



VA MID-ATLANTIC HEALTH CARE NETWORK • VISN SIX

Vol. 3, No.8

“Excellent Care – Earned by Veterans – Delivered Here”

Voices of VISN 6

Official news from around *your* VISN

May 31, 2013

Salisbury VAMC Hosts Area Responder Disaster Training

Story & photos by Steve Wilkins
VISN 6 public affairs

Preparing for the worst, more than 200 Charlotte area and Western North Carolina based responders recently practiced working together to meet the medical needs of a simulated large-scale natural disaster.

A May 8 National Disaster Medical System (NDMS) event entitled “Western NC NDMS Shake & Roll Exercise 2013,” hosted by the Salisbury VAMC (a Federal Coordinating Center) at Charlotte’s 145 AW North Carolina Air National Guard Base/Charlotte Douglas International Airport, brought VA health and administrative staff together with community firemen, emergency crews and

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Contract Awarded For Kernersville HCC

By VISN 6 public affairs

On May 10, VA awarded the contract to build the health care center (HCC) in Kernersville, N.C. to Lend Lease Healthcare Development of Palm Beach, Fla. Lend Lease Healthcare Development is a leader in the development, leasing and management of medical office buildings and outpatient facilities, specializing in the development of medical real estate for more than 25 years.

The contract with Lend Lease is for a 280,000 net usable square feet (NUSF), multi-story building designed to be “maximally Veteran centric,” with 1,914 parking spaces. VA will pay an annual rent of \$13 million under a 20-year contract and the project is slated for completion in 2015.

The new VA facility, offering primary and mental health care with many special ancillary services, will be located across



Courtesy Illustration

Artist's rendering of new Kernersville, N.C. Health Care Center.

the street from the Kernersville Medical Center, at the heart of the Piedmont Triad.

“This new facility will ensure that even more of North Carolina’s Veterans will have access to the world-class medical care they’ve earned,” said

Mid-Atlantic Health Care Network Director Daniel F. Hoffmann.

The VISN 6 region has been the fastest growing in VHA since 2004, with sites of

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From the Director

Greetings,

This issue contains a good deal of information about our emergency management efforts. The devastating tornados in the Midwest and major fires in the Southwest keep us on our toes with regard to what we must do to ensure continuity of care for those we serve.

I'm truly proud of all the network's emergency managers and associates who have worked so hard to ensure that we are prepared to deal with most any disaster.

In early May, a team from VA inspected our emergency management program. The results of the visit were excellent, positively acknowledging the work we have done equipping our Emergency Operations Center and training our people. One can never be too prepared, but I think it's noteworthy to share with all that we are in the best shape ever with regard to emergency management.

While it's unlikely that we will experience tornados or wild fires, June 1 marked the beginning of this year's hurricane season and violent storms are certainly a threat for all of us along the Eastern seaboard.

Beyond ensuring our emergency operations center here in Durham has the communications capabilities to manage and monitor crises that can impact our facilities, we have also made numerous improvements to the power grid at our Hampton VAMC, a facility which routinely takes the brunt of bad storms.

The time and effort our emergency managers have invested to prepare for crisis has been well spent. While I hope that we get through this hurricane season without the need to test our response capabilities, as the saying goes, we can hope for the best, but plan for the worst.

Other big news around the network was the May 10 announcement that VA awarded the contract to build the health care center (HCC) in Kernersville, N.C.

The contract was awarded to Lend Lease Healthcare Development, of Palm Beach, Fla, which is a national leader in the development, leasing and management of medical office buildings and outpatient facilities. Lend Lease has specialized exclusively in the development of medical real estate for more than 25 years.

Encompassing the cities of Greensboro, High Point, and Winston-Salem, the catchment area for this HCC is home to more than 150,000 Veterans, making it one of the largest concentrations of Veterans in the state.

This new facility will ensure that even more of North Carolina's Veterans will have access to the world-class medical care they've earned.

Offering primary and mental health care with many special ancillary services, the new VA facility will be located across the street from the Kernersville Medical Center, at the heart of the Piedmont Triad metropolitan area.

Finally, I wanted to share just a bit about the Affordable Care

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Voices of VISN 6 is published monthly by VA Mid-Atlantic Health Care Network.

Questions or comments about the newsletter, e-mail Bruce Sprecher@va.gov or call 919-956-5541.



Excellent Care — Earned by Veterans — Delivered Here™
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The History of Flag Day



The Stars and Stripes originated as a result of a resolution adopted by the Marine Committee of the Second Continental Congress at Philadelphia on June 14, 1777. The resolution read: "Resolved, that the flag of the United States be thirteen stripes, alternate red and white; that the union be thirteen stars, white in a blue field representing a new constellation."

The first celebration of the U.S. Flag's birthday was held in 1877 on the 100th anniversary of the Flag Resolution of 1777. However, it is believed that the first annual recognition of the flag's birthday dates back to 1885 when school teacher, BJ Cigrand, first organized a group of Wisconsin school children to observe June 14 - the 108th anniversary of the official adoption of The Stars and Stripes as the Flag's Birthday. Cigrand, now known as the 'Father of Flag Day,' continued to publically advocate the observance of June 14 as the flag's 'birthday', or 'Flag Day' for years.

In 1916, the anniversary of the Flag Resolution of 1777 became a nationally observed event by a proclamation by President Woodrow Wilson. However, it was not designated as National Flag Day until August 3rd, 1949, when an Act of Congress designated June 14th of each year as National Flag Day.

The U.S. Flag Code formalizes the traditional ways in which we give respect to the flag, and contains specific instructions on how the flag is not to be used.

When displaying the flag, it should be flown from sunrise to sunset on buildings and stationary flagstaffs in the open.

When placed on a single staff or lanyard, place the U.S. Flag above all other flags.

On Memorial Day it is flown at half-staff until noon and then raised.

When flown at half-staff, should be first hoisted to the peak for an instant and then lowered to the half-staff position.

When the flag is used to cover a casket, it should be so placed that the union is at the head and over the left shoulder. The flag shall not be lowered into the grave or allowed to touch the ground.

When saluting the flag, all persons present in uniform (military, police, fire, etc.) should render the military salute. Members of the armed forces and Veterans who are present but not in uniform may render the military salute. All other persons present should face the flag and stand at attention with their right hand over the heart, or if applicable, remove their headdress with their right hand and hold it at the left shoulder, the hand being over the heart.

