



"Excellent Care – Earned by Veterans – Delivered Here"

Voices of VISN 6

Official news from around *your* VISN

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July - August 2017

Seekins Named VISN 6 Network Director

After five years of leading one of the country's fastest growing Health Care Systems, DeAnne Seekins has been appointed the Director of the Department of Veterans Affairs Mid-Atlantic Health Care Network, Veterans Integrated Service Network (VISN 6) effective July 23.

The Veterans Affairs Mid-Atlantic Health Care Network is comprised of seven VA Medical Centers and 27 associated community-based outpatient clinics (CBOCs), four Health Care Centers, and

two free-standing Dialysis Clinics spanning North Carolina, and Virginia.

The network utilizes more than 13,500 clinical and administrative support staff members, and about 4,000 volunteers to serve greater than 340,000 Veterans annually across a three-state service area.

Prior to her selection, Seekins served as Director of the Durham VA Health Care System since June 2012. In that role, Seekins maintained strategic planning and budgetary responsibilities for an approximate \$750

million operational budget, serving nearly 70,000 Veterans at 10 sites of care within a 27-county area, attributing to nearly one million patient encounters annually.

When asked about her time as Director of the Durham VA Health Care System, Seekins stated, "It has been my honor to serve the nearly 70,000 Veterans in Eastern North Carolina. I would like to thank the employees and volunteers for their hard work and dedication to serving Veterans."

Prior to her appoint-



DeAnne Seekins

ment as Durham VA Health Care System Director, Seekins served as Director of the Hampton VAMC from July 2009

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VISN 6 Headquarters Moves To New Location

The VA Mid-Atlantic Health Care Network (VISN 6) officially transitioned its headquarters into a new location in July. Please note new address: 3518 Westgate Drive, Durham, N.C., 27707.

The new 13,339 Sq. ft. space has been upgraded with technologically advanced network communications and information systems, that will support more virtual operations and meeting opportunities than before, with greater efficiency.

VISN 6 leadership are co-located in the building with program officials and administrative staff. The phone number remains unchanged at 919-956-5541.



Courtesy Photo

VISN 6 has moved offices to 3518 Westgate Drive, Suite 200 in Durham.

Most advantageous, for visitors as well as staff is increased meeting space. Overall meet-

ing space of about 1,500 square feet includes sepa-

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From The Director

In many ways, this month represents new beginnings for a lot of us. I am excited to begin work in a new role, as Network Director in VISN 6. Before we jump right into business I want to share a little about myself, to help you know me more personally. Many of you are somewhat familiar with me professionally, since I've spent the last several years filling a variety of roles in several facilities around VISN 6.



DeAnne Seekins

Since beginning my VA career in 1984, I have been afforded the great fortune of serving Veterans for over 33 years. My career includes working in several medical centers in various leadership roles, in VA Central Office as well as two years in the VISN 7 office. I am married to a Navy Veteran and come from a long line of Veterans. My grandfather, who served in WWI, is the reason I joined the VA. I had the privilege while serving as the MCD at Durham to see health care from a daughter's perspective, as my WWII-Veteran father spent his final six months in the medical center's Hospice Unit. There has never been a time in my life which was more humbling; to be the daughter, not the Director, caring for and loving my father as he took his final journey at the VA. The dignity and respect he was shown for his time in service was an experience I will cherish forever.

I am married with four grown children and five, soon-to-be six, grandchildren. Every day, I am thankful and grateful for the opportunity to oversee the health-care for our Veterans who are so deserving. That is the foundation of my devotion to Veterans, going forward.

Others in VA and throughout the VISN are also working hard on modernization plans that redefine how VA serves Veterans.

This year especially, VA is concentrating earnestly, through modernization of our organization on how we can do things better, with greater efficiency and optimizing the value of what we do. We will continue to build Veterans' trust in our efforts to serve them, their caregivers, family members and survivors. They need to believe what we already do: we are here for them.

For more than two years, we have ascribed to and

developed our actions according to MyVA principles, first introduced in 2015. Since signing a pledge back then, we have worked to sustain our commitment to the MyVA Strategies: Improving the Veteran Experience; Improving the employee Experience; Achieving support service excellence; Establishing a culture of continuous performance improvement; Enhancing Strategic partnerships. Those tenets have become the basis of how we think and about what we do.

VA is changing and the expectation of our leadership is that we act nimbly, forcefully and passionately to help Veterans as best we can. VA leadership expects us to be fully accountable for what we do.

As VA attempts to modernize, we must be serious about the tools and equipment we use. Our IT systems and EHR compatibility with DoD are examples of dire VA needs in modernization.

Among the Secretary's priorities are efficiency, timeliness of care, collaboration with community partners and suicide prevention. I think you can see how this all comes together in a flow that benefits Veteran care. Being inspired to act in Veterans' best interest makes it easier for us to do it. It also helps us to accept our own accountability for our actions.

This is about doing what we do best. From top to bottom, we are stripping excess and addressing our cores. You will hear much more about that in the coming months, as we implement strategies to provide Veterans the best care throughout VA and in the community.

We are all here because we want to be. We want to improve Veterans' lives. So, why wouldn't we all want to work more effectively to help Veterans live their best lives? Exactly, we would and we do. We are partners in this effort. So please, I invite you to let me know how my support can help you.

Sincerely, DeAnne Seekins

Asheville Interim Director Appointed

Doctor Carl Bazemore, permanently assigned as Chief Medical Officer to the Asheville VAMC assumed leadership of the medical center effective July 23 as the Interim Medical Center Director. He replaces Cynthia Breyfogle, who served as the medical center director from 2010-2017. During this transition period, Veterans living in Western North Carolina can continue to expect the same exceptional care for which the 5-star facility is known.



Dr. Carl Bazemore

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Questions or comments about the newsletter, e-mail stephen.wilkins2@va.gov or call 919-956-5541.



DeAnne Seekins, Network Director
Joseph Edger, Deputy Network Director
Dr. Mark Shelhorse, Chief Medical Officer
Steve Wilkins, Acting Chief Public Affairs
Patrick Schuetz, Chitra Productions

Richmond VAMC Fecal Transplant Study Shows Promise

By Patrick Gordon
Richmond VAMC Public Affairs

A researcher at Richmond VAMC is working on an innovative way to treat Veterans who suffer from hepatic encephalopathy (HE), a liver disease that can negatively impact the brain.

Initially caused by liver failure, HE can present itself as confusion, a dementia-like state, or possibly a coma. New research in preliminary stages by Dr. Jasmohan Bajaj has shown fecal transplants may help mitigate symptoms of this condition.

