



VA MID-ATLANTIC HEALTH CARE NETWORK • VISN SIX

Vol. 2, No. 7

“Excellent Care – Earned by Veterans – Delivered Here”

Voices of VISN 6

Official news from around *your* VISN

April 30, 2012

Veterans Affairs To Expand Mental Health Staff

Secretary of Veterans Affairs Eric K. Shinseki recently announced the department would add approximately 1,600 mental health clinicians, as well as nearly 300 support staff, to its existing workforce. As part of this announcement, 65 clinicians and 12 support personnel will be hired to support local mental health operations in VA’s Mid-Atlantic Health Care Network.

“As the tide of war recedes, we have the opportunity, and the responsibility, to anticipate the needs of returning Veterans,” said Secretary of Veterans Affairs Eric K. Shinseki. “History shows that the costs of war will continue to grow for a decade or more after the operational missions in Iraq and Afghanistan have

ended. As more Veterans return home, we must ensure that all have access to quality mental health care.”

As part of its ongoing comprehensive review of mental health operations, VA considered a number of factors to determine staffing levels, including regional Veteran population and mental health needs of Veterans, as well as the range of mental health services provided in the region.

The VISN will use the same criteria to determine staffing levels at facilities and announce those results in the coming weeks.

Nationwide, VA has an existing workforce of 20,590 mental health staff that includes nurses, psychiatrists, psychologists, and social workers. Cur-

rently, 1,210 mental health clinicians and support staff work locally supporting Veterans living in VISN 6.

Last year, VA provided specialty mental health services to 1.3 million Veterans. Since 2009, VA has increased the mental health care budget by 39 percent. In the past five years, VA has seen a 35 percent increase in the number of Veterans receiving mental health services, and a 41 percent increase in mental health staff.

New providers will join a team that is already actively treating Veterans through individualized care, readjustment counseling, and immediate crisis services.

VA anticipates the majority of mental health clinicians and support staff will be hired

locally within approximately six months and the most hard-to-fill positions filled by the end of the second quarter of FY 2013.

“Mental health services must be closely aligned with Veterans’ needs and fully integrated with health care facility operations,” said VA Under Secretary for Health Dr. Robert Petzel. “Improving access to mental health services will help support the current and future Veterans who depend on VA for these vital services.”

Interested mental health care providers can find additional information about VA careers online at www.vacareers.va.gov, www.usajobs.gov, or by calling National Health Recruitment Consultant Harold Liles at 919-408-4741.

Salisbury Director To Lead Miami VA System

By VISN 6 public affairs

Salisbury VAMC Director Paul M. Russo has been selected to become director for VA’s Miami Health Care System. The Miami HCS includes the Bruce W. Carter VAMC, major outpatient clinics in Sunrise, and Key West, along with outpatient clinics in Homestead, Key Largo, Pembroke Pines, Hollywood and Deerfield Beach, and an outpatient substance abuse clinic and a healthcare for homeless veterans’ center.

“It has been an honor and privilege for me to serve the Veterans of central North Carolina,” Russo said. “I will always remember what this great team has accomplished in such a short time,” he said referring to the construction for the center of excellence projects for mental health and extended care, the new hospice under construction, and the expansion of the outpatient oncology program.

Russo served as director, W.G. (Bill) Hefner VAMC since Aug. 15, 2010. He has been with VA for more than 30 years, beginning as a staff dietitian at the Buffalo (N.Y.) VAMC and serving in a variety of positions including a prior assignment as associate director for the VAMC West Palm Beach from December 2004 to July 2010.

“Paul was the right guy at the right time for Salisbury,” said VISN 6 Network Director Dan Hoffmann. “Under his leadership, the Salisbury VAMC has had great success in providing outstanding care for the largest patient population in the network. The Veterans in the Sunshine State are gaining one of VA’s best directors. We will miss him.”

Russo received his undergraduate degree in clinical nutrition from the State University of New York College at Buffalo in 1982. He obtained his registered dietitian status in October



1982 and his master’s degree in health systems administration at Rochester Institute of Technology in 1995.

Russo is a graduate of Leadership VA and is a Fellow of the American College of Healthcare Executives.

Anthony Dawson, current associate director of Salisbury VAMC, will assume the interim role of medical center director while a search for Russo’s replacement is conducted.

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From the Director

Each month, I look forward to sharing news about progress we're making in delivering quality health care to our Veterans. Earlier this month, VA's Office of Inspector General released a report concluding that VA has been behind the power curve with regard to providing mental health care. Media from coast-to-coast have trumpeted the fact that the time it takes for some of our Veterans to begin treatment is unacceptable. With all the publicity about mental health wait times, I think it is best that I address what this Network is doing with respect to mental health care.



As noted on page 1, VA is moving quickly to further address this top priority. On April 22, Secretary Shinseki announced that the department would add approximately 1,600 mental health clinicians – to include nurses, psychiatrists, psychologists, and social workers as well as nearly 300 support staff to its existing workforce of 20,590 mental health staff as part of an ongoing review of mental health operations. VA has allocated VISN 6 an additional 77 positions and funds are available for networks to begin recruitment.

We certainly welcome these new positions, but I must caution that hiring these professionals does not happen overnight. Recruiting these professionals is dependent on attracting highly motivated candidates from a limited pool of mental health professionals. Further, the demand for these professionals, not only in the VA, but in the private sector has intensified. It's important to know that our recruiting efforts for mental health professionals have been continuous and ongoing for years. Along with the normal recruiting efforts, which include our own VISN physician recruiter, advertising in appropriate professional journals and the use of USAJOBS, you may recall that we've even been publishing our vacancies in this newsletter as a way to get the word out.