Flag Etiquette

- Don't dip the U.S. Flag for any person, flag, or vessel.
- Don't let the flag touch the ground.
- Don't fly flag upside down unless there is an emergency.
- Don't carry the flag flat, or carry things in it.
- Don't use the flag as clothing.
- Don't use it as a cover.
- Don't fasten it or tie it back. Always allow it to fall free.
- Don't draw on, or otherwise mark the flag.
- Don't use the flag for decoration. Instead, use bunting with the blue on top, then white, then red.

Durham VAMC Cardiac ICU Among The Best In Nation

By Pete Tillman,
Durham VAMC public affairs

The journey began many months ago and the work will continue for many more. Durham VAMC's Cardiac Intensive Care Unit (CICU) was recently designated a Silver Level, Beacon Award for Excellence winner by the American Association of Critical-Care Nurses (AACN).

The Beacon Award for Excellence recognizes unit caregivers who successfully improve patient outcomes and align practices with AACN's six standards for a healthy work environment: Leadership Structures and Systems, Appropriate Staffing and Staff Engagement, Effective Communication, Knowledge Management, Learning and Development, Best Practices, Evidence-Based Practice and Processes, Quality Patient Outcomes.

Units that achieve this three-year designation meet national criteria consistent with Magnet Recognition, the Malcolm Baldrige National Quality Award and the National Quality Healthcare Award.

"This accomplishment represents one of many significant milestones on your unit's journey to optimal outcomes and exceptional patient care," wrote AACN representatives in congratulatory statement notifying CICU leaders of their selection.

"The journey is not easy, but it is one worth the effort because the overall winner is our patients," said Som Chaleunvong, CICU nurse and Beacon Journey Champion, commenting on the unit's recognition.

"Veterans can see that we take pride in what we do; pride in caring for them and this has led to both increased patient and staff satisfaction. There is no end to our journey; we are striving to be the best, to be excellent, because our patients deserve it," he said.

The Beacon Award for Excellence provides complex health care organizations with the guidance and tools to assist critical care units realize their vision for excellence.

Durham VAMC now is one of only four medical centers in the



Jeff Melvin

Donna Kovalick and members of the Cardiac Intensive Care unit proudly display their Beacon Award for Excellence given by the American Association of Critical-Care Nurses.

entire VA health care system holding this coveted honor.

The extraordinary efforts of Donna Kovalick, nurse manager of the CICU, as well those of her outstanding cardiac intensive care nursing team made this award possible. Like an athlete stepping off the podium after winning a silver medal at the Olympics, Ms. Kovalick said, "We look forward to 2016 when we can bring home the gold."

Chaleunvong and Kovalick traveled to the AACN National Teaching Institute & Critical Care Exposition May 20 to represent the CICU at a special Beacon Award recognition session.

Salisbury Acquires Third VISN 6 Robotic Surgery System

By Carol Waters
Salisbury VAMC public affairs

The Salisbury VAMC has become the network's third medical center to acquire a state of the art *da Vinci Si*, which is commonly referred to as a "robotic surgery system." The first robotic surgery at Salisbury took place March 4, 2013.

Dr. K. C. Balaji, Chief, Urology Service, will manage and direct the robotic surgery program at Salisbury. According to Balaji, the surgical workload over the past year has increased by more than 40 percent. The acquisition of this new technology is a symbol of Salisbury VAMC's commitment to providing the highest quality of care to Veterans.

According to Dr. Balaji, the *da Vinci* system is a computer interface between the surgeon and the patient. Its dual console capability supports collaboration between two surgeons during the surgical procedure which is a critical feature because Salisbury VAMC is "a teaching institution, and part of our goal is to train surgeons to do the procedures safely and effectively," he said.

The *da Vinci Si* reduces complications and improves surgical outcomes. It magnifies the field of view by 10 times, allows 3-D visualization in high definition, allows complex surgeries to be done through small holes, eliminating the need for big incisions, decreases blood loss at surgery, and allows patients undergoing surgery to recuperate faster.

"At first, we will focus on surgery for patients with urology problems, such as prostate cancer and kidney masses and eventually expand to other surgeries, including gynecology, thoracic



Luke Thompson

Salisbury surgical staff receive training on the new robotic surgical system. (L to R) Stephanie Stephens, RN, Michael Dodson, Intuitive Surgical, and Danny Bush, RN.

surgery such as lobectomies, and general surgery," Dr. Balaji said.

"I have been fortunate to work with the robotic surgical technology since its approval for human use over a decade ago. The technology enhances the surgeon's capability to perform complex and delicate surgery. It's a win-win technology for patients and providers."



Courtesy Photo

The Goldsboro CBOC is on schedule to open in July.

Goldsboro CBOC To Open In July

By Robin DeMark
Fayetteville VAMC public affairs

Veterans living in and around Wayne County will soon be able to access VA health care closer to home when the new Goldsboro Community Based Outpatient Clinic opens in July.

The new 10,000 square foot clinic is the first clinic in the VISN 6 to be built specifically for the Patient Aligned Care Team (PACT) model of health care service.

The new clinic will open with two PACTs to provide Primary Care, Mental Health services, Women's Health Care, laboratory services, telehealth and secure messaging for 3,000 Veterans. As demand increases, the clinic has the capacity to be expanded to six PACTs and serve up to 8,000 Veterans.

This is also the first of Fayetteville VAMC's community clinics to be built to Leadership in Energy and Environmental Design (LEED) standards by using green building materials to conserve energy, installing a geothermal unit for heating and air, and recycling water.

Veterans who have been using the Fayetteville VAMC for primary and mental health care should have received a letter explaining the transition from the medical center to the clinic. Questions concerning the new clinic should be directed to the Primary Care Service Line office at 800-771-6106 extension 5192 or 5193.

Kernersville continued from Pg 1

care expanding from 10 to 37 over the past 13 years.

Encompassing the cities of Greensboro, High Point, and Winston-Salem, the catchment area for this HCC is home to more than 150,000 Veterans, making it one of the largest concentrations of Veterans in the state.

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Act relationship to VA health care. We do not have all the answers yet, but without knowing the full extent of the impact, I want to share the single most vital fact and that is: **VA health care does not change as a result of the ACA.**

Veterans eligible for VA health care will remain eligible under health care reform. Nothing in the proposed legislation will affect Veterans' access to the care that they currently are receiving. The legislation makes clear VA will retain full authority over the VA



Courtesy Photo

Volunteers cheer on a Valor Games athlete.

Valor Games Held In Durham

By VISN 6 public affairs

Close to 100 disabled Veterans from around the U.S. Southeast region competed in the inaugural Valor Games Southeast in Durham May 21-23.

In an effort to involve more Veterans in local adaptive sporting events, VA National Veterans Sports Programs & Special Events Office partnered with U.S. Paralympics to sponsor the event.