“HE is a spectrum of changes,” Bajaj explained. “People can be completely asymptomatic but have problems in their life where they can’t do their jobs, but they’re not confused. Some people start becoming confused and disoriented and their family members notice there’s a change with them. It can even lead all the way to coma, if left unchecked.”

Bajaj is a hepatology researcher working with community partners to test the fecal transplant methods that could be more effective for treating HE than current options.

According to Bajaj, this particular disease is one of the leading causes of re-admission for Veterans.

“It’s a major burden to the Veterans and their families because with multiple episodes, they become dependent on their caregivers,” said Bajaj. “Even in the VA, where most of the medical care is covered, it’s still a huge financial nightmare for people because they have to give up their jobs. The caregiver feels trapped because you don’t know when the patient is going to have a problem.”



Dr. Jasmohan Bajaj

“We Need Something to Break the Cycle”

In a limited sample size, the fecal transplant showed promising results. Over the course of the 5-month study, the patients who received the fecal transplant through an enema had zero HE-related episodes or hospitalizations. Bajaj also noted that brain functions increased for these patients. Of the patients who continued with

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Rep. Hudson, Salisbury Leadership Review IG Report

Salisbury VAMC received a visit from U.S. Representative Richard Hudson (R-N.C. 8th Dist.) on Aug. 17. Hudson made the stop and met with facility leadership after release of a report from VA’s Office of Inspector General the month before, that cited several incriminating findings.

He was met by Salisbury Acting Director Linette Baker, VISN 6 Deputy Network Director Joseph Edger and several members of the facility’s leadership team, who reviewed the report in detail with the Representative. According to published reports, Hudson was impressed with the visit, saying, “I was really pleased with what I heard today,” adding, “There was a lot of accountability.”

Advising that the inspection is a regular occurrence, she emphasized that the inspections are intended to help improve how Veterans receive care and that in an environment of continuous improvement, the reviews and their findings are welcome developments.

Hudson asked pointed, detailed questions about the discrepancies and how the facility dealt with them. Baker, Edger and the other staff members helped him understand the implications of the findings and how they have been resolved.

Hudson added that he saw himself not only as a



*Luke Thompson
Deputy Network Director Joseph Edger (left) and Acting
Salisbury VAMC Director Linette Baker met with U.S.
Rep. Richard Hudson to review a recent OIG report.*

watchdog, responsible for the well-being of Veterans in his district and across the country, but he is also a partner and dedicated to providing support to the facility that would help serve Veterans better. He encouraged the directors to call on him, and pledged more regular visits to the facility.

Salem Summer Youth Volunteer Program Makes A Difference

By Brett Robbins
Salem VAMC Public Affairs

Each summer, the Salem VAMC recruit boys and girls between the ages of 14 to 17 years-old to volunteer and engage in activities throughout the medical center, participate in military cultural awareness events, socialize with their fellow peers, and gain a greater understanding of providing exceptional health care to our Nation's heroes.

This environment creates a positive learning experience and personal growth while creating a mutually beneficial relationship among Veterans, family members staff, and visitors.

With the youth volunteer program in full swing, volunteers play an important role at Salem VAMC by allowing them to greet Veterans and their families as they enter the medical center and to assist Veterans with a personalized escort to their appointments.

The volunteers receive valuable experience and training which will benefit them in applying for college and jobs and provides an opportunity to explore health care career options while gaining experience in a health care environment.

The experience is more than what students expected and most feel they are learning valuable skills during their assignments. One student stated, "I am learning that while working in a hospital you always appear positive to the patients. It is important that patients feel that someone cares."



Brett Robbins

Youth volunteers play an important role at Salem VAMC by greeting Veterans and their families as they enter the medical center and escort Veterans to their appointments.

Another student said his volunteer work provides him with newfound knowledge. "Personal stories told by Veterans have vivid details and hold new meaning for me. The Youth Volunteer Program is making an impact on me and I enjoy doing it. When people think of volunteering, they think of assisting with paperwork in an office for a couple of hours. When you volunteer at the Salem VA Medical Center, it is completely different. I am able to make a difference."

"The youth volunteer program allows us to offer personalized attention to Veterans that receive their health care at Salem VA Medical Center. This special attention makes the difference of starting a day with skepticism to a day of feeling like people really do care" said Jade Fillinger, Chief of Voluntary Service.

Youth volunteers are assigned to areas where they have the most interest. This allows them to experience what it is like to be in their field of choice. This is life experience they will always remember.

"These young volunteers are responsible for the day to day duties involved with the program, such as, assisting Veterans with checking into their appointments and ensuring they are able to get there" said Fillinger.

The student volunteers are grateful for the opportunity to do something that is not only helpful to them, but supportive to Veterans who sacrificed so much for the freedoms we enjoy today. They appreciate the many prospects the program offers, but the opportunities are not the main reason they choose to volunteer at Salem VAMC. They volunteer to simply help the Veterans.

Global Vigilance, Global Reach,
Global Power for America

Happy 70th Birthday
U.S. Air Force



THE WORLD'S GREATEST AIR FORCE. POWERED BY AIRMEN. FUELED BY INNOVATION

Fayetteville HCC Memorial Wall Honors All Veterans

By Jeff Melvin
Fayetteville VAMC Public Affairs

A curved grey granite wall at the Fayetteville HCC proudly stands complete with the VA Seal etched into the centerpiece, surrounded by the Seals of the Services and full color images that embody the engraved words above them.

A team comprised of a Veterans Advisory Group from our local Vet Center, Ed Clark (Director, Vet Center), Dr. Jesse Howard (Chief, Dental Service), Paul Witt (Chief, Chaplain Service), Robin Gross-Crawford (Secretary, Office of the Administrator), and Liz Bruce (Interior Designer, Engineering Service) first met in Fall 2015 to establish the concepts to be portrayed and again in Fall 2016 to select the full color images resulting in the completion of the Memorial Wall in June of 2017. Mike Nichols (Administrator, FAY-HCC) led the charge to complete the effort.

The pairs of words above the images- Courage/Endurance; Sacrifice/Integrity; Commitment/Compassion; and Honor/Respect are based upon founding principles of military service and the images portray the words in military images to reflect diversity of age, race, ability, and the varied Services while evoking the



Brad Garner

A new memorial wall outside the Fayetteville VA Health Care Center honors all Veterans.

emotion behind the words. The wall has a break in the center that overlooks the landscaped pond beyond to provide a place of reflection for Veterans, staff and visitors. It is located at the main entry gate and adjacent to the front facility entrance with a cross walk to eas-

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VA's National Innovation Event

The Richmond VAMC is sending five VA Innovation team members to Washington D.C. Aug. 8, to showcase design projects aimed at improving health care for Veterans. The VA's Innovators Network will hold its National Demo Day event and invite Veterans and VA designers from across the country to display their work.

