



VA Pride

Vol. 1 No. 3

An Information Guide for the Veterans We Serve in Southeast Texas

May/June 2002

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

How Does the VA Handle Non-VA Prescriptions?

JACKSON, MS - In March, the Houston VA Medical Center received guidance from the Veterans Integrated Service Network (VISN 16) concerning the current VA policy on non-VA prescriptions.

Veterans in southeast Texas are encouraged to obtain all of their care through the Houston VA Medical Center (HVAMC). However, when a veteran chooses to have some of his/her care provided in the community, the veteran should still be assigned to, followed, and managed by a VA provider in order to obtain medication and other prescriptive items from the VA. This policy may not apply to veterans in certain programs such as Aid and Attendance, Fee Basis and Vocational Rehabilitation/Chapter 31.

A veteran using HVAMC must be enrolled, assigned to a VA health care provider, evaluated at appropriate intervals, and managed by the VA health care provider. In order for a VA health care provider to assume responsibility for a patient's care and outcomes, that provider must be able to independently diagnose and recommend treatment for that patient's medical conditions according to his/her best judgment.

VA health care providers are expected to prescribe treatments and medications that are cost-effective and appropriate, based upon their evaluation of an individual patient's clinical needs. Veterans who agree to enter into this patient/VA provider relationship will be considered to be under VA Care and are thus eligible for VA clinical services as well as for the provision of any necessary medications and supplies.

VA health care is available for all eligible veterans; however, only veterans who are currently receiving care through VA, as described above, may receive prescriptions from the VA. Prescriptions from non-VA providers will not automatically be rewritten. VA pharmacies may only fill prescriptions from appropriately credentialed and privileged VA providers.

If a veteran is being seen concurrently by a non-VA provider, it is the veteran's responsibility to

(continued on page 5)

HVAMC's Automated Telephone Prescription Refill System is available by calling (713) 794-7648 or toll-free 1 (800) 454-1062.

How Do I Get Prescriptions Refilled?

HOUSTON, TX - Have you ever wondered how to receive medications from the Houston VA Medical Center (HVAMC) Outpatient Pharmacy? There are several easy and fast ways to receive your medications.

Consolidated Mail-out Pharmacy

First, you can stop by the HVAMC Outpatient Pharmacy, located on the first floor by the east elevators, and speak with our professional pharmacy staff about requesting your refills by mail from our Consolidated Mail-out Outpatient Pharmacy (CMOP) center. The center is located in Murfreesboro, Tennessee and refills usually take five to seven days to be delivered to your home once we receive the request.

The HVAMC Outpatient Pharmacy is open Monday through Friday, 8 a.m. to 8:15 p.m. On Saturdays, the hours of operation are 8 a.m. to 4 p.m. The pharmacy is closed on Sundays and most federal holidays.

Automated Telephone System

Second, HVAMC Pharmacy's Automated Telephone Prescription Refill

System is available seven days a week, 24 hours a day. The telephone number is (713) 794-7648 or toll-free 1 (800) 454-1062. You will need a touch-tone phone, your Social Security number, and your prescription number. Your prescription number is located on the top left corner of your prescription container. The refills usually take five to seven days to be delivered to your home once you successfully complete your refill request through the automated system.

Pharmacy Telephone Helpline

If you are having trouble using the automated refill line, the HVAMC Pharmacy Telephone Helpline is available Monday through Friday from 8 a.m. to 4 p.m. by dialing (713) 791-1414, extension 2421 or (713) 794-7653. A pharmacist is available to answer any questions you have concerning how to order your refills and any questions concerning your medications.

By Mail

Third, to request refills when you do not have the computerized refill slip, just mail us your request in the form of a



letter. This letter should contain your complete name, Social Security number, and the prescription number or name of the medication. This type of request can take up to 14 days to receive your medications at home. Mail your request to HVAMC 580/119, 2002 Holcombe Blvd., Houston, TX 77030.

Drop-Off Box

Finally, for those patients who just want to drop their refill requests off and do not need to speak with the pharmacy staff, a drop box is available near the HVAMC Outpatient Pharmacy turn-in window. The drop box is located on the first floor by the east elevators. ■ *Linda Ratliff-Davis, R.Ph., HVAMC Pharmacist, and Janice Butler-Winfield, R.Ph., HVAMC Pharmacist*

Concerns About Your Care?

