It is important that during summer months, individuals should stay well hydrated and drink a lot of water. Those working outdoors should stay in the shade or within an air-conditioned building or vehicle as much as possible. Know the signs and symptoms of Heat Exhaustion or Heat Stroke.

If you have heat stroke, you need to get medical help right away. Older people living in homes or apartments without air conditioning or fans are at most risk. People who become dehydrated or those with chronic diseases or alcoholism are also at most risk.

**Signs of heat stroke are:**
- Fainting (possibly the first sign) or becoming unconscious
- A change in behavior—confusion, agitation, staggering, being grouchy, or acting strangely
- Body temperature over 104°F (40°C)
- Dry, flushed skin and a strong, rapid pulse or a slow, weak pulse
- Not sweating even if it is hot” - NIH

VA MISSION ACT
Knowing all the Facts and how they affect Las Vegas Veterans

The U.S. Department of Veterans Affairs (VA) launched its new and improved community care program June 6, 2019, implementing portions of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (the MISSION Act), which both ends the Veterans Choice Program and establishes a new Veterans Community Care Program.

The MISSION Act will strengthen the nationwide VA Health Care System by empowering Veterans to have more options in their health care decisions. Under the new and improved Veterans Community Care Program, Veterans can now work with their VA health care provider or other VA staff to see if they are eligible to receive community care.

Eligibility for community care does not require a Veteran to receive that care in the community; Veterans can still choose to have VA provide their care. Veterans are eligible to choose to receive care in the community if they meet any of the following six eligibility criteria:

1. A Veteran needs a service not available at any VA medical facility.
2. A Veteran lives in a U.S. state or territory without a full-service VA medical facility. Specifically, this would apply to Veterans living in Alaska, Hawaii, New Hampshire and the U.S. territories of Guam, American Samoa, the Northern Mariana Islands and the U.S. Virgin Islands.
3. A Veteran qualifies under the “grandfather” provision related to distance eligibility for the Veterans Choice Program. VA cannot furnish care in a manner that complies within certain designated access standards. The specific access standards are described below. (Important: Access standards are proposed and not yet final.)

- Average drive time to a specific VA medical facility
  - 30-minute average drive time for primary care, mental health and noninstitutional extended care services.
  - 60-minute average drive time for specialty care.

- Appointment wait time at a specific VA medical facility
  - 20 days for primary care, mental health care and noninstitutional extended care services, unless the Veteran agrees to a later date in consultation with his or her VA health care provider.
  - 28 days for specialty care from the date of request, unless the Veteran agrees to a later date in consultation with his or her VA health care provider.
5. The Veteran and the referring clinician agree it is in the best medical interest of the Veteran to receive community care based on defined factors.
6. VA has determined that a VA medical service line is not providing care in a manner that complies with VA’s standards for quality.

To help employees prepare for this transformation and others under the MISSION Act, the VA Southern Nevada Healthcare System has dedicated the month of May to readiness. “We are honored to reaffirm our commitment to America’s Veterans,” said Tracy Skala, acting director of the VA Southern Nevada Healthcare System. “Our staff is steadfast in providing health care that meets the needs of our Veterans at the right time and place.”

The VA MISSION Act:
Strengthens VA’s ability to recruit and retain clinicians. Statutorily authorizes “Anywhere to Anywhere” telehealth provision across state lines. Empowers Veterans with increased access to community care. Establishes a new, urgent-care benefit that eligible Veterans can access in the community.

“We understand any transformation of this size and on such a rapid timeline is not without risk,” said Skala. “We are aiming for excellence in this effort, and we will continue to tweak and improve the process.”

The VA Southern Nevada Healthcare System is one of the fastest growing VA health care facilities in the nation and currently serves more than 63,000 local Veterans every year.

For More Information:
877-881-7618

Local Contact Information:
www.lasvegas.va.gov
VA Southern Nevada Healthcare System
Community Care Office
702-791-9066

Look for this Brochure about the VA MISSION ACT on important questions and answers from VASNHS for Las Vegas Veterans
VA MISSION ACT: Urgent Care

VASNHS outlines expansion of local urgent care options with the MISSION Act

With the U.S. Department of Veterans Affairs (VA) launching its improved community care program as part of the MISSION Act, enrolled Veterans across the nation now have access to an expanded urgent care benefit, providing more options on when and where to receive timely care. In Southern Nevada, this includes the addition of approximately 25 contracted in-network community clinics where eligible Veterans will be able to access urgent care without prior authorization for treatment of non-emergent minor injuries and illnesses, such as colds, sore throats, and minor skin infections.