Richmond VAMC is one of 22 VA hospitals part of the VA Innovators Network. Developed by employees for Veterans, the Innovators Network is dedicated to helping VA employees test new ideas and join forces with stakeholders across the Veterans community.

Richmond VAMC currently has 10 funded projects totaling approximately 300,000 dollars, and the project types include software application building, treatment program development, 3-D-printed product design, process automation, and enhancements to existing technology products.

VA Innovation Demo Day gives frontline staff the opportunity to share highlights, progress, and lessons learned about the innovative projects they spent the last several months designing, piloting, testing, and implementing, to improve the Veteran experience.

For more information, contact the Richmond VAMC Public Affairs Office at vharicpublicaffairs@va.gov.

Asheville Bids Breyfogle Adieu

During a farewell reception hosted by the Charles George VAMC July 24, Director Cynthia Breyfogle was presented with various gifts from patients, congressional partners, and Veteran Service Organizations. One



Rod Doty

noted presentation was from the American Legion, Steve Youngdeer Post, #143 out of Cherokee, N.C. They presented Breyfogle with a hand carved Bible case, the American Legion Leadership Award, and a handmade blanket featuring stars and campaign ribbons from various conflicts. During the presentation, the blanket was ceremoniously draped around her. This special presentation symbolized the positive relationship nurtured and maintained by Breyfogle between the Charles George VAMC and the Cherokee Nation during her tenure.

Amick Joins Durham VAMC Leadership

Durham VAMC has announced the selection of Kevin Amick, MBA, MHRM, as the Associate Director, Durham VA Health Care System (HCS) effective Sept. 3.

Amick is a Retired Navy Veteran of 21 years. Prior to assuming this new role, he served as the Administrator for the Greenville Health Care Center (HCC). He was appointed as the Administrator for the Greenville Health Care Center in Greenville, N.C., on March 20, 2016.

He received a bachelor's degree in Health Science from Old Dominion University in Norfolk, Va., and a master's degree in Business Administration and Human Resource Management, from Strayer University, Ches-

apeake, Va. Mr. Amick previously served as the Chief Logistics Officer, Acting Chief, Non-VA Care Coordination Service, and Acting Assistant Chief, Health Administration Service at the Hampton VA Medical Center in Virginia. He is also a recent graduate of the Health Care Leadership Development Program (HCLDP).



Kevin Amick

Salisbury VAMC Program Reduces CLC Illnesses

An initiative started in 2012 at the Salisbury VAMC is now shown to have reduced Methicillin-resistant Staphylococcus aureus (MRSA) infections by 89% in the Salisbury VAMC community living center (CLC) during the study period of 2012-2016, according to researchers at the facility. The research behind the initiative was presented at the 44th Annual Conference of the Association for Professionals in Infection Control and Epidemiology.

Efforts that began in 2007 to reduce MRSA in the CLC were unsuccessful because of the inefficiencies and restrictive nature of the precautions, which greatly impacted the Veterans that call the CLC their permanent home. By 2012 the MRSA prevalence rate on the CLC rose to 70%, leading infection control staff to design a new program. Under the new program, MRSA prevalence dropped from 45 percent of residents to 16 percent during 2013 and has maintained an average of 16% through 2016.

"The cornerstone of this program was strict environmental control, decontamination, and cleaning," said lead study author Lanette Hughes, RN, BSN, Multi-Drug Resistant Organism (MDRO) Prevention Coordinator at the Salisbury VA Health Care System.

Supplementing routine, standard maintenance and hygiene procedures already being performed in the unit, the MRSA decolonization consists of daily bathing with CHG wipes or liquid, application of mupirocin ointment in the patient's nose twice daily and daily EMS terminal cleansing of the resident's room and bathroom.

Terminal Cleaning consists of cleaning the room and bathroom and everything in it twice. Once to clean it, second time to disinfect it. After the terminal cleaning, the resident's wheelchair (if applicable) is placed in the room and Xenex UVC lights are used in the room



Luke Thompson

Main Street area is a focal point of activity within the Salisbury VAMC Community Living Center, which has seen drastic reductions in MRSA.

and bathroom as a final disinfectant.

"In addition to the substantial monetary savings from using less personal protective equipment, this initiative also fostered a better environment for residents and staff, improving the overall workflow of the living centers," Hughes added.

The Salisbury VAMC CLC is a long-term care facility designed around its veteran residents. The CLC has an indoor main street with natural lighting, featuring a corner store, barber shop, a town hall with an elected mayor, and even a movie theater. Before beginning the new initiative, researchers and staff presented their plan to the CLC residents to gain their approval.

According to Dr. Charles de Comarmond, hospital epidemiologist and project leader for this initiative, in

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New VA Program Changes Process By Changing Culture

By Steve Wilkins
VISN 6 Public Affairs

Community Living Center nurses from across the VISN converged on the new VISN 6 headquarters meeting space in July to experience what amounts to a cultural transformation. They were about to learn about developing continuous improvement from a positive perspective, through the Bright Spots initiative.

“Bright Spots focus our efforts and lift our energy,” according to Bright Spots program lead and VHA Counselor A. Lynn Snow. She says the object of the program is to identify and replicate those things we do well, for easy, continual improvement.

The Bright Spots program is a performance improvement effort, based on a seven-year study with the primary goals of improving CLC resident and staff engagement and supporting quality improvement processes that actively involve all CLC staff.

The program uses a bundle of four practices that staff can easily and efficiently implement to identify positive behaviors that improve Veterans’ experience in their CLC. The acronym LOCK refers to the bundle of four practices, i.e., Look for the bright spots, Observations by everyone, Collaborate in huddles, and Keep it bite size. When these behaviors are used together, staff can better communicate what they feel can help them perform better, after watching their peers.

Broken down, staff collaborate as a team of observers. They take turns in five-minute intervals to watch what is going on in their centers and report back on the things they thought were helpful in short huddles (5-15 minutes) where they can discuss the observations and decide on the good behavior they can work on. They choose something that is valuable, but easy to incorporate, referred to as a small bite. Small bites allow staff to remember the activity and repeat it often, developing it as a habit. Once the habit has been ritualized, it becomes a natural behavior staff no longer has to consciously think about.

