"Excellent Care – Earned by Veterans – Delivered Here"

Voices of VISN 6

Official news from around *your* VISN

VA MID-ATLANTIC HEALTH CARE NETWORK • VISN SIX

Vol. 3, No. 4 January 31, 2013

CLC Resident's Korean War Service Recognized

Nearly 62 years after his Korean War service, wounding and captivity, 80-year-old Asheville VAMC Community Living Center resident Joseph Ford was presented three medals during a Jan. 19 ceremony at the medical center.

Ford, now 80, received the Purple Heart, POW and Korean War Service medals in a ceremony attended by family members, friends, Asheville and Charlotte firefighters and three fellow POWs, Melvin Taylor,

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Right: Army Brig. Gen. James Earnst, chief of staff for the North Carolina National Guard Joint Forces Headquarters, pins the Purple Heart medal on Joseph Ford.

Dennis Mehring

Dunfee Selected To Lead Hampton VAMC

Michael H. Dunfee officially became the new director for Hampton VAMC Dec. 30, 2012. He will oversee delivery of health care to more than 40,000 Veterans living in eastern Virginia and northeastern North Carolina. Dunfee replaced DeAnne Seekins who has since become the director of the Durham VAMC.

"We are thrilled to add Michael to the VISN 6 team," said Daniel F. Hoffmann, Mid-Atlantic Health Care Network (VISN 6) director. "He brings a wealth of experience gained from the many diverse VA assignments he has held. His strong leadership qualities make him exceptionally well-qualified to take charge of Hampton where we have such a large military and Veteran population. The employees, volunteers, and most importantly the Veterans we are privileged to serve, will be in good hands under his stewardship."

Dunfee brings significant VA management and leadership experience to his new role. He has served Veterans in numerous capacities, most recently as associate medical center director at the Washington, D.C VAMC.

During that assignment, he served as acting medical center director on several occasions, frequently briefing Congressional, national and international government leaders about VA health care.

"I'm excited to be part of an already strong leadership team and support continued progress as we strive to provide the high quality care America's Veterans have earned and deserve," said Dunfee commenting on his selection to lead the medical center.

He holds a Bachelor of Arts degree from St. Cloud State University and Masters of Arts in Health Management and Policy from the University of

Michael H. Dunfee

Iowa. He began his VA career as an administrative resident at the Tomah VAMC in Tomah, Wis. in 1998.

Dunfee's other positions include acting associate director, South Texas Veterans Health Care System, and assistant director, South Texas Veter-

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Inside in Brief

From the Director

VA health care is in the news every day. Some stories showcase the many positives of growing access and providing new services. Some focus on issues or incidents that may give Veterans pause about the quality of care. I'm here to tell you that VA medicine, and particularly that provided in VISN 6, rivals the best health care in the nation.

So, why is the negative press so abundant? The answer is simple: transparency. By law, and by policy, and because it's the right thing to do, we have the most transparent patient safety program in use today.

Our goal is simple: The reduction and prevention of inadvertent harm to our patients under our care.

We track and analyze what we do and share with our stakeholders and the public, through media of all kinds, when we have a near miss or something goes wrong.

In 1999, the Institute of Medicine's landmark report, "To Err is Human," shifted health care's focus from eliminating errors to reducing or eliminating harm to patients. Rather than focusing on individuals, investigating system level vulnerabilities became the vehicle for achieving this aim. VA embraced a cultural change from the "name and blame" approach to that of systems-based problem solving and prevention, focusing on prevention, not punishment.

VA is at the forefront of reducing or eliminating harm to patients. We'll never eliminate all errors as we are human. Our goal is to design systems that are "fault tolerant," so that when an error occurs, it does not result in harm to a patient. The National Center for Patient Safety was created in 1999 to lead the VA's efforts to foster a culture of safety and transparency. Through this portal, should an error occur at one facility, other facilities can easily be notified to check their systems and processes to ensure that the same error is not repeated.

One of the most important ways to prevent harm is to learn from close calls, sometimes called near misses. Addressing problems in this way not only leads to safer systems, but also focuses everyone's efforts on continually identifying and fixing potential problems.

We use a multi-disciplinary team approach, known as Root Cause Analysis (RCA) to study adverse events and near misses. Finding out what happened, why it happened, and how to prevent it from happening again are the goals of this process. Because our safety culture relies on prevention, not punishment, RCA teams investigate how well patient care systems function. We focus on the "how" and the "why" not on the "who."

This doesn't mean that VA is a "blame free" organization. We have a system that delineates what type of activities may result in disciplinary action and which do not. Events that are intentionally unsafe can result in punitive action.

Providing safe, quality care and preventing complications associated with care is our top priority. Employees at every VISN 6

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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.

"Excellent Care – Earned by Veterans – Delivered Here"
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Conversation Matters

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Have you noticed that people talk more freely and openly in the hallway? We learn new things, create meaning, promote cooperation, and spark creativity during those chance encounters, hallway conversations. Experts attribute the success of these types of conversations to the fact that some of the sense of hierarchy is removed making participants more equal; to the fact that these conversations invite multiple perspectives because anyone who wanders by can join in; and just as important, people are free to walk away if they find the conversation uninteresting. It is known that 70-80 percent of learning that changes behaviors and/or performance is informal occurring via conversations.

Realizing the significance of this type of natural learning, companies have been intentionally designing work spaces that support the spontaneous, chance encounters that lead to conversations that enhance collaboration and creativity.

Steve Jobs was a leader in this approach. When he became CEO of Pixar, he wanted the headquarters to be a place that "promoted encounters and unplanned collaborations." Jobs created a large common atrium space which housed a reception area, employee mailboxes, café, foosball, fitness center, two 40-seat viewing rooms, and a large theater as well as the campus' only restrooms. This set up forced people who would have otherwise isolated themselves to have significant conversations, even if that took place while washing their hands. When people run into each other, when they make eye contact, things happen.

New York City Mayor Bloomberg has gone a big step further. The workspace for his staff is collaborative. Bloomberg sits in the middle of a cluster of 50 low-walled cubicles occupied by his senior staff. This type of open office plan helps promote accountability and accessibility but also can interfere with privacy. When privacy is needed, staff can retreat to a separate conference room. This model is most effective when staff is working on common issues.

