



VA MID-ATLANTIC HEALTH CARE NETWORK • VISN 6

Vol. 3, No. 5

“Excellent Care – Earned by Veterans – Delivered Here”

Voices of VISN 6

Official news from around *your* VISN

February 28, 2013

National Salute honors Veterans, urges volunteerism

Each year across the nation, the week of Feb. 14 provides an opportunity to say thank you to a special group of men and women — more than 98,000 Veterans of the U.S. armed services who are cared for every day in VA medical centers, outpatient clinics, domiciliaries, and nursing homes. The National Salute to Veteran Patients Week also provides an opportunity to encourage the community to consider volunteer opportunities with VA.



Right: Richmond Raiders players and news anchor Amy Lacey, 3rd from left, visit Richmond VAMC patients during National Salute to Veteran Patients Week.

Mary Beatty Brooks

Telemental Health in VA: A Great Source of Support for Veterans

By Dr. Robert A. Petzel
VA Under Secretary for Health

Last year, VA provided outstanding care to six million Veterans. In the next five years — as America turns the page on a decade of war — we expect that more than 1 million active-duty personnel will join the ranks of America’s 22 million Veterans.

It’s imperative we ensure that America’s Veterans, including our newest Veterans returning home from missions in Iraq and Afghanistan, have access to high quality healthcare. This includes mental healthcare that is second to none.

The Future is Now

VA is leading the way in making mental-health services convenient and accessible through telehealth technologies. Telemental health provides a full range of mental-health ser-

vices that Veterans can receive *when they need it*. Telehealth also offers another advantage: It does not have the perceived stigma sometimes associated with mental-health services.

VA routinely provides telemental-health services at remote sites such as our community-based outpatient clinics and Vet centers. We also are integrating telemental health into our primary-care services via Patient Aligned Care Teams, or PACT. And, as we look into the immediate future, Veterans will begin to access a range of mental-healthcare services from their homes.

VHA is a national leader in the delivery of telemental-health services. We’ve provided over 650,000 telemental-health visits for Veterans during the past 10 years. Last year alone, more than 80,000 Veterans ben-

efited from nearly 200,000 telemental-health visits.

Telemental health uses information and telecommunication technologies in situations where the VHA clinician and the Veteran needing mental-health services are separated by geographic distance.

Twelve years ago, telemental health was primarily a tool Veterans could use to videoconference with their psychiatrist to prescribe medications from a distance. Veterans would travel to a clinic close to their home and “see” their remote clinician on a screen. The clinician would often be at a main VA healthcare facility. The visit would usually take place in the same way an in-person visit would, except it used real-time video and audio technologies.

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VISN 6 Sites of Care & VA Vet Centers with addresses and numbers.

From the Director

I want to open by giving a warm welcome to all attending the National Voluntary Service annual meeting in Cary, N.C. March 4-6. It's our privilege to have this group in VISN 6. For years, I have talked about the importance of our volunteers. We see the many escorts and drivers, but today, thousands of volunteers can be found behind the scenes throughout all our sites of care including most clinics, pharmacies, logistics, information technology, the mailroom, and nutrition and food service. Plainly stated, we would not be the robust organization we are today without the generosity of so many people and organizations. It is a pleasure to have this advisory group in our backyard where we can show them just how much we appreciate all that they and their organizations do each and every day.

Last month, I focused on patient safety issues and explained that VA is often in the media because as a government agency, we operate under the policy of disclosure. When something doesn't go quite right, we tell people about it. VA's policy is to share information far and wide as soon as we discover a process that needs to be addressed or tool that is not working as designed.

A good example of this is an experience we were having with certain models that monitor vital signs including blood pressure, pulse rate and temperature. We reported this issue to our VHA safety team who connected the dots from other VAMCs across the country. When looked at nationwide, it was easy to determine that there was a flaw in the design. The manufacturer confirmed our observation and made modifications that made the devices safer, not just for use in VA medical centers, but for all hospitals using the devices.

VA shares information between all our sites of care to ensure issues, whether about a tool or process, are dealt with in a manner that puts safety first and paves the way for the most positive outcome.

Soon after my last column was published, I was informed about a process issue at our Salisbury campus. This is a great opportunity to walk you through the process that aptly illustrates what I wrote.

During the last few months, hospitals around the country (VA and non-VA) have identified possible improper use of a device known as a FlexPen. The FlexPen is a tool which allows people to conveniently carry multiple doses of insulin. The pen is meant to be used by one patient. It is not to be shared between patients.

We discovered that some inpatients at Salisbury may have received insulin from a pen shared with another patient. While the needle is always changed, sharing the tube of insulin still creates a possible exposure to blood borne infections such as hepatitis. So, as a result of a national alert emanating from elsewhere, we performed a top to bottom review of our process and indeed found a weakness which was immediately remedied.

While there is very little likelihood of infection, we have called every patient who may have been exposed, sent them letters



with additional information and advised local legislative offices and media. If you are wondering why we are going to such lengths to communicate what happened, remember, we are serious about patient safety. Transparency builds trust.

Issues can and do surface in every hospital nationwide. The point I want you all to remember is that when using a VA medical facility, you have the nation's largest safety net over seeing the delivery of your care and taking action to ensure it is the best care anywhere.

As to other news around the VISN, we begin transitioning patients and staff to our new Wilmington Health Care Center next week. This is our first health care center to come on line and I know that the Veterans in the area will truly appreciate that the size brings with it a great deal more specialty care than the current clinic offers. We're planning a formal ribbon cutting ceremony on April 30 and you are all invited.

To our east, we expect to take possession of our new Goldsboro clinic shortly and plan to have it up and running by summer. To our southeast, the Veterans living around Camp Lejeune, will be happy to know we just awarded the contract for a new larger clinic for Jacksonville to replace the existing clinic which we know is busting at the seams.

And finally, for our Veterans around Fort Bragg, you'll be happy to know that the ball is in motion for locating and building a new clinic somewhere in or around Lee and Harnett Counties.

With this infrastructure in place, we are even better prepared to move deeper into the telemedicine realm and provide access to care in a truly 21st century manner.