The program was presented to all CLC Chief nurses so that they could establish a Bright Spots Program CLC leadership team at their home facility. Once the team was in place and ready to move, they could begin implementing the four LOCK practices in a pilot neighborhood and subsequently spread it to more CLC neighborhoods, as they gained success.

Richmond Acting CLC Nurse Manager Brian Hobbs took his training back to the facility and immediately began to implement it. The results impressed him so much that he was compelled to share them with other Bright Spots administrators, saying, “To make a long story short, using the LOCK principles, we had



Steve Wilkins

Community Living Center Chief Nurses from around VISN 6 participated in a trust-building exercise, part of the team building portion of Bright Spots.

a great first huddle! Almost everyone had a Bright Spot to share. Actually, there were some very touching moments in our 5-minute huddle. The closeness of the staff in the moment was almost palpable. Everyone agreed having another huddle this Friday was a good idea. Moving forward, we will add more “bite-sized” elements of the program until our pilot is hardwired. I would love to hear about other experiences.”

The two goals of the Bright Spots Program launch meeting are to (a) train attendees on all Bright Spots Program components and skills and (b) train attendees to train others in their CLC on Bright Spots Program components and skills, because they will share the knowledge with their team members. Each CLC in the nation has been asked to send its nurse lead and a nurse manager to their VISN’s launch meeting.

According to Snow, commissioning the program was the best way to meet CLC’s engagement and quality goals. “It represents state-of-the-art, best available, evidence-based quality improvement methods. It was built because there was no ‘off the shelf’ quality improvement program like it.” Bright Spots administrators contend that the program aims to create high-functioning, relationship-based CLC teams that connect and involve all CLC staff – from front-lines to conference rooms – and flexibly address the variety of CLC quality improvement targets, including resident engagement. Snow used a quote from James Comer, author of “Bridges out of Poverty,” to suggest that “no significant work happens without a significant relationship,” driving home the concept that by building greater, deeper relationships among staff, more good work will come.

Asheville PEER Support Specialist Goes National

Peer Support is a growing aspect of mental health care across the country. Basically, it uses people who have struggled with mental health or addiction to help people who are new to similar types of recovery. It incorporates a community of support in the clinical care model that helps transition people from clinical treatment to moving on with the rest of their lives.

At Asheville VAMC, part of that Peer support has included a program called "Veteran X." Veteran X uses a group setting to teach Veterans how to begin to take responsibility for and control over their own problems by solving the problems of a fictional Veteran together.

One of Asheville's local Veteran X facilitators, Navy Veteran and Peer Support Specialist Michael Dumaine, has been a part of Veteran X for several years and recently became the first nationally certified Veteran X trainer. Being a nationally certified trainer means Dumaine can train other facilitators to start Veteran X programs at other facilities without supervision.

Michael says that he couldn't imagine a better job than helping Veterans heal. "Some days I'm amazed that I have this incredible job. It has its trials and tribulations; it's challenging when I see people new in recovery living through their challenging behaviors," said Dumaine. "But, when they stick with it there is nothing more rewarding than seeing them transform."

The Veteran X program was developed by Peer Specialist Tom Pratt at the Hampton VA and begun

at Asheville in 2009. It quickly became popular with Veterans, growing to more than 50 Veterans attending sessions twice a week.

For his certification, Dumaine completed a 36-hour classroom training developed by the Veteran "X" Program Dissemination and Implementation Project, participated in 20 weekly consultative calls, started a Veteran X group, and successfully passed a fidelity review. A fidelity review is a list of elements that must be observed in every Veteran X group, for consistency across the country. Tom Pratt, Dr. David Shaw, or Dr. Sarah Magnes can be reached for validation information. Applications for the periodic training programs become available after national notification is released.

"I don't think we would have the successful program we offer here without the support of our local leadership," said Dumaine. "Providers have really embraced peer support and fully integrated it into Veterans healthcare."



Michael Dumaine

Weaver Settles In As Fayetteville VAMC Chief Of Surgery

Dr. William Lynn Weaver is Chief of Surgery at the Fayetteville VAMC.

Before arriving in Fayetteville this spring, Weaver formerly served as The Senior Associate Dean and Chair of Surgery at Ross University School of Medicine, on the Caribbean island of Dominica. Prior to that he was the Chairman and Residency Program Director of Surgery at the Morehouse School of Medicine.

His previous association with the VA includes tenures as the Chief of Surgery at the Murfreesboro, Tenn. (June 1991- June 1992) and Buffalo, N.Y., VA medical centers (June 1992 -June 1996).

Weaver is a native of Knoxville, Tenn. He attended Meharry Medical College in Nashville where he received his medical degree; he completed his undergraduate education at the Howard University College of Pharmacy, Washington, D.C. His residency training in General Surgery included a surgical internship at Fitzsimmons Army Medical Center, Denver, Colo., and residency at Madigan Army Medical Center, Tacoma, Wash.

He served in the U.S. Army from 1974 to 1987, at-

taining the rank of major, completing his military service as Chief of Surgery at Blanchfield Army Medical Center, Ft. Campbell, Ky.

Weaver is very proud of the time he spent in the U.S. Army and grateful for the Health Professions Scholarship from the Army that allowed him to afford medical school. He said he is most proud of all the students and residents who he has had the privilege of teaching.

"I have been honored and humbled by the many patients and family members who have placed their trust in me," Weaver said. "My career has truly gone full circle from being drafted to serving Veterans at VA."



Dr. William Lynn Weaver

Fayetteville HCC Hosts First Local Artists Exhibit

Local artist, Yolanda Burse, a Veteran, is the first artist to exhibit her work at the Fayetteville HCC under an initiative spearheaded by the HCC Arts Committee.

The aim of Burse's exhibit and subsequent ones is to enrich the building through visual arts for the enjoyment of patients, staff, and visitors of the HCC, according to FVAMC LCSW Carrie Callahan, who along with HCC administrator Mike Nichols and FVAMC interior designer Ashley Sakmar comprise the committee.

"This project facilitates relationships with local artists to create a 'hometown feel to our HCC,'" Callahan said.

The exhibit, located on the 1st Floor just past the Main Lobby near Primary Care Reception, was unveiled June 5 and will continue for approximately 90 days. A reception was held June 7 for Burse, who in addition to photography also works in the art media of glass engraving, wood burning and carving. Twenty of her works are on display.

The exhibit has been well-received by staff and Veterans who have expressed comments like, "It adds culture to the HCC," or, "It speaks to different people." A volunteer observed someone who was "touched" by the photography. Burse can be reached at Yolanda.Burse@yahoo.com for information.