According to Valor Games Southeast director Ashley Thomas, the event was "Outstandingly successful!" Thomas added that others agreed it was a "huge, huge event for us!"

Valor Games is a series of four regional competitions for all wounded, ill and injured Veterans and active-duty service members. According to Games officials, "disability does not define who you are." They maintain that physical activity is the key to recovery and long-term health, and re-integration of troops' into their home communities.

Over three days, competitors participated in Air Rifle, Boc-cia, and volleyball, Archery, power lifting, indoor rowing and table tennis, cycling and shot put at UNC's Dean Smith Center, Duke University's Cameron Indoor Stadium and the N. C. State Fair-grounds. Among more than 300 local volunteers, several Durham VAMC staff volunteered and supported the Games.

According to the VA Adaptive Sports web site (www.va.gov/adaptivesports/), "disabled Veterans of all ages and abilities report

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One of three HCCs to be built in North Carolina, the facility is part of VA and Congress' aggressive efforts to meet the ever-expanding regional Veteran population. It will be operated by the W.G. (Bill) Hefner VA Medical Center in Salisbury, N.C. The other HCCs will be built in Charlotte and Fayetteville.

health care system and that VA will continue to provide Veterans with the high quality, comprehensive health care and benefits they have earned through their service.

I look forward to sharing more details about the Affordable Care Act as they become available.

Until next month, I wish you all the best.

Sincerely, Dan Hoffmann



HUD, VA Team Up To Provide Homes To Homeless Veterans

On May 29, U.S. Housing and Urban Development (HUD) Secretary Shaun Donovan and U.S. Department of Veterans Affairs (VA) Secretary Eric K. Shinseki announced that HUD will provide \$60 million to local public housing agencies across the country to provide permanent supportive housing to homeless Veterans, many of whom are living with chronic disabling conditions. North Carolina will receive \$1,098,335 and Virginia will receive \$1,157,697 to assist approximately 335 homeless Veterans living on the streets and in shelters.

The supportive housing assistance announced today is provided through the HUD-Veterans Affairs Supportive Housing (HUD-VASH) Program which combines rental assistance from HUD with case management and clinical services provided by VA. Since 2008, a total of 48,385 vouchers have been awarded and 42,557 formerly homeless Veterans are currently in homes because of HUD-VASH.

Donovan and Shinseki announced this additional support for homeless Veterans in an address to the National Coalition for Homeless Veterans Annual Conference today in Washington. Find out how much of this assistance will help homeless Veterans in your area.

“Our Veterans answered the call of duty. That’s why our nation has its own duty – to help homeless servicemen and women rejoin the very communities they have given so much to protect,” said Donovan. “These grants make it possible to help more Veterans obtain housing, bringing us steps closer to our goal of ending Veteran homelessness by 2015.”

“These HUD-VASH vouchers are a critical resource to accomplish our shared goal of ending Veterans’ homelessness in 2015,” Shinseki said. “With the continued support of President Obama, Congress, and our community partners, we will end homelessness among Veterans and provide these brave men and women with the earned care and benefits that help them live productive, meaningful lives.”

“With programs like HUD-VASH, we will end Veteran homelessness by 2015 in Virginia one Veteran at a time,” said Daniel F. Hoffmann, director, VA Mid-Atlantic Health Care Network.

HUD-VASH is a critical part of the Obama Administration’s commitment to end Veteran and long-term chronic homelessness by 2015. Opening Doors: Federal Strategic Plan to Prevent and End Homelessness serves as a roadmap for how the federal government will work with state and local communities to confront the root causes of homelessness, especially among former servicemen and women.

HUD’s annual “point in time” estimate of the number of homeless persons and families for 2012 found that Veteran homelessness fell by 7.2 percent (or 4,876 people) since January 2011 and by 17.2 percent since January 2009. On a single night in January 2012, 62,619 Veterans were homeless.

The grants announced today are part of \$75 million appropriated this year to support the housing needs of homeless Veterans. Local public housing authorities provide rental assistance to homeless Veterans while nearby VA Medical Centers (VAMC) offer supportive services and case management. This is the first round of the 2013 HUD-VASH funding. HUD expects to announce more HUD-VASH funding this summer.

VAMCs work closely with homeless Veterans then refer them to public housing agencies for these vouchers, based upon a variety of factors, most importantly the duration of the homelessness and the need for longer term more intensive support to obtain and maintain permanent housing. The HUD-VASH program includes both the rental assistance the voucher provides and the comprehensive case management that VAMC staff provides.

Veterans participating in the HUD-VASH program rent privately owned housing and generally contribute no more than 30 percent of their income toward rent. VA offers eligible homeless Veterans clinical and supportive services through its medical centers across the U.S., Guam and Puerto Rico.

Housing Authority of the City of Charlotte	Charlotte	NC	Salisbury VA Medical Center , Charlotte Community-Based Outreach Clinic	40	\$ 250,024
Housing Authority of the City of Asheville	Asheville	NC	Asheville VA Medical Center	50	\$ 284,433
Fayetteville Metropolitan Housing Authority	Fayetteville	NC	Fayetteville, NC VA Medical Center	45	\$ 268,196
Housing Authority of the City of Winston-Salem	Winston-Salem	NC	Salisbury VA Medical Center , Winston-Salem Community-Based Outreach Clinic	20	\$ 80,624
Housing Authority of the County of Wake	Zebulon	NC	Durham VA Medical Center	35	\$ 215,058
		NC Total		190	\$ 1,098,335
Norfolk Redevelopment & Housing Authority	Norfolk	VA	Hampton VA Medical Center , Virginia Beach Community-Based Outreach Clinic	15	\$ 125,835
Richmond Redevelopment & Housing Authority	Richmond	VA	Richmond VA Medical Center	15	\$ 102,834
Hampton Redevelopment & Housing Authority	Hampton	VA	Hampton VA Medical Center	35	\$ 244,096
Virginia Beach Dept. of Housing & Neighborhood Preservation	Virginia Beach	VA	Hampton VA Medical Center , Virginia Beach Community-Based Outreach Clinic	30	\$ 234,594
Prince William County Office of Housing & Community Development	Woodbridge	VA	Washington, DC VA Medical Center , Ft. Belvoir Outpatient Clinic (OPC)	15	\$ 170,129
Virginia Housing Development Authority	Richmond	VA	Richmond VA Medical Center	35	\$ 280,209
		VA Total		145	\$ 1,157,697

HELP IS JUST A CLICK OR CALL AWAY



Charlotte continued from Pg 1

administrators, local area hospital staff, Red Cross, national guardsmen and animal rescue personnel.