I would like to shift the focus to what this VISN has done to meet the needs of our Veterans. I want to make it clear that the leadership here at the VISN, as well as at all our medical centers, have been addressing mental health access issues for years. Providing the right care, at the right time, in a safe environment is always our top priority. We are making every effort and using every available means to meet the needs. Veterans in urgent need of mental health care, or who are in crisis, are given the highest priority at all of our medical centers, and will be seen immediately in any of our emergency departments. For those in a less critical state, we have incorporated the use of centers of excellence for PTSD patients, leveraged the use of telemedicine to respond more nimbly to regional increases in demand and to increase our reach to rural communities. We have also staffed all of our community based outpatient clinics with mental health professionals to work in combination with our primary care professionals, and have partnered with many other federal, state, and local agencies to maximize and better match our service offerings to our Veterans (and their families) needs.

In addition to staffing, physical space in which to provide

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

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



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Network Seeks Health Care Providers

The VA Mid-Atlantic Health Care Network is looking for highly qualified health care providers. If you or someone you know is looking for a challenging and rewarding opportunity, please contact Harold "Keith" Liles Jr., Mid-Atlantic Region's National Healthcare Recruitment Consultant, for additional information. Liles can be reached via email at Harold.Liles@va.gov or by phone at 919-408-4741.

Current Vacancies

- Asheville** - Vascular Surgeon, General Surgery (Laparoscopic and Colorectal experience a must)
- Beckley** - Primary Care, Psychiatry, Gastroenterology
- Fayetteville** - Emergency Medicine, Psychiatry, Primary Care (additional CBOC locations, Supply, Hamlet, and Wilmington)
- Hampton** - Chief of Pharmacy
- Salem** - Dermatologist, Gastroenterology, Urologist, Nephrologists
- Salisbury** - Hospitalist, Geriatrician, Psychiatry



both counseling and diagnostic services is often a challenge. We have worked hard to upgrade existing space on our campuses, and to increase space closer to where our Veterans live. In addition to the 25 new sites of care brought operational over the past decade, we are in the process of building new and larger sites in Wilmington, Greenville, and Goldsboro, N.C. Further, we have planned and will be building large health care centers in Fayetteville, Winston-Salem, and Charlotte, which will be operational by 2015.

Other unique efforts include our Chaplain John Oliver's work with area religious leaders to help communities better identify the challenges of returning Veterans and their families, and Salem VAMC's inpatient PTSD Program for female Veterans. On page 3 of this newsletter, you'll read about the new Recovery Center at our Richmond VAMC, which is our newest success in providing comprehensive mental health care, designed to help Veterans reclaim their lives.

We have made strong progress and are considered by many to be unrivaled by any other major health system in the world in the provision of mental health services. But we can do more. It is our responsibility to anticipate the needs of returning Veterans, and to do all we can to ensure that every one of them has access to quality mental health care. You have my commitment to doing just that.

Sincerely, Dan Hoffmann

Suture Workshop Gives PA Students Hands-On Experience

By Debbie Voloski
Beckley VAMC public affairs

Second-year physician assistant students at Mountain State University gain hands-on experience in suturing and other skills thanks to a surgeon at the Beckley VAMC. Bringing MSU students to the medical center has become an annual event. The medical center donates the facility and materials for the workshop through an affiliation agreement with the university.

Dr. Edward Scheel, a general surgeon at Beckley VAMC, said he simply enjoys teaching. "It's a fun thing to be able to teach them (the MSU students) some hands-on techniques," Scheel said. "Suturing is a terrific skill, and something they can use for the rest of their careers, whether that's in a doctor's office, an emergency room or clinic."

Karen Bowling, dean of MSU's Patsy H. Haslam School of Health Sciences, said that the ability of physician assistant students to participate in the suture workshop as a group at Beckley VAMC makes that experience unique.

"This type of experience usually occurs in the third year of most PA programs as the students are completing their clinical rotations," explained Debra Campbell, director of the physician assistant program at Mountain State.

"We are blessed to have someone with his expertise and his ability to teach," Bowling said. "It's been a great relationship."

Physician assistants are licensed professionals who work dependently with a physician. They take many of the same core courses as medical students, but their overall formal education path is much shorter.



Debbie Voloski

Physician Assistant students garner hands-on experience learning how to use a surgical endoclip.

"The students are very knowledgeable and hardworking, and dedicated to learning all that they can," Scheel notes. "I can provide them with individual attention and there's no pressure – it's just a fun learning experience."

Richmond Unveils New Mental Health Recovery Center

By McGuire VAMC Mental Health Service

Mental Health Services at Richmond VAMC have been enhanced by an 18,000 square ft. expansion that includes the new Mental Health Recovery Center.

Mental Health Services staff said Veterans played active roles in developing the Recovery Center, which they say will help individuals resolve mental health issues and move toward improved functioning in all areas of their lives.

"The Recovery Center provides clinical and educational opportunities for Veterans and their families. Programs are focused on inspiring hope and helping Veterans reclaim their lives," said Dr. Treven Pickett, associate chief and supervisory clinical psychologist, Richmond VAMC Mental Health Service. "Recovery center programs were designed to identify and validate Veterans strengths, teach life skills, and facilitate community re-integration. Its mission is aligned with the goals of the President's new Freedom Commission on Mental Health, including the principle that mental health care is an essential component of overall health care."

Mid-Atlantic Health Care Network Chief Medical Officer Dr. Mark Shelhorse applauded Richmond's initiative. "Recovery is an important part of all health care and involves maximizing the quality of life, occupational employability, social, spiritual, and community functioning," said Shelhorse. "Richmond VAMC has taken advantage of a planned construction project to integrate programs contributing to this process into one location to better serve our Veterans."

According to Pickett, the Recovery Center, in collaboration with interdisciplinary providers, will help Veterans define and pursue a self-determined personal mission. The psychologist said the center embodies a holistic approach to recovery through an array of services such as Compensated Work Therapy Program and Mental Health Intensive Case Management.

The Compensated Work Therapy Program provides comprehensive vocational rehabilitation services, including job training in a therapeutic environment and flexible entry points based on individual needs.

