



VA MID-ATLANTIC HEALTH CARE NETWORK - VISN SIX

Vol. 3, No. 10

"Excellent Care – Earned by Veterans – Delivered Here"

Voices of VISN 6

Official news from around *your* VISN

July 31, 2013

Dignitaries Cut Ribbon To Open Goldsboro CBOC

From left: Alvin Scroggins, Goldsboro CBOC Coordinator; James Galkowski, Fayetteville VAMC Associate Director; E. Ray Mayo, vice chairman, Wayne County Commissioners; Daniel Hoffmann, VA Mid-Atlantic Health Care Network Director; Elizabeth Goolsby, Fayetteville VAMC Director; Rep. G. K. Butterfield; Mayor Al King, City of Goldsboro; and Sam Sasser, president, Construction Managers, Inc. cut the ribbon to officially open the new clinic July 29.



Brad Garner

Winston-Salem Regional Office To Host Workshop On Fully Developed Claims

The Winston-Salem VA Regional Office is hosting a special workshop on the Fully Developed Claim (FDC) Program. All those who assist, serve, treat, or interact with Veterans and their families on a regular basis are invited to participate.

The workshop is set for Aug. 8 from 12 - 3 p.m. at the Federal Building, 251 North Main Street, Winston-Salem, NC 27155 (Room 450).

VA officials say submission of a "Fully Developed Claim" is the fastest way for Veterans to receive decisions on benefit claims. The workshop, specifically designed for VA's partners and stakeholders who help Veterans and their families with VA benefit claims, provides an opportunity to learn more about the FDC Program and how to encourage and help Veterans

file FDCs.

Under the FDC Program, Veterans submit all available evidence, such as private medical records, together with their application for benefits. With this evidence in hand at the beginning of the claims process, VA is able to complete claims in about half the time of traditional claims.

To reserve a seat(s) for the event, email the names of the individual(s) who will attend to Norris.Jones2@va.gov not later than 3 p.m., Aug. 5.

Attendees must present a State or Federal issued photo ID to enter the Federal Building.

Public parking (metered) is available on the streets surrounding the Federal Building and hourly parking is available at: West 3rd Street, adjacent to the Federal Building plaza, and 101 North Main Street, City

WHAT

Fully Developed Claims Program Workshop

WHEN

August 8, 2013
Noon - 3 p.m.

WHERE

Federal Building
251 North Main St.
Winston-Salem, N.C.
Room 450

Hall Parking lot, across the street from Federal Building.

Cameras (except for approved media) are not allowed in the Federal building.

For more information on the workshop, including workshop teleconference information and materials that will be covered at the event, contact Jones at email address above or by telephone at 336-251-0616.

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

VA Collaborates With Communities On Mental Health Summits

America is no stranger to conflict. The fight for freedom and democracy has taken its toll on the health and well-being of those who have worked to secure our freedoms. From the Revolutionary War through World War II and the Korean Conflict, battlefield medicine's limited ability to treat many of the visible wounds resulted in high casualty rates.

But, 21st century battlefield medicine has progressed to an awe inspiring level, and so has America's ability to quickly evacuate and transport the seriously wounded to trauma centers around the globe.

Today, America's service members with visible traumatic wounds experience an extremely high survival rate. Today, it is our ability to treat the invisible wounds of war that has become one of America's greatest challenges.

In 2012, VA provided mental health care for more than 853,000 Americans diagnosed with the invisible wound referred to as Post Traumatic Stress Disorder (PTSD). Last year, VISN 6 treated more than 58,000. These Veterans suffer from a wide range of symptoms which can affect not only the service member, but all those he or she interacts with. PTSD can destroy relationships with families and friends, and derail the ability for our active duty, reservist and guardsmen to reintegrate into the home environment or even hold a job.

Many local and state agencies throughout our region are focused on helping Veterans. Community health centers, faith-based religious organizations, state veterans affairs departments and law enforcement all play a role, and yet each typically performs their function independently. The time has come to address this issue with a community-wide, or holistic approach.

It is imperative that all agencies; local, state, and federal are aware of each other's work and linked together to ensure all Veterans have timely access to all available resources. Regardless of where Veterans turn for help, we must be ready to catch them with open arms.

This nation must weave the widest possible safety net, and that is why between now and the end of September, every VA medical center nationwide is hosting a community-based mental health summit. We are going the extra mile to do everything possible to ensure that no Veteran falls through a crack and that everyone in need of help experiences our "No Wrong Door" approach.

Meeting the mental health care needs of Veterans and their families is a must. While VA continues to expand mental health resources, truly Veteran-centric, recovery-oriented care requires active collaboration and coordination with community partners. Through collaboration, we can promote awareness and utilization of VA mental health resources, help Veterans gain access to community services, and help build healthy communities for Veterans and their families.

Over the next two months, we will work with community partners to host gatherings where together we can establish new



and enhance existing positive working relationships with the overarching goal of putting the needs of Veterans first and foremost.

These meetings will serve as a forum to share programs and best practices. We will be looking to identify community-based programs and services to support the mental health needs of Veterans and their families; promote seamless transitions within the continuum of care, reduce duplication and enhance cost-effectiveness of services; increase awareness of the unique health needs of Veterans and available VA programs and services.

We hope to educate and train community-based providers and share resources that promote military and Veteran cultural competence among community providers which will enable them to better serve Veterans within their own practices. Most importantly, we will work to identify and eliminate gaps and/or challenges in meeting the mental healthcare needs of Veterans and their family members.

Working together, we can and will make a difference.

Should you have any question or comments about these summits, please feel free to contact anyone of the summit hosts listed or visit: www.mentalhealth.va.gov/summits.asp.