The exercise scenario featured volunteers serving as displaced patients transferred to the primary receiving area in Charlotte after a simulated earthquake along the 149-mile New Madrid fault line near St. Louis. VHA Area Emergency Manager Pattie Beaver said responders monitored 100 volunteer patients and 482 simulated patients throughout the day. VA participation included 53 volunteers from the Salisbury VAMC.

"I was happy with the exercise overall," claimed Wayne Broome, emergency management director for the city of Charlotte and Mecklenburg County. Broome, who served as an exercise controller for the event and acted as the incident commander said the number of participating agencies has grown significantly. "We had 51 hospitals taking part throughout Western North Carolina," Broome explained.

The multi-agency drill will help prepare emergency responders and hospitals from around the region to react effectively to activation of a primary receiving area for patient transport from a disaster area to definitive care in Western North Carolina NDMS hospitals. According to exercise spokesperson Lt. Col. Rose Dunlap, the exercises are required every three years to test federal, state, and local response plans.

Officials say the exercise is conducted in a no-fault, no inspection, learning environment as a valuable training tool. "I am very proud of what we accomplished collectively," added Beaver, who also served as the exercise lead planner and one of three exercise controllers, with Broome and MEDIC's Michael Stanford.

The simulation used ambulances to transport triaged exercise patients with simulated injuries to area hospitals, where their staffs received and simulated patient treatment. Carolinas MED-1 Response team also participated at the PRA to triage patients and treat less severe cases. The Carolinas MED-1 project helps to fill the void involving mass casualty patient care

in the field when hospital resources are not available due to proximity, damage, quarantine, or surge capacity.

Broome added the level of participation "is a quantum leap from where it was before [Hurricane] Katrina."

Relatively new procedures to the exercise include the use of the Joint Patient Assessment & Tracking System, an online system which allows patient tracking from the incident site to transfer and receipt at the PRA, triage and transfer and receipt in area hospitals, and the inclusion of a procedure to

handle displaced and injured service animals or pets.

Pets were provided by Charlotte/Mecklenburg Animal Care and Control so that participants gained experience handling them in with patients and dealing with very real pet-associated needs. Six of the pets were adopted that day.

Beaver summed up the exercise, concluding, "The exercise clearly demonstrated that Western NC is capable of receiving casualties, then staging and sending them to partner NDMS hospitals for definitive medical care."



VISN 6 Positioned For Busy Hurricane Season

By Steve Wilkins
VISN 6 public affairs

Although national weather officials are warning residents in America's Atlantic Coast region the 2013 Hurricane season could be busier than usual, Veterans in VISN 6 appear to be sitting pretty, with the results of a recent emergency management assessment that shows the VISN and its facilities are well prepared to protect patients should disaster strike.

The VISN 6 Emergency Management team was judged outstanding in a VA Emergency Management Program Assessment Committee evaluation in early May.

Several components and medical centers in the VISN's emergency management plan received exemplary performance ratings. "We are committed to providing the best care for Veterans anywhere, regardless of the conditions," said Dan Hoffmann, VISN 6 director.

Reflecting on successful emergency response operations by VISN 6 staff to transport patients and provide continuous care through hurricanes Irene and Earl, Hoffmann added, "We have been careful to quickly adopt lessons learned in real world situations that make sense in keeping patients safe. Those changes were admirably noted by the reviewing officials."

According to the National Oceanic and Atmospheric Administration, waters in the Atlantic Ocean are unusually warm, making conditions more favorable for hurricane formation. The number of named storms occurring this year is expected to be slightly higher than usual. The official hurricane season runs from June 1 to November 30.

VISN 6 Emergency Management Coordinator Joe Jenkins-el, said the VISN is more prepared than ever to move and care for patients. He cited new equipment and vehicles, a VA employee warning system that was activated last November and staff who have had more practice on the LiveProcess system. LiveProcess not only backs up the VA Notification System, but gives responders the capability of sharing, collecting and discussing critical facility and patient status in real time.

During emergencies, VISN 6 leadership work in an emergency operations center, coordinating with national response agencies, including the National Disaster Management System and National Incident Management System to ensure a comprehensive and efficient response in concert with community emergency responders.

Jenkins said a newly installed audio-video system will display situational reports from the Accu-Weather SkyGuard weather tracking system in the VISN 6 office, to enable more comprehensive tracking and monitoring of coordinated emergency data throughout an event.

"We'll have better response times because of our new systems," he said. "They allow us to warn employees and track them earlier in critical situations. That means we will have more staff ready to react sooner, should disaster hit." Jenkins-el says contingency planning is required to assure essential for patient care and prudent assignment of leadership during catastrophic events.

VISN officials recognize the process is not static, but that storm response is a moving target. They will re-assess and continue to plan with an emergency management strategic planning session, later in August.

RDU Exercise Tests Patient Transfer, Care Capabilities

By VISN 6 public affairs

Emergency managers and responders from Eastern and Central North Carolina converged on the Raleigh-Durham International Airport May 31 for the state's second National Disaster Medical System (NDMS) exercise in less than a month.

Similar in scope to a related exercise May 8 in Charlotte, the exercise brought community emergency management experts together with VA and the National Guard to practice effective information exchange and communication among the participating agencies in the event of a significant disaster affecting the Southeastern United States. The exercise scenario simulated local emergency responders receiving disaster victims from a military aircraft and transferring those patients to hospitals in Central and Eastern North Carolina. The exercise also tested command and control functions necessary accomplish the tasks successfully.

VISN 6 and Durham VAMC played prominent roles in the exercise with Medical Center Director DeAnne Seekins serving as Federal Coordinating Center director, VISN 6 Area Emergency Manager James Payne serving as the FCC coordinator, operations section chief and lead planner and Durham VAMC Emergency Manager Michael Boucher serving as incident commander and assistant planner. Additionally, Durham VAMC provided key leadership and exercise personnel along with equipment.

Payne said the exercise ties in well with what he called VA's 4th mission, taking care of Veterans and their families during emergencies, assisting other federal agencies in providing medical and other services during natural disasters or terrorist attacks as well as serving as a primary backup to the DoD military health system during war or national emergency.

"The consensus among the participants was that the exercise was invaluable," said Payne. "The exercise successfully demonstrated our ability to receive disaster patients and provide them with the definitive care they require. Without the assistance of all

the community partners who participated, we would not be able to accomplish such a daunting task."

Citing Hurricanes Katrina and Rita as the most recent occasions when the system was tested, Payne added, "Conducting training in a no-fault, no inspection, learning environment allows federal, state and local agencies to rehearse their actions and become better prepared for actual emergencies."

