

Harm Reduction

CPPO Monthly PACT Teleconference Series

August 12, 2022

Beth Dinges, PharmD
she/her/hers
VISN 12 Academic Detailing Service
CPP, VA Illiana Healthcare System (Danville, IL)

Objectives

1. Understand how and why people use drugs
2. Apply harm reduction to one's practice
3. Know what medications & supplies VA/YOU can provide



No disclosures to share

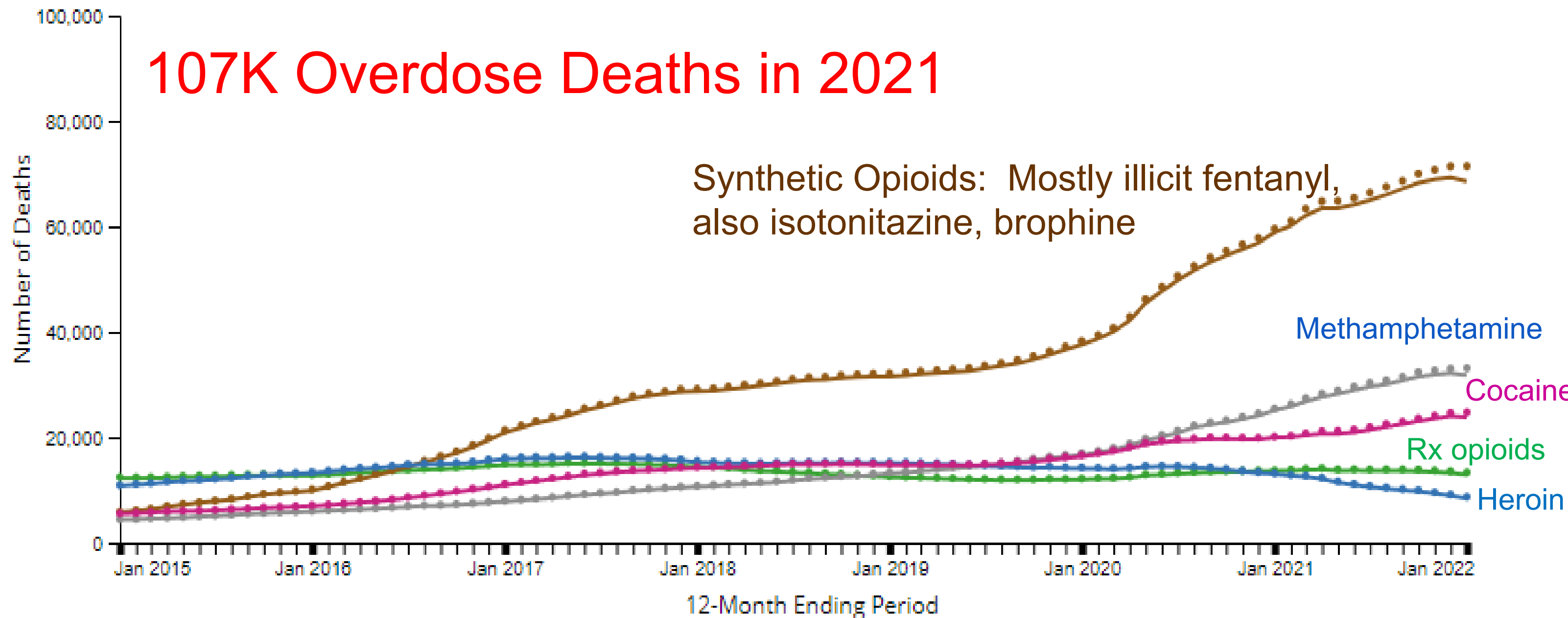
Background



**What makes you
uncomfortable (or
intrigued) about this
topic?**

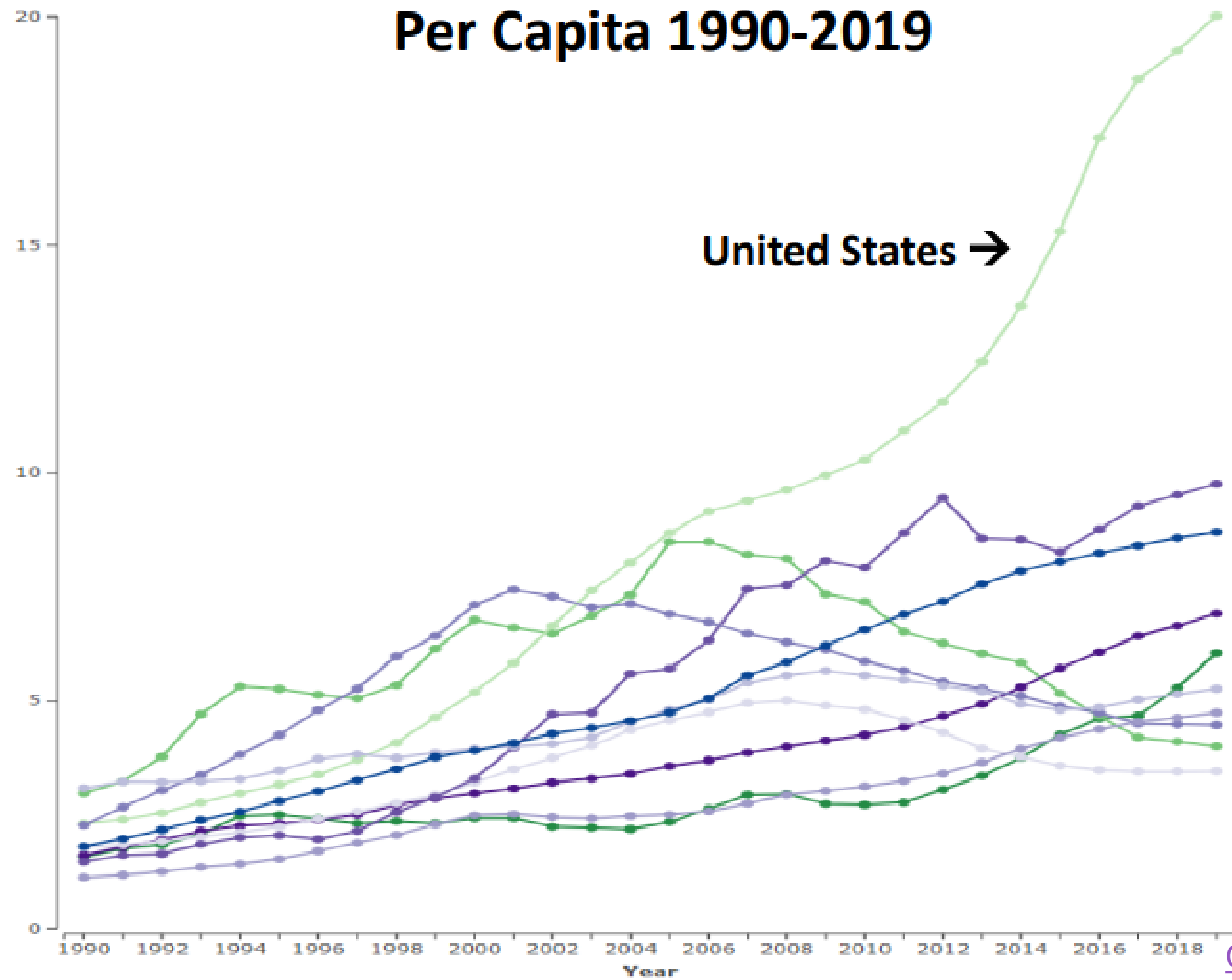
Drug Overdose Deaths by Drug or Class

107K Overdose Deaths in 2021



Uniquely American Problem

**Top 10 Countries, Drug Overdose Deaths
Per Capita 1990-2019**



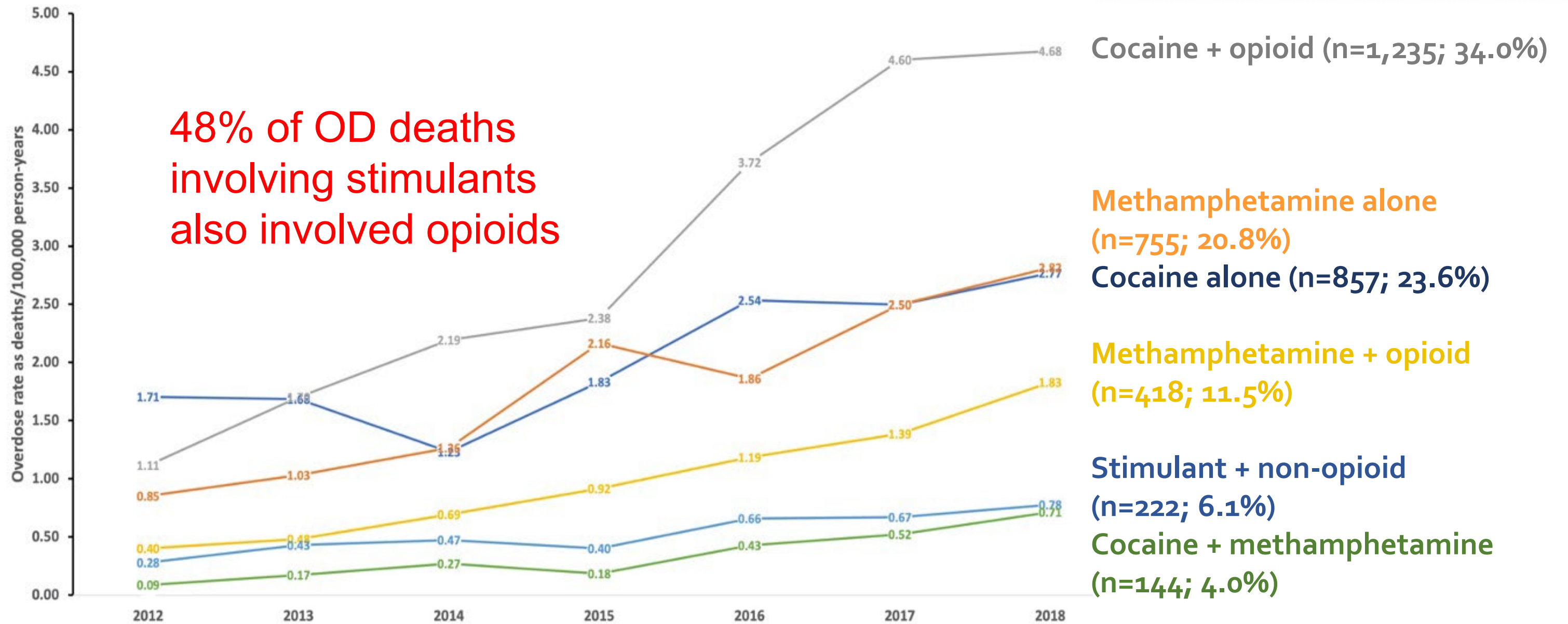
“Four Waves” of the U.S. Overdose Crisis



