



VA MID-ATLANTIC HEALTH CARE NETWORK • VISN SIX

Vol. 1, No. 2

"Excellent Care – Earned by Veterans – Delivered Here"

Voices of VISN 6

Official news from around *your* VISN

Dec. 10, 2010

Technology Brings Healthcare To Your Home

VISN 6 public affairs

Advances in technology impact our lives in many ways. The digital age has changed the way people listen to radio, watch television, and even navigate the roads. The internet provides the ability to get connected, or to learn about an endless list of subjects and even allows people to see and speak to others across the globe, in real time, at almost no cost.

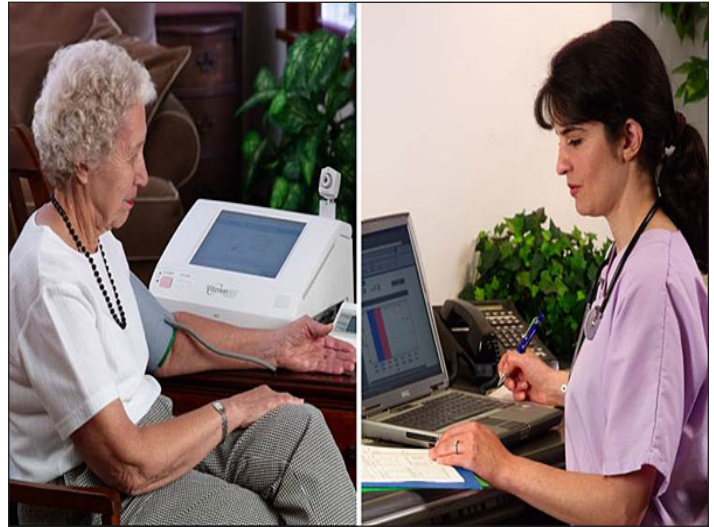
VA is embracing technology to enhance care for Veterans who experience challenges with traveling. Distance, traffic or severe weather can complicate travel for some, but for others with complicated injuries like traumatic brain injury or spinal cord injury, mobility issues present even more dis-

tinct challenges to travel.

In 2003, VA implemented a national Care Coordination Home Telehealth program which allows Veterans to stay connected with their care providers, sharing data and images instantly with patient care teams. From the comfort of their homes, Veterans can use phone lines, the internet and even wireless communications, to receive some care through the use of messaging, monitoring, measuring devices, video-phones, individual keypads and personal computers.

While telehealth is not the answer to all medical issues, VISN 6 is employing its use for a variety of treatments. Telehealth devices are being used

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VA stock photo

Telehealth enables healthcare management from home through the use of messaging, monitoring and measuring devices.

Healthier Meals On Their Way To VHA

VISN 6 public affairs

You are what you eat – a common phrase given credence by the fact that poor nutrition is a risk factor for four of the six

leading causes of death in the United States: heart disease, stroke, diabetes, and cancer. In 2009, VHA treated more than four million Veterans with one of these chronic diseases. Of

those, 24 percent had diabetes, 36 percent had hypertension and over 75 percent were diagnosed as overweight or obese.

VA is combating these health issues by tackling the issue head on. As America's largest integrated healthcare system, VHA is taking the lead to improve the health of Veterans, employees, and communities, instituting healthier meals nationwide by implementing VHA Directive 2010-007 Healthy Diet Guidelines.

This new directive is based on the 2005 Dietary Guidelines for Americans, the Dietary Approaches to Stop Hypertension (DASH) Eating Plan, VHA's Managing Overweight and Obesity for Veterans Everywhere (MOVE!) weight management program, and the VCS Wise Up Program. These evidence-based menu guidelines support the VHA's Mission, Vi-



Jennifer Askey

Rose Clark, Katherine Wright and Edith Wallace, food service staff at Hampton VAMC prepare meals for Veterans.

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VISN 6 Continues Moving Forward In 2011



The holiday season is upon on us, and like many, I take time to reflect upon how fortunate we all are to be Americans, and privileged to serve our Nation's heroes. I am proud of our accomplishments over the last year. I am also excited by the challenges we will face in the future as we strive to deliver outstanding care to a growing number of Veterans, in more locations, within a more restrained budget.

The employees of VISN 6 have always embraced new challenges and I am confident they will do so again in this case. But, any thoughtful retrospective would be hollow without consideration of the enormous contributions of our men and women in uniform, and those who came before them.

Our sons and daughters serve in more than 130 countries defending America's interests. They are performing a variety of duties from training, peacekeeping, and humanitarian work to combat operations

in remote and hostile environments. To be sure, while nothing can extinguish the pain of being separated from family and loved ones, I hope our troops and their loved ones can find comfort in knowing that the American people are truly grateful for their selflessness and commitment to our security.

All of us in VISN 6 will strive to do all we can during this new year to ensure that we provide exemplary Veteran centered care and live up to our Motto: Excellent Service. Earned by Veterans. Delivered Here. I extend my heartfelt thanks to America's heroes, past and present, and to all of the dedicated men and women of VISN 6 who enthusiastically look forward to serving them. I wish the best to all during this holiday season.

Sincerely, Dan Hoffmann

Hampton VAMC Pilots Data Sharing Program

By Jennifer Askey
Hampton VAMC public affairs

The Hampton VAMC is leading the way to improve patient care piloting VA's Virtual Lifetime Electronic Record (VLER) health community project. This innovative medical data exchange program enables clinicians from the Hampton VAMC, Naval Medical Center Portsmouth, Bon Secours and Kaiser Permanente in San Diego, to obtain a more comprehensive view of a patient's health issues, medications and allergies by using electronic health record information.

The program provides a technology "gateway" to support interoperability standards and a legal framework for the secure exchange of health information between treating physicians, when authorized by a patient. In the future, clinicians from participating organizations can electronically, securely, and privately share authorized patient data, ensuring around-the-clock access to critical health information.

Primary care physician Dr. Zewditu Tekleberhan and nurse practitioner Carmen Roaquin agreed that VLER is on the mark when it comes to the next step in health care. Both are excited that the Hampton VAMC was selected as a pilot site and said they are anxiously awaiting the full launch of the program which is targeted to begin in 2011. In the meantime, the medical staff is being trained and becoming familiar with the process.

"VA providers will be able to quickly see certain medical tests and a list of medicines that Veterans receive from outside providers," Tekleberhan said as she guided Roaquin step-by-step through the computer software. "This immediate electronic access supports increased accuracy, efficiency and safety and helps to avoid redundant care and testing."

Roaquin pointed out that during these challenging economic times, everyone is looking for ways to save, and avoiding redundancy in testing is one more way of saving Veterans out of pocket costs. She also noted that VLER supports the "going green" concept through the reduction of paper records.

The Hampton VLER team invited more than 5,500 Veterans to participate in the new program. Those who enroll will enable their public and private sector health care providers and doctors to share specific health information electronically, safely, securely and privately.