HOUSTON, TX - The Houston VA Medical Center strives for excellence in patient care. To ensure we are meeting your needs, we want to help you know what action to take if you have a problem and what you can expect from our staff.

Please keep in mind that some problems arise from expecting services that are outside our mission, not in keeping with acceptable clinical standards of care, or beyond our capacity to provide. Our goal is to resolve issues at the point of occurrence. To find solutions to concerns you have with our services, please take the following steps:

Step 1: Speak clearly and calmly to the person with whom you are having a problem. Make sure they understand what you want. It is our job to listen to your concerns in an appropriate and effective manner. Your care will never be jeopardized because you have a complaint. If you are unable to resolve the issue, proceed to Step 2.

Step 2: Ask another person to help you resolve the issue - a person on your treatment team, the supervisor, or the administrative officer in the area. If your

concerns are not taken care of to your satisfaction, proceed to Step 3.

Step 3: Ask to speak to the Care or Service Line Executive, or Service Chief in the area where you are having a problem. The Executive or Service Chief will listen to your concerns and help find a solution to your problem. If you are unable to resolve the issue, proceed to Step 4.

Step 4: Seek the help of a Medical Center Patient Representative (telephone numbers on page 8). The first questions the Representative will ask you are: "With whom have you talked?" and "How have you tried to resolve this problem?" As a direct representative of the Medical Center Director, the Representative's goal is to help you work with the staff.

Since you are a partner in your health care, we want to help you manage your medical needs with your team. Toward this effort, the Representative may prepare you to talk with the person with whom you are having the problem. Our Patient Representatives will also review your concerns and provide guidance on effective ways for you to deal with the issues. ■

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Each year, approximately 350 newly injured veterans and active duty members begin treatment and rehabilitation at VA's Spinal Cord Injury Centers . . .

Veterans with Spinal Cord Injuries Receive Comprehensive Care at the Houston VA Medical Center

WASHINGTON, D.C. - Approximately 250,000 people in the United States have spinal cord injuries and 10,000 more sustain these injuries every year. About 40,000 are veterans eligible for Department of Veterans Affairs (VA) medical care.

About 60 percent of veterans with spinal cord injuries are eligible not only for health care but also for monetary or other benefits because they have a service-connected disability, meaning that it occurred or worsened during military service. In the other cases, their injuries are not related to their military service, though these veterans still can receive VA medical care. Among health care workers and veterans advocates, spinal cord injuries are commonly referred to by the acronym, SCI.

What Is It?

The spinal cord is the main pathway for transmitting information between the brain and the nerves that lead to muscles, skin, internal organs and glands. Injury to the spinal cord disrupts movement, sensation and function. Paraplegia results from injury to the lower part of the spinal cord, causing paralysis of the

lower part of the body, including the bowel and bladder. Quadriplegia results from injury to the spinal cord, in the neck area, causing paralysis to the lower body, upper body and arms.

Compensation

VA pays disability compensation to about 25,000 veterans for service-related disabilities in which the spinal column or nearby structures are affected. A veteran rated by VA as 100 percent disabled may receive additional compensation if the injury resulted in loss of use of hands or feet or in other disabilities.

About a third of veterans with SCI are compensated \$2,163 per month for being 100 percent disabled. Their disability rating may include other service-connected disabilities not related to their spinal injury. Many veterans with service-connected disabilities are also entitled to vocational counseling, grants for adapted housing and automobiles, a clothing allowance and payment for home and attendant care.

Health Care for Veterans with SCI

VA has the largest single network of SCI care in the nation and provides a full range of care annually to 15,000

veterans with catastrophic spinal cord injury and specialty care to 9,000 of these veterans. Nearly 1,400 more veterans were served in VA SCI Centers in 2000 than in 1996. More than 80 percent of veterans with SCI suffered trauma. The rest have disorders that caused neurologic damage.

A study conducted by a major consulting firm in 2000 comparing VA's SCI services to those funded by several private and public health insurers showed that VA's coverage was more comprehensive. It integrates vocational, psychological and social services within a continuum of care and addresses changing needs throughout the veteran's life. VA provides supplies, preventive health care and education for veterans with SCI. VA also maintains their medical equipment.

Because the average age of a veteran at time of injury is 32, specialized care is lifelong. Technology and treatment have improved so that people with SCI have increasingly longer life expectancies. As they age, they risk developing secondary conditions as well as other diseases; therefore, maintaining health is an important part of VA's life-long care.