Many organizations are experimenting with social networking processes that seem to serve the hallway function. Twitter, Facebook, Linked-In and Yammer are social networking services that millennials prefer to use in place of face-to-face conversations. For them, the majority of communication occurs online. Social networking accomplishes the same things as the hallway conver-sation with one exception.

In the hallway conversation, you get additional information from the individual's body language and tone of voice. When social networking sites are the only ways in-dividuals communicate, they lose the skills needed in face-to-face conversations. A balance of face-to-face conversations and social networking would maximize the effect that conversations can have on a business culture.

Conversation is the most powerful learning technology ever invented. Consider what you can do to enhance the opportunities you have for conversations both face-to-face and online. Some of us are limited in how we can change our physical space but at the same time we can change how we interact with our colleagues when we realize the richness that hallway conversations can have in our careers.

EXCELLENT SERVICE
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VA Mid-Atlantic Health Care Network VISN 6

Facility Leadership Changes in Durham, Richmond

Two facilities in the Mid Atlantic Health Care Network recently welcomed new, yet familiar, faces to their leadership teams.

Durham VAMC announced the appointment of Sara Haigh as associate director effective Jan. 13 and the Richmond VAMC welcomed Dr. Robin Jackson as assistant medical center director Dec. 2.

Although both will enjoy a wide variety of administrative tasks and responsibilities, Haigh will be responsible for the organization, direction, and coordination of administrative functions in Durham.

"Sara Haigh brings tremendous talent and a deep commitment to the mission of the Durham VAMC" said Durham VAMC Director DeAnne Seekins. "Her skill in hospital management coupled with her institutional knowledge is a winning combination for the Veterans in eastern North Carolina," Seekins said. Haigh was appointed assistant director in Durham on March 1, 2009 and has been serving as the acting associate director there since Oct. 1, 2012.

Her Veterans Affairs career spans almost 35 years and includes roles as ambulatory care coordinator, primary care coordinator, quality manager, and staff nurse at the Wilmington VAMC in Wilmington, Del.

Jackson, whose Ph.D. is in Organizational Leadership and Behavior, served as Richmond's chief of Social Work Service.

According to the Richmond VAMC Interim Chief of Staff Dr. Julie Beales, "He is a skilled leader and has become a valuable resource to the medical center's community partners in the quest to end homelessness of our nation's Veterans." She continued, adding that Jackson has "demonstrated outstanding clinical and administrative performance and management of the complex and diverse needs of our Veterans and their families. In his new role, Jackson will manage the facility Canteen Service, Food & Nutrition Service, Prosthetics Treatment Center, Social Work Service and Voluntary Service.

Prior to joining VHA, Jackson was the chief, Behavioral Medicine and Research at the David Grant United States Air Force Medical Center at Travis Air Force Base in Fairfield, Calif., his last assignment with the Air Force.

Paperless Claims Processing Being Deployed Nationally

Winston-Salem is one of 18 VA regional offices to lead off VA's nationwide transition to paperless processing of Veterans' disability claims at its regional benefits processing offices. VA officials say they are aggressively building a strong foundation for the new electronic claims processing system, called Veterans Benefits Management System or VBMS.

Processing newly received claims in an entirely digital format began near the end of 2012. VA is on track for full deployment of the system to the remaining 38 regional offices this year.

The Winston-Salem Regional Office receives about 72,000 claims from Veterans each year. Recognizing the strong military presence in North Carolina, VA chose the site as one of the first stations to roll out the new system.

"We are excited to be among the first to implement this new technology," said Cheryl Rawls, director, Winston-Salem Regional Office. "Once all functionality is implemented, we expect VBMS to enable North Carolina Veterans to receive more timely decisions on their claims. This is an important milestone in our determined efforts to provide more efficient service."

VA Undersecretary for Benefits Allison A. Hickey said VBMS addresses a decades-old problem. "For Veterans, VBMS will mean faster, higher-quality and more consistent decisions on claims. We recognize that too many Veterans are waiting too long to get the benefits they have earned, and that is unacceptable," Hickey said.

For our employees, VBMS will be a more user-friendly system that offers better access to decision-level information, rules-based calculators, and automated tools that help them process claims more consistently."

Critical to VA's transformation is ending the reliance on the outmoded paper-intensive processes which prevent timely and accurate claims processing. VA is deploying technology solutions which improve access, drive automation, reduce variance, and enable faster and more efficient operations to eliminate the backlog.

The current backlog of claims is the result of increased demand resulting from more than a decade of war with many Veterans returning with severe, complex injuries, and increased outreach to Veterans informing them of their benefits. Additionally, Secretary Eric K. Shinseki made important decisions to recognize medical conditions related to Agent Orange service in Southeast Asia, and to simplify the process to file claims for combat PTSD. These decisions expanded access to benefits for hundreds of thousands of Veterans and brought significantly more claims into the system.

VBMS was pilot-tested at other select regional offices between 2010 and 2012, with improvements and greater functionality added to system software releases throughout the testing period. In pilot programs, the new system cut the time to process claims nearly in half. The most recent version of VBMS software allows VA claims representatives to:

- Establish Veterans' claims entirely in a digital environment as "e-folders,"
- Receive, store, and view Veterans' submitted claim documents electronically,
- Identify and track the evidence VA needs from beneficiaries and other outside sources,
- Quickly direct claims electronically among regional offices to better match VA's workload with available workforce capacity.

The system also enables VA claims processors to access online rules-based calculators and drop-down menus to enhance standardization and accuracy of decisions, for both electronic claims and those received by VA in paper form and uploaded into VBMS.

Processors will also use VBMS to generate letters to Veterans concerning their claim status and send requests to private physicians for medical records needed to evaluate claims.

When VBMS is combined with VA's other Transformation initiatives—including improved claims rater training, cross-functional claims handling teams, and prioritized lanes to speed processing based on type of claim—VA will be positioned to meet the Secretary's priority goal of processing Veterans' claims in 125 days or less, at 98 percent accuracy, by the end of 2015.