Drivers of 4th wave:

1. Illicitly Manufactured Fentanyl
2. Synthetic Analogues + Polysubstance + Counterfeiting
3. Exacerbation during COVID-19
4. Rising Racial/Ethnic Disparities

Stimulant-Involved Overdose Deaths in



[Patient characteristics and treatment utilization in fatal stimulant-involved overdoses in the United States Veterans Health Administration \(wiley.com\)](https://onlinelibrary.wiley.com/doi/10.1111/psp.12400)

Stimulant-Opioid OD Deaths

Increased supply

- Stimulants mixed with synthetic opioids: Likely accidental (co-dealing) vs purposeful.

Increased demand:

- 2015 to 2019: methamphetamine use, use disorder, frequent use, co-use with cocaine increased 43 → 105%*
- Increased co-use: “Speedball”: combo of heroin/fentanyl + cocaine or meth; or using each at different times to come up/down

*Methamphetamine use in the United States: epidemiological update and implications for prevention, treatment, and harm reduction - PubMed (nih.gov)

Stigma & Discrimination

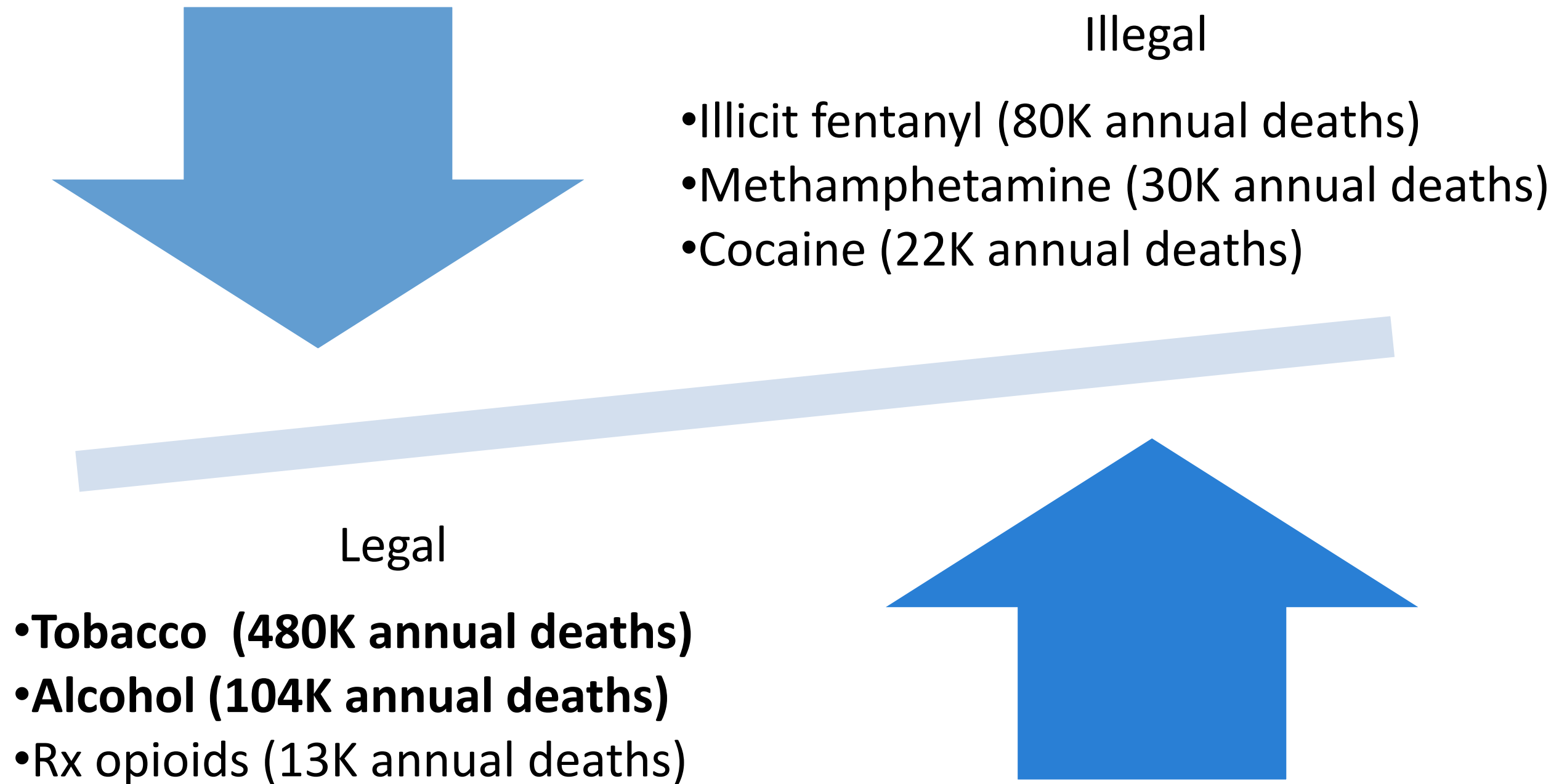
- Drug Addiction the MOST stigmatized (and one of few criminalized) conditions
- Only 10% of people w/ SUD receive treatment
 - Fear of negative opinion of neighbor/community
 - Negative effect on job
- 52% of general public see addiction = medical illness
- Health professionals' attitudes toward patients w/ SUD often negative & contribute to suboptimal care
- Impact: delay/avoidance of tx, poor mental/physical health, mistrust of healthcare system, ↓ quality & healthcare utilization, ↓ willingness for policy reform & funding, faulty understanding of SUD & tx

Language

Pejorative terms propagate negative attitudes and influence care, enforce power differential

- Medication/Drug Seeking → Seeking Treatment or Relief
- Abuse → Use
- Relapse → Slip, Lapse, Episode, Return to or recurrence of use
- Convict, inmate, felon → Person who has been incarcerated
- Risky/unsafe behaviors → Condom less sex, multiple partners
- Track marks → Injection related wounds

Does legal = safer?

