



VA Pride

Vol. 1 No. 2 An Information Guide for the Veterans We Serve in Southeast Texas March/April 2002

Houston Veterans Affairs Medical Center • Beaumont VA Outpatient Clinic • Lufkin VA Outpatient Clinic

Improvements Made to CHAMPVA

WASHINGTON, D.C. – Regulations bringing several improvements to the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) were published in the January *Federal Register*.

The new rules will bring financial relief to CHAMPVA beneficiaries and extend benefits to older survivors and dependents of some disabled or deceased veterans who face medical expenses not paid by Medicare or other third-party payers.

One improvement, called "CHAMPVA for Life," actually began last October. It is designed for spouses or dependents who are 65 or older. They must be family members of veterans who have a permanent and total service-connected disability, who died of a service-connected condition, or who were totally disabled from a service-connected condition at the time of death. They also must have Medicare coverage.

"CHAMPVA for Life" began paying benefits for covered medical services several months ago to eligible beneficiaries who are 65 or older and enrolled in Medicare Parts A&B. "CHAMPVA for Life" benefits are payable after payment by Medicare or other third-party payers. For services not covered by Medicare or other insurance, such as outpatient prescription medications, CHAMPVA will be the primary payer.

CHAMPVA beneficiaries who reached age 65 as of June 5, 2001, but were not enrolled in Medicare Part B on that date, will be eligible for this expanded benefit even though not enrolled in Medicare Part B. There is no change in CHAMPVA coverage for those beneficiaries 65 and older who do not qualify for Medicare.

In addition, the regulation will reduce the catastrophic cap, or amount of out-of-pocket expenses for CHAMPVA beneficiaries. Under the new rule, CHAMPVA will pay 100 percent of allowable medical expenses after a beneficiary reaches \$3,000 in out-of-pocket expenses, a reduction from \$7,500.

People can request an application by writing to the VA Health Administration Center, P.O. Box 469028, Denver, CO 80246-9028.

Updates about CHAMPVA are posted on VA's Health Administration Center Web site at www.va.gov/hac. ■

If you have a pressing medical question or concern, call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137.

How can My Primecare Team Help Me?

HOUSTON, TX - Primecare is a health care system at the Houston VA Medical Center (HVAMC) that ensures you have a designated health care provider specifically in charge of taking care of your particular medical needs. We want you to have a health care provider you know and trust, and one who knows you and your medical history.

Each veteran at the HVAMC is assigned to a Primecare Team. The teams are Bronco, Lone Star, Texan, and NASA. There are also several specialty clinics including pulmonary, oncology, and women's.

Your Primecare Team provides you with personalized attention including social work assistance, dietary counseling, hypertension classes, psychological counseling, pain control program, preventive medicine screening program, immunizations, diabetic foot screening, and full service specialty consultation covering dermatology, ophthalmology, pulmonary, cardiology, and endocrinology.

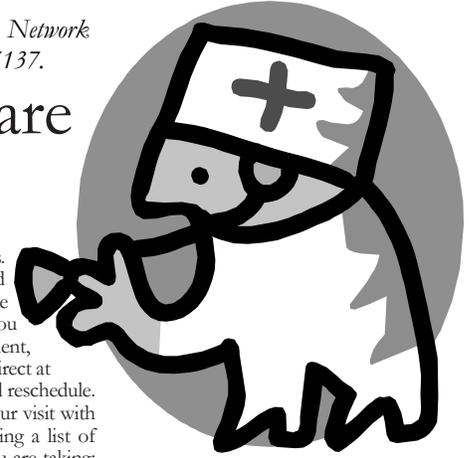
It is very important for you to keep

your scheduled appointments. If you cannot use the slotted time, another veteran might be able to. If, for some reason, you cannot make your appointment, please immediately call VA Direct at (713) 791-1414, ext. 2458 and reschedule.

To get the most from your visit with your Primecare Provider, bring a list of medications and vitamins you are taking; tell your health care provider everything you think or feel about your diagnosis and treatment plan; ask questions about your tests, medications, side effects, or symptoms; and know your personal and family medical history.

If you have already registered with the HVAMC, you can find out your Primecare Team by calling the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137.

If you are at the Medical Center, stop by the Information Desk and they can help you. If you are not registered with the HVAMC, you must first register at Admissions/Registration Office located



near the Emergency Room.

The HVAMC Primecare Teams are designed to see patients by appointment. If you have medical problems and cannot wait until your next appointment, you can talk with registered nurses, pharmacists, and administrative clerks at our VA Network Telecare Center by calling (713) 794-8985 or toll-free 1 (800) 639-5137.

The Telecare Center is open 24 hours a day, seven days a week. Whenever needed, the nurse will put you in contact with your Primecare Team. The Telecare Center might help you avoid an unnecessary trip to the hospital or a long wait in the clinic. ■

VA Launches Drug Study for HIV Infected Veterans

WASHINGTON, D.C. - Partnering with other government agencies and pharmaceutical companies, the Department of Veterans Affairs (VA) is developing a national program to assess and ensure drug safety for veterans with HIV (Human Immunodeficiency Virus).

The first step began with an interagency agreement recently signed by VA, which oversees health care for more than 20,000 veterans being treated for HIV, and the Food and Drug Administration (FDA). Under the agreement, VA and FDA will conduct an epidemiological study to look at the adverse effects of drugs used to treat HIV infection.

"We are lucky today to have so many powerful drugs to treat HIV infection," said Dr. Lawrence Deyton, who heads VA's HIV and public health programs. "But no one, particularly patients with HIV and their health care providers, knows a lot about the short- and long-term side effects of these medications. Working with HIV clinicians, other federal agencies and drug manufacturers, we are launching an epidemiological program that monitors and evaluates the effects of these potent medications."

The FDA will develop a web-based software program that allows VA's clinicians to monitor certain drugs that may be linked to avascular necrosis (AVN), the destruction of bone cells caused by deficient blood supply. The project will evaluate veterans suspected of having AVN, who are registered with VA's HIV Registry, the world's largest clinical database on HIV and AIDS.

As the largest single provider of health care in the United States to persons with HIV, VA is in a unique position to partner with other organizations to monitor the pros and cons of these new and powerful drugs. VA intends to expand the program to include pharmaceutical companies in this field and to look at other areas of concern.

"Our goal is to provide the best care possible to veterans with HIV," said Dr. Frances Murphy, acting Under Secretary for Health. "VA has talented health care providers, an outstanding HIV database and a national electronic medical record system. These unique resources can be used to identify problems, develop solutions and provide veterans with HIV the best health care possible." ■

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The Trauma Recovery Program at the Houston VA Medical Center (HVAMC) is designed to provide comprehensive treatment to veterans with a diagnosis of Post Traumatic Stress or a related disorder.