Sincerely,
Dan Hoffmann

Lease Awarded For New Outpatient Clinic in Jacksonville

By VISN 6 public affairs office

On the eve of the opening of the new Wilmington Health Care Center, Veterans served by the Fayetteville VAMC received more welcome news, the announcement of a lease award for the new VA community based outpatient clinic in Jacksonville, N.C.

Under a lease arrangement with Construction Managers, Inc. of Goldsboro, VA will develop a CBOC on a three acre plot on Henderson Drive in Jacksonville. The clinic will include 9,716 net usable square feet for clinical and administrative functions, allowing VA to expand outpatient services to Veterans in the Jacksonville area.

Also included in the contract will be 60 parking spaces. The total contract value is \$3.76 million over 10 years.

Construction is expected to be complete not later than 210 days from building permit date, giving the clinic a projected opening in late 2014.

The new clinic is about 8 miles from the current CBOC which opened in October 2007. The current CBOC occupies approximately 7,382 net usable square feet and will be closed and the staff and services transferred to the new site when it opens.

"We're extremely pleased to move forward with this new clinic. The increased size brings both new services and capacity to serve more Veterans. This new facility will greatly enhance access to VA health care and we fully expect the clinic will become the medical home to thousands more Veterans in eastern North Carolina," said VA Mid-Atlantic Health Care Network Director Dan Hoffmann.

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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Beales To Fill Richmond Chief of Staff Post Permanently

It's official, Dr. Julie Leftwich Beales was appointed chief of staff for the Richmond VAMC Jan. 27; she had served as the interim chief of staff since December 2010.



Dr. Julie Beales

As the chief of staff, Dr. Beales' responsibilities will include the clinical oversight of the medical center and three community based outpatient clinics located in Charlottesville, Emporia and Fredericksburg.

"We are pleased that Dr. Beales will continue the tradition of exemplary service provided to our Nation's Heroes at the Richmond VAMC," said Interim Medical Center Director David P. Budinger.

"Richmond VAMC has a rich history in the community and features programs that are highly regarded in central Virginia and across the Nation. We know that the tradition of clinical ex-

cellence will continue with the leadership of Dr. Beales," said Budinger.

Beales VA career began about 12 years ago. Prior to her role as interim chief of staff, she served first as Richmond's associate chief of staff for Geriatrics & Extended Care and then as deputy medical center chief of staff.

Dr. Beales received her Bachelor of Science degree from the University of Richmond in 1983. In 1987, she completed a doctoral degree in Immunology, followed by her Medical Doctor degree in 1996, both from the Virginia Commonwealth University. In 2002, Dr. Beales also earned a Masters Degree in Health Administration.

The Richmond VAMC offers primary, secondary, and tertiary diagnostic and therapeutic health services in medicine, surgery, neurology, rehabilitation medicine, intermediate care, acute and sustaining spinal cord injury, skilled nursing home care, and palliative care.

Update on Electronic Funds Transfer For VHA Veteran Payments

VHA has requested a waiver on the March 1, 2013, US Treasury deadline requiring all Federal non-tax payments be made electronically.

"VHA has requested a waiver until the system infrastructure is implemented to support payments reimbursements to Veterans by debit card," said Rotimi "Tim" Omotosho, VISN 6 chief financial officer.

To accelerate meeting Treasury requirements, VHA is implementing the following changes to beneficiary travel and compensated work therapy payments made to Veterans:

- Veterans that are currently in the VA's Financial Management System vendor file with financial information that enables payment processing through Electronic Fund Transfer will be converted from check payment to direct deposit to an account at a financial institution of their choosing.
- Veterans who have not been vendorized for direct deposit will be vendorized by the facility currently providing care.
- Veterans who are newly approved for beneficiary travel and CWT payments will be provided information on direct deposit and be vendorized by the facility.
- Cash will remain available to Veterans in order to return home as this payment process change is implemented. However,

Veterans need to plan for this in the future and carry sufficient cash to return home.

• Once the Direct Express Debit MasterCard program is implemented, Veterans who decline direct payment option will be enrolled in the debit card program and payments will be credited to their debit card account.

Omotosho said VHA will provide a formal process for Veterans to request a waiver from direct deposit and debit card payments. The allowable exceptions are limited and include:

- Individuals born prior to May 1, 1921, and who are receiving payments by check on March 1, 2013.
- Individuals ineligible for a Direct Express® card, because of card suspension or cancellation by the Financial Agent.
- Individuals who have filed a waiver request with Treasury certifying that payment by EFT would impose a hardship because of the individual's inability to manage an account at a financial institution or a debit card account due to:
 1. Mental impairment and Treasury has not rejected the request.
 2. Living in a remote geographic location lacking the infrastructure to support electronic financial transactions and Treasury has not rejected the request.

Voluntary Services To Hold National Meeting in Cary

Durham VAMC is hosting the annual meeting of the VA Voluntary Service National Advisory Committee. The meeting will be held March 4-6 at the Embassy Suites, Raleigh-Durham Research Triangle Park, 201 Harrison Oaks Boulevard, Cary, N.C.

The National Advisory Committee or NAC, comprised of 54 national voluntary organizations, advises the VA Under Secretary of Health on volunteer activities within VA facilities.

These meetings are designed to provide for committee review of volunteer policies and procedures; to accommodate open communications between organization representatives and the Voluntary Service Office and field staff; to provide educational opportunities geared toward improving volunteer programs with special emphasis on methods to recruit, retain, place, motivate, and recognize volunteers; and to provide committee recommendations.

"VA could not provide the superior healthcare services America's Veterans deserve without legions of Volunteers like you," wrote Mid-Atlantic Health Care Network Director Daniel F. Hoffmann in a welcome letter to the group. "I hope that your meeting is productive and that your stay in the Triangle is pleasant and memorable. Please don't hesitate to let your Durham VAMC hosts know how we can be of assistance."

The March 4 session will include a National Executive Committee Meeting, Health Fair, and VAVS representative and deputy representative training session.

