



VA MID-ATLANTIC HEALTH CARE NETWORK - VISN 6

Vol. 1, No. 8

"Excellent Care - Earned by Veterans - Delivered Here"

# Voices of VISN 6

Official news from around your VISN

June 10, 2011

## Ribbons Cut On First Free-Standing Dialysis Clinics

By Katherine Murphy  
VISN 6

In a two week period, VISN 6 hosted official ribbon-cuttings for VA's first two free standing dialysis clinics. In a ceremony held May 18, Congressman Mike McIntyre, Network Director Dan Hoffmann, and Betty Goolsby, Director of the Fayetteville VAMC addressed local Veterans, families and staff, talking about the needs of local Veterans and virtues of the state of the art clinic.

On June 1, Dan Hoffmann was joined by Ralph Gigliotti, Director of the Durham VAMC in a similar ceremony held at the new clinic in the Brier Creek area of Raleigh, NC.

The two free-standing dialysis clinics were conceived

in 2008 as part of the answer to address the growing need for dialysis among Veterans in North Carolina. According to Hoffmann, the network developed a long-range plan which focused on building internal capacity to provide dialysis and to establish best practices in providing dialysis care for Veterans.

"The significance of opening these clinics is great. Bringing them on line clearly demonstrates our commitment to caring for Veterans and our responsiveness to their specific and localized needs," Hoffmann said.

The VA Dialysis Clinic at Fayetteville is a 16 station clinic that will serve 64 Veterans and

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**Linnie Skidmore**

Network Director Dan Hoffmann, Dr. Wissam Kourany and Durham VAMC Director Ralph Gigliotti cut the ribbon at VA's Brier Creek Dialysis Clinic.

## VA-NASA Partnership Alive & Well In Space

By Steve Wilkins  
VISN 6 public affairs

The May 16 launch of the Space Shuttle Endeavour, with a research payload for two new vaccines aboard, marked yet

another milestone in VA's long-standing collaboration with NASA. The payload includes National Pathfinder Vaccine 10, which is a building block into research developing vaccines for two common infections:



**Durham VAMC**

Dr. Tim Hammond talks with staff while they examine the ground controls for a space shuttle vaccine experiment. The specimens can be seen in the eight canisters in the foreground.

salmonella, a common contaminant in food, and an antibiotic resistant form of Staphylococcus aureus, also known as "golden staph" or MRSA, one of the most common bacterial agents found in combat infections and health care facilities.

Led by Dr. Tim Hammond, Durham VAMC houses a lead laboratory for the International Space Station Pathfinder program. "We had an opportunity to use space to help Vets on the ground. For me, that's what it's all about," Hammond said. The program, which is also commercially funded, allows scientists in space to observe genetic properties in bacteria that are not so evident in isolated conditions on Earth. Understanding their more pronounced reproduction and activity in space will help determine better control of those properties, and thereby the bacteria, on the ground.

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## From the Director

Greetings,

I'm happy to share that the VISN continues to make great strides with many of our programs. Our ribbon cutting ceremonies for the stand alone dialysis clinics in Fayetteville and Raleigh are a milestone for VA, as they are the first of their kind in the nation. For those who did not get a chance to hear me at the ceremonies, bringing these clinics on line demonstrates both our commitment to caring for Veterans and our responsiveness to localized needs.

Access to health care continues to improve, not only geographically with more than 30 operational sites of care, but also via the use of technology. Our telehealth programs continue to expand, making it easier for Veterans to receive care by eliminating much of the travel. Over the next three months, we will be distributing throughout the VISN nearly \$6 million worth of clinic-based telehealth equipment to help this program grow.

I'd like to make special note of what our Richmond team has done with telehealth in support of our most seriously wounded Veterans. Their use of clinical video telehealth equipment leads the nation and enriches the continuity of care for recovering Veterans throughout the Southeast.

Another big hurdle has been the backlog of C&P exams. I'm pleased to say that the VISN accomplished more than 6,000 exams during the three week-long "C&P blitzes." We addressed this issue in a way never done before. We used a total team concept, shifting providers from facilities with low backlogs to the Fayetteville and Durham medical centers where we had the biggest workloads. Additionally, we transported some Veterans to the medical centers with excess capacity



such as Asheville. We had a few hiccups along the way, but we are now much better prepared to deal with a future influx of exam requests. In the end, it's all about being responsive to Veterans.

Along the same lines, we continue to make positive strides working in partnership with nine military installations to build the Integrated Disability Evaluation System program into one that ensures service members are discharged with ratings in hand.

Another program you've read about in previous newsletters also continues to pick up steam. The Virtual Lifetime Electronic Record, now up and running at the Hampton and Richmond medical centers, is soon coming to Asheville. VA has been working with the North Carolina to be able to link the Asheville VAMC with 19 Western North Carolina hospitals. As soon as the software has passed all the tests, Veterans serviced by Asheville will be invited to enroll.

As always, I welcome your feedback. Please feel free to send any comments to my communications officer [bruce.sprecher@va.gov](mailto:bruce.sprecher@va.gov).

Sincerely,  
Dan Hoffmann

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



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## Post-Deployment Injuries: Core Responsibility, Challenge

By Robert L. Jesse, M.D., Ph.D., Principal Deputy Under Secretary for Health, Washington, D.C.

History has long acknowledged the immediate and physical wounds of war. The less visible wounds have also been recognized throughout history, with each war bringing a unique perspective to the same fundamental problem – an often debilitating reaction to the stress of combat. An expanding knowledge of the nature of combat stress has led to a greater appreciation of the range and complexity of both the visible and less visible and/or delayed wounds of war. The management of these unique aspects of "deployment-related injuries" has been a core responsibility of the Veterans Health Administration (VHA) dating back to the Civil War.

The VHA has become increasingly focused on providing a patient-centered approach to care when addressing short-term needs of the newly returning Veteran as well as the long-term needs of an aging Veteran population, including the treatment of acute illness and injury and the management of chronic diseases. However, all combat related injuries, both physical and psychological, can impact the health of the Veteran in unique ways.

### Deployment Health

Deployment health is increasingly recognized as a complex constellation of issues that involves a variety of physical, mental, and environmental exposures. According to the Institute of Medicine, deployment health is defined as health issues that arise prior to, during, and following armed forces deployments. These health issues include specific diagnosable conditions, e.g., conditions associated with Agent Orange (AO) exposure, radiation exposure, prisoner of war status, Gulf War associated conditions, and others. Seemingly unexplained symptoms, both physical and mental, affect health-related quality of life,

can impair family and social relationships, and can contribute to substance use disorders. These are among the more significant sequelae attributed to combat injuries. While some of these health challenges are immediately apparent when Veterans return from deployment, others may not arise until much later.