"Doctors have recognized the importance of sharing medical information for years but the technology didn't exist," said Dr. Katherine Gianola, Hampton VAMC Clinical Informatics community coordinator for the VLER project. "VLER now gives us the technology to cross systems securely and makes it possible to share these sensitive records so that our Veterans are better served."

Gianola explained that the program puts the highest priority on patient privacy and data security, and no exchange of information will occur without the explicit permission of the individual patient. She pointed out that Veterans' access to care will in no way be affected at institutions if they choose not to participate.


"The healthcare of our Veterans is our first priority at the Hampton VA and so we are excited to about leading the effort in this pilot program," said DeAnne Seekins, Hampton VAMC's director, noting that the facility is the second site in the entire country to offer this healthcare without boundaries program. The initial pilot, which began in January in San Diego, was a great success. "This program just furthers our commitment to providing our Veterans with safe, quality care, and provides us an opportunity to create stronger alliances with the private clinicians in the Hampton Roads area who serve our Nation's heroes."

Those with questions about VLER should contact the toll-free number at 1-877-771-VLER (8537).

EXCELLENT SERVICE
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VA Mid-Atlantic Health Care Network VISN 6

Voices of VISN 6 is published on the 10th of each month. The contents provide readers with information on VA programs designed to enhance the lives and health care of Veterans.

Questions or comments should be forwarded to Bruce.Sprecher@Va.gov


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Greenbrier County CBOC To Open In January

By Debbie Voloski
Beckley VAMC public affairs

The Beckley VAMC plans to begin 2011 in a big way by opening the doors to Veterans at the Greenbrier County CBOC near Lewisburg, W. Va. The outpatient clinic will function as a primary care clinic for an estimated 2,400 Veterans residing in Greenbrier, Monroe, Pocahontas, and Summers counties, W. Va., along with Alleghany County, Va.

The 8,836-square-foot medical facility is located in the Greenbrier Valley Airport Industrial Park, Maxwelton, W. Va. The clinic will employ two physicians, two registered nurses, four licensed practical nurses, a social worker, a psychiatrist, two medical support assistants and a pharmacist.

"I think it's going to be outstanding for the veterans of this area," Jim Nelson, the practice manager for the clinic noted. "They're going to be very pleased with the caliber of the staff we've assembled. This facility will truly sell itself."

Among the services offered at the clinic will be primary healthcare, such as initial assessment of health problems, basic diagnostic lab work, immunizations, cancer screening, and treatment of chronic health problems. Mental health services will include psychiatry, psychology, and social work services. Veterans needing specialized care will continue to receive those services at the Beckley VAMC.

The clinic will also provide home-based primary care to Veterans in Greenbrier, Monroe and Pocahontas counties, as well as Alleghany County, Va. This program is for Veterans who have health problems that make it difficult for them to leave home.

New W. Va. VA Cemetery Named For Hero Sailor

By Debbie Voloski
Beckley VAMC public affairs

With a Veteran population of more than 200,000, West Virginia has only one Veterans cemetery - the national Veterans Cemetery located at Grafton in Taylor County. This will soon change as the U.S. Department of Veterans Affairs awarded West Virginia a 14.1 million dollar grant for the construction of the Donel Kinnard Memorial State Veterans Cemetery. The 25-acre site, located above the State Police Academy in Dunbar, Kanawha County, is scheduled to be completed in 2012 and will serve about 60,000 Veterans who live in the region.

West Virginia's first state Veterans cemetery is named after Donel Kinnard, a Vietnam Veteran who first served in the United States Marine Corps and later in the United States Navy. As a Sailor, he served with the UDT and SEAL Teams. He



Donel Kinnard

served seven tours of duty in Vietnam and was a recipient of the Navy Cross, the Bronze Star, along with seven Purple Hearts. He was the Chairman of the West Virginia Veterans Cemetery Committee at the time of his death in February 2009.

Donel Kinnard's final mission has been accomplished - a final resting place of honor for West Virginia's Veterans is now becoming a reality.



Rick Barbero

Workers prepare the foundation for the entrance to the new Greenbrier County CBOC.

"We are very proud to be able to enhance the services we offer our Veterans. And, although this CBOC is located in West Virginia, it will actually extend our care to Veterans living in Alleghany County, Virginia," explained Karin McGraw, director of the Beckley VAMC. "These Veterans will have a choice to receive their specialized medical care at either the Salem VAMC or here at the Beckley VAMC."

The Greenbrier CBOC will be open 8 a.m. to 4:30 p.m. Monday through Friday.

The Beckley VAMC plans to host a formal dedication ceremony in early April.

The President of the United States of America takes pleasure in presenting the Navy Cross to Chief Hospital Corpsman Donel Clifford Kinnard, United States Navy, for extraordinary heroism while engaged in armed conflict against enemy forces in the Republic of Vietnam on 20 - 21 January 1970.

During this period, Chief Petty Officer Kinnard was serving with Underwater Demolition Team TWELVE (UDT-12), Detachment GOLF, and operating with the Second Battalion, Fifth Mobile Forces Command during a sweep and clear mission in the Ca Mau Peninsula. On one occasion, Chief Petty Officer Kinnard was singled out as a target by an enemy force while he was attempting to beach a damaged sampan from which three of the enemy had leaped into the water and escaped. His courageous action resulted in the capture of the sampan and enemy weapons.

On another occasion, when his unit was subjected to intense enemy rocket, machine-gun and automatic-weapons fire, Chief Petty Officer Kinnard was wounded in the arms and legs by shrapnel from an enemy hand grenade. He immediately hurled several hand grenades across a canal into enemy positions. During the ensuing battle, he was suddenly attacked by one of the enemy who had crept up behind him. After several minutes of a fierce hand-to-hand struggle, Chief Petty Officer Kinnard succeeded in overcoming his attacker who was later identified as a North Vietnamese Army Lieutenant.

By his personal courage and inspiring devotion to duty, Chief Petty Officer Kinnard contributed materially to the success of a vital mission and upheld the highest traditions of the United States Naval Service.

Practice Makes Perfect At Fayetteville VAMC

By Ed Drohan
Fayetteville VAMC public affairs

It was a scenario right out of today's headlines. A gunman walks into an Army hospital and starts shooting. Dozens of people are either killed or injured, and the community medical system steps up to assist with the response.

Fortunately this was only an exercise played out at Fort Bragg's Womack Army Medical Center, with the shooter and his victims simply acting out their particular parts of the scenario. While the Army was the primary exercise player, the Fayetteville VAMC and other area hospitals also participated in the scenario to practice their own response to an emergency situation that could happen anywhere.

Planning for the Nov. 17 exercise began weeks before the actual drill took place. Fayetteville VAMC Emergency Management Coordinator Fred Williams represented the VA in planning sessions and coordinated the VA participation, to include providing three volunteers to play the role of people injured during the shooting incident.