The March 5 business session will include remarks from local officials, the Voluntary Service Report, Veterans Health Administration Update, and remarks by VA officials on the My HealtheVet initiative, Patient Centered-Care, and Homelessness. The James H. Parke Memorial Scholarship recipient will be honored at an awards luncheon. Educational workshops will be held in the afternoon and will focus on student volunteers, developing adaptive sports programs at the facility level, My HealtheVet volunteer program, and national cemetery volunteering.

On March 6, the morning business session will include subcommittee reports, presentations on No One Dies Alone program, suicide prevention, and Make the Connection resources. The educational workshops will be repeated in the afternoon. The meeting will conclude with a Closing Awards Dinner recognizing the recipients of the American Spirit Awards, VAVS Award for Excellence, and the NAC male and female Volunteer of the Year awards.

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

VA Hires More Mental Health Professionals To Expand Access

WASHINGTON – VA is making significant progress in providing increased access to mental health care services for our Nation's Veterans by hiring new mental health professionals. Last year, Secretary Eric K. Shinseki announced a goal to hire 1,600 new mental health clinical providers and 300 administrative support staff by June 30, 2013. As of Jan. 29, VA had hired 1,058 mental health clinical providers and 223 administrative support staff in support of this specific goal.

Including the 1,058 mental health clinical providers and 223 administrative support staff, VA has hired a total of 3,262 mental health professionals and administrative support staff to serve Veterans since the goal was announced. The mental health professionals hired include psychiatrists, psychologists, social workers, mental health nurses, licensed professional mental health counselors, licensed marriage and family therapists, and addictions therapists.

VA provides a comprehensive system of high-quality mental health treatments and services to Veterans. The department is utilizing many tools to recruit and retain one of the largest mental health care workforces in the nation to serve Veterans better by providing enhanced services, expanded access, longer clinic hours, and increased telemental health capability to deliver services.

VA has also completed hiring and training of additional staff to increase the capacity of the Veterans Crisis Line (1-800-273-8255, press 1) and phone lines have been increased by 50 percent.

As of Dec. 31, 2012, the Veterans Crisis Line has received over 747,000 calls, over 83,000 chats, as well as over 5,000 texts, and has saved more than 26,000 Veterans in imminent danger.

Many Veterans are willing to seek treatment and to share their experiences with mental health issues when they share a common bond of duty, honor, and service with the provider. VA is in the process of hiring and training 800 Peer Specialists in the coming year. Additionally, VA has awarded a contract to the Depression and Bipolar Support Alliance to provide certification training for Peer Specialists. This peer staff is expected to all be hired by Dec. 31, 2013, and will work as members of mental health teams.

The number of Veterans receiving specialized mental health treatment from VA has risen each year, from 927,052 in fiscal year (FY) 2006 to more than 1.3 million in FY 2012. One major reason for this increase is VA's proactive screening of all Veterans to identify those who may have symptoms of depression, Post Traumatic Stress Disorder (PTSD), problem use of alcohol or who have experienced military sexual trauma (MST).

Mental health care providers seeking opportunities to serve our Nation's Veterans can find additional information about rewarding VA careers and apply for jobs online at www.vacareers.va.gov and www.usajobs.gov. To locate the nearest VA facility or Vet Center for enrollment and to get scheduled for care, Veterans can visit VA's website at www.va.gov.

Telemental Health continued from Pg 1

Ten years of research — much of it conducted as pioneering studies in VA — has provided evidence on the safety and effectiveness of telemental health. Consequently, VA's telemental-health services now are used in the following ways:

- Therapies, including individual or groups, medication management, family, couples, or cognitive-behavior therapies, evidence-based psychotherapies and psychological testing;
- Treating Veterans' mental-health diagnoses, including mood disorders, anxiety disorders, post-traumatic stress disorder, psychotic disorders and substance-use disorders;
- Collaborative care by clinicians from multiple VHA mental-health professions and specialties.
- Delivery of care at multiple VHA sites, from VA medical centers to non-VA healthcare facilities like homeless shelters and patients' homes; and
- To deliver care through a wide range of VHA technology applications. The majority of telemental health occurs via clinical videoconferencing. This replicates an in-person visit that connects Veterans — often physically located at VA clinics or VET Centers — with clinicians at remote VA healthcare sites. Additional technologies expand mental-health treatment into the home, including video, in-home messaging and mobile apps.

In many cases, Veterans can be seen faster at a remote site than a medical center. In these cases, such visits can often prevent a decline in their condition. Our telehealth policy from inception has been to make it a choice for Veterans and always offer traditional alternatives.

Telemental health also provides value to Veterans by increasing the continuity of care across our treatment teams. Through telemental health, Veterans' care can be more integrated with their primary care PACT teams.

Veterans with mental-health conditions often have other healthcare needs. With telehealth, all the team members are connected: the Veteran, our medical clinicians and our mental-health clinicians.

Value to VHA

VA is making the strongest commitment to meet the mental-health access needs of Veterans, with telemental health as an increasing component of this mission.

Telemental health makes VA services more efficient by elimi-

nating avoidable travel and enabling us to meet staffing challenges. We can extend our services into areas where it is challenging to recruit mental-health professionals. This allows us to ensure continuity of care with remote clinicians, even if we are experiencing temporary staffing fluctuations here at VA.

When a Veteran moves from inpatient to outpatient to residential treatment settings, telehealth allows our treatment teams in each of these settings to remain connected and "on the same page."

VA is creating a large network to provide evidence-based psychotherapies for PTSD via telemental health. This is of particular importance in our ongoing focus on delivering excellence of care to the Veterans returning from current conflicts and those who continue to struggle with the after-effects of previous wars.

Patient Satisfaction

In 2012, patient satisfaction scored 93% on VHA telehealth satisfaction ratings.

VHA researchers have demonstrated that telemental health can be as effective as in-person visits for a full range of services. VHA also has seen overall decreases in hospitalization rates in Veterans who participate in telemental-health services. Telehealth allows us to manage our Veteran patients more closely; we can provide them with the care they need, when they need it, instead of waiting until they are hospitalized.