Mental health conditions once referred to as "soldier's heart," "shell shock," "war neurosis," and "combat fatigue" are now better understood as discrete illnesses secondary to Post Traumatic Stress (PTS). Mental health experts are still not in full agreement as to when PTS becomes a disorder, commonly known as Post Traumatic Stress Disorder (PTSD). Further, the myriad manifestations of traumatic brain injury (TBI) are better recognized, including its late complications. Yet, even as new treatment approaches have been put in practice and research into disease mechanisms and potential treatments has yielded encouraging opportunities, there remains much to learn.

With regard to environmental exposures, the nation became more aware of deployment health risks when it was acknowledged that Agent Orange was associated with a number of human health disorders including cancer, diabetes, and heart disease. Veterans' concerns about exposure to pollutants associated with burning trash (and oil wells) in the Persian Gulf conflicts have increased interest in both their potential ill-effects as well as the appropriate management of waste at these sites. Because the health effects of these practices may come to light years and even decades after the time of exposure, it is extremely difficult to develop conclusive epidemiologic evidence linking a specific exposure to specific disease(s).

In addition, out-of-U.S. deployments can lead to infectious disease exposures rarely

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# Hoping For The Best, Preparing For The Worst

By Joseph Jenkins El  
VISN 6 Emergency Manager

The VA Mid-Atlantic Healthcare Network Emergency Management Preparedness Sub-council (EMPS) held its bi-annual meeting in Durham, N.C., June 1-3. This meeting is historically held within six weeks of the Atlantic Hurricane season, which begins June 1 and ends Nov. 30. Attending were representatives from the VHA, the network office, all eight medical centers as well as emergency managers from North Carolina and Virginia.

The meeting enhanced communications and collaboration with our local, state and

federal partners. Participants shared information, discussed resource and equipment, and received training and education focused on being prepared for the upcoming hurricane season.

The sub-council now has a better understanding of local and state emergency management operations. VISN 6 Emergency managers are now better prepared to assist the community in dealing with disasters like the one which occurred in April which involved the Tuscaloosa VAMC. Additionally, VISN 6 emergency managers learned how VA information technologies like telemedicine can help affected Veterans.



*Linnie Skidmore*  
Mr. Dan Hoffmann, VISN 6 network director discusses emergency policies with VISN 6 emergency managers during their bi-annual meeting June 1.



*Brad Garner*  
Fayetteville VAMC Director Betty Goolsby, Congressman Mike McIntyre and Network Director Dan Hoffmann cut the ribbon for VA's first stand-alone dialysis clinic May 18 in Fayetteville.

## Dialysis Clinics continued from Pg 1

the VA Dialysis Clinic at Brier Creek is a 12 station clinic that will serve 48 Veterans.

According to Dr. Wissam Kourany, medical director of the Brier Creek clinic, bringing dialysis under a single umbrella of care enhances the continuity of care and allows for consistent and integrated oversight of medical records. This gives the Veteran's entire health care team the ability to maintain

continuous, comprehensive awareness of each Veteran's treatment and status.

Hoffmann stated, "While the unfortunate fact is that the need for dialysis in this area is expected to grow, the fact that we are here today is testament to VA's commitment to meeting those needs and further testament to the VISN's motto: Excellent service, earned by Veterans, delivered here."

## VISN 6 Labor Management Forum Meets



*Steve Wilkins*  
Members of the VISN 6 Labor Management Forum deliberate issues during their quarterly meeting in May. The group was established to support efforts to enhance employee satisfaction, while continuing to provide excellent health care and services to Veterans. Among other issues, members agreed during the meeting to support requests for telework, encouraging facilities and their local unions to establish a policy determining eligibility and authorizing those eligible employees for telework, then to notify employees of the action and the requirements contained in the policy.





# Richmond VAMC Leverages Technology Provides Polytrauma Care Closer To Home

By Steve Wilkins  
VISN 6 public affairs

Technology has dealt mankind a double-edged leap forward. The 21st century brought with it an evolution in warfare, weaponry, and protective gear – all of which contribute to an evolution in injuries experienced on or near the battlefield. Some of these injuries are so severe and have such wide-ranging effects that they are referred to as Polytrauma.

Polytrauma is a phrase referring most often to blast related injuries to two or more organ systems affecting a variety of functions. Brain injury, PTSD, pain, fractures, severed limbs, spinal cord injury, loss of vision or hearing and burns are common conditions. These wounds often compromise a Veteran's mobility, ability to see, communicate, and even think.

The evolution of battlefield emergency medicine has saved many lives which would have been lost in previous conflicts, but for Veterans suffering polytrauma injuries, saving their lives is just the first step on a long journey to recovery.

This journey is often guided through one of four medical centers in VA's National Polytrauma Network of Care: Richmond, Va., Palo Alto, Calif., Tampa, Fla. and Minneapolis, Minn.

For Veterans who need this type of care, the time spent in a polytrauma center is often lengthy and arduous. The advent of Fisher Houses helps to ease the burden on families and caregivers when they visit or accompany their loved ones. But for many Veterans, the time spent in polytrauma centers means separation from their loved ones.

When the Veteran is healthy enough to return home, the day is just another crossroad in the journey. Challenges performing everyday functions, and the need for follow-on care with polytrauma experts continues. Most will continue to

receive mental health counseling, rehabilitative and occupational therapy throughout the healing process.

This follow-on care typically requires travel back to one of the four centers; the travel itself often a challenge due to the distance and types of injuries. Caregivers are typically required to drive or escort the Veteran from home to the place of treatment, which can add another layer of stress to the Veteran's condition. Polytrauma Telehealth technology has evolved to help alleviate some of that challenge.