For more information on VA's transformation go to http://benefits.va.gov/transformation/.

Telehealth Provides Veterans Chronic Pain Treatment Options

By Dr. John Hall
Fayetteville VAMC clinical psychologist

Chronic pain treatment within the VA is undergoing change due to research that suggests that long-term treatment with narcotics do not work well; but may also be harmful for some Veterans. In an effort to increase awareness of other treatment options offered to Veterans at the Fayetteville VAMC, a facility pain committee has been looking at creating a multi-disciplinary Pain Clinic to provide treatments ranging from physical therapy to interventional anesthesiology for Veterans suffering from chronic pain.

As a first step in the right direction, a pain class was created to help Veterans gain skills to control their pain and improve their quality of life. The class focuses on how behaviors, thoughts and emotions can increase or decrease the perception of pain and how much pain interferes with activities the Veteran finds important or pleasurable. Topics range from what you can and can't expect your pain medications to do for you, to how to avoid becoming physically weak and worsening pain and how to keep family relationships healthy despite pain. Veterans who regularly attend classes report that they are learning information and skills that they had never heard of, despite being treated for chronic pain in some instances for more than 30 years.

Fayetteville VAMC also offers telepain classes using clinical video telehealth. Telehealth is another effective approach because chronic pain is a widespread problem and local providers with specialized training in the biopsychosocial model of pain are limited. With the assistance of B.J. Farmer, facility telehealth coordinator, and the group of Telehealth clinical technicians at the Village Green Annex and other Fayetteville VAMC community based outpatient clinics, Veterans can participate from six different locations at the same time. Group participants report they enjoy the camaraderie of fellow Veterans and it helps family members who are also struggling with a loved one's pain.

Robin DeMark

VA patients come together to have greater access to personalized health care by using Telehealth videoconferencing at the Fayetteville VAMC and its associated CBOCs.

The telepain classes are open to eligible Veterans seen at Fayetteville main campus, the Village Green annex and any of the CBOCs associated with Fayetteville. Telepain classes are also offered at the Asheville and Salisbury VAMCs. Veterans interested in attending a pain class should ask their Primary Care provider, PACT team for a referral to the Non-Cancer Pain Clinic for a consultation. Veterans can also contact the facility telehealth coordinator at their local VA facility to learn about the availability of telepain classes.

Director's Column continued from Pg 2

medical center constantly observe and document actions with the goal of improving our processes. As with most everything else, technology is enhancing our ability to track, share and analyze these observations. Currently in use at Durham, and quickly being brought on line throughout the VISN, is a new reporting tool: the Electronic Patient Event Reporting system, or ePER. This system allows all our employees to report events they deem concerning. The reporting of close calls and near misses allows us to take a proactive approach in addressing vulnerabilities. Each facility Patient Safety Manager reviews near miss and patient event reports every day, reviews the risk to patients and determines if an RCA should be chartered.

A simple but important example of proactive patient safety is that of decreasing falls and the resulting injuries for inpatients. Inpatients are at high risk for falling because they are ill, in unfamiliar environments and usually treated with medications that can affect their mobility or judgment. Medical facilities focus on fall prevention because injuries from falls can lead to extended hospital stays and longer recovery times. Therefore, it is important to implement fall prevention strategies. Our systems-based problem solving and prevention has resulted in our Asheville VAMC decreasing falls by 50 percent in the 1st quarter 2013 compared to 1st quarter 2012. In Asheville's Long Term Care and Rehab CLC, the fall rate has declined 80 percent and patients that fell did not sustain any major injuries.

Reducing falls is just the tip of the iceberg with regard to patient safety but is a good example of the fact that we take patient safety seriously. In the next few months, I will share information on other initiatives designed to keep Veterans safe to include prevention, product recall, Veteran notification and infection control.

Sincerely, Dan Hoffmann

Hot, Delicious Bread Served To Richmond VAMC Patients

Darlene Edwards

Food and Nutrition Service worker Louis Manley prepares to serve hot freshly baked bread to Veterans.

By Darlene Edwards
Richmond VAMC public affairs officer

The aroma of fresh baked bread is drifting through the corridors of the 4th floor at McGuire VAMC.

This is just one example of how the medical center's Food and Nutrition Service has taken the extra step to create a more home-like environment, said Dr. Laura Nihan, chief, Food and Nutrition Service, Richmond VAMC.

"The Nutrition and Food Service team is very proud of the new innovations for patients and enjoys preparing and delivering the fresh hot bread with condiments to individual Veterans on the units," Nihan said.

The bread is baked, delivered and served hot to Veterans. Richmond VAMC's Nutrition and Food Service team's fresh baked bread program is one of few in VHA. Nihan said the program will soon expand to include additional delicious options.

The fresh baked bread service is available to all inpatient units. In addition, fresh baked, flavored breads, muffins, cookies and soup are available, not as menu items, but as special additions. Soup will serve as a supplement for patients who have finished tests that required fasting and need a hot delicious meal choice quickly.

Judged a hit by the Richmond inpatients, the program has also received favorable reviews from other VISN 6 facilities as word about the program spreads.

"Would love to see that here for our CLC residents-nothing smells better than fresh baked bread and it could possibly get them to eat more," said Dr. Mary Moorefield, Durham VAMC, co-chair VISN 6 Infection Control Council.

Look for more exciting and new programs starting in Food Services to enhance the patient's meal experience.

Senate Veteran Affairs Committee Visits Hampton VAMC

Dr. Bill Grunow

Stan Lowe (4th from right), deputy, director VA/DoD Interagency Program Office, responds to a question from David Brown (2nd from left), counsel for the Senate Veteran Affairs Committee (Majority Staff) while Hampton VAMC's Director Michael Dunfee (center) and members of the staff listen. Brown and a bi-partisan group of staff members from the SVAC visited Hampton Jan. 16, to learn more about VA's readiness for implementation of the integrated Electronic Health Record (iEHR) that will eventually replace VA and DoD's legacy electronic health records systems.

