



Director's Update

One of our strategic goals over the past several years has been to fill our mid-career leadership gap. This means helping early-career MIRECC researchers have opportunities for mid-career leadership roles. It is also important to help mid-career faculty transition into senior

career roles. Recently, we had the opportunity to support both of these efforts.



Dr. Eric Elbogen will soon be joining the MIRECC faculty in the following two roles:

- Associate Director of the National Postdoctoral Fellowship & Core Investigator for the VA's National Center for Homelessness Among Veterans (NCHAV)
- Associate Director of our Health Services Research Lab.

In This Issue:

Director's Update	1
Focus on the VISN	
Dissemination	
Invited Lectures	4
In the News	4
CBT-CP Training Program	4
Deliverables Updates	2
Publications	5
Evolutions	
National Service	2
Honors & Awards	2
New Fellows	3
Transitions	4
Education & Other Resources	
For Veterans	6
For Providers	7
Contact Information	
Leadership	8
Fellowships	8
Research	8

Drs. Jennifer Naylor and Nate Kimbrel transitioned from the Co-Assistant Directors to Co-Associate Directors of our Clinical Core.



All three initially started as early career researchers with our MIRECC. **Dr. Naylor** worked in our Interventions & Metabolomics Lab, mentored by Dr. Christine Marx. **Dr. Kimbrel** worked in our Genetics Lab, mentored by Dr. Jean Beckham. **Dr. Elbogen** was also mentored by Dr. Beckham, in his interest in health services and violence prevention.

Over time, each of them has taken on greater leadership roles, including mentoring new researchers. They are each developing unique programs focused on pain treatment, suicide, and violence risk and prevention. They each also provide clinical and research service to the Durham VA Medical Center and Duke University.

We look forward to seeing our MIRECC grow under their leadership by moving research into practice.

John A. Fairbank, Ph.D.

Director, Mid-Atlantic (VISN 6) MIRECC

Update on Deliverables



New Resources for Providers

The *Collaborative Safety Planning Guide* and *Supplements* that our MIRECC co-developed with the VISN 16 MIRECC, Rocky Mountain MIRECC, and VISN 2 CoE for Suicide Prevention are now on the VA Pulse's Suicide Prevention site, under materials to download:

www.vapulse.net/community/care-topics/suicide-prevention

The 8 supplements focus on how safety planning can be applied to specific situations. Seven focus on how safety plans can be applied to specific vulnerable subpopulations and one focuses on safety planning for groups:

- ★ Collaborative Safety Planning Guide
- ★ Safety Planning for Veterans with Substance Use Supplement
- ★ Safety Planning with LGBT Veterans Supplement
- ★ Safety Planning with Native Veterans Supplement
- ★ Safety Planning with Older Veterans Supplement
- ★ Safety Planning with Rural Veterans Supplement
- ★ Safety Planning with Veterans Who Have Experienced Trauma Supplement
- ★ Safety Planning with Women Veterans Supplement
- ★ Safety Planning for Groups Supplement

Personnel from our MIRECC (**Mira Brancu, Summer Anderson, Bethann Cleary**) co-led this initiative with the VISN 16 MIRECC's Ali Asghar-Ali. They are now working with the VA Office of Mental Health and Suicide Prevention on implementing their plan for dissemination. The goal is to get these materials into the hands of as many providers as possible.

Update on Deliverables

IMPETUS-V: Improving Pain Education and Treatment for US Veterans

This project began with the award of a Clinical Core Pilot grant in 2016 to **Dr Jennifer Naylor** (now MIRECC Co-Associate Director, Clinical & Interventions and Metabolomics Lab Assistant Director). Dr. Naylor has been working with the Durham VA Interdisciplinary Pain Clinic (DIPC) team to expand pain management classes to Veterans.

She has extended her original single class into a Pain School. Three 60-90 minute pain education classes are offered each month. The first class is taught by a Health Psychologist. This class focuses on helping Veterans understand the biopsychosocial approach to pain and the impact that chronic pain conditions may have on mood and function. This class also provides several basic behavioral strategies to improve pain management skills and improve function. The second class is taught by a Clinical Pain Pharmacist. This class is primarily focused on helping Veterans develop a better understanding of how a variety of pain medications work. It also covers non-pharmacological options for chronic pain management. The final class in the series is taught by rehabilitation specialists from Physical Therapy, Occupational Therapy, and Recreational Therapy. The primary goal of this class is to provide instruction on exercise, functional movements, activities of daily living, and use of leisure for pain coping. Pain School classes can be accessed onsite at the Durham VA and also through tele-health with the Greenville HCC.