Houston VA Medical Center offers Trauma Recovery Program for its Veterans



HOUSTON, TX — The Trauma Recovery Program at the Houston VA Medical Center (HVAMC) is designed to provide comprehensive treatment to veterans with a diagnosis of Post Traumatic Stress or a related disorder.

Family involvement is highly encouraged in the HVAMC program since symptoms of this condition greatly influence family life. Our commitment

is to provide a wide range of services to help veterans better manage symptoms created by their condition. A team approach is employed at the HVAMC because bringing together professionals from psychiatry, nursing, social work, psychology, and other disciplines allows us to better assess, plan for, and treat veterans seeking assistance from the Trauma Recovery Program.

What does the Trauma Recovery Program do?

Using a variety of outpatient and inpatient services, the Trauma Recovery Program provides care to veterans and their family members. Outpatient services are designed to meet the needs of veterans who need some degree of psychiatric treatment, but who do not need inpatient or partial hospitalization. Outpatient services include medication clinics, process groups, education groups, and a variety of specialty groups. The outpatient program works closely with our two local Veterans Outreach Centers. These centers provide individual, group, and family counseling services both during daytime and evening hours.

The Trauma Recovery Program also offers partial hospitalization to veterans who need intensive therapy on a daily basis, but who are stable enough to return home each night.

Inpatient beds provide a safe haven to veterans in need of brief crisis-oriented interventions. Veterans may also be hospitalized so treatment staff can observe and closely supervise the effects of prescribed medications and clinical interventions.

The Trauma Recovery Program is a flexible program allowing veterans to enter the component best designed to serve their identified needs. As veterans move from one program component to another, staff can modify treatment interventions to address symptoms as they change. Patients leaving the inpatient component of the program also have opportunities to participate in partial or outpatient components. Family involvement is highly encouraged at all levels of treatment. Family education classes and a multifamily therapy group are available to address relationship issues arising from symptoms of Post Traumatic Stress Disorder (PTSD).

What is a Treatment Team?

Upon admission to the Trauma Recovery Program, each patient is assigned to a treatment team consisting of a psychiatrist, psychologist, social worker, nurse, and/or physician's assistant. This treatment team follows a veteran's progress throughout his or her enrollment in the program. This ensures the veteran always has familiar staff available who understand his or her individual treatment issues and needs. Professionals from other programs and services may also be involved in the care process.

What is a Patient Care Coordinator?

A Patient Care Coordinator is a veteran's personal link to the treatment staff. Upon admission, each patient is

assigned a patient care coordinator who follows his or her progress throughout the program. The coordinator also assists the patient in resolving any problems he or she might experience while enrolled in the Trauma Recovery Program.

How do Specialty Groups help?

The Trauma Recovery Program offers a wide variety of services to meet individual needs. Each patient in the inpatient and partial hospitalization components of the program attends a process group several times weekly. This group provides a safe, supportive environment where feelings about past and current stresses and symptoms are discussed. Outpatients can also be involved in process groups on a less frequent basis either at the hospital or local Vet Centers.

Because our patients have many treatment issues, we offer a number of specialty groups including but not limited to anger management training classes, art therapy, interpersonal and coping skills group, relaxation therapy, women's group, Korean veterans support group, and communication skills education classes.

Why are Educational Groups so important?

You may wonder why the Trauma Recovery Program offers so many educational groups. Our philosophy supports the belief that knowledge is power. Understanding the causes, symptoms, and treatments of a disabling condition increases the likelihood that a patient will become an active member in the treatment process. Educating family members serves a similar purpose.

When included in the educational process, family members learn how to work with, instead of against the patient to develop the most effective treatment plan for managing symptoms and reducing family distress.

A Final Note

The staff in the Trauma Recovery Program believes the veteran is the most vital link in the treatment team. Without the patient's input, HVAMC health care providers cannot develop effective interventions to address each patient's special needs. Veterans should not hesitate to ask questions, make comments, and assume an active role in their treatment experience. Regular attendance and compliance with prescribed medication and scheduled treatment activities are also important and greatly increase the chances of a successful outcome.

For more information on the Trauma Recovery Program at the HVAMC, call (713) 794-7059.■

A Word from the Director . . .

How Do We Measure Quality?

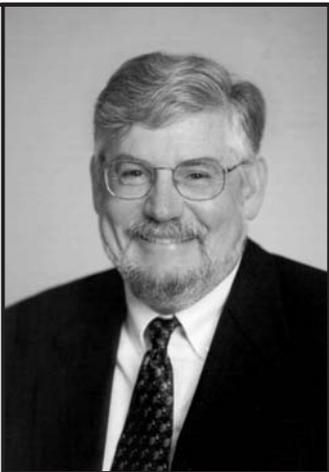
HOUSTON, TX - Ensuring we provide quality health care to veterans is the single most important work we do at the Houston VA Medical Center (HVAMC). Towards this goal, we use both internal and external methods to review our policies, practices, and outcomes on a regular basis.

Daily, we monitor our activities to ensure compliance with not only our own, but also national standards. Any special incidents are thoroughly examined and reviewed.

Monthly and quarterly, we use subject matter experts to review our performance in a wide range of areas from infection rates to medical record documentation. These tracking and trending reports are also compared against accepted industry standards in the medical field. The results of these comparisons allow us to identify areas where we can improve, or in cases where we do significantly better than others, to share our best practices with other medical facilities, both VA and non-VA.

On an annual basis, we review our key measures for quality to assure we are meeting or exceeding the highest standards available. These results are also compared against other hospitals both within the VA and in the private sector.

To renew our facility accreditation, we are surveyed every three years by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). JCAHO is a private, not-for-profit organization dedicated to continuously improving



Edgar L. Tucker, Medical Center Director

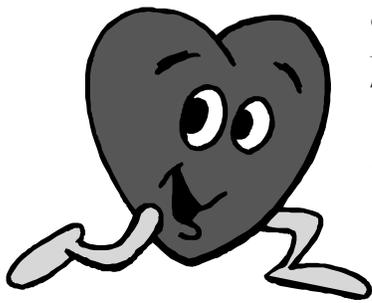
the safety and quality of health care provided to the public.

HVAMC is scheduled for review by JCAHO this summer. This will involve visits by several teams of JCAHO surveyors comprised of physicians, nurses, administrators, and other health care professionals. The teams will assess our compliance with the highest standards for health care organizations by reviewing our policies and practices, observing our staff, and interviewing HVAMC employees and patients.