Sincerely,
Dan Hoffmann

Date	Host VAMC	Contact / Phone
Aug 1	Salem VAMC	Delmar Short 540-982-2463 ext. 2515
Aug 9	Asheville VAMC	Elizabeth Huddleston 828-298-7911 ext. 5823
Aug 22	Durham VAMC	Cynthia Woods 919-286-0411 ext: 6026
Aug 23	Richmond VAMC	Robert Buncher 804-675-6354
Aug 28	Salisbury VAMC	Shanyn Aysta 704-638-9000 ext. 4190
Aug 29	Beckley VAMC	Carol Phillips 304-255-2121 ext. 4486
Sept 5	Hampton VAMC	Donna Clayton 757-722-9961 ext. 3585
Sept 14	Fayetteville VAMC	Kevin Smythe 910-488-2120 ext. 7396

Veterans Crisis Line



1-800-273-8255

PRESS 1

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



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VA HEALTH CARE

Defining
EXCELLENCE
in the 21st Century

Don't Get Stuck With The Bill

Cheryl Keen, RN, MSNA
VISN 6 Patient Transfer Manager

Several times each month, Veterans contact the VISN office about bills for clinical services received at non-VA Hospitals or clinics. Often times, the issues surface because the federal requirements for fee basis were not met.

For example, a Veteran who is enrolled in VA health care presents to an Emergency Department of a non-VA facility and is admitted as an inpatient. The Veteran neglects to tell the non-VA hospital that he is a Veteran and the non-VA hospital sends the bills to Medicare. This results in the Veteran being billed for the remaining amount that Medicare didn't pay. This happens because VA cannot pay as a "second payer." So, if Medicare was billed, the VA cannot pay the remaining deductible or co-pay, this may result in the Veteran being responsible for the bill.

In another scenario, a Veteran arrives at a non-VA Emergency

Department and gets admitted. The non-VA facility is unaware that the patient is a Veteran and fails to notify VA within the required 72-hour timeframe. The claim for payment is later denied because VA was not notified within the set timeframe as specified in the Code of Federal Regulations. Again, the Veteran gets the bill. So what should a Veteran do to avoid getting the bill?

If you present to an Emergency Department for an emergency condition, be sure that the facility is aware that you are a Veteran, and make sure that the non-VA facility, or you or your family member, notifies VA within 72 hours of your admission.

If you have Medicare, be sure to tell the non-VA facility which payer source you want to use to pay for your care. Please remember that if Medicare is billed, VA cannot pay the balance.

Finally, care at a non-VA facility for a condition that is NOT an emergency must be pre-authorized. Failure to have non-emergency care pre-authorized will also result in VA denying payment for the care.

For more information on non-VA emergency care, visit www.nonvacare.va.gov.

Richmond Docs Extend Lives, Livelihoods of Veterans

By Steve Wilkins
VISN 6 public affairs

Two months ago, Edward Jacobson, an electrician living in the Boston area, received a gift that for so long he never saw coming; life. "The (local) hospitals kept sending him home saying they couldn't do anything else for him," said Jacobson's wife, Darlene.

Jacobson's heart was failing. The couple couldn't afford and didn't have insurance that covered advanced procedures necessary to keep his heart going and the procedures weren't covered adequately by Medicare.

"They kept taking fluid out of him and sending him home [to die]," wife Darlene shared in Jacobson's bleak story. That was his story until he spoke to doctors at the Boston VAMC. "They were the first to talk to him about the LVAD," she said.

The VA doctors were able to assess Jacobson's condition and determine a way forward. They worked with staff at Richmond VAMC to make arrangements for Jacobson to receive a Left Ventricular Assist Device (LVAD) there.

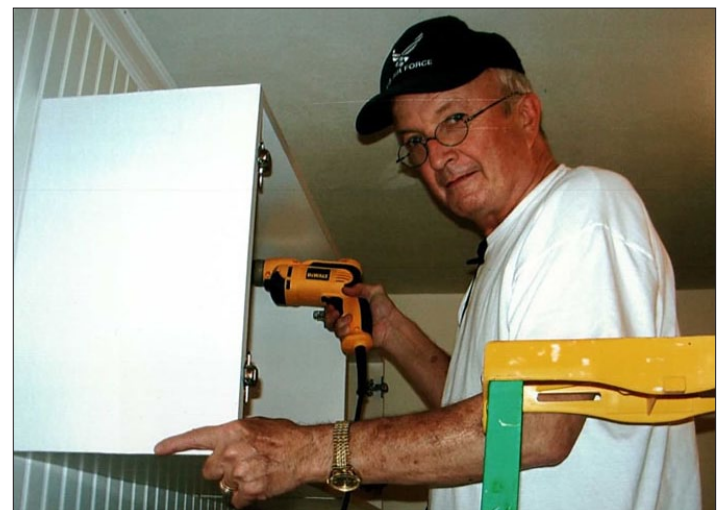
A ventricular assist device (VAD) is a mechanical pump that pushes blood from the lower heart chambers to the rest of the body. VADs can be placed, through open heart surgery in the left, right or both chambers (known as ventricles). Many patients receive VADs while waiting for heart transplants.

Others may count exclusively on a permanent assist from the VAD, depending on their transplant candidacy, due to the serious risks involved. The bodies of most candidates for these procedures are so weak already they have trouble moving from one room to another or climbing stairs. Many come with other conditions that may complicate their situations.

Jacobson traveled from Boston to Richmond for his LVAD placement because Richmond is VA's only in-house heart transplant center. In fact, "there are a couple dozen places that perform the procedure along the east coast," according to Dr. Gundar Katlaps, the cardio-thoracic surgeon who leads the Richmond center. Katlaps said the center performed its first transplant in 1980 and has done transplants every year since then. Ten transplants were accomplished there in 2012.

The success of Richmond's LVAD patient survival rate exceeds any published national averages. Since 2008, Katlaps has performed more than 50 procedures using the most recent generation of continuous flow LVADs. He points to patient survival rates in the first three years that rival or better anything published nationally thus far.

The ventricular assist device coordinator, Lisa Martin, said everyone in the patient's life is involved in the placement of the



Courtesy Photo

Larry Smith, a December 2008 left ventricular device (LVAD) recipient, installs a cabinet in his home. His condition since receiving the LVAD has improved dramatically.

device. "They learn the alarms (for instance, the presence of a pulse means danger! When the device is running properly the flow is smooth and there is no detectable pulse), how to manage each piece of equipment and how to care for the driveline site." Martin suggests patients introduce themselves to local paramedics so they know who they are and where they live.