National Service

Dr. Seamus Bhatt-Mackin (MIRECC Clinical Core, Program for Clinical Group Work Director) has agreed to serve on the American Psychiatric Association's Psychotherapy Caucus Steering Committee. In this role, he will be working at the national level on projects related to psychiatrists doing psychotherapy. This includes fostering supports for early career psychiatrists, bolstering psychotherapy training for residents, and working on group therapy training initiatives.

Dr. Mira Brancu (MIRECC Deputy Director) has agreed to serve a 3-year term as Associate Editor of the American Psychological Association's *Consulting Psychology Journal: Practice and Research*.

Dr. Katherine H. Taber (MIRECC Co-Assistant Director, Education) served as a member of VA RR&D Peer Review Panel *Research Career Scientist*, August 9, 2019.

Honors & Awards

Dr. Shannon Blakey (MIRECC Fellow, Durham site) received the 2019 **Outstanding Psychology Trainee Award** from Division 18 (Psychologists in Public Service) of the American Psychological Association.

Focus on the VISN

Welcome to our new MIRECC Fellows



Shannon Blakey, PhD, is the new Psychology Fellow at our Durham site. She received her doctorate from the University of North Carolina at Chapel Hill and completed her clinical internship at VA Puget Sound, Seattle. She returns to North Carolina to join the Traumatic Stress and Health Lab under the primary mentorship of Dr. Eric Elbogen. Shannon's research interests center on the nature and treatment of PTSD and related disorders, with a special focus on integrated interventions for co-occurring PTSD and substance use. She is excited to continue working toward improving outcomes and reducing burdens associated with mental health care for veterans as part of the VA Mid-Atlantic MIRECC.



Sarah M. Scott, PhD, is a new Psychology fellow at our Richmond site. Sarah completed her doctorate in health psychology at the University of California, Merced, with a clinical respecialization through Alliant International University, San Francisco, and a clinical internship at the Hunter Holmes McGuire VA in Richmond. Sarah's clinical training on internship focused on serious mental illness (SMI) and dual diagnoses. Her research background is in resilience, quality of life, and depression, primarily among low-income, racially/ethnically diverse youth. As a MIRECC fellow, Sarah is excited to explore resilience, interpersonal functioning, and trauma recovery among veterans.



Grace McKee, PhD, is a new Psychology fellow at our Richmond site. She is a recent graduate of Southern Methodist University in Dallas, Texas, where she received a PhD in clinical psychology. She completed her clinical internship in 2019 at the Medical University of South Carolina and Ralph H. Johnson VA Medical Center in Charleston, South Carolina. She has primarily researched longitudinal relationship and therapeutic processes in couples, particularly those in which one or both partners are military Veterans, under the mentorship of Dr. Lorelei Simpson Rowe and Dr. Julian Libet. However, she is also broadly interested in the application of novel or advanced statistical procedures to the study of therapeutic processes in both individuals and couples. When not working, Grace enjoys baking, rock climbing, and traveling to visit family and friends.

Sagar Lad, PsyD is a new Psychology Fellow at our Salisbury site. He received his MS and doctoral degree in clinical psychology from William James College. He also is a Board Certified Psychometrist. He completed his clinical residency at the Canandaigua VA Healthcare system with an emphasis in neuropsychology and geropsychology. His research has primarily been focused on neurodegenerative disorders, traumatic brain injuries (TBI), and chronic medical conditions. He has previously worked on projects related to sleep-related disorders and suicide risk amongst Gulf War Veterans to better conceptualized the role of sleep disturbance on emotional processing. He also collaborated on tracking neurocognitive profiles, health symptoms, emotional distress, and neuroimaging data of neurotoxicant exposed Gulf War Veterans. As a Fellow, he is pursuing additional research training in neuropsychology, and is particularly interested in the translational and conceptual framework of cognitive neuroscience and the information processing paradigms of memory and executive related pathways in conjunction with neuroimaging and neuropsychological data of TBI and neurodegenerative dementias.



Anna S. Ord, PsyD, is a new Psychology Fellow at our Salisbury site. She completed her MS and doctoral degrees in Clinical Psychology at Regent University in Virginia Beach. Dr. Ord completed her pre-doctoral internship at the Eastern Virginia Medical School (Department of Psychiatry and Behavioral Sciences) and a clinical post-doctoral residency at Hampton Roads Neuropsychology in Virginia Beach, Virginia. She was an Assistant Professor and a Director of the Master's Program in Psychology at Regent University prior to accepting the MIRECC Fellowship. Dr. Ord's clinical interests include associations among/between traumatic brain injury, cognition and behavioral health outcomes. Additionally, she is interested in research related to performance and symptom validity testing. In her spare time Dr. Ord enjoys the outdoors, Russian literature, Steelers football and spending time with her husband.