The Future of Telemental Health in VHA

Our strategic focus for telemental healthcare is to ensure mental-health services are accessible to Veterans anytime, anywhere, based upon the needs and preferences of the Veteran.

VA's objective is to ensure that any mental-health service available at our main VHA healthcare facilities also is available via telemental health at our clinics. Our goal for the next fiscal year is to deliver at least 300,000 telemental-health visits to 115,000 Veterans. More than 10,000 of these Veterans will receive this care in their homes.

We are prioritizing telemental-health services delivered directly into the home, as well as the use of mobile applications (mHealth). Mobile apps will be of great benefit to those who have difficulty leaving their homes because of medical or psychiatric limitations.

Ultimately, our goal is to help Veterans manage their care, no matter where they happen to be.

Study Finds Simple Fix Can Reduce Dangerous Infections

By Steve Wilkins
VISN 6 public affairs

A VA research team headed by a VISN 6 investigator has shown that use of a commonly found antiseptic material can significantly reduce the occurrence of dangerous infections in hospital patients, particularly if they stay for extended periods.

Dr. Michael Climo, a Richmond VAMC epidemiologist, led a group of researchers from the Department of Infectious Disease in a multi-center, large-scale study comparing daily baths using chlorhexidine, an alcohol-based chemical (found in products like the wet-naps found in restaurants, or in mouth-wash) with the traditional non-antimicrobial washcloths used by most hospitals.

The Centers for Disease Control and Prevention has tried many strategies to limit the spread of these organisms but has been unsuccessful thus far, for a number of reasons, from sustainability to cost.

This investigation found a significant reduction (23 percent) in the spread of hospital acquired multidrug resistant organisms like Methicillin-resistant Staphylococcus commonly referred to as MRSA. MRSA is an infectious, potentially deadly organism hospitals around the world have struggled to control because it has become so resistant to antibiotics. The investigation also established that the use of chlorhexidine bathing brought about a significant decrease (28 percent) in the rate of hospitalized acquired blood infections.

More than 7,000 patients took part in the research which took place between 2007 and 2009. The study included the Richmond VAMC and five civilian medical centers and included patients being treated in a variety of clinics including coronary care, surgical, cardiac, intensive care and bone marrow. Results of the investigation corroborate similar studies performed on a smaller scale in single medical centers. The study demonstrates the effectiveness of the practice in a variety of settings, unaffected by geographic location.

Another significant finding was uncovered within the study. Because skin borne organisms can enter the body, and therefore

the bloodstream when the skin is penetrated by an object such as a catheter or syringe, the reduction of organisms on the skin through use of the chlorhexidine bathing regimen helped to diminish the occurrence of hospital-acquired bloodstream infections by 60 percent.

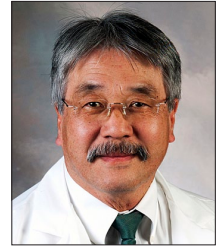
VA study author, Dr. Edward Wong, noted that "based on our results, daily chlorhexidine bathing constitutes a simple, low-cost measure that is easy to implement and is effective in combating the growing problem of drug-resistant bacteria." Wong is also based at the Richmond VAMC.

Dr. Charles de Comarmond, VISN 6 Lead for Infection Control, said the study offers ample evidence of the effectiveness of chlorhexidine baths in the ICU setting for reducing hospital acquired infections. "We can certainly consider it a best practice," de Comarmond said. "The study immediately addresses National Patient Safety Goals to reduce infections acquired in hospitals. It makes sense to limit the procedure to the same types of acute care environment where the chlorhexidine bath were being done in the study, but there is a potential role for expanding the practice to other areas in the future. We highly encourage its adoption by each of the medical centers."

The study was sponsored in part by the National Centers for Disease Control and Prevention and several private interests. The new findings appear in the Feb. 7, New England Journal of Medicine (www.nejm.org/doi/full/10.1056/NEJMoa1113849).



Dr. Michael Climo



Dr. Edward Wong



Researchers say daily chlorhexidine bathing can reduce infection.

When it comes to protecting Veterans' information, we ALL have a job to do.

As Veteran Information Protectors (VIPs), it is our mission to be *Vigilant, Informed, and Proactive* to protect VA and Veteran data.

Throw off hackers by using a different password for each of your online accounts.

MISSION: 
VETERAN INFORMATION PROTECTOR



Office of Information Security



Christina Tilford
VISN 6 IT Specialist

March Is Women's History Month

WOMEN VETERANS MAKE HISTORY

Through military service, women take their place at the front.

Photos from top to bottom: R. Sanchez, Col, USMC; M. Watson, LCDR, USCG; A. Dumwoody, GEN, USA; N. Carter, A1C, USAF; N. DeRenzi, RADM, USN






www.womenshealth.va.gov VA Benefits www.cem.va.gov U.S. Department of Veterans Affairs 03/12 • P96580 POSTER 10-401

VA Recognizes Barrier-Breakers During Women's History Month

In recognition of Women's History Month, VA facilities across nation will celebrate women Veterans as history makers throughout the month of March.

"There is no group more worthy of our recognition for their contributions to history than women Veterans," said Mid-Atlantic Health Care Network Director Daniel Hoffmann. "We honor women Veterans daily by delivering them the highest-quality care. But throughout this month in particular, we are celebrating them and their contributions and highlighting the progress VA has made in enhancing services for them."

Women serve in every branch of the military, representing 15

percent of today's active duty military and 18 percent of National Guard and Reserve forces. Since 2000, the number of female Veterans using VA health care has more than doubled, from nearly 160,000 (FY00) to more than 354,000 (FY12). By 2020, VA estimates women Veterans will constitute 12 percent of the Veteran population.

For more information about VA programs and services for women Veterans, please contact VISN 6 Lead, Women Veterans Program Manager Shenekia Williams-Johnson (shenekia.williams-johnson@va.gov) at 919-956-5541 or visit www.womenshealth.va.gov/.

Medical Center Director Doubles As Veteran, Advocate

By Steve Wilkins
VISN 6 Public Affairs

"Not long ago I met again, a former Vietnam POW who I had cared for soon after his release from captivity. Those types of bonds and memories remain forever." The recollection belongs to Elizabeth "Betty" Goolsby, currently the director of the Fayetteville VAMC. Although Goolsby is a 32-year Army Veteran, she doesn't wear her service on her sleeve, she wears it in her heart.

