



VA MID-ATLANTIC HEALTH CARE NETWORK - VISN SIX

Vol. 1, No. 5

"Excellent Care – Earned by Veterans – Delivered Here"

Voices of VISN 6

Official news from around *your* VISN

March 10, 2011

Transitional Rehabilitation Center Opens in Richmond

By Steve Wilkins
VISN 6 public affairs

Declaring that, "What we do here is a calling, not a job," Chaplain Alice Tamrie added the VA employees entrusted with caring for the nation's wounded warriors also recognize the calling is "to do our best to care for them," during her invocation at a special dedication ceremony Tuesday.

Richmond VAMC hosted a grand opening March 8 of VA's state-of-the-art Polytrauma Transitional Rehabilitation Center. The new 20-bed, 22,000 square foot facility increases the capacity of the existing program by 100 percent. Polytrauma is a term describing injuries to more than one body part or system,

with long-term impairment or disability. The goal of transitional rehabilitation is to return the wounded service member or Veteran to the least restrictive environment possible, including return to active duty, work, school, or independent living, in the community.

VA began funding transitional rehabilitation centers in 2007, after research showed they helped patients readjust more easily.

VA Under Secretary for Health Dr. Robert A. Petzel was on hand for the ceremony, with several local leaders also in attendance to dedicate the new facility. Petzel said, "VA is very proud of its system of polytrauma care and Rich-

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Don Spragg

L-R: Charles Sepich, Daniel Hoffmann, Dr. Robert Petzel, Dr. David Cifu, Paul Galanti, Dr. Shane McNamee, Dr. Gary Goldberg.

Asheville VAMC Installs New Phone System

By Scott Pittillo
Asheville VAMC public affairs

Customer service at the Asheville VAMC made a giant leap forward with the installation of a new \$1.2 million dollar switchboard. The new sys-

tem has nearly quadrupled the handling capacity of the previous system, increasing handling of incoming calls from 16 to 72 at any given time.

"We are extremely pleased with all the capabilities this new system provides. We know



Scott Pittillo

Installation Technician Nate Mavrogeorge inspects one of the nearly 2,000 lines connected to the new phone system March 1.

our Veterans will have much better success in reaching medical center staff and services, and our staff will find the new features more convenient," said Asheville VAMC Director Cynthia Breyfogle.

Replacing phones might be the most visibly noticeable thing that happened, but the real work took place behind the scenes and started more than a year ago.

Personnel from the Office of Information and Technology (OI&T) and others have been tearing out the old hardware and replacing it with a series of servers that comprise the new system.

To the naked eye, there is a row of racks with boxes and a jumble of attached wires in a room buried deep in the facility. In this instance, bigger is not better because the new system

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VISN 6 Sites of Care with addresses and phone numbers for each location.

Plans For Future Enhance Quality Of Life For Veterans

It's always a pleasure to share positive strides in our efforts to increase quality and access of health care.

On Tuesday, I had the pleasure of participating in the ribbon cutting for VA's newest Polytrauma Transitional Rehabilitation Center. Co-located with the Richmond VAMC, this new center doubles our capacity to provide rehabilitative care.

The center's focus is to help Servicemembers, Veterans, and their families, develop strategies to cope with the effects of their injuries and to return each person to the least restrictive environment possible.

We are very pleased to have this facility here and look forward to the future when we can look back and see all the lives we will have touched - and the quality of life improvements made by doing so.

As this newsletter goes out, we are in the midst of the VISN-wide effort to eliminate the backlog of C&P exams. We pulled together resources from throughout the VISN, bringing providers and resources from our Asheville, Hampton, Richmond, Salem and Salisbury VAMCs to augment the Durham and Fayetteville teams, where the largest backlogs happen to be. Backing them up are providers at the Beckley VAMC performing quality control checks on exams.

In line with some of VA's initiatives, VISN 6 is working to prevent this situation from happening again. Along with hiring a full-time Network C&P Coordinator, we



are working hand-in-hand with VBA, rotating physicians and PAs through the Winston-Salem Regional Office to provide opinions and exam clarifications.

VISN 6 is the fourth largest network in the nation in terms of number of Veterans enrolled. We continue to grow in both the number of Veterans we serve and the number of locations we provide access to care. Our team of planners is calculating the rate of growth for locations and clinical services, and identifying what improvements need take place to prepare for the future health care needs of this region's Veterans.

Through an effective Strategic Planning and Capital Asset Management program, we will continue to strive to provide the highest quality health care to Veterans within this dynamic health care environment.

Best Regards,
Dan Hoffmann

Voices of VISN 6 is published on the 10th of each month. The contents provide readers with information on VA programs designed to enhance the lives and health care of Veterans.

If you have questions or comments about the newsletter, e-mail Bruce.Sprecher@va.gov or call 919-956-5541.



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used one third the space and requires far less electrical power, making it a more "Green Technology."

"The old system had a limited capability and could be unpredictable; maintenance was troublesome as much of the hardware was no longer in production and calls were being dropped or failing to be connected at all," said Associate Facility Chief Information Officer Robbie Roberts, which explains why incoming calls sometimes seemed to go unanswered -- in truth they failed to connect.

Within the facility there are approximately 2,000 internal extensions and the new system leaves the capacity for thousands of lines to be added. The system also ties the Franklin and Rutherford County CBOCs to the facility. Rather than having to dial from an outside line, both facilities can now be reached using 4-digit extensions.

The new switch also allows the medical center to monitor and track call traffic, identify trouble spots and adjust accordingly. From a customer service perspective, the

facility will have a much better grasp on how well it is answering patient calls.

"All of this should have a noticeable impact for people calling into the system," said VA Office of Information and Technology Project Manager and Communications Specialist Mathew Hammaker. Hammaker has been managing the project from the beginning and is one of eight people who manage these projects for every VA medical facility in the nation.

"This project was a group effort. It took our office, the contractor Standard Communications Incorporated, and a host of facility services including OI&T, engineering, customer care, the information security office, and the warehouse among others to make this happen," said Hammaker.

OI&T will continue to be on hand to troubleshoot any issues the new system may have.

The Fayetteville VAMC is next in line for a replacement phone system. The project has been approved and funded. Contracting is now underway. The system is expected to be in place by the end of the year.