VA Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) Training Program

VA Office of Mental Health and Suicide Prevention (OMHSP), Veterans Integrated Service Network (VISN) 6, Mental Illness Research, Education and Clinical Center (MIRECC)

When Veterans experience pain for more than three months, it usually influences behavior, thoughts, and mood. Veterans may report changes in their physical, social, work and recreational activities. They may also feel sad, upset, or irritable and may describe feeling a loss of self-esteem and self-confidence. Their physical symptoms usually can't be managed by medical treatment alone.

Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) is a short-term treatment that is based on reducing the negative impacts of chronic pain on the Veteran's life. CBT-CP is the most studied and supported psychological intervention for chronic pain. It is based on decades of research and has been shown to be very effective with Veterans and civilians. Although it is unrealistic to expect that chronic pain will disappear, the approaches can help Veterans react to pain differently so that it is a less overwhelming part of life. Ultimately, the goals of treatment are to help improve overall functioning and quality of life by learning effective skills for managing chronic pain.

CBT-CP treatment consists of 1 interview and assessment session and 10 active, skills-based therapy sessions. A follow-up session to review progress and discuss any areas of difficulty is also encouraged. When possible, weekly sessions are recommended to maximize benefits.

Training in CBT-CP is available to mental health clinicians who provide at least half of their time to direct patient care. Providers who participate in the training complete two phases of training. The first phase of training involves a 2.5-day workshop that includes didactics, discussion, videos, and time to practice skills presented during the workshop. After the workshop, participants join a 6-month consultation group with a training consultant to learn how to apply CBT-CP in their settings. Successful completion of the training supports clinicians in providing their Veterans with a treatment that can help them manage their chronic pain more successfully.

For information about the CBT-CP Training program please contact the Program Coordinator, **Dr. Hani Shabana**. Additional resources about the VA's CBT-CP Training Program can also be found on its SharePoint site:

<https://vawww.vashare.vha.va.gov/sites/CBTCPP>

VAntage Point



Path to Better Sleep

In the News!

Dr. Christy Ulmer's work was featured in August on the VA's official blog

Online CBT-i and finding your path to better sleep

If you have problems falling asleep, staying asleep or waking too early, you are not alone. When these sleep issues become an ongoing or chronic problem, they can develop into a condition called "Insomnia Disorder" - a condition many Veterans experience.

Path to Better Sleep is a free, anonymous course that delivers the core components of CBT-i. The course takes advantage of natural sleep rhythms to improve sleep. It includes a sleep diary, personalized sleep scheduling, and relaxation exercises to better "set the stage" for sleep.

link to full blog:

<https://www.blogs.va.gov/VAntage/63539/finding-path-better-sleep/>

Invited Lectures

Dr. Erica Epstein (MIRECC Fellow, Salisbury site) presented *How Learning Strategies Affect Academic and Occupational Success in Veterans with ADHD* as part of the Salisbury VAMC Mental Health Grand Rounds on July 18, 2019.

Dr. Mark Stern (MIRECC Fellow, Salisbury site) presented *Diagnostic Utility of Impaired Attention in the Evaluation of ADHD Among Veterans* as part of the Salisbury VAMC Mental Health Grand Rounds on July 18, 2019.

Transitions

James (Trey) Bateman, MD, MPH has completed his MIRECC Fellowship (Salisbury site) and transitioned to a position as Assistant Professor of Neurology and Psychiatry at Wake Forest School of Medicine in Winston-Salem and Staff Behavioral Neurologist at the Salisbury VA.

Erica Epstein, PsyD has completed her MIRECC Fellowship (Salisbury site) and transitioned to a position as a neuropsychologist at Inova Mount Vernon Hospital in Alexandria, Virginia. She will be doing inpatient neuropsychology and rehabilitation with brain injury and spinal cord injury patients.

Sarah Wilson, PhD has been appointed as a Veteran Care Coordinator (VCC) for Veterans who are Lesbian, Gay, Bisexual, Transgender (LGBT) and for Veterans with related identities. Dr. Wilson was previously a MIRECC Fellow at our Durham site and is currently an HSR&D researcher at the Durham VA.