HVAMC is proud of its long-standing accreditation by JCAHO and we look forward to their visit this summer.

In addition to the JCAHO surveys, we have regular inspections by external groups such as the Commission on Accreditation of Rehabilitation Facilities, the Food & Drug Administration, the U.S. Department of Agriculture, the Nuclear Regulatory Commission, the College of American Pathology, and others.

The purpose of all of this review, whether daily, monthly, annually, or every three years, is to ensure we meet or exceed the standards of quality healthcare. Our veterans deserve, and should expect, our very best efforts.■



Coronary Heart Disease is the number one killer in the United States. Be aware of the signs and symptoms, and if you think you are having a heart attack, call 911 immediately . . .

Heart Attack: Know the Signs and the Symptoms

HOUSTON, TX - Coronary attack, heart attack, and myocardial infarction are different terms that mean the same thing and result from Coronary Heart Disease. Myocardial infarction is the medical term for heart attack. Coronary Artery Disease is another name for coronary heart disease and is the number one killer in the United States.

A heart attack occurs when the blood supply to part of the heart muscle itself, the myocardium, is severely reduced or stopped. The reduction or stoppage happens when one or more of the coronary arteries supplying blood to the heart muscle are blocked.

This is usually caused by the buildup of plaque (deposits of fat-like sub-

stances) due to atherosclerosis. The plaque can eventually burst, tear or rupture, creating a "snag" where a blood clot forms and blocks the artery. This leads to a heart attack.

Heart attacks can start suddenly and be intense, without the victim or anyone around him or her knowing what exactly is happening.

Most heart attacks occur slowly, starting with a feeling of uncomfortable pressure, squeezing, fullness, or pain in the center of the chest.

narrows and blood flow to part of the heart muscle decreases or stops. A spasm can occur in normal-appearing blood vessels as well as vessels partly blocked by atherosclerosis. A severe spasm can cause a heart attack.

A heart attack is also sometimes called a coronary thrombosis or coronary occlusion.

A heart attack is a life and death emergency. Heart attacks can start suddenly and be intense, without the victim or anyone around him or her knowing what exactly is happening.

However, most heart attacks occur slowly. They start with a feeling of mild chest discomfort. Frequently, people experiencing heart attacks wait too long before getting help because they are not sure what is wrong with them. Therefore, it is very important to be aware of the

signs and symptoms of a possible heart attack.

The first sign is chest discomfort. This is a feeling of uncomfortable pressure, squeezing, fullness, or pain in the center of the chest lasting for more than a few minutes.

The second sign is discomfort in other areas of the upper body. Be aware of pain or discomfort in the arms, back, neck, jaw, or stomach.

Next is shortness of breath. This can occur before, or together with the chest discomfort. Other signs include nausea, dizziness, or a feeling of breaking out in a cold sweat.

If you think you are having a heart attack, call 911 immediately. The time you

Frequently, people experiencing heart attacks wait too long before getting help because they are not sure what is wrong or do not think it is serious.

save seeking help right away could save your life. Remember high blood pressure is a key risk factor for heart attack and stroke. Learn your blood pressure numbers by having it checked with a quick (and painless) test during your next checkup. ■ *Adoracion C. Yap, RN, RNC, CCRN CCU*

Nurses Play a Vital Role in Veteran Care

Nurses at HVAMC work in many diverse areas including inpatient, outpatient, medical, surgical, rehabilitation, neurology, spinal cord injury, mental health, and extended care.

HOUSTON, TX - Nurses play a vital role in the care veterans receive here at the Houston VA Medical Center (HVAMC). They work in many diverse areas including inpatient, outpatient, medical, surgical, rehabilitation, neurology, spinal cord injury, mental health, and extended care.

No matter where a nurse is on duty, there is a consistency in what that nurse provides. A nurse looks after, fosters, and advises. A nurse is a person skilled and trained to care for the sick and infirm, and to promote wellness.

To insure consistency in the nursing practice, the HVAMC created the Clinical Practice Office (CPO). The staff of this office establishes and maintains the standards of professional nursing practice to support the medical center's shared mission of excellence in patient care, education, and research. The CPO resolves nursing issues at not only the HVAMC, but also the Lufkin and Beaumont Outpatient Clinics. ■ *Deloris W. Leftridge, RN, MSN, CNA, Chief Nurse Executive/Clinical Practice Office*



Nurses serve many important roles at the Houston VA Medical Center. One, usually overlooked until a crisis situation, is that of the Administrative Officer on Duty (AOD). From left, Sara Smith, Rosemary Farr, and Dorothy Jones serve as the night AODs at the HVAMC. The other shift, the evening (not pictured), is manned by nurses Martha Stoot, Aleyamma Manjos, and Veronica Pressley. AODs represent the medical center director and the chief nurse executive after regular business hours. Providing administrative and clinical direction, they handle the transfer of patients during this time, do hazard surveillance, and manage emergency situations.

Find the Medical Info You are Looking for on the Web

HOUSTON, TX - Would you like to learn more about a particular medical condition or illness? Are you curious about your medications? Are you looking for information about a medical test? Would you like to have information on your condition that you can discuss with your doctor?

If you answered yes to any of these questions, please join us for a demonstration of the consumer health database, MEDLINEplus. Available free of charge from any computer with an Internet connection, this National Library of Medicine database provides reliable, up-to-date health information.

MEDLINEplus debuted on October 22, 1998, with information on 50 common medical conditions. The database now has material on over 500 medical conditions. It features interactive health topics, graphics, medical encyclopedias, dictionaries, and data on medications. Other components of the database include health materials for women, older adults, teens, and children. Many of the topics are also translated into Spanish. The database works by providing links to patient health education handouts from trusted agencies and associations in the United States.

As part of our ongoing initiative to educate our patients and their families, the Houston VA Medical Center (HVAMC) Patient Education Committee will offer one-hour MEDLINEplus demonstrations in the HVAMC 4th Floor Auditorium throughout the coming year. We feel that it is important for our veterans to know about trusted medical resources on the web. All Internet links included in MEDLINEplus must pass a stringent review process, and each one is checked monthly for accuracy.

The first demonstrations are Tuesday, April 16 from 8:30 a.m. to 9:30 a.m., and again that afternoon from 2:00 p.m. to 3:00 p.m. All classes will be held in the Auditorium on the 4th floor of the Houston VA Medical Center. ■ *Marsha Sullivan, HVAMC Librarian*

HVAMC will participate in a landmark study to assess the effectiveness of surgical implantation of deep brain stimulators in reducing the symptoms of advanced Parkinson's Disease . . .