Volunteer victims were decked out in moulage – artificial wounds so realistic that they would make a horror movie director queasy. The makeup helps exercise participants practice their first aid, triage and treatment procedures just as they would in a real-life situation.

The three VA volunteers were triaged at Womack and then transported back to the Fayetteville VAMC for treatment of minor injuries they were supposed to have sustained while trying to escape from the shooter. Emergency Department staff had all three treated and released in minimal time.

Medical staff weren't the only ones tested during the exercise. The Fayetteville VAMC activated its Incident Command Center, staffed by Executive Leadership Team members and representatives from throughout the center, once the call about the incident



Brad Garner
Fayetteville VAMC staff members (standing from left) Brenda Rich, Dr. Revati Komandur, Kathy Bradshaw and Dr. Chandrasekhar Kunduru care for simulated patient Jennie Christian during a recent exercise. Christian, also a Fayetteville VAMC employee, was playing the role of a bystander injured while trying to flee a simulated shooting at the Army hospital.

came in from Womack. The ICC ensured that all actions taken during the incident were coordinated and documented.

While the mock patients were being treated here, Spencer Sikder, Fayetteville VAMC's chief of logistics, observed the Army's

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Beckley VAMC Rural Health Team Reaches Out To Veterans

By Becky Trent
Beckley VAMC Rural Health Public Affairs

The Beckley VAMC Rural Health Team sponsored the Rural Health Veterans Information Fair, Dec. 1 in Summersville, W.Va., allowing Veterans to learn about VA benefits, as well as some



Debbie Voloski
Rural Health staff member Larone Alexander provides enrollment and benefits information at the Beckley VA Rural Health Veterans Information Fair in Summersville, W. Va., Dec 1.

available through local resources.

Attendees received VHA eligibility and enrollment guidance, along with educational, employment, and rehabilitation information from VBA. Counselors from VBA answered questions and helped Veterans initiate the claims process and representatives from Workforce West Virginia and the medical center's human resources department provided Veterans with employment opportunities and guidance. Other participants included the Greenbrier Commission on Aging and Mountain State University.

The fair offered Veterans the opportunity to explore program information that included nutrition, the VA on-line service called MyhealthVet, prescription refills, home-based primary care and prosthetics.

"I find it a joy to provide Veterans with information on eligibility and financial means," said Larone Alexander, a medical support assistant for Beckley's rural health team. He added, "Veterans sometimes feel they were deserted and as we listen to their stories and apologize for their perceived lack of support, they are often more willing for us to explain the benefits they're entitled to. It really gives me great personal satisfaction to help them."

The goal of the Rural Health team is to provide information to Veterans on VA eligibility and enrollment, health education, and the value of receiving care through the Beckley VAMC's programs. Throughout the summer and autumn months, the Rural Health team attended more than 66 outreach activities.

According to Associate Director for Patient Care Services, Debra Lynn Legg, "Our rural health program provides a wonder-

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American Legion Department Commander visits Hefner VA

By Carol Waters
Salisbury VAMC public affairs

James W. (Bill) Oxford, N.C. American Legion Department Commander, accompanied by Cajun Comeau, Department Service Officer, visited the Salisbury VAMC on Nov. 23. They met with Paul M. Russo, Salisbury VAMC director, members of his staff and members of the American Legion Auxiliary: Wanda Moore, Department President; Janice MacLeod, Division IV President; and Sharon Neville, Department Americanism Chairman; and Martha Corriher, Salisbury Hospital Deputy.

During the meeting, Russo provided an overview of the Salisbury VAMC and the outpatient clinics in Charlotte, Hickory, and Winston-Salem. He also

briefed the group on services provided to Veterans, workload and various on-going projects. Oxford, on behalf of the American Legion, presented a check for the social work indigent travel fund through VA Voluntary Service.

Following the meeting, the group toured the hospice unit and community living center, and saw plans for a new hospice unit and plans for a three phase project to create a Long Term Care Center of Excellence. The new addition should be completed over the next three years.

The Long Term Care Center will include full renovation of space within Bldg 42 to create private patient bedrooms and baths and other facility upgrades. Construction on the first phase begins this month, and includes



Luke Thompson
Nancy Brown-Perry, Wanda Moore, Paul Russo, Bill Oxford, and Cajun Comeau display the donation from the American Legion.

a new 12-bed Hospice unit, the addition of a new Main Street with various shops and activities, and a new six bed Hoptel.

Healthy Meals continued from Pg 1

sion and Performance Goals.

“The network prepares and serves more than two million meals per year. Our job is to make sure that the meals we provide our Veterans complement their nutritional needs. Quality patient and resident-centered care will be fostered with progressive leadership in our modeling healthy food practices and behaviors for disease prevention and health promotion,” said Sandy May, VISN 6 Lead Registered Dietitian.

According to May, beginning in January 2011, VA medical centers nationwide will serve meals lower in calories, fat, cholesterol and sodium. The only increase Veterans should see is about a 20 percent increase in fiber.

VISN 6 facilities are working together to implement a new VISN Diet Manual and VISN Menu which cycles every three weeks. New healthier food products and recipes will be introduced and mixed with some old favorites that “fit” to maintain patient satisfaction through gradual change.

“Our primary concern is the Veteran’s overall health. And, while we will work to develop menus which appeal to most, there will no doubt be a period of adjustment,” said Eric Samuelson, VISN 6 Nutrition and Food Services Director. “Patient preferences will need to be input for the new menus, and our Nutrition and Food Service staff will use Unit Meal Rounds, Focus Groups and Patient Satisfaction Surveys to monitor patient acceptance and guide ongoing planning efforts,” he added.

Developing a new menu is more than just training the food service staff. Linking specific menus to address a patient’s needs requires training for physicians and staff as well.

“We will link the new production diets the doctors can order in Computation, our electronic data base, within the Consolidated Patient Record System. We are developing an abbreviated guide to diets for physicians, and preparing to train staff regarding changes in diet availability,” said Samuelson.

“The anticipated cost of the changes, will likely result in an increase to subsistence costs. Along with the expected rising costs for food, there will be an increase in local labor with more slicing, chopping, and assembling of foods on the tray line. But purchasing agreements for specified food items from our prime vendor, should ensure purchase volumes sufficient to support negotiated prices and VISN cost-containment efforts,” said May.

Healthier Meal Content Comparison

Current “Regular” Diet (3-wk average)	New VHA Daily Guidelines	VISN 6 “Healthy Diet” (3-wk average*)
2900	Calories: 2000-2400	2359
112	Fat: 55-95g	80
430	Cholesterol: 200-400mg	289
5422	Sodium: 2000-3000mg	2922**
114	Protein: 60-120g	109
22	Fiber: 25-30g	27

* 3-week preliminary average

** A salt packet will be provided on the tray, but patients will be encouraged to support sodium levels of the Healthy Diet by using salt sparingly or not at all.