Asheville Utilization Management System Redesign Project Shows Promise

By Dennis Mehring
Asheville VAMC public affairs

Asheville VAMC's Utilization Management System Redesign team has put together what could probably be called a "low tech" answer to an expensive problem that could have ramifications far beyond the confines of the medical center.

The team's "Admitting to the Right Level of Care: A Transition from the Inpatient to the Outpatient" off-site lodging project was named the VISN's best Utilization Management System Design initiative for 2012 and earned the team the chance make a presentation to the Office of Utilization and Efficiency Management national teleconference.

Cost avoidance estimates for the initiative exceed $2 million, according to Cheryl McKoy, VISN 6 Utilization Management officer.

Asheville UM Supervisor Debra Patterson said the UM System Redesign team identified Veterans in observation and inpatient care services for routine infusion, hydration and ongoing cancer care meeting outpatient criteria. Many of those Veterans lived more than 50 miles from the medical center, making it difficult and challenging for them to travel the many miles in one day for outpatient services. The team recommended extended hours and increased access to the infusion center services and then developed a process for these Veterans to stay in a local contracted hotel (off-site lodging).

"The patients love it," Patterson said. "It allows them to be here with family members. The hotel purchased a van solely for transporting Veterans and their families to and from the medical center and other Asheville services."

Veterans who meet the criteria of requiring the services and living greater than 50 miles from the medical center apply for off-site lodging program through Voluntary Services after receiving a consult from a provider for necessary services.

Housing Veterans off-site has resulted in an increase in the percentage of cancer and vascular patients that meet the right criteria for inpatient services. This directly correlates to the Veterans in off-site lodging receiving outpatient services and not occupying a hospital bed. The off-site lodging program has reduced the demand for observation and inpatient care services for routine hydration, and the use of inpatient care services for chemotherapy infusions and for patients receiving radiation treatment.

Reducing the demand for inpatient beds makes 10 extra beds available each day, decreasing the number of Veteran's that are diverted to other facilities if the medical center is at capacity.

McKoy said the Asheville UM team's initiative was one of several noteworthy ideas generated during a nearly yearlong system redesign effort for the VISN 6 Utilization Management Team.

Dennis Mehring

Richard Rose, a Vietnam-era Army Veteran, said that the off-site lodging program has been "very beneficial, a big help" for him. Rose lives in Hiawassee, Ga., and drives himself the 115 miles to the Asheville VAMC for his chemotherapy treatments, which can last from 10 to 12 hours. Rose and other Veterans like him are lodged in an off-site hotel when necessary rather than being admitted for observation. The program has resulted in major dollar savings for the medical center and fewer hours in diversion status.

"After countless hours of devising aim statements, flow mapping, testing of new processes, measurement and coaching sessions, the UM System Redesign teams, in partnership with their local System Redesign coordinators completed their system redesign journey," McKoy said. "UM coordinators across the VISN in collaboration with local multidisciplinary team members embraced the system redesign philosophy of 'improving our work' to ensure Veterans continue to get the high quality health care they deserve."

Each medical center UM team analyzed local data to identify system vulnerabilities and barriers that were impeding their patient flow.

The medical center UM teams' efforts to identify process improvement activities that could decrease bed availability, avoidable bed days of care and hospital readmission rates received a big boost from then-VISN 6 Clinical Operations Manager Rebecca "Becky" Fox, a national system redesign coach. Fox provided System Redesign 101 training, "How to Apply System Redesign Principles to Utilization Management" to the medical center UM teams.

Purple Heart continued from Pg 1

Emmit Harris and Bob Bostwick.

Ford joined the Army at 17 in 1950; he served four years. A member of the 2nd Infantry Division, 15th Field Artillery Battalion, he was wounded in February 1951 and captured by the North Koreans. He, Taylor, Harris and Bostwick spent more than two years together at the same POW camp in North Korea.

The Veterans were together again to witness the presentation of Ford's Purple Heart, POW and Korean War Service medals. The fact that they were all together again surprised one of the guests at the ceremony who asked them to confirm that they had all been "guests" of the Chinese and North Koreans. Ford, who worked for 24 years as a Charlotte fire fighter after he left the Army and who can only speak softly due to the effects of a stroke, responded "Yes, and they weren't too hospitable."

The Veterans Legacy Foundation worked with Senator Kay Hagan's office to arrange the award of the medals.

Dunfee continued from Pg 1

ans HCS.

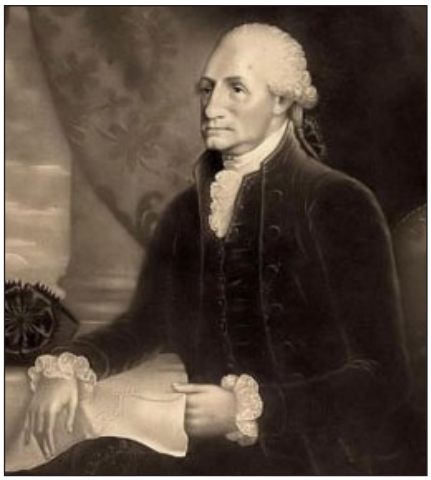
Additionally, he has served as the Strategic Planner for VA's Heart of Texas Health Care Network (VISN 17), overseeing the development and implementation of the VISN 17's Capital Assets Realignment Plan. He has also completed two tours in VA's Central Office.

Dunfee has served on and led a number of critical VHA boards and committees including those focused on information technology, capital assets and logistics, and he led the development of the Associate Directors Guide.

With a staff of about 1,600, the Hampton VAMC is a 468-bed facility serving more than 40,000 Veterans in eastern Virginia and northeastern North Carolina.