The Mental Health Intensive Case Management Program helps Veterans overcome barriers that impede functional, social and spiritual development through positive life changes and outpatient-based intensive case management for seriously and chronically mentally ill Veterans. It increases affected Veterans' functional independence and self-sufficiency. Team members provide comprehensive services, often through frequent face-to-face contact to enhance Veterans' community readjustment experience.

Richmond VAMC uses several levels of substance abuse programs to address the high-risk combination of substance abuse and Veterans with mental health issues, which is well documented. The Recovery Center is another tool for curtailing the risk of relapse.

The Psychosocial Rehabilitation and Recovery Center is an umbrella program that integrates these programs, often with the Substance Abuse Treatment Program, to prepare Veterans for reintegration into the community. Specific programming, such as social skills training, will assist Veterans in engaging in activities that are a key to building practical living skills.

For example, Richmond's planned coffee café and greenhouse will offer opportunities for Veterans to apply money management, organizational skills, and interpersonal skills through customer service. Peer interaction also encourages Veterans help other Veterans to master these skills. The Recovery Center will be a focal point for Veterans following discharge from the acute psychiatry ward.

"Overall, the Recovery Center expansion not only provides recovery-oriented mental health services, but also provides needed space for proactive programming for our fastest growing special populations," Pickett said. "The space will create a family friendly environment to include child care, and extended hours."

VA's New Mantra: Treat The Patient, Not The Disease

By Dennis Mehring
Asheville VAMC public affairs

Have you ever gone to an urgent care facility where you were unknown and had to fill out multiple forms when you visited? Have you ever felt like you were a number in the health care system? Have you ever felt like you were telling the same story repeatedly to different health care providers?

If so, you are not alone.

Fortunately, there is change coming to the VA health care system as well as the private sector. And in many ways, VA is leading the pack.

In fulfilling its responsibility to provide “the best care anywhere,” VA is embracing an opportunity to move away from problem-based disease care toward something very different: patient-centered care based on relationships that are built gradually, over time, and committed to positive results over the Veteran’s lifetime. This new way of thinking about health care delivery is called Patient Aligned Care Team, or PACT.

“Reactive, physician-centered care will be a thing of the past as VA designs and delivers a 21st-century health care delivery system that is based in lifelong planning and support, and centered on the Veteran patient,” explained Dr. Tracy Gaudet, director of VA’s Office of Patient Centered Care and Cultural Transformation.

“The 21st-century VA will be a health care system that has the Veteran at the center, and begins with their vision of health and their goals,” Gaudet added.

To understand PACT, you must first understand primary care. Primary care is outpatient-centered health care that coordinates care of inpatient and outpatient services, specialty clinics and community resources. Primary care is usually the entry point into health care for most patients.

The Patient Aligned Care Team takes this a step further by putting patients at the center of their own care.

The care is person-oriented rather than disease-oriented. The person is just that—a person, not a group of diseases to treat.

Kenneth Duncan, a Vietnam-era Veteran, recently called the Charles George VAMC in Asheville, N.C., complaining of shortness of breath. The moment he picked up the telephone, he triggered a chain reaction that may have saved his life.

“I talked with Mr. Duncan to find out his symptoms,” explained April Courson, a registered nurse and part of Duncan’s Patient Aligned Care Team. “We call this ‘telephone triage.’ Based on what he said, I knew he needed to come in right away.”

As soon as Duncan arrived, an initial evaluation was performed by another member of his Patient Aligned Care Team, licensed practical nurse Linda Montgomery. She wasted no time in sending him directly to her team lead, Dr. Steve Swearingen.

“He has chronic pain, but he was in more pain than usual,” said Swearingen.

“He was also more short of breath than usual. I sent him to X-ray. They called the report back to me and it wasn’t good: he had pulmonary edema. His lungs were filling up with fluid. It looked like he might be developing pneumonia, too, but it was hard to tell. I sent him directly to the emergency room so they could get started on his EKG, his blood work, and other medical tests.”

“While Linda was transporting the patient to the ER, I was calling in the report to the emergency room nurse,” Courson said. “They were ready for him when he got there.”

Duncan was not in the emergency room long. The decision to send him to the center’s intensive care unit was made quickly, where he was started on a regimen of diuretics and antibiotics.

“They were wonderful over there at the ICU,” Duncan said. “I was there for seven days. They were very good with my pain medication. They did a fine job, as far as I’m concerned.”

“As soon as he was transferred from ICU to the medical ward, I went to see him,” Courson said, explaining that “as soon as pa-



Jay Coble

Pictured is a typical VA PACT Team, headed by Dr. Steve Swearingen (seated, right); standing, left-right, are: Sean Pressley, Janet Marsh, April Courson, Linda Montgomery and Philip Nelson. The focus is Veteran patient George Montgomery (seated, left).

tients are transferred from one part of the hospital to another, a member of their Patient Aligned Care Team goes to visit them. He was very glad to see me. I was a familiar face.”

Duncan’s care won’t stop when he leaves the hospital. His Patient Aligned Care Team will continue monitoring him.

“When he’s discharged, I’ll be calling him to follow up on how he’s doing, and to see what his needs are,” Courson said.

With the Patient Aligned Care Team approach, patients are their own No. 1 health care advocates. The patients and their families get to make decisions and help direct care. Their doctors work closely to help them reach and maintain their optimal health. However, the doctors are not alone; there are nurses and others working with them to provide input and direction to patient care.

The RN care manager, for example, may zero in on two or three high-risk diagnoses, such as congestive heart failure or diabetes, which may be managed through patient education, medication or lifestyle changes. See a theme? Once the patients are educated, they have the choice of changing how they eat, exercise or take their medicine. Their families can be intimately involved also.