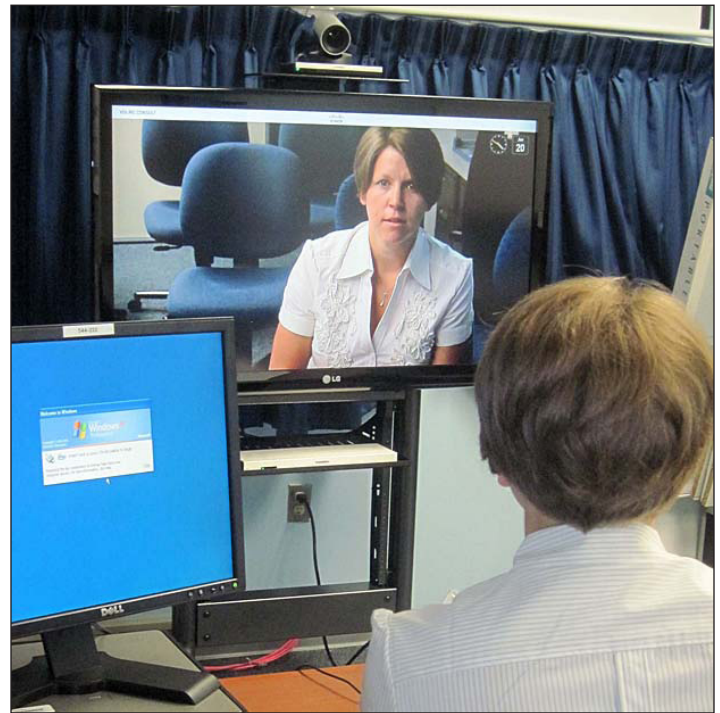
Richmond VAMC is the first of the four specialized centers to offer Polytrauma treatment through Clinical Video Telehealth. For patients who have returned to their home towns, the polytrauma care team at Richmond will employ CVT to provide follow-on care at locations closer to home.

Through a secure system of high definition video cameras and monitors linked between VA medical centers and outpatient clinics, Richmond's assistive technology team, consisting of occupational therapists, speech pathologists, physical therapists, kinesiotherapists, rehabilitation technicians and biomedical engineers doctors will be able to see and talk with patients and caregivers, sharing information and instructions.

Instead of having to travel to Richmond for follow-up care, Veterans will soon be able to go to their nearest VA medical center or community based outreach clinic for their appointments, reducing the burden of traveling long distances.

The first medical center to come on board with Richmond is the Beckley VAMC where service is scheduled to begin June 10. The Richmond team will work with providers at Beckley to adjust apparatus, monitor equipment and discuss treatment as required.

"What's happening here is world class," according to Dr. Shane McNamee "We're employing assistive technology



**Darlene Edwards**

*A Richmond Polytrauma Center therapist discusses Veteran treatment with a staff member from another VA medical center through the VISN's new clinical video telehealth program.*

to support their recovery and working to maximize their independence." McNamee said the goal is to enable soldiers to return to a point of self-sufficiency and independent living. The team's focus is on using cutting edge assistive technology "to turn patients back into people."

Through the use of telehealth, the VISN 6 interdisciplinary team will offer Veterans patient-specific evaluation and recommendations, expert review of technical requirements and help get devices quickly. The team will be able to assess a patient's progress and see whether a particular type of device works, whether the Veteran is having trouble manipulating it or if they've progressed beyond it.

Assistive Technology Program Coordinator Melissa Oliver says her team will help with powered mobility, electronic devices to help speech or thought, adaptive computing, driving, sports, electronic

activities for daily living, and augmentative and alternative communication.

According to Patty Young, a prosthetist and Richmond's Amputee Rehabilitation Coordinator, the amputee team will be able to see and speak with Veterans in real time and be able to see skin or fit issues, make assessments and correct or advise easier ways to use prosthetic limbs or other devices.

Through the use of a telehealth conference appointment, Veterans may still need their travel support team, but shorter distances for care and collaboration in the healing process should vastly improve the continuity of care as well as the quality of life for each Veteran.

As the program grows, the Richmond team will continue leverage technology to ensure that Veterans who have sustained polytrauma injuries will continue to receive the right care at the right time and now, closer to home.

## Charles George VAMC Wins Duke Awards

By Dennis Mehring,  
Asheville VAMC public affairs

The Charles George VAMC in Asheville, N.C., has been awarded Duke University School of Nursing's 2011 "Best Clinical Site" and "Preceptor of the Year" awards.

Dr. James J. Presswood, an anesthesiologist at the CC-VAMC, was named the "Preceptor of the Year."

According to Jeffrey Dudley, a certified registered nurse anesthetist who works in the CGVAMC Anesthesia Department, this is the first time that the Duke program has given an award to a clinical site, and the first time that an anesthesiologist has been recognized with the Preceptor of the Year honor.

The Duke program rotates students throughout 19 hospitals in North Carolina and Virginia, and has been sending anesthesia students to the CGVAMC for 10 years. To be recognized as Duke's premier training facility from a group of 19 institutions is quite noteworthy said Dudley.

Presswood said that he and the Anesthesia Department are delighted and humbled by this honor.

Susan Bazemore, chief nurse anesthetist for the Charles George VAMC, said,



**Dennis Mehring**

*Ms. Cynthia Brexfogle, Asheville VAMC director, presented two awards on behalf of the Duke University School of Nursing to Susan Bazemore and Dr. James J. Presswood. Ms. Bazemore accepted the Clinical (training) Site of the Year award from Duke's nurse anesthetist students and Doctor Presswood was named the "Preceptor of the Year" by the same group of nursing students.*

"The entire surgical services team should be recognized for creating a unique environment for learning while providing the best care possible for our patients. The teamwork that is displayed daily in the surgical care of our patients is a hallmark of a department that fosters the best for both patients and trainees.

"This award begins an ef-

fort by the anesthesia department to establish a winning streak. We hope to win recognition as the best from the Duke program for many years to come and look forward to continued collaboration and support from the Surgery service as we build upon our success. Thanks to all those whose dedication made this award possible," said Bazemore.

## Salem To Dedicate Traumatic Stress Ctr.

A new Center for Traumatic Stress will be dedicated at the Salem VAMC June 13 at 1 p.m. The new facility is a clinical, education, and research center that will provide services to three primary populations: Veterans with PTSD resulting from military-related trauma; recently deployed Veterans from Operations Iraqi Freedom, Enduring Freedom, and New Dawn; and men and women who have experienced military sexual trauma.

Services provided by the Center for Traumatic Stress include psycho-educational, skills training, and exposure treatments. Individual therapy and marital therapy are also offered, both focusing on primarily cognitive-behavioral treatments. In addition to the extensive clinical services offered, center staff conduct clinical research focusing on topics such as post-deployment mental health, interpersonal violence, PTSD and shame, and effectiveness of PTSD treatments. The center also offers outreach to returning Veterans, family members, and community providers and agencies.