Growing up in Binghamton, N.Y., she developed a strong sense of duty and devotion to country in the mid-sized central New York community. After the military helped pay for her education in nursing, she stayed because of the pride she developed in what she was doing. "I think I made a positive difference in the lives of soldiers and their families," Goolsby said.

She has spent the bulk of her life in North Carolina, receiving her Master in Nursing degree from the University of North Carolina at Chapel Hill and later working at the Durham VAMC

from 1994 until 2008. She then left Durham for a position as associate medical center director at the Indianapolis VA, until her return to North Carolina, to take the helm at Fayetteville. "I love North Carolina, from the mountains to the coast and everything in between," she said emphatically.

Her active duty and reserve service as a nurse and commander of a combat stress unit fuel her dedication to Veterans. "The most meaningful thing I can do for Veterans is never lose sight of them," she said, adding that Fayetteville staff is guided by three principles in all they do: provide Veterans access to safe, high quality patient care, be an employer of choice to quality providers who will bring that care to each Veteran they encounter and be good stewards of the resources they have been entrusted to use in providing Veterans service.

Being a woman Veteran has allowed her to better understand today's Veteran. While the definition of a Veteran hasn't changed,

Continued on Pg 8

National Salute Tells Veterans America Cares

By VISN 6 public affairs office

Veterans receive high quality care in VA facilities every day. The message that they are truly appreciated for their service and sacrifices in defending our country should never go unspoken even when the demands of everyday life loom large.



Jim Markey

Daryle Singletary in concert at Salem Civic Center.



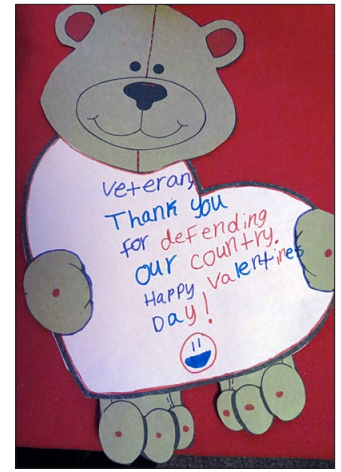
Darlene Edwards

More than 1,300 Valentines from area community groups grace mall area walls of the Richmond VAMC.

Because VA and its employees appreciate the lives and sacrifices of each and every Veteran, VA health facilities around the nation participate in a weeklong National Salute to Veterans to celebrate Veteran patients, and remind them VA doesn't take Veterans for granted.

Executed by VA medical center voluntary services staff, the annual VA National Salute to Veteran Patients program began in 1978. Veterans in and around VA facilities are treated to special meals and activities, visits from distinguished guests and special entertainment events meant to honor the service and lives of America's heroes. More than a million cards and letters are sent to VA patients each year during the National Salute. VISN 6 activities included the various festivities held at each facility along with a "Valentines' For Veterans" concert featuring country music star Daryle Singletary Feb. 14 in Salem, Va.

To discover the wonderful things you, your group or organization can do to salute America's Heroes, not just during the National salute but year round, contact your nearest VA Medical Center and ask for Voluntary Services.



Linnie Skidmore

Top: A child's teddy bear Valentine to Veterans. Above: 2013 Miss North Carolina Teen USA Kelsey Barberio, left, and Miss NC USA 2013 Ashley Mills, right, pose for a photo opportunity with Durham VAMC OEF-OIF Veteran Jeremy Muncert.



Left: A trip to an Impact Wrestling event highlighted by meeting wrestler Jeff Hardy caps the National Salute activities at Beckley VAMC.

Debbie Voloski

Dedicated Pharmacy Doctor Changing Outcomes For Rural Veterans

By Scott Pittillo
Asheville VAMC public affairs

It's not uncommon for patients, especially those suffering from more than one chronic disease, to be on multiple medications. Careful consideration of medication interactions and effectiveness is necessary, especially considering the rapid increase in new medication development and the expanding knowledge of safe medication use.

Last summer the Asheville VAMC Rural Health Program added pharmacist Emily Wood to their team to expand clinically and to assist healthcare providers with the important task of medication management. Rural health is a natural fit for her, Dr. Wood said, since she grew up in a small Tennessee town with two grandfathers who served during the Korean War.

"These personal circumstances make it incredibly rewarding to use my professional skills to assist rural veterans in improving their health through the effective and efficient use of appropriate medication therapy," Wood said.

Wood focuses on patients who are experiencing a transition in care such as when a Veteran enrolls in VA Health Care through rural health or is admitted or discharged from the medical center. Experts say this is when patients are most vulnerable to potential medication related problems. If a problem surfaces, Wood works with providers to create a solution and ensure patients are informed of changes in therapy and educated on appropriate medication administration. These activities lead to better health outcomes for patients and help lower costs by making sure patients are taking only the medications they need and decreasing the likelihood of medication-related adverse events.

"Improvements in medication selection and use ultimately benefit Veterans by simplifying medication regimens, decreasing the risk of side effects, and enhancing successful treatment and the control of chronic health conditions," said Wood.

This expansion of pharmacy services has proven that an extra pair of expert eyes can be invaluable when managing medications. Asheville VAMC officials report that providers have taken Wood's recommendations 80 percent of the time.

Some general examples of Wood's most frequent interventions include:

- notifying providers of diagnosed health conditions that require the continuation or initiation of medication therapy,
- the need for adjustment of drug dose or frequency,
- the prevention and management of adverse drug reactions,
- the identification of how a particular drug might interact with other drugs and the use of more than one medication with similar treatment effects.

For example, a patient reported increased swelling after undergoing antibiotic therapy to clear an infection. Since the patient had received enough antibiotic therapy to clear his infection, Dr. Wood recommended discontinuing the IV therapy. The patient's



Scott Pittillo
Doctor of Pharmacy Emily Wood counsels Veteran Clyde Gaddy as he prepares to leave the Asheville VAMC after an inpatient stay, Feb. 5.

swelling decreased, his condition improved, and the patient was able to be discharged home more quickly, avoiding a longer hospital stay.