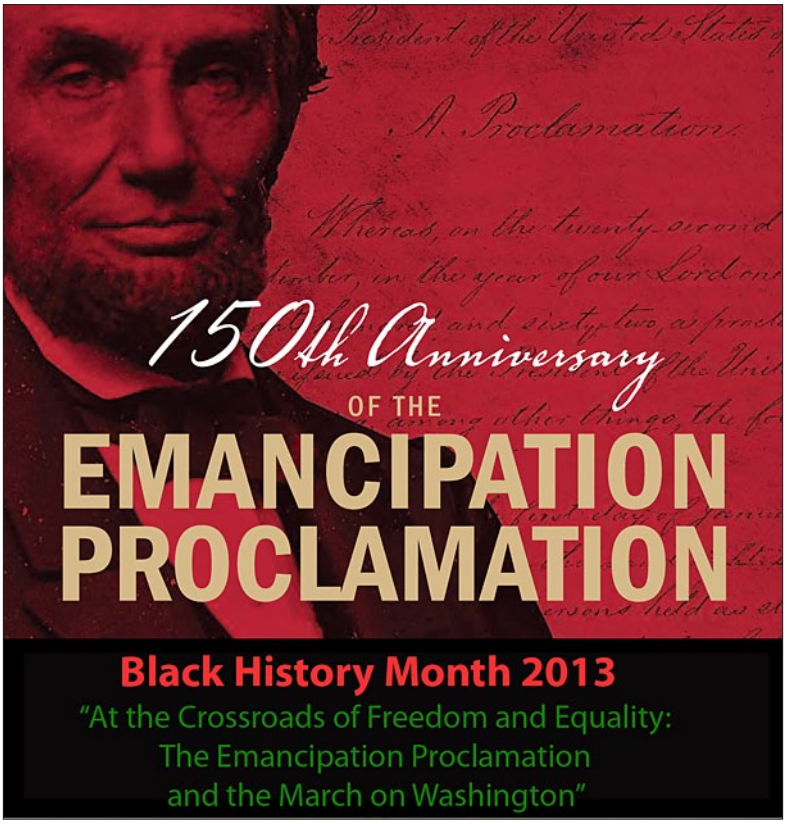
The medical center is located on 85 acres overlooking the Chesapeake Bay, and includes outpatient clinics in Virginia Beach, Va. and Elizabeth City, N.C.

Presidents' Day 2013



"The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive the Veterans of earlier wars were treated and appreciated by their nation."
— President George Washington

"With malice toward none; with charity for all; with firmness in the right, as God gives us to see the right, let us strive on to finish the work we are in; to bind up the nation's wounds; to care for him who shall have borne the battle, and for his widow, and his orphan—to do all which may achieve and cherish a just and lasting peace among ourselves, and with all nations."
— President Abraham Lincoln



Black History Month Celebrates The Emancipation Proclamation

Black or African-American History Month began as Negro History Week in 1926, the creation of historian Dr. Carter G. Woodson. In 1976, the weeklong observance was expanded to include the entire month of February with the aim of continuing Dr. Woodson's goal of educating the American people about African-American history by focusing on African-Americans' cultural backgrounds and notable achievements. The theme for Black History Month 2013 is "At the Crossroads of Freedom and Equality: The Emancipation Proclamation and the March on Washington," highlighting two important anniversaries in the history of African Americans and the United States. The Year 2013 marks the 150th anniversary of the Emancipation Proclamation and the 50th anniversary of the March on Washington.

On Jan. 1, 1863, the Emancipation Proclamation set the United States on the path of ending slavery. More than a century later, on August 28, 1963, hundreds of thousands of Americans – black and white – marched to the Lincoln Memorial in the continuing pursuit of equality of citizenship and self-determination. It was on this occasion that Martin Luther King, Jr. delivered his celebrated "I Have a Dream" speech. Just as the Emancipation Proclamation had recognized the coming end of slavery, the March on Washington for Jobs and Freedom announced that the days of legal segregation in the United States were numbered.

February: American Heart Month

Heart disease is the leading cause of death in the United States and is a major cause of disability. The most common heart disease in the United States is coronary heart disease, which often appears as a heart attack. In 2010, an estimated 785,000 Americans had a new coronary attack, and about 470,000 had a recurrent attack. About every 25 seconds, an American will have a coronary event, and about one every minute will die from one.

The chance of developing coronary heart disease can be reduced by taking steps to prevent and control factors that put people at greater risk. Additionally, knowing the signs and symptoms of heart attack are crucial to the most positive outcomes after having a heart attack. People who have survived a heart attack can also work to reduce their risk of another heart attack or a stroke in the future. For more information on heart disease and stroke, visit the Center for Disease Control's Division for Heart Disease and Stroke Prevention at www.cdc.gov/DHDSP/.

Diseases and Conditions That Put Your Heart at Risk

Other conditions that affect your heart or increase your risk of death or disability include arrhythmia, heart failure, and peripheral artery disease (PAD). High cholesterol, high blood pressure, obesity, diabetes, tobacco use, unhealthy diet, physical inactivity, and secondhand smoke are also risk factors associated with heart disease. For a full list of diseases and conditions along with risk factors and other health information associated with heart disease, visit the American Heart Association at www.americanheart.org/.

Men and Heart Disease: Quick Facts

• Heart disease is the leading cause of death for men in the United States, killing 307,225 men in 2009 — that's 1 in every 4 male deaths.

• Heart disease is the leading cause of death for men of most racial/ethnic groups in the United States, including African Americans, American Indians or Alaska Natives, Hispanics, and whites. For Asian American or Pacific Islander men, heart disease is second only to cancer.

• About 8.5% of all white men, 7.9% of black men, and 6.3% of Mexican American men have coronary heart disease.

• Half of the men who die suddenly of coronary heart disease have no previous symptoms.3 Even if you have no symptoms, you may still be at risk for heart disease.

• Between 70% and 89% of sudden cardiac events occur in men.

Women and Heart Disease: Quick Facts

• Although heart disease is sometimes thought of as a "man's disease," it is the leading cause of death for both women and men in the United States, and women account for nearly 50% of heart disease deaths. Despite increases in awareness over the past decade, only 54% of women recognize that heart disease is their No. 1 killer.

• In 2009, heart disease was the cause of death in 292,188women — that's 1 in every 4 female deaths.

• Heart disease is the leading cause of death for African American and white women in the United States. Among Hispanic women, heart disease and cancer cause roughly the same number of deaths each year. For American Indian or Alaska Native and Asian or Pacific Islander women, heart disease is second only to cancer.