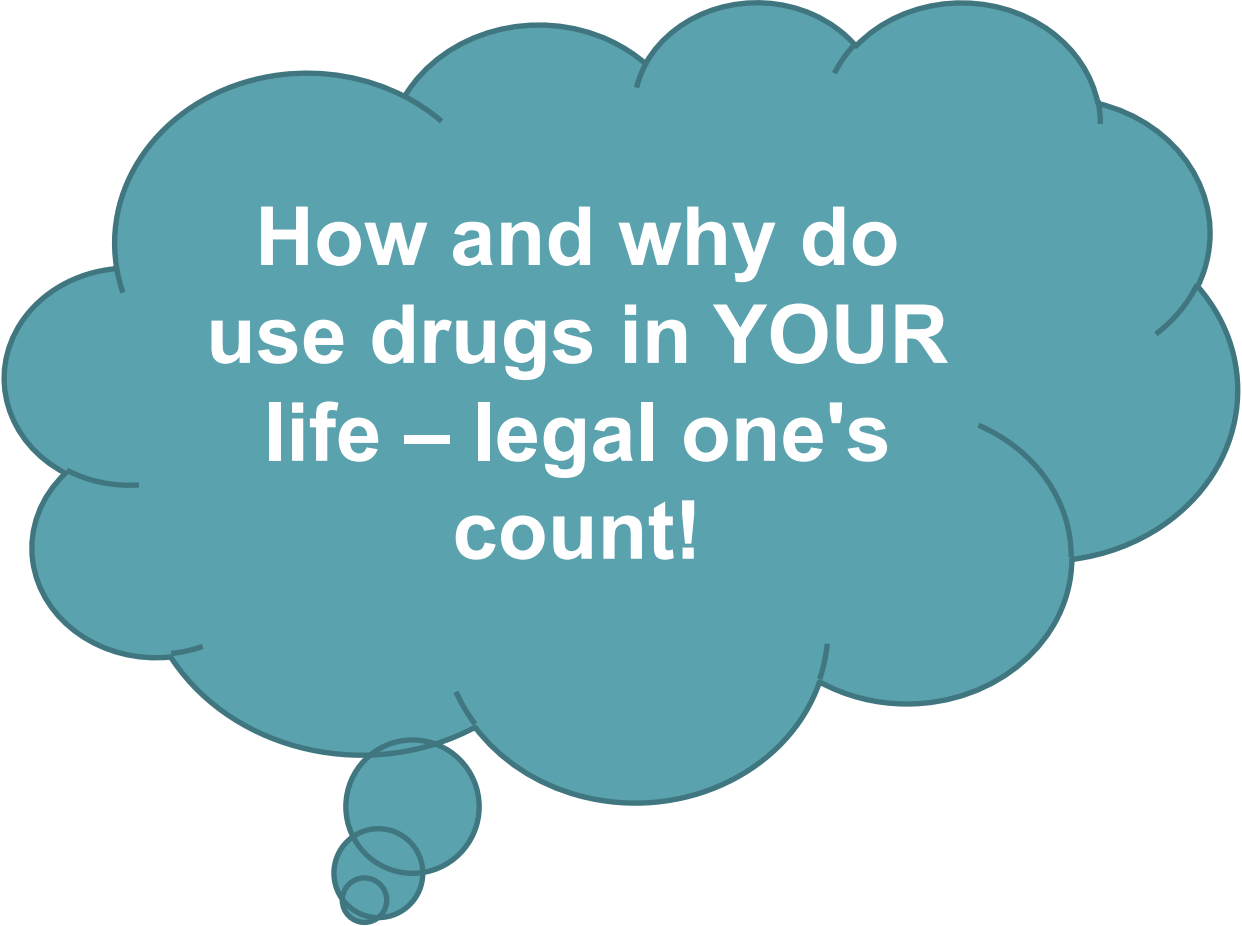


YES, this is a space for CPPs

- CPPs = unique combination clinical + pharmacy operational knowledge
- And specifically, PACT CPPs!
 - Only 10% of people w/ SUD receive treatment
 - Of those who receive treatment, only 40% complete
 - Risk among those who use drugs, but don't have a use disorder



How and Why People use Drugs (PWUD)



How and why do
use drugs in **YOUR**
life – legal one's
count!

Why people use drugs and “don’t just stop”

Feeling

Good/better in the moment

More social/connected

Escape

Enhance sex

Management

Mental/physical health symptoms
(e.g., pain)

To come up or down

Physical dependence, substance
use disorder

Situations (homelessness, lack of
employment/social support)

Access

Cheaper than Rx drugs

Lack of insurance

Lack of transportation, geographic
proximity

Immigration status

Understanding the Spectrum of Drug Use

Experimental

Social/Ritual

Situational

Binge Use

Regular

Dependence

Chaotic

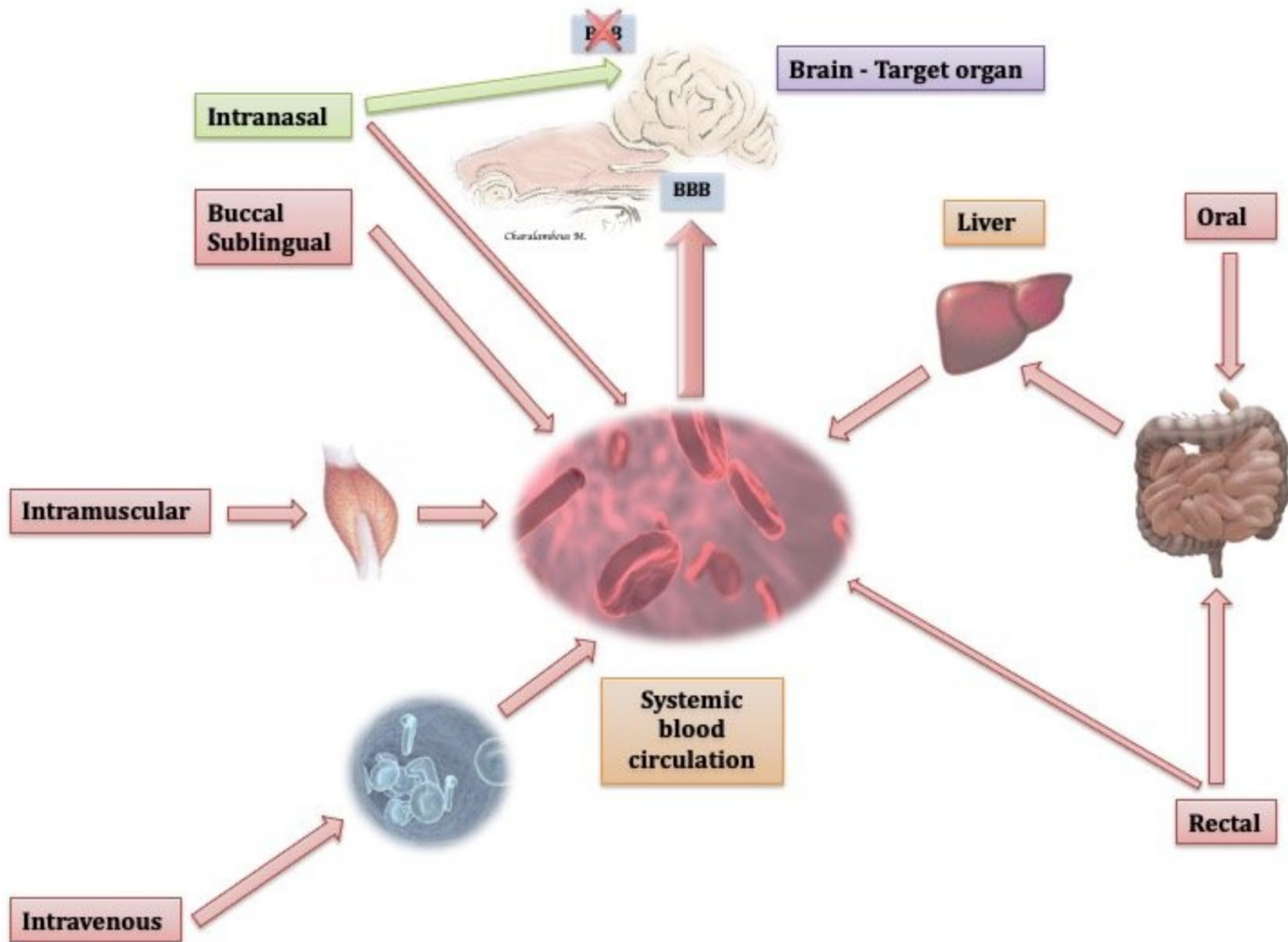


- Occurs along continuum, back and forth & changing over time
- Movement (and change) is non-linear
- People do not always move toward persistent, chaotic use
- Not everyone who uses drugs has a use disorder
 - Of those who've used illicit drugs in past year, 28% have a use disorder

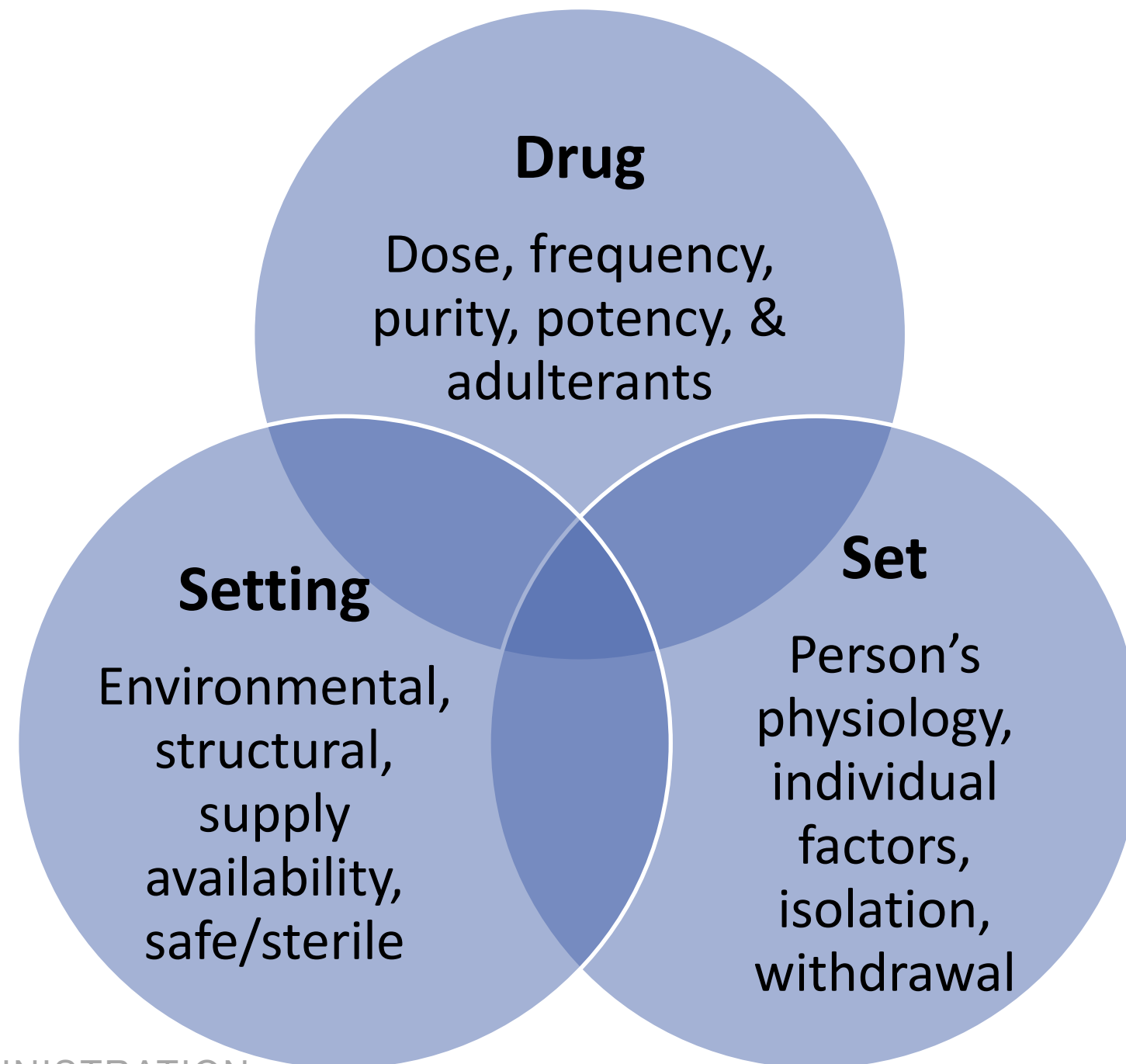
<https://nastad.org/resources/national-harm-reduction-technical-assistance-center-nhrtac-training-deck-harm-reduction-0>
[Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health](#)
[samhsa.gov](https://www.samhsa.gov)