Or when Wood helped an outpatient provider review a patient's use of over-the-counter herbal medications. Determining several of the herbal supplements could potentially cause significant drug interactions with the patient's prescription medications and worsen symptoms of the patient's chronic health conditions, the pharmacist educated the patient on the potential harm that could occur. Acting on the information provided by Dr. Wood, the patient volunteered to stop taking many of the herbal remedies and to significantly decrease the use of others. These actions decreased the patient's risk of experiencing an adverse event and potentially eliminated the cost of a visit to the emergency room or a hospital stay.

"When rural health and pharmacy began collaborating on Dr. Wood's unique role, we established that careful assessment of the benefit of her activities was a key component of the job. Dr. Wood has done an excellent job intervening in patients' care and it has made a difference clinically and by the numbers," said Brian Peek, assistant chief of pharmacy.

In addition to improving Veterans' health, Asheville VAMC officials estimate Wood's interventions have resulted in in health-care related cost avoidances exceeding \$ 1 million, allowing for redirection of resources into other necessary programs to benefit Veterans' care. For rural Veterans this is all the more important because they tend to live further away from VA Health Care and have more time between appointments.

Goolsby continued from Pg 6

the character has. Today's Veterans are younger now and increasingly female, with different health care needs. At VA it is everyone's job to care for women Veterans and Goolsby is helping VA change its culture to reflect that need. Today women comprise 14.5 percent of America's military. In VISN 6 the women Veteran population is 11 percent, much higher than the national average 6 percent. In fact, Fayetteville boasts a female population of about 12 percent.

"The concept of women in combat is not new," said Goolsby. "Women were POWs in World War II, Vietnam, Desert Storm, Iraq and Afghanistan. Women have died in wars. Women have been placed in harm's way for many years." The most recent national determinations, she added, "are an acknowledgement of those very

real circumstances. It opens career fields that may have been previously closed to well qualified women."

Most important for women who served in America's military, she continued, is to remember that "regardless of your career field, if you served, you are a Veteran. You have come home with the same experiences of war as your male counterparts." VA is working diligently to eliminate gender disparities in coordination of health care including but not limited to primary care, preventative services, and mental health.

As a Veteran, a woman and an American, Goolsby works diligently to ensure Veterans in Fayetteville get the best care possible. Rather than recognition for her singular accomplishments, she is content to be described as a proud Soldier and a proud Veteran.

Va. Veterans Corps Partners Reach Out to Rural Vets

By Kadetra Cooper
Virginia Wounded Warrior Program

Recognizing that rural Veterans and their families need and deserve special focus, care, and advocacy, the Virginia Wounded Warrior Program (VWWP) and AmeriCorps have partnered to create the Virginia Veterans Corps (VVC). This collaboration consists of a network of community-based service providers who support Veterans and their families by helping them obtain services and to ensure access to healthcare.

Through an AmeriCorps grant, VVC "Navigators" work part-time in Veterans' Services Organization or community programs performing jobs to help veterans and their families. VVC operates exclusively in the Hampton Roads region of Virginia, home to one of the largest concentrations of Veterans in the nation.

Working together, the resource specialists and staff of the VWWP and the VVC Navigators find innovative ways to reduce disparities and challenges facing the Veteran community in underserved areas. "In addition to our huge urban population, our region covers a wide rural area that includes the Eastern Shore, Northern Neck, and Southwest Tidewater. VVC has enabled us to expand our outreach efforts, and offer VWWP services to the Veterans and families in need," said Eric Endries, regional director, Greater Hampton Roads, VWWP. The region continues to implement initiatives to improve access to health and behavioral care, educate Veterans about available resources through outreach, and increase access to transportation.

Rodney Walker, a second year VVC member working on the Eastern Shore of Virginia, addressed the resource issue facing the rural Veterans in his community. He found that the Virginia Employment Commission (VEC) held two Veteran workshops each month and consistently experienced low attendance. The workshops are designed for Veterans to enroll in

healthcare services, file disability claims, obtain employment assistance, apply for education benefits, and connect to mental health and community services; however average attendance was only around five people each session. Through Walker's outreach efforts and assistance with transportation, attendance increased and the workshops now serve approximately 20 to 25 participants each month. Walker also started a dialogue between the VEC and the Disabled American Veterans. This partnership resulted in the acquisition of a van to transport Veterans from the Eastern Shore to the VA Medical Center in Hampton. Each month, approximately 20 to 40 Veterans ranging from World War II to current war Veterans are transported to Richmond VAMC for their care and treatment.

Rural outreach can only be effective if helping professionals and volunteers are physically out in the community. That's where the VVC connection helps. The VVC Navigator at Middle-Peninsula Northern Neck Community Services Board works with King William Counseling to host a Veterans Coffee Hour on the 3rd Friday of each month. Veterans can meet, share stories and obtain information on community services. To find out more about this group's activities, contact Barbara Wesley, at 804-769-2751.

Allen Sorensen, a first year VVC member, works with Veterans in the Middle-Peninsula Northern Neck area of Virginia. This area has an extremely large and dispersed Veteran population. Sorensen works with the Volunteer Center of the Virginia Peninsula, on outreach initiatives to involve faith based organizations in providing educational and resource information. This approach adds community credibility and involvement with churches and other organizations that want to help Veterans and family members.

Sorensen has been instrumental in aligning his service site with organizations that improve the lives of Middle-Peninsula Northern Neck Veterans. Recently, Home



Depot and Ferguson Enterprises assisted on a project for a World War II Veteran in the area. Sorensen's initial request for the installation of a new roof on the Veteran's home was approved by Home Depot's general manager. Ferguson Enterprises generously donated the bathroom fixtures for inside repairs.

Similarly, 15 VVC members and volunteers teamed up for a National Day of Service project to replace a handicap ramp for a Vietnam Veteran. A new up-to-code ramp now provides him safe and easy access to his home and to his surrounding community.