• About 5.8% of all white women, 7.6% of black women, and 5.6% of Mexican American women have coronary heart disease.

• Almost two-thirds (64%) of women who die suddenly of coronary heart disease have no previous symptoms. Even if you have no symptoms, you may still be at risk for heart disease.

Salem To Host Valentines For Veterans Concert

Country music artist, Daryle Singletary, will perform in concert at the Salem Civic Center as part of Salem VAMC's 2013 National Salute to Veterans, Tuesday, Feb. 12, at 7 p.m.

The concert is part of the annual weeklong National Salute to Veterans celebration, specifically connected to Valentine's Day, and is an ideal opportunity for the community to express its respect and appreciation of all Veterans.

"We are very excited to again host one of the national concerts in our area for Veterans residing in southwest Virginia, " said Medical Center Director Dr. Miguel LaPuz. "Last year was overwhelmingly successful with over 4,500 in attendance and we look forward to another great event this February."

The concert also pays tribute to Gold Star families who have lost a loved one in service; welcomes Veterans home to their community and families, and promotes volunteerism at VA medical centers and outpatient clinics. "We know the community will want to demonstrate their ongoing appreciation and support of our Veterans and their loved ones by attending the event," LaPuz added.

Singletary's last release, "Rockin' in the Country" stays true to his childhood roots in rural Georgia. Past releases have included favorites such as "I'm Living Up to Her Low Expectations," "Amen Kind of Love," "I Let Her Lie," "The Note," "Background Noise," and "She's a Woman."

Tickets are required for admission and tickets may be obtained at the Salem Civic Center Box Office. Along with Veterans, active military and their families, the concert is also open to the public.

To learn about being a sponsor for the 2013 Valentines for Veterans Concert, please contact Salem VAMC Voluntary Service at 540-982-2463, Ext. 2633 or 2636. Updates will also be posted on Facebook, Twitter and the medical center website at www.salem.va.gov.

Heroes Among Us: Odell Vaughn

By Dennis Mehring
Asheville VAMC public affairs

Heroes walk, and roll, through the halls and clinics of the Charles George VAMC every day. One of the men who might fall into this category is 91-year old Greenville, S.C native Odell Vaughn who enlisted in the National Guard at age 17 to serve his country in World War II. He was sent to England and later served in North Africa and Italy.

Vaughn lost one leg to a German landmine on a battlefield near Pisa, Italy in July 1944. A member of the National Guard 178th Field Artillery, he stepped on the mine while trying to save a wounded soldier. He made a tourniquet from his belt to stop the bleeding and then he laid there for hours with his comrade, waiting for help.

A few years ago Vaughn told a reporter that he prayed to God to die while he was lying there, but when he thought about his wife, Virginia, and his two-year-old son, Odell Jr., he realized that praying to die was wrong. "I had a wife, and a child I had never seen. I quickly changed my attitude," Vaughn told the reporter.

He came home a double amputee, losing his other leg nine days after the first because doctors were unable to repair the damage. He recuperated in a hospital for 13 months; his wife moved closer to the hospital so she could see him every visiting hour. Vaughn received the Silver Star and Purple Heart for his service and sacrifice.

When he returned to South Carolina, Vaughn began working for Veterans Affairs in Columbia and later in Florida. He held a number of positions in VA during his 35 year career, progressing from a GS-2 greeter in Florida to deputy secretary of the Veterans Administration. Vaughn worked for Presidents Nixon, Ford and Carter. Vaughn said that he liked working for President Ford best. Vaughn explained that he and Mr. Ford lived in the same neighborhood in Washington, D.C., before he was appointed to the office of Vice-President and eventually became President.

Vaughn has received more than 50 awards and other recognitions for his 35 years of service to Veterans while a member of the VA. He's never let the loss of his legs slow him down, according to those who know him. He's golfed, skied and hiked, and had a reputation as an amateur carpenter and gardener. He retired from Federal service and after a few years of inactivity, "took a job selling life insurance because I was bored." Vaughn is not the type of man who likes to sit still for long. "I've been through about four sets of legs," he said.

At the age of 91 he has had to make some concessions to age. His back is no longer strong enough to allow him to walk with artificial limbs so he has been in a wheelchair for four years now. He stopped driving about the same time.

Dennis Mehring
Odell Vaughn and Charles George VAMC Director Cynthia Breyfogle.

His home in South Carolina is one-and-a-half hours driving time from the Charles George VA Medical Center, but he has been coming here to get his medical treatment since 1999 when he had shoulder replacement surgery, a lingering injury from the landmine explosion in 1944.

Vaughn said he visited 72 different facilities across the country during the time that he worked for the VA and chooses to come to the Charles George VAMC despite the distance because "My treatment has been excellent; couldn't be better. The people who do the work are very personable too. They take the time to explain what has to be done."

His time in the military and political trenches has ended but he still keeps up with events. He mentioned several times during a recent phone interview that he is worried about the backlog of Veterans claims. "When I was in (the VA) we were able to keep up with the (claims that Veterans made from) different wars. Now there is a backlog, and when a Veteran has to wait, that means he has nothing to do, but to try and earn a living" in between submission and judgment.

A widower now, Odell Vaughn has a smile and a firm handshake ready for any person who passes his way in spite of the loss of his wife and his son and all the physical and emotional pain that he has endured. Ask him if he is a hero, and I'll bet he'll tell you. "No. I was only doing my job."

'Family of Heroes' Offers Post Deployment Coping Help

By Roger Schlembach
Virginia Wounded Warrior Program

New online, interactive training is now available to help Virginia military families cope with the many challenges post deployment life present. The program called "Family of Heroes," has been made available through a partnership between the Virginia Wounded Warrior Program and the Virginia Department of Health.

Created by Kognito Interactive, "Family of Heroes is an online avatar-based resiliency and posttraumatic stress disorder training simulation where family member learn essential skills to help them manage the challenges they may face in adjusting to post-deployment life. These challenges run the gamut from managing expectations from the Veteran's return, to learning to identify post-deployment stress, to managing conversations with the goals of de-escalating arguments, negotiating family responsibilities, and, if needed, motivating the Veteran to seek help for PTSD or suicidal thoughts.