For more information please contact Dana Holohan, Ph.D. at 540-982-2463 ext. 2934

## Salem VAMC Coordinates Nation's Second Veterans Court

By Kristin Pugh,  
Salem VAMC

Veterans Justice Outreach (VJO) is a new VA initiative. VJO allows the VA medical centers to partner with courts, jails, probation offices, and local law enforcement to link eligible Veterans to the VA treatment they need. The process begins with identification of Veterans who are involved with the local legal system. The VJO Specialist works with the Veteran to find out if they are eligible for care and then coordinates the scheduling of medical, mental health, and/or substance abuse treatment. VJO promotes positive community adjustment, timely access to VA health care, and community service.

On March 25, the Salem VAMC hosted a meeting to discuss implementing a Federal Veterans Treatment Court in Roanoke, VA. United States Magistrate Judge Michael Urbanski, along with members of the Western District Federal Court system, the Virginia Attorney General's Office, VA Central Office, Veterans Treatment Court Project Director, and Senator Warner's office attended. The meeting focused on discussing the mission and goals of a Veterans Treatment Court. On April 18, the first session of the Federal Veterans Treatment Court took place and the court will now be held on a monthly basis. Questions about the VJO initiative can be please contact Kristin Pugh at (540) 982-2463, Ext. 2499.

### For more information about the Veterans Justice Outreach program, contact:

Asheville – Katie Stewart, (828) 298-7911 ext. 5191

Beckley – William Workman, (304) 255-2121 ext. 4682

Durham – Tim Virgilio, (919) 286-0411 ext. 5186

Fayetteville – Curtis Morrow, (910)-488-2120

Hampton – Kimberly Cheney-James, (757) 722-9961 ext. 3359

Richmond – Christopher Woods, (804) 675-5000 ext. 2116

Salem – Kristin Pugh, (540) 982-2463 ext. 2944

Salisbury – Carolyn Cardwell, (704) 213-4055



## Flag Day A Time To Honor, Reflect

The Fourth of July was traditionally celebrated as America's birthday, but the idea of an annual day specifically celebrating the flag is believed to have first originated in 1885. B.J. Cigrand, a schoolteacher, arranged for the pupils in the Fredonia, Wis. Public School, District 6 to observe June 14 (the 108th anniversary of the official adoption of The Stars and Stripes) as 'Flag Birthday.' In numerous magazines, newspaper articles and public addresses over the following years, Cigrand advocated the observance of June 14 as 'Flag Birthday,' or 'Flag Day.'

On June 14, 1889, George Balch, a kindergarten teacher in New York City, planned appropriate ceremonies for the children of his school, and his idea of observing Flag Day was later adopted by the State Board of Education of New York. On June 14, 1891, the Betsy Ross House in Philadelphia held a Flag Day celebration, and on June 14 of the following year, the New York Society of the Sons of the Revolution celebrated Flag Day.

Following the suggestion of Col. J. Granville Leach (at the time historian of the Pennsylvania Society of the Sons of the Revolution), the Pennsylvania Society of Colonial Dames of America on April 25, 1893 adopted a resolution requesting the mayor of Philadelphia and all others in authority and all

private citizens to display the Flag on June 14. Leach went on to recommend that thereafter the day be known as 'Flag Day,' and on that day, school children be assembled for appropriate exercises, with each child being given a small flag.

Two weeks later on May 8, the Board of Managers of the Pennsylvania Society of Sons of the Revolution unanimously endorsed the action of the Pennsylvania Society of Colonial Dames. As a result, Dr. Edward Brooks, then Superintendent of Public Schools of Philadelphia, directed that Flag Day exercises be held on June 14, 1893 in Independence Square. School children were assembled, each carrying a small flag, and patriotic songs were sung and addresses delivered.

In 1894, the governor of New York directed that on June 14 the flag be displayed on all public buildings. With Cigrand and Leroy Van Horn as the moving spirits, the Illinois organization known as the American Flag Day Association was organized for the purpose of promoting the holding of Flag Day exercises. On June 14, 1894, under the auspices of this association, the first general public school children's celebration of Flag Day in Chicago was held in Douglas, Garfield, Humboldt, Lincoln, and Washington Parks, with more than 300,000 children participating.

Adults, too, participated



in patriotic programs. Franklin K. Lane, Secretary of the Interior, delivered a 1914 Flag Day address in which he repeated words he said the flag had spoken to him that morning. "I am what you make me; nothing more. I swing before your eyes as a bright gleam of color, a symbol of yourself."

Inspired by these three decades of state and local celebrations, Flag Day - the anniversary of the Flag Resolution of 1777 - was officially established by the Proclamation of President Woodrow Wilson on May 30, 1916. While Flag Day was celebrated in various communities for years after Wilson's proclamation, it was not until Aug. 3, 1949, that President Truman signed an Act of Congress designating June 14 of each year as National Flag Day.



### The First National Flag

Called the Stars and Stripes, the flag was formally approved by the Continental Congress on June 14, 1777. The blue canton was to contain 13 stars, but the layout of the stars was left undefined, and several patterns are known. The one designed by the legendary Betsy Ross is said to feature the stars arranged in five rows of either two or three stars.



### The Standardized Flag

Since then, every time a new state was annexed, the size of the canton, as well as the stripes, were altered to accommodate the increased number of stars. It wasn't until Oct. 29, 1912, when an executive order standardized the proportions and relative sizes of the elements. The exact colors of the different elements weren't standardized until 1934.

The national flag we honor today has been in effect since July 4, 1960, when Hawaii joined the Union.



## Clinical Video Telehealth Class Held

*Ready to expand access to services for Veterans by using technology in a growing field, VISN 6 recently spent a few days introducing technicians to a new method.*

*A Clinical Video Telehealth residency was offered in Durham May 10 – 12 through VA's Employee Education System and Office of Telehealth Services. Entitled, "Taking Veterans' CVT to Another Level," the program trained new and current staff as CVT leaders for each facility. The technicians used the course to acquire the tools and strategies to meet VISN and National performance measures by capitalizing effectively on CVT innovations.*

*Participants took away the capacity to understand significant contributions of the CVT in clinical and administrative roles within the Telehealth Clinical Technician (TCT) program and how the roles (tele-presenter, imager, business and technologist) create an effective team throughout the network.*

*Steve Wilkins*

## New Arrivals, Roles At VISN 6

Mr. Russell Armstead is the new administrative officer for the VISN. In this role, he is responsible for providing oversight and direction to the VISN administrative staff.