Routes of Administration

- **Injection:**
 - ↑ bioavailability + rapid onset = “rush”, > economical?
 - highest infection & overdose risk
- **Smoking/Vaping:** rapid absorption/onset. *Crack/Meth*
- **Snorting:** longer effect. *Cocaine*
- **Rectal “booty bumping”, “boofing”:** drug solution via syringe w/o needle. ↑ bioavailability, moderate onset. *Meth & cocaine*
- **Oral:** wrap in cigarette paper and swallow, add to coffee



Drug, Set, Setting





Infectious complications associated with substance use

Bloodborne infections: HCV/HIV/HBV/Syphilis

Prevalence among people who inject

- HCV: 70% ever infected & 50% currently infected³
- HIV: 7%⁴

Durability

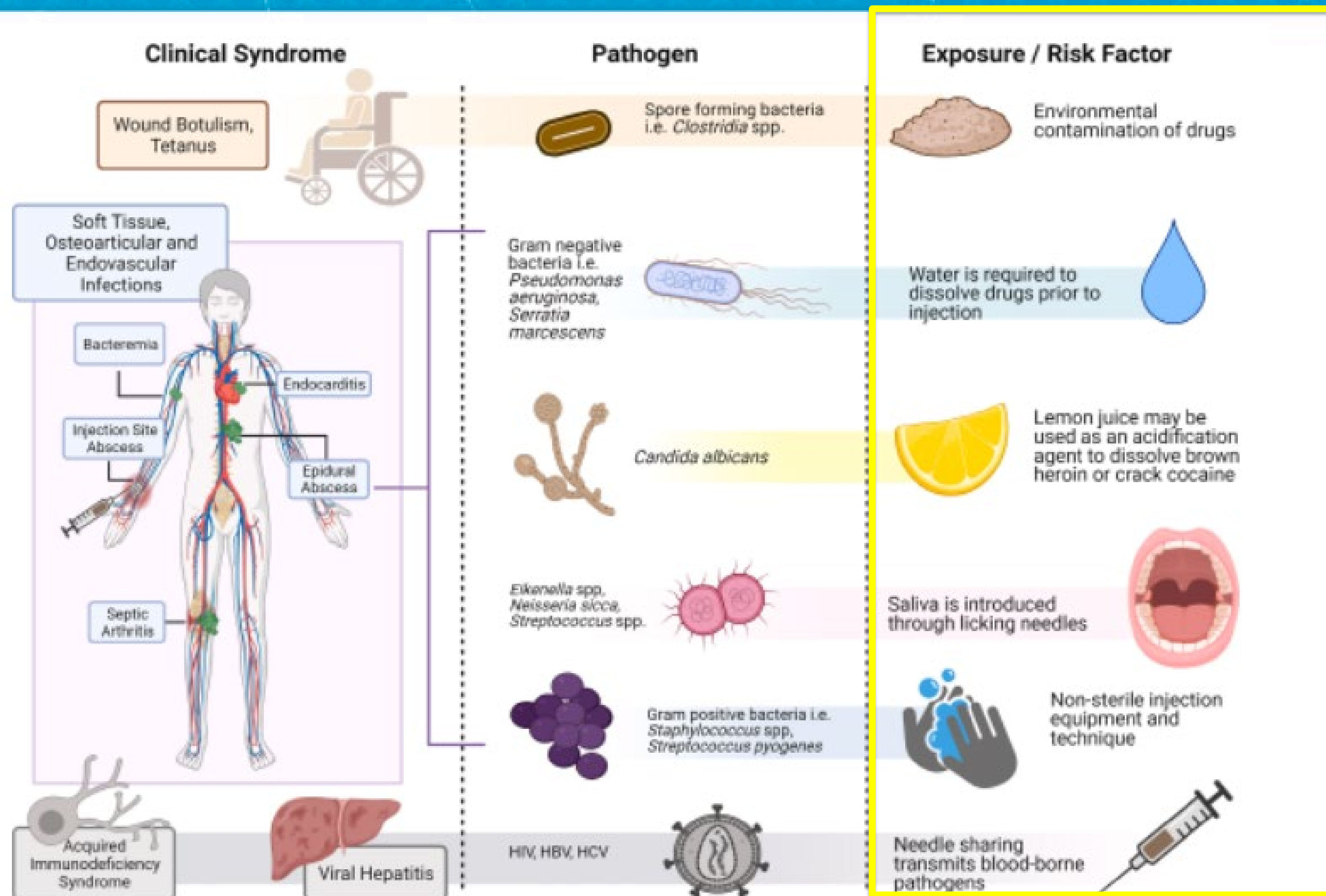
- HCV: infectious outside body for 6 weeks
- HIV: infectious outside body for 2 weeks

Awareness of infection

- HIV: 1 in 8
- HCV: 50%

<https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/todaysepidemic-508.pdf>;
<https://www.cdc.gov/knowmorehepatitis/hcp/Screen-All-Patients-For-HepC.htm>; [Prevalence of hepatitis C virus infection among injection drug users in the United States, 1994-2004 - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/16185284/). Clin Infect Dis2008; 46:1852–8.4.2015; [HIV Injection Risk Behaviors among HIV-Negative People Who Inject Drugs Experiencing Homelessness, 23 U.S. Cities - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/25811111/);
<https://www.hiv.gov/blog/scientists-discover-hepatitis-c-virus-can-remain-infectious-outside-of-the-body-for-up-to-6-weeks>

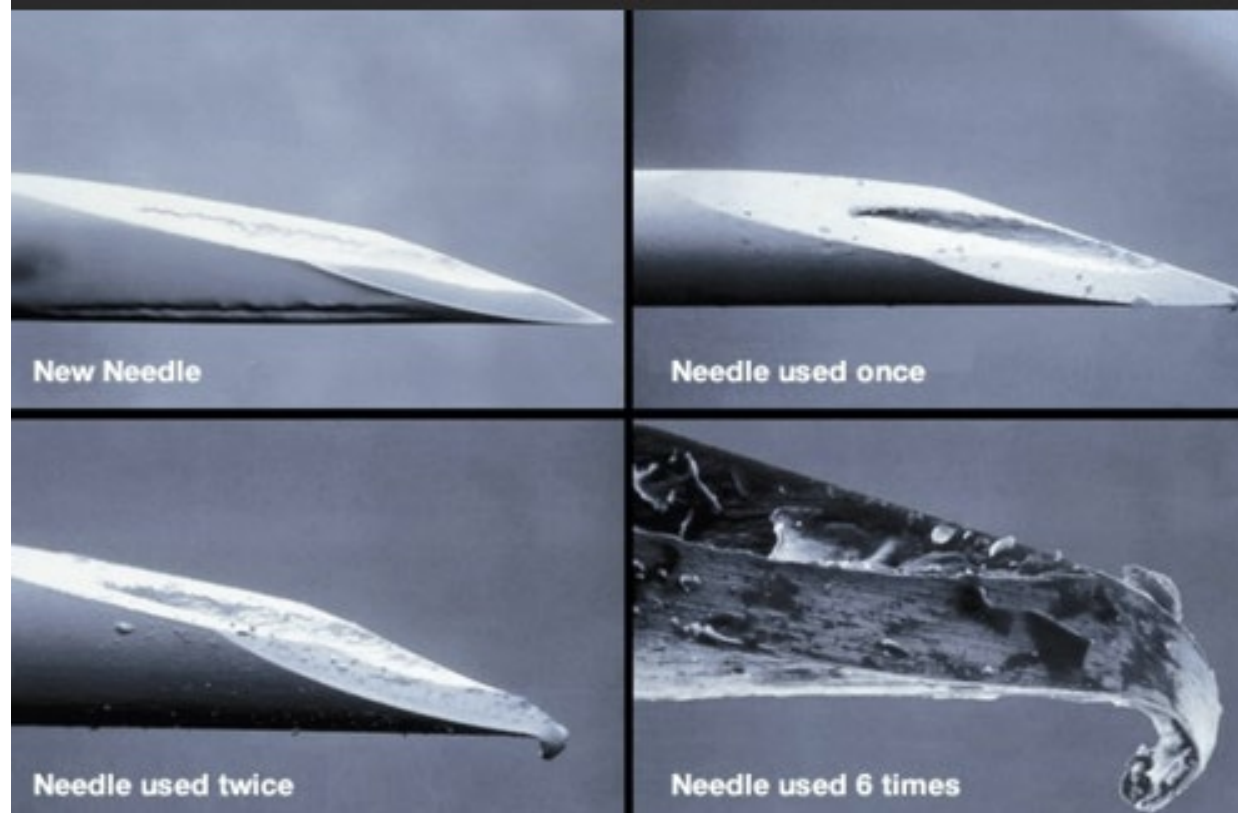
Infectious Complications of Injection Drug Use



VETERANS

Sharing, Reusing, & Bleaching Syringes

- 25% use sterile syringes
- 33% share syringes
- **Lack of access** = biggest barrier
- Sharing ANY equipment
- Bleaching syringes:
 - May help prevent HIV and HCV, BUT ↑ tissue inflammation



