary benefit paid to a surviving spouse, child or parent of a Veteran who died from a service-related injury or illness, or when an active-duty service member dies in the line of duty. Special monthly DIC is also available to surviving spouses who are housebound or require the aid and attendance of another person.
- DIC is a monthly monetary benefit paid to a surviving spouse, child or parent of a Veteran who died from a service-related injury or illness, or when an active-duty service member dies in the line of duty. Special monthly DIC is also available to surviving spouses who are housebound or require the aid and attendance of another person.
- A surviving spouse of a Veteran who served on a Blue Water Navy vessel offshore of the Republic of Vietnam, or on another U.S. Navy or Coast Guard ship operating in the coastal waterways of Vietnam between Jan. 9, 1962, and May 7, 1975, may be eligible for DIC benefits — even if they were previously denied.
- VA’s funeral and burial benefits are available for both service-related and non-service-related deaths. New regulations allow a flat-rate burial and plot or interment allowance with decreased paperwork and maximum payment permitted by law.
- For those interested in burial benefits such as a Presidential Memorial Certificate, burial flag, headstone or marker, the National Cemetery Administration has information about pre-need eligibility.

Many vulnerable senior wartime Veterans are targeted with misinformation. In many cases, this is because they are not fully aware of their benefits, which increases the chances of them being taken advantage of and/or defrauded.

VA encourages elderly wartime Veterans and their family members to consult a VA-accredited representative if they want or need help filing a claim. They are reminded to beware of individuals or companies that promise benefits or ask for money upfront, as only VA can make final determinations on eligibility.

Factsheets are available to assist Veterans with limited resources. Pension eligibility information has details on how Veterans and their families can get help filing their claim for free.
The Hampton VAMC Office of Community Care (OCC) consists of a group of people whose sole responsibility is to ensure that the care offered to our Veterans is both seamless and timely to ensure that they are able to live their best lives while getting world-class care for their medical needs. More than 80 employees work in the halls, cubicles, offices and digitally to seamlessly take Veteran care needs from being identified to being resolved. When, due to the nature of the complexity of a Veteran care need or the lack of availability of a particular care option, the OCC teams consisting of Nurse Navigators, LPNs, Medical Support Assistants (MSAs) and Social Workers working in various capacities and partnered with community providers are there to meet the goal of obtaining the medical care needed for the Veteran.

The OCC has teamed up with multiple facilities and private practice entities in the community to provide more than 50 areas of specialized medical care as the need arises. Anything from Primary Care to Neurosurgery to Inpatient Care is offered via the OCC consult process, and care is available throughout the Tidewater area to as far away as the outer banks of North Carolina and the Virginia eastern shore. The OCC teams work to ensure that all steps in the process to include evaluation, eligibility, authorization, Veteran contact, scheduling and request for records after the visit are completed in the quickest manner possible. In addition, there is a team of four providers to confirm that the appropriate prerequisite care has been completed prior to scheduling a Veteran for care.

Call center personnel ensure that questions and concerns are appropriately handled while patient representatives are available to continue to improve the addressing of concerns raised by Veterans about their community care experience.

In addition, frontline staff have taken ahold of the OCC mission action points and created a set of 10 “How To” workshops consisting of 30-minute refresher sessions on the following topics: RFS Process and Documentation, Electronic Tagging, How to Navigate Hospital Portals, How to Properly Document a Consult, and others. These topics are presented by volunteers who created the presentations, had them vetted by leadership prior to presenting to their peers, and continuously update them as necessary to ensure that the most current information is being shared. This activity is a strong indicator of the passion and professionalism of the OCC team here at Hampton VAMC.

The Office of Community Care is a crucial part of the entire Hampton VAMC family, and works extremely hard to provide the appropriate services at the appropriate time to the appropriate Veteran, ensuring that all aspects of the Veteran’s care needs are addressed. The Hampton VAMC is extremely proud of the work being done every day by the outstanding staff at the Office of Community Care to not only get all our Veterans the care they need in a timely manner, but to ensure that there is care available in the community by maintaining a close professional relationship with multiple and diverse vendors able to assist with providing needed care to the Veterans we serve.
VA Grants Improve Transitional Housing, Prevent Veteran Homelessness

**Community Organizations in VISN 6 Reap $4,632,887**

**WASHINGTON** — The Department of Veterans Affairs will begin awarding $16.4 million in grants Sept. 30 to more than 200 community organizations under VAs **Grant and Per Diem program**.