The timing of Jacobson's procedure became an advantage, too. In November 2012 the FDA approved use of a new LVAD design. The new device is expected to reduce risk during surgery and enable quicker healing because it is smaller and fits right on the heart, instead of requiring doctors to make an extra space in an adjoining part of the body. The materials and design reduce friction and wear, so recipients can expect the devices to last longer.

The device used at Richmond, as well as most places around the world during the last five years, has a high success rate. "We are in contact with a patient who travels the country and sends us mail to let us know where he is and how he is doing," boasted Katlaps, who mentioned other patients are able to ride bikes, motorcycles, and drive cars. He added that "they go fishing and hunting. Most of them experience better quality of life than they

[Continued on Pg 4](#)

Let's Talk About Strokes

By Durham VAMC public affairs

The Durham VAMC has risen to meet the challenge of improving stroke care and stroke outcomes for Veterans. Durham providers have developed a comprehensive stroke program that includes specialized care instructions for patients admitted to the hospital with a stroke. They have also increased efforts to raise stroke awareness in the outpatient and primary care settings.

Almost 800,000 people suffer strokes every year. Stroke is the fourth leading cause of death in the United States, and one of the leading causes of long term disability. North Carolina lies within a region of the country known as the "stroke belt," where the incidence of stroke is higher than the national average.

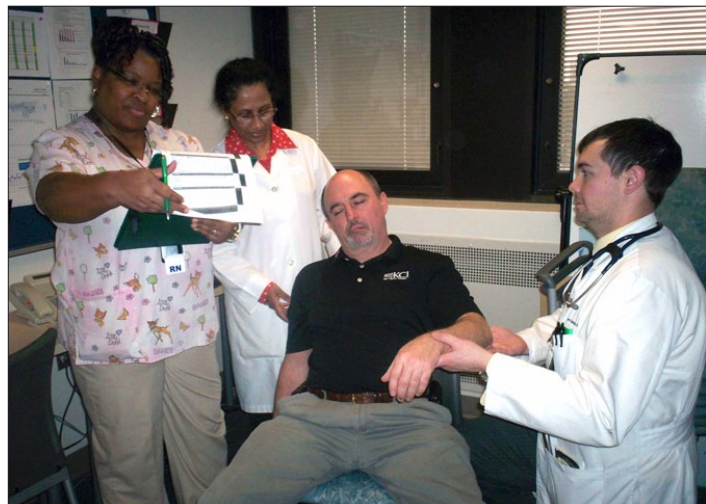
A stroke is also referred to as a "brain attack" or a "CVA" (cerebral vascular accident). It happens when the blood supply is interrupted to a part of the brain. Immediate medical attention is important as treatment must be given quickly in order to limit the destruction of brain cells and limit long term effects.

According to Michelle Kuerbitz, Durham VAMC Stroke Program Coordinator, a stroke is not hopeless. "People can live full lives after a stroke. The key is to get help as soon as possible. Unfortunately, many people still do not realize that stroke is a medical emergency and many may not even recognize the symptoms."

Kuerbitz, a certified family nurse practitioner said every effort is made to better deliver care for stroke patients by improving staff expertise in stroke care, and emphasizing collaboration among all care providers.

She said the medical center's Simulation Center conducts monthly drills throughout to train staff throughout the medical center how to recognize stroke symptoms, activate the hospital stroke code team, and treat the patient. This has resulted in increased effectiveness and efficiency in treating emergency stroke patients.

Along with following American Heart Association/American Stroke Association evidenced-based guidelines for stroke care, Durham VAMC also focuses on improving in-patient education for stroke patients and their caregivers to help them better manage



Mary Holtschneider

Staff at Durham VAMC simulate a stroke treatment scenario.

stroke risk factors, as well as increasing quality of life after stroke.

"Recognition of symptoms and prompt medical attention are keys to better health and quality of life," Kuerbitz said. "Stroke symptoms can be mild to severe. The important point is to remember the signs of a stroke and to call 911 immediately."

People experiencing any of these signs of a stroke should Call 911 immediately:

- sudden weakness, or numbness on one side of your face or body;
- droop on one side of your face;
- sudden vision trouble;
- sudden trouble talking;
- sudden confusion, loss of balance, or disorientation.

For more information about the stroke program or caring for stroke patients, contact Kuerbitz at 919-286-0411, ext. 5557.

Richmond Docs continued from Pg 3



Courtesy Photo

Dr. Gundars Katlaps surgically implants a Ventricular Assistive Device on a patient experiencing heart failure.

have had in decades."

Martin recounted the experience of a 30-something OEF/OIF Marine, who while attending college just months after discharge was diagnosed with an enlarged heart. The situation was serious enough that within months he found himself with an LVAD device and shortly thereafter gained a wife and son.

The Veteran reveled in the joys of family and fatherhood for nearly three years before dying following complication after transplant surgery. Without the device he might never have experienced those joys.

It seems that Jacobson, who was bedridden for more than a year prior

to the surgery, can expect to do well, too. "Already he is walking a little and running short errands," his wife related.

"I feel good," he told her. The couple is looking forward to celebrating their next anniversary especially since the one they just celebrated, their 29th, was at his bedside.

Katlaps has been with Richmond VAMC eight years and holds a dual appointment at Virginia Commonwealth University. He said he couldn't imagine anything that would give him better job satisfaction.

"Although most of our work directly helps only one person at a time, the impact is dramatic and the positive feedback is immediate. Indirectly lives of the family members, friends and communities are affected. I feel very privileged that I have been given the opportunity and skills to serve my patients. Every day."

The cardio-thoracic surgeon performed a second surgery with the new technology in early July and said the patient is walking, off his ventilator after just three days.