Veterans can now use the following link to urgent care facilities in VA’s contracted network of community providers: https://vaurgentcarelocator.triwest.com/

To ensure local Veterans are aware of their options, the VA has provided the following guidance regarding the expanded benefit:

Eligibility

VA can only pay for care under this benefit if a Veteran is eligible and enrolled in VA health care and received care through VA (from either a VA or community provider) within 24 months prior to accessing urgent care. Additionally, the services being provided must not be excluded under the benefit, and the provider must be part of VA’s contracted network of community providers and is identified as an urgent care provider. If an eligible Veteran goes to an out-of-network urgent care provider, they may be required to pay the full cost of care.

Covered Services

The urgent care benefit covers treatment of non-emergent symptoms such as flu-like symptoms (coughs and colds), wheezing, sprains, sore throats, painful urination, bumps and bruises, ear pain, and mild skin irritations, which are typically addressed by urgent care facilities and walk-in retail health clinics. Excluded from the benefit are preventive and dental services. Additionally, emergency care is not covered by the expanded urgent care benefit.

If a Veteran has a medical emergency, or believes their life or health is in danger, they should call 911 or seek care at the nearest emergency room right away.

Unlike an urgent need, a medical emergency is defined as an injury, illness, or symptom so severe that a prudent layperson reasonable believes that delay in seeking immediate medical attention would be hazardous to life or health. Examples of a medical emergency include severe chest pains; seizures or loss of awareness; severe headache; heavy uncontrollable bleeding; poisoning; moderate to severe burns, and large broken bones.

Important: VA can only pay for care an eligible Veteran receives from a community emergency department in certain circumstances and under specific conditions. For more information, visit: https://www.va.gov/communitycare/programs/veterans/emergency_care.asp.

Copayments

Eligible Veterans may be charged a VA copayment for urgent care that is different from other VA medical copayments. VA copayments for urgent care depend on the eligible Veteran’s assigned priority group and the number of times they visit an in-network urgent care provider in a calendar year.

- **Priority Groups 1-5.** There is no copayment for the first three visits during a calendar year. For the fourth visit and all subsequent visits in a calendar year, the copayment is $30.
- **Priority Group 6.** There is no copayment for the first three visits during a calendar year if the visit is related to special authority* or exposure. For the fourth visit and all subsequent visits in a calendar year, the copayment is $30. If the visit is not related to special authority* or exposure, the copayment is $30 per visit, regardless of which visit it is.
- **Priority Groups 7-8.** The copayment is $30 per visit.
- **Priority Groups 1-8.** No copayment for a flu shot-only visit. Visits consisting only of a flu shot do not count as a visit for the number of visits in a calendar year for eligible Veterans in priority groups 1-6.

- Special authorities include those related to combat service and exposures (e.g., Agent Orange, active duty at Camp Lejeune, ionizing radiation, Project Shipboard Hazard and Defense (SHAD/Project 112), Southwest Asia Conditions) as well as Military Sexual Trauma, and presumptions applicable to certain Veterans with psychosis and other mental illnesses.

For more information on VA enrollment priority groups, visit: https://www.va.gov/healthbenefits/resources/publications/IB10-441_enrollment_priority_groups.pdf

Prescription Medication

VA will pay for or fill prescriptions for urgent care. For routine prescription medication, the prescription must be submitted to VA to be filled. For urgent prescription medication of a 14-day or fewer supply, Veterans will be able to either fill the prescription at one of more than 330 in-network contracted retail pharmacy sites located throughout Southern Nevada, or the prescription can be filled at a non-contracted pharmacy. If a non-contracted pharmacy is used, Veterans must pay for the prescription and then file a claim for reimbursement with their local VA medical facility.

Some Veterans may be required to make a copayment for medication. Information about copayments can be found at: https://www.va.gov/COMMUNITYCARE/revenue_ops/copays.asp.

While urgent care is a convenient benefit for the treatment of non-emergent symptoms, Veterans should always consider talking with or seeing their primary care provider if they are concerned that the community provider will not understand the complexities of their medical history or medications. Additionally, urgent care is not a replacement for an eligible Veteran’s preventive health care.