Mr. Armstead served 21 years in the United States Army as a Field Artilleryman. He has deployed to combat thrice for Operation Iraqi Freedom, Operation Enduring Freedom, and Operation Desert Spring. Russell received two Bronze Star Medals for actions during combat. His civilian education includes a BA in Legal Studies and an MS in Environmental Policy and Management. Mr. Armstead worked as a program analyst for the Department of Defense prior to coming to VA.

Mr. Michael J. Walton has joined the VISN 6 Business Office Team as a Management and Program Assistant. In this key role for the VISN, He will be responsible for providing administrative support services to the Executive Leadership and program officials of the VISN 6 Network.



Michael transferred to the VISN Office from the Durham VAMC where he provided administrative and logistical support to the Environmental Management Services as well as administrative and program support to the Human Resources Services over the last three years.

Mr. Walton is a graduate of the University of West Virginia where he attained his Bachelors of Arts Degree in Sociology and Anthropology. Michael

will also graduate with honors this August with his Masters Degree in Public Administration from Strayer University. He is also a member of Alpha Chi National Honor Scholarship Society.

Ms. Kimberly Wiegand joins VISN 6 as a Management and Program Support specialist. She comes to us from the VAMC in Martinsburg, W. VA., where she worked as program support assistant in the special exams office for six years.



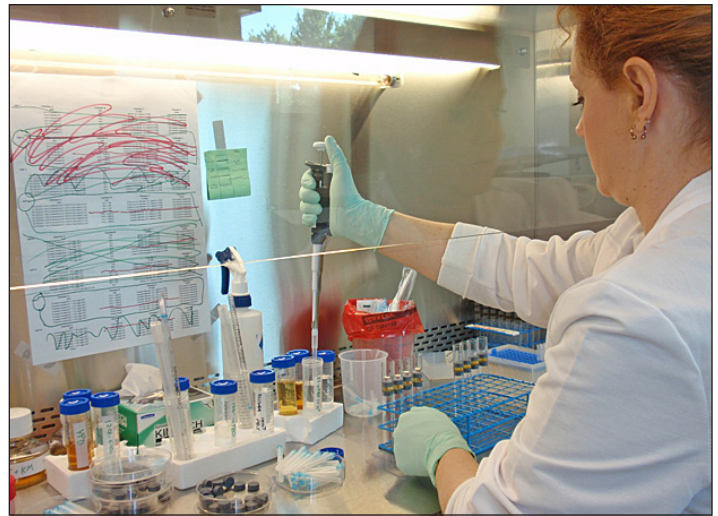
A native of Laurel, Md., Kim is Marine Corps Veteran and enjoys live music, live theater, playing drums and Irish Step Dancing.

Ms. Cassandra Willis joined the VISN staff in June 2009 as a Management and Program Assistant.



In this role, she provided administrative support to the Business Office Manager and program officials. She held this position for almost 14 months until her selection as the Administrative Assistant in the Office of Information and Technology (OI&T) in August 2010. In her new role, Ms. Willis provides administrative support to the VISN 6 Network Chief Information Officer and IT staff, as well as providing customer service whenever needed for the VISN staff.

Ms. Willis enjoys her new position in the field of technology. She credits exposure to new and challenging opportunities, integrity, working with compassionate colleagues, and the positive impact of impeccable leadership to her happiness in the workplace.



Durham VAMC

Patricia Allen loads glass vials with bacteria in the top and nematode eggs into the lower chambers that go into containers for transport into space where scientists will conduct observations of the bacteria under microgravity conditions.

### VA-NASA continued from Pg 1

Findings of a VA study in the New England Journal of Medicine regarding a significant reduction in MRSA, released just after the Obama administration announced efforts to stop preventable health issues, including infections identified practices facilities can take to cut occurrences of the infection in patients. This research program takes the work much further in protecting Veterans and others who enter health care facilities.

The unique environment of microgravity helps researchers observe the cellular changes that determine bacterial strength, and changes in gene functioning. By optimizing the conditions for bacterial reproduction of its proteins scientists have a better chance of understanding how to interrupt the process and prevent bacterial growth. Hammond said NASA was also interested in stopping the bacteria, making the partnership attractive.

According to VA Chief Research and Development Officer, Joel Kupersmith, MD, "The knowledge gained from this outstanding collaboration has improved health care for our Nation's Veterans and has demonstrated the vital role research partnerships play in VA's mission to provide Veterans with the care and benefits

they have earned."

VA research has flown payloads related to a variety of vaccine targets on the last 10 space shuttles and is scheduled to fly another payload on the final journey of the Atlantis in June 2011.

Patricia Allen administers the Durham based team, as it works with Bioserve Space Technologies of Boulder, Colo. in developing the apparatus to contain, transport and study the specimens, and a logistics team at Kennedy Space center. She is currently preparing the next payload for transport to Canada, where a team at the University of Toronto will use robotics and yeast to isolate genes the VA team will study on the last shuttle flight in July.

The Pathfinder program established Durham VAMC as its home after the original location in New Orleans was devastated by a hurricane. But Hammond said the move has been a good one, since the collegiality, support and community of interest in Durham's research make it an "amazing" place to work.

Several VA investigators have accompanied the numerous VA research studies that have been sent into space. For more information on VA research, please visit [www.research.va.gov/](http://www.research.va.gov/).



# VA Reaches Out To Vets At “The Wall That Heals”

By Carol Waters  
Salisbury VAMC public affairs

Veterans in North Carolina and West Virginia recently took advantage of rare opportunities to honor the sacrifices of our nation’s Vietnam Veterans.

Salisbury VAMC Rural Health Team members assisted more than 300 Veterans and their family members during the Wall’s stop at Frank Liske Park in Concord, N.C., March 31 – April 3.

Visitors to The Wall on its stop at the Beckley VAMC June 1 – 2, signed a 494 foot ribbon that travels with “The Wall That Heals” during its sojourn through America.