New Technology Increases Access To Mental Health Care

By Steve Wilkins
VISN 6 Public Affairs

VISN 6 is incorporating technological advances in telecommunication to help Veterans recover from PTSD and other mental health disorders. TeleMental Health uses televisions and phone lines to connect Veterans with their psychological care providers as they work to heal emotional wounds.

One of the challenges facing VA is meeting the needs of so many Veterans who require help adjusting to the effects of combat and the stresses associated with deployment to war zones.

“Half of all OIF/OEF Veterans who are eligible for VA services have already had at least one appointment for mental health care. Half of these people have been identified with a possible mental health issue requiring further assessment or treatment,” according to Dr. Harold Kudler, Assistant Director for VISN 6 Mental Illness Research, Education and Clinical Center.

Over the recent years of U.S. involvement in Southwest Asia, Soldiers, Marines, Airmen and Sailors have encountered a staggering number of combat-related experiences ranging from being shot at or wounded, to witnessing the brutality of war and its aftermath. The lingering effects of such traumatic experiences may affect Veterans’ ability to cope with everyday life.

A 2004 study found that as many as 86 percent of Soldiers deployed to Iraq may have been exposed to this type of situation.

This study established the need to screen and treat a vast number of Veterans. However, once screened, Veterans often required treatment that was inconvenient for them to access. Combined with feelings of weakness and the fear that they might be “broken warriors,” the difficulty of getting to a treatment site became an insurmountable barrier for many.

Many of those Veterans returning from service are set-

ting in areas which may not be within reasonable proximity of a VA Hospital or Clinic. TeleMental Health is a technology which can connect these Veterans with their providers, thus providing convenience and the necessary treatment.

The VISN TeleMental Health program has tripled in size since 2008, with more than 3,000 appointments in fiscal year 2010 and already more than 850 in the first four months of this fiscal year. Most of that growth has occurred in Asheville and Durham, but Salem VAMC continues to manage and treat the greatest number of patients through the program.

It may no longer be necessary for a Veteran to travel far for a mental health visit because his or her doctor can show up on a screen just around the corner at a local VA medical facility, at a community based outpatient clinic, or even in their home through use of a video phone. VA TeleMental health uses television screens in different locations to connect Veterans with their psychological care providers.

The care provider has the opportunity to not only speak to the Veteran, but can also make observations about their appearance, posture, body language, and expressions.

“The visuals are key to the process,” according to Charles Sepich, Richmond VAMC Director. Richmond not only has a TeleMental Health component, but plans to expand services to help treat spinal cord injuries in early summer 2011. Sepich added that being able to associate non-verbal language to the Veteran’s conversation

and tone helps complete the picture for the provider, making complete interaction and evaluation possible. Because of this, Sepich maintains, “The VISN is able to provide enhanced care to individuals and replicate it at the same high level of quality throughout the VISN.”



Providers and technicians operating the equipment ensure Veterans a secure, confidential meeting. Regular VISN-wide staff coordination assures the same level of care is afforded each Veteran everywhere.

This service is becoming increasingly important because Soldiers are now experiencing

a greater number of combat-related experiences in Afghanistan than Soldiers in Iraq, according to Dr. Mark Detweiler. Detweiler, a Salem VAMC provider coordinates a one-of-a-kind telemental health services program for wounded warriors based at Fort Bragg, N.C. He indicated that the VA program helps because it offers a treatment option outside the Soldiers’ chain of command and some Soldiers feel more comfortable meeting VA providers in front of the camera. He

added that an unprecedented 89 percent of those in the program enroll in VA within four months of their military discharge.

Veterans apparently like the service, and very few have reverted to regular face-to-face meetings.

“Most patients have readily embraced telemental health, due to the convenience in access to services,” according to Dr. Jose Nieves, the VISN Telemental Health Lead. Nieves said Veterans can take advantage of medication management, clinical and patient education groups and case management services via telemental health.

Besides the TV screens, no other peripheral equipment is required, so, Nieves said, all that is needed “are the clinician’s and patient’s image.”

TeleMental health will be used extensively in coming weeks to help providers across the VISN accomplish Compensation and Pension exams. Veterans will be able to go into nearby VA facilities with limited or no mental health services and communicate with mental health specialists at other VA facilities, so that their service-connected mental health claims can be addressed.

Detweiler said providers can help Soldiers use “the same character traits in their recovery and subsequent civilian success that they used for positive achievement as warriors; initiative, perseverance and dedication.” He said if they can recall and use their warrior psyche and redirect it to focus on what they can do to be successful, they can become effective civilian leaders.

This is the fourth article in a series focusing on VA telehealth services. Telehealth is a rapidly developing application that transfers medical information between providers and patients via telephone, the Internet or other networks to monitor health status, provide education and consulting or sometimes to provide remote medical procedures or examinations via telemedicine to improve Veterans’ health.

Medical Centers Host Regional Homeless Summits

By Jennifer Burden, Ph.D.
VISN 6 Homeless Coordinator

During the National Homeless Forum which took place in Washington, D.C., in December 2010, Secretary of Veterans Affairs Eric K. Shinseki reiterated VA's plan to eliminate homeless among Veterans by 2015.

During that meeting, he set forth a charge to VA to develop "synchronous plans at the federal, state, and local levels—public-private partnerships."

While active efforts were already under way, there was a clear recognition that VA cannot eliminate homelessness among Veterans alone and that it will take active partnership at every level to ensure success.

To that end, Secretary Shinseki charged every VA Medical Center to host a com-

munity based summit with the goal of developing transparent, synchronous plans for moving forward.

This charge was fully embraced across the Mid-Atlantic Healthcare Network. Beginning on Jan. 28 and culminating on Feb. 4, each medical center across the network hosted a Homeless Summit.

State, local, and community leaders were invited to meet with facility leadership and the medical center's homeless team to lay the groundwork for a synchronous working plan. The response from the community was overwhelming with more than

350 people attending the eight summits.