Jeff Melvin

Artist Yolanda Burse, 3rd from right, poses for a photo op in front of some of her works, on display at the Fayetteville HCC.

Fayetteville Womens Health Partners With AHEC For Symposium

Health care providers specializing in women's health issues came together in Fayetteville, N.C., Aug. 23 in seminars that could benefit women Veterans.

Fayetteville VAMC partnered with Southern Regional Area Health Education (AHEC) to present a women's health symposium designed to inform and educate area physicians and health care professionals who serve women Veterans.

The program reviews up-to-date and evidence-based guidelines for the treatment and management of health conditions common among women Veterans.

Throughout a four-hour schedule, specialists who concentrate in a variety of women's health conditions and services talked about topics including; The Biopsychosocial Health of Military Women, Routine Screenings, Bone Density, Pap smears, mammograms and Management of Depression in Military Women, Sexual Dysfunction and Chronic Pelvic Pain.

"Events like these enable our providers to offer Veterans the best service with contemporary care that is state of the art in any given concentration," according to Shenekia Williams-Johnson, VISN 6 Women Veterans Program Manager. "That way," she said, "our female Veterans can receive the same or better care than they would in the community, but they benefit by receiving

their care from professionals who understand them in a military context."

Williams-Johnson continued, saying, "While VA has made significant strides in recent years, we will continue to improve our efforts to provide high quality, timely health care to our women Veterans. She added that eligible women who were in the military should feel entitled to VA Health Care because they did serve and therefore deserve the same health care benefits their male counterparts are eligible for, without compromise because they are women.

For information about Women's Health or Veteran Womens' Health in the Fayetteville area Veterans may contact Janay Malloy (Janay.Malloy@va.gov) or Audrey Kizzie (audrey.kizzie@va.gov), at the Fayetteville VAMC Women's Health Service by calling 910-475-6051 or 910-475-6469. In the Fayetteville community Maria Papaderos, Director of Continuing Medical Education of the Southern Regional AHEC can also be contacted with questions or concerns at 910-678-7306.



VA Suicide Prevention Efforts: Serving Those Who Served

The suicide prevention efforts of the U.S. Department of Veterans Affairs (VA) are built around a network of compassionate, caring people across the country who are devoted to serving Veterans and their loved ones.

Some of VA's most important work is done in your communities, where Suicide Prevention Coordinators (SPCs) connect Veterans and their families to local resources that can meet their unique needs and help them lead healthier lives.

VA's "After the Call" video showcases the SPCs who help Veterans at risk for suicide. SPCs from around the country share their experiences, talking about how they came to work at VA, their personal connection to their work and their communities, and their pride in helping Veterans who are going through a difficult time. Like many SPCs, Gary Cunha has lived through Veterans' challenges himself:

"I received counseling after I got out of the Marine Corps. Having been through that experience and knowing that it works for me, I'm a firm believer in what it is that I do. So when a Veteran comes to me and says, 'You know what, Gar, if it wasn't for you, I'm pretty sure I'd be dead,' I get a chill up and down my spine."

More than 300 SPCs at VA medical facilities across the country work closely with Veterans dealing with



mental health challenges and difficult life experiences. SPCs follow up with and coordinate care for Veterans who have been directly referred to them by responders at the Veterans Crisis Line. They also spread the word about VA's suicide prevention resources by attending community events and connecting Veterans with local partner organizations.

Please watch and share "After the Call" to spread the word about the people behind VA's suicide prevention efforts. Your actions could help save a life.

If you or someone you know is in need of local support, find and contact your SPC at VeteransCrisisLine.net/ResourceLocator. For immediate help through a crisis, Veterans or concerned family members or friends of a Veteran can contact the [Veterans Crisis Line](http://VeteransCrisisLine.net) by calling 800-273-8255 and pressing 1, using the online chat, or texting to 838255. These services provide free, confidential support 24 hours a day, 7 days a week, 365 days a year.

Seekins continued from Pg 1

– 2012. Prior appointments include the Richmond VAMC, where she served as Associate Director from January 2007 – July 2009. During this period, she also served Veterans and the medical center as the Acting Director from July 2008 – February 2009.

During her more than 30-year tenure with VA, she has served in numerous capacities including Medical Administration Service, Physical Medicine & Rehabilitation Service, Administrative Officer to the Associate Chief of Staff for Ambulatory Care, Administrative Assistant to the Chief of Staff, and Executive Assistant to the Director. Seekins was also detailed to the Department of Veterans Affairs Central Office (VACO).

Seekins is an active member of the American College of Health Care Executives (ACHE) and the Central Virginia Healthcare Executives Group. She serves as the only VA representative on the American Hospital Association Board, and was appointed to chair the VISN

6 Services for Research, Radiology, and Education. She holds academic affiliation as an adjunct faculty member with Virginia Commonwealth University (VCU) in the Master in Health Administration program.

Seekins has recently been featured in FedTech Magazine and Partners, a Press Ganey publication, for her work with the Electronic Health Record (EHR) for excellence in implementing customer service-centric initiatives.

Seekins extends her appreciation to the members of Congress, Veterans Service Organizations, and the Eastern North Carolina community for their continuous support of America's heroes. "As I transition into my new role, I look forward to remaining in the area and continuing my relationships with our Congressional delegates and community partners in North Carolina and Virginia and having broader oversight on the quality care provided to Veterans."

Salem VAMC Hosts Annual Cruise-In For PTSD

By Brett Robbins
Salem VAMC public affairs

The Salem VAMC hosted the Salem Rotary Club's 6th annual Cruise-In on Aug. 18 to support Veterans and families affected by PTSD and the 27th annual Star City Cruiser Car, Truck, and Cycle Show on Aug. 19.

Keeping with tradition, Salem VAMC Director, Rebecca Stackhouse chose a 1956 Ford truck as the Director's Choice Award during the Star City Cruiser Car, Truck and Cycle Show.

The event is conducted in partnership with Salem VAMC's Voluntary Service and supports the VAVS Committee in serving area Veterans.

The event raises money to support the needs of Veterans that are not provided by VA.

Many outreach organizations were available to provide information and options to assist Veterans and their families. The car show raised \$2,900 in food sales from Rolling Thunder and approximately \$6,000 in registration and sponsorships from Star City Cruisers. All proceeds go directly to patient care.



Brett Robbins

From 205 vehicles on display, Salem VAMC Director Rebecca Stackhouse stands next to the 1956 Ford F100 truck she designated the 2017 Director's Choice.