Houston VA Medical Center Designated as Parkinson's Disease Center of Excellence

HOUSTON, TX - The Parkinson's Disease Research, Education and Clinical Center (PADRECC) at the Houston VA Medical Center (HVAMC) is one of six new VA "Centers of Excellence" specializing in research, education, and clinical care for veterans with Parkinson's Disease and related movement disorders.

Houston was selected as a Center of Excellence because the medical center demonstrated outstanding expertise in the care and medical management of veterans with Parkinson's Disease. The HVAMC operates as a consortium with the five other PADRECCs located in Philadelphia; Richmond, Virginia; West Los Angeles; San Francisco; and

Portland/Seattle. Each PADRECC offers comprehensive, multi-disciplinary movement disorder services, professional and patient education, and research initiatives.

These centers provide veterans with a thorough evaluation and ensure best practice health care for their symptoms, from initial diagnosis to the latest in surgical treatment options. Each center submitted additional pilot studies for consideration and approval demonstrating their individual research foci and interests. The studies range from basic research (adult stem cells, infusion techniques, etc.) to clinical studies (medication trials, rehabilitative gait training, etc.).

HVAMC was also selected based on its outstanding research capabilities. In addition to conducting research



The Parkinson's Disease Research, Education and Clinical Center (PADRECC) at the Houston VA Medical Center is one of six new VA "Centers of Excellence" specializing in research, education, and clinical care for veterans with Parkinson's Disease and related movement disorders. Lufkin Van Rider, Randall B. Squyres, consults with PADRECC Fellow Jayb-Gong (Gabriel) Hou, M.D. during a recent visit.

on drug trials, rehabilitation, epidemiology, health services delivery, and quality of life, the Houston Center will participate in a landmark study to assess the effectiveness of surgical implantation of deep brain stimulators in reducing the symptoms of advanced Parkinson's Disease. HVAMC staff is evaluating implantation at different sites within the nucleus (subthalamic nucleus vs. globus pallidus) to determine which provides better symptom relief.

Each PADRECC is affiliated with their local university teaching hospital; and therefore, the resources are further enhanced for the veterans. These expert

and knowledgeable practitioners will ensure that veterans have a wealth of information regarding their disease, and the various management and treatment modalities available to them.

The establishment of a Center of Excellence at the Houston VA Medical Center gives veterans the perfect opportunity to investigate the latest and greatest in Parkinson's Disease management available to them.

The PADRECC at the HVAMC is located on the 4th Floor in Room 4B-246. For more information, call (713) 794-8410. ■ Pam Willson, PhD, RN, FNP-C



Veteran Clyde Jacks is examined by Linda Fincher, PADRECC Nurse Coordinator, and Pam Willson, Assistant Clinical Director (left). The establishment of a Center of Excellence at the Houston VA Medical Center gives veterans the perfect opportunity to investigate the latest in Parkinson's Disease management available to them.

Talk to Your Doctor about the Importance of Good Nutrition

March is National Nutrition Month, "Start Today for a Healthy Tomorrow"

HOUSTON, TX - You are what you eat may be an old adage, but it really is the truth. Your eating habits can influence your risk of developing heart disease, cancer, stroke, diabetes, osteoporosis, high blood pressure, and obesity.

National Nutrition Month ® is celebrated each year in March. Registered dietitians at the Houston VA Medical Center (HVAMC) encourage you to follow this year's theme and "Start Today for a Healthy Tomorrow." Americans of all ages can benefit from making healthful eating, physical activity, and lifestyle choices.

Aim for a healthy weight.

Your Primecare Provider will monitor your Body Mass Index (BMI) to evaluate your weight. Try to keep your weight at a BMI of less than 27.

Choose a sensible diet.

Eat reasonable food portions and try to eat whole grains to increase your vitamin, mineral, and fiber content.

Choose 100% whole wheat bread, brown rice, oatmeal, popcorn, and barley. Increase your intake of fruits and vegetables. Eat at least 2 fruits and 3 vegetables each day. Choose a variety of colors and forms. Eat dark green vegetables, orange fruits, and dried peas or beans often.

Eat fat in moderation by limiting fried and fatty foods. Choose low fat meats and dairy foods. Cook low fat by baking, broiling, roasting, grilling and boiling.

Limit your intake of foods and beverages high in sugar. This includes sweets, sodas, fruit drinks, and punch.

Choose and prepare foods with less salt and sodium. Use less table salt and stay away from processed foods such as cured meats, luncheon meats, sausage, hot dogs, canned or packaged foods, and microwave foods.

Drink lots of water.

Stay hydrated by drinking six to eight glasses of water daily. Water does far

more than satisfy your thirst. Actually, thirst is more like a signal that your body needs more fluid to perform its many functions. But thirst is not a foolproof mechanism, especially during illness, hot weather, or strenuous physical activity. Waiting to drink until you feel thirsty may be waiting too long. By then, two or more cups of body fluids may be lost.

Every body cell, tissue, and organ and almost every life-sustaining body process needs water to function. Water regulates your body temperature, keeping it constant at about 98.6° F. Water transports nutrients and oxygen to your body cells and carries waste products away. It moistens tissues in your mouth, eyes and nose, and it softens stools to prevent constipation. It is also the main component of every body fluid, such as blood, saliva, and urine. Water also helps cushion your joints and protects your body organs and tissues.

Most people need between six and eight glasses of water daily. Keep in mind, however, that you need more

water if you exercise frequently, about eight to ten glasses per day.

If you drink alcohol, do so in moderation.

Get moving.

Try to get 30 minutes of moderate physical activity most days of the week. Regular exercise will benefit you by helping with weight control, maintaining a healthy heart, and building healthy bones, muscles, and joints. Walk, bike, swim, or dance. Take the stairs. Clean house. Garden or rake leaves. ■ Nancy Baker, RD, LD, Quality Management Dietitian



The Eye Clinic Wants You . . . To See Better

HOUSTON, TX - The team of health care professionals in the Eye Care Line, located on the first floor of the Houston VA Medical Center, is dedicated to providing quality, full spectrum eye care to all eligible veterans.

The Eye Clinic offers complete ophthalmologic evaluations including determination of visual acuity, refraction, external examination, papillary examination, slit lamp examination, determination of intraocular pressure, motility examination, confrontation field examination, and funduscopic examination following dilation.

A full spectrum of surgical procedures can be performed by staff in the Ophthalmology Service including ocular plastic and orbital procedures ranging from cosmetic to control of advanced tumors, conjunctival procedures, corneal procedures including corneal transplantation and keratorefractive surgery, lens extractions by all modalities, glaucoma procedures, vitrectomy and retinal detachment repairs.