Newly injured veterans and active-duty members are referred to a VA SCI center for rehabilitation after being stabilized at a trauma center. Each year, approximately 350 newly injured veterans and active duty members begin treatment and rehabilitation at VA's SCI centers. The centers provide outpatient, inpatient, and home care. Lifelong care focuses on preventing secondary conditions through annual medical evaluations.

Houston SCI Center

Located within the Houston VA Medical Center (HVAMC), the Houston SCI Care Line is the spinal cord center for the South Central Veterans Health Care Network (VISN 16). The Houston SCI Care Line includes forty inpatient beds on Nursing Units 1A and 1B. It also includes the SCI Outpatient Clinic, SCI Home Care Program, Urodynamics Lab, Occupational Therapy Clinic, Physical Therapy Clinic, Kinesiotherapy Clinic, Therapeutic Pool, and Transitional Living Apartment.

The Houston SCI Care Line provides comprehensive rehabilitation services and sustaining medical care for veterans with spinal cord injury or dysfunction (SCI/D). Sustaining medical care includes preventive medical care, the treatment of acute illnesses, and the treatment of medical and surgical complications related to SCI/D.

All patients receive the following services: a complete medical, psychological, and social assessment; development of an individualized treatment plan and discharge plan; appropriate medical and surgical treatments, interventions, and referrals; education and training for the



Photo by National Medical Education Center, Lutz

The Houston SCI Care Line provides comprehensive rehabilitation services and sustaining medical care for veterans with spinal cord injury or dysfunction. This includes preventive medical care, the treatment of acute illnesses, and the treatment of medical and surgical complications related to spinal cord injury or dysfunction.

person served, family members/support systems, attendants, and health care professionals; and communication and coordination with the interdisciplinary treatment team to facilitate service delivery, including discussion of weekly treatment plan and goals.

Research

VA leads the health care profession in defining new methods of rehabilitation through research and engineering. In fiscal year 2000, VA spent \$9.7 million to fund 84 research projects dealing with SCI. VA investigators conducted another 95 SCI projects supported by \$7.7 million in grants from other sources.

VA's SCI research covers a wide range of topics. VA researchers are studying whether transplanting into a patient's central nervous system the cells that conduct nerve impulses from peripheral nerves in one part of the body to another part can restore nerve function in the brain and spinal cord. Others are developing a hand-grasp system that stimulates the forearm muscles that close and open fingers, offering better control.

In the late 1990s, VA began a special effort to identify gaps in knowledge about SCI treatment and to share findings with its clinicians nationwide. The goal is to improve the quality, effectiveness and efficiency of care.

VA clinicians nationwide have access to a computer database for sharing treatment and outcome information that enhances the coordination of health care. This registry also helps make referrals to treatment locations.

Continuing Education

In addition to identifying research on the best approaches to treatment, VA continually strives to improve its expertise. The Rehabilitation Accreditation Commission, the standard setting and accrediting authority for organizations providing rehabilitation services, accredited the Houston SCI Center in 2000.

For veterans, VA prepared a guide published by the Paralyzed Veterans of America that explains how to handle problems and where to turn for help. It is called "Yes, You Can!" and is available at the Houston SCI Center. ■

A Word from the Director . . .

Why We Ask For Insurance Information

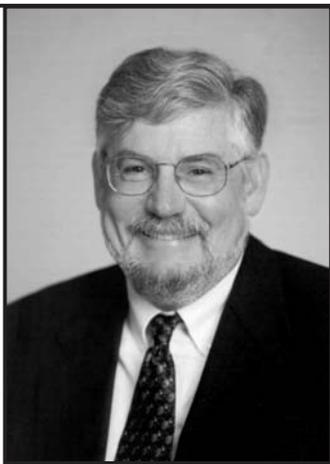
HOUSTON, TX - Whether or not you have insurance does not affect your eligibility for VA health care benefits.

But if you do have insurance coverage, we would like to know for three reasons. Two of the reasons benefit you.

First, the law requires us to bill private health insurance companies for all care provided for veteran's non-service connected disabilities. Keep in mind that you will not be responsible for any unpaid balance that the insurance company does not pay, except for VA co-payments.

Second, many insurance companies will apply VA health care charges toward the satisfaction of your annual deductible.

Finally, and most importantly, the Houston VA Medical Center's medical care budget is supplemented by the amount we are able to collect from private health insurance carriers.