The doctor may order the medications the patient needs to take, and the pharmacist may follow up with close monitoring of the patient’s vital signs or blood sugars and other lab results, and adjust those medications. A social worker may help with home care needs, or a Care Coordination Home Telehealth nurse may follow vital signs or other readings the patient inputs via the phone system.

A dietitian may educate the patient about nutrition, or Mental Health Services may help the patient establish goals and give them strategies to help achieve those goals, so that they can live a healthier life. If the patient is admitted as an inpatient, the Patient Aligned Care Team will be alerted to this and, if appropriate, visit them in the hospital. The team follows up with the patient after discharge to ensure he or she gets the care needed.

The patient may be involved in group appointments, telephone clinics, or appointments with someone other than their primary care provider, such as a nurse, mental health specialist or nutritionist. And VA is providing more and more ways for patients to communicate with their team, such as in-person visits, telephone calls, home telehealth, or secure messaging via MyHealtheVet.

More information about PACT is available at the Veterans Health Administration website at www.va.gov/PrimaryCare/pcmh.

VISN Psychiatrist Appointed To NC Institute Of Medicine

By VISN 6 public affairs

VISN 6's Dr. Harold Kudler has recently added to the multiple awards and honors he has earned over the course of a career spanning nearly 30 years.

N.C. Governor Beverly Perdue appointed the former long serving assistant chief of psychiatry at the Durham VAMC as a member of the North Carolina Institute of Medicine. Kudler is now associate director, clinical component, Mid-Atlantic Mental Illness Research, Education and Clinical Center.



Dr. Kudler's appointment stems from his contributions to "Honoring Their Service: A Report of the North Carolina Institute of Medicine Taskforce on Behavioral Health Services for Military Members and their Families" (www.nciom.org/publications/?militarybehavioralhealth). This report became the building block for landmark legislation in North Carolina approved in June 2011 aimed at ensuring the behavioral health needs of members of the military, Veterans, and their families are met. (www.ncga.state.nc.us/EnactedLegislation/SessionLaws/PDF/2011-2012/SL2011-185.pdf).

The former chairman the North Carolina Psychoanalytic Foundation will serve a five-year term as one of 100 members drawn from government, education, industry, health and legal professions, hospital and health insurance industries, private philanthropy, the voluntary sector and the public at large. The NC IOM represents the public interest in its advisory and consultative role.

The purpose of the NC IOM is to ensure all aspects of complex health issues are examined and results are made available to public and private sector officials with decision-making authority.

The mission of the Institute is three-fold: to seek constructive solutions to statewide problems that impede the improvement of health and efficient and effective delivery of healthcare for all North Carolina citizens; to serve an advisory function at the request of the Governor, the General Assembly, and/or agencies of state government; and to assist in the formation of public policy concerning health and healthcare issues for the people of North Carolina.

The Institute addresses its mission through coordination and sponsorship of research, collection of information on major issues, the analysis of viable options, and the development of consensus within the membership of the Institute and the various stakeholders with respect to particular issues on a range of solutions that are in the best interests of the public.

As members of the Institute, appointees are not advocates for any particular point of view on issues under study and do not officially represent the organizations they are affiliated with.

Dr. Kudler, a Distinguished Fellow of the American Psychiatric Association, is highly regarded for his post-traumatic stress disorder expertise derived from clinical and research work with combat veterans, ex-prisoners of war, survivors of other traumatic events, and their families.

He has reported on many aspects of PTSD including its diagnosis, its biological psychological characteristics, and its treatment. From 2000-2005, Dr. Kudler co-chaired the Under Secretary for Veterans Affairs' Special Committee on PTSD. The committee, which reports directly to a joint committee of the House and Senate on Veterans Affairs, is charged with assessing and guiding the VA's national continuum of PTSD care, education, research, and benefits.



Andrew Lamendola

Greenville, Wilmington Multi-Specialty Outpatient Clinics Take Shape

Construction is ongoing for both the Greenville (above) and Wilmington, (below) N.C., Multi-Specialty Outpatient Clinics. Ground breaking for the new clinic in Wilmington took place Sept. 19, 2011. The new clinic will be almost eight times larger than the existing one and should open in 2013. Groundbreaking for the new clinic in Greenville took place Jan. 12, 2012 and is also slated to open in 2013.

Michael Martino



VA Voluntary Service Celebrates National Volunteer Week

The Department of Veterans Affairs Voluntary Service joined a grateful nation to celebrate National Volunteer Week, April 15-21.

“Volunteers are invaluable and they mean so much to our organization,” said Secretary of Veterans Affairs Eric K. Shinseki. “They are an irreplaceable part of the care and services provided to our Veterans.”

Officials at VA are always looking for more Americans to join the Department’s corps of 87,000 volunteers, who are passionate about serving Veterans and their families. In 2011 alone, volunteers and their organizations contributed over 12 million hours of service. VAVS has contributed 66 years of service to America’s Veterans seeking care in VA health care facilities. Since 1946, VAVS volunteers have donated more than 736 million hours of service; and VAVS is one of the largest volunteer programs in the Federal government. More than 350 national and community organizations support VAVS. The program is supported by a VAVS National Advisory Committee, composed of 57 major Veteran, civic and service organizations, which reports to the Secretary of Veterans Affairs through the Under Secretary for Health.

National Volunteer Week began in 1974 when President Richard Nixon signed an executive order establishing an annual celebration of volunteering. During National Volunteer Week, the Department honors and recognizes VA volunteers for their service to Veterans.

To become a volunteer or learn more about the VAVS program, contact the nearest VA facility, or visit www.va.gov/volunteer.

Since 1946, VAVS volunteers have donated more than 736 million hours of service.

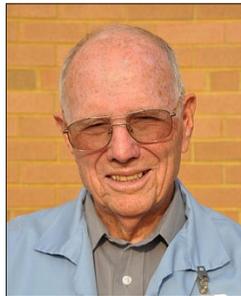
In recognition of VA’s Voluntary Service celebration of National Volunteer Week earlier this month, VISN 6 would like to pay tribute to the many dedicated volunteers who selflessly serve Veterans and their families. Pictured on this page is a representative sample of volunteers around the VISN who give their time so generously.