Your routine exam will consist of several different tests. We will begin by asking you a few questions about your eyes and encourage you to let us know what your expectations are for the visit. For example, if you need new glasses let us know. If you need prescriptions, let us know.

We will then perform one or more of the following procedures: check your vision with your present glasses, refract you for new glasses if necessary, check the pressure in your eyes to rule out glaucoma, or dilate the pupil of your eye to exam the retina for various eye diseases. The doctor or technician may have you complete other eye tests as necessary for diagnosis and treatment of your eyes.

We are often asked questions regarding the different steps of an eye exam.

Q. What is refraction?

A. Refraction is the measurement done for an eyeglass prescription. It is done by placing the patient behind a machine

called a phoropter, and placing lenses in it to help a patient see better. The lens power picked by the patient will then be written on a prescription form to be filled by an optician (one who makes eyeglasses). Instructions on where to go to get the eyeglasses will be given to you as you check out.

Q. Why do I need a dilated eye exam every 1 to 2 years?

A. Many diseases of the eye occur after the age of 40. It is essential to have a complete dilated exam annually for early detection. This is especially true for patients with diabetes, glaucoma, or cataracts.

Q. What is dilation and why is it necessary?

A. In order for the doctor to get a careful look into the eye, the pupil must open and stay this way for several minutes. We can control this by placing a combination of drops in each eye to dilate the pupils. This allows the doctor to check for disease and degeneration of the eyes. Two drops are placed in the eye and it takes approximately 30 to 40 minutes for the pupil to dilate. When you are called back into the examination room, very bright lights will be used to finish the exam. These lights do not cause any permanent loss of vision but may be uncomfortable during the examination process. Your vision may be blurry after this examination for up to two hours. You can drive with your eyes dilated but you will need sunglasses otherwise the sunlight will make it impossible for you to drive safely. We will provide you with disposable sunglasses.

Q. What is Glaucoma and how do you check for it?

A. Glaucoma is a disease of the eye in which the pressure inside the eye becomes too high causing damage to the optic nerve. This can cause blindness. The blindness begins in the peripheral



Staff Optometrist Christine Harden, O.D. measures veteran Samuel Strickland's refraction using a phoropter. The lens power picked by the patient is written on a prescription form to be filled by an optician (one who makes eyeglasses). Instructions on where to go to get the eyeglasses are given to veterans as they check out of the Eye Clinic.

field and moves inward. Many patients are not aware of the peripheral loss until it involves the central vision. This is why this disease is so dangerous. When the vision is lost, it is permanent. It is our goal to screen and discover patients with this disease before the central vision becomes involved. The normal eye pressure is 8-22mm Hg. The pressure is checked using an instrument called a tonometer. The patient receives a topical anesthetic drop prior to a blue lighted prism lightly depresses the front surface of the eye. This does not hurt but may make you feel apprehensive because it comes close to the eye.

Q. Why is the wait so long and why are others being called in before me when I checked-in first?

A. Aside from the five doctors that have scheduled patients, there are also other health care technicians in our Eye Clinic who have patients to see. Many of the patients are having specialized tests which do not require seeing the doctor on the same day; therefore, their stay in the clinic will be much shorter than others. Those patients who are dilated will have a much longer stay in the clinic. Also, on occasion, emergency conditions arise which may call one or more doctors away. The absence of just one doctor can leave a significant backlog of patients and increase the workload for the remaining physicians.

Please be assured that every patient will be seen before the doctors leave that day. We regret any inconvenience created because of the delay. We are here to serve you and work as quickly as we can with the resources we have available. If you have another appointment to make, let us know. We will arrange so you can leave to go to that appointment, and then return to the Eye Clinic.

We hope this article has answered some of your questions regarding our Eye Clinic and your exam. Please be assured we are doing everything possible to make your visit pleasant and thorough. We only want the best care for our veterans, those who have given so much for us. ■ Silvia Orengo-Nania, M.D., Eye Care Line Executive

Are You Taking Your Medication Correctly?

HOUSTON, TX - Did you know that each year one half of all prescriptions filled aren't taken the way the doctor intended? Of the more than one and a half billion prescriptions filled each year, up to 55 percent are not taken the right way. If you think this doesn't apply to you, ask yourself these questions:

- ✓ Did you ever get a prescription from your doctor and not get it filled?
- ✓ Did you ever skip taking your medicine?
- ✓ Did you ever stop taking your medicine because you felt better?

If you answered "yes" to any of these questions, you're not alone. Fortunately, there's an easy way to get the most from the medicine your doctor prescribes. Make sure you understand how the doctor wants you to take the medicine and then, do exactly that.

At your next appointment, be sure to ask your doctor:

- ✓ What should I do if I miss a dose?
- ✓ Should I take it with food or on an empty stomach?
- ✓ If the label says to take four times a day, should I get up during the night to take it?
- ✓ How long should I take it?
- ✓ Should I get it refilled?

You are the most important part of your health care team. Make sure you know how to take your medicine the right way. ■ Veronica Franklin, RPH, HVAMC Pharmacist



Veteran Samuel Strickland is checked by Staff Optometrist Christine Harden, O.D. for signs of glaucoma. Glaucoma is a disease of the eye in which the pressure inside the eye becomes too high causing damage to the optic nerve. This can cause blindness. The blindness begins in the peripheral field and moves inward. Many patients are not aware of the peripheral loss until it involves the central vision. This is why this disease is so dangerous. When the vision is lost, it is permanent.

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This publication is funded by the Department of Veterans Affairs and is an authorized publication for veterans of the Houston VA Medical Center. Contents of the newspaper are not necessarily the official views of, or endorsed by, the United States Government or the Department of Veterans Affairs. *V4 Pride* is produced every other month by the Houston VA Medical Center External Affairs, Room 4A-310, mailcode 580/00X, telephone number (713) 794-7349, fax number (713) 794-7890, and email address v4houexternalaffairs@med.va.gov. Your comments, suggestions, letters, ideas, and questions are always appreciated. All submissions are subject to editing and will not be returned to the sender.

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We're Here to Help . . .