Publications

Reports

NORTH CAROLINA INSTITUTE OF MEDICINE

2011 TASK FORCE ON BEHAVIORAL HEALTH SERVICES FOR THE MILITARY AND THEIR FAMILIES

2018 UPDATE ON RECOMMENDATIONS

nciom.org/2018-update-to-the-task-force-on-behavioral-health-services-for-the-military-and-their-families-report/

Book Chapters

Shura RD, Epstein EL, Armistead-Jehle P, Cooper DB, Eapen BC. (2019). *Assessment and Treatment of Concussion in Service Members and Veterans*. In Eapen B, Cifu D (Eds.), *Concussion: Assessment, Management and Rehabilitation*. Elsevier - Health Sciences Division. Chapter 13 pp. 149-158

Journal Articles

Dedert EA, Dennis PA, Cunningham KC, Ulmer, CS, Calhoun PS, Kimbrel N, Hicks TA, Neal JM, Beckham JC. *Roles of Guilt Cognitions in Trauma-related Sleep Disturbance in Military Veterans with Posttraumatic Stress Disorder*. *Behavioral Sleep Medicine*. 2019;17(5):595-604.

Objective/Background: Despite a well-established role of guilt cognitions in the maintenance and treatment of posttraumatic stress disorder (PTSD), relationships of guilt cognitions to nightmares are not well understood. This study investigated the ways in which guilt cognitions, related to traumatic events, influenced the relationship between combat exposure and trauma-related sleep disturbance in military Veterans with PTSD. **Participants:** We recruited a sample of 50 Veterans with PTSD who completed study measures at a screening session. **Methods:** Participants completed self-report measures of exposure to potentially traumatic events, trauma-related guilt (hindsight bias, wrongdoing, and lack of justification) and trauma-related sleep disturbance as measured by a self-report scale and clinician ratings of nightmare severity. **Results:** Bivariate regression analyses established a relationship of combat exposure to wrongdoing ($\beta = .31, p = .031$), and a relationship of wrongdoing with self-reported trauma-related sleep disturbance ($\beta = .27, p = .049$) and clinician-rated nightmare severity ($\beta = .36, p = .009$). Bootstrapping analysis that included years of education as a covariate found a significant overall indirect effect of combat exposure on clinician-rated nightmare severity exerted through wrongdoing ($\beta = .10, 95\% \text{ CI } [.004, .246]$). **Conclusions:** Results suggest the association of combat exposure with trauma-related sleep disturbance is significantly influenced by perceived wrongdoing related to a traumatic event. Targeting cognitions related to wrongdoing and moral injury during a traumatic event in PTSD treatment may help ameliorate trauma-related sleep disturbance.

Erwin MC, Dennis PA, Coughlin LN, Calhoun PS, Beckham JC. *Examining the relationship between negative affect and posttraumatic stress disorder symptoms among smokers using ecological momentary assessment*. *Journal of Affective Disorders*, 253: 285-291.

Newins AR, Wilson SM, Hopkins TA, Straits-Troster K, Kudler H, Calhoun PS. *Barriers to the use of Veterans Affairs health care services among female veterans who served in Iraq and Afghanistan*. *Psychological Services*. 2019;16(3):484-490.

The study investigated barriers to the utilization of Veterans Affairs (VA) health care services among female veterans who served in Iraq and Afghanistan, including reasons for not choosing VA health care, reasons for not seeking mental health treatment, and types of desired VA services. Female respondents to a survey assessing Operation Enduring Freedom/Operation Iraqi Freedom veterans' needs and health (N = 186) completed measures of military history, posttraumatic stress disorder, depression, barriers to VA health care, and preferences for services. Barriers to use of VA health care endorsed by female veterans included receiving care elsewhere and logistical issues. Barriers to utilization of mental health services among female veterans who screened positive for depression or posttraumatic stress disorder included negative treatment biases and concerns about stigma, privacy, and cost. Female veterans endorsed preferences for services related to eligibility education, nonprimary care physical health services, vocational assistance, and a few behavioral/mental health services. Findings highlight the need for ongoing outreach and education regarding eligibility and types of resources for physical and mental health problems experienced by female veterans who served in Iraq and Afghanistan, as well as inform types of VA programming and services desired by female veterans.

Richard JY, Hurley RA, Taber KH. *Fibromyalgia: Centralized Pain Processing and Neuroimaging*. *Journal of Neuropsychiatry and Clinical Neuroscience*. 2019; 31 (3): A6, 183-187.