Operation: Veteran Smiles Joins U.S. Cellular In Asheville

U.S. Cellular was joined Aug. 1 by Amelia Day, who created Operation: Veteran Smiles (OVS), to bring smiles to local Veterans. They delivered kits to patients at the Charles George VAMC in Asheville. Amelia is a 4-H Club member and this year's National 4-H Council's 4-H Youth in Action National Winner and Citizenship Pillar Winner for 2017.

Amelia founded OVS as a 4-H service project in 2012 after visiting a Veteran's hospital with her dad, a Marine Corps Veteran, and noticing that many of the Veterans were far from their families and lacking basic toiletries. Through her program, Veterans receive hand-made cards, toiletries, playing cards and a conversation during the delivery.

"Never in a million years did I expect OVS to grow outside of Georgia. It has been a dream and wish come true. I am so excited to see so many people that care about our Veterans as much as I do," said Amelia, founder and director of OVS. "Thank you to U.S. Cellular for helping spread OVS' legacy to our U.S. Veterans!"

OVS has helped more than 5,000 Veterans to date, and U.S. Cellular will extend its reach by writing cards, packing kits and making two deliveries to 13 in-patient Veterans' facilities across the country. In Asheville, Amelia and her family joined U.S. Cellular associates to pack 220 kits and deliver them to patients at the



Armenthis Lester

Volunteers from U.S. Cellular, 4 H, and creator of Operation: Veteran Smiles Amelia Day visited Charles George VA Medical Center and distributed hygiene kits to medical center and Community Living Center patients.

Charles George VAMC. They will also be spending time socializing with and getting to know the Veterans.

McGuire Research Diagnoses Parkinson's 15 Years Earlier

Dr. George Gitchel, the director of Clinical Research at McGuire VAMC's Parkinson's Disease Research, Education and Clinical Center, has led the development of a system of diagnosing movement disorders such as Parkinson's, tremors, and strokes, based on a five-minute, non-invasive recording of eye movement patterns.

This revolutionary breakthrough is focused on diagnosing Parkinson's, tremors, strokes, and other movement disorders much sooner than traditional methods, and with greater accuracy. Eye movement patterns have

resulted in the ability to diagnose Parkinson's up to 15 years before any visible symptoms.

Thanks to the compelling nature of this research, they have licensed the technology to an outside company, and it will soon be available to the public. According to Dr. Gitchel, this will have a staggering impact on the field of neurology. It will also improve patient quality of life by lowering health care costs, decreasing misdiagnosis rates, lessening patient and caregiver burden, improving quality of care, and more.

Headquarters continued from Pg 1

rate executive conferencing, and can be divided into three smaller spaces with capacity of about 80 people. This will save revenue, as many of the necessary meetings held previously in external locations will now be held in-house at a considerable cost savings.

The new space is environmentally friendly, and aesthetically pleasing with plenty of free parking onsite. It is easily accessible from I-40 or I-85 via highway 15-501. Plenty of nearby restaurants, hotels and shopping are added benefits of the new location as well.

Wall continued from Pg 5

ily access the Memorial Wall from the building. It also connects with a walking trail that continues around the water features and into a shaded path.

The construction of the granite wall and the VA seal were completed as part of the initial construction of the

HCC at a cost of \$15,000 with additional facility funds of \$9200.00 for a relatively inexpensive and long lasting Memorial to our Veterans and their service. Please come and spend some time to view the Memorial Wall and reflect on its meaning to you..

POW/MIA Day Is Sept. 15



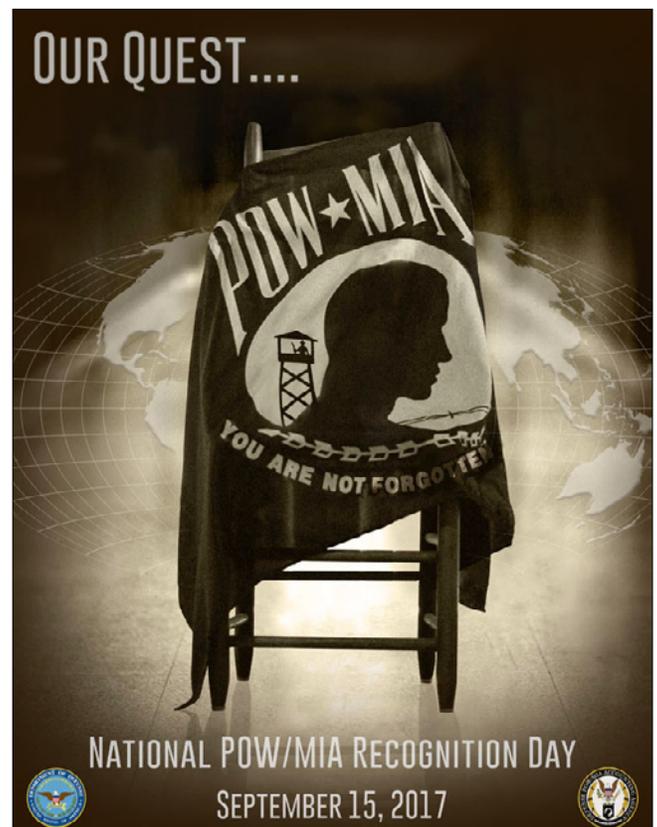
The President annually issues a proclamation commemorating POW/MIA Recognition Day, to remind the nation of those who have sacrificed so much for their country.

Observances of National POW/MIA Recognition Day are held across the country on military installations, ships at sea, in state capitol buildings, schools and Veterans facilities. It is traditionally

observed on the third Friday in September each year.

This observance is one of six days throughout the year that Congress has mandated the flying of the National League of Families' POW/MIA flag. The others are Armed Forces Day, Memorial Day, Flag Day, Independence Day and Veterans Day.

The flag is to be flown at major military installations, national cemeteries, all post offices, VA medical facilities, the World War II Memorial, Korean War Veterans Memorial, the Vietnam Veterans Memorial, the official offices of the Secretaries of State, Defense and Veterans Affairs, the director of the Selective Service system and the White House.



VA, Air Force Announce Tele-ICU Sharing Agreement

The Department of Veterans Affairs' (VA) Mid-west Health Care Network and the Air Force Medical Operations Agency today announced a collaborative Tele-ICU agreement that will allow Air Force patients at five military treatment facilities to use VA's Tele-ICU capabilities through its centralized support center in Minneapolis.

The agreement extends to Air Force patients in Las Vegas; Hampton, Va; Biloxi, Miss.; Dayton, Ohio; and Anchorage, Ala.