Cancer Support Group

Meets first and third Tuesdays, 1-2 p.m. in the Nursing Unit (NU) 4D dayroom. Group facilitator: Lisa Whipple and Chaplain Doug Ensminger, (713) 791-1414, extension 5273

Pain Support Group

Meets every Monday, 2:30-3:30 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

Pain Psycho-education and Skills Training Group

Meets every Monday, 1:30-2:30 p.m. in Room 5C-215. Group facilitator: Dr. Gabriel Tan, (713) 794-8794

Better Breather's Club

Meets last Wednesday, 1-3 p.m. in Room 1C-361. Group facilitator: Paula Denman, (713) 794-7317

Stroke Support Group

Meets second and fourth Thursdays at 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Laura Lawhon and Tommie Espinosa, (713) 794-1414, ext. 4241/5254

Amputee Support Group

Meets first and third Thursdays at 3 p.m. in the NU 2A Rehab Dining Room. Group facilitator: Betty Baer or Roger McDonald, (713) 794-1414, ext. 3354/4218



"These veterans accepted the risks of duty and have borne the burden of their illnesses in service to our nation. They should not have to bear an additional and unequal burden to prove they deserve the benefits they've so rightfully earned. The new rules will not cure their cancers, but they will ease the burden of proof required to receive appropriate compensation for their disabilities," Secretary of Veterans Affairs (VA) Anthony J. Principi said in January.

WASHINGTON, D.C. - Secretary of Veterans Affairs (VA) Anthony J. Principi announced in January the addition of five new cancers to the list of diseases presumed to be connected to the exposure of veterans to radiation during their military service.

Veterans diagnosed with cancer of the bone, brain, colon, lung or ovary will have an easier time establishing entitlement to compensation for their illnesses beginning March 26, 2002.

The new rules apply to those veterans who participated in "radiation-risk activities" while on active duty, during active duty for training or inactive duty training as a member of a reserve component.

The definition of radiation-risk activities has also been expanded to include service at Amchitka Island,

and an area known as K25 at Oak Ridge, Tennessee. The previous definition was limited to service members who took part in the occupation of Hiroshima or Nagasaki or onsite at atmospheric nuclear weapons tests, or American POWs interred in Japan during World War II.

In 1988, Congress established a presumption of service connection for 13 cancers in veterans exposed to "ionizing radiation," with later changes bringing the number to 16.

Under current statutes, the following diseases are presumed to be service connected if the veteran participated in a radiation-risk activity: leukemia (other than chronic lymphocytic leukemia), cancer of the thyroid, breast, pharynx, esophagus, stomach, small intestine, pancreas, gall bladder, bile ducts, salivary gland, or urinary tract, multiple myeloma,

VA Compensates More Veterans Exposed to Radiation

Alaska, prior to January 1, 1974, if a veteran was exposed while performing duties related to certain underground nuclear tests. The new definition also includes service at gaseous diffusion plants located in Paducah, Kentucky,

lymphomas (except Hodgkin's disease), primary cancer of the liver (except if cirrhosis or hepatitis B is indicated), or bronchiolo-alveolar carcinoma.

Veterans who participated in a radiation-risk activity, and are later diagnosed with one of the cancers on the list are now presumed to have contracted their illness from that service-connected exposure and are eligible for disability compensation.

Rates of compensation depend upon the degree of disability and follow a payment schedule applicable to all veterans. Disability ratings are in increments of 10%.

VA maintains a registry program for veterans exposed to ionizing radiation, and veterans on the registry are provided a complete physical examination. As of the beginning of 2000, nearly 22,000 veterans had received this special examination.

VA's changes ensure equity between veterans and federal civilians who may be entitled to compensation for these cancers caused by radiation under comparable federal laws such as the Radiation Exposure Compensation Act (RECA) of 1990, as amended in 2000.

Veterans or their survivors can file claims for compensation by calling the VA Regional Office at toll-free 1-800-827-1000 or visiting VA's Web site at www.va.gov. ■

VHA considers pain screening, assessment, and management a top health priority . . .

Did You Know "Pain" is Now the "5th Vital Sign" in Your Health Care?

HOUSTON, TX - In the United States, pain is becoming the "5th Vital Sign" in health care. The other four vital signs have always been the heart rate, respiratory rate, blood pressure, and body temperature. The Veterans Health Administration (VHA) considers pain screening, assessment, and management a top health priority.

Pain can be felt in different ways. Acute pain is associated with an injury, an accident or surgery. Chronic pain may be nagging, difficult to control, and has been there for a long time, usually at least 6 weeks.

Most pain can be relieved with an over-the-counter painkiller. If it does not go away, it will require the consultation of a licensed health care provider. In order to find the cause, the provider may need to follow a few important steps.

These include inquiry about the intensity, cause, type, and location of the pain. A physical exam is then done. Other questions include the patient's list of medications, allergies, personal or social habits, and medical and surgical history.

If it is difficult to find the cause of a veteran's pain, diagnostic tests such as X-rays, CT scans, or even an MRI may be ordered. These tests help the health care provider reach a diagnosis. An accurate diagnosis is needed before the appropriate treatment can be started.

Now that the physician has diagnosed the origin of pain, he/she will proceed with the treatment. Usually, medical doctors like to start with simple medications. They also like to start with a dose that is low and proceed slowly.

If the medication is ineffective, the dose, then the frequency of taking the medication, is increased. A medication such as Advil or aspirin may be all that is needed.

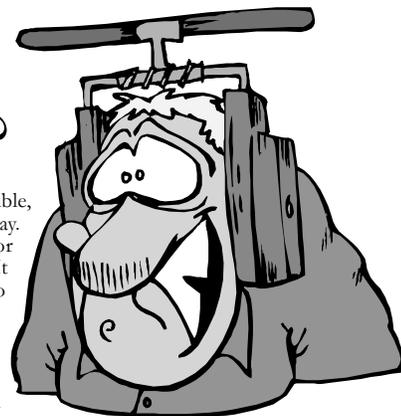
In some circumstances, a small dose of narcotics, such as morphine, is given to help relieve the pain. The dose can be adjusted according to pain level. Occasionally, anesthesiologists like to do an injection or "a block" to alleviate severe pain that has not improved with other simple methods. Pain is 'subjective'. This means that doctors rely on what patients tell them. It is very difficult to measure pain.

Despite doing all that is possible, there is no guarantee pain will go away. This becomes very frustrating for both the physician and the patient. It is therefore, very important to maintain open communication and to establish mutual trust in this relationship.

Unrelieved pain has significant physical and psychological consequences for its victims. It affects work, function, and money. It interferes with sleep, social interactions, and sex life. All of the above are even more important reasons that patients must express themselves to health care providers. Patients have the right to be assessed, listened to, and treated.

Ideally, no person should live or co-live with pain. Contact your health care providers if you have any pain. They will be happy to assist you or refer you to the appropriate section.

The Houston VA Medical Center (HVAMC) established a Pain Clinic under the Anesthesiology Service in May 2001. The mission of the section is to heighten awareness of the field of pain medicine,



educate health care providers about this very frequent symptom, educate patients and their families, and deliver state-of-the-art pain management to our veterans.