He added that the procedure and the device are significant improvements over other medically-based alternatives and although it is hard to track expenses, and tougher still to place a value on life, VA officials have stated publicly that with what seems to be a significant cost savings to perform the procedures in-house, they want to expand the availability of transplant centers across the country.

Darlene Jacobson is glad there was at least one when she needed it. "Because of VA [her husband, Edward] is alive today."

Richmond Veteran Gets Latest Amputee Innovation – X3 Knee

By Ashley Winfield
Richmond VAMC public affairs intern

Donald Crosby, a Vietnam Veteran injured in combat, has seen a lot of prosthetic devices over the past 40 years, but none quite like the X3 MPK (microprocessor knee) he's being fitted with at the Richmond VA Medical Center.

"I never swam with a prosthetic knee. It was a unique experience and I am going to try it again. As a matter of fact I have swimming classes once a week on Wednesdays and I am ready to put it to the test," said Crosby as he began to walk back and forth in the water before going for a swim in therapeutic pool.

Crosby and other Veterans are beneficiaries of rapid advances over the past decade spawned by partnership between the DOD and civilian industry to give many wounded warriors of the Iraq and Afghanistan conflicts with above-the-knee amputations a chance to return to active duty. The goal according to military medical was not to force soldiers, Marines or sailors to go back on active duty after an amputation, but to give them the opportunity to stay on active duty, and not be limited by their prostheses.

The X3, developed by Otto Bock HealthCare as part of the Military Amputee Research Program, is the successor to the X2, one of the most successful prosthetic products to result from the original DOD goal that quickly advanced beyond merely providing service members with the most advanced prosthetic devices available. DOD set its sights on providing devices capable of returning wounded warriors to a quality of life approaching what they experienced before their injuries.

"The X3 is the first knee of its kind to allow it to be submerged under water. It allows above knee prosthetics with artificial limbs to submerge under water to the depth of approximately five feet. It opens a whole new world to Veterans who need prosthesis to swim or walk in water," explained John Fox, supervisor of the medical center's orthotic and prosthetic services lab.

Other great features about this prosthetic is that it can be programmed by a laptop through Bluetooth technology. "It can hold up to five modes. It can be set to ride a bike, go downhill skiing," Fox added.

These modes are programmed to the best angle and amount of resistance to meet the individuals' needs as they participate in ac-

tivities such as cycling, driving, mountain climbing, running and scuba diving. The amputee can change modes by simply using a small hand held remote to switch modes or manually change modes by bouncing on the toe of the prosthetic.

This technology can anticipate the users' next step without requiring the wearer to switch modes on the remote from walk to run. "The programming is such that it will walk the way I want to walk not how I force it to walk, which is what Mr. Fox was trying to teach me while I was walking in the pool. I was forcing the leg to move," remarked Crosby who said he now works out five mornings a week; treadmill and bicycling.

The prosthesis bears more weight than other models and wearers report it reduces back, hip and knee pain because they do not have to rest their total body weight on the intact side of the body anymore. The X3 also has a longer battery life and is lighter and smaller than other options.

"This is the first time in 40 years that I have been able to walk inside a swimming pool with a prosthetic leg on. The stuff I read about it and seen have been great but the experience is just as good if not greater!" said Crosby, commenting that he was excited to try out the different modes for cycling, swimming and climbing stairs.



*Ashley Winfield
Vietnam Veteran Donald Crosby
negotiates an incline with his
microprocessor controlled knee.*



ACC Commander Visits Hampton VAMC

Gen. Gilmary M. "Mike" Hostage III, commander, Air Combat Command, Langley Air Force Base, Va., speaks with Army Veteran Lorenzo Hughes during a recent visit to Hampton VAMC. Hostage and 25 Air Force officers and civilian leaders visited with Veterans in the community living center, spinal cord injury unit, and palliative care July 23.

Courtesy Photo

National Veteran Wheelchair Games Athletes Bring Home Medals

Fifty four VISN 6 athletes were among the nearly 600 athletes to compete in the 33rd National Veterans Wheelchair Games held in Tampa, Fla. July 13-18. During the Games, VISN 6 athletes earned 90 medals, including 36 Gold, 35 Silver and 19 Bronze.

Athletes came from the United States, Great Britain and Puerto Rico to compete in the world's largest annual multi-sport wheelchair event for military service Veterans who use wheelchairs for sports competition due to spinal cord injuries, amputations or neurological problems.

The competition featured 18 different medal-awarding events and two exhibition events with athletes competing against their peers according to wheelchair sports experience and agility. The event is held with a goal to improve the quality of life for Veter-

ans with disabilities and foster better health through sports competition. Besides producing national and world-class athletes, the Games also provide opportunities for newly disabled Veterans to gain sports skills and be exposed to other wheelchair athletes.

The Games are presented by the U.S. Department of Veterans Affairs and the Paralyzed Veterans of America. The James A. Haley Veterans' Hospital and the Florida Gulf Coast Chapter of Paralyzed Veterans of America co-hosted the 2013 event locally.

The 2014 National Veterans Wheelchair Games will be held in Philadelphia, Pa. from August 12 -17, 2014.

For more information, please visit www.wheelchairgames.va.gov or contact Jordan Schupbach, 202-664-3733 or jordan.schupbach@va.gov.

Injured, But Not Broken

First Team Of Salisbury Veterans Compete At NVWG

By Bart Major
Salisbury VAMC public affairs

Six Veterans and two staff from the W.G. (Bill) Hefner VA Medical Center made up the first Salisbury VAMC team to compete in the National Veterans Wheelchair Games (NVWG).

From July 13 – 18, the men and women Veterans of the Salisbury squad, under the team name "Blue Steel," joined nearly 600 Veteran athletes competing in Tampa at the 33rd NVWG.

Ranging from first-time participants to seasoned Veteran athletes, the Salisbury team competed in more than half a dozen events including air rifle, basketball, bowling, handcycling, softball, table tennis, tennis and nine-ball.