As such, eligible Veterans should also work with their primary care provider for this type of care. If an eligible Veteran goes to an urgent care provider and receives services that are not covered by the urgent care benefit, they may be required to pay the full cost of care.
Leadership at the VA Southern Nevada Healthcare System changed June 10 as new Director William J. “Bill” Caron joined the staff. As VASNHS’ chief executive officer, Caron assumes responsibility for one of the fastest growing VA healthcare systems in the nation, providing the delivery of care and services to more than 63,000 Veterans across Southern Nevada. In his new role, Caron is responsible for more than 2,700 staff, a $540 million annual operating budget and day-to-day operations of a VA Medical Center in North Las Vegas and six VA clinics, which provide primary care and mental health services to Veterans at locations in Las Vegas, Henderson, Pahrump and Laughlin.

Caron also oversees a Community Resource and Referral Center based in Las Vegas, which provides resources and services to homeless Veterans throughout the region, as well as a Veterans Recovery Center in North Las Vegas, which provides mental health intensive case management, treatment coordination, peer support services and counseling. Caron returns to VASNHS, where he previously served as associate director from 2014 to 2017, which included a nine-month stint as acting director in 2015. When asked about why he wanted to return to Southern Nevada, Caron cited growth, opportunities and relationships. “If you look at where we started as a series of clinics, building the medical center, getting that foundation in place, the right staff, we’ve really grown up. What fascinates me is how quickly we’ve moved to become a level one medical facility, and I think we have the potential to become a level 1A facility [the highest complexity]. Additionally, the opportunities return to a progressive environment in a unique city, and our established relationships with Nellis Air Force Base, our federal, state and local community partners, and Veterans service organizations really spoke volumes to me.” Prior to assuming his current duties in Southern Nevada, Caron served as the director and CEO of the VA Southern Arizona Healthcare System in Tucson, Ariz. He said that opportunity brought him several insights that he will use as the new VASNHS director. “In Tucson, you have a facility that has been around for 90 years, and has an established academic affiliation, community partnership, and research program,” he said. “Learning [the importance of] those things in an established facility and the ability to be able to bring that knowledge back here is very exciting.”

That means relationship building and understanding our secretary’s number one priority, which is customer service. It’s not our clinical priority, it’s ‘the’ priority.” This also applies to his goals on building rapport within the VASNHS staff. “Culture is the first thing I want to focus on. I want to spend time with the people and the staff that make this place great,” Caron said. “I’d like to get an understanding of the things that we do well and the things that we could do better. I also want to ensure staff to see me and the executive leadership team as their teammates and partners in the great family of our healthcare system and feel they can come to us whenever they need guidance, support and assistance.”

As a Veteran as well as an experienced physical therapist, Caron plans to use a lifelong dedication to service in his new role as VASNHS’ director. “I practiced physical therapy for quite a few years as active duty Air Force, and served as a corpsman in the [Navy] reserves, and then went to private sector for 14 years where I learned higher level leadership skills and earned my master’s degree in health administration.

But I really missed serving, so 10 years ago I decided that with the VA I can continue to serve my country. And it’s been a great fit and I’ve never looked back.”
**Telehealth: VA Implements New Healthcare Delivery**

**VA Video Connect Mobile Application Provides More Options For Veterans**

The Department of Veterans Affairs (VA) is increasing access to healthcare by using telehealth technologies to deliver healthcare services when Veterans and clinicians are separated geographically. Telehealth technology provides healthcare access for Veterans in remote, rural locations and in areas with scarce healthcare resources. Common telehealth technologies utilized at the VA include Clinical Video Telehealth, Store and Forward, Home Telehealth, TeleMental Health, and Telephone care. VA telehealth services recently expanded to include VA Video Connect (VVC). VVC is a secure web-based service that allows Veterans to schedule appointments with VA clinicians (physician, nurse practitioner, nurse, psychologist, psychiatrist, or other healthcare staff) by utilizing a virtual medical room.

VVC allows clinicians to provide care to Veterans who are conveniently located at home, work, or other chosen location. Using this new modality of care, Veterans can discuss their health concerns with clinicians from anywhere within the United States, thus making appointments convenient by eliminating travel to a VA facility. A personal computer, laptop, IOS (Apple) or Android mobile device (smart phone, tablet, iPad) is required to use VVC.