The new guidelines do not apply to:

- Special occasion and holiday meals,
- CLC cafeteria alternate selections and select menus, where they exist,
- Between-meal supplements supporting increase nutritional needs



Courtesy PN Magazine

An artist's rendering of the new American Veteran Disabled for Life Memorial being constructed in Washington, D.C.

Disabled Vet Memorial Begun

The groundbreaking for the American Veteran Disabled for Life Memorial took place Nov. 10 in Washington, D.C. Located on a 2.4-acre triangular site across from the U.S. Botanic Garden and in the shadow of the U.S. Capitol, the memorial will be the nation's first public tribute to over 3 million living American Veterans with disabilities and the hundreds of thousands who have died.

Its star-shaped reflecting pool will have a surface broken only by a single eternal flame. Three walls of laminated glass with text and images and four bronze sculptures will tell the universal story of disabled Veterans' call to service, trauma, challenge of healing, and discovery of purpose.

The nonprofit Disabled Veterans LIFE Memorial Foundation, established in 1998, was charged with developing and raising the necessary funds for this memorial.

For more information visit: www.advdlm.org or call 1-800-331-7590.

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Telehealth continued from Pg 1

to help with conditions ranging from diabetes and high blood pressure to PTSD, substance abuse, polytrauma, and even more severe cases of spinal cord or traumatic brain injury.

The VISN is currently employing telehealth technology to assist with chronic disease management, such as congestive heart failure, chronic obstructive pulmonary disease, depression or post-traumatic stress disorder, diabetes, and other issues with high medical utilization and a high need for monitoring.

Tele-mental health is being used to enable group and individual therapy sessions for tobacco cessation, substance abuse, schizophrenia, bipolar disorder and Post Traumatic Stress Disorder.

According to Dr. Katherine Gianola, Health Informatics and Telehealth Chief at Richmond VAMC, "Mental health patients often need frequent interactions. Telehealth gives us the ability to treat patients without them needing to find transportation or sit in waiting rooms.

Also, as patients are typically more at ease and feel better about sharing their concerns over video-teleconferencing, this program has been great for establishing relationships, she added.

A Tele-dermatology pilot is now ongoing between the Fayetteville and Durham VAMCs. Technicians at the Fayetteville VAMC send digital pictures of skin conditions to a specialist at the Durham VAMC using a method known as "Store and Forward." This method allows technicians to take, store and share digital images with providers at a different location.

Tele-retinal imaging, the most robust telehealth program in the VISN so far, is expanding to all the VISN's CBOCs in 2011. This program also uses a form of the store and forward method, where the clinician takes digital pictures of the eye and sends them into a reading center for analysis, diagnosis and treatment recommendations. VISN 6 is fortunate to have a reading center within its boundaries at the Salisbury VAMC.

The use of telehealth devices in support of spinal cord injury at the Richmond and Hampton VAMCs improves access to care for combat wounded residing in an area that includes 14 other VA medical centers. Both centers have video conference technology, making it possible for Veterans to stay at home or go to their nearest medical center, simplifying the process and saving money, time, and stress. "This is a tremendous win for the patients and for the system," Gianola said, since it "brings medicine to the patient instead of the other way around."

Tele-move provides support in weight loss and healthy living for Veterans. While available for both men and women, tele-move targets women in a pre-diabetic state where weight is starting to cause health problems. "We aim to catch it early," according to

Mary Foster, VISN Telehealth Director, who with Gianola maintains telehealth weight management is designed for Veterans with a body mass index greater than 30 who want help managing their weight. "Tele-move is disease prevention," according to Foster. "Having this information means physicians and nurses can change medications or other treatments and prevent serious health problems from developing," she added.

Foster said, "Tele-move provides ongoing communication and support, guidance for healthy lifestyle changes regarding physical activity, healthy eating, and necessary behavioral changes. This program helps to identify issues that might affect weight management. It also provides encouragement through ongoing contact to help work towards increased Veteran satisfaction." Studies show weekly average weight loss of one-half to two pounds.

The newest use of telehealth in VISN 6 is that of tele-audiology. This program begins in December and is will be piloted between the Durham VAMC and the Greenville CBOC. The goal is to provide audiometric assessment, hearing aid fitting and adjustment for patients at the Greenville clinic through a computer connection to a specialist at the Durham VAMC.

Advocates say telehealth can produce better health results than occasional checkups and repeated hospital stays, and saves money while doing so. According to the VA web site, these programs have reduced hospital admissions, clinic and emergency room visits resulting in an improved quality of life for our Veterans.

"The entire telehealth program offers numerous possibilities to our Veterans who would otherwise be limited in their access to quality care. Telehealth brings care to the Veteran and because of the education provided, patients learn better self-care management techniques," Foster said.

Foster is excited as increased funding for this program will make it possible for more Veterans, especially in rural and remote areas to receive care more conveniently. Additionally, VISN 6 will increase staffing of telehealth coordinators at seven medical centers in 2011. The increase in staffing will allow for up to 1,050 new patients. This is timely, because telehealth capability will also increase as the program completes installation of a system with the capacity to handle cell phone transmissions securely over the next few months.

A series of more in-depth articles on each telehealth program will follow in the coming months.

For more information, visit <http://www.carecoordination.va.gov/telehealth/>

WOMEN VETERANS HEALTH CARE

*You served, you deserve
★ the best care anywhere.*



VA Provides Valuable Gender-Specific Services

By Steve Wilkins
VISN 6 Public Affairs

Many female Veterans are surprised when they encounter women representing VA at various functions. In conversations with the VA representatives, they learn that VA has a separate Women's Clinic in most VA Medical Centers. Some, according to the VISN 6 Lead Women Veterans Program Manager Shenekia Williams-Johnson, are astounded that VA offers care for women. "They just didn't realize the benefit was extended to them."

VA is currently in the middle of a television ad campaign inviting all Veterans to take advantage of VA benefits they have earned, but may be unaware of. It is one step in a robust outreach effort aimed at welcoming returning service members to help ease their transition from military to Veteran status.

"VA is committed to reach-

ing all Veterans to say 'thank you for your service', and to let them know about the health care, benefits and services available to help them meet whatever challenges lie ahead," said VA Secretary Eric K. Shinseki.

The 30-second advertisement focuses on Veterans returning from Iraq and Afghanistan, and shows the path a Veteran might follow from boots on the battlefield to addressing possible health issues, as well as going to college, finding employment and buying a home. The ad emphasizes the goal of a seamless transition between DoD and VA.

Many women are unaware of their VA eligibility, even though they have served alongside men in qualifying roles. Kenya Graham, a VISN 6 Women Veterans Outreach Coordinator, says one of the most significant changes is that VA can now pay for maternity care for qualified female veterans. She said, "with the cost of ma-

ternity care, especially in cases where families have no insurance or high deductibles, this is big news!" VA will pay up to the first seven days for newborn care; "This is a brand new program, so most women do not know about it," she added.