Smoking/Snorting Equipment

Lack of equipment

- Unavailable
- Confiscated
- Fear of legal consequences
- Homelessness

Make-shift pipes

- Open sores, blisters, cuts, burns
- Dry/cracked lips
- STI transmission during oral sex

Unsanitary snorting equipment

- Dollar bills
- Keys
- Toilet seats

Sharing equipment

- HIV
- HCV
- Tuberculosis
- COVID-19

Stimulants and Sex

Effects:

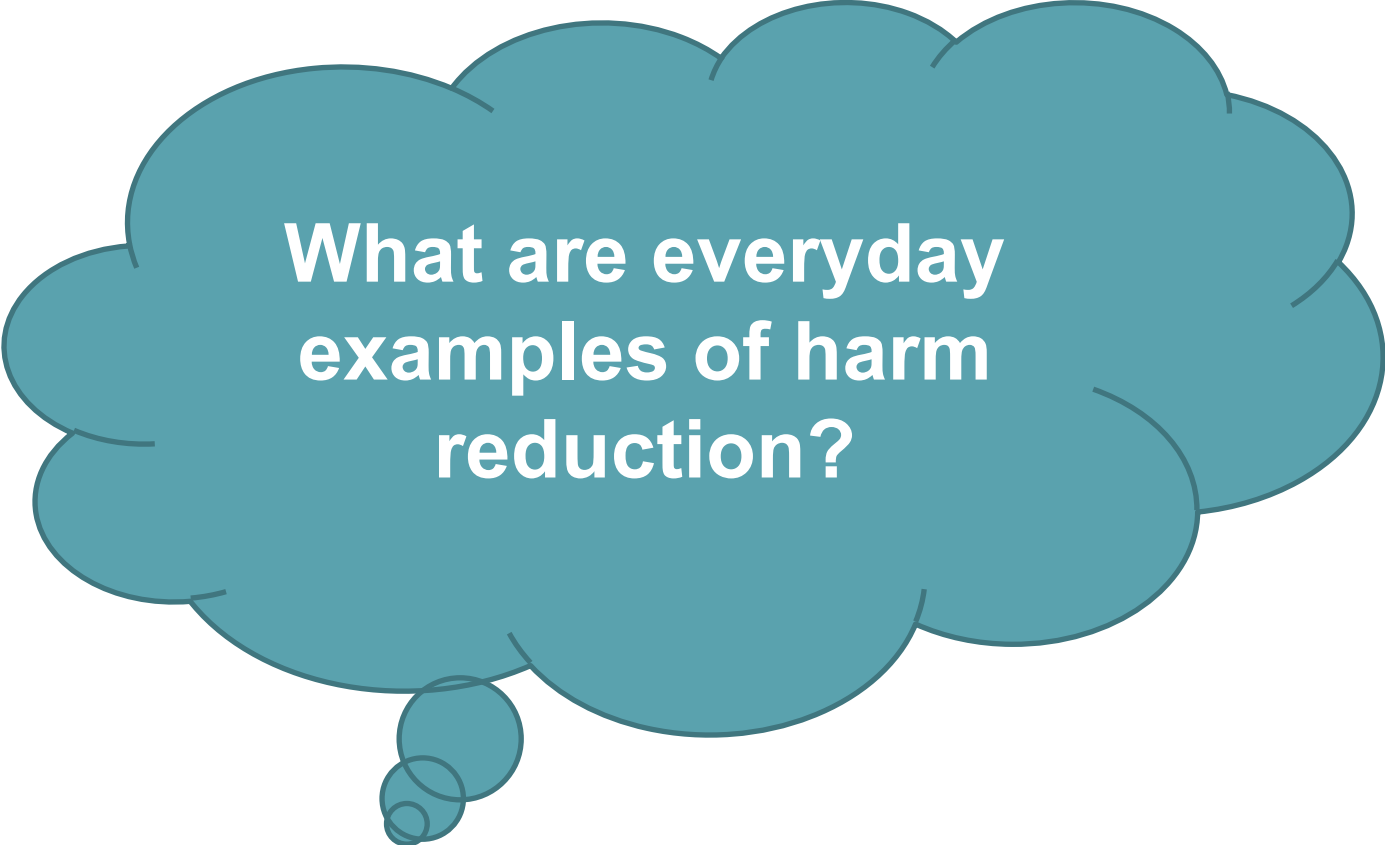
- Euphoria, desire, arousal
- Decreased use of condoms, Multiple partners, ↑ risk STIs

Chem Sex (Party 'n' Play, PnP) = Using drugs to enhance sexual experiences

- Recreational encounters, sex parties, paid experiences between sex workers & clients
- Queer men, transgender women,
- Crystal methamphetamine*
- Queer men and trans people who “persistently” use meth have a higher risk for contracting HIV



Defining Harm Reduction



**What are everyday
examples of harm
reduction?**

Defining Harm Reduction

- Framework 1: A Public Health Strategy
- Framework 2: A Movement for Justice and Equity
- Framework 3: A Clinical Approach

Defining Harm Reduction: Public Health Strategy

- **Response to HIV among people who inject drugs (PWID) in 1980s & demand for syringe service programs (SSPs) to ↓ transmission**
- **Now a range of policy approaches to ↓ consequences of substance use; in contrast to prohibition and zero tolerance**
- **Public health measures, like seat belt, speed limits to decrease risk of motor vehicle accidents**
- **Involvement of people who use drugs (PWUD) in program & policy**

Defining Harm Reduction: Public Health Strategy

| Example | Description | Evidence |
|---|---|---------------------------------------|
| Syringe Service Programs | Provide injection equipment & collect used; link to other services | ↓ HIV/HCV; ↑ treatment engagement |
| Supervised Consumption Spaces (Overdose Prevention Sites) | People consume substances under trained supervision | ↓ overdose, ↑ injection, link to care |
| Injectable Opioid Agonist Therapy | IV opioids (diacetylmorphine) to pts w/ OUD in controlled environment | ↓ nonprescribed drug use; ↑ QoL |
| Overdose Education & Naloxone Distribution | Community based naloxone training & distro programs | ↓ unintentional overdose |

Defining Harm Reduction: Movement for Justice and Equity

- Most drug-related harm not due to substances themselves, but rather:
 - **Criminalization & stigmatization** of PWUD
 - **Structural determinants of health** (racism, poverty, sex/gender discrimination, trauma)
- Harm reduction promotes structural change & intersects w/ movements for **racial equity, decarceration, reproductive justice, access to housing/healthcare**

Defining Harm Reduction: Movement for Justice and Equity

- **Punishing Drug Use → Stigma:**
 - ↓ access and quality of care
 - Avoidance or delay to seek care
 - Concealment to avoid criminal consequences → missing healthcare info
 - ↑ incarceration
 - Silenced voices of PWUD
 - Poisoned drug supply
 - Moralistic view of drugs and addiction



Defining Harm Reduction: Clinical Approach

- Harm reduction in healthcare aims to ↓ negative consequences of substance use through screening, pharmacotherapy, education

Human rights

- Approach w/ dignity, compassion, nonjudgmental acceptance. Support autonomy

Incrementalism

- Focus on immediate needs. Reinforce ANY positive change. Abstinence may not be goal

Pragmatism

- Drug use a complex phenomenon influenced by structural determinants. No one achieves perfect health behaviors

Change

- ✗ People must suffer/“bootstrap mentality”
- ✗ Only one way to help or expecting a 180 overnight
- ✓ Change is non-linear
- ✓ Key ingredient to change = building relationships & support
- ✓ Recovery:
 - ✓ Self-defined
 - ✓ Does not have to mean abstinence
 - ✓ ANY POSITIVE CHANGE