Additionally, the Veteran and clinician must have an active email account, internet access, and an internet browser such as Google Chrome, Microsoft Internet Explorer, or Edge. Web-cameras and microphones are also necessary; however, many devices have integrated cameras and microphones in place. If an iOS device (iPhone, iPad) is used, a free, easy to download VA Video Connect App is needed to automatically launch a VVC session. VVC is an effective and simple way to address medical needs when a hands-on physical exam is not required (although a limited examination is possible with additional technologies). This modality of care is particularly useful when Veterans are unable to leave home or work due to time, health conditions, or transportation difficulties. It is used by many healthcare disciplines for counseling, education, wound/skin assessment, blood pressure monitoring, review of diagnostic test results, and medication reconciliation.

VA nurses can observe if a Veteran is measuring their blood pressure correctly; witnessed blood pressure measurements can be entered into the VA electronic medical record by the nurse eliminating the need for the Veteran to bring a blood pressure log to in-person medical appointments. VVC is also a great option to makeup missed clinic appointments. Veterans can forward their VVC email invitations so that family members and/or caregivers can be more involved in the Veteran’s care. Clinicians can also invite other healthcare providers to participate in VVC visits when a multidisciplinary approach is necessary. There is no cost to Veterans for VVC, co-pays are not required. VVC sessions can be scheduled up to 90 days in advance.

However, clinicians can also invite a Veteran to an on-demand VVC visit at any time. The VVC appointment process is straightforward. Once the VA clinician determines that a VVC appointment is appropriate, Veteran consent is obtained. Afterwards, an email invitation is sent, and all invited participants meet in the virtual medical room at the mutually agreed upon time. At the beginning of the encounter, the clinician confirms the Veteran's phone number, physical location, and emergency contact information. This information is gathered so that emergency medical services can be sent to the Veteran if a medical and/or psychiatric emergency occurs during the VVC visit. Since the virtual visit is between a VA clinician and a Veteran located at a non-VA site, it is important to ensure that the Veteran is in a private and safe environment.

It is not acceptable for the Veteran to initiate a VVC session while driving or while located in an area with loud background noise. The Veteran’s undivided attention is required to promote optimal participation during the VVC encounter. Since widespread VVC marketing is underway, the word is spreading quickly among the Veteran community. VA clinicians can stay ahead of the increasing demand by conducting practice VVC visits, completing online VVC training, and reviewing current information on the VHA Telehealth Services website.

VVC is still in the early stages of implementation, however, clinicians are gradually offering more VVC visits as they become increasingly familiar with this modality of care. Each VA clinic has an assigned champion to assist clinicians during VVC visits to support troubleshooting efforts when technical difficulties occur. Program evaluation is ongoing to ensure that VVC care is effective and Veterans are satisfied with the care received while using this technology. In select cases, telehealth technology can be loaned to Veterans free of charge.

If multiple VVC visits are needed for a Veteran who lacks the necessary equipment, a consult to dispense a VA-issued iPad with a data plan can be placed. If necessary, other peripherals such as a blood pressure cuff, pulse oximeter, digital stethoscope, digital thermometer, and scale can be provided. Loaned VVC technology usage is closely monitored. If minimal usage requirements are not met, a request will be made for the Veteran to return the loaned equipment.

The VHA Telehealth Technology Help Desk (NTTHD) is available for Veterans and VA clinicians at: 866-651-3180 or 703-234-4483, Monday through Saturday, 7 a.m. – 11 p. m. (EST).

For More Information go to: https://www.telehealth.va.gov/
Veteran Spotlight Story: Onofrio “No-No” Zicari

WWII Veteran D-Day Memories and 75th Anniversary Normandy Trip

On June 6, 1944, Onofrio “No-No” Zicari stormed Omaha Beach in one of the deadliest battles of World War II: D-Day. The 21-year-old New York native survived the sniper fire and artillery bombardment, enduring what he would later remember as one of the most harrowing memories of his life. The experience was so traumatic, it would give him nightmares for the remainder of his life. But at the suggestion of his caretaker and with the support of charitable donations, the 96-year-old Las Vegas resident is making his first trip back to France for the 75th anniversary of the D-Day landings.