The summits focused on developing targeted goals to address each of the six pillars from VA's overall plan: Out-

reach and Education; Prevention; Housing and Supportive Services; Treatment; Employment, Income, and Benefits; and Community Partnerships. Several key goals were identified across the network and in the coming months, VA will

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Report On Homeless Veterans Issued

WASHINGTON – For the first time, VA and the Department of Housing and Urban Development published the most authoritative analysis of the extent and nature of homelessness among Veterans. According to HUD and VA's assessment, nearly 76,000 Veterans were homeless on a given night in 2009 while roughly 136,000 Veterans spent at least one night in a shelter during that year.

This unprecedented assessment is based on an annual report HUD provides to Congress and explores in greater depth the demographics of Veterans who are homeless, how the number of Veterans compares to others who are homeless, and how Veterans access and use the nation's homeless response system.

"With our federal, state and community partners working together, more Veterans are moving into safe housing," said Secretary of Veterans Affairs Eric K. Shinseki. "But we're not done yet. Providing assistance in mental health, substance abuse treatment, education and employment goes

hand-in-hand with preventive steps and permanent supportive housing. We continue to work towards our goal of finding every Veteran safe housing and access to needed services."

Last June, President Obama announced the nation's first comprehensive strategy to prevent and end homelessness, including a focus on homeless Veterans. The report, *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, puts the country on a path to end Veterans and chronic homelessness by 2015; and to ending homelessness among children, family, and youth by 2020.

Key Findings of Veteran Homelessness: A Supplement to the 2009 Annual Homeless Assessment Report to Congress – More than 3,000 cities and counties reported 75,609 homeless Veterans on a single night in January of 2009; 57 percent were staying in an emergency shelter or transitional housing program while the remaining 43 percent were unsheltered. Vet-

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Ribbon Cutting continued from Pg 1

mond's place as a National center, the "Flagship" of four national polytrauma centers for rehabilitation.

The Polytrauma system of care at the Richmond VAMC is one of four such centers nationwide and includes three integrated programs: the Polytrauma Rehabilitation Center, the Polytrauma Transitional Rehabilitation Program, and the Polytrauma Network Site programs.

The three programs provide inpatient, transitional, and outpatient rehabilitation tailored to individual patterns of impairment sustained in trauma and/or resulting from medical conditions or surgery.

Keynote speaker Dr. David Cifu, National Director of Physical Medicine and Rehabilitation Program Office, said, "This is about the next five to 20 years, the future as well as what's happening now." He claimed the center "is not just about good ideas, but about great support from leadership and everyone working together and how important it is to do the day-to-day work in the

trenches," for the Servicemen and women needing treatment.

The Polytrauma Transitional Rehabilitation Program is a time limited and goal oriented program. The average stay in the center is four months. An interdisciplinary team of specialists perform assessment and rehabilitation of cognitive, emotional and physical injuries, develops and manages treatment plans and provides case management for existing and emerging conditions.

Veterans and Servicemembers gain independent living skills, social readjustment, community integration and vocational rehabilitation training through the program.

Charles Sepich, Richmond VAMC director, said the facility is an example of the way the medical center leads the way for the nation in shaping the future for care of our nation's heroes, complimenting the center's rehabilitation focus by being supportive of the Veterans and Soldiers who come here, while encouraging their independence.

WOMEN VETERANS HEALTH CARE

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



Army Partnership Increases Fayetteville Female Services

By Ed Drohan
Fayetteville VAMC Public Affairs

Women Veterans now have access to services that weren't available in the Fayetteville VAMC less than a year ago thanks to a partnership with the Fort Bragg's Womack Army Medical Center.

Dr. Mark Griffio, a Fayetteville VAMC gynecologist, spearheaded the efforts that now allow him to perform surgical procedures at the Army facility that currently can't be done in-house. Before the resource sharing agreement was formalized, women Veterans

would have been sent to other providers in the community on a fee-basis.

Griffio, who at one point taught pelvic and laparoscopic surgery at the University of Missouri and was in private practice before coming to the VA, said the new arrangement is a win-win situation for both the VA and the Army.

"[Womack is] a teaching hospital. They have residents on staff and they're working to get a gynecology resident program," Griffio said. "We win because we get to use Womack to see our patients, and they win because we get to teach

their residents some of the surgical procedures."

While he isn't doing a wide variety of surgeries at this point, Griffio said he hopes to change that in the near future, just as the variety of treatment options for women is increasing at the Fayetteville VAMC itself. Between new medical equipment and the new Women's Health Pavilion currently under construction here, the doctor said it's obvious the VA is placing an emphasis on one of the fastest growing VA populations – women Veterans.

From January 2009 to January 2011, the number of Veterans enrolled for their health care needs at the Fayetteville VAMC increased by 9.1 percent. In that same time frame, the number of enrolled women Veterans increased by 18.2 percent. Of the more than 47,000 Veterans enrolled at Fayetteville, more than 5,000 are women, and that number is expected to increase just as the number of women in the military has increased to the point that almost 14 percent of those on active duty are women while 18 percent of Guard and Reserve members are women.

While the surgical agreement with Womack is exciting, there are things happening in-house that show the VA is no longer a "Boys Club," which is a stereotype many people have. A new and expanded Women's Health Pavilion is currently under construction at the facility, and among new equipment acquisitions, Griffio now uses a urodynamic machine in the women's clinic.

He's been told that this diagnostic tool is the only one of its kind in the Mid-Atlantic Health Care Network. The machine is used to help with determining what is happening when a woman is suffering from incontinence, a fairly common

problem that can have multiple causes. A 20-minute exam using the new machine can help the physician determine the proper treatment for each patient, since treating the wrong cause can make the problem worse instead of better, Griffio said.

He's also using a new piece of equipment that can help women avoid a hysterectomy in some cases, as well as equipment that helps him treat women who have abnormal pap smears.

The goal, Griffio explained, is to work toward making the Fayetteville VAMC a Center of Excellence for Women's Health, and it has the full backing of Medical Center Director Elizabeth Goolsby.

"You have to realize that by shooting to make us a Center of Excellence for Women's Health, it helps the entire system," Griffio explained. "That's because they look at the entire system, for instance how long it might take to get an ENT appointment. If we're improving the system for women, we're improving it for everybody. If we bring up the operating room so we can do other surgeries for women, we'll also be bringing it up so we can do other surgeries for men as well."