The VWWP now offers free informational sessions through the VVC. Sessions are held monthly throughout the Greater Hampton Roads region and providing Veterans information on VA benefits, to include the GI Bill and VA disability compensation and filing assistance. Veterans are also able to obtain information on job search assistance and community resources.

The sessions are held in Franklin, Va., on the fourth Thursday of each month. Quarterly sessions are held on the second Tuesday of the month in Chesapeake. The Veteran's Awareness Project is held on the Eastern Shore the third Tuesday of each month. For information on the sessions in Franklin and Chesapeake, please contact Mrs. Eaton at 757-942-1069. For the Veteran's Awareness Project on the Eastern Shore, contact Ms. Lay at 757-823-1711. For more information on VWWP, please visit www.WeAreVirginiaVeterans.org.



FY12 VISN 6 Rural Health Engagement

- 1,300+ Outreach Events
- 33,000+ Veterans Engaged
- 7,500+ Veterans Vested
- 5,000+ New Enrollees

New Specialty Plates Benefit North Carolina Citizen Soldiers

An "In God We Trust" specialty license plate is now available in North Carolina for an additional \$30 with \$20 of the additional annual fee going to the Soldiers & Airmen Assistance Fund supporting the Citizen Soldiers of the North Carolina National Guard.

The new design features "In God We Trust" (the official motto of the United States), the American Eagle (the national emblem, symbol of freedom, authority and power), in the background the US Flag (represents our expression of patriotism), the letters S and A (standing for Soldiers and Airmen), a white background behind the numbers and North Carolina in red (representing the energy and strength of our great state).

"The theme of this plate is a true expression of our patriotism. Our goal was to design a plate that every North Carolinian would be proud to put on their vehicle. We now have a plate that is attractive, with the right colors, that stands out and makes people notice. We hope North Carolinians will help us honor our Guardsmen, our veterans and everyone wearing the military uniform that protects our state and nation," said Dennis Roach, retired sergeant major and SAAF director.

To order your plate, visit www.ncdot.gov/dmv. Click Online Services Tab, Order Personalized & Specialized Plates, Order Special Plate, click the Letter, "I" to locate "In God We Trust" plate and click on the image.

People who have the plate with the yellow ribbon on it and



would like the new one, DMV said you need to go by one of their offices and tell them you want the new one. If you go online to order, you will just receive the stickers and not the new plate. Visit the Soldiers & Airmen Assistance Fund website saaf-nc.com at <http://saaf-nc.com/> for more information on the NC National Guard and the plate.

The Soldiers and Airmen Assistance Fund (SAAF) provides financial support to Army and Air Guard families coping with unusual or unpreventable hardships. Funding for the program comes from individual and business donations. SAAF receives no assistance from the state or federal government to operate.

North Carolina National Guard Event To Help Education Foundation

The North Carolina National Guard will hold a community event May 18 beginning at 8 a.m. to raise funds for the NCNG Association Educational Foundation, Inc.

The event will be held at the Guard Headquarters at 4105 Reedy Creek Road in Raleigh and is open to the public.

Among the activities included in the day's events will be team orienteering, 8- and 10-K runs, a 20-K bike race and a family scav-

enger hunt.

A variety of displays will also be on hand. Volunteers are needed to assist with water stations around the race route. Rental fee for commercial vendors is \$20 per booth.

For more information, contact Andrew L. Jackson, NCNG transition assistance advisor at 919-664-6573 or via email at Andrew.l.jackson8.ctr@mail.mil.

Winter 2012 Agent Orange Review Newsletter Mailed, Available Online

A new issue of the Agent Orange Review, Winter 2012, has been published by Post-Deployment Health in the Office of Public Health. Highlights include:

- Expanded dates for presumptive exposure along the Korean demilitarized zone during the Vietnam War
 - Updated list of ships that operated on Vietnam's inland waterways (VA's "Ships List")
 - Information on the most recent Institute of Medicine reports
 - Current list of health conditions recognized for presumptive service-connection, included a proposed expansion of the definition of peripheral neuropathy
 - Registry statistics
 - Where to get help and information
 - Other updates on VA benefits and programs
- Post-Deployment Health

produces the "Agent Orange Review" to provide information to Veterans who may have been exposed to Agent Orange during their military service in Vietnam or other locations.

The newsletter is intended for Veterans and their families concerned about the potential health risks of exposure.

Copies of this issue are being mailed to Veterans in VA's Agent Orange Registry and to VA Medical Centers (Environmental Health Coordinators and Public Affairs Officers), Vet Centers, Regional Offices, cemetery directors, and Veterans Service Organizations.

This issue and much more on Agent Orange is available on our public website at www.publichealth.va.gov/exposures/agentorange. Also, individuals can subscribe on this site to receive email updates when we post new information.

New Copays for TRICARE Pharmacy

FALLS CHURCH, Va. – New copayments for prescription drugs covered by TRICARE went into effect February 1, 2013. The Fiscal Year 2013 National Defense Authorization Act requires TRICARE to increase copays on brand name and non-formulary medications that are not filled at military hospitals or clinics. There is no increase to copays for generic medications.

TRICARE pharmacy copays vary based on the class of drug and where beneficiaries choose to fill their prescriptions. The copay for generic medications stays at \$5 when a prescription is filled at a network pharmacy. There is no copay when generic prescriptions are filled through TRICARE Home Delivery. The new copay for a 30-day supply of a brand name medication purchased at a retail network pharmacy will be \$17, up from the current \$12. Beneficiaries using TRICARE Pharmacy Home Deliv-

ery will pay \$13 for brand name drugs, up from \$9. However, the Home Delivery price is for a 90-day supply.

The greatest change in copays applies to non-formulary medications. The \$25 copay for these drugs increases to \$44 at retail pharmacies and \$43 through Home Delivery. The TRICARE Uniform Formulary is a list of all the medications TRICARE covers.

For fiscal 2014 and beyond, the new law directs that copays increase annually by the same percentage as retiree cost-of-living adjustments. In years when a COLA increase would total less than a dollar, it will be delayed a year and combined with the next adjustment so increases will always be \$1 or more.