Durham VAMC is among three Federal Coordinating Centers in VISN 6. The other centers are in Richmond and Salisbury. FCCs coordinate regional medical care during disasters, from evacuation transport and reception of patients to scheduling and delivering patients to available beds with partner non-federal hospitals.

Multiple state agencies and approximately 200 people participated in the exercise including:

- North Carolina Air National Guard (providing C-130 aircraft and air crew);
- Fire departments from Raleigh, Cary, Morrisville, Durham Highway, Parkwood, Bethesda, and RDU (patient loading/unloading services);
- Emergency medical services from Wake, Durham, Cary, Apex, Eastern Wake (patient transportation services);
- Emergency management agencies from Wake and Durham (coordination services);
- State agencies from NC Division of Emergency Management, NC Office of Emergency Medical Services, and State Medical Assistance Teams (support and assistance);
- NDMS partner hospitals including Wake Med, Duke University Hospital, Rex Hospital, Duke Raleigh Hospital, NC Memorial Hospital, and others;
- Wake County Public Health (patient registration);
- American Red Cross (refreshments, support);
- RDU Airport (fire, police, safety, support);
- Raleigh Fire Academy and Duke University Physicians Assistants School (volunteer "victims" for the exercise).

VA Launches New Source For Health Information

The Veterans Health Library (VHL), available at www.veteranshealthlibrary.org and on MyHealthVet, debuted May 28.

The library includes more than 1,500 health sheets, and 150 videos, digital Go-to-Guides on living well, living with diseases and conditions, tests and treatments, mental health, rehabilitation, and medications, plus VHA-specific content on Posttraumatic Stress Disorder, Agent Orange, Cold Injury, Combat-related TBI and exposure to environmental hazards, Healthy Living Messages, and more. And the majority of the library is available in Spanish.

All VHL content has been approved by VA clinical experts to ensure it is in accordance with VA-DoD clinical practice guidelines and VHA policies.

“The library will serve as a common reference point in conversations between patients and clinicians,” said National Center for Health Promotion and Disease Prevention Chief Consultant Dr. Linda Kinsinger. “In terms of health information, the library will be a one-stop destination.”

Initial feedback from Veterans and clinicians has been positive. “Informative and easy to read and navigate.”—From a VA clinician.

“I would use it as a resource regularly. I would bookmark it, and it’d be my first choice for health information.”—From a Veteran during testing of the Veterans Health Library.

The Veterans Health Library is easy to use and can help Veterans take control of their health. For best results, follow these quick tips.

- Two ways to get to the Veterans Health Library:
 - Direct Access – visit www.veteranshealthlibrary.org
 - From My HealtheVet – visit www.myhealth.va.gov

The only health information resource designed for you.

 **Veterans Health Library**
Your source for health information

www.veteranshealthlibrary.org

- Find health information in three ways:
 - Search by keyword
 - Search alphabetically
 - Search by topic and subtopic

The Army's Birthday: June 14, 1775

When the American Revolution broke out, the rebellious colonies did not possess an army in the modern sense. Rather, the revolutionaries fielded an amateur force of colonial troops, cobbled together from various New England militia companies. They had no unified chain of command, and although Artemas Ward of Massachusetts exercised authority by informal agreement, officers from other colonies were not obligated to obey his orders.

In the spring of 1775, this army was about to confront British troops near Boston, Massachusetts. The revolutionaries had to re-organize their forces quickly if they were to stand a chance against Britain's seasoned professionals.

Reportedly, at John Adams' request, Congress voted to “adopt” the Boston troops on June 14, although there is no written record of this decision. Also on this day, Congress resolved to form a committee “to bring in a draft of rules and regulations for the government of the Army,” and voted \$2,000,000 to support the forces around Boston, and those at New York City.

Moreover, Congress authorized the formation of ten companies of expert riflemen from Pennsylvania, Maryland, and Virginia, which were directed to march to Boston to support the New England militia. These were the first troops Congress agreed to pay from its own funds, and later became the 1st Continental Regiment.

George Washington received his appointment as commander-in-chief of the Continental Army the next day, and formally took command at Boston on July 3, 1775.



Courtesy Photo

A Valor Games athlete dives while attempting to hit a volleyball.

Valor Games continued from Pg 4

better health, new friendships and a better quality of life when participating in adaptive sports.

Instead of the traditional VA model used in presenting this type of event, local adaptive sporting event organizer Bridge II Sports coordinated the development and staffing for Valor Games Southeast. Thomas is also founder and Executive director of Bridge II Sports. She says the aim of her organization is to foster greater opportunities and options throughout North Carolina's Triangle area in adaptive sports.

She is convinced that “sports revitalize self-esteem, allow [people] to manage ... when [the] world is otherwise full of daily turmoil,” concluding, “It builds mental tenacity that can help push [individuals] through the daily challenges of a broken body.”

Petty Racing Treats MS Support Group To NASCAR Experience

By Richard Turner
Salisbury VAMC

Members of the Salisbury VAMC Multiple Sclerosis (MS) Support Group had the thrill of going 165 mph around the Charlotte Motor Speedway in a NASCAR race car from the Petty Racing Experience in April.

Riders in the Petty Racing Experience take three laps around the track in cars driven by racing professionals and get to feel what it is like to be a race car driver. "It was the most exciting thing I have ever done. It gives you a new perspective on the skill the NASCAR drivers have," said group member Ronnie Jordan.

The group members were surprised by the appearance of NASCAR legend Richard Petty, who took the time to make sure everyone got a picture with him and an autograph. "I am proud of our Veterans and to see these Vets with disabilities having the time of their life is so rewarding," said Petty, who posed for pictures and signed autographs as he interacted with the group as they prepared to get into their cars. Petty also greeted several group members as they finished their ride, and the smiles on the veterans' faces said it all.

Petty Racing staff met the group upon arrival at the Speedway and escorted them into the media center, where the visiting Veterans suited up in race gear and received their instructions. "We were treated like royalty," said group member Randy Moore.

Speedway safety staff assisted Veterans who needed help getting into and out of the cars, as there are no doors on the vehicles. Wheelchair bound Veteran Garrett



Luke Thompson
Meisha McWhorter gives a triumphant wave after her ride around the track at the Petty Racing Experience at Charlotte Motor Speedway.

Lewis, one of the ones greeted by Petty as he was getting out of the race car, said he never thought he would be able to take such a ride.