The Pain Clinic sees approximately 200 veterans each month. Clinic staff includes a pain specialist, a psychologist with pain management experience, and a physician assistant. The Pain Section is steadily growing and will adapt itself and its growth to accommodate the needs of veterans.

The Pain Clinic is located on the fifth floor in the new surgery clinics. For more information, call (713) 791-1414, extension 6477. ■ Bilal F. Shanti, M.D., Chief, Pain Section

Research projects also address specific health conditions such as knee osteoarthritis, lung cancer, breast cancer risks, peripheral arterial disease, and opiate addiction . . .

VA Looks at Patient-Doctor Communication and How It Affects Your Health

HOUSTON, TX – The effectiveness of patient-doctor communication during medical visits can affect health outcomes, but it is a topic that often has not been explored.

For the past year, a team of Veteran Affairs (VA) and Baylor College of Medicine researchers has been studying patient-doctor communication as part of the Excellence Centers to Eliminate Ethnic/Racial Disparities (EXCEED) research initiative. This national EXCEED initiative seeks to understand the causes of ethnic/racial health disparities and develop interventions to reduce those differences.

In September 2000, the U.S. Agency for Healthcare Research and Quality awarded grants to establish nine EXCEED programs around the country. Houston VA Medical Center (HVAMC) and Baylor College of Medicine's Section of Health Services Research were named as one of the EXCEED sites and were given funding for six research projects over a five-year period.

The VA-Baylor researchers are trying to better understand the roles race and ethnicity play in medical interactions between patients and their doctors. Evidence suggests that doctors sometimes have poorer communication skills with ethnic minority patients. A variety of factors may contribute to poorer communication, such as language barriers, cultural differences, or preconceived ideas that both patients and doctors bring with them to the medical encounter. A study in a December 1999 issue of *The Journal of the American Medical Association* reports that communication between patients and their doctors sometimes needs to be improved

so that patients can be better informed and participate more effectively in decisions about their medical care.

A patient's relationship with his or her doctor should be a partnership where both are able to work together to make the best decisions about the patient's health care. It is very important that patients are able to communicate openly and honestly with their doctor about their health care needs or concerns. At the same time, doctors should also be able to communicate important health information to patients in a clear and understandable way.

Dr. Carol Ashton, Director of the Houston Center for Quality of Care and Utilization Studies (HCQCUS), a VA Health Services Research and Development Center of Excellence, is the EXCEED principal investigator. "Research indicates that social and societal factors, such as poverty and social class are strong influences on utilization of care. We need to identify the aspects of patient-doctor communication that can be improved, so that patients and families can learn how to become more powerful communicators and obtain better health outcomes," said Dr. Ashton, a HVAMC staff physician since 1983.

In addition to the research focus on patient-doctor communication, EXCEED projects also address specific health conditions such as knee osteoarthritis, lung cancer, breast cancer risks, peripheral arterial disease, and opiate addiction.

Another project examines patient trust in three different areas: trust in the doctor, trust in the health care facility, and trust in the U.S. health care system. The project leaders include Drs. Paul

Haidet, Howard Gordon, Kimberly O'Malley, Herminia Palacio, Debora Paterniti, and Maria Suarez-Almazor. Haidet, Gordon, and Palacio take care of veterans in the HVAMC Primecare Clinic, and Haidet and Gordon are VA Career Development Awardees.

The EXCEED research program includes an Information Dissemination and Educational Academic Liaison (IDEAL) Core. The IDEAL Core serves as a liaison between the EXCEED research program and the community-at-large. One of the IDEAL Core's primary projects is to conduct outreach with local and national organizations to encourage use of research information on medical interactions through "How to talk to your doctor" workshops.

These free workshops are offered to community groups interested in learning how to improve patient-doctor communication. They are designed to help participants recognize barriers to good patient-doctor communication, learn good patient communication techniques, and practice these new skills.

Last year, a total of six workshops were hosted in the Houston area for a variety of different audiences. One is planned soon for veterans at the HVAMC. Overall, the workshops have received very positive feedback from both participants and workshop leaders.

To learn more about the IDEAL Core or EXCEED, call Darrell Zeno, IDEAL Core Project Coordinator, at (713) 558-4578 or Anh N. Tran, EXCEED Program Grant Coordinator, at (713) 558-4519. ■
Abn N. Tran and Matt D. Price, HCQCUS Chief Communications Officer



Dr. Carol Ashton, Director of the Houston Center for Quality of Care and Utilization Studies, a VA Health Services Research and Development Center of Excellence, spoke recently at an IDEAL Core training session focusing on improving doctor-patient communication.

VA Medical Education Program Integral to American Health Care

WASHINGTON, D.C. - Americans know the Department of Veterans Affairs (VA) as the hospital system that provides health care to veterans, care that is increasingly recognized for quality, safety, accessibility and patient satisfaction.

However, important as its primary mission is, VA is much more than a network of medical facilities for sick and disabled veterans. In fact, every citizen who seeks medical care, veteran and non-veteran alike, benefits from VA care and its statutory charge to train health care professionals for VA and the nation. Indeed, VA is a largely unrecognized cornerstone of medical education in America.

Did you know more than 85,000 health care professionals receive part of their clinical training in VA facilities each year? Many nurses, psychologists, social workers, podiatrists, dentists, pharmacists, optometrists, physicians, and other health care trainees receive much of their education in the care of patients at VA facilities. More than 40 health care disciplines are represented annually in the

5,000-plus clinical educational programs involving VA facilities and VA staff.

Did you know VA is the second biggest financial supporter of education for medical professionals, after Medicare? As academic medical centers are under increasing financial pressures to reduce education for health care professional training, VA has mitigated this gap by maintaining existing programs that train for VA and the nation.

Did you know programs initiated at VA have led to the development of new medical specialties such as geriatrics, which focuses on care of the elderly? VA-based training in addiction psychiatry, pain management, and spinal cord injury medicine are addressing the needs of the nation as well as the needs of our veterans.

Did you know VA is developing new programs using teams of health care providers providing specialized services to veterans, such as palliative care teams that provide care to patients at the end-of-life? VA trains health care professionals in the total care of the patient, because VA health care provides total care to eligible veterans.

Did you know more than 80% of

current trainees highly value their VA educational experience and if given the opportunity, would choose to train in VA again?

VA is a valued partner in American medical education, and has "partnership" agreements with 107 of the nation's medical schools.