The traveling memorial was unveiled by the Vietnam Veterans Memorial Fund in

1996, and has traveled to over 300 cities. The Wall That Heals is a half-sized replica of the Vietnam Veterans Memorial in Washington, DC. According to Joan Gresham, Cabarrus County librarian, and event coordinator, “I can say that it is The Wall that truly heals. The Wall brought closure for some Veterans. Many Veterans and their families were grateful for The Wall’s arrival in Concord.” Gresham requested that the Salisbury VA Rural Health Team set-up at this event when she witnessed the team assisting Veterans during Concord’s Dr. Martin Luther King, Jr. Celebration earlier this year.

“Over 9,000 people visited The Wall during its four-day stop in Concord,” offered Brenda Dobek and her husband Bob



*Dwight Holmes*

*More than 300 Veterans, among 9,000 visitors during a stop by The Wall That Heals at Frank Liske Park in Concord, N.C. were helped with benefits information and enrollment in VA by Rural Health Team members from Salisbury VAMC.*



*Debbie Voloski*

*Veteran Lonnie Hughes signs a portion of the 494 foot ribbon accompanying The Wall That Heals. More than 10,000 visitors have autographed the ribbon, which will be presented at the Vietnam Veterans Memorial in Washington, D.C.*

Dobek, site managers for The Wall That Heals. It was a cold, rainy, and windy 4-day event, but the rural health team members ensured that VA healthcare applications and information were available to Veterans and their family members. Of those 9,000 plus visitors to The Wall,

many were Veterans who had never applied for VA healthcare or benefits. The team handed out more than 80 applications to Veterans who requested VA healthcare information and assistance.

Salisbury VAMC’s rural health team collaborated with the Charlotte Vet Center, the Mobile Vet Center from Columbia, S.C., and Veterans Benefit Administration (VBA) personnel from the Regional Office in Winston-Salem, to ensure Veterans had access to VA benefits. The Vet Centers offer guidance and readjustment counseling to combat Veterans. For those Veterans who had questions about their benefits, the VBA staff provided assistance, and rural health focused on healthcare. Over the past year, VBA and Vet Center staff have been

highly active partners of the rural health program. Veterans and their families express appreciation when they see the Department of Veterans Affairs “out in force” at community events.

According to Edwina Gray-Wright, Salisbury VA’s rural health program manager, “Since April 2010, the Salisbury Rural Health Program has personally educated more than 2,500 Veterans and their family members on the VA benefits they have earned, focusing mainly on healthcare. Thanks primarily to the efforts of the dedicated professionals assigned to the Salisbury rural health team, of those Veterans encountered, more than 200 are now receiving their healthcare at the Salisbury VA Medical Center for the first time.”

## Inpatient PTSD Pgm For Female Veterans

The Salem VAMC’s Specialized Inpatient PTSD Unit will conduct a seven-week trauma program for female veterans Oct. 3 – Nov. 16. The program will be open to women who are experiencing PTSD related to combat or military sexual trauma.

The Salem PTSD program is recovery-oriented and addresses both physical and psychological well-being. All treatment takes place in a group setting and consists of community building, education, Acceptance and Commitment Therapy, and exposure therapy. Female clinicians make up the majority of the program’s counselors and nursing staff, and each Veteran will have a private room.

Veterans must be engaged in outpatient treatment for PTSD prior to the program and be willing to return to treatment once the program is over.

An on-site evaluation is required for each potential candidate for admission. The evaluation will take approximately 24 hours and will require an over-night stay at the Salem VAMC.

For additional information and a program application, please contact Kay Montgomery at (540) 982-2463, Ext. 2548.

## WOMEN VETERANS HEALTH CARE



*You served, you deserve  
the best  
care anywhere*



## Muro Sworn In For Memorial Affairs

WASHINGTON – Steve L. Muro, a Vietnam Veteran with leadership experience at every level within the Department of Veterans Affairs (VA) National Cemetery Administration, has been sworn in as Under Secretary for Memorial Affairs. Muro has been the Acting Under Secretary for Memorial Affairs since January 2009.

“Working with Steve Muro for more than two years, I know he has the vision to help transform the Department of Veterans Affairs,” said Secretary of Veterans Affairs Eric K. Shinseki. “Together with the other men and women of our Cemetery Administration, he will continue working to serve those who sacrificed for our country, their families and survivors.”

As the senior official for VA’s burial operations and memorial affairs, Muro is responsible for overseeing 131 national cemeteries that provide burial services for military Veterans and eligible family

members. He is responsible for operating and maintaining VA cemeteries as national shrines and for land acquisition and other activities related to establishing additional national cemeteries. His responsibility also includes programs that provide headstones, grave markers, medallions and Presidential Memorial Certificates for eligible Veterans, as well as federal grants to help U.S. states, territories and tribal governments establish Veterans’ cemeteries.

He served in leadership positions at eight VA national cemeteries and as director of VA’s Memorial Service Network IV based in Oakland, Calif., responsible for cemetery operations in nine Western states.

Muro is a U.S. Navy Veteran who served two tours in Vietnam, including tours on board the destroyer USS Benjamin Stoddert (DDG22) and a tour with a mobile construction Seabee battalion.

## Hickey Sworn In For Benefits

WASHINGTON – Retired Brig. Gen. Allison A. Hickey, a 27-year Veteran of the U.S. Air Force, Air National Guard, and Air Force Reserves and a graduate of the first U.S. Air Force Academy class to include women, has been sworn in as the Department of Veterans Affairs’ Under Secretary for Benefits.

“General Hickey is a proven leader with deep experience and passion, who is dedicated to the welfare of Veterans, their families and survivors,” said Secretary of Veterans Affairs Eric K. Shinseki. “With her extensive knowledge, insight, and commitment, I am confident we will achieve the bold and comprehensive changes that will continue the transformation of the Veterans Benefits Administration into a 21st century organization.”

As Under Secretary, Hickey is responsible for a \$72.3 billion budget and benefit programs that include compensation and pension benefits for more than four million Veterans and survivors, education programs including the Post 9/11 GI Bill, home loan guaranties, vocational rehabili-

tation and employment services, and one of the nation’s largest life insurance programs.

Hickey, a pilot and aircraft commander, served as head of the Air Force’s Future Total Force office, and as Assistant Deputy Director of Air Force Strategic Planning, leading one of the largest mission and culture change efforts the Air Force has gone through since its inception.

She also brings private industry experience, leading human capital management as an executive for Accenture in their work for the National Geospatial-Intelligence Agency and supported operational business processes for other intelligence community organizations in the areas of customer relationship management, call center practices, and other 21st century information technology systems.