“Maybe this will bring me some closure,” Zicari said. “So that’s why I’m going. Maybe there is something there that will help me put this all behind me. I’m 96 years old, how much longer can it go, you know?” he laughed. “Maybe I’ll see the beach.” Zicari was offered the opportunity by Forever Young Senior Veterans, a nonprofit that organizes trips for veterans of U.S. wars, granting them an opportunity to return to the places they fought. Before he would accept the invitation, which includes joining a group of surviving World War II Veterans to travel to several sites in Normandy, Zicari had one stipulation -- he needed his caretaker and family friend Diane Fazendin to accompany him. “If she wasn’t going, then I wasn’t going,” he said.

A GoFundMe set up for Zicari raised $6,222, with nearly half of that coming from a donation from the Italian-American Club. With that amount, Fazendin can accompany Zicari throughout his journey, which begins June 3rd and runs through June 10. However, the logistics of travel hasn’t been the only thing keeping the D-Day Veteran from returning to France. The trauma of that day left Zicari with PTSD that continues to this day. “I was having nightmares, in fact, I just had one the other night. This all brings back a lot of memories for me,” he said.

To face those beaches again, Zicari found encouragement through his PTSD support group at VA Southern Nevada Healthcare System. The group of World War II, Korean, and Vietnam Veterans meets every Friday, and enjoys camaraderie in addition to the peer support. “They’ve really helped me,” he said. “It was a huge relief for me when I found this group. It wasn’t until I moved to Nevada 30 years ago that I enrolled at this VA. Another Vet told me about the PTSD support groups at the VA. So I said, ‘alright, I’ll go.’ I was relieved when I was talking to the other Veterans. They understood my feelings. And I’ve stayed right there with them for nearly 30 years.” When Zicari joined the group, there were six other World War II Veterans who regularly attended the meetings. “Now it’s just me,” he said. Zicari was drafted into the Army at the age of 19, where he trained to become a supply soldier. After training for months of desert warfare in preparation for deployment to Northern Africa, he soon found himself in Scotland and Wales, preparing for a completely different kind of warfare. His company began practicing for amphibious landings in preparation for the inevitable invasion of continental Europe in what would eventually come to be known as Operation Overlord.

“We knew we would have to go, but we didn’t know when,” Zicari said. That day, June 6, 1944, would soon arrive. Despite months of preparation of training, nothing could prepare him for what would come. “The night before, we were joking around. We didn’t know what to expect. We were all gung ho. Until we landed, then it stopped.” The next morning, Zicari’s unit arrived in Normandy in preparation to land on Omaha Beach — the most heavily defended area of five sectors allied infantry and armored divisions would land on during the D-Day invasion. “We were the fifth or sixth wave to hit Omaha Beach,” he said. “Our landing craft was knocked out, it took a couple of direct hits and killed a couple of sailors that were on board.
The boat got grounded on a reef. After it beached, we had to get off and landed in the water and almost drowned. I was the ammo man for a machine gun crew, and I carried two boxes of ammo, another guy carried two barrels, one carried a magazine, one carried the tripod, it was the five of us. Our gunner lost the barrels. He didn’t want to drown, so he just dropped them. I had the ammo, and I said, ‘what am I going to do with this ammo?’ So, I let go of the ammo.”

Once Zicari finally got his head above water, he was struck by the chaos that laid in front of him. “We didn’t know where we were,” he said. “All we kept hearing was ‘gotta go inland, gotta go inland! Can’t go back!’ But we got pinned down there for quite a long time. We saw a lot of dead soldiers. It was havoc. I can’t explain what war is. We were all gungho before we landed, but once we saw what was going on, I said ‘I want to go home.’ A lot of prayers were said on that day, believe me.” Zicari was able to join up with the remainder of his outfit, but struggled to shake loose many of the horrors around him. “I was in shock. I was numb. I didn’t know what to do. Everybody was lost. I got pinned down by a pillbox, and we had shells landing all over. I got up and went alongside a landing craft that was beached. I looked over and I see this redhead soldier, and he was sitting on his helmet. He got hit bad. He looked at me and just started to laugh, ‘I’m going home, I’m going home.’