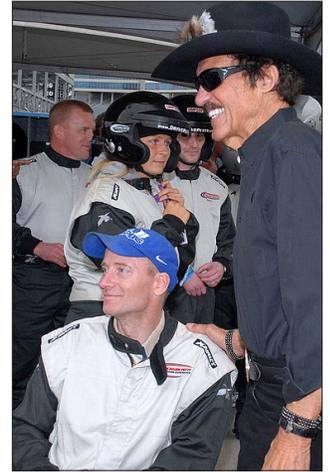
"The safety crew was outstanding and was glad to help us. When I saw Mr. Petty standing there wanting to talk with me, I was speechless and after going 165 mph my eyes were still wide open, he had to do all the talking. I was on top of the world," said Lewis.

Afterward each member received a video of themselves during their ride and had the opportunity to purchase photos of themselves mounted on Petty autographed frames. The group then assembled for group pictures in the "Winner's Circle," which is used at the end of each race at the Charlotte Motor Speedway during the NASCAR races.

I co-lead the Salisbury VAMC MS Support Group with registered nurse Pamela Holt. The support group's goals are to have Veterans with MS meet the challenge of not letting MS deter them from enjoying life to the fullest and to learn how facing the unknown can help them in managing their illness.

Holt encourages her patients to not let fear and doubt keep them from reaching their full potential. "So many Veterans with MS have limitations that when challenged brings not only new energy and hope but also changes the lives of their caregivers and families," she said.

In the past, the Salisbury VA MS Support group has gone horseback riding and whitewater rafting and is excited about their next adventure this fall, a tour NFL's Carolina Panthers stadium and a chance to meet some of the Panthers' players and coaches.



Luke Thompson
NASCAR Legend Richard Petty welcomes Veteran Garrett Lewis to the Petty Racing Experience at Charlotte Motor Speedway.

VA2K Promotes Health, Heart Through Activity, Charity

By Steve Wilkins
VISN 6 public affairs

Across the nation, VA employees, Veterans and community members joined in the third VA2K Walk and Roll event on May 15. Participants in sneakers and wheelchairs covered a little over a mile to encourage everyone to improve their fitness level and support homeless Veterans with donated food and clothing items.

At all VISN 6 medical centers and many community based outpatient clinics, more than 1,200 walkers and rollers tread two-kilometer routes that brought them together with community partners and VA walkers from Maine to Hawaii in a unified declaration on the importance of healthy living.

Because the May 15 date coincided with VA's National Employee Health and Fitness Day, many facilities offered a variety of activities and displays to expand on the message that it pays to be proactive with one's health.

At the Salisbury VAMC Main Street Community Living Center, as at other facilities, several educational and health booths informed passersby of programs including Tele-health and Tele-Move, MOVE, Veterans Health Education and Women's Health. Programs were also conducted in their Charlotte, Hickory and Winston-Salem CBOCs. Participants at the Fayetteville VAMC received belly-dancing lessons while some at Durham took part in Tai Chi after their walks. Volunteers from the Hampton VAMC



Courtesy Photo
Hampton VAMC employees participate in the annual VA2K Walk and Roll.

Voluntary Services treated walkers and rollers to musical entertainment and snow cones.

VISN 6 facilities collected more than \$14,000 in cash, clothing and other donated items to support homeless Veterans.

VA, DoD, HHS Partner To Expand Mental Health Services

WASHINGTON – The Departments of Veterans Affairs (VA), Defense (DoD) and Health and Human Services (HHS) announced May 21, the progress made to date on initiatives called for in President Obama's August 31, 2012, Executive Order to Improve Access to Mental Health Services for Veterans, Service Members, and their families.

"We have made strong progress to expand Veterans' access to quality mental health services, and President Obama has challenged us to do even more," said Secretary of Veterans Affairs Eric K. Shinseki. "Our ongoing, joint efforts reflect our commitment to the health and well-being of the men and women who have served the Nation."

"One of the great challenges we face as a nation is how to provide quality, accessible, long term, mental health care for service members, Veterans and their families. Using the combined resources and expertise from across the government we are advancing services for those who have sacrificed so much for our nation," said Secretary of Defense Chuck Hagel.

President Obama's Executive Order directed VA, DoD, and HHS, in coordination with other federal agencies, to take a number of steps to ensure that Veterans, service members, and their families receive the mental health services and support they need.

"There's no more important work than taking care of those who protect our nation," said Health and Human Services Secretary Kathleen Sebelius. "By working together, we can make sure our service men and women, our Veterans, and their families have the behavioral health services they need to build healthy and fulfilling lives."

The Departments interim report outlined progress on this initiative, including:

- Increasing the capacity of the Veterans Crisis Line by 50 percent to help ensure that Veterans in crisis can readily reach help.
- Establishing 15 pilot projects in seven states where VA is working with community-based mental health providers to help Veterans access mental health services in a timely way.
- Increasing VA mental health services capacity through VA hiring of nearly 1,400 mental health providers and 248 new peer specialists.
- Implementing a national suicide prevention campaign to connect Veterans and service members to mental health services.

The Departments are actively working on additional deliverables called for in the Executive Order, including the development of a National Research Action Plan.

Federal Department actions to date include:

Suicide Prevention: VA and DoD jointly developed and are implementing a national suicide prevention campaign to connect Veterans and Service Members to mental health services. This year-long effort began Sep. 1, 2012. The program continues to save lives and link Veterans with effective ongoing mental health services on a daily basis.

As of March 2013, the Veterans Crisis Line (800-273-8255, press 1) has received over 814,000 calls, over 94,000 chats, as well as over 7,200 texts, and has helped more than 28,000 Veterans in imminent danger. VA has also completed the hiring and training of additional staff to increase the capacity of the Veterans Crisis Line.

In addition, the DoD has initiated a thorough review of its mental health and substance abuse prevention, education and outreach programs informed by the expertise of the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration.

Enhanced Partnerships Between the VA and Community Providers: VA worked with HHS to help identify potential local community resources to improve Veterans access to mental health services. VA has enhanced access to mental health care by estab-

Continued on Pg 11

VA Hires 1,600+ Mental Health Professionals, Expands Care

WASHINGTON – VA announced June 3, that it has met the goal to hire 1,600 new mental health professionals outlined in President Obama's Aug. 31, 2012, Executive Order to Improve Access to Mental Health Services for Veterans, Service Members, and Military Families.

"Meeting this hiring milestone significantly enhances our ability to improve access to care for those Veterans seeking mental health services and demonstrates our continued commitment to the health and well-being of the men and women who have served the Nation," said Secretary of Veterans Affairs Eric K. Shinseki. "Meeting this goal is an important achievement, but we recognize that we must continue to increase access to the quality mental health care Veterans have earned and deserve."