GPD provides funding to community organizations that provide transitional housing and supportive services for Veterans at risk of or experiencing homelessness, and aims to help them to achieve residential stability, increase skill levels and income, and obtain greater self-determination.

“The Grant and Per Diem program is integral to VAs evidence-based approach to preventing and ending homelessness among Veterans, which remains one of our highest priorities,” said VA Secretary Denis McDonough. “These grants give the department continued flexibility to customize our services to the unique circumstances and needs of each Veteran facing a housing crisis, and puts them on the pathway to permanent and stable housing.”

VA will award three different types of grants to address the unique needs of Veterans who are experiencing or at risk for homelessness.

**Capital Grants** will provide funding for community organizations to build or renovate facilities that serve Veterans experiencing homelessness, and are authorized through the Coronavirus Aid, Relief and Economic Security Act established in 2020. The improvements must result in less congregate and more individual-unit-style housing, thereby improving personal safety and reducing risks associated with close quarters living. VA will award 60 capital grants totaling approximately $46.2 million to provide 1,439 new beds over the next 18 to 24 months.

**Case Management Grants** will be used to support case managers who provide services to help Veterans to maintain self-sufficiency and housing stability. A total of 121 grants to organizations are awarded to support almost 155 case managers, totaling about $28.4 million over two years.

**Special Need Grants** will provide funding for community organizations that help Veterans experiencing homelessness with special needs such as women Veterans, those with chronic mental illnesses, and those who care for minor dependents. A total of 26 grants to organizations will be awarded for 217 beds totaling about $23.75 million over three years.

GPD has provided Veterans experiencing homelessness with community-based transitional housing and supportive services since 1994. As a result of this program and other VA efforts, the number of Veterans experiencing homelessness in the U.S. has declined by 50% since 2010. For a list of GPD grantees and non-profit organizations seeking details about the program, visit **homeless GPD**. Organizations in VISN 6 receiving awards are listed below:

**CAPITAL AWARDS LIST:**
- **Richmond** – Liberation Veteran Services – $1,900,000
- **Salisbury** – Open Door Ministries of High Point, Inc. – $300,000
- **Salisbury** – Rowan Helping Ministries – $450,000
- **Salisbury** – The Servant Center – $1,050,000

**CASE MANAGEMENT AWARDS LIST**
- **Durham** – Volunteers of America of the Carolinas – $161,952
- **Fayetteville** – Volunteers of America of the Carolinas – $161,952
- **Asheville** – Asheville Buncombe Community Christian Ministry – $129,000
- **Richmond** – Handup Community Resource Center – $220,000
- **Richmond** – Liberation Veteran Services – $143,000
- **Salem** – ARCH Roanoke – $116,983

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**VA to Start Processing Disability Claims for Certain Conditions Related to Particulate Matter**

**WASHINGTON** — The Department of Veterans Affairs will begin processing disability claims Aug. 2 for asthma, rhinitis and sinusitis on a presumptive basis based on presumed particulate matter exposures during military service in Southwest Asia and certain other areas — if these conditions manifested beginning Aug. 2, 1990, to the present, or Afghanistan, Uzbekistan, Syria or Djibouti beginning Sept. 19, 2001, to the present. VA’s review also concluded that there was sufficient evidence to presume that these Veterans have been exposed to particulate matter.

“I announced my intent to initiate rulemaking on May 27 to consider adding respiratory conditions to the list of chronic disabilities,” said Denis McDonough, Secretary of Veterans Affairs. “Through this process I determined that the evidence provided was sufficient to establish presumptions of service connection for these three respiratory conditions. This is the right decision, and VA will continue to use a holistic approach in determining toxic exposure presumptives moving forward.”

The Southwest Asia theater of operations refers to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea and the airspace above these locations.

VA will conduct outreach to impacted Veterans and survivors to inform them about their eligibility and will provide information on how to apply. Veterans and survivors who believe they may be eligible for the newly established presumptive conditions are encouraged to apply. They should file a **VA Form 21-526EZ** if applying for the first time or a **VA Form 20-0995** if they are re-applying for these conditions. For more information on the new presumptive conditions, visit our website at **Airborne Hazards and Burn Pit Exposures - Public Health (va.gov)**.

To apply for benefits, Veterans and survivors may visit **VA.gov** or call toll-free at 800-827-1000. Within the next week, you can view the interim final rule at **www.regulations.gov**.