For J'Metria Anderson, learning about the benefit was just in time and made a huge difference. She met Graham at the North Carolina Governor's Conference for Women where Graham was staffing a VA booth.

"I was very excited to hear that the VA offered assistance with maternity care, well more like ecstatic!" Anderson said. "I don't think I stopped smiling that day...[the assistance] means so much for me and my family."

Graham said the prospect of paying to have a child and other related expenses is so daunting to many Veterans and their spouses that the new benefits astound most.

Anderson said she and her husband "are so very grateful, I just had to spread the news, and I hope Kenya or another VA representative can appear at my job's health fair next year to help other Veterans learn more about their VA benefits."

Ruth Miller, also a VISN 6 Women Veterans Outreach Coordinator, agrees that many women have no idea they may be eligible to come to the VA for primary care and more particularly, gender-specific services such as pap smears and mammograms. Miller said some women Veterans don't consider themselves Veterans because they did not serve in combat or they did not retire after a full career. She added, "Some still think you have to be disabled to come to the VA."

"VA is interested in allaying that myth and is committed to making sure every female understands that if she served, she deserves and can get VA care," Graham stated.

Fayetteville Exercise continued from Pg 4

reaction to the incident. While he said he saw some minor discrepancies, overall he was impressed.

"I saw some best practices that I will bring back (to the Fayetteville VAMC)," Sikder said in a report to his Army counterparts. "The planning, organization and staff are committed and focused."

Participating in the exercise also gave the Fayetteville VAMC staff an opportunity to hone their skills.

"I think the exercise went extremely well," Williams said once the event was wrapped up. "Exercises like this help us maintain a good working relationship with our community partners and give us an opportunity to experience the potential threats from the community as well as things that could occur within our own walls."

Williams said he's proud of the emergency room coordination, patient tracking, the stand up of the ICC, test of communications and the opportunity to validate contact numbers and inventory.

"The response and participation was so much better than last year, but I know there is lots of room for improvements," Williams said. In the coming months Williams hope to take full advantage of the lessons learned as well as points gathered by Sikder during his evaluation to enhance the Emergency Management program at the Fayetteville VAMC.

Beckley Rural Health continued from Pg 4

ful opportunity to reach out and touch the lives of our Veterans and their families." She added, "We are extremely proud that our rural health staff has been able to take the VA message to so many outreach events."

The Rural Health Initiative was implemented nationwide to help Veterans develop enhanced self-care programs and disease management training and valuation methods for chronic disease conditions including PTSD, traumatic brain injury (TBI), depression, weight, pain, diabetes and smoking cessation.

Veterans are encouraged to look for information in the coming months on additional health fairs during 2011. For more information on the Beckley VAMC Rural Health Initiative, contact Becky Trent at 304-255-2121, ext. 4924.



VA
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VA Introduces Health Benefits Handbooks

By Milton Swift
VA Central Office

It can be difficult for Veterans to navigate the complex array of health benefits available to them. To make things easier, the Department of Veterans Affairs plans to launch a new pilot series of Veterans Health Benefits Handbooks. Each one will be personalized with health benefits information based on each Veteran's eligibility. These handbooks will contain:

- Information regarding each Veteran's health benefits
- Local contact information
- How to communicate treatment needs
- An explanation of the Veteran's responsibilities

Says Secretary of Veterans Affairs Eric Shinseki, "These handbooks will give Veterans everything they need to know and leave out everything that doesn't apply to them. Our Veterans will now have a comprehensive, easy to understand roadmap to the medical benefits they earned with their service."

Initially, the handbooks will be released in Washington, D.C. and Cleveland, Ohio. Full implementation of the handbooks will start in fall 2011.

For more information about the VA's new Veterans Health Benefits Handbooks, refer to the Department of Veterans Affairs' Press Release: VA Launching New Personalized Veterans Health Benefits Handbook.

Salem VAMC's Chisom Wins Prosthetics Award

By Marian McConnell
Salem VAMC public affairs

Wesley "Wes" Chisom, Salem VAMC Prosthetics Purchasing Agent, was recognized with the National Chief Consultant's Award at the Prosthetics Leadership Board meeting in October 2010. He was chosen for the positive changes he has made in Prosthetics Service for Veterans.

In a letter to the network director, Frederick Downs Jr., VA's Chief Consultant for

Prosthetic and Sensory Aids Service, stated that Chisom "always puts Veterans and his service to them first."

Beyond these duties, Chisom manages Salem VAMC's Home Oxygen Program, the Durable Medical Equipment Program, and assists with the Home Telehealth Program. His participation positively impacts the entire network's Home Oxygen program, resulting in improved services to Veterans and cost-savings. Wes has been at Salem VAMC for 20 years.



Marian McConnell

Wes Chisom (right) assists James Collins, a visually-impaired Veteran, with a special watch with easy-to-read numbers and "speaks" the time out loud.



Darlene Edwards

Members of Richmond VAMC's Gastroenterology team left to right- Dr. Michael Pandak, Dr. Juan Baltodano, Dr. Douglas Heuman, Cindy Taylor, RN, Tonora Garbutt, RN, Dr. Mitchell Schubert and Sandra Collins, RN,

Richmond VAMC Endoscopy Recognized

By Darlene Edwards
Richmond VAMC public affairs

The American Society for Gastrointestinal Endoscopy, a leading gastrointestinal medical society, has recognized the McGuire VAMC Endoscopy Unit as part of its program specifically dedicated to promoting quality in endoscopy, in all settings where it is practiced in the United States. McGuire VAMC Endoscopy Unit is one of 254 endoscopy units to be granted the recognition since 2009.

The ASGE Endoscopy Unit Recognition Program honors endoscopy units that follow the ASGE guidelines on privileging, quality assurance, endoscopy reprocessing and CDC infection control guidelines and have completed specialized training on principles in quality and safety in endoscopy.

"We are honored to be recognized by ASGE for our efforts to enhance quality and safety in our endoscopy unit," said Dr. Mitchell Schubert, Chief of Gastroenterology.

VA Posts Quality Measurements To Web

VHA public affairs

VA continues to honor its commitment to Veterans by adding two new reports to its health care quality and safety Web site. "VA is committed to public transparency including the sharing of performance and quality data as a way to help Veterans and their families make informed decisions about their medical care," said Dr. Robert A. Petzel, VA Under Secretary for Health.

The data posted through the ASPIRE for Quality Initiative includes outcome information for acute care, intensive

care unit, outpatient, safety and process measures and how each VAMC measures up to quality goals.

Public transparency is not new at VA. VA Core Hospital Measures have been available on the Joint Commission Web site since 2005, and VA expanded outreach to Veterans and their families by offering direct comparisons of VA facilities with private sector counterparts on www.HospitalCompare.hhs.gov.