Safer
techniques

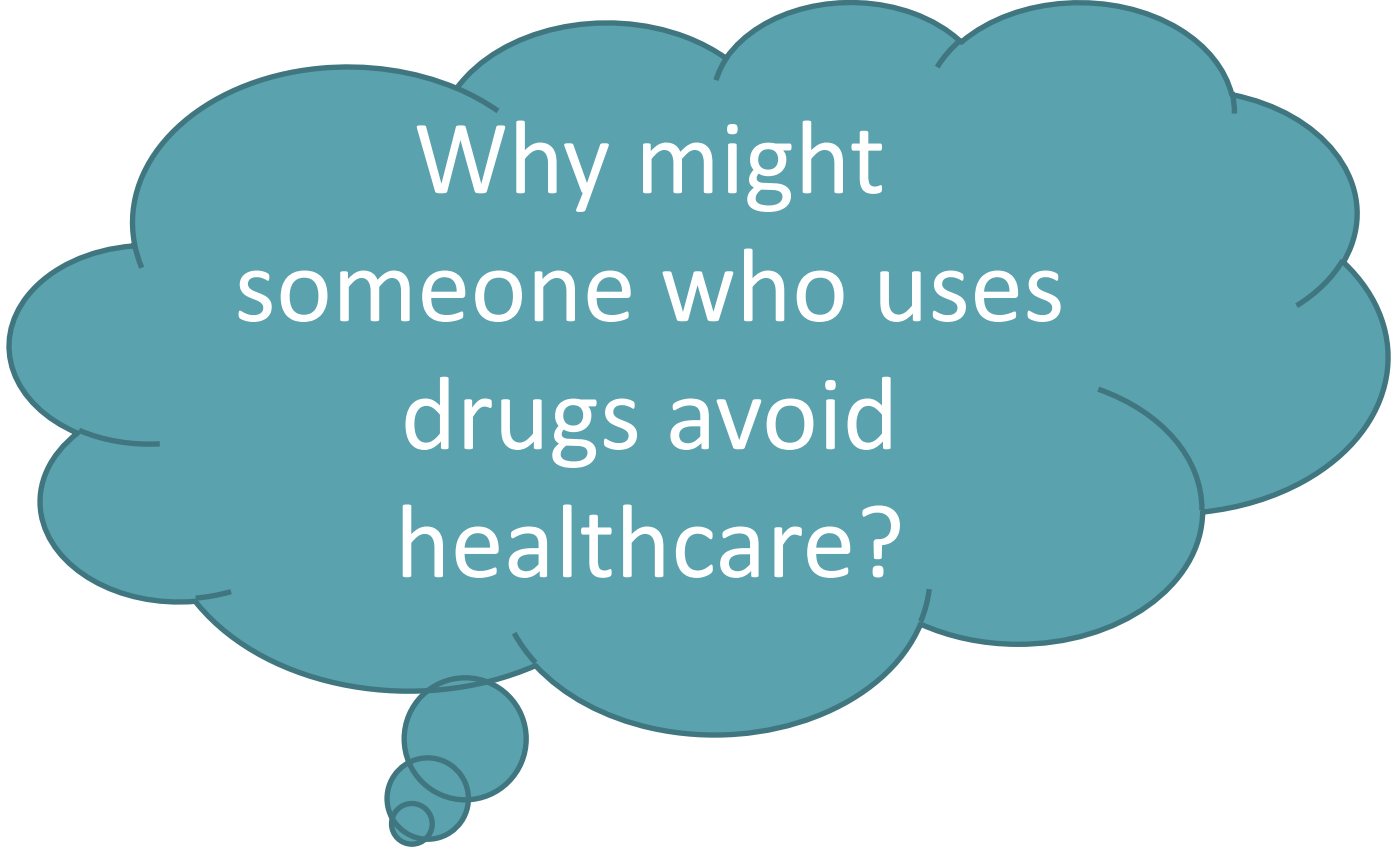
Safer routes

Reduced use

Total
abstinence

↓ barrier
buprenorphine

Words → Action



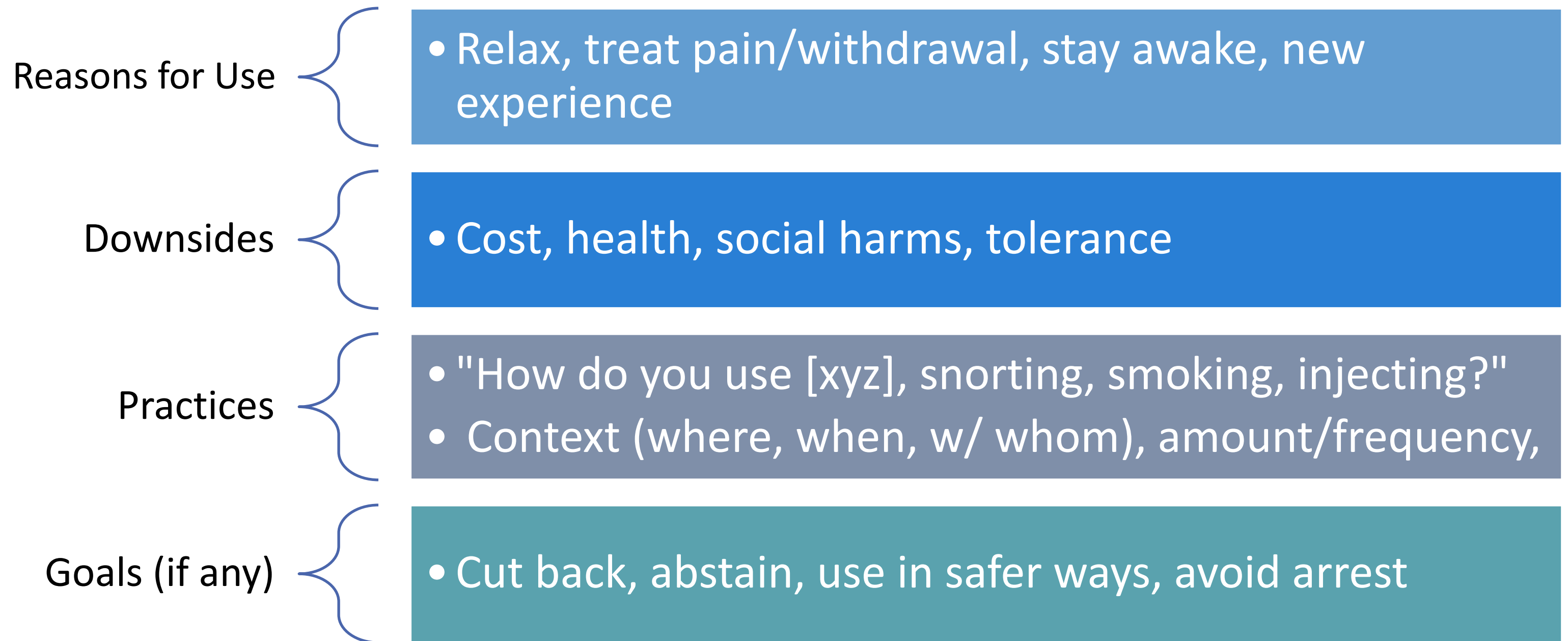
Why might
someone who uses
drugs avoid
healthcare?

Talking Tips

- Treat pain /withdrawal first
- **Safe space:** PWUD often experience trauma &
- judgement → uncomfortable disclosing information
- Goal to facilitate interventions to **↑ QoL & ↓ risk** of substance use
- **Normalize:**
 - Routine question, for everyone
 - "Some of my patients use non-prescribed drugs, such as XYZ"...
- Explain **why you're asking**, "I'm asking questions because I want to help with issue X."



Drug Use History Taking



Clinical Interventions

Screenings

- ≥ 1 yr: HIV, HCV ab, syphilis, trichomonas vaginalis, urine gonorrhea/chlamydia +/- oral/rectal (MSM)
- Others: HPV, TB

Vaccines

- TDaP, Pneumo, Hep A/B, Flu, COVID-19, HPV, Tetanus

Clinical Interventions

Medications

- ↓ & stabilize use: naltrexone & gabapentin (alcohol); methadone & buprenorphine (opioids); NRT (nicotine); < for Stimulant use disorder

Harm Reduction Messaging

- Empower PWUD to use > safely
- Practice & tailor, recognize realities of lives. Humility → patient brings expertise

Community resources

- SSPs (24% with tele buprenorphine*)
- Overdose Prevention Centers

Clinical Interventions (PWID)

HCV

- Screening & treatment for ALL PWID **regardless of current use**. 95% treatment success among patients w/ active/recent IDU

Methadone &
Buprenorphine

- For patients who inject opioids, offer **even if goal isn't abstinence**. ↓ injection frequency, HIV/HCV transmission, fatal/non-fatal OD & overall mortality

Preexposure
prophylaxis

- If shared equipment in past 6 mo. Can be done by non-ID, including PC

Harm Reduction Messaging: By Substance

Alcohol

↓ consumption (alternate w/ water, ↓ %); withdrawal mgmt/seizure prevention; accountability partner

Stimulants

Nutrition/hydration/sleep/breaks, condoms, PrEP)

Psychedelics & hallucinogens

Caution med-med interactions; encourage sitter; mgmt. of “bad trip”

Polysubstance use

Alternate substances, wait 1-2 hr between substances, smaller amounts of each substance used

Harm Reduction Messaging: By Route

Smoking

- Dry mouth, ↑ acidity & bacteria → dental decay & gum disease
- Oral care, dentistry, hydrate
- Materials: Lip balm, sugar-free gum/candy, rubber mouthpieces, alcohol swabs, pyrex pipes (crack → straight stems, meth → bowls), push sticks & brass screens (crack), foil (stimulants/opioid)

Snorting

- Apply petroleum jelly
- Alternate nostrils
- Avoid sharing snorting tools & unsanitary equipment (dollar bills, keys, toilet seat)
- Materials: Saline rinse, paper or plastic straws, sticky notes

[Vaseline for Coke Nose: Does it Work? Plus Other Tips for Relief \(healthline.com\)](https://healthline.com); Materials for Syringe Service Programs: A Guide for Staff & Volunteers. NASTAD. <https://nastad.org/resources/materials-syringe-services-programs-guide-staff-volunteers-powerpoint-slide-deck>.

Harm Reduction Messaging: By Route

Injection

- 1 needle per injection, hand/skin hygiene, avoid neck/groin
- Materials: syringes, sterile water, cookers, tourniquet, alcohol swabs, adhesive bandages, +/- vitamin c (crack/cocaine)

Rectal “booty bumping” “boofing”

- Dilute drug in solution
- Do not share supplies
- Wash hand; caution anal irritation/bleeding (can ↑ risk STI w/ receptive anal sex)
- Materials: needless syringe, sterile water

[Vaseline for Coke Nose: Does it Work? Plus Other Tips for Relief \(healthline.com\)](https://healthline.com); Materials for Syringe Service Programs: A Guide for Staff & Volunteers. NASTAD. <https://nastad.org/resources/materials-syringe-services-programs-guide-staff-volunteers-powerpoint-slide-deck>. Applewhite, D., Sue, Kimberly. 2022. Harm Reduction.