So far, Griffio said, the women he sees during his practice have been happy with the changes they've seen in the VA, but he feels there's more that can be done.

"I'm really excited about what we've started doing here and how we've progressed," Griffio said. "As we get to be a center of excellence, I want the Fayetteville VAMC to be a provider of choice for women Veterans in the area, someplace they want to come for their care because they know they'll get the best care possible."



Ed Drohan

Dr. Mark Griffio readies a urodynamic machine to test for incontinence in female patients. It can help determine the best treatment for each patient and is the only machine of its kind in VISN 6.



National Women's History Month grew from an effort to recognize and celebrate the accomplishments of women in American history. In 1980, President Carter issued the first Presidential Proclamation calling on the American people to remember the contributions of women. By 1987, 14 governors had declared March as Women's History Month and, that same year, Congress and the President followed by declaring March as National Women's History Month. This year's theme, "Our History is Our Strength," recognizes the important contributions women have made throughout our history, and the importance of capturing and telling the stories of the women behind them.

Women In Military Service For America

Rear Adm. Carol Pottenger, Military Sealift Fleet Support Command commander, departs the former rescue and salvage ship USS Grapple, which was decommissioned as a Navy vessel and activated as the Military Sealift Command ship USNS Grapple, Norfolk, Va.



MCSR Ryan Lee Steinhour

An Army nurse takes a soldier's pulse and temperature in the Southwest Pacific Area, World War II.



US Army Signal Corps

VISN 6 gratefully acknowledges the Women In Military Service For America Memorial Foundation, Inc.

N.C. Native Among Eight To Join VA Minority Veterans Committee

A North Carolina Native is among eight appointees announced recently by VA Secretary Eric K. Shinseki to an expert advisory panel on issues involving minority Veterans.

Clara L. Adams-Ender, Brigadier General (Retired), USA, born in Willow Springs, N.C., and an Army officer from 1961 to 1993, is among the group of Shinseki's appointees to the Advisory Committee on Minority Veterans.

Chartered on Jan. 30, 1995, the committee makes recommendations for administrative and legislative changes. The committee members are appointed to one, two, or three year terms.

Growing up, Adams-Ender helped her parents who were sharecroppers on a tobacco farm. On her way to achieving

the rank of Brigadier General, Adams-Ender forged a career studded with "firsts." After earning a master's degree in surgical nursing in 1969, then gaining assignment as chief of the Army Nurse Corps in 1987, she was promoted to the rank of brigadier general the same year.

At the same time, Adams-Ender assumed the role of director of personnel for the Surgeon General. She was the first army nurse to hold this position, where she oversaw 22,000 nurses. Under her command, thousands of nurses were sent to battle during Operation Desert Storm in 1990 and 1991.

In 1991, Adams-Ender was appointed deputy commander for the military district of Washington, D.C., and commander of Fort Belvoir, Va., making her the first nurse in Army history to

become the commanding general of a major military base.

Adams-Ender currently lives in Virginia and serves as president and chief executive officer of Caring about People with Enthusiasm (CAPE) Associates, Inc., a management consulting and inspirational speaking firm.

Other new committee members are Allie Braswell Jr., Orlando, Fla.; Amanda Heidenreiter, Ellicott City, Md.; Oscar B. Hilman, Tacoma, Wash.; Pedro Molina, Fresno, Calif.; Wayne Nickens, Honolulu, Hawaii; Celia Renteria Szelwach, Arden, N.C., and Joseph Wynn, Washington, D.C.

"The new members of the Advisory Committee on Minority Veterans will bring their expertise to help guide VA's efforts in serving minority Veterans," Shinseki said, adding, "VA wel-



comes these new members."

There are approximately 4.1 million minority Veterans in the United States, District of Columbia, Puerto Rico and territories. They comprise approximately nearly 15 percent of the total Veteran population today.

Real World Threats Won't Surprise Salem DECON Team

By W. Watson Martin
Salem HAS Fee-Basis Claims Assistant

Salem VAMC's DECON team participated in a three-day training event designed to help them become better informed and equipped to deal with mass casualties from its community.

The possibility of disasters happening are not a question of if, but when, said Mark St. Marie, national VHA DECON manager and trainer.

The 20-plus member DECON team learned to handle mass casualties from local industrial and transportation accidents as well as domestic-based terrorism.

It's very important to prepare to communicate, not only among local VA staff, but with emergency response teams at the local, state and federal level if the VA facility becomes overwhelmed, St. Marie said.

The decontamination staffing model for processing 50 patients in two hours includes a reception team, triage team, ambulatory and non-ambulatory cleaning stations, post triage, logistics, a site safety person, a team leader and security.

The training included triaging patients into both ambulatory and non-ambulatory groups in order to process them through their respective decontamination stations. The receiving team of two to four members helps tag the patients and bag their personal belongings with bar code technology.

Once the patient removes their clothing they must enter the decontamination trailer to wash off with soap and water. Then the patient dons a gown from the cleaning kit and receives a post-triage before moving on to the emergency room.

"This is the best training I've had at the VA," said Joe Candelario, a Nurse Practitioner at the local emergency room.

"The Salem DECON Team has a strong clinical presence and very active participation, which is good," St. Marie said. "The Salem DECON program has an excellent foundation for playing



W. Watson Martin

Peter M. Hannon, a registered nurse in the medical intensive care unit, helps another staff member try on his full-body DECON suit.

a vital role in the community and meeting the joint commission compliance requirements."

"It's absolutely fabulous to see how to apply our training to real world events," said Darlene Gee, a registered nurse with the surgical intensive care unit here. Gee is new to the DECON team but her experience includes 29 years in emergency medical services and five years in disaster preparedness training.

The Salem VAMC DECON team's mobile decontamination trailer will get the job done; however, St. Marie will help procure a permanent decontamination trailer, hard-wired outside of the ER, said Dan Finley, the Salem VAMC DECON manager. The new system will help save time – at the flip of a switch everything becomes operational.

Emergency Management Prepares VISN 6 For Disasters

By Michael J. Boucher, MSN RN
VISN 6 Emergency Management Coordinator

Severe weather, wildfires, earthquakes, utility failures, or violent individuals – the list of potential emergencies and disasters is almost endless. Within VA, a cadre of dedicated individuals work to prepare for anything that may happen to disrupt our mission.