To access the new ASPIRE data, go to the VA Hospital Compare Web site at www.hospitalcompare.va.gov/ASPIRE.

Presidential Proclamation: National Pearl Harbor Remembrance Day

Nearly 70 years ago, on December 7, 1941, our service members and civilians awoke on a quiet Sunday to a surprise attack on Pearl Harbor by Japanese forces. Employing whatever weapons were at hand, those who defended Hawaii that fateful morning stand as examples of the selfless heroism that has always characterized the Armed Forces of the United States. More than 3,500 Americans were killed or wounded, and the images of burning battleships and the grief for lives lost were forever seared into our national memory.

The deadly attack on Pearl Harbor did not accomplish its mission of breaking the American spirit. Instead, it reinforced our resolve. Americans responded with unity and courage to a tragedy that President Franklin D. Roosevelt called “a date which will live in infamy.” In the aftermath of Pearl Harbor, thousands of resolute individuals immediately volunteered their service to a grieving Nation. Sixteen million of America’s sons and daughters served during World War II, and more than 400,000 paid the ultimate

sacrifice in defense of life and liberty. Countless other patriots served on the home front, aiding the war effort by working in manufacturing plants, participating in rationing programs, or planting Victory gardens. In the face of great loss, America once again showed the resilience and strength that have always characterized our great country.

The Allied Forces battled the scourge of tyranny and ultimately spread the transformative march of freedom. As we recognize the 65th anniversary of the end of World War II this year, we honor not only those who gave their lives that December day, but also all those in uniform who travelled to distant theaters of war to halt the progression of totalitarianism and hate. In honor of all who have borne the cost of battle throughout America’s history, let us pledge to meet our debt of honor and uphold the ideals they fought to preserve.

The Congress, by Public Law 103 308, as amended, has designated December 7 of each year as “National Pearl Harbor Remembrance Day.”

NOW, THEREFORE, I,



USS Arizona burns following a surprise attack on Pearl Harbor by the Japanese on Dec. 7, 1941.

BARACK OBAMA, President of the United States of America, do hereby proclaim December 7, 2010, as National Pearl Harbor Remembrance Day. I encourage all Americans to observe this solemn day of remembrance and to honor our military, past and present, with appropriate ceremonies and activities. I urge all Federal agencies and interested organizations, groups, and individuals to

fly the flag of the United States at half staff this December 7 in honor of those American patriots who died as a result of their service at Pearl Harbor.

IN WITNESS WHEREOF, I have hereunto set my hand this seventh day of December, in the year of our Lord two thousand ten, and of the Independence of the United States of America the two hundred and thirty-fifth.

BARACK OBAMA

FDR’s Address To Congress, Dec. 8, 1941

Mr. Vice President, and Mr. Speaker, and Members of the Senate and House of Representatives:

Yesterday, December 7, 1941—a date which will live in infamy—the United States of America was suddenly and deliberately attacked by naval and air forces of the Empire of Japan.

The United States was at peace with that Nation and, at the solicitation of Japan, was still in conversation with its Government and its Emperor looking toward the maintenance of peace in the Pacific. Indeed, one hour after Japanese air squadrons had commenced bombing in the American Island of Oahu, the Japanese Ambassador to the United States and his colleague delivered to our Secretary of State a formal reply to a recent American message. And while this reply stated that it seemed useless to

continue the existing diplomatic negotiations, it contained no threat or hint of war or of armed attack.

It will be recorded that the distance of Hawaii from Japan makes it obvious that the attack was deliberately planned many days or even weeks ago. During the intervening time the Japanese Government has deliberately sought to deceive the United States by false statements and expressions of hope for continued peace.

The attack yesterday on the Hawaiian Islands has caused severe damage to American naval and military forces. I regret to tell you that very many American lives have been lost. In addition American ships have been reported torpedoed on the high seas between San Francisco and Honolulu.

Yesterday the Japanese Government also launched an attack against Malaya.

Last night Japanese forces attacked Hong Kong.

Last night Japanese forces attacked Guam.

Last night Japanese forces attacked the Philippine Islands.

Last night the Japanese attacked Wake Island. And this morning the Japanese attacked Midway Island.

Japan has, therefore, undertaken a surprise offensive extending throughout the Pacific area. The facts of yesterday and today speak for themselves. The people of the United States have already formed their opinions and well understand the implications to the very life and safety of our Nation.

As Commander in Chief of the Army and Navy I have directed that all measures be taken for our defense.

But always will our whole Nation remember the character of the onslaught against us.

No matter how long it

may take us to overcome this premeditated invasion, the American people in their righteous might will win through to absolute victory. I believe that I interpret the will of the Congress and of the people when I assert that we will not only defend ourselves to the uttermost but will make it very certain that this form of treachery shall never again endanger us.

Hostilities exist. There is no blinking at the fact that our people, our territory, and our interests are in grave danger.

With confidence in our armed forces—with the unbounding determination of our people—we will gain the inevitable triumph—so help us God.

I ask that the Congress declare that since the unprovoked and dastardly attack by Japan on Sunday, December 7, 1941, a state of war has existed between the United States and the Japanese Empire.

Can The Internet Help Smokers Kick The Habit?

A study based at the Durham VAMC is testing whether an Internet-based program can help Veterans quit smoking.

More than 400 Iraq and Afghanistan Veterans are taking part in the research. Half are being given premium membership to a website called QuitNet (quitnet.com). The website is based on guidelines of the U.S. Public Health Service. It features chat rooms, advice from experts, medication tips, buddy match-ups and other tools to support smokers in their quest to stop smoking.

Launched on a wide scale 10 years ago with help from Boston University's School of Public Health, the site is used by some 60,000 smokers and ex-smokers worldwide. Those referred to the website are also being offered nicotine replacement therapy from VA. This entails a telephone assessment and shipments of supplies—usually skin patches or chewing gum—through the mail. These Veterans can opt for medication, too, if they want to commit to clinic visits along with their website usage.

The other 200 or so study participants are receiving standard care. This means a referral to a specialty clinic at the Durham VAMC geared to help returning Veterans quit smoking. The clinic uses a mix of methods, such as group behavioral counseling, telephone support, nicotine replacement therapy and medication management. For those Veterans prescribed a drug,

bupropion (sold as Zyban) is the most common choice.

Up to half of patients who regularly attend such programs will quit, research shows. About a quarter will stay away from cigarettes long-term. The main problem with clinic-based programs, though, is poor attendance, says lead investigator Patrick Calhoun, PhD, a psychologist at the Durham VAMC and Duke University. According to Calhoun, barriers to Veterans' participation include long distances to clinics—especially for those in rural areas—and limited availability of specially trained counselors. These factors make it harder for patients to fit in clinic visits around their work schedules.