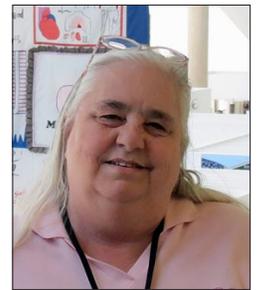
Asheville VAMC Volunteer
Name: Edna Kirschner
Age: 94
Length of Service: 27 years
Hours Volunteered: 11,300+



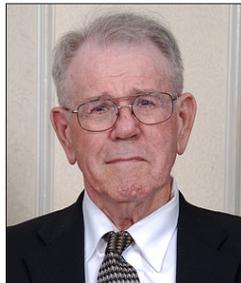
Hampton VAMC Volunteer
Name: Annie Randolph
Age: 88
Length of Service: 34 years
Hours Volunteered: 26,125



Beckley VAMC Volunteer
Name: Chris Copley
Age: 90
Length of Service: 27 years
Hours Volunteered: 14,045+



Richmond VAMC Volunteer
Name: Charlotte Chapman
Age: 63
Length of Service: 10 years
Hours Volunteered: 18,524+



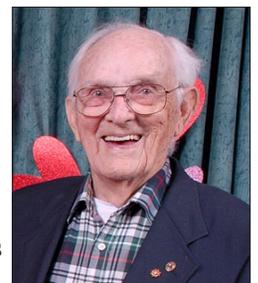
Durham VAMC Volunteer
Name: Dallas Barnes
Age: 79
Hours Volunteered: 17,500



Salem VAMC Volunteers
Names: Ezra & Christine Trumbull
Ages: 84, 85 respectively
Length of Service: 13, 8, years respectively
Hours Volunteered: 6,731 Hours, 1,763 Hours



Fayetteville VAMC Volunteer
Name: Mr. James E. Flanders
Age: 96
Length of Service: 35 years
Hours Volunteered: 19,490+



Salisbury VAMC Volunteer
Name: Jerry Overman
Age: 92
Length of Service: 30+ years
Hours Volunteered: 12,200+

NC Salutes Vietnam Veterans

By VISN 6 public affairs

The Vietnam Veterans Homecoming Celebration drew more than 60,000 Veterans, family members and friends to the Charlotte Motor Speedway, March 31. The speedway, the N.C. Association of Broadcasters and the USO of North Carolina sponsored the event. According to USO-North Carolina President retired Army Lt. Col. John Falkenbury, the event served three purposes: to celebrate, assisting all Veterans, to educate our youngsters.

Among the many highlights were The Moving Wall, a replica of the Vietnam Veterans Memorial in Washington, DC; the entrance of more than 3,000 motorcyclists from Rolling Thunder, the Patriot Guard and other Veterans groups; entertainers Rockie Lynne, Charlie Daniels and George Clinton along with static displays of military weapons, equipment.

About 200 vendors were on hand, with VA casting the largest footprint bolstered by Veterans Benefits and National Cemetery Administrations participation along with participation from seven of the eight VISN 6 Rural Health Teams augmented by network and medical centers staff. Of the 60,000-plus attendees, nearly 30,000 visited the VA workspace, including an estimated 9000 Veterans. Approximately 4,000-5,000 of those Veterans were engaged for the purposes of enrollment or seeking answers to questions about health care and other VBA benefits. Additional figures for Veterans engaged include around 1,940 by clinical nurse educators, 1,525 for benefits assistance and 633 for C&P disability applicant assistance.



Luke Thompson
The Vietnam Veterans Homecoming Celebration drew more than 60,000 Veterans, family members and friends to the Charlotte Motor Speedway, March 31.



Pete Tillman
Above and below, VISN 6 engaged approximately 4,000-5,000 Veterans for the purposes of enrollment or seeking answers to questions about health care and other VBA benefits.



Luke Thompson



Pete Tillman

'Brothers in arms.'

WOMEN VETERANS HEALTH CARE

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



Lipid Clinic Educates Women Veterans On Cholesterol

Dr. Shannon Cohen
Nurse Practitioner and Health Promotion
Disease Prevention Program Manager
Salem VAMC

Women are less likely than men to treat their high cholesterol, placing them at risk for heart disease and other health problems. At the Salem VAMC, we found that women were reluctant to take medications to lower cholesterol, reported more side effects from these types of medications, and preferred to join health education classes with other women.

Armed with our gender-specific discoveries and cognizant of the potentially significant degradation of an individual's health over time posed by high cholesterol, we began a special clinic for female Veterans with high cholesterol in May 2011.

We used shared medical appointments to reach our facility's goals. A shared medical appointment is an appointment in which multiple patients are seen together as a group.

I led the group along with Dr. Sarah Hartley, in our capacities as nurse practitioner and Health Promotion Disease Prevention Program Manager and psychologist Health Behavior Coordinator, respectively.

Registered dietitian Bonnie Harbourt gave the Veterans nutrition counseling. Jane Tabb, a registered nurse, checked in patients, reinforced education, and coordinated follow up. Others who assisted included: Dr. Christina Shook, resident in psychology, Barbara Zicafoose (retired women Veteran program manager), Dr. Jasbir Mavi, and Dr. Ashraf Iranmanesh, pharmacy.

During each one and a half to two hour visit, four to 10 female Veterans participated in group discussions, voiced their health concerns, received counseling on diet, exercise, and recommended lifestyle changes, and set goals with the health care team.

Veterans who attended this group lowered their harmful LDL cholesterol levels and lost weight. The average LDL cholesterol dropped 28 points with the highest loss of 41 points, and the average weight loss was 2 pounds with some participants losing up to 4 pounds.