Participants in a National Disaster Medical System / VA-DoD exercise unload 'casualties' at the Durham VAMC Emergency Department.

Emergency Management is part of VA's "fourth mission." The objective is to improve the nation's preparedness for response to war, terrorism, national emergencies and natural disasters by developing plans and taking actions to ensure continued service to Veterans as well as support to national, state and local emergency management and homeland security efforts.

The Emergency Management process is based on a hazard or risk assessment. Every possibility that could affect a VA facility, from tornadoes to terrorists, from heating or air conditioning failures to hurricanes is considered at each VA facility. For VISN 6, hurricanes and severe weather are the primary hazards.

Emergency Managers at each VA facility tackle hazards by applying the four elements of Emergency Management. The first element is hazard mitigation: decreasing the impact of any given hazard. The second element is preparedness: devising plans and training to prepare to respond to a hazard. The third element, response, is the process of activating the plans and dealing with the effects of the hazard once it arrives. The fourth element is recovery, and includes all the activity after the response that returns the VA to a state of readiness to provide services and prepare for the next hazard.

So next time you enter a VA medical center, remember that the very fact VA is able to provide the services is not an accident. VA may not face an emergency today or tomorrow, but the hazards are out there and sooner or later one will affect the VA facility that provides care to you or someone you know.

VA will be ready for the challenge because VA Emergency Management's job is to help keep VA ready for anything.

New Cross Adorns Hampton VAMC Chapel

By Jennifer Askey
Hampton VAMC public affairs

On a windy day in early December, several Hampton VAMC Facilities Management Service staff members discovered a piece of the campus chapel cross laying on the ground.

Further examination of the Chapel's Celtic cross found other pieces on the roof were loose and about to fall. A decision to remove the cross for repair was altered because it could not be restored. It had been constructed of cedar and was severely rotted from years of exposure to the elements. Workers agreed there was no way to save the piece.

Facility leadership decided to build a new cross. "It was a Hampton VAMC team effort," said Chuck Rasmussen, FMS Maintenance supervisor. "Andrew Ankney, a Hampton VAMC carpenter, volunteered to make the new cross and Thomas Addaquay, a painter, applied many finishing coats of urethane varnish to complete it."

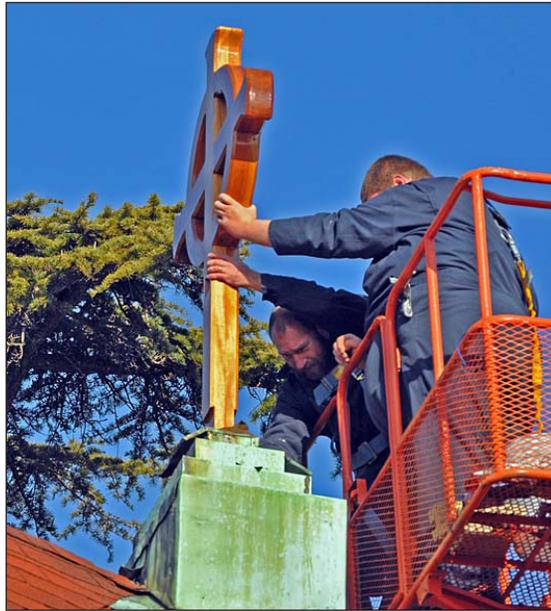
Rasmussen said Ankney

used African mahogany to create the new cross, using the old cross as a template, praising Ankney's "top-notch" carpentry work and dedication.

Ankney stated, "Many hours of labor and love went into this venture."

He continued by explaining the dedication of the work to the memory of his granddaughter, and his commitment to the Nation's Veterans.

With a brilliant blue sky and warming spring tempera-



Susan Cross
Andrew Ankney helps a Facilities Management technician install the new Celtic Cross on the roof of the Hampton VAMC Chapel.

tures Feb. 17, the new Celtic cross was installed on the roof of the Hampton VAMC chapel. Rasmussen said the old cross will be displayed later in a case, yet to be constructed.

Asheville Dr. Leads Discussions in China

A well-known VA Interventional Cardiologist will moderate discussion at a global meeting for cardiac care.

Asheville VAMC physician Dr. On Topaz, is the scheduled moderator of discussions on complex interventions for cardiac and renal blockages at a worldwide medical convention in Beijing, China this month.

Dr. Topaz will also lead discussions on advanced laser techniques that he and a few others in VISN 6 have used to relieve those blockages.

Topaz and others in VA have been working to develop new technologies, including one that could eliminate surgery for critical renal artery blockages. He said the excimer laser catheter used in the procedure makes it easier to place stents (metal sleeves that keep an artery open) in the formerly blocked artery.

Dr. Topaz is the chief of Cardiology at the Asheville VAMC, and a consulting professor of Medicine at Duke University.