At the Durham VAMC, only one in six Veterans referred to the smoking-cessation clinic takes advantage of the program, says Calhoun. And only about a third of those who attend the program go on to complete it. The rates of attendance at private-sector smoking cessation clinics are no better, studies show.

Calhoun believes Web-based methods can be a potent alternative. "We think the approach has great promise for increasing access to smoking cessation care, especially among Veterans in rural areas. The Internet in combination with telehealth for nicotine replacement therapy may help to increase motivation and avoid barriers to access."

Courtesy VA Research Currents



Elizabeth Binette

Army Veteran John Borlik, now a visual information specialist with VA, has smoked for 25 years. Although he has tried to quit many times, his most successful attempt lasted for one year.

Smoking and Tobacco

Quit for a day, quit for life!

It may be the best thing you'll ever do for your health.

No matter how old you are, quitting smoking is the single most effective thing you can do to improve your health. It is never too late to quit. In fact, older smokers are more likely to be successful than younger smokers.

Tobacco use kills more than 440,000 Americans each year—more than alcohol, cocaine, heroin, homicide, suicide, car accidents, and HIV/AIDS combined.

Smokers are also at higher risk for the following:

- Increased depression and anxiety
- A shorter life (smokers die 13-15 years earlier than non-smokers)
- Lung disease, such as bronchitis or emphysema
- Cancers of the lung, mouth, esophagus, stomach, pancreas, cervix, kidney, and bladder
- Heart disease and stroke
- Cataracts, skin wrinkling, and skin discoloration
- Increased use of other drugs and alcohol
- Complicated pregnancies

Talk to your VA health care provider to get basic information about how to quit. VA providers are working hard to make sure that any tobacco user who wants effective treatment can get it in our health care system. Your provider may provide you with a prescription for nicotine replacement therapy, such as the nicotine patch or gum, or other medications. These will help to reduce your cravings. This is important, as using these medications will double or triple your chances of successfully quitting.

In addition to working with your VA health care provider, there are things you can do to get ready to quit:

- Set a quit date.
- Talk to your friends, family and your co-workers about getting support.
- Anticipate challenges quitting, particularly for the first few days.
- Review your past attempts at quitting. What worked? What didn't?
- Keep in mind all the reasons for quitting that are most important to you.
- Remove all cigarettes, lighters, and ashtrays from your home, car, and work.
- You may want to begin a regular exercise program.
- Put the money that you would normally spend on cigarettes or tobacco in a jar and plan to spend that on something that you can work towards to reward yourself.

There are a number of Web sites that you can visit to learn more about quitting tobacco use. Here are just a few:

- <http://www.smokefree.gov/> - General site to help you stop smoking
- <http://www.women.smokefree.gov/> - Targeted to help younger women stop smoking
- <http://www.cdc.gov/tobacco/> - See under 'Resources For You'
- <http://www.surgeongeneral.gov/tobacco/>
- <http://www.cancer.gov/cancertopics/tobacco/>

VISN 6 Facility Enhancements

Asheville VAMC

Renovation continues on the main Atrium. The VAMC is adding a third elevator and new stairwell to improve access to the clinics, lab and canteen that face the Atrium. Construction barriers will be in place until mid-March 2011.

Executive offices will complete the move to the third floor this month to make more clinic space available on the first floor.

Beckley VAMC

Upgrading of the nurse call system to digital pillow speakers in all inpatient rooms should be complete by fall.

Renovation of basement bathrooms, walls and floors is expected to be completed in December.

Renovation of the canteen continues through January. There will be limited dining space during this period.

Replacement of the main elevators begins mid-December and should take about one year to complete. People may experience delays as only one elevator will be operating.

Exterior lighting is being upgraded with LED lighting. The upgrade will begin with the physician and main parking lots. Parking spaces around the light poles being upgraded will be closed to facilitate this work. This project will continue through January.

Durham VAMC

Phase II construction on the new research building to add three floors is underway and is expected to last through April 2012.

Upgrades to the walkway between the parking garage and the medical center should be completed this month.

Construction has begun on the MRI Mobile Pad with the new MRI suite expected to be complete this fall.

Fayetteville VAMC

Renovation continues on the A-wing elevators. Repairs are expected to be complete in June. People may experience delays as only one of the elevators will be operating at any given time.

Richmond VAMC

The mall roofing project will be completed by January.

The Polytrauma Transitional Rehabilitation Center opens in early 2011.

The second phase public restroom project renovation should be complete by Dec. 17.

Salem VAMC

MRI addition and expansion of the emergency department at Bldg 2A is ongoing and should be completed by March.

Bus stop shelters are being installed throughout the campus with an estimated completion in February.

Major roof repairs are on-going for Bldgs 143, 2A and 74, and are scheduled to be completed mid-2011.

Renovations in Bldg 75 for the Education Learning Center are underway with work continuing into late-2011.

Activation of Bldg 168 Mental Health Modular is scheduled for Dec. 6. (Ribbon-cutting ceremony date TBA.)

Salisbury VAMC

The canteen retail store has been relocated to the gymnasium in Bldg 6 while the new, larger retail store project is in progress.

Contractors are continuing to replace underground piping and roadway work around Bldgs 11 and 11A, 11B, 11C and 15.

The first floor of Bldg 4 is being renovated to expand the Mental Health clinic. A new entrance will be constructed. The renovation should be completed by March 2011.

The front entrance of Bldg 4 will be closed due to construction. At this point, the entrance between Bldg 4 and Bldg 2 will become the main entrance. Valet services have been relocated from the front of Bldg 4 to the front of Bldg 11.

VISN 6 Special Events

Asheville

Dec. 14: The Asheville VAMC Medical Rural Health Team will be giving eligible Veterans free flu vaccines from 10 a.m. to 2 p.m., at the Clay County Health Dept, 1 Riverside Circle, Hayesville, N.C.

Fayetteville

Dec. 29: A patient orientation will be held 1 to 3 p.m. in the 3rd Floor Auditorium. All Veterans are invited to attend. Information on VA benefits, services and access to clinics will be provided.

Salem

Dec. 14: Christmas Service in the Chapel, 11:30 a.m. to 12:30 p.m.

Dec. 15: The 2nd Annual Operation Christmas Pet will take place 10 a.m. to 5 p.m. in the parking lot outside the Canteen, Bldg 4. This is an opportunity to donate food, funds, and supplies to the local non-profit animal shelter Angels of Assisi. Urgent needs include: cat litter, dog and cat food, blankets, towels, rabbit food, cedar shavings, paper towels, rubbing alcohol, cleaning supplies, copy paper, trash bags and monetary donations. This event is sponsored by Salem VAMC Employees Association.

Dec. 16: The 25th Annual Holiday Extravaganza takes place in the auditorium (Bldg 5) 1:30 to 3:30 p.m. Veterans and staff will share

musical selections, poetry, skits, and other holiday performances. The event is free and open to the public.