Hickey replaced Acting Under Secretary for Benefits Michael Walcoff who will be retiring from VA after more than 35 years managing the department’s benefits programs and 57 field offices with nearly 20,000 employees.

## PTSD Coach App. Helps Thousands

WASHINGTON – The PTSD Coach smartphone application launched in April by the Department of Veterans Affairs and the Department of Defense has already helped more than 5,000 users with mental health information and resources.

“This new tool is about helping Veterans and Servicemembers when and where they need it,” said Secretary of Veterans Affairs Eric K. Shinseki. “We are encouraged so many have already downloaded this resource and hope many more will utilize this convenient tool to access VA services.”

So far, 96 percent of the apps users are located in the United States, the app has also been downloaded in 25 other countries. The app lets users track their PTSD symptoms, links them with public and personalized sources of support, provides accurate information about PTSD, and teaches helpful strategies for managing PTSD symptoms on the go.

Currently, the PTSD Coach app has received perfect customer review scores on the iTunes App Store. Comments from Veterans and family members are overwhelmingly positive and one user describes the

app as “a must for every spouse who has a family member with PTSD.” Professionals have sent positive reviews, suggestions and offers to collaborate on research evaluating the PTSD Coach app.

The app has also proven to be a useful tool for the staff at the Veterans Crisis Line. Within the first two hours of the app’s official launch, the Crisis Line staff were contacted by a distressed Veteran who reported being instructed by the app to call the crisis line and was subsequently given an appointment at the local VA medical center.

The app is one of the first in a series of jointly-designed resources by the VA National Center for PTSD and DoD’s National Center for Telehealth and Technology to help Servicemembers and Veterans manage their readjustment challenges and get anonymous assistance.

Information on the PTSD Coach app is on the VA’s National Center for PTSD website at [www.ptsd.va.gov/public/pages/PTSDCoach.asp](http://www.ptsd.va.gov/public/pages/PTSDCoach.asp). More apps from DoD’s National Center for Telehealth and Technology can be found at [www.t2health.org/apps](http://www.t2health.org/apps).

## New Family Caregiver Benefit

WASHINGTON – In the first week for open applications, the Department of Veterans Affairs has assisted more than 625 Veterans, Servicemembers and their Family Caregivers in applying for new services under the Caregivers and Veterans Omnibus Health Services Act 2010.

“We are off to a good start having helped hundreds to apply, but we know there are thousands more who will qualify and need to apply today,” said Secretary of Veterans Affairs Eric K. Shinseki. “I encourage eligible Veterans and their Family Caregivers to apply now to receive the benefits they have earned.”

New services for primary Family Caregivers of eligible post-9/11 Veterans include a stipend, mental health services, and access to health care insurance, if they are not already entitled to care or services under a

health plan. The stipend portion of this service will be backdated to the date of the application. Comprehensive Caregiver training and medical support are other key components of this program.

VA began processing applications for eligible post-9/11 Veterans and Servicemembers to designate a Primary Family Caregiver on May 9.

On top of the 625 plus applications, coordinators have also assisted nearly 1,200 other Caregivers in finding more than two dozen other Caregiver benefits VA provides.

Applications can be processed by telephone through the Caregiver Support Line at (855) 260-3274, in person at a VA medical center with a Caregiver Support Coordinator, by mail or online at [www.caregiver.va.gov](http://www.caregiver.va.gov) with the new Caregiver Application (VA Form 1010-CG).

# Charles George Veterans Going Outward Bound

By Scott Pittillo  
Asheville VAMC public affairs

You have a mission; hike five days through dense forests, navigate over mountainous terrain and sleep outside at night. Along the way you will have to scale cliffs and conquer obstacles that will take you high into the air with only a thin rope between you and the ground. This might sound like a mission someone in the military would have to complete, but in Western North Carolina it is also a service the Outward Bound Program provides to Veterans.

For anyone who hasn't heard of Outward Bound, it is a program that has been providing wilderness expeditions to people since World War II.

During the war, ships crossing the Atlantic were torpedoed by German ships and crews were often left to survive drifting in the ocean hundreds of miles away from land. Older more experienced crewmen had a much higher survival rate than younger, inexperienced crewmen, exposing the need for a school to train people to survive in nature and increase their mental strength.

Outward Bound has expanded and offers wilderness expeditions all over the world with participants ranging from high school students to combat Veterans.

Recently, Charles George VAMC has developed a partnership with North Carolina Outward Bound to help Veterans receiving care at the medical center, making expeditions available to Veterans in the mountains of Western North

Carolina. The courses are great fun for anyone, and VA medical providers have been recommending the program to Veterans who may be having problems adjusting to civilian life or may be recovering from the stress of combat and combat injuries.

Outward Bound offers expeditions that are exclusive to Veterans, many of whom have experienced the same things, and the expeditions are free of charge. A group of 10 Veterans recently returned from an expedition in the mountains and while many looked physically exhausted they all seemed mentally energized.

"We met mental and physical challenges that none of us had ever done before regardless of what our backgrounds were," said retired Navy officer Garry Butts. "During that whole time, we learned what Outward Bound was all about what it stands for; the philosophy for it, we got to experience it and had instructors that were just absolutely superb in every aspect you could think of. They taught us how to be compassionate. They taught us leadership. They taught us fellowship. We all did things that you take for granted normally as a cohesive group, and we kind of gelled together during that whole week."

The expedition is a five day course in which a group hikes from destination to destination, camping out at night and cooking their own food. Along the way they climb a cliff and complete a ropes course. The ropes course entails navigating a system of wires that takes climbers at least 50 feet into the



Scott Pittillo

Retired Naval Officer Gary Butts navigates the ropes course during an Outward Bound expedition in the mountains of Western North Carolina.

air and ends with a giant rope swing that allows for a couple seconds of free fall. However, these challenges are only the back drop of a program that is really about getting people in touch with themselves.

"You are not just going camping, you are going to go out and find out who you really are and get back on track if you have lost focus in life," said Marine Brett Bailer. "It really opened our eyes, to ask, what you are going to do moving forward from here to better yourself."

Outward Bound expeditions are physically intensive and instructors need to know that Veterans are up to the challenge. Thus, Charles George VAMC has been providing physicals to enrolled Veterans to make sure they will not face any serious health challenges on the trip. A physician can also help an enrolled Veteran to prepare by recommending certain changes in nutrition or help with lifestyle changes such as a Freedom From Smoking class. The VA is always looking for ways to reach all of the Veterans that it serves and the

Outward Bound partnership at the Charles George VAMC is another way of doing that.