Upcoming Outreach Events

Location	Date	POC	Phone
Elks Lodge, Raleigh, NC	March 12	Pete Tillman	920-286-0411 x 6986
NC ANG Base, Charlotte, NC	March 11 - 12	Dwight Holmes	705-638-9000 x 4962
Highland Cty Maple Sugar Festival, Monterey, VA	March 12 - 13	Marian McConnell	540-855-3460
Catawba Valley Med Center, Hickory, NC	March 14 - 15	Dwight Holmes	706-638-9000 x 4962
Smyth Bland Library, Marion, VA	March 14	Marian McConnell	541-855-3460
Clay County Health Dept, Clay County, NC	March 14	Scott Pittillo	828-298-7911 x 4446
Radford, VA	March 15	Marian McConnell	542-855-3460
Bladen Cty Courthouse, Elizabethtown, NC	March 16	Ed Drohan	910-488-2120 x 5991
Richmond Southern Womens Show	March 18 - 20	Ruth Miller	919-956-5541
St John Baptist Church, Charlotte, NC	March 19	Dwight Holmes	704-638-9000 x 4962
Women Veterans Conference, Fayetteville, NC	March 19	Ed Drohan	911-488-2120 x 5991
Salem Gun Show, Roanoke, VA	March 19	Marian McConnell	544-855-3460
St. Raphael Catholic Church, Raleigh, NC	March 19	Pete Tillman	922-286-0411 x 6986
Highland Cty Maple Sugar festival, Monterey, VA	March 19 - 20	Marian McConnell	543-855-3460
Floyd Library, Floyd, VA	March 21	Marian McConnell	545-855-3460
National Guard Armory, Cherokee County	March 21	Scott Pittillo	829-298-7911 x 4446
Braswell, NC	March 22	Pete Tillman	923-286-0411 x 6986
James Madison University Conference Center	March 23	Marian McConnell	546-855-3460
Raleigh, NC	March 24	Pete Tillman	924-286-0411 x 6986
Galex VEC	March 25	Marian McConnell	547-855-3460
Wake Tech Community College	March 25	Pete Tillman	925-286-0411 x 6986
WNC Ag Center	March 25	Scott Pittillo	830-298-7911 x 4446
Western NC Ag Center	March 26-27	Scott Pittillo	831-298-7911 x 4446
Virginia Tech	March 28	Ruth Miller	919-956-5541
VFW Post 6000, Narrows, VA	March 29	Marian McConnell	548-855-3460
Warren County Civic Center	March 29	Pete Tillman	926-286-0411 x 6986
Frank Liske Park, Concord, NC	Mar 30 - Apr 3	Dwight Holmes	706-638-9000 x 4962
Salem Life Center of Galax, VA	March 31	Marian McConnell	549-855-3460

Visit your local VA medical center website for more events in your area.

Last Known Doughboy Dies

WASHINGTON – Frank Woodruff Buckles, who lied about his age to enlist in the Army in 1917 and became the last known U.S. Veteran of World War I, died on Feb. 27 at the age of 110.

“We have lost a living link to an important era in our national history,” said Secretary of Veterans Affairs Eric K. Shinseki. “But we have also lost a man of quiet dignity, who dedicated his final years to ensuring the sacrifices of his fellow Doughboys are appropriately commemorated.”

A long-time resident of Charles Town, W. Va., where he had a farm, Buckles was born in Bethany, Mo. He enlisted

shortly after his 16th birthday and served in France and Germany.

At the start of World War II, he was a civilian working with a steamship company in the Philippines. He was imprisoned in a Japanese prisoner of war camp for three and a half years. In his later years, Buckles became an advocate for the expansion of a little-known memorial to World War I Veterans from the District of Columbia into a national memorial.

More than 4,700,000 Americans served in the military during World War I. About 53,000 died of combat-related causes, while another 63,000 deaths were listed as non-combat.

Library Of Congress Seeks Input

The Veterans History Project collects and preserves the remembrances of American war Veterans and civilian workers who supported them. These collections of first-hand accounts are archived in the American Folklife Center at the Library of Congress for use by researchers and to serve as an inspiration for generations to come.

The Project collects remembrances of Veterans who served in all major conflicts including World War II, the Cold War, Korean War, Vietnam War, Persian Gulf War (1990-1995), or Afghanistan and Iraq conflicts

(2001-present). U.S. citizen civilians who actively supported war efforts (such as war industry workers, USO workers, flight instructors, medical volunteers, defense contractors, etc.) are also invited to share their valuable stories. VHP relies on volunteers throughout the nation to collect veterans’ stories on behalf of the Library of Congress. These stories are made available to researchers and the general public, both at the Library in Washington, D.C., and via the VHP website.

For more information please go to www.loc.gov/vets/.

Homelessness continued from Pg 4

erans represent approximately 12 percent of all homeless persons counted nationwide during the 2009 ‘point-in-time snapshot.’

– During a 12-month period in 2009, an estimated 136,000 Veterans—or about one in every 168 Veterans—spent at least one night in an emergency shelter or transitional housing program. Ninety-six percent of sheltered homeless Veterans experienced homelessness alone while just four percent was part of a family. Sheltered homeless Veterans are most often individual white men between the ages of 31 and 50 and living with a disability.

– Low-income Veterans are twice as likely to become homeless compared to all low-

income adults. HUD and VA also examined the likelihood of becoming homeless among American Veterans with particular demographic characteristics. In 2009, twice as many poor Hispanic Veterans used a shelter compared with poor non-Hispanic Veterans. African American Veterans in poverty had similar rates of homelessness.

– Sheltered homeless Veterans are far more likely to be alone rather than part of a family household; 96 percent of Veterans are individuals compared to 63 percent in the overall homeless population.

For more information on VA’s efforts to end homelessness among Veterans, visit www.va.gov/homeless/.

2011 VHA Survey Underway

The VHA’s Office of the Assistant Deputy Under Secretary for Health for Policy and Planning is conducting the 2011 update of the national VHA telephone Survey of Enrollees. The survey will provide information that is incorporated into annual VHA projections of enrollment, utilization, and expenditures, as well as a variety of VHA budget and policy related analyses.

The survey provides critical and essential information on Veteran utilization of health services, projecting the resources and services needed in VHA, and in developing our budget. The survey collects in-

formation on a random sample of 42,000 Veterans enrolled in the VA system. The telephone survey will take approximately 15-30 minutes.

VISN 6 will have approximately 2,000 enrollees surveyed. The survey began Feb. 28 and continues through May.

Veteran selected will receive a letter that provides information about the survey and the contractor conducting the survey on behalf of VA.

Support in this survey will help ensure that VHA provides the best care possible, where it is needed, when it is needed, and by whom it is needed.

Sports Prgms For Disabled Vets Expand With \$7.5 Million Award

WASHINGTON – The Department of Veterans Affairs (VA) is awarding two grants totaling \$7.5 million to the U.S. Olympic Committee to enhance recreation and sporting activities for disabled Veterans and disabled members of the Armed Forces.

“Many of our Veterans have experienced traumatic injuries while at the peak of their physical conditioning,” said Secretary of Veterans Affairs Eric K. Shinseki. “Our partnership with the U.S. Olympic Committee will aid in their recovery by allowing them to engage in therapeutic sporting events and competition right in their own communities.”

Additionally, Christopher J. Nowak has been selected to be the director of the VA Paralympics Program Office.