Edgar L. Tucker, Medical Center Director

This means the money we collect here in Houston is used to pay our doctor and nurse salaries, buy medications for our pharmacy, and deliver medical services to the veterans we serve in southeast Texas.

Last year, we collected over eight million dollars through our medical care cost recovery fund. This year we expect to collect over 11 million dollars. This money stays here in Houston to be used for our veterans.

Your assistance in assuring that the insurance information we have for you is current and accurate helps us meet the requirements of the law, and more importantly, helps us to provide health care services to all the veterans we serve. ■

Do you know what to do in a life-threatening, emergency situation?

HVAMC Offers CPR Classes for Veterans, their Families and Friends

HOUSTON, TX - Would you know what to do in a life-threatening, emergency situation? Your husband, brother, sister, mother, father, or a stranger on an elevator with you, could suffer respiratory arrest (stop breathing) or cardiac arrest (heart stop beating), choke, or have a stroke. What will you do? Will you wish you knew how to perform CPR?

CPR, which stands for Cardio-Pulmonary Resuscitation, is a simple procedure used for sudden cardiac arrest, when someone's heart and breathing stop suddenly. Causes of sudden cardiac arrest include heart attack, drug overdose, poisoning, choking, drowning, electrocution, and trauma.

Sudden cardiac arrest is the leading cause of death in adults. Most arrests occur in persons with underlying heart disease.

Most sudden cardiac arrests are caused by abnormal rhythms of the heart. Ventricular fibrillation is the most common arrhythmia that causes sudden cardiac arrest. This is when the heart quivers and defibrillation is needed to restore a normal rhythm. Defibrillation is the application of electrical current to the heart in order to shock it back to a normal rhythm. Only trained personnel

such as ambulance personnel, physicians, and nurses can perform this procedure.

Although CPR rescue breathing and chest compression cannot treat ventricular fibrillation, CPR will help circulate oxygenated blood to the brain and other vital organs. This buys precious

CPR will help circulate oxygenated blood to the brain and other vital organs, buying precious time until emergency personnel arrive.

time until defibrillation can be performed on the victim.

Why should people learn CPR? According to the American Heart Association, survivors of cardiac arrest have four things in common: a "citizen bystander" witnessed the arrest and called "911" for professional help, a bystander immediately began CPR, defibrillation was provided to shock the victim's heart back to a normal rhythm, and emergency responders provided

advanced cardiac life support. If this series of actions are followed in rapid succession, victims of cardiac arrest have a much better chance of becoming survivors.

Who should learn CPR? Most often, sudden cardiac arrest occurs in middle-aged and elderly people at their own homes. This is why it is very important for family members and friends of people with suspected heart problems to learn CPR.

The Education Service Line of the Houston VA Medical Center (HVAMC) offers free classes on CPR for Family and Friends. All veterans and their family members are invited to attend CPR classes.

Upcoming CPR classes are scheduled for May 15 at 5:30 p.m., June 22 at 9 a.m., July 26 at 9 a.m., August 16 at 5:30 a.m., and September 21 at 9 a.m. Each of these four hour classes will take place in the 4th floor auditorium of the HVAMC.

If you want to save a life, please take the time and learn CPR. Call (713) 794-7141 for registration and additional information. Class size is limited so first come, first serve. ■ *Jean L. Uy, RN, MSN, CCRN, CS, Clinical Educator, Education Service Line*

Needle Safety: A Prime VA Objective

Eight HVAMC nursing units, including several that are high volume areas for injections, were honored with the Golden Apple Safety Award for having zero accidental needle sticks in the year 2001.

HOUSTON, TX - Nurses play a key role in both patient and staff safety at the Houston VA Medical Center (HVAMC). The year 2001 was significant because health care professionals developed the Needle Stick Prevention Act. The technology to prevent accidental needle sticks has flourished over the past two years and we expect big breakthroughs in the near future.

When the Needle Stick Prevention Act was developed, current exposure data was examined and analyzed. It was determined that needles are used 1.2 million times each year for patient care. Needle safety devices, which reduce accidental needle sticks substantially, can only be used in about half of these cases.