Almeta Mallory, a supervisor in the prosthetics department and a retired Marine Corps Veteran, was inspired to start a team at Salisbury after she attended her first games in 2009 as a prosthetic representative intern. "I saw the Veterans competing and how much it was a positive impact on their lives," she said. "It made me want to make a difference."

"There are more benefits for the Veterans than winning medals," said Mallory. "This gives them an outlet, not just for the physical but the mental aspect that goes along with it. This can motivate the athletes to come out and join the community to do things with other Veterans," she added. "For us, that's our reward, is serving these Veterans."

Army Veteran Tracey Minter, a first-time competitor at the NVWG who was recruited to the team by teammate Twila Adams, demonstrated on the first day of the games that the Salisbury Team showed up to have fun and compete with a warrior's ethos. Even though Minter was the last cyclist to reach the turn-around point on the hand cycle course, she continued to push on. When asked if she wanted to stop, she replied, "I'm not going to quit." She used that spirit to push all the way through the finish with a smile on her face.

Minter's don't quit attitude earned her more than just a race completion. Despite being the last competitor to cross the finish line, Minter won a Silver medal in her competitive division which she may not have won had she stopped halfway.

To add to the shine of her Silver medal, Minter also won a Gold medal in bowling.

First-time competitor Michael Lambourne, a Navy Veteran, said he was "going in with eyes wide open." He practiced two times a week for the past three months and was optimistic going in to his first Wheelchair Games. "Hopefully I can bring some sort of medal home," he said.

Lambourne succeeded his aims, bringing home a Gold in nine-ball billiards and a team Bronze in basketball.

Army Veteran George Ramsey has been attending the NVWG



Courtesy Photo
Army Veteran Tracey Minter competes in the handcycling event.

since 2009. "I had a ball and I've been going ever since," said Ramsey. "You train harder every year to get to that next level of competition."

Ramsey's training certainly paid off again this year as he added two more Gold medals and a Silver to his collection, which now numbers 10. Ramsey won Gold in handcycling, a team Gold in softball and Silver in bowling.

Ramsey and other teammates, including Adams, an Army Veteran from Charlotte who has been competing off and on since 2002, said they hope that participation will inspire other Veterans to be active and try new things.

"Sometimes we lose our competitive edge after we become injured and we don't know what to do. Games like these have allowed me to see what's possible," said Adams. "When I'm out and I'm practicing my tennis game somewhere and someone notices that, they can take that information back to their loved one and let them know, 'if that lady can do it, you can at least come outside and try.' It all begins from there."

Adams also added to the team medal count, earning Gold in table tennis and air rifle, and Silver in bowling, bringing Team Blue Steel's count to six Gold, three Silver and one Bronze medals.

Rounding out the team were Marine Veteran Paul Stewart and Marine Veteran Chris Nash.

VISN 6 National Veteran Wheelchair Games Competitors

FIRST / LAST NAME	CITY	ST	EVENT
Twila Adams	Charlotte	NC	Air Guns, Table Tennis, Bowling
Samuel Ballard	Winterville	NC	Air Guns, Archery with Compound Bow
Donnie Blyther	Winston Salem	NC	Bowling – Handleball, Trap Shooting, Motorized Slalom (Hand Controls)
Charles Bradley	Raeford	NC	Boccia Ball, Motorized Slalom (Hand Controls)
Charles Canady	Durham	NC	Nine Ball
Kevin Coleman	Shalotte	NC	Weightlifting By Bodyweight, Basketball
Booker Foster	Fayetteville	NC	Basketball
Lee Gordon	Asheville	NC	Bowling - Ramp (Hand Controls)
Johnny Holland	Goldsboro	NC	Table Tennis, Boccia Ball, Nine Ball, Field - Discus
James Howard	Fayetteville	NC	Bowling - Ramp (Manual), Boccia Ball
Lloyd Kelso	Lucama	NC	Track – 100, 200 & 400 Meters, Table Tennis
Michael Lambourne	Lexington	NC	Nine Ball, Basketball
Welton Locklear	Pembroke	NC	Field - Shot Put, Javelin & Discus, Softball, Basketball
Glenn McClary	Jacksonville	NC	Handcycling, Basketball
Tracey Minter	Charlotte	NC	Bowling – Handleball, Handcycling
Mitch Moorehead	Mebane	NC	Bowling - Ramp (Hand Controls), Motorized Slalom (Hand Controls)
George Ramsey	Statesville	NC	Handcycling, Softball, Bowling - Manual
Ronald Richardson	Fayetteville	NC	Bowling - Manual
Aaron Ruffin	Louisburg	NC	Weightlifting By Bodyweight
Robert Satterwhite	Stem	NC	Nine Ball, Trap Shooting
Michael Savicki	Cornelius	NC	Track – 100, 200, 400, 800 & 1500 Meters, Handcycling, Field - Shot Put
Terence Smith	Fayetteville	NC	Nine Ball, Quad Rugby
Kevin Tenney	Goldsboro	NC	Handcycling, Nine Ball
Charles Wesson	Charlotte	NC	Handcycling
Bruce Abbott	Henrico	VA	Motorized Slalom (Hand Controls)
Theodore Abbott	North Chesterfield	VA	Bowling - Ramp (Manual)
Alvin Baugh	Hampton	VA	Bowling - Manual
Tai Cleveland	Manassas	VA	Trap Shooting, Air Guns, Table Tennis
David Coffield	Williamsburg	VA	Table Tennis
Preston Curry	Midlothian	VA	Nine Ball, Softball
Ronald Dennis	Stafford	VA	Bowling – Handleball, Power Soccer
Jeffrey East	Disputanta	VA	Nine Ball
Robert Fecteau	Triangle	VA	Nine Ball, Bowling – Stick, Quad Rugby
Earl Goodman	Henrico	VA	Motorized Rally, Archery with Recurve Bow
Jamison Greene	Virginia Beach	VA	Bowling - Handleball
Michael Luckett	Chester	VA	Bowling - Ramp (Manual), Slalom, Field - Javelin
Jimmy May	Midlothian	VA	Table Tennis, Bowling – Manual, Nine Ball
Ronald Mayfield	Virginia Beach	VA	Motorized Slalom (Hand Controls)
Steven McGuire	Williamsburg	VA	Bowling - Manual
Terry Merrifield	Stafford	VA	Motorized Rally, Nine Ball, Motorized Slalom (Hand Controls)
Paul Sandridge	Staunton	VA	Bowling - Ramp (Hand Controls)
Roderick Slaughter	Suffolk	VA	Nine Ball
Randolph Stone	Brookneal	VA	Weightlifting By Bodyweight
Jillian Underriter	Gainesville	VA	Air Guns, Bowling - Manual
Matthew Wade	Gainesville	VA	Quad Rugby, Swimming - 25-yds. Freestyle, Breaststroke & Backstroke
Thomas Walthall	Powhatan	VA	Bowling – Manual, Nine Ball, Table Tennis
Rickey Wood	Richmond	VA	Trap Shooting
Gary Cowgar	Buckhannon	WV	Air Guns, Motorized Rally, Motorized Slalom (Hand Controls), Bowling - Ramp (Hand Controls)
Robert England	Bluefield	WV	Air Guns, Field - Discus, Javelin & Shot Put, Basketball
Stephen Hudson	North Fork	WV	Air Guns, Field - Shot Put , Javelin & Discus, Basketball, Weightlifting By Bodyweight
George Jackson	Winfield	WV	Handcycling, Air Guns, Field - Discus, Javelin & Shot Put, Basketball, Nine Ball, Trap Shooting
Richard Helmondollar	McArthur	WV	Air Guns, Bowling - Manual, Swimming - Freestyle 100 yds., Basketball
Gary Kirkendall	Bruceton Mills	WV	Field - Javelin & Shot Put (III)Weightlifting Quad, Bowling - Ramp (Hand Controls), Motorized Rally
William Mardos	Bridgeport	WV	Field - Club & Discus, Weightlifting Quad, Boccia Ball, Nine Ball, Air Guns