The women Veterans informally shared the benefits of participating in the clinic and what they learned. Among the lessons learned, expressed by the clinic participants in their own words, were lessons such



Dr. Shannon Cohen
Registered nurse Jane Tabb takes a patient's blood pressure as part of the Lipid Clinic check-in procedures.

as "getting back to the basics and preparing your own meals; making adjustments in lifestyle and making healthy food choices; [being] part of the decision making process; food choice advice, portion control, and reading labels; different things that affect cholesterol; accountability and not feeling alone; camaraderie and companionship; and I have lost weight and reduced my stress."

By January 2012, the gender difference related to cholesterol management improved significantly with 74 percent of females and 78 percent of males with a diagnosis of heart disease reporting reaching the goal of an LDL cholesterol level less than 100. Previously the figures were 48 percent for women and 77 percent for men.

Due to the success of this clinic, we are now in the process of expanding the focus to include hypertension, obesity, and diabetes, in addition to cholesterol management for our female Veterans.

Total Cholesterol	Under 200	Desirable
	200 - 239	Borderline High
	Over 240	High
HDL Cholesterol The GOOD kind	Over 60	Optimal
	Under 40	Low for Men
	Under 50	Low for Women
LDL Cholesterol The BAD kind - a lower number is better	Under 70	Optimal for those with heart or blood vessel disease
	Under 100	Optimal (also for diabetics & those with risk factors for heart disease)
	100 - 129	Near Optimal
	130 - 159	Borderline High
	160 - 189	High
Triglycerides	Under 150	Normal
	150 - 199	Borderline High
	200 - 499	High
	Over 500	Very High

VA, PVA To Host National Veterans Wheelchair Games In June

By Dave Tostenrude
Interim Director, National Veterans Wheelchair Games
VA National Veterans Sports Programs & Special Events

As the world prepares for the Summer Olympics in London, did you know that the Richmond VAMC, VISN 6, and the Mid-Atlantic Paralyzed Veterans of America Chapter will be kicking off the spirit of sport and competition by hosting the world's largest annual wheelchair sporting event. From June 25 through June 30, 2012, Veterans from across the United States, including a team from Great Britain, will descend on Richmond, Va., to compete in over 17 events ranging from Wheelchair basketball, swimming, handcycling, track & field to weightlifting. The National Veterans Wheelchair Games is one of the VA's premier rehabilitation events that empha-

size sports and recreation to assist newly disabled Veterans return to active and healthy lives. Through individual and team sports, Veterans compete and challenge the concept of "disability" that serves not only to redefine the possibilities for themselves but also for the cheering spectators.

As the April 15 registration deadline closed, more than 600 disabled Veterans have applied to participate in the Richmond Games. To make the event successful, hundreds of VA employees, PVA members and community partners on more than 50 committees have been working tirelessly for the past year and a half in addition to their regular duties to organize the Games. More than 3,000 volunteers are needed during the week of the Games. Opportunities include assisting with transportation, events, meals and even cheering as part of "Fans in the Stands." It



Courtesy Photo

Two disabled Veterans participate in Quad Rugby; a combination of a form of soccer and demolition derby, it is also a Paralympic sport.

Disabled Veteran Reaches Out To Others Before Richmond Games

By Robin DeMark
Fayetteville VAMC

Local Marine Veteran Ace Cruz whose legs were paralyzed in an auto accident in April 1992, participated in the National Disabled Veterans Winter Sports Clinic held March 24-30 in Snowmass Village, Colo. For Cruz, this was another life-changing experience that not only showed him the real purpose of the winter sports games, but also inspired him to send a message to other disabled Veterans.

"I learned the No. 1 reason to go to these sports clinics is to encourage disabled vets to participate in recreation therapy and realize that life does not end in their chair," said Cruz.

Cruz participated in the snow skiing, archery, shooting sports, sled hockey and scuba diving events.

"This was my first time competing," said Cruz. "Even though it's not a real competition against others, it tests your endurance and you compete with yourself. During the games, it becomes



Courtesy Photo

Marine Veteran Ace Cruz flashes a 'thumbs up' while training to participate in Winter Sports Clinic scuba events.

all matters. The National Veterans Wheelchair Games began in Richmond in 1981 and we look forward to bringing it back to where it all started.

For information about volunteering, contact Janell Giles at 804-675-5107, or for more information, visit www.wheelchairgames.va.gov.

natural to want to compete with others."

Cruz tested his endurance on the Q-Course by learning how to snow ski and maneuver through a winding obstacle course.

His next challenge was learning how to control his breathing to prevent panic while under water.

"I was 10 feet under water and tasked with putting together a puzzle of nuts and bolts, playing Frisbee and throwing a rocket-shaped object through a hoop; in two hours, I only surfaced twice," he added. For another sport, he shed the water for ice.

"During sled hockey, I played forward defense and our team got three goals, Cruz said. "When the tough get going, you forget you're paralyzed; your full attention is getting the goal."

After talking about each event, Cruz explained how he got started in the winter sports clinic.

Cruz said a friend (another disabled Veteran) encouraged him to register. He also learned that first-time participants qualify to have their travel and lodging expenses paid for.

"This was something that I needed to do for myself," Cruz explained. "Having expenses covered made it easier to try out; I just needed cash for personal expenses."

Cruz recalled starting the trip with five other Veterans while waiting to board at the international airport in Richmond, Va.

To encourage the other Veterans participating, he remembered saying, "This is where the competition starts." When they asked what was he talking about, he smiled and replied, "If you're here, you're already a winner."

Cruz thanks his friend for encouraging him to take the first step. His next goal is to participate in the National Veterans Wheelchair Games in Richmond June 25-30.

He said as a Marine staff sergeant, the mission demanded he stay physically and mentally strong. Now that his "mission is re-defined," he has a message for other disabled Veterans.

"You never know what your ability is until you try - you must rediscover yourself and be determined and committed to you - life is not in this chair."

