



*(October 7, 2015)*

In order to further improve the lines of communication and to respond to the concerns between the National VA Council and you our members, I have established a National VA Council Briefing. This NVAC Briefing will bring you the latest news and developments within DVA and provide you with the current status of issues this Council is currently addressing. I believe that this NVAC Briefing will greatly enhance the way in which we communicate and the way in which we share new information, keeping you better informed.

**Alma L. Lee**  
National VA Council, President

~~~~~  
**In This Briefing: Veterans Integrated Service Network Realignment**  
~~~~~

I am forwarding the “***Veterans Integrated Service Network Realignment***” memorandum.

1. On January 26, 2015, Secretary of Veterans Affairs Robert A. McDonald revealed a plan to realign the Department of Veterans Affairs (VA) many organizational maps into one map with five districts. As part of the **MyVA** Realignment, the Veterans Health Administration (VHA) will also realign existing Veterans Integrated Service Networks (VISN) to fit with the five Department-level districts.
2. The existing VISN structure will be modified to reduce the number of VISNs from 21 to 18 and to bring the VISNs in line with **MyVA** districts. In developing recommendations for VISN re-configuration, the VHA VISN Realignment Workgroup explored several options and models. Multiple factors were weighed in the process, including alignment with state boundaries, the population of Veterans served, and the number of healthcare systems within each VISN. Realignment within state boundaries allows for better collaboration and interaction with various political representatives, state officials, agencies, and Veteran Service Organizations (VSO). The analysis supported a reduction in the number of VISNs to 18 to allow for a reasonable

span of control, with 6-11 health care systems in the majority of the VISNs, while simultaneously reducing variation in Veteran population, enrollees, users, FTE staff, and budget.

3. Integration of VISNs 2 and 3: In the previous VISN structure New York State was split between 2 VISNs: VISN 2 headquartered in Albany, NY and VISN 3 headquartered in the Bronx. Each VISN has 5 medical centers. The Workgroup recommended consolidation of VISN 2 and VISN 3 to a newly integrated VISN that will be called VISN 2 and will be headquartered in Albany, NY with a satellite VISN office in Bronx, NY. This integration will start on October 1, 2015. The Network Director for the newly integrated VISN 2 is being actively recruited. In the meantime, the newly integrated VISN 2 will have partnered leadership with current Acting Network Directors Darlene Delancey in VISN 2 and Joan McInerney, MD in VISN 3.
4. Consolidation of all West Virginia VA Health Care Systems to VISN 5: West Virginia has 4 health care systems (HCS) split between 4 VISNs. VISN 5 is undersized with only 3 medical centers and 152,000 patients and is located in an area of the country where Veteran population is decreasing. VISN 5 will expand to include all 4 West Virginia HCS, realigning Clarksburg VAMC from VISN 4, Beckley VAMC from VISN 6 and Huntington VAMC from VISN 9. This consolidation will start on October 1, 2015.
5. Integration of VISNs 10 and 11: VISN 10 with five medical centers will consolidate with VISN 11's six medical centers. The newly integrated VISN will be called VISN 10, and the headquarters of newly integrated VISN will be in Cincinnati, Ohio at the current VISN 10 Network Office with a satellite office in Ann Arbor, MI. This integration will start on October 1, 2015. The current VISN 10 Network Director, Mr. Jack Hetrick will become the Network Director for the newly integrated VISN 10.

In addition, VA Medical Centers in Illinois are currently split between 3 VISNs with Chicago facilities in VISN 12, Danville VAMC in VISN 11 and Marian VAMC in VISN 15. Danville will be realigned to VISN 12, but because Marion VAMC is part of the VISN 15 integrated medical record, it will remain in VISN 15. This is one of the few exceptions to alignment within the **MyVA** state boundaries.

6. Realignment in VISN 16: VISN 16 is geographically large with 478,000 patients and 10 VA health care systems located in 5 states. VISN 19 has only 207,000 patients and 6 HCS. Oklahoma HCS (Muskogee and Oklahoma City) will move from VISN 16 to VISN 19. This integration will start on October 1, 2015. Houston VA Health Care System will remain in VISN 16 until the new tertiary care facility is activated in New Orleans and will realign to VISN 17 at that time.

7. Realignments in VISN 18, 17 and 22 VISN 18 is not aligned with **MyVA** borders. Amarillo, West Texas and El Paso Health Care Systems are in District 4, and New Mexico and Arizona Health Care Systems are in District 5. Texas is split between three VISNs: 16, 17, and 18 and VISN 17 has only 4 HCS. As part of the realignment all HCS in Texas will be transitioned to VISN 17 effective October 1, 2015 with the exception of the Houston VA Health Care System which will remain in VISN 16 until the New Orleans VAMC is activated.

By the end of FY17, VISN 18 will be integrated with VISN 22, but until such time, VISN 18 will consist of the VA Health Care Systems in New Mexico and Arizona to include Phoenix, Prescott, Albuquerque and Tucson. The VISN 18 Network Office will remain in Gilbert, AZ with the current acting VISN 18 Network Director Kathleen Fogarty serving until a permanent Network Director is named. When the integration with VISN 22 is complete, the VISN 18 Network Office in Gilbert, Arizona will then become a satellite office of VISN 22, which has its Network Office in Long Beach, California.

8. Other Realignment Impacting VISN 21 and 22: The Nevada HCS are in separate VISNs 21 and 22. It was decided to realign Las Vegas VAMC from VISN 22 to VISN 21. This integration will start on October 1, 2015. Because of the population size and geographic distances (including Hawaii, Philippines and Guam), the state of California will remain split between two VISNs which is an exception to the **MyVA** state boundaries criteria.
9. These realignments will ensure VHA that is working towards consistency with **MyVA** efforts, will create efficiencies within VHA and enhance Veterans' experiences as they receive services within VA. There will be no impact on their ability to access health care services through VA facilities.
10. Full completion of these realignments will take many months and much work needs to be completed to ensure our financial, human resources, payroll, OIT, Contracting, Business Office and data systems are carefully and correctly transitioned. Notification to our Labor partners is in process and communications with VBA Regional Offices, National Cemetery Administration local offices and Regional Counsel Offices needs to occur. The VHA VISN Realignment Workgroup and your local workgroups are already meeting to address these issues with SMEs from each of the areas.
11. We recognize that the realignments may cause concern for some staff, particularly those in VISN offices impacted by the change and we are working to ensure that the realignment process has minimal negative impact on current staff members.