Whether he made it home or not, I don’t know. But that stuck with me.” After several hours of intense fighting, Zicari was wounded by a piece of shrapnel in the knee. Although the wound was relatively light, medics recommended he seek immediate care. “They wanted to send me back to the hospital ship, but I told them no. I didn’t want to lose my outfit.” Zicari said. “They might send me to the infantry, and I didn’t want to go to the infantry, that’s for sure.” When the intensity of the battle had died down, and the Germans were pushed back from their positions on the beachhead, Zicari and his unit had the task of bringing the ammunition and supplies onto the beaches. While the initial intensity of the fighting had decreased, they still faced occasional artillery and sniper fire. But the worst job was soon to come. “On the third day, we had to go back and pick up the bodies and equipment on the beaches,” he said. “After that, I never went back again. It was too sad.”

After Normandy, Zicari continued fighting across France, even making it to Belgium and relieving the 101st Airborne following the Battle of the Bulge in Bastogne and surrounding Ardennes Forest. But it was June 6 that would shape his memories of the war; memories that he hopes to put to rest 75 years later. Following the war, Zicari moved to California with his wife, where they raised six children. His family became close friends with their neighbors, Fazendin and her husband. Even after the Zicaris moved to Nevada, they kept in touch. “We’ve been friends for many years,” said Fazendin, who currently lives in Florida and has acted as Zicari’s caretaker for a recent cruise and other short trips. This will be her first time traveling to Europe, and the furthest the two will travel together.

Zicari lives independently in his Las Vegas home, near much of his family. Even though he doesn’t own a cell phone or watch, he stays sharp by doing four crossword puzzles each day and completing woodworking projects. His garage is adorned with massive birdhouses and wooden trains that he has perfected over the years. He gets his socializing by meeting with his fellow Veterans at the VA. His PTSD peer support group even meets up for a holiday meal at the Medical Center cafeteria. And it was with their encouragement, the help of his caretaker, and financial support of charitable donations that Zicari will finally be able to make his return to Omaha Beach.
Changing Behavior for Better Health

The VA Southern Nevada Healthcare System “To The Point Newsletter” was designed to give Veterans, families, caregivers, and stakeholders information about the programs, services, and the knowledge to better educate them of whole-health approaches to wellness. Together, with a Patient Aligned Care Team (PACT), each Veteran works together with health care professionals to plan for whole-person care and life-long health and wellness. The Veteran is the focal point at the center of the health team so he or she can make informed decisions about their health care plan with the provider, nursing, nutrition, mental health, and services in the VA and local community.

Special Events

VASNHS Veterans Town Hall in Las Vegas and Pahrump

When:
Wed July 31, 2019 at 4:30 p.m. - 7 p.m.
Where:
VA Southern Nevada Healthcare System Medical Center
6900 N. Pecos Road
North Las Vegas, NV 89086
Background:
The Resource Fair will include information tables, as well as other displays and information for Active Duty, Reservists, Veterans, their families and caregivers. The Department of Veterans Affairs will hold its quarterly Veterans Town Hall July 31, 2019, which includes the moderated Town Hall from 6 p.m. to 7 p.m., the Town Hall will include updates from Veterans Health Care and Veterans Benefits leaders on national and local activities and initiatives, followed by a question and answer session where leaders will answer pre-submitted questions or questions of general interest submitted on a comment card during the session.

(No note: Listing of participating non-government organizations is for informational purposes only and does not infer or imply endorsement by the Department of Veterans Affairs)

When:
Wed Sept 18, 2019 at 1 p.m. - 2 p.m.
Where:
Bob Ruud Community Center
150 NV-160, Pahrump, NV 89060
Background:
The Department of Veterans Affairs will hold its yearly Pahrump Veterans Moderated Town Hall September 18, 2019, from 1 p.m. to 2 p.m., the Town Hall will include updates from Veterans Health Care and Veterans Benefits leaders on national and local activities and initiatives, followed by a question and answer session where leaders will answer pre-submitted questions or questions of general interest submitted on a comment card during the session.

Veterans can submit questions in advance to: vhalaspao@va.gov
Questions of a personal nature or those unable to be addressed during the town hall will be sent to the appropriate representative for a direct response back to the submitter.

For the latest information in the VA Southern Nevada Healthcare System check out the following WEB links:

- VASNHS Website
- Free Email Alerts
- VASNHS YouTube
- VASNHS Newsletter • Summer 2019

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