While we will never be free of accidental needle sticks, improved technology, education, and heightened awareness will increase HVAMC's compliance with the Needle Stick Prevention Act. We are very optimistic our efforts will reduce such incidents. ■ *Deloris W. Leftridge, RN, MSN, CNA, Chief Nurse Executive/Clinical Practice Office*



Eight HVAMC nursing units were recognized in March for their efforts in Needle Stick Safety. These units were honored with the Golden Apple Safety Award for having zero accidental needle sticks in the year 2001. Several of these areas are high volume areas for injections. These units will share their skills and best practices with other areas of the medical center. Accepting the awards on behalf of their units (clockwise, from top left) are Valerie Taylor, RN for 6F; Arizona Bonner, RN for Hemodialysis; Mona Taylor, RN for Home Based Primary Care; Diane Hughes, RN for 4B; Lydia Carrasquillo, RN for 5H S.A.C.C. and 5C Surgery Clinic; and Gracie Matthews, RN for 4D. Not pictured: IV/PACU Team.

Help Prevent Medical Errors in Your Care

HOUSTON, TX - The Joint Commission on Accreditation of Healthcare Organizations has a new program called "Speak Up." The Institute of Medicine has reported that medical errors are a serious problem in America's healthcare system.

As a patient, you can help to reduce the incidence of errors in your care by taking a part in the decisions for your own care. Learn as much as you can about your diagnosis, medical tests, and treatments. Research shows that patients who take part in their care decisions and communicate well with their physicians have better outcomes of care.

How can you **Speak Up** about your care and become a decision-maker in your care?

Ask questions when you do not understand and ask again when necessary. You have the right to know. Don't be afraid or embarrassed to ask about safety related to an upcoming surgery. Speak up when you think you might have been given the wrong medication. You have the right to ask if medicine can be taken with over-the-counter drugs or how to measure a liquid medication to get the correct dose. Speak up if you think you have been confused with another patient.

For hospital stays, **Pay Attention** to the care you are receiving. You can play an important role in preventing hospital errors by telling your doctor or nurse when something about your care just does not seem right, reminding health care givers to wash their hands before doing a procedure or giving you care, having a trusted family member or significant other as an advocate when you need support or help with remembering or making decisions about your care, and expecting that all health care workers wear identification badges so you know who is taking care of you.

You should also inform health care workers in charge of your care about all the important medical information about you, such as allergies and herbal supplements you might be taking. Don't make assumptions that they already know. Ask about test results. Do not assume that "no news is good news."

Make sure you know who is in charge of your care. Who is your Primercare Physician? Your Primercare Nurse?

Validate by asking your doctor if treatment recommendations are based on the latest scientific evidence.

Staying informed about your care prevents medical errors. ■ *Paulette Russell Wilson, PhD, RN, Program Planning and Evaluation Coordinator*

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

Prostate Cancer Network

Meets second Monday, 7-9 p.m. in the Rotunda Room, St. Luke's Methodist Church, 3471 Westheimer at Edloe. Group facilitator: Ben Muller, (713) 623-4772

HVAMC Kinesiotherapists design and implement exercise programs to meet the rehabilitative needs of veterans with disease or injury . . .

Kinesiotherapy: Physical Rehabilitation through Exercise and Muscle Re-education

HOUSTON, TX - At the Houston VA Medical Center (HVAMC), Rehabilitation is a medical, multidisciplinary, team oriented, treatment process designed to reduce the dysfunctional effects of a wide variety of social and physical disabilities. A large proportion of the veterans treated suffer neuromusculoskeletal deficits resulting from trauma or disease.

One of the services provided is kinesiotherapy (KT). This unique discipline of corrective, exercise therapy began in 1943. During combat in World War II, corrective physical reconditioning units were established to hasten the return of urgently needed troops to active duty following injury. Corrective therapists, as a result, became a part of the U.S. Armed Forces' rehabilitation effort.

Starting in 1946, corrective therapy became a part of both the psychological and physical aspects of rehabilitation for hospitalized veterans within the VA system. Since that time, corrective therapy has expanded into both the public and private sectors. In 1987, corrective therapy was renamed kinesiotherapy to better reflect its role as a provider of therapeutic exercise.

Kinesiotherapists (KTs) at the HVAMC hold baccalaureate degrees from accredited universities and must successfully complete a national certification examination to become registered with the American Kinesiotherapy Association. Exercise and education are the sole treatment methods used by registered KTs.