VA Exempt From Automatic Cuts

WASHINGTON – The VA budget is exempt from the threat of automatic cuts to federal spending scheduled to be made next year, the White House Office of Management and Budget said in a letter to the Government Accountability Office April 23. The statement was made in response to a request from the GAO seeking the White House view.

The letter, from OMB deputy general counsel Steven D. Aitken, said “all programs administered by the VA, including Veterans’ Medical Care, are exempt from sequestration.”

The Budget Control Act signed by President Obama in August 2011 lumped the budgets for the Defense, Homeland Security and Veterans Affairs departments, along with the National Nuclear Security Administration, the intelligence community management account and portions of the State Department budget, into a new “security” category. If those entities fail to adhere to spending caps under the law, they would be subject to spending cuts spread equally across their budgets – a process known as

sequestration.

Veterans groups had feared that medical care or other programs for veterans could be cut because last year’s failure to reach a deal on reducing the federal deficit is supposed to trigger automatic cuts under the sequestration mechanism.

Uncertainty over the VA’s status had sparked criticism on Capitol Hill, where the chairman of the House Veterans Affairs Committee, Rep. Jeff Miller (R-Fla.), accused the White House of leaving veterans “twisting in the wind” by refusing to declare the department exempt from the cuts.

OMB’s deputy general counsel said the VA budget is protected from sequestration by provisions in the 1985 Balanced Budget and Emergency Deficit Control Act. Aitken told Julia Matta, assistant general counsel for appropriations and budget at GAO, that the 1985 law trumps the Budget Control Act and “the conclusion we have reached is that all programs administered by the VA, including Veterans’ medical care, are exempt from sequestration.”

VA Pharmacy Named J.D. Power 2012 Customer Service Champion

The VA pharmacy program has been recognized by J.D. Power and Associates as one of only 50 companies in the United States to receive the J.D. Power 2012 Customer Service Champion designation. In 2011, the VA mail-order pharmacy program was recognized as one of 40 companies in the U.S. to earn the distinction as a Service Excellence Champion. This year, that recognition was expanded to include the outpatient pharmacy programs at VA Medical Centers. According to J.D.P.A., the VA pharmacy program is the only federal agency ever named as a Service Excellence Champion.

The Customer Service Champion designation is based on customer feedback, opinions, and perceptions gathered from J.D.P.A. syndicated research conducted across 15 distinct business-to-consumer industries. According to a March

14 J.D.P.A. Press Release, companies recognized as Customer Service Champions are among the top five percent of more than 800 brands based on performance in five key areas:

- People: agent, salesperson, call center representative.
- Presentation: packaging, marketing, facility, website.
- Price: value, price options, financing, bundling.
- Process: transaction, paperwork, wait-time.
- Product: quality, style, features, service.

VA pharmacies filled over 139 million outpatient prescriptions for 4.74 million unique patients in FY11, according to the VA National Pharmacy Benefits Management. Approximately 23 million of those prescriptions were filled at VAMC pharmacies while the remaining 116 million prescriptions were filled using VA mail-order pharmacy services.

Kids Day Teaches Adaptive Sports Activities

Advanced registration is now in progress for the Kids Day event, one of the highlights of the 32nd National Veterans Wheelchair Games. Kids Day is set for Wednesday, June 27 from 9 to 11 a.m. at Sports Backers Stadium.

Kids Day offers children with physical disabilities from the Richmond area an opportunity to interact with the many athletes competing in the Games. Under the guidance of these experienced Veteran athlete mentors, the children learn about and participate in adaptive sports activities. This year’s events include basketball, slalom and t-ball.

Kids Day promotes a fun and active everyday lifestyle while engendering important life skills such as teamwork and determination. Athlete mentors will present the



children with medals for participating in this year’s event.

Kids Day is free and open to the public, but advance registration is required for children to participate. Please contact Alan Lombardo at Alan.Lombardo@va.gov or call 804-675-5897, or Sheila Skipper at sheilas@pva.org or call 202-416-7654 to register.

For more information on Kids Day and the National Veterans Wheelchair Games visit: www.wheelchairgames.va.gov.

VA Begins Tribal Consultations

WASHINGTON –The Department of Veterans Affairs hosted its first tribal consultation focused on providing services to American Indian and Alaska Native Veterans in Washington, D.C., on April 5.

“The only way we can fully address the concerns of these Veterans is through a consistent and comprehensive dialogue,” said Secretary of Veterans Affairs Eric K. Shinseki. “We consider these meetings vital to that effort.”

“This was the first of four scheduled meetings VA plans to hold in 2012 to address the needs of the American Indian and Alaska Native Veteran population, currently estimated at 200,000.

The meetings focused on areas concerning the three major components of VA.

Within the Veterans Benefits Administration, the discussion centered on the Native American Direct Loan Program, which enables eligible Veterans to use their VA home

loan guaranty benefit on federal trust land.

Included in the topics covered by the Veterans Health Administration was a discussion on how VA can engage tribes in activities related to an agreement with the Indian Health Service.

The agreement seeks ways to enhance the health care of American Indian and Alaska Native Veterans through greater collaboration and resource-sharing between both agencies. Finally, the National Cemetery Administration explored ways of increasing awareness of a public law stipulating that grants to tribal organizations will be made in the same manner as grants to states.

“The meeting was productive and allowed everyone involved to provide their unique insights on the issues,” said Deputy Assistant Secretary for Intergovernmental Affairs John Garcia. “We think it established a good foundation for progress the rest of this year.”

VA To Deploy New Claims Model

WASHINGTON – The Department of Veterans Affairs announced April 16 the national deployment of claims transformation initiatives to 12 regional offices in the remaining months of fiscal year 2012 to improve benefits delivery to Veterans, families and their survivors.