As of May 31, 2013, VA has hired a total of 1,607 mental health clinical providers to meet the goal of 1,600 new mental health professionals outlined in the Executive Order. Additionally, VA has hired 2,005 mental health clinical providers to fill existing vacancies. VA has also hired 318 new peer specialists towards the specific goal of 800 peer specialists by Dec. 31, 2013 as outlined in the Executive Order. VA expects to meet that goal as well.

VA also recognizes that meeting the needs of Veterans and their families requires collaboration and partnership between VA, other federal agencies, and local communities. "Locally-driven summits provide a well-established method to strengthen our community partnerships, and they have been successful in support of VA's goal to end homelessness among Veterans," said Veterans Health Administration, Undersecretary for Health, Dr. Robert Petzel. "The President is directing all VA health care systems nationwide to conduct locally-driven Mental Health Summits to further engage with local community partners and nurture community engagement to address the broad mental health needs of Veterans and their families." Each VA health care system will reach out to relevant Veteran Service Organizations, community based organizations, health care providers, and local governments to develop and conduct the Summits.

VA provides a full range of comprehensive mental health services across the country. In Fiscal Year 2012, more than 1.3 million Veterans received specialized mental health care from the VA. This number has risen each year from 927,052 in Fiscal Year 2006. In addition to hiring more mental health professionals, VA is expanding the use of innovative technology to serve Veterans in rural or underserved areas. VA expects to increase the number of Veterans receiving care from tele-mental health services in fiscal year 2013, and has increased the number of Vet Centers, which provide readjustment counseling and referral services from 233 in 2008 to 300 in 2012.

In November 2011, VA launched an award-winning, national public awareness campaign called Make the Connection, which is aimed at reducing the stigma associated with seeking mental health care and informing Veterans, their families, friends, and members of their communities about VA resources. A link to Make the Connection can be found on Pg 6 or by going to www.maketheconnection.net.

Mental health professionals interested in seeking employment with the Department of Veterans Affairs can obtain information at www.vacareers.va.gov. Veterans and their families interested in learning more about the mental health services provided by VA can go to www.mentalhealth.va.gov.

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VA Mid-Atlantic Health Care Network VISN 6

VA, VSOs Announce Initiative To Reduce Claims Backlog

WASHINGTON – The Department of Veterans Affairs (VA), Disabled American Veterans (DAV), and The American Legion announced May 22, a new partnership to help reduce the compensation claims backlog for Veterans. The effort—the Fully Developed Claims (FDC) Community of Practice—is a key part of VA’s overall transformation plan to end the backlog in 2015 and process claims within 125 days at 98% accuracy. VA can process FDCs in half the time it takes for a traditionally filed claim.

“VA prides itself on our ongoing partnership with organizations that represent Veterans throughout the claims process,” said Undersecretary for Benefits Allison A. Hickey. “A Fully Developed Claim is the most effective way to ensure a Veteran’s claim never reaches the backlog—and is the basis for this new initiative between VA and what we expect will be an ever-increasing number of Veterans Service Organizations (VSOs) and others who represent Veterans at various points of the claims process.”

“This new initiative takes a common-sense approach to working smarter to better serve our injured and ill Veterans,” said DAV Washington Headquarters Executive Director Barry Jesinoski “DAV is pleased to be working with the VA to help improve the disability compensation system.”

“We have been working with VA since last December on its fully developed claims process,” said James E. Koutz, national commander of The American Legion. “Teams of our experts have already gone to VA regional offices in Denver, Pittsburgh, Baltimore and other cities to help identify best practices for FDCs, and to further train our own service officers.” Koutz said the Legion’s next visit in support of the FDC program is planned for June at the VA regional office in Reno, Nev.

Claims are considered to be “fully developed” when Veterans submit all available supporting evidence, like private treatment records and notice of federal treatment records, to VA at the time they first file a formal claim and certify they have no more evidence to submit. This is the information that VA needs to make a determination on a disability claim. The FDC program supports the sharing of best practices across Veterans Service Organizations, who help thousands of Veterans each year with their compensation claims, to identify up front all evidence necessary to support a Veteran’s claim. Veterans then certify that they have no additional evidence to submit, and VA can process the claim in half the time it takes for a traditionally filed claim.

VSOs have long played an integral role in submitting Veterans claims - often with representatives working within VA regional offices. VA has consulted with them throughout the development and implementation of VA’s plan to end the backlog in 2015 to ensure best practices and their unique insights were incorporated. The American Legion and DAV are the first to step forward to work with VA on the FDC program, and that program has led to a much more efficient process. Meaningful progress

will be felt by increasing numbers of Veterans as more VSOs participate in the FDC program. This initiative is just the latest example of the collaboration between VA and VSOs. In July, VA held a workshop to obtain the views of VSO representatives and to provide them with information on the effort to eliminate the claims backlog. The main focus of the workshop was VA’s emphasis on the shared goal of better serving Veterans and positive impact of filing Fully Developed Claims. These workshops will be replicated in VBA regional offices across the country.

“VA will continue to work with our VSO partners to provide the world-class health care and benefits that Veterans have earned through their service,” said Undersecretary Hickey.

This is the latest effort in support of the Secretary’s plan to reduce the backlog. Last month, VA announced an initiative to expedite compensation claims decisions for Veterans who have waited one year or longer. On April 19, VA began prioritizing claims decisions for Veterans who have been waiting the longest, by providing provisional decisions that allow eligible Veterans to begin collecting compensation benefits quickly. With a provisional decision, a Veteran has a year to submit additional information to support a claim before the decision becomes final.

On May 15, VA announced that it is mandating overtime for claims processors in its 56 regional benefits offices through the end of fiscal year 2013 to help eliminate the backlog, with continued emphasis on high-priority claims for homeless Veterans and those claiming financial hardship, the terminally ill, former Prisoners of War, Medal of Honor recipients, and Veterans filing Fully Developed Claims. As of May 17, the paperless claims processing system known as the Veterans Benefits Management System, or VBMS, has been deployed to 46 out of 56 regional office locations, and about 18% of VA’s current claim inventory is in an electronic format.

Claims for Wounded Warriors separating from the military for medical reasons will continue to be handled separately and on a priority basis with the Department of Defense through the Integrated Disability Evaluation System (IDES). On average, Wounded Warriors separating through IDES currently receive VA compensation benefits in 2 months following their separation from service.

Veterans can learn more about disability benefits on the joint Department of Defense-VA web portal eBenefits at www.ebenefits.va.gov and find information about filing Fully Developed Claims at www.benefits.va.gov/transformation/fastclaims/. Servicemembers returning from active duty in combat theatres are eligible for five years of VA medical care – regardless of the status of any disability claim submitted. Medical care is not withheld while disability claims are under review. For more information on enrolling in VA health benefits, please visit www.va.gov/healthbenefits/.