Kinesiotherapists at the Houston VA Medical Center work with veterans to maximize their strength, coordination, and range of motion and mobility such as bed mobility, transfers, wheelchair mobility, and gait. KTs also educate veterans about their disability and appropriate exercise in order to achieve the highest degree of independence and personal satisfaction. Veterans undergoing Aquatic Therapy use the therapeutic pool on the first floor of the medical center.

KTs utilize kinesiology, the study of human movement, to design and implement exercise programs to meet the rehabilitative needs of veterans with disease or injury. Kinesiotherapists work with the patient to maximize their strength, coordination, and range of motion and mobility such as bed mobility, transfers, wheelchair mobility, and gait. They do this through exercise and muscle re-education.

KTs also educate veterans, and their family members and caregivers about

their disabilities and appropriate exercises in order to achieve the highest degree of independence and personal satisfaction.

At the HVAMC, kinesiotherapists provide rehabilitation services in the following areas: cardiac rehabilitation, aquatic therapy, driver rehabilitation, spinal cord injury, transitional care center, inpatient and outpatient rehabilitation, and home care. ■ Kay Ivey, RKT, ATRIC and Kelly Anderson, RKT, CDRS

Are You Eligible for VA Outpatient Dental Care?

condition are eligible for any needed dental care.

✓Those who were prisoners of war for 90 days or more and those whose service-connected disabilities have been rated at 100 percent or who are receiving the 100 percent rate by reason of individual unemployment are eligible for any needed dental care. This includes veterans with temporary ratings of 100 percent for duration of that rating.

✓Those who are participating in a VA rehabilitation program are eligible for dental care necessary to complete their program.

✓Those having a service-connected noncompensable dental condition or disability may receive one-time treatment if it can be shown to have existed at the time of discharge or release from active duty of at least 180 days and application is made within 90 days of separation from active duty.

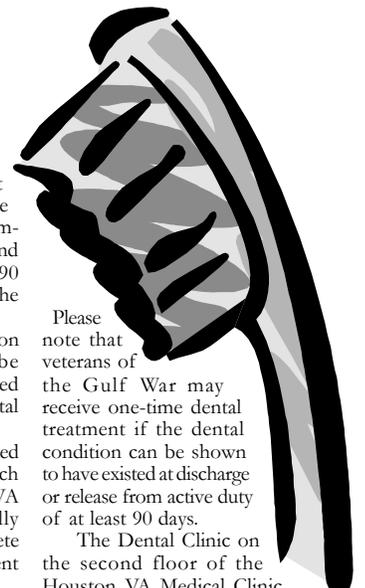
✓Those having a service-connected noncompensable dental condition or

disability resulting from combat wounds or service trauma and those having a service-connected noncompensable dental condition or disability and were prisoners of war for less than 90 days are eligible for repeat care for the service-connected condition(s).

✓Those having a dental condition clinically determined by VA to be currently aggravating a service-connected medical condition are eligible for dental care to resolve the problem.

✓Those with nonservice-connected dental conditions or disabilities for which treatment was begun while in a VA medical center, when it is clinically determined to be necessary to complete such dental treatment on an outpatient basis.

✓Those receiving outpatient care or scheduled for inpatient care may receive dental care if the dental condition is clinically determined to be complicating a medical condition currently under treatment.



Please note that veterans of the Gulf War may receive one-time dental treatment if the dental condition can be shown to have existed at discharge or release from active duty of at least 90 days.

The Dental Clinic on the second floor of the Houston VA Medical Clinic offers clinical dental care including cleanings, fillings, bridges, and dentures for eligible patients. Non-eligible patients receive exams only with emergency care. This is usually limited to life-threatening infections. ■

HOUSTON, TX - Outpatient dental benefits are provided by the Department of Veterans Affairs according to law. In some instances, the dental care may be extensive, while in other cases treatment may be limited.

This article describes the outpatient dental eligibility criteria and contains information veterans should know in order to understand eligibility for VA dental care.

Veterans are eligible for outpatient dental treatment if they are determined by VA to meet one of the following criteria:

✓Those having a service-connected compensable dental disability or

Unlocking the Secrets of Heart Failure

HOUSTON, TX – Understanding the good and bad of a 600 million-year-old protein, tumor necrosis factor (TNF), may lead to improved strategies for treating heart failure.

“The fact that TNF is produced in the heart and has been around so long suggests that it is there for a reason,” said Dr. Douglas Mann, staff physician at the Houston Veterans Affairs Medical Center (HVAMC).