The online training consists of three separate scenarios that focus the user on managing conversations with the goal of de-escalating arguments. The scenarios are: a male Veteran arguing with his wife; a mother attempting to connect with her Veteran son; and a husband renegotiating household responsibilities with his Veteran wife. Each scenario consists of a 15-20 minute conversation that allows the user to test out responses which are the best for diffusing an argument, and to help them reconnect to the Veteran. The program allows the user to pick from several different responses, ranging from one that prolongs the argument, to one that diffuses it. A meter on the side of the screen measures the effectiveness of the user's response. The program explains to the user why a choice is incorrect and why the correct choice is best. The user goes through the conversation clicking on each choice and learning about the proper response to anger, annoyance and stubbornness.

In addition to the scenarios, this program also offers an abundance of local resource information for any family concerned about their Veteran child, parent or significant other.

To access the free, completely confidential program, visit www.familyofheroes.com. For more information about the Virginia Wounded Warrior Program, visit www.wearevirginiaveteran.org or call toll free 1-(877)-285-1299.

Officials Announce Changes To TRICARE Prime Service Areas

By Amaani Lyle
American Forces Press Service

WASHINGTON, Jan. 10, 2013 – Active duty service members and their families will be unaffected when long-delayed reductions to areas where the TRICARE Prime option is offered take place Oct. 1, TRICARE officials said yesterday.

But as TRICARE seeks to synchronize service area shifts once staggered by contract delays, some military retirees and their dependents will be moved to TRICARE Standard coverage, S. Dian Lawhon, beneficiary education and support division director, said during a conference call with reporters. Those affected reside more than 40 miles from a military treatment facility or base closure site, she said.

The new contracts limit Prime networks to regions within a 40-mile radius of military treatment facilities and in areas affected by the 2005 base closure and realignment process, she explained. But provisions will allow Prime beneficiaries who see providers outside the 40-mile service area to remain in Prime if they reside within 100 miles of an available primary care manager and sign an access waiver, she added.

"If TRICARE retirees and young adults live less than 100 miles away from a remaining Prime service area, they can re-enroll in Prime by waiving their drive standards and there will be room made for them," Lawhon said, adding that the networks are required to connect providers to those who elect to waive their drive standards.

Contractors such as United HealthCare Military & Veterans, Health Net Federal Services and Humana Military will continue to assist beneficiaries in obtaining providers in their regions, she added.

"Health care is best if it's local," Lawhon said. "We've established the drive standards [to enable] people to access their primary and specialty care within a reasonable period of time."

Austin Camacho, TRICARE's benefit information and outreach branch chief, said the out-of-pocket, fee-for-service cost of TRICARE Standard would cost a bit more, depending on the frequency of health care use and visits.

No cost applies for preventive care such as mammograms, vaccines, cancer screening, prostate examinations and routine check-ups, he added.

Officials estimate the changes will lower overall TRICARE costs by $45 million to $56 million a year, depending on the number of beneficiaries who choose to remain in Prime, Camacho said.

Lawhon and Camacho said beneficiaries should speak to their health care providers and families to assess the best course of action.

"We're hoping people will take a careful look at their health care needs," Lawhon said. "We have seen that people using the Standard benefit are very pleased with it, and their customer satisfaction is the highest of all."

VA Launches Challenge.gov Contest For Scheduling Appointments

WASHINGTON – VA is challenging software developers to create new systems that schedule appointments in VA's nationwide health system.

Through a Medical Appointment Scheduling System Contest, hosted on the site Challenge.gov, VA will award as many as three prizes for the creation of an open-source and open application program interface-based system to replace components of VA's 25-year-old scheduling software in its VistA electronic health system.

"For the last 18 months, we have been working with the open source community to support this change in direction. Today we announce yet another project supported by that community," said Roger Baker, VA assistant secretary for information technology.

The contest was formally announced in the Federal Register on Oct. 16, 2012. Registration is due by May 13, 2013, and all entries must be finalized by June 13, 2013.

The MASS Contest is driven by VA's decision to transition its VistA electronic health system into an openly architected product and to challenge developers to offer standards-based, modular components that can be extended and modified much more easily than customized products.

Proprietary, commercial systems are eligible for prizes, but all entries in the contest will be required to have open connections, or APIs. Entries with substantial open source content will be especially welcomed.

VA plans to announce winners on or about Sept. 30, 2013.

Contestants, in order to be judged, will contribute the open APIs and any open source content in their entries to the Open Source Electronic Health Record Agent. VA will use the results of the contest to design final specification for an appointment scheduling system to be deployed nationally.

Information is available at the contest website: http://vascheduling.challenge.gov/.

Native American Veterans Able To Access Care Closer To Home

WASHINGTON – American Indian and Alaska Native Veterans will soon have increased access to health care services closer to home following a recent VA and Indian Health Service joint national agreement.

As a result of the national agreement, VA is now able to reimburse the IHS for direct care services provided to eligible American Indian and Alaska Native Veterans.

While the national agreement applies only to VA and IHS, it will inform agreements negotiated between the VA and tribal health programs. VA co-payments do not apply to direct care services provided by IHS to eligible American Indian and Alaska Native Veterans under this agreement.

"The VA and IHS, in consultation with the federally-recognized tribal governments, have worked long and hard to come to an equitable agreement that would ensure access to quality health care would be made available to our Nation's heroes living in tribal communities," said Dr. Robert Petzel, undersecretary for health, Veterans Health Administration. "This agreement will also strengthen VA, IHS and tribal health programs by increasing access to high-quality care for Native Veterans, particularly those in highly rural areas."

"This reimbursement agreement between the VA and the IHS will help improve health care services for American Indian and Alaska Native Veterans and further the IHS mission and federal responsibility of raising the health status of American Indians and Alaska Natives to the highest level possible," said Dr. Yvette Roubideaux, director of the Indian Health Service.

"This IHS-VA agreement will allow our federal facilities to work with the VA more closely as we implement this critical provision in the recently reauthorized Indian Health Care Improvement Act, passed as part of the Affordable Care Act," she said.