The patients will be able to see VA's Tele-ICU licensed physicians — called Tele-Intensivists — and critical-care nurses through telecommunications or other electronic technologies, which include direct view of the patient through live audio and video feed; electronic monitoring; and chart review and consultations.

The doctors are also able to prescribe medications, order tests or procedures, make diagnoses and discuss health care with patients and family members.

“For VA, telehealth is revolutionizing the way we practice medicine,” said VA Secretary Dr. David J. Shulkin, who also sees patients by telehealth. “Tele-ICU is more than just a way of providing remote care. We know it improves the quality of care, decreases costs by supporting evidence-based practices and it

improves patient outcomes through decreased ventilator days, ventilator-associated pneumonias and reduced lengths of stay. We are pleased to partner with the Air Force in this effort.”

Acting Assistant Secretary of Defense for Health Affairs, Dr. David Smith, agreed, noting that “Collaborative partnerships, such as this agreement with VA, help us provide the best possible care to our service members, military family members and retirees who receive health care through the Department of Defense.

VA's Acting Under Secretary for Health, Dr. Poonam Alaigh, added, “This cooperation between the Air Force and VA reflects our shared commitment to caring for those who serve in our nation's military, both during their service and beyond. We are pleased to establish this partnership.”

The collaborative effort is a result of a 2015 DoD-VA Health Care Sharing Incentive Fund, also known as the Joint Incentive Fund (JIF) project. JIF was authorized by Congress as part of the 2003 National Defense Authorization Act. The intent of JIF is to facilitate mutually beneficial exchanges of health-care resources between DoD and VA, with the goal of improving access to high-quality and cost-effective health care.

VA To Revise State Veteran Home Construction Regulations

Department of Veterans Affairs (VA) Secretary Dr. David J. Shulkin recently announced that VA plans to propose changes to regulations for its State Veterans Home Construction Grant Program to make it easier to for States to receive VA funding to construct Veterans homes in rural areas.

State Veterans Homes provide Veterans with nursing home, domiciliary or adult day health care and are owned, operated and managed by State governments. Currently, the construction grant regulations focus on Veteran demographics as well as nursing home and domiciliary bed need within a State, when determining priority group placement based on projected demand for assistance. Unfortunately, this makes it difficult for some rural areas to compete for VA State Home Construction Grants.

In highly rural areas, there could be a 500-mile distance from one State Veterans Home to the next, which gives family members limited options when searching for a conveniently located facility for a Veteran family member.

By incorporating a consideration for the need of Veterans in rural areas into the ranking priorities for grant applications in the regulations, rural States may

find it easier to compete for the limited VA construction grant funding that is available.

“We want to remove the red tape,” said Shulkin. “Veterans in rural areas need to be able to get nursing home care when it's needed as close as possible to their homes, families and friends. Changes in VA regulations can save families from having to travel long distances to visit a loved one in a facility far from home.”

VA anticipates that the revision of these regulations will be completed by the end of this calendar year (2017). The updated regulations will be available for public comment. VA is working to ensure that the updated regulations go into effect as soon as possible.

For more information about State Veterans Homes, visit www.va.gov/GERIATRICS/Guide/LongTermCare/State_Veterans_Homes.asp.



VA
HEALTH
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VA Answers Call On Opioids, Launches S.T.O.P. P.A.I.N.

When it comes to treating pain and substance abuse, the Department of Veterans Affairs (VA) is recognized by many as a leader in the pain management field and the responsible use of opioids across the VA health-care system.

“Recent studies and stories have pointed to VA’s success in its approach to pain management and responsible use of opioids with our Veteran patients,” said VA Secretary David J. Shulkin.

“As Governor Christie, Chairman of the President’s Commission on Combating Drug Addiction and the Opioid Crisis, said yesterday, our country’s opioid crisis is indeed a national public health emergency, and to fight it, we must all join forces across the Cabinet and executive and legislative branches.

“At VA, we have learned a lot over the past several years and, to Governor Christie’s point, we want to share our knowledge and experience right away with our federal, state and local partners, as well as our nation’s health-care networks. This national crisis demands a national partnership and approach.”

To that end, Secretary Shulkin announced the release of VA’s top eight best practices to share with others in government and the health-care industry who work to balance pain management and opioid prescribing, based on what VA has learned over the past four years. These best practices are summed up by the acronym S.T.O.P. P.A.I.N.

S.T.O.P. P.A.I.N. stands for:

S - Stepped Care Model – Adapted from the National Institutes of Health, this model encourages a continuum of care with effective monitoring and management of the condition from onset through treatment. It incorporates self-management through participation in such groups as Narcotics or Alcoholics Anonymous; counseling; treatment programs; involvement of primary care; and other medical specialists.

T - Treatment alternatives/complementary care – Complementary and Integrative health expands the availability of provider options beyond the use of standard care in the treatment of chronic pain. Complementary Health may include such evidence-based treatments as acupuncture, yoga, and progressive relaxation.

O - Ongoing monitoring of usage, which relies on multiple tools for tracking and monitoring individual usage of and risk of opioid therapy.

P - Practice Guidelines - Key Clinical Practice Guidelines (CPG) provide clear and comprehensive evidence-based recommendations for practitioners to minimize harm and increase patient safety in patients requiring Substance Use Disorder (SUD) treatment

and opioid therapy. They can be found online at <http://www.healthquality.va.gov/guidelines/MH/sud/> and www.healthquality.va.gov/guidelines/Pain/cot/.

P - Prescription monitoring – VA has a number of data sources to allow it to monitor opioid use to target specific education in real time. The practice patterns of providers differ, along with the case mixes, so a provider with relatively high opioid prescribing may have an appropriate practice, or be someone who could benefit from education. These tools allow the VA to drill down to the patient level to evaluate use. Other tools can evaluate the treatment of patient panels and the Veterans’ risk of potential abuse. Together, these allow identification of potential problems, educational targeting, and tracking of progress.

A - Academic Detailing - The Academic Detailing program is a one-to-one peer education program targeted to front-line providers. It gives specific information on practice alternative and resources, opioid safety, and can compare the practice of the provider to that of their peers. Veterans have improved pain control as a result of it. Information about this may be found at :

www.pbm.va.gov/PBM/academicdetailingservice-home.asp and

www.pbm.va.gov/PBM/academicdetailingservice/Pain_and_Opioid_Safety.asp.

I - Informed consent for patients - VA requires an informed consent process prior to long-term opioid therapy. This process includes education on the risks of opioid therapy, discusses opioid interactions with other medicines, and reviews safe prescribing practices such as urine drug screens.