Pocket Addiction Medicine (pp. 113-116)

Steps to Safer Injection

- Hand washing
- Safe Drug, Set, Setting
- Substance preparation (sterile water to dissolve substance)
- Use clean filter (part of cotton ball) to draw liquid into syringe
- Identification of veins and effective injection location, rotate
- Skin cleaning
- Tourniquet or sock, etc
- Insert needle bevel up at 25% angle, ensure flash of blood, **remove tourniquet before** injecting slowly
- Aftercare: Dispose of syringe



Harm Reduction Messaging: Overdose Prevention

Fentanyl “universal precautions”: Assume fentanyl present (stimulants, pressed pills); use fentanyl test strips if available, “test dose”

Carry naloxone even if you don’t use opioids. Ensure people around you know how to use it; take turns using

Try to never use alone. If you do, have a friend call you in q3-5min/Never Use Alone Hotline or App. Use in space where you can be helped (don’t lock doors)

Be careful of changes in tolerance: using after a period of abstinence – including hospitalization, incarceration

Be careful when mixing drugs (including alcohol, Rx meds)

Consider buprenorphine/methadone if you use opioids – manage cravings, withdrawal, protect against overdose

Overdose Education & Naloxone Distribution (OEND)

- **Should be everywhere! Safe and easy to use.**
- Naloxone, a MUST, for all PWUD (exception cannabis alone) & immediate family/contacts
- Pressed pills, heroin, cocaine, meth ALL subject to contamination
- PWUD are common first responders & MORE likely to administer naloxone
- Be skeptical of calls for more powerful antagonists
- Never Use Alone hotline: 800-484-3731

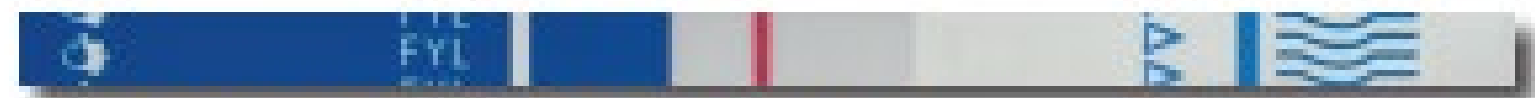


Fentanyl Test Strips

- Off-label use for drug testing
- Evidence FTSs help people use caution
- Opioids, **pressed pills, methamphetamine/cocaine**
- Chocolate chip cookie effect: contaminants, esp fentanyl, cluster. Miss "chip" → false negative.
- Criminalized in some states
- How to test your drugs for fentanyl



1 RED LINE = **POSITIVE** FOR FENTANYL



2 RED LINES = **NEGATIVE** FOR FENTANYL



[The Real & Imagined Risks of Novel Synthetic Drugs – Zoom](#)

Harm Reduction: BTNX Test Strips. <https://www.btnx.com/HarmReduction>.

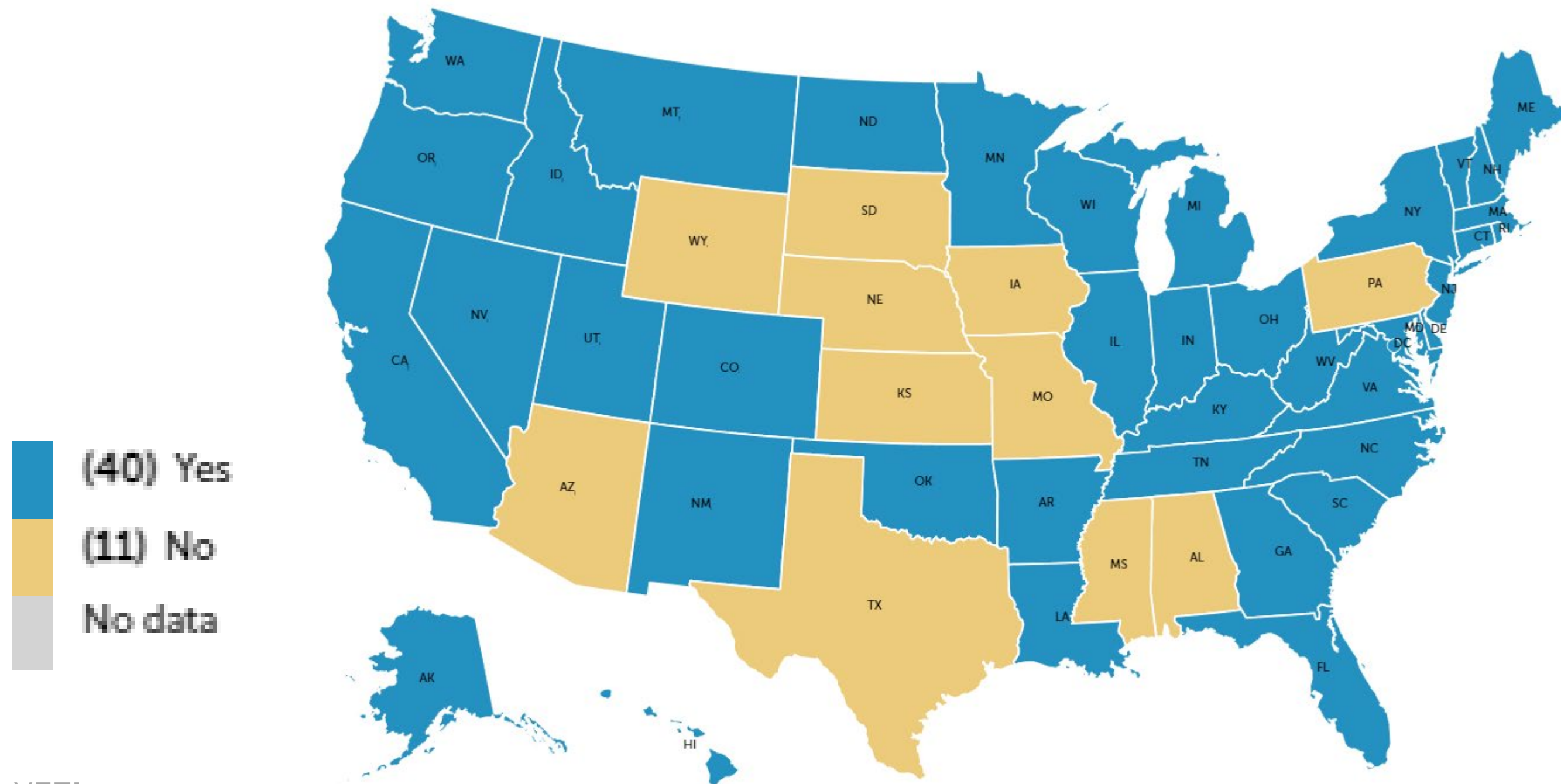
Park JN et al, Int J Drug Policy (2021); Park JN et al, Addictive Behaviors (2020); Allen ST et al, Substance Use & Misuse (2020)

Legal Status

VHA has clear legal authority to operate SSPs; SSPs meet criteria of VA Medical Benefits Package

- **Prohibitions against certain Federal funds to purchase syringes do not apply to VA**
- VA-SSPs can operate out of any VA location, including CBOCs, w/ appropriate procedures & **not prohibited under state/local law**
- Facilities work with regional counsel
- **Pharmacy purchased syringes must be issued by Rx**
- VA facilities in areas where they can't supply syringes → still provide education; other supplies

Does state law allow for SSP operation?



VA Rx Supplies

Infection Prevention

- Alcohol pads
- Band-Aids
- 10g and 30g triple antibiotic ointment
- 1" and 2" surgical tape
- 2"x2" and 4"x4" gauze pad
- 4"x75" stretch gauze
- Small to x-large latex and vinyl gloves
- 10 mL saline and sterile water single use vials
- Skin closure strips

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Safer Injection

- 1- and 2-gallon sharps container
- 31G 8mm 1mL, 0.5mL
- 30G 12mm 1mL
- 29G 12mm 1mL
- 28G 12mm 1mL, 0.5mL
- 27G 5/8in 1mL
- 2.5-3mL luer lock tip syringe
- 19G 1.5in needle
- 20G 1.5in needle
- 22G 1.5in needle
- 25G 1.5in needle

Safer Sex

- Latex lubricated condoms
- Latex plain condoms (NF)
- Non-latex lubricated condoms
- Non-latex plain condoms (NF)
- Internal/female condoms
- Vaginal contraceptive gel
- Vaginal moisturizer gel
- Finger cots, nitrile, medium (NF)
- K-Y lubricant jelly

Additional Supplies

- Medication disposal packet
- Naloxone
- 120mL and 240mL sunscreen lotion
- Sunscreen face cream

Non-Rx harm reduction supplies: Check with your local SSP



Cookers

- Vessel to mix drugs & heat before injection

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Single use sterile water & saline

- To dissolve drugs before injection
- To clear nasal passages before/after snorting



Ascorbic acid

- To dissolve drugs with water before injection



Filters (cotton)

- To remove particles after heating & before injection



Tourniquets

- To plump vein for injection

Additional Non-Rx harm reduction supplies: Check with your local SSP

Safer Smoking

- Glass Pyrex pipes
- Rubber/plastic mouthpieces
- Pipe screens
- Wooden push sticks
- Lighter
- Lip balm/Vaseline
- Sugar-free gum/lozenge
- Hand sanitizer

Safer Snorting

- Multicolored straws or sticky notes
- Multicolored scoops
- Plastic card/razor
- Sugar-free⁵¹ gum/lozenge


Safer smoking and snorting supplies

- Injection → snorting/smoking = ↓ infection & overdose risk
- Touchpoint opportunity: Come for pipes, leave w/ naloxone, etc





Misconceptions and Reluctance



**What are your
hesitations about harm
reduction?**

Common Concerns/Objections

It's a moral issue. I wouldn't want my own child to be offered that!

Counterproductive to our goal to have them stop using drugs.

These drugs are illegal. How can we offer people supplies to use illegal drugs?

That doesn't belong in our hospital

Police are taking care of the issue by cleaning up the streets.

There is evidence for syringes, but everything else (ie pipes) is gray area.