"Not everyone seeks treatment to problems the same way and not everyone responds to treatment the same way," said Rural Health Social Worker Diane Sines. "Outward Bound is an alternate method of helping people who might not be comfortable sharing things in a structured medical setting. Veterans often miss, and need, the fellowship they experienced while in the military. With Outward Bound, they can talk to fellow Veterans about experiences or issues they may be having in a setting that may be more comfortable, such as a camp fire."

Outward Bound offers many different expeditions for Veterans who want to reconnect or just have an adventure. Expeditions also include canoe trips and sea kayaking. Veterans wanting more information can contact Outward Bound, or if they receive their care from the Charles George VAMC, they can call the medical center's Rural Health Office at (828)-298-7911, ext. 4337.

## New Women Veterans Call Center Established June 1

VA established a new call center for Women Veterans June 1 to offer them information on VA services via email or standard mail, based on their preference.

Standard mail will include a pre-loaded flash drive that includes links to information on

VA services and benefits.

The program should increase Women Veteran awareness, enrollment and use of VHA Health Care services. VA's goal is to reach every woman Veteran.

**W O M E N S  
H E A L T H**

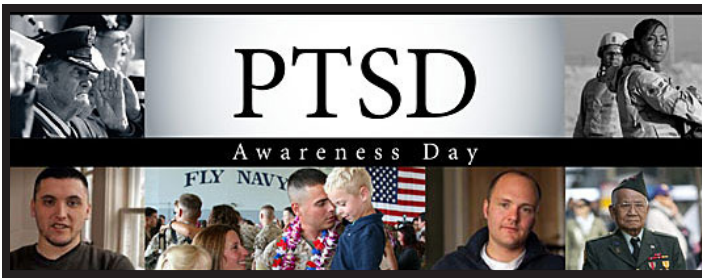
Veterans who are contacted and referred to VHA and/or

VBA responders will receive a 30 day follow-up call to ensure their needs are met. This will be a phased approach.

The first population to be

contacted is women Veterans who are enrolled with VA, but not using VA care, followed by women Veterans who are neither enrolled in VHA or VBA. This is a major outreach initiative and a significant undertaking to bring more women into VA care.





— June 27 —

## National PTSD Awareness Day

The more we know about dealing with trauma and PTSD, the more we can help others.

VA's National Center for PTSD needs your help to increase PTSD awareness. Visit the below website to learn more about trauma and PTSD.

[www.ptsd.va.gov](http://www.ptsd.va.gov)

## Outreach At Charlotte Motor Speedway



### Herman "Tony" Fisher

*Edwina Gray-Wright, Salisbury Rural Health Program Lead, along with Dwight Holmes, Salisbury Rural Health Public Affairs specialist, talk with Veterans about VA Healthcare benefits during the Coca-Cola 600 Race at the Charlotte Motor Speedway May 28 and 29. The Rural Health team helped more than 100 Veterans apply for VA health care benefits during the 2011 Memorial Day weekend.*

## Post-Deployment Injuries continued from Pg 2

encountered at home. Despite efforts to inoculate troops against endemic agents common at the sites of deployment, much is left uncovered. That, along with social behaviors of troops deployed in foreign lands can create unique problems for a specific cohort of patients not recognized until late after demobilization (e.g., hepatitis C in Vietnam Veterans).

### Integrated, Patient-Centered Care

VHA strives to understand and manage the secondary contribution that deployment related conditions like TBI, PTSD, and depression have on the incidence and progression of chronic diseases such as ischemic heart disease, heart failure, diabetes, etc. VHA has implemented system wide health screening for all Veterans who come to the VA for health care services with a focus on depression, PTSD, military sexual trauma, TBI, risk of suicide, and problem drinking, with the explicit intent to both understand and to provide treatment for these conditions and their sequelae. In recent years, VHA

has enhanced its mental health and suicide prevention teams to facilitate mental health care access through integration into primary care in order to identify problems early, to offer appropriate intervention, and to destigmatize the need to seek help for mental health issues.

A recent initiative focused on improving patient-centered care is the development of Patient Aligned Care Teams (PACT), designed to improve access, care coordination, communication, and continuity of care. A principal goal of PACT is that Veterans take an active role in their health care by utilizing enhanced communications and building long-term relationships with their care team. VHA has supported the development of a number of unique PACT care models, which in collaboration with VA researchers, will be evaluated to determine the most effective approaches for enhancing Veterans' care.

### Toward the Future

An improved understanding of Veterans' health care issues, which includes the development of new approaches

to treatment and the appropriate research tools, is a priority for VHA. These tools include registries, cohort management studies, and an understanding of the genomic contribution to disease. For this reason, the Million Veteran Program (MVP), which utilizes strict privacy and confidentiality controls, was established to provide one of the largest databases of genetic, military exposure, lifestyle, and health information. By combining knowledge of the human genome with longitudinal data from the electronic health care record, researchers will have the tools to develop greater understanding of disease risk and insight into the fundamental etiologies that provide the foundation for new potential treatments. This will indeed be a national treasure!

Another example is the active medical surveillance program associated with Veterans who served at the Qarmat Ali water treatment facility near Basrah, Iraq, between April and November of 2003. Environmental health physicians will examine these Veterans at regular intervals to determine

in particular the status of the respiratory system and skin – areas known to be affected by exposure to hexa-valent chromium. The examination will focus on nasal-septal ulcerations and chronic irritation; reactive airway disease and other lung abnormalities; skin ulcerations or chronic dermatitis. It will also look for and catalog other health conditions that occur in this well defined cohort over time in order to identify any potential late complications from this exposure that might not yet be appreciated.

Hand-in-hand with these new approaches and tools, is collaboration with researchers to understand and develop new approaches to improve care for Veterans. This collaboration occurs through a broad spectrum of basic to applied research as well as population health and implementation sciences. VHA's development and sustained focus on deployment health – a focus that engages the Nation's best investigators on the cutting-edge of research – enables VHA to provide the highest quality care for Veterans. This remains a key priority for the Department.

# 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>

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

**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>

**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 Louisville 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>

**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  
<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>

**Wytheville CBOC**  
165 Peppers Ferry Rd.  
Wytheville, VA 24382-2363  
276-227-5400  
<http://www.salem.va.gov/visitors/wytheville.asp>