N - Naloxone distribution - The Opioid Overdose Education & Naloxone Distribution, also known as the OEND program has focused on education of providers on Naloxone distribution to Veterans on long-term opioid therapy.

www.pbm.va.gov/PBM/academicdetailingservice/Opioid_Overdose_Education_and_Naloxone_Distribution.asp.

More information about VA’s pain management efforts may be found at www.va.gov/painmanagement.



VA Caregiver Support Program Resumes Full Operations

Today the Department of Veterans Affairs (VA) announced it is resuming full operations of the Program of Comprehensive Assistance for Family Caregivers. The resumption follows an April 17 decision to temporarily suspend certain clinical revocations from the program to conduct a strategic review aimed at strengthening the program.

“VA has taken immediate steps to improve the program’s operations,” said VA Secretary David J. Shulkin, M.D. “Our top focus during the review has been to listen, evaluate and act swiftly to make changes that will better meet the needs of our Veterans and caregivers. This does not mean our work is done. We will continue to refine and improve this important program.”

VA’s three-month review indicated a need for better communication about clinical revocations, improved internal processes and procedures, and additional staff training.

Following the review, VA issued a new directive outlining staff responsibilities, Veteran and caregiver

eligibility requirements, available benefits and procedures for revocations from the program.

VA also conducted mandatory staff training on the new directive and implemented standardized communications and outreach materials to educate Veterans and caregivers about the program.

Additionally, the VA will be formalizing additional ways to ensure that the experience of Veterans’ families, caregivers and survivors are understood and that, where needed, new, or additional, assistance is explored. The VA is committed to listening to the voices of those who care for Veterans of all eras and to collaborating to improve services, outreach and awareness.

The caregiver program website has also been redesigned, and now includes a section linking caregivers and Veterans of all ages to resources and home- and community-based services available through VA’s Geriatrics and Extended Care programs.

More information on the program is available at www.caregiver.va.gov.

VA Staffing New White House VA Hotline With Veterans

The U.S. Department of Veterans Affairs announced recently that the two-month pilot phase of the new White House VA Hotline that began in June has demonstrated that Veterans calling the hotline respond best when their calls are answered by fellow Veterans and others with first-hand experience on their issues.

As a result, VA announced that it will target highly qualified Veterans to staff the hotline going forward, instead of contracting the service to a third-party vendor, and is hiring additional VA personnel to complete the planned move to a 24-hour operation.

“The message we’ve heard loud and clear is Vet-

erans want to talk to other Veterans to help them solve problems and get VA services,” said VA Secretary David J. Shulkin. “We’re taking steps to answer that call.”

This decision will delay the full-time stand-up of the 24-hour service by two months, to no later than October 15, in order to ensure the hiring and training processes are complete.

Until that time, the hotline’s current pilot program service is available to receive calls from Veterans from 8 a.m. to 5 p.m. Eastern Time, Monday through Friday.

Research continued from Pg 3

traditional treatment, five were hospitalized due to HE episodes, and one patient was hospitalized twice.

Bajaj said the primary outcome for this round of research was to ensure the procedure is safe for patients. Further studies will prove and improve efficacy.

“We found that adverse reactions to the fecal transplant were [practically non-existent],” he said. “We hope to get more funding to do this in a proper random-

ized way, so we can compare the capsules to the enema and to do it in people who are similarly underserved.”

Bajaj is now researching a pill to deliver the fecal transplant, rather than through an enema. He said his goal is to eventually compare the effectiveness of the enema and the pill, to see which is best.

Bajaj hopes this research will continue to show improvement in the quality of life for Veterans.

MRSA continued from Pg 6

addition to improving the quality of life for the residents of the CLC, the intervention lead to significant harm reduction by avoidance of actual MRSA infections and associated hospitalizations. Moreover, this

has resulted in significant savings for Salisbury VAMC. With an estimated cost of treatment of \$28,000 per invasive MRSA infection, researchers projected the initiative saved roughly \$2.2 million from 2013-2016.

VISN 6 Sites Of Care & VA Vet Centers

MEDICAL CENTERS

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

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

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

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

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

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

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

OUTPATIENT CLINICS

Albemarle CBOC
1845 W City Drive
Elizabeth City, NC 27909
252-331-2191

Brunswick County CBOC
18 Doctors Cl., Units 2 & 3
Supply, NC 28462
910-754-6141

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

Charlotte HCC
3506 W. Tyvola Rd.
Charlotte, NC 28208
704-329-1300

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

Chesapeake CBOC
1987 S. Military Highway
Chesapeake, Va 23320
757-722-9961

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

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

Fayetteville HCC
7300 So. Raeford Rd
Fayetteville NC 28304
910-488-2120
800-771-6106

Fayetteville Rehabilitation Clinic
4101 Raeford Rd. Ste 100-B
Fayetteville NC 28304
910-908-2222

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

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

Fredericksburg at Southpoint CBOC
10401 Spotsylvania Ave, Ste 300
Fredericksburg, VA 22408
540-370-4468

Goldsboro CBOC
2610 Hospital Road
Goldsboro, NC 27909
919-731-4809

Greenville HCC
401 Moye Blvd.
Greenville, NC 27834
252-830-2149

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

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

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

Jacksonville CBOC
4006 Henderson Drive
Jacksonville, NC 28546
910-353-6406

Kernersville HCC
1695 Kernersville Medical Pkwy
Kernersville, NC 27284
336-515-5000

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

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

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

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

Raleigh III CBOC
2600 Atlantic Ave, Ste 200
Raleigh, NC 27604
919-755-2620

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

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

Sanford CBOC
3112 Tramway Road
Sanford, NC 27332
919-775-6160

Staunton CBOC
102 Lacy B. King Way
Staunton, VA 24401
540-886-5777

Tazewell CBOC
141 Ben Bolt Ave.
Tazewell, VA 24651
276-988-8860

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

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

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

DIALYSIS CENTERS

VA Dialysis and Blind Rehabilitation Clinics at Brier Creek
8081 Arco Corporate Drive
Raleigh, NC 27617
919-286-5220

VA Dialysis Clinic Fayetteville
2301 Robeson Street, Ste. 101
Fayetteville, NC 28305
910-483-9727

VET CENTERS

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

Fayetteville Vet Center
2301 Robeson Street
Fayetteville, NC 28305
910-488-6252

Greensboro Vet Center
3515 W Market Street, Suite 120
Greensboro, NC 27403
336-333-5366

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

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

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

Raleigh Vet Center
8851 Ellstree Lane
Raleigh, NC 27617
919-856-4616

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

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