Mental Health continued from Pg 10

lishing 15 VA pilot agreements with clinics in local communities to improve access to mental health service.

Expanded VA Mental Health Staffing: As of May 7, 2013, VA has hired a total of 1,360 mental health clinical providers towards the goal of 1,600 new mental health professionals outlined in the Executive Order.

Additionally, VA has hired 2,036 mental health clinical providers to fill existing vacancies. VA has also hired nearly 250 new peer specialists in support of the specific goal of 800 peer specialists outlined in the Executive Order.

The interim report indicated that as of Jan. 29, 2013, VA had hired 1,058 mental health clinical providers in support of the specific goal of 1,600 mental health professionals, and over 100 peer specialists in support of the specific goal of 800 peer specialists.

In addition to the staffing increase, the development of a Na-

tional Research Action Plan to better understand and develop treatments for post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and co-occurring conditions; and identify strategies to support collaborative research efforts to address suicide prevention is underway.

DoD and VA are investing more than \$100 million in new research to improve diagnosis and treatment of Traumatic Brain Injury (mTBI) and Post-traumatic Stress Disorder (PTSD). They have launched two initiatives to establish joint DoD/VA research consortia with academia and industry partnerships to study the chronic effects of mild TBI and PTSD.

Working together, the Departments will continue to expand the public health approach to providing optimal support for the mental health needs of Veterans, service members and their families.

VISN 6 Sites of Care & VA Vet Centers

Albemarle POC
1845 W City Drive
Elizabeth City, NC
252-331-2191

Asheville VAMC
1100 Tunnel Road
Asheville, NC 28805
828-298-7911, 800-932-6408
www.asheville.va.gov/

Beckley VAMC
200 Veterans Avenue
Beckley, WV 25801
304-255-2121, 877-902-5142
www.beckley.va.gov/

Brunswick Outreach Clinic
20 Medical Campus Drive
Supply, NC 28462
910-754-6141

Charlotte CBOC
8601 University East Drive
Charlotte, NC 28213
704-597-3500

Charlottesville CBOC
650 Peter Jefferson Pkwy
Charlottesville, VA 22911
434-293-3890

Danville CBOC
705 Piney Forest Rd.
Danville, VA 24540
434-710-4210

Durham VAMC
508 Fulton St.
Durham, NC 27705
919-286-0411, 888-878-6890
www.durham.va.gov/

Emporia CBOC
1746 East Atlantic Street
Emporia, VA 23847
434-348-1500

Fayetteville VAMC
2300 Ramsey St.
Fayetteville, NC 28301
910-488-2120, 800-771-6106
www.fayettevillenc.va.gov/

Franklin CBOC
647 Wayah St.
Franklin, NC 28734-3390
828-369-1781

Fredricksburg CBOC
130 Executive Center Pkwy
Fredericksburg, VA 22401
540-370-4468

Greenbrier County CBOC
804 Industrial Park Rd.
Maxwelton, WV 24957
304-497-3900

Greenville CBOC
800 Moye Blvd.
Greenville, NC 27858
252-830-2149

Hamlet CBOC
100 Jefferson Street
Hamlet, NC 28345
910-582-3536

Hampton VAMC
100 Emancipation Dr.
Hampton, VA 23667
757-722-9961, 866-544-9961
www.hampton.va.gov/

Hickory CBOC
2440 Century Place, SE
Hickory, NC 28602
828-431-5600

Hillandale Rd. Annex
1824 Hillandale Road
Durham, North Carolina 27705
919-383-6107

Jacksonville CBOC
241 Freedom Way
Midway Park, NC 28544
910-353-6406

Lynchburg CBOC
1600 Lakeside Drive
Lynchburg, VA 24501
434-316-5000

Morehead City CBOC
5420 U.S. 70
Morehead City, NC 28557
252-240-2349

Raleigh CBOC
3305 Sungate Blvd.
Raleigh, NC 27610
919-212-0129

Raleigh II Annex
3040 Hammond Business Place
Raleigh, NC 27603
919-899-6259

Richmond VAMC
1201 Broad Rock Blvd.
Richmond, VA 23249
804-675-5000, 800-784-8381
www.richmond.va.gov/

Robeson County CBOC
139 Three Hunts Drive
Pembroke, NC 28372
910-521-8452

Rutherford County CBOC
374 Charlotte Rd.
Rutherfordton, NC 28139
828-288-2780

Salem VAMC
1970 Roanoke Blvd.
Salem, VA 24153
540-982-2463, 888-982-2463
www.salem.va.gov/

Salisbury VAMC
1601 Brenner Ave.
Salisbury, NC 28144
704-638-9000, 800-469-8262
www.salisbury.va.gov/

Staunton CBOC
102 Business Way
Staunton, VA 24401
540-886-5777

Tazewell CBOC
123 Ben Bolt Ave.
Tazewell, VA 24651
276-988-2526

Virginia Beach CBOC
244 Clearfield Avenue
Virginia Beach, VA
757-722-9961, ext. 1900

Wilmington HCC
1705 Gardner Rd.
Wilmington, NC 28405
910-343-5300

Winston-Salem CBOC
190 Kimel Park Drive
Winston-Salem, NC 27103
336-768-3296

Winston-Salem Annex
2101 Peters Creek Parkway
Winston-Salem, NC 27127
336-761-5300

Wytheville CBOC
165 Peppers Ferry Rd.
Wytheville, VA 24382-2363
276-223-5400

Beckley Vet Center
1000 Johnstown Road
Beckley, WV 25801
304-252-8220

Charlotte Vet Center
2114 Ben Craig Dr.
Charlotte, NC 28262
704-549-8025

Fayetteville Vet Center
4140 Ramsey St.
Fayetteville, NC 28311
910-488-6252

Greensboro Vet Center
2009 S. Elm-Eugene St.
Greensboro, NC 27406
336-333-5366

Greenville Vet Center
1021 W.H. Smith Blvd.
Greenville, NC 27834
252-355-7920

Jacksonville, N.C. Vet Center
110-A Branchwood Drive
Jacksonville, NC 28546
910-577-1100

Norfolk Vet Center
1711 Church Street
Norfolk, VA 23504
757-623-7584

Princeton Vet Center
905 Mercer Street
Princeton, WV 24740
304-425-5653

Raleigh Vet Center
1649 Old Louisville Rd.
Raleigh, NC 27604
919-856-4616

Roanoke Vet Center
350 Albemarle Ave., SW
Roanoke, VA 24016
540-342-9726

Virginia Beach Vet Center
324 Southport Circle, Suite 102
Virginia Beach, VA, 23452
757-248-3665