VA's medical education mission is an essential feature of the VA health care system that is critical to providing high quality health care for veterans. Over a half-century ago in 1946, a "radical" strategy was proposed to achieve quality in health care: an academic partnership between the Veterans Administration, later to become the Department of Veterans Affairs (VA), and academic medicine.

This partnership has grown into the most comprehensive academic health system partnership in history. As the nation's health care system continues to evolve, VA will continue to be on the leading edge with innovative programs benefiting all Americans. ■ *Stephanie H. Pincus, MD, MBA, Chief, Academic Affiliations Officer, Veterans Health Administration*

Tetanus Reminder

HOUSTON, TX - Most people don't think about getting a tetanus shot until they step on a rusty nail or suffer another injury. But don't wait for an emergency to get protected.

Tetanus is a condition that affects the nervous system and causes painful, uncontrolled muscle spasms. Another name for tetanus is lockjaw.

Tetanus is caused by a toxin (poison) produced by spores of the bacterium *Clostridium tetani*. Tetanus spores can enter the body through a wound that is contaminated with soil, dust, or animal waste. Spores can get into the body through even a tiny scratch, but they usually enter through deep puncture wounds or cuts, like those made by nails or knives.

If ten years have passed since your last tetanus shot, or you just don't know how long it's been, you probably need a booster. Ask your Primecare Physician to check your records during your next appointment. ■



From our Veterans

Provided by the Consumer Affairs Staff
HVAMC Room 1B-370, (713) 794-7883

Question: What do I do if I run out of medicine and my next appointment is a month away?

Answer: Veterans can contact their Primicare Physician (PCP) Nurse at their Primicare Clinic to obtain prescription renewals. If a veteran does not know who his/her Primicare Team or PCP is, he/she can call VA Direct at (713) 791-1414, ext. 2458. VA Direct will forward a message to the veteran's Primicare Team.

Question: Am I eligible for VA health care?

Answer: In order for veterans to be eligible for enrollment for VA health care, you must have been discharged from active military service under honorable conditions; served a minimum of two years if discharged after September 7, 1980 (prior to this date there is no time limit); and if a National Guardsmen or Reservist, served the entire period for which you were called to active duty other than for training purposes only.

Question: How do I obtain a copy of my Report of Separation from Active Duty (DD-214)?

Answer: The Department of Veterans Affairs does not maintain records of veteran's military service, except as is necessary for providing benefits. For information about obtaining your military record, please visit the Military Personnel Records Center in St. Louis, which is part of the National Archives and Records Administration, on the Internet at www.nara.gov/regional/mpr.html. The VA regional office, at 1-800-827-1000, can also send you the necessary request form.

Question: If I enroll in VA, can I receive care anywhere in the VA system?

Answer: Yes. Once enrolled, you are part of a national health care system with approximately 1,100 locations of care. Generally, you will receive your preventive and primary health care at the VA location of care that you have indicated as your preferred facility. For more specialized treatment you may have

a choice of locations as recommended by your primary care provider. When traveling, you may obtain care at any VA location of care.

Question: What if the closest VA medical center (VAMC) does not have the services that I need?

Answer: If you are enrolled, the VA is responsible for providing you a full continuum of care. This is called the Uniform Benefits Package. These services will be provided through your local VA, or at another VA facility. If the VA cannot provide the necessary medical care, they will arrange for you to receive the necessary care at VA's expense.

Question: I used an ambulance to transport my husband from home after he fell and hurt his leg. The ambulance could not take him to the VA. Instead, we went to a local hospital. Will the VA pay for his ambulance under the Millennium Bill?

Answer: If the total claim for the hospital bill is approved, then the ambulance bill will also be approved.

Question: My husband was working at home and fell off a ladder. The ambulance took him to the VA. Will the VA pay for the ambulance under the Millennium Bill?

Answer: Unfortunately, no. The VA will only pay the cost of the ambulance bills if the total medical claim is approved, from the scene of the incident or residence to the nearest non-VA hospital or emergency room providing the emergency care and treatment.

Question: How are payment amounts decided in regard to the Millennium Bill?

Answer: Basically, VA's responsibility

under the Millennium Bill law is payer of last resort. This means for the VA to consider payment, the veteran must have no other health insurance coverage, i.e. Medicare, Medicaid, private insurance, etc. The VA's payment is based on a rate of 70 percent of the Medicare allowable payment for the bill.

Question: If VA makes a payment under the Millennium Bill, can the hospital bill me for the difference?

Answer: Generally, no. Under the Millennium Bill law, 38 U.S.C 17.1008, payment from the VA to the provider is considered payment in full. There are extenuating circumstances, but they are very restrictive.

Question: Are Reservists and National Guard Members called to active duty eligible for VA Benefits?

Answer: Reservists called to active duty might be eligible for VA benefits, such as health care, educational, home loan guaranty, and vocational rehabilitation benefits. To determine eligibility for benefits, reservists must file VA Form 21-526, Application for Compensation and/or Pension, VA Form 22-1990, Application for Education Benefits, and/or VA Form 28-1900, Disabled Veteran's Application for Vocational Rehabilitation, once their active duty has ended. For specific information about eligibility, call VA at 1-800-827-1000.

Question: Will VA provide hearing aids and eyeglasses to me?

Answer: Generally, hearing aids and eyeglasses are not provided when the hearing and vision loss is the result of aging. However, if you are service-connected with a disability rating of 10% or greater they will be provided. Hearing aids and eyeglasses may also be provided in special circumstances.

Important VA Telephone Numbers

Houston VAMC Main Line	(713) 791-1414 or toll-free 1-800-553-2278
VA Direct	(713) 791-1414 ext. 2458
VA Network Telecare Center	(713) 794-8985 or toll free 1-800-639-5137
Beaumont VA Outpatient Clinic	(409) 981-8550 or toll free 1-800-833-7734
Lufkin VA Outpatient Clinic	(936) 637-1342 or toll free 1-800-209-3120
Pharmacy Refills	(713) 794-7648 or toll-free 1-800-454-1062
Appointment Information	(713) 794-7648 or toll-free 1-800-454-1062
VA Eligibility & Enrollment	(713) 794-7288
Houston National Cemetery	(281) 447-8686
VA Regional Office	
Main Number	1-800-827-1000
Compensation/Pension	1-800-827-1000
Home Loans	1-888-232-2571
Education	1-888-442-4551
Insurance	1-800-669-8477
Headstones and Markers	1-800-697-6947

No More Hiking to the 4th Floor!!

Effective Monday, Feb. 25,
the HVAMC

Neurology &
Geriatrics
Clinic

are

located

on the

1st Floor

next to the

Emergency Room.