New Program Brings Sustainable Food To VISN 6 Veterans

By Jennifer Askey
Former Hampton VAMC public affairs officer

Breaking new ground for VA, VISN 6 will bring pastured, forest raised pork to Veterans using the network's food services thanks to a partnership with a family run farm near Staunton, Va.

"We've been thinking about how we could bring local, sustainably raised meat into the lives of our Veterans for a while," said VISN 6 Food Services Director Eric Samuelson. "We know that pasture raised livestock offers superior nutritional profiles, flavor and environmental impacts. We are proud to be able to offer select items where possible which enhance health, dining experience as well as the ecology." Samuelson oversees the commissary cooking operations home-based on the Hampton VA Medical Center campus that service the network's eight medical centers spanning North Carolina, Virginia and West Virginia.

The answer was Polyface Farms, located about two and a half hours away in Virginia's Shenandoah Valley. Four generations of Salatin have been cultivating the land since 1961, committed to pushing environmentally-friendly farming practices toward new heights. For second-generation farmer Joel Salatin and his third-generation farmer son, Daniel Salatin, this means bringing high-grade pastured meat products to Veterans throughout the VISN 6 region through the vision of Samuelson and his culinary team at Hampton.

Samuelson said the Salatin's believe land management is key. The family's guiding principles include grass-based methods of pasturing livestock and poultry which entails moving them frequently to new areas or "salad bars" as the senior Salatin calls it. He said this offers the landscape healing and nutritional superiority, directly contributing to the products high quality.

The food service director also noted that the farmers embrace nature's template, mimicking natural patterns on a commercial



Jennifer Askey

Diversity in pork species keeps the population healthy by naturally controlling pathogens in the forest glen.

domestic scale to ensure moral and ethical boundaries as well as transparency throughout the farming process.

Community is also an integral Polyface farm principle ~ no shipping of food outside the foodshed, rather, a localized distribution to some 5,000 families, more than 25 area restaurants and retail outlets. Now, VISN 6 has joined the community roster and Veterans will benefit from the partnership.

"Our family is all about ecological integrity," Joel said, noting it's important to know your food and your farmer and, together, build a community. "We believe that freedom begins with food ~ with the security of knowing where your food comes from."

The new VA contract with Polyface Farm, in a coordinated effort with U.S. Foods, means that our Nation's Heroes will be enjoying the freshest sustainable beef, pork and poultry in the farm to table fashion, according to Samuelson. And with the VISN 6 main facility shipping meals out to eight facilities the impact will be well worth the time, planning and coordination of moving toward this innovative way of caring for our Veterans.

"Dieticians have measured the recovery time of patients with this type of food and have seen great success," said Samuelson, explaining they will first contract for pork then include chicken. "With this pilot we intend to track the change to Veterans' meal satisfaction, health and recovery. We're very excited to be able to offer these familiar foods to the Veteran."

The pilot program could potentially impact multitudes of Veteran using food services within VISN 6's three-state service area.

"For those who have served this country, this is a way for their country to serve them," Salatin stated, noting that his father was a Navy Veteran from WWII, his brothers had served and that his nephew was a Marine who served two tours in Iraq. "We're just proud to be a part of it."



Jennifer Askey

Joel and Daniel Salatin discuss forest glens for pigs with Eric Samuelson, VISN 6 food services director.

Boilers Reduce Cost, Emissions, Aid Energy Efficiency

By Dennis Mehring
Asheville VAMC public affairs

Employees and volunteers at the Asheville VAMC got to take a close look at three new high-pressure boilers now providing steam, heat and hot water to the facility during a four-hour open house July 18.

The new boiler plant operation provides steam for vital sterilization procedures and equipment that are at the heart of many medical center systems, procedures and operations.

The new boilers were put into full operation in mid-June to replace three boilers that had been in operation since 1968. Robert Cornell, the facility management service chief, said that the operation of the new “fire-tube” boilers, which has heating elements in a tube surrounded by water, can be scaled to the demands of the facility, and are thus more efficient than the old “water-tube” boilers where the water went through tubes and was heated by outside elements.