Dec. 17: Salem VAMC Rural Health Outreach Event, 9 a.m. to 2 p.m. at the New River Valley Community Services Board, 1042 E. Main Street, Pulaski, Va.

Dec. 18-19: Salem Rural Health Outreach Event, 10 a.m. to 5 p.m. at the gun show held at the Salem Civic Center, 1001 Roanoke Blvd, Salem.

The Compensated Work Therapy greenhouse is selling poinsettias in 14 different colors, and a variety of extra large amaryllis bulbs. The greenhouse is also selling firewood from trees that died or were pruned on the grounds. All proceeds benefit the Therapeutic Garden Project and planting new trees on the grounds. For information call (540) 982-2463, ext. 2218.

Salisbury

Dec. 12: Harley Holiday Bike Run for Veterans begins at American Legion Post 55, Winston-Salem, and will arrive at Salisbury VAMC at about 12:30 p.m.

Dec. 25: Annual Holiday Gift Distribution for Veterans sponsored by VAVS Committee begins at 6 p.m. in all units.

VISN 6 Sites of Care

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

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

Beckley Vet Center
1000 Johnstown Road
Beckley, WV 25801
304-252-8220
<http://www2.va.gov/directory/guide/facility.asp?ID=5634>

Charlotte Vet Center
2114 Ben Craig Dr.
Charlotte, NC 28262
704-549-8025
<http://www2.va.gov/directory/guide/facility.asp?ID=485>

Charlotte CBOC
8601 University East Drive
Charlotte, NC 28213
<http://www.salisbury.va.gov/visitors/charlotte.asp>

Charlottesville CBOC
650 Peter Jefferson Pkwy
Charlottesville, VA 22911
434-293-3890
<http://www.richmond.va.gov/visitors/charlottesville.asp>

Danville CBOC
705 Piney Forest Rd.
Danville, VA 24540
434-710-4210
<http://www.salem.va.gov/visitors/Danville.asp>

Durham VAMC
508 Fulton St.
Durham, NC 27705
919-286-0411, 888-878-6890
<http://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
<http://www.fayettevillenc.va.gov/index.asp>

Fayetteville Vet Center
4140 Ramsey St.
Fayetteville, NC 28311
910-488-6252
<http://www2.va.gov/directory/guide/facility.asp?ID=486&dnum=All&stateid=NC&v=1>

Franklin CBOC
647 Wayah St.
Franklin, NC 28734-3390
828-369-1781
<http://www.asheville.va.gov/visitors/franklin.asp>

Fredricksburg CBOC
1965 Jefferson Davis Highway
Fredericksburg, VA 22401
540-370-4468
<http://www.richmond.va.gov/visitors/fredericksburg.asp>

Greensboro Vet Center
2009 S. Elm-Eugene St.
Greensboro, NC 27406
336-333-5366
<http://www2.va.gov/directory/guide/facility.asp?ID=719&dnum=All&stateid=NC&v=1>

Greenville CBOC
800 Moye Blvd.
Greenville, NC 27858
252-830-2149
<http://www.durham.va.gov/visitors/greenville.asp>

Greenville Vet Center
1021 W.H. Smith Blvd.
Greenville, NC 27834
252-355-7920
<http://www2.va.gov/directory/guide/facility.asp?ID=720&dnum=All&stateid=NC&v=1>

Hamlet CBOC
100 Jefferson Street
Hamlet, NC 28345
910-582-3536
<http://www.fayettevillenc.va.gov/visitors/hamlet.asp>

Hampton VAMC
100 Emancipation Dr.
Hampton, VA 23667
757-722-9961, 888-869-9060
<http://www.hampton.va.gov/>

Hickory CBOC
2440 Century Place, SE
Hickory, NC 28602
828-431-5600
<http://www.salisbury.va.gov/visitors/hickory.asp>

Hillandale Rd. Annex
1824 Hillandale Road
Durham, North Carolina 27705
919-383-6107
<http://www.durham.va.gov/visitors/hillandale.asp>

Hillsville
702 Pine St.
Hillsville, VA 24343
276-779-4220
<http://www.salem.va.gov/visitors/hillsville.asp>

Jacksonville CBOC
241 Freedom Way
Midway Park, NC 28544
910-353-6406, 910-353-6406
<http://www.fayettevillenc.va.gov/visitors/jacksonville.asp>

Lynchburg CBOC
1600 Lakeside Drive
Lynchburg, VA 24501
434-316-5000
<http://www.salem.va.gov/visitors/lynchburg.asp>

Morehead City CBOC
5420 U.S. 70
Morehead City, NC 28557
252-240-2349
<http://www.durham.va.gov/visitors/morehead.asp>

Norfolk Vet Center
1711 Church Street
Norfolk, VA 23504
757-623-7584
<http://www2.va.gov/directory/guide/facility.asp?id=403>

Princeton Vet Center
905 Mercer Street
Princeton, WV 24740
304-425-5653
<http://www2.va.gov/directory/guide/keystaff.cfm?id=400>

Raleigh CBOC
3305 Sungate Blvd.
Raleigh, NC 27610
919-212-0129
<http://www.durham.va.gov/visitors/raleigh.asp>

Raleigh II CBOC
3040 Hammond Business Place
Raleigh, NC 27603
919-899-6259
<http://www.durham.va.gov/visitors/raleighII.asp>

Raleigh Vet Center
1649 Old Louisburg Rd.
Raleigh, NC 27604
919-856-4616
<http://www2.va.gov/directory/guide/facility.asp?ID=5442&dnum=All&stateid=NC&v=1>

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

Roanoke Vet Center
350 Albemarle Ave., SW
Roanoke, VA 24016
540-342-9726
<http://www2.va.gov/directory/guide/facility.asp?ID=405>

Rutherford County CBOC
374 Charlotte Rd.
Rutherfordton, NC 28139
828-288-2780
<http://www.asheville.va.gov/visitors/rutherfordton.asp>

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

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

Tazewell CBOC
123 Ben Bolt Ave.
Tazewell, VA 24651
276-988-2526
<http://www.salem.va.gov/visitors/tazewell.asp>

Virginia Beach CBOC
244 Clearfield Avenue
Virginia Beach, Virginia
757-722-9961, ext. 1900
<http://www.hampton.va.gov/visitors/cboc.asp>

Wilmington CBOC
736 Medical Center Drive
Wilmington, NC 28401
910-763-5979
<http://www.fayettevillenc.va.gov/visitors/wilmington.asp>

Winston-Salem CBOC
190 Kimel Park Drive
Winston-Salem, NC 27103
336-768-3296
<http://www.salisbury.va.gov/visitors/winstonsalem.asp>

Winston-Salem Annex
2101 Peters Creek Parkway
Winston-Salem, NC 27127
336-761-5300
<http://www.salisbury.va.gov/visitors/winstonsalem.asp>