“This is an important milestone in our transformation to achieve the goal we established in 2009 of processing all disability claims within 125 days at a 98 percent accuracy level in 2015,” said Secretary of Veterans Affairs Eric K. Shinseki. The 12 regional offices to begin the deployment of the transformation initiatives include: Huntington, W.Va.; Hartford, Conn.; Portland, Ore.; Houston, Texas; Cleveland, Ohio; Des Moines, Iowa; Boise, Idaho; Phoenix, Ariz.; New Orleans, La.; San Juan, Puerto Rico; Atlanta, Ga.; Newark, N.J. This deployment follows four pilot programs at Indianapolis, Ind., Wichita, Kan., Milwaukee, Wis., and Fort Harrison, Mont., in 2012.

VA’s transformation plan is based on more than 40 measures that were selected, evaluated, tested and measured from more than 600 stakeholder and employee innovation ideas.

“This national deployment, consisting of people, process and technology initiatives, follows comprehensive planning and testing to ensure we have the right recipe for success,” added Under Secretary for Benefits Allison A. Hickey.

During the national deployment, VA will further track and gauge the integrated effects of the transformation plan to reduce the backlog of disability claims and provide Veterans, their families, and survivors with more timely and accurate claims decisions. VA expects to deploy the transformation plan to the remaining 40 regional offices throughout calendar 2013. The major components of the transformation plan that will be nationally deployed include:

- The Intake Processing Center, which adds a formalized process for triaging claims documents and other mail, and drives faster and more accurate association of mail with Veterans’ claims files;
- Segmented Processing Lanes, which allow claims that can be more easily rated to move quickly through the system and the more complex claims to be processed by VA’s more experienced and skilled employees;
- Cross-Functional Teams, which support a case-management approach to claims processing that minimizes rework and reduces processing time; and
- The Veterans Benefits Management System, which is a new electronic claims processing system that employs rules-based technologies to improve decision speed and quality.

VA has already nationally implemented:

- Quality Review Teams, which are composed of dedicated local quality review specialists who will evaluate station and individual employee performance and conduct in-process reviews to eliminate errors at the earliest possible stage.
- Simplified and Standardized Rating Notification Letters, which give Veterans one simplified decision letter that provides notice of VA’s decision, including a summary of the evidence considered and the reason for the decision.

VA provides compensation and pension benefits to more than four million Veterans, family members and survivors. Veterans filing claims may file online through eBenefits, a joint project between the Department of Defense and VA, at www.ebenefits.va.gov. They can check the status of their claim with a Premium eBenefits account, and use a growing number of online services or contact VA Call Centers for more info. at 800-827-1000.

DFAS Warns Active Duty, Veterans Of Suspicious, Scam E-Mails

By Tech. Sgt. Benjamin Rojek
Defense Media Activity

FORT GEORGE G. MEADE, Md. (AFRNS) – Defense Finance and Accounting Service official recently released a statement warning of email scams targeting military members, military retirees, and civilian employees.

According to the statement, the most recent email scam indicates that individuals who are receiving disability compensation from the Department of Veterans Affairs may be able to obtain additional funds from the Internal Revenue Service, but only if they send copies of their income tax information.

Scammers have even gone so far as to “spoof” DFAS email addresses so that the recipients would think it was actually coming from DFAS personnel. In a spoofing email, the scammer makes it appear that the message is coming from a legitimate source. This is to try to lure the reader into believing it’s genuine.

“(Scammers) manage to find a way to appear legitimate when they’re not,” said Edward Peace, the senior cyberwarfare instructor for the 39th Information Operations Squadron at Hurlburt Field, Fla. “In some cases, it looks like it’s from a legitimate source, but in other cases if you inspect it just a little bit deeper, just looking at where the email came from you would be tipped off right way. But most people don’t look at it; they just look at the content, it looks legitimate and they go from there.”

To fool people, Peace said, the scam artist may create a server so that the URL is close to that of a legitimate site, for example using .mic instead of .mil at the end of the Web address. People can avoid these scams by closely reading the address from which the email was sent.

Though these scam artists have found ways to spoof the DFAS email address, this does not mean that customer accounts were compromised.

“We have not had an incident that has threatened our security or the accounts of our customers,” said Steve Burghardt, a DFAS media relations officer. “We are always on the lookout. And we’re taking steps to (educate) folks.”

To that end, DFAS officials are developing pages on their website to highlight their official email policy, examples of scam emails and law enforcement agencies that can initiate an investigation.

DFAS officials are also trying to make this information readily available via myPay, Burghardt said.

“That’s our biggest concern,” he said. “As long as you keep your login credentials private and to yourself, then your account is pretty much assured a fairly decent amount of security. But if you give that away or give out that information that people can use to get new credentials ... I can always impersonate you and say, ‘I lost my login credentials, get me a new one.’”

Besides getting their personal information stolen, people can also fall victim to computer attacks by even opening these emails.

For example, if there are HTML attachments or links in the email, they can drop malware on the computer, usually a Trojan horse, Peace said. If this happens, the Trojan will call out to wherever they want it to and start to do series of different things, such as loading more malware on the computer or turn the computer into part of a botnet. In the latter scenario, one’s computer is taken over by a hacker, made part of a larger network and used mostly for nefarious purposes.

In order to avoid falling victim to these computer viruses and malware, people using commercial email accounts should immediately erase these scam emails, Peace said. Service members who receive these types of email on their .mil accounts should immediately notify their network administrator.

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VISN 6 Sites of Care

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

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

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

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

Brunswick Outreach Clinic
20 Medical Campus Drive
Supply, NC 28462
910-754-8574

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

Charlotte CBOC
8601 University East Drive
Charlotte, NC 28213

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

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

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

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

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

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

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

Fredricksburg CBOC
1965 Jefferson Davis Highway
Fredericksburg, VA 22401
540-370-4468

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Wilmington CBOC
736 Medical Center Drive
Wilmington, NC 28401
910-763-5979

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

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

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