Resources for Veterans & Families

http://www.mentalhealth.va.gov/self_help.asp

Resources to Empower Veterans Mental Health

Self-help materials can provide valuable education and support for Veterans who may be facing mental health challenges, their friends, and family members. There are a wide variety of self-help materials available and it can sometimes be difficult to select the most useful. VA has assembled a list of reviewer-recommended materials that may be helpful in finding the right option for you. For help in finding these materials, please click the "How to Use" tab.



Resource Topics: General Mental Health, Depression & Anxiety, PTSD, Substance Abuse

Online Life Skills Training for Veterans

There are several free and anonymous on-line education and life coaching programs that use interactive exercises and video demonstrations to teach skills for overcoming life challenges. <http://www.veterantraining.va.gov/>

Anger Management



This course is based on training that was developed for Veterans and has been successfully used by Veterans & Service Members around the world.

Moving Forward



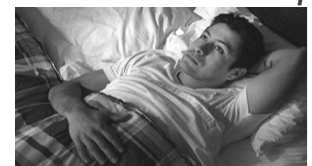
Moving Forward teaches Problem Solving skills to help you to better handle life's challenges.

Veteran Parenting



The biggest gap between you and your child may not be the physical distance. You can be right next door to your child and feel a thousand miles away.

Path to Better Sleep



If you are experiencing sleep problems you do not have to let it control your life. This course is designed to help you develop habits that promote a healthy pattern of sleep.



DEPARTMENT OF MILITARY
AND VETERANS AFFAIRS

<http://www.milvets.nc.gov/resource-guide>

The DMVA Resource Guide is produced and published by the North Carolina Department of Military and Veterans Affairs to assist and educate veterans in learning about state and federal veteran benefits. The 2018 edition is now available.

Provider Education

CBOC Mental Health Grand Rounds



Substance Abuse/Use Disorders and CBT

Wednesday September 11 from 9-10 am ET

Thursday September 12 from 12-1 pm ET

Register in TMS in advance to attend and receive credit
<https://www.mirecc.va.gov/visn16/cboc-mental-health-rounds>

Oct 9 & 10 *Ethics & Working with Patients Who Use Hate Speech During Treatment*

Nov 13 & 14 *Nightmares & Nightmare Treatment*

Dec 11 & 12 *Impact of Guns on Public Health Issues Related to Global Suicidal Ideation Risk in the US*

Jan 8 & 9 *Vet Centers*

Feb 12 & 13 *Reaching Rural Veterans*

check the website for previous webinars in this series available for credit in TMS



PACERS is an education program for health care staff in rural communities who care for Veterans with cognitive disorders and their caregivers. While this program targets rural health care staff, providers working in any setting can benefit from this information.

The PACERS online training curriculum includes six e-learning courses; each course is accredited for 1 hour of continuing education. There are also 5 videos that cover important topics related to cognitive impairment, including driving, self-neglect, challenging behaviors, Alzheimer's disease, and end-of-life.

<https://www.mirecc.va.gov/visn16/PACERS.asp>

VA Providers: Take courses using TMS links **Non- VA Providers:** Take courses using TRAIN links.

Course 1: Dementia and Delirium

Course 2: Identifying and Assessing for Dementia

Course 3: Treating Dementia - Case Studies

Course 4: Normal Cognitive Aging and Dementia Caregiving

Course 5: Addressing Decision Making and Safety in Dementia

Course 6: Dementia and Driving



BRIDGING MILITARY AND COMMUNITY SERVICE SYSTEMS

This workshop series was developed by MIRECC faculty in collaboration with Citizen Soldier Support Program (CSSP) and North Carolina Area Health Education Center (NC AHEC). The web-based versions of the courses are all free at: <http://www.aheconnect.com/citizensoldier>

1 - *Treating the Invisible Wounds of War (TTIWW)*
english & spanish editions

2 - *TTIWW - A Primary Care Approach*

3 - *TTIWW - Employee Assistance in the Civilian Workforce*

4 - *TTIWW - Issues of Women Returning from Combat*

5 - *TTIWW - Recognizing the Signs of mTBI during Routine Eye Examinations*

6 - *TTIWW - Understanding Military Family Issues*

7 - *TTIWW - Taking a Military History: Four Critical Questions*



Military Culture: Core Competencies for Healthcare Professionals

<http://deploymentpsych.org/military-culture>

Module 1: *Self-Assessment & Introduction to Military Ethos*

Module 3: *Stressors & Resources*

Module 2: *Military Organization & Roles*

Module 4: *Treatment, Resources & Tools*



www.mirecc.va.gov/visn6

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