Under terms of the grant agreements, funding will be provided to the Olympic Committee’s member organizations, Paralympic sports clubs and Veteran and military organizations nationwide to implement community-based, physical activity programs for disabled Veterans and disabled members of the Armed Forces. Disabled Veterans can locate adaptive sporting events in their communities by visiting the U.S. Paralympics Web site at www.usaparalympics.org.

Public Law 110-389 authorized VA to award grants to the U.S. Olympic Committee to plan, manage and implement an

adaptive sports program.

“This support from Veterans Affairs will have far reaching impact in communities around the country,” said Charlie Huebner, chief of U.S. Paralympics. “We know that sports and physical activity can have a transformative effect on those with a physical disability.”

“These funds will help our community partners to expand and provide greater access to sports programs for injured Veterans, disabled members of the Armed Forces and all living in their local area with a physical disability,” Huebner added.

Since 1999, Nowak has served as a prosthetics manager for VA Healthcare Veterans Integrated Service Network 4, which includes Pennsylvania, Delaware and parts of West Virginia, New Jersey and New York. A 17-year veteran of VA, he directs a \$92-million budget and all prosthetics operations for 10 VA medical centers.

Nowak joined the Marine Corps in 1983. His military career ended in 1987 when the then infantry squad leader lost his right leg to friendly fire during a routine training exercise. He is a champion of sports rehabilitation for wounded soldiers and Veterans. He has developed and co-chaired “First Swing” and “Next Step” golf clinics for amputee Veterans and is a former member of the USA Amputee Hockey Team.

Asheville Veteran's Artwork Selected To Go National

By Dennis Mehring
Asheville VAMC public affairs

Dan Wright, a Veteran from the Asheville VAMC, may have earned a trip to Arkansas this year when his stained glass and applied art piece "Autumn Leaves" was recently awarded first place in the Medical Center's 6th Annual Creative Arts Show and Competition for Veterans. Now his winning submission will move on to the VA's National Veterans Creative Arts Festival where it will compete with other winning artworks for the national award. This year the festival, scheduled for Oct. 17-23 at the Walton Arts Center in Fayetteville, Ark., is sponsored by the Veterans Healthcare System of the Ozarks.

VA medical centers use creative arts for rehabilitative treatment to help Veterans recover from and cope with physical and emotional disabilities. Wright's Asheville VAMC experience reflects the opportunity many Veterans treated at VA facilities have to compete in local creative ex-

pression competitions in a variety of categories. Once local winners are selected and their work is forwarded on, and a national selection committee chooses first, second and third place winners who are invited to attend the festival.

Last year 3,625 Veterans from 123 VA facilities entered the competition, with 143 of the medal-winning Veterans invited to the festival. For the Veterans, it becomes a week of learning, exploring, fellowship and celebration of the healing power of the arts. It serves as a showcase for the winners, and participants can attend classes taught by local artists.

Paul Hill, another VISN 6 Veteran from the Salisbury VAMC, won three gold medals for music at the 2010 Festival in La Crosse, Wis., performing solo instrumentals in the country, folk or bluegrass; patriotic; and religious divisions.

For more information on participating in the arts competition, contact your local facility or call Event Director Elizabeth Mackey at (320) 255-6351.



Salisbury VAMC Holds 'Prom' For WWII Vets

By Carol Waters
Salisbury VAMC public affairs

Many World War II Veterans missed their senior proms due to the war. Several community partners came together recently for a night of fun in the Salisbury VAMC, helping some of their WWII era Veterans revel in moments they may have missed the first time.

The facility's Recreational Therapy and Dietary Services, along with the American Legion Auxiliary Department of North Carolina, hosted the "Night of Swing" Senior Prom for Community Living Center residents Feb. 5.

"We wanted to create the

feeling of a 'night on the town' for our Veterans," according to Salisbury VAMC staff member Aleashia Brandon. "Dressed to impress" participants enjoyed a delicious dinner and a lovely, festive atmosphere with families and special guests. Following dinner, guests danced to the live performances of the Rowan Big Band All-Stars.

Those in attendance said it was an evening to be remembered. The event was also sponsored by the Salvation Army of Rowan County. The event helps to fill the void many have felt over the years with a similar emotional lift at twilight that they may have missed in the dawn of their lives.



Michael Meyerhoeffer
Terri Gilbeau, Recreation Therapist and Veteran Charles Blankenship dance to the live music of the Rowan Big Band All-Stars.

EXCELLENT SERVICE
Earned by Veterans. Delivered Here.
VA Mid-Atlantic Health Care Network VISN 6

VISN 6 Facility Enhancements

Asheville VAMC

A staircase is being added to the ambulatory care wing, with estimated completion by summer.

The security fence being installed around the perimeter is nearing completion.

A new boiler is being installed, with estimated completion this fall.

Beckley VAMC

Replacement of the main elevators continues and should be complete in December 2011. Delays may be experienced as only one of the two elevators will be operating at any given time.

Durham VAMC

Mammography Clinic renovations will commence in April. Relocation of staff has begun.

Renovation of the third floor F-Wing PET-CT Suite is anticipated to end by April.

MRI Suite renovations are underway and continuing as scheduled, to be completed in October.

Fayetteville VAMC

The Emergency Room has been relocated to the former Alpha and Eagle Clinics area while the current area is renovated.

The outpatient check-in area will also be renovated within the next month, to allow more patient privacy.

Due to renovation, the Women Veterans Health Clinic has relocated to the area previously occupied by Tango Clinic on the first floor.

Many Mental Health Service Line offices have been relocated to a new modular building on the campus during 5th Floor conversion to inpatient mental health.

Construction has started on a Starbucks Coffee outlet in the basement near the outpatient entrance.

Salem VAMC

Completion of the MRI Expansion is expected by the end of April.

Construction continues on roof replacements for various buildings, as weather allows.

Anticipated completion is by the end of summer 2011.

Salisbury VAMC

Renovations expanding Mental Health in Bldg. 4 are currently underway. The entrance between Bldg. 4 and Bldg. 2 is the main entrance. Valet Services are relocated from the front of Bldg. 4 to the front of Bldg. 11.



VISN 6 Special Events

Durham

Women's History Art Display will take place March 16 in the main lobby of the Medical Center.