Responses to Common Questions/Reactions

“Enabling”

- Public health reframing, seatbelts = harm reduction
- Health risks among people w/ and w/o SUDs
- Everyone needs education and risk reduction
- “They’re already out there”

Treatment vs harm reduction

- 90% of people w/ SUD don’t get treatment
- 60% of those who get treatment, don’t complete
- Harm Reduction = safety net
- Need CONTINUUM of options

Responses to Common Questions/Reactions

Scarcity

- Resist “either/or”, push for “both/and”
- We can have it all (harm reduction is cheap!)
- ALREADY paying for SUDs
- Dollars on harm reduction result → savings

Moral issue

- *Harm reduction is pro-life*
- Remind of forgiveness, humanity, compassion
- Service to less fortunate
- Fostering community & connection

Myth vs Evidence SSPs

Myths

↑ drug use

↑ litter

↑ crime

Facts

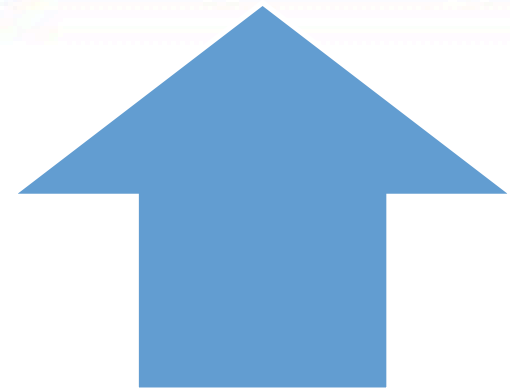
New users of SSPs **5x > likely to start treatment, 3x > likely to stop injecting**¹

86% ↓ used syringes on streets¹, ↓ needlestick injuries², ↑ safe disposal²

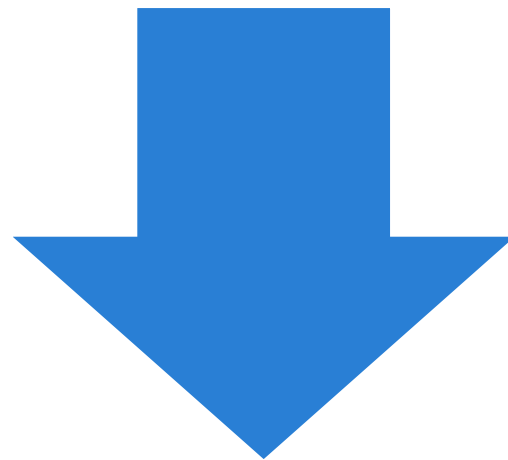
No difference in crime in areas w/ vs. w/o SSPs^{1,2}

¹Hagan H et al, J Substance Abuse Treatment (2000); ²What are Syringe Services Programs (SSPs)? Centers for Disease Control and Prevention. https://www.cdc.gov/ssp/docs/Syringe-Services-Program-Infographic_508.pdf; ³Syringe Services Programs (SSPs) Fact Sheet. Centers for Disease Control and Prevention. <https://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>; ⁴Marx MA et al, Am J Public Health (2000); ⁵Galea S et al. J Acquir Immune Defic Syndr (2001)

Syringe Services Program (SSP) are Cost-Effective



- HIV treatment over a lifetime: \$490K-\$1 mil
- 1 course of HCV treatment: \$54-95K



- New crack pipe: \$0.79
- New syringe: <\$0.10
- \$7 return on investment

Taleed El-Sabawi, JD, PhD on Twitter: "-Cost of HIV treatment over a lifetime: \$490,045-\$1 million -Cost of 1 course of HEP-C treatment: \$54,000-\$95,000 -Cost of one new syringe to prevent HEP-C & HIV infection: \$1 -Cost of one new crack pipe that also helps prevent infection: \$0.79 #harmreduction saves lives. /1" / Twitter

crack pipe costs: <https://opensocietyfoundations.org/voices/why-does-vancouver-need-crack-pipe-vending-machine...>

syringe costs: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0216205...>

HIV treatment costs: <https://pubmed.ncbi.nlm.nih.gov/33492100/>

HEP-C: https://healthline.com/health/hepatitis-c/hep-c-treatment-cost-without-insurance-your-fags... /

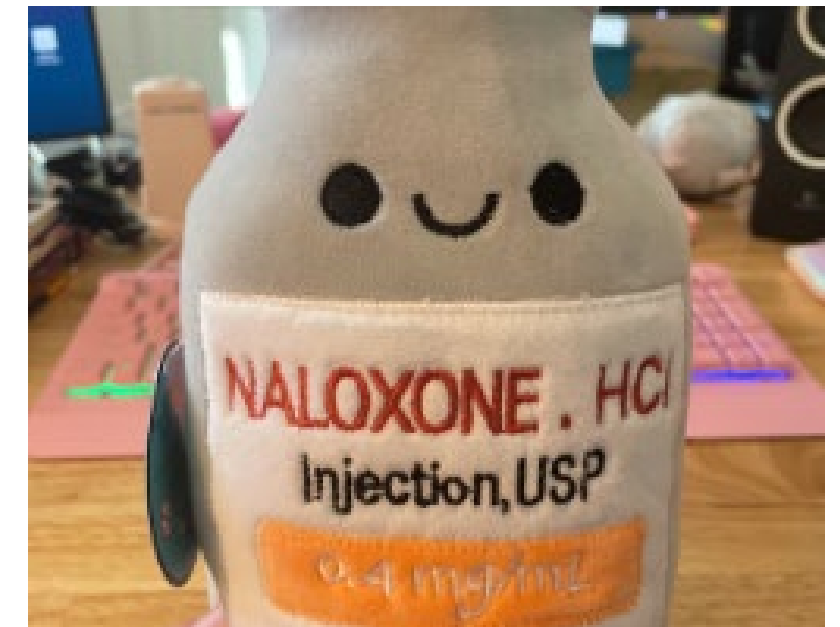
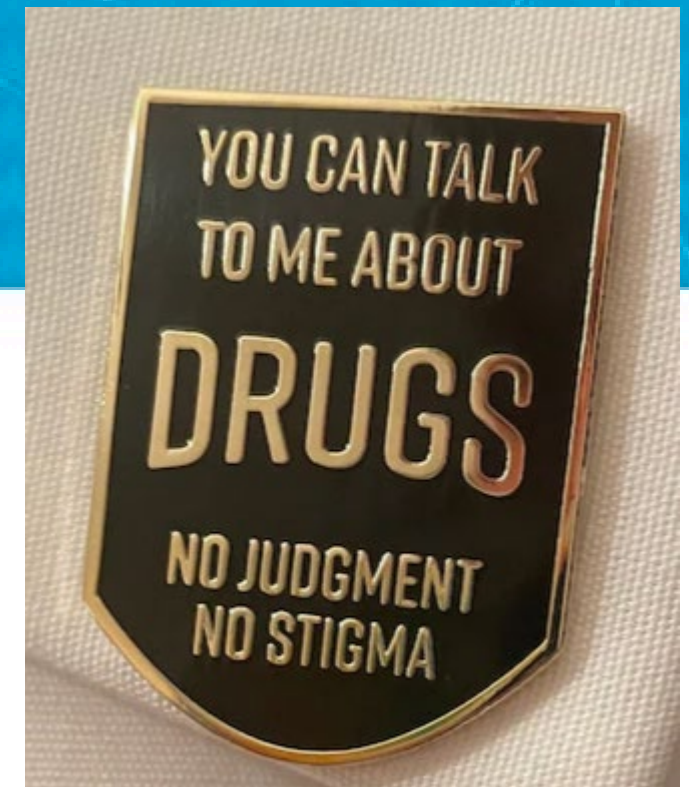
ROI: [Access to clean syringes](#) | [Health Impact in 5 Years](#) | [Health System Transformation](#) | [AD for Policy](#) | [CDC](#)

Resources

- **Connect with community SSPs**
- PDAPS - Syringe Services Programs Laws
- Fentanyl Test Strips Legality
- Online Learning Center | National Harm Reduction Coalition
- NEXT Distro – online & mail-based service
- **Join VHA HIV/SSP Affinity Group**
 - Patient Education Handout
 - Resources in development: SSP note template; Prescription kits (e.g., sterile syringes, sharps containers, alcohol swabs); Provider education resources (e.g., handouts, TMS training)
- Changing the Narrative | Drug Use & Addiction: fact check
- Resources - CA Bridge – hospital/clinic focused

Other Cool Stuff

- Twitter:
 - @DrKimSue, @MyHarmReduction; @clairezagorski; @HillPharmD, @RyanMarino
- Books:
 - [Undoing Drugs: The Untold Story of Harm Reduction and the Future of Addiction](#) - Kindle edition by Szalavitz, Maia
 - [Amazon.com: Drug Use for Grown-Ups: Chasing Liberty in the Land of Fear \(Audible Audio Edition\): Dr. Carl L. Hart](#)
 - [Pocket Addiction Medicine \(Pocket Notebook Series\)](#)
- Podcasts:
 - [Home — Narcotica \(narcocast.com\)](#)
 - [Addiction Medicine - The Curbsiders](#)
- Shop: [Pins/Naloxone plush: PinPenMerger - Etsy](#)



Summary

- Poisonous/unpredictable street drug → **>100K in U.S died in 2021**
- Harm reduction = clinical approach to ↓ consequences of drug use and **public health strategy & movement for justice & equity**
 - For EVERYONE, not just people w/ addiction
 - Does NOT enable; it **COMPLEMENTS recovery/treatment**
- **EMPATHIZE.** PWUD = people first, & subjected to stigma/discrimination/trauma, espec in healthcare
- **Pharmacists have a crucial role**

Elizabeth.Dinges2@va.gov