The new boilers are two different sizes, giving the operators even more options for tailoring production to meet medical center demands, which will result in substantial savings of energy, money and emissions over time.

According to Cornell, the upgraded boiler operation is the latest in a series of substantive efforts Asheville VAMC has completed in the last 12 months. Those efforts were recently recognized when western North Carolina regional authorities honored the medical center for “going above and beyond established regulations to improve air quality in the region.”

The recognition came as the result of a series of energy efficiency upgrades including installing new windows, reflective roofing, upgrading parking lot lighting to LED technology, upgrading heating, ventilation and air conditioning controls, adding vestibules at main entrances, new more energy efficient kitchen equipment, and the use of power management settings on computers.

The pollution prevented by these projects, which does not in-



Scott Pittillo

From left, Medical Center Director Cynthia Breyfogle, Project Engineer Dan Schweikert, Facilities Maintenance Specialist Daniel Triplett and Facilities Management Chief Robert Cornell review the features Asheville VAMC's new boiler plant.

clude the new boiler plant, amounted to about 600 tons of greenhouse gases, 1.9 tons of sulfur dioxide, and 0.74 tons of nitrogen oxides per year.

The older boilers are being cut up and will be sold as scrap. Once that demolition effort is completed the old boiler room will be converted into new working spaces.

“We, the employees and volunteers who work at the Charles George VA Medical Center, can take great pride in being good stewards of the environment, as well as providers of quality health care for America’s heroes, our military Veterans,” said Medical Center Director Cynthia Breyfogle.

Jamboree Scouts Work To Enhance Beckley VAMC

By Steve Wilkins
VISN 6 public affairs

Some of our nation’s oldest citizens got a little help from a few of the youngest recently, when Boy Scouts visiting southern West Virginia performed community service on several projects at the Beckley VAMC.

About 250 Scouts from Mississippi, Arizona, California, Virginia, Nevada, Connecticut, Ethiopia, and the United Kingdom attending the 2013 National Scout Jamboree July 15-24 weathered 90-degree temperatures to complete facility improvement projects and interact with Veterans in and around the facility.

The boys worked with their Scoutmasters, under a Beckley VA recreation therapist and a local volunteer who acted as general project managers at the site, to build two wheelchair accessible flower box planters in the Community Living Center area, and two large brick entrance signs at the facility entranceway.

The experience benefitted Scouts and Veterans alike as the Veterans were thrilled with the attention they received. One scout told a Beckley VAMC staff member it was “an honor and a privilege to build the planters for Veterans.” He shared that his grandfather had been a Veteran, and inspired him “to do something to help make another Veteran happy.”

Beckley VAMC Adult Day Care participant Berta Lambert, a 94-year-old Army Veteran, attended the first National Jamboree in 1937. He shared those memories with the scouts, relating how as a boy he played in the very spot the 2013 Jamboree was held. He also explained how his scouting experience helped him as a soldier.



Debbie Voloski

National Jamboree Boy Scout Project at Beckley VAMC.

Veteran Mike Brown, a Navy Vietnam Veteran who helped with the project, was touched by the Scouts honoring Veterans with their work. “It’s good, it’s good. There’re a lot of scars that you bear, and it helps, it really does a person good to see our young people want to honor our service,” he said.



Mobile Health Clinic Coming To Southern West Virginia

By VISN 6 public affairs

BECKLEY, W.Va. – Eligible Veterans living in the southern portion of West Virginia will soon benefit from a mobile health clinic. Beckley VAMC Director Karin L. McGraw announced July 16 approval by VA for acquisition of a mobile health clinic as part of VA's effort to provide health care for patients in rural communities.

The mobile clinic, like VA's community based outpatient clinics, is an extension of the medical center and will offer access to primary care services.

The wheelchair accessible mobile clinic will be fully self-contained. It will include two exam rooms, a waiting area and a restroom, and maintain access to electronic records through the use of satellite technology.

"Beckley VA is committed to providing primary care and mental health care for Veterans in our entire catchment area" said McGraw. "Along with adding the mobile health clinic, we are in the final stages of contracting for a telemedicine clinic which will be co-located with the new Vet Center in Princeton. We are focusing these outreach efforts in Mercer County to help improve the availability of services to our south."

The telemedicine facility is expected to open in the fall and will provide telemental health and access to a variety of specialty consultative services including teledermatology, telegynecology, general surgery and the weight management program. Additional specialties will be fielded in line with demand and capacity. Deliv-



Courtesy Photo

Space available for patient services within the mobile clinic slated for Mercer County may surprise some Veterans.

ery of the mobile clinic typically takes about six to eight months.

Together, the mobile clinic and telemedicine clinic will substantially increase the ability of Veterans living in the region to take advantage of VA health care.

VISN 6 Leadership Participate In Emergency Mgm't Exercise

On July 22, senior leadership throughout the network participated in an emergency management exercise based on a scenario that included hurricanes and tornados. The exercise focused on the command and control function.

"The simulation included the network headquarters losing its ability to perform as the command function and provided each medical center the opportunity to take the lead," said Joseph Jenkins EI, VISN 6 Emergency Management program manager.

According to Jenkins, working through the scenario allowed leadership to recognize events that trigger the activation of the VISN's devolution plan and helped identify knowledge and resource gaps that may hinder a medical center from assuming mission-essential functions. This was the first exercise of its kind in the network. Participants walked through steps that coordinated communication and services, moved patients or staff, and delivered supplies and resources to simulated areas devastated by natural disaster.

"I'm pleased with the outcome of the exercise. This was time well spent. Each time we work through a crisis scenario, we add to our ability to react and respond. Regardless of the scenario or who is left in charge, the health and well-being of our patients and staff is paramount, and we must ensure that the mission of caring for our patients continues in the best manner possible," said Network Director Dan Hoffmann.



Steve Wilkins

VISN 6 Director Daniel Hoffmann and key VISN staff worked through an emergency management exercise with VA medical center leadership at each facility, simulating their assumption of VISN level operations in the event of a disaster eliminating operations at the headquarters.