Pharmacies at military hospitals and clinics will continue to provide medications with no copays. Visit www.TRICARE.mil/pharmacycosts for more details.

Medical Records Review Could End Some Need For In-Person Exam

WASHINGTON – VA has launched a new initiative that could eliminate the requirement for an in-person medical examination for some Veterans and shorten the time it takes to process Veterans' disability compensation claims.

The Acceptable Clinical Evidence initiative was developed by VHA and VBA in a joint effort to provide a Veteran-centric approach for disability examinations, opening the possibility of doing assessments without an in-person examination when there is sufficient information in the record.

Under ACE practices, a VA medical provider completes a Disability Benefits Questionnaire by reviewing existing medical evidence.

This evidence can be supplemented with information obtained during a telephone interview with the Veteran – alleviating the need for some Veterans to report for an examination.

“ACE is a process improvement that will help us meet our goal to eliminate the claims backlog and provide more timely benefits to our Veterans, their families and survivors,” said Undersecretary for Benefits Allison A. Hickey. “The initiative also saves Veterans the inconvenience and

costs associated with attending a medical examination.”

When a VA medical provider determines VA records already contain sufficient medical information to provide the needed documentation for disability rating purposes, the requirement for Veterans to travel to a medical facility for an examination may be eliminated.

If VA can complete a DBQ by reviewing medical records already on file, it will use the ACE process. This would then expedite the determination of disability ratings – in turn eliminating the wait time to schedule and conduct an exam from the claims process.

During a 15-month pilot test at one VA regional claims processing office, 38 percent of claims submitted were eligible for ACE.

The ACE initiative is a part of the VBA's agency-wide Transformation Plan – a five-year organizational change designed to improve claims processing. The goal of the Transformation Plan is to eliminate the claims backlog and process all claims within 125 days with 98 percent accuracy in 2015.

To learn more about VBA Transformation Initiatives, visit: <http://benefits.va.gov/transformation/>.

VA Decreasing GI Bill Processing With New Automation Tools

VA has automated the payment of benefits for nearly half of the Veterans participating in the Post-9/11 GI Bill education program. As a result, the average days to process Post-9/11 GI Bill supplemental claims decreased by 16 days, from 23 days in September 2012 to eight days in January 2013.

During the month of January, 44 percent of the nearly 341,000 incoming documents for enrolled students were fully automated, and an additional 36 percent were partially automated. For returning students starting a new semester

of classes, processing is taking an average of 5.9 days to complete. For new students using the benefit for the first time, the average time to establish eligibility under the Post-9/11 GI Bill is around 30 days.

Over the past three and one-half years, VA has provided more than \$25.9 billion in Post-9/11 GI Bill benefits to over 911,000 Veterans, service members, and their families, and to the universities, colleges, and trade schools they attend. For more information on VA education benefits go to www.gibill.va.gov/.

Funeral Directors Online Resources

WASHINGTON – Funeral directors nationwide may use VA's newly available online funeral directors resource kit to help Veterans and their families make burial arrangements in VA national cemeteries.

The website was created to enable funeral directors to find the most pertinent information to help families plan burials and apply for VA memorial benefits.

It has links about eligibility, benefits and services plus videos and information regarding services offered with and without military funeral honors. The videos are available in English and Spanish. The

website is available at www.cem.va.gov/cem/funeraldirector.asp.

VA maintains 3.2 million gravesites in 131 VA national cemeteries and interred more than 118,000 Veterans and family members in fiscal year 2012. Information on VA burial benefits can be obtained from national cemetery offices, from the Internet at www.cem.va.gov or by calling VA regional offices toll-free at 800-827-1000. To make burial arrangements at the time of need at a VA national cemetery, call the National Cemetery Scheduling Office at 800-535-1117.

VA & Ancestry.com Partner to Index Historic Burial Records

WASHINGTON – VA has partnered with the internet-based genealogy research firm Ancestry.com to bring burial records from historic national cemetery ledgers into the digital age. The effort will make the collection—predominantly of Civil War interments—accessible to researchers and Ancestry.com subscribers undertaking historical and genealogical research.

From the 1860s until the mid-20th century, U.S. Army personnel tracked national cemetery burials in hand-written burial ledgers or “registers.” Due to concern for the fragile documents and a desire to expand public access to the ledger contents, VA's National Cemetery Administration duplicated about 60 hand-written ledgers representing 36 cemeteries using a high-resolution scanning process. The effort resulted in high quality digital files that reproduced approximately 9,344 pages and 113,097 individual records. NCA then transferred the original ledgers to the National Archives and Records Administration where they will be preserved. In addition to the NCA's ledgers, NARA was already the steward of at least 156 military cemetery ledgers transferred from the Army years ago.

In 2011, NCA initiated a partnership with Ancestry.com to index its cemetery ledgers, allowing the data to be searched or browsed in a variety of ways. Ancestry.com spent more than 600 hours indexing NCA's records at no charge to the government.

Ancestry.com has assembled the digitized and indexed NCA burial ledgers with those at NARA into a new collection, “U.S. Burial Registers, Military Posts and National Cemeteries, 1862-1960.” The burial records contain information such as name, rank, company/regiment, date of death, age at death, date of burial and grave number. A large number of Civil War soldiers were buried where they fell in battle or in temporary cemeteries, and sometimes that information, along with religious affiliation, can be found in the ledgers.

The collection was posted on the ancestry.com website on Veterans Day 2012. The information can be accessed free of charge by VA personnel as well as by employees of the other federal agencies that maintain national cemeteries, the Departments of the Interior and Defense. Ledger data will also be available for free at all NARA facilities, and at public libraries that subscribe to Ancestry.com. NCA cemetery staff will use the database to answer requests from the public. The general public will have access to the database on their personal devices through Ancestry.com's regular subscription service.

This partnership between Ancestry.com and NCA supports NCA's ongoing Civil War 150th anniversary commemoration (2011-2015). For more information on this project, contact Sara Leach (sara.leach@va.gov), NCA senior historian.

VISN 6 Sites of Care & VA Vet Centers

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Wilmington 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

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

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

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

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

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

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

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

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

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

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

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