Women's Wall of Fame will feature VA Employees March 17 from 8:30 a.m. – 2 p.m. in the main lobby.

Diabetes Alert Day will take place March 22 in the main lobby. For information, please contact Jacqueline L. Tatum, RN MSN, at 919-286-0411 Ext. 5610.

Fayetteville

A Women's History Month Program will commence March 16 at noon in the third floor Auditorium

Richmond

Representatives will greet Veterans and visitors at the Southern Women's Show March 18 from 10 a.m. - 6:00 p.m. at the Richmond Raceway Complex.

Salem

Stepping Out for Health meets every Monday and Thursday from 12:15-12:45 p.m. in the main lobby.

"Going Green" with the Roanoke Valley Greenways meets from 9-10 a.m. in the Bldg. 5 Auditorium.

In recognition of Women's History Month, "Our History is Our Strength," play occurs March 29 at 7 p.m. in the Auditorium.

VISN 6 Sites of Care

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

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

Beckley Vet Center
1000 Johnstown Road
Beckley, WV 25801
304-252-8220
<http://www2.va.gov/directory/guide/facility.asp?ID=5634>

Charlotte Vet Center
2114 Ben Craig Dr.
Charlotte, NC 28262
704-549-8025
<http://www2.va.gov/directory/guide/facility.asp?ID=485>

Charlotte CBOC
8601 University East Drive
Charlotte, NC 28213
<http://www.salisbury.va.gov/visitors/charlotte.asp>

Charlottesville CBOC
650 Peter Jefferson Pkwy
Charlottesville, VA 22911
434-293-3890
<http://www.richmond.va.gov/visitors/charlottesville.asp>

Danville CBOC
705 Piney Forest Rd.
Danville, VA 24540
434-710-4210
<http://www.salem.va.gov/visitors/Danville.asp>

Durham VAMC
508 Fulton St.
Durham, NC 27705
919-286-0411, 888-878-6890
<http://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
<http://www.fayettevillenc.va.gov/index.asp>

Fayetteville Vet Center
4140 Ramsey St.
Fayetteville, NC 28311
910-488-6252
<http://www2.va.gov/directory/guide/facility.asp?ID=486&dnum=All&stateid=NC&v=1>

Franklin CBOC
647 Wayah St.
Franklin, NC 28734-3390
828-369-1781
<http://www.asheville.va.gov/visitors/franklin.asp>

Fredricksburg CBOC
1965 Jefferson Davis Highway
Fredericksburg, VA 22401
540-370-4468
<http://www.richmond.va.gov/visitors/fredricksburg.asp>

Greensboro Vet Center
2009 S. Elm-Eugene St.
Greensboro, NC 27406
336-333-5366
<http://www2.va.gov/directory/guide/facility.asp?ID=719&dnum=All&stateid=NC&v=1>

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

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

<http://www.durham.va.gov/visitors/greenville.asp>

Greenville Vet Center
1021 W.H. Smith Blvd.
Greenville, NC 27834
252-355-7920
<http://www2.va.gov/directory/guide/facility.asp?ID=720&dnum=All&stateid=NC&v=1>

Hamlet CBOC
100 Jefferson Street
Hamlet, NC 28345
910-582-3536
<http://www.fayettevillenc.va.gov/visitors/hamlet.asp>

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

Hickory CBOC
2440 Century Place, SE
Hickory, NC 28602
828-431-5600
<http://www.salisbury.va.gov/visitors/hickory.asp>

Hillandale Rd. Annex
1824 Hillandale Road
Durham, North Carolina 27705
919-383-6107
<http://www.durham.va.gov/visitors/hillandale.asp>

Jacksonville CBOC
241 Freedom Way
Midway Park, NC 28544
910-353-6406, 910-353-6406
<http://www.fayettevillenc.va.gov/visitors/jacksonville.asp>

Lynchburg CBOC
1600 Lakeside Drive
Lynchburg, VA 24501
434-316-5000
<http://www.salem.va.gov/visitors/lynchburg.asp>

Morehead City CBOC
5420 U.S. 70
Morehead City, NC 28557
252-240-2349
<http://www.durham.va.gov/visitors/morehead.asp>

Norfolk Vet Center
1711 Church Street
Norfolk, VA 23504
757-623-7584
<http://www2.va.gov/directory/guide/facility.asp?id=403>

Princeton Vet Center
905 Mercer Street
Princeton, WV 24740
304-425-5653
<http://www2.va.gov/directory/guide/keystaff.cfm?id=400>

Raleigh CBOC
3305 Sungate Blvd.
Raleigh, NC 27610
919-212-0129
<http://www.durham.va.gov/visitors/raleigh.asp>

Raleigh II CBOC
3040 Hammond Business Place
Raleigh, NC 27603
919-899-6259
<http://www.durham.va.gov/visitors/raleighII.asp>

Raleigh Vet Center
1649 Old Louisburg Rd.
Raleigh, NC 27604
919-856-4616
<http://www2.va.gov/directory/guide/facility.asp?ID=5442&dnum=All&stateid=NC&v=1>

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

Roanoke Vet Center
350 Albemarle Ave., SW
Roanoke, VA 24016
540-342-9726
<http://www2.va.gov/directory/guide/facility.asp?ID=405>

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
<http://www.asheville.va.gov/visitors/rutherfordton.asp>

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

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

Tazewell CBOC
123 Ben Bolt Ave.
Tazewell, VA 24651
276-988-2526
<http://www.salem.va.gov/visitors/tazewell.asp>

Virginia Beach CBOC
244 Clearfield Avenue
Virginia Beach, Virginia
757-722-9961, ext. 1900
<http://www.hampton.va.gov/visitors/cboc.asp>

Wilmington CBOC
736 Medical Center Drive
Wilmington, NC 28401
910-763-5979
<http://www.fayettevillenc.va.gov/visitors/wilmington.asp>

Winston-Salem CBOC
190 Kimel Park Drive
Winston-Salem, NC 27103
336-768-3296
<http://www.salisbury.va.gov/visitors/winstonsalem.asp>

Winston-Salem Annex
2101 Peters Creek Parkway
Winston-Salem, NC 27127
336-761-5300
<http://www.salisbury.va.gov/visitors/winstonsalem.asp>