30 Percent Of Disability Claims Converted Into Digital Files

WASHINGTON — VA announced July 18 that it has reached another milestone in its disability claims transformation process — over 30 percent of the current disability claims inventory is now digital and accessible to claim raters in VA's electronic claims processing system.

This effort is a key part of transforming outdated paper processing into an electronic system that is delivering disability claims decisions for Veterans more quickly. In addition, all incoming paper claims are transformed into digital records for electronic processing using VA's new claims processing software and electronic repository.

"A key element that slows our process is the thousands of tons of paper documents we handle each year related to Veterans' claims," said Undersecretary for Benefits Allison A. Hickey. "While we continue to expand our ability to process claims electronically, we still have to handle those we receive in paper form—the Veterans Claims Intake Program (VCIP) is our answer to this and helps us move into a fully digital environment."

VA established the VCIP program Sep. 28, 2012 to maximize the use of electronic intake for all claims, creating digital, searchable files.

The document conversion service, part of VCIP, has now been implemented at all 56 VA regional claims processing offices. VCIP is a capability that enables high-speed document scanning to help VA end its reliance on paper-based claims.

With VCIP, a new paper claim that is received at a regional office is recorded in VA's electronic claims processing system—called the Veterans Benefits Management System (VBMS)—and shipped to one of three document conversion locations to be scanned and converted into digital images.

The document images, which are made keyword searchable in the conversion, are placed into a VBMS electronic folder for use by the VA employees who work the Veteran's claim.

Digital conversion improves processing timeliness by eliminating paper folder transport, reducing manual data entry, streamlining the review of medical records, and standardizing correspondence with Veterans and beneficiaries.

To date, VA has converted more than 165 million pages of claims documents to digital images, and continues to add over 1 million images into VBMS every day.

"Finding a key piece of evidence in a thick paper file folder takes time," said James Thomas, a claims specialist at the Salt

Lake VA Regional Office. "With digital claims records, we can find all the key information related to the claim with a key stroke."

At the same time, VA is working closely with the DoD and Veterans Service Organizations to urge Veterans and separating servicemembers to file their disability claims electronically and, when possible, to file a Fully Developed Claim through the joint DoD/VA online portal, eBenefits (www.ebenefits.va.gov/ebenefits).

Registered eBenefits users with a Premium account can file a claim online, track the status, and access information on a variety of other benefits, including pension, education, health care, home loan, and vocational rehabilitation and employment programs. Additionally, eBenefits users can take advantage of 50 self-service features that both VA and DoD have made available.

VA is continuing to implement several initiatives to meet Secretary Shinseki's goal to eliminate the claims backlog in 2015. In May, VA announced that it was mandating overtime for claims processors in its 56 regional benefits offices to increase production of compensations claims decisions, which will continue through the end of FY 2013.

In June, VA announced that under an initiative launched in April to expedite disability compensation claims decisions for Veterans who have waited a year or longer, more than 65,000 claims nationwide — or 97 percent of all claims over two years old in the inventory — had been eliminated from the backlog.

Today, VA's total claims inventory remains at levels not seen since August 2011 and the number of claims in the VA backlog — claims pending over 125 days — has been reduced by nearly 12 percent since the "oldest claims first" initiative began.

VA continues to prioritize disability claims for homeless Veterans, those experiencing extreme financial hardship, the terminally ill, former Prisoners of War, Medal of Honor recipients, and Veterans filing Fully Developed Claims, which is the quickest way for Veterans to receive a decision on their compensation claim (www.benefits.va.gov/fdc/).

Claims for Wounded Warriors separating from the military for medical reasons will continue to be handled separately and on a priority basis with DoD through the Integrated Disability Evaluation System (IDES).

Veterans can learn more about disability benefits, and register and/or upgrade to a free Premium account on the joint Department of Defense/VA web portal eBenefits at www.ebenefits.va.gov.

VA Health Care Facilities Named To 2013 'Most Wired' Hospitals List

WASHINGTON — VA was recently named to the 2013 "Most Wired" hospitals list. For the first time, all VA medical centers were among the hospitals recognized.

The list, which is released by Hospitals & Health Networks, in partnership with McKesson, the College of Healthcare Information Management Executives and the American Hospital Association, is the result of a national survey aimed at ranking hospitals that are leveraging health information technology in new and innovative ways.

"Most Wired" cited examples of the department initiatives such as:

- telehealth being used in Veterans homes as an adjunct to traditional face-to-face care;
- recent VA Blue Button enhancements that allow improved access to critical patient medical information;
- deployment of asset tracking devices;
- the use of technology to better link specialty care providers to primary care physicians in rural areas.

The survey polled 1,713 hospitals and health systems nationwide to answer questions regarding their information technology initiatives between Jan. 15, 2013 and March 15, 2013. About 30 percent of all U.S. hospitals were surveyed.

"VA is honored to have its integrated health care system on the 'Most Wired' hospitals list," said Dr. Robert Petzel, Undersecretary for Health in the Department of Veterans Affairs.

"VA is dedicated to providing Veterans with the best experience possible," said Petzel. "Integrating IT into our everyday processes throughout our vast health care system has helped us to accomplish that goal. This recognition and this year's 10th anniversary of the introduction of VA's Personal Health Record, My HealtheVet, indicate we've made great strides in accomplishing our goals, and we're eager to build on this progress."

The full list of 2013's "Most Wired" hospitals and the entire report can be found in the July Hospitals & Health Network cover story detailing results, available at www.hhnmag.com.



VISN 6 Sites of Care & VA Vet Centers

Albemarle POC
1845 W City Drive
Elizabeth City, NC 27909
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

Goldsboro CBOC
2610 Hospital Road
Goldsboro, NC 27909
919-731-9766

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

Village Green Annex
1991 Fordham Drive
Fayetteville, NC 28304
910-488-2120 ext. 4020,

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

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

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

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

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

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 Louisburg 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