To view the national agreement, please visit: www.va.gov.

To find out additional information about American Indian and Alaska Native Veteran programs, please visit: www.va.gov/tribalgovernment and www.ihs.gov/.

VA, SSA & IRS Cut Red Tape For Veterans & Their Survivors

WASHINGTON – VA announced last month it is cutting red tape for Veterans by eliminating the need for them to complete an annual Eligibility Verification Report.

VA will implement a new process for confirming eligibility for benefits, and staff that had been responsible for processing the old form will instead focus on eliminating the compensation claims backlog.

Historically, beneficiaries have been required to complete an EVR each year to ensure their pension benefits continued. Under the new initiative, VA will work with the Internal Revenue Service and the Social Security Administration to verify continued eligibility for pension benefits.

VA estimates it would have sent nearly 150,000 EVRs to beneficiaries in January 2013.

Eliminating these annual reports reduces the burden on Veterans, their families, and survivors because they will not have to return these routine reports to VA each year in order to avoid suspension of benefits. It also allows VA to redirect more than 100 employees that usually process EVRs to work on eliminating the claims backlog.

"Having already instituted an expedited process that enables wounded warriors to quickly access Social Security disability benefits, we are proud to work with our federal partners on an automated process that will make it much easier for qualified Veterans to maintain their VA benefits from year to year," said Commissioner of Social Security Michael J. Astrue.

"The IRS is taking new steps to provide critical data to help speed the benefits process for the nation's Veterans and Veterans Affairs," said Beth Tucker, IRS deputy commissioner for operations support.

"The IRS is pleased to be part of a partnership with VA and SSA that will provide needed data quickly and effectively to move this effort forward," she added.

All beneficiaries currently receiving VA pension benefits will receive a letter from VA explaining these changes and providing instructions on how to continue to submit their unreimbursed medical expenses. More information about VA pension benefits is available at www.benefits.va.gov/pension and other VA benefit programs on the joint DoD—VA web portal eBenefits at www.ebenefits.va.gov.

Fayetteville HCC Back On Track After Lease Protests Nullified

Two protests challenging the Fayetteville (N.C.) Health Care Clinic lease award have been found to be without merit. One protest was filed with VA and the other with the Government Accountability Office.

As a result of the decisions made by VA and GAO, the lease contract stands with Ohio-based Fedcar Companies, Ltd. VA and Fedcar will immediately move forward with design drawings and then construction of the facility to be located on land located between 7200 and 7400 block of Raeford Rd. and 7200 and 7300 block of South Raeford Rd.

The 20-year lease calls for a 259,000 square foot facility with 1,360 parking spaces for which VA will pay an annual rent of $10.5 million.

The new facility will provide primary care, specialty care, day surgery, audiology, pharmacy and radiology services and will include an eye clinic.

'GI Bill' VA Registered Trademark

WASHINGTON – "GI Bill" is now a registered trademark with the U.S. Patent and Trademark Office and VA is the sole owner of the mark.

Last April, President Obama signed Executive Order 13607, directing the VA, DoD, and the Department of Education to undertake a number of measures to "stop deceptive and misleading" promotional efforts that target the GI Bill educational benefits of Servicemembers, Veterans, and eligible family members and survivors. One of the key components of the order was for VA to register the term "GI Bill" as a trademark in order to protect individuals and ensure they are directed to the right resources to make informed decisions.

In addition, VA obtained the rights to the GIBill.com website after the original owners agreed to give up the site. VA is taking a proactive approach to eliminate fraudulent marketing and recruiting practices.

"Trademarking 'GI Bill' is a great step forward in continuing our mission to better serve this nation's Servicemembers, Veterans, and their families," said Allison A. Hickey, VA undersecretary for benefits.

For more information on GI Bill programs, please visit www.gibill.va.gov or call 1-888-GI-Bill-1 (1-888-442-4551) to speak with a GI Bill representative.

VA Seeks To Expand TBI Benefits, Proposes Five Diagnosable Illnesses

WASHINGTON – The Department of Veterans Affairs is publishing a proposed regulation in the Federal Register that would change its rules to add five diagnosable illnesses which are secondary to service-connected Traumatic Brain Injury (TBI).

"We must always decide Veterans' disability claims based on the best science available, and we will," Secretary of Veterans Affairs Eric K. Shinseki said. "Veterans who endure health problems deserve timely decisions based on solid evidence that ensure they receive benefits earned through their service to the country."

VA proposes to add a new subsection to its adjudication regulation by revising 38 CFR 3.310 to state that if a Veteran who has a service-connected TBI also has one of the five illnesses, then the illness will be considered service connected as secondary to the TBI.

Service connection under the proposed rule depends in part upon the severity of the TBI (mild, moderate, or severe) and the period of time between the injury and onset of the secondary illness.

However, the proposed rule also clarifies that it does not preclude a Veteran from establishing direct service connection even if those time and severity standards are not met. It also defines the terms mild, moderate, and severe, consistent with Department of Defense (DoD) guidelines.

Comments on the proposed rule will be accepted over the next 60 days. A final regulation will be published after consideration of all comments received.

VA's decision is based on a report by the National Academy of Sciences, Institute of Medicine (IOM), "Gulf War and Health, Volume 7: Long-Term Consequences of TBI."

In its report, the IOM's Committee on Gulf War and Health concluded that "sufficient evidence of a causal relationship" - the IOM's highest evidentiary standard - existed between moderate or severe levels of TBI and diagnosed unprovoked seizures. The IOM found "sufficient evidence of an association" between moderate or severe levels of TBI and Parkinsonism; dementias (which VA understands to include presenile dementia of the Alzheimer type and post-traumatic dementia); depression (which also was associated with mild TBI); and diseases of hormone deficiency that may result from hypothalamo-pituitary changes.

Specific information about the Defense and Veteran Brain Injury Center is available at www.dvbic.org/. Information about Gulf War and VA's services and programs are available at: www.publichealth.va.gov/exposures/gulfwar/hazardous_exposures.asp.

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 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