Getting at the cellular and molecular intricacies of TNF is the mission of Mann’s HVAMC research efforts. The lab’s research is divided between studying TNF’s good and bad effects.

On the good side, Mann’s lab proved that TNF protects myocytes, the cells in the heart that contract and enable the heart to pump. Efforts are now underway to determine the molecular mechanisms for this protection.

Understanding the harmful side of TNF also holds promise for heart failure treatments.

“Increased TNF levels have three major effects — problems with heart contraction, heart dilation, and increased cell death,” Mann said. “If we can find ways to control TNF levels, there might be a way to impact the natural history of heart failure.”

Heart dilation typically involves an increase in size and thinning of the heart walls. To better understand TNF’s association with heart dilation, HVAMC researchers developed two strains of mice.

“One line secretes TNF and the other line, called membrane-bound TNF, secretes TNF but can’t release it into the environment,” Mann said. “Both provide us with excellent models of different types of heart failure.”

The TNF secreting mice develop enlarged hearts with thin walls. These symptoms are models of systolic heart failure, where the heart does not contract well. The membrane-bound TNF mice, models of diastolic heart failure, have hearts with thick, stiff walls that do not relax well.

Both strains of mice provide an opportunity to better understand the processes related to heart failure.

Working with Dr. Blase Carabello, HVAMC Chief of Medicine, the team is looking at the heart mechanics of the two mouse lines. Gene array analysis also allows study of the different genes expressed in these two types of heart failure.

“We also can test novel drugs on these mice,” Mann said. “Testing new compounds in mice will one day lead to more effective drugs for humans.”

Heart failure is a growing epidemic in the United States with 450,000 new cases a year. While five million Americans are affected by the disease today, that number is expected to double in the next 10 years.

“Although we have effective medications, these medications prolong life but don’t cure the disease,” Mann said. “Clearly there is room for improvement in existing strategies to treat heart failure.”

■ *Katherine Hoffman, HVAMC Research and Development*

Handling of Non-VA Prescriptions and Co-Managed Care

(continued from page 1)

furnish the VA with non-VA health care records. Appropriate care requires pertinent information that supports the rationale and need for requested medications, supplies, or diagnostic tests.

Please remember that the VA cannot be used only as your pharmacy. VA health care providers need to review and follow your care before prescribing medications and supplies.

Your VA health care provider can prescribe medications and supplies that are not listed on VA’s approved list (formulary) if the situation warrants.

The approved list includes drugs from all major categories. Although certain brand name drugs

may not be on the list, your VA health care provider can prescribe other closely related medications.

VA will not reimburse you for medications you purchase at a community pharmacy.

Your VA health care provider will not prescribe medication that needs special monitoring unless he or she receives the lab results from either a community or VA laboratory.

VA providers who prescribe high-risk medications that require special monitoring (e.g. warfarin, lithium,

Digoxin, immuno-suppressive agents, etc.) must monitor and document appropriate test results in accordance with VHA clinical prescribing guidelines.

VA health care providers will not prescribe any medications or supplies

share information about your health care. This ensures that any treatments, medications, or supplies VA provides are what you need and are safe for you.

To participate in Co-managed Care, you should ask to be assigned to a VA primary health care team who will monitor, diagnose, and treat your medical problems and change your treatment, if needed.

You must give the VA the name, address, and telephone number of your community health care provider.

Ask your community health care provider to send medical information and reports regularly to VA. The information will help your VA health care provider understand the status of your health care.

Your VA health care provider will also communicate

with your community health care provider. Remember, you must first sign a Release of Information before VA staff can discuss your health care with your community health care provider. Your VA health care provider will give you the form to complete. Your community health care provider will probably do the same thing.

You are responsible for selecting your own community health care provider. VA is not responsible for the quality or the cost of the care you receive from your community health care provider. ■



Lynn Chesser, R.Ph, a pharmacist at the Lufkin Outpatient Clinic, dispenses a prescription for a veteran. Veterans in southeast Texas are encouraged to obtain all of their care through the Houston VA Medical Center. However, when a veterans chooses to have some of his or her care provided in the community, the veteran should still be assigned to, followed, and managed by a VA provider in order to obtain medication and other prescriptive items from the VA.

they deem to be unnecessary, inappropriate, or harmful. You will not be permitted to obtain controlled substances such as narcotics from both your VA health care provider and a community health care provider.

Do you receive care from both a VA and local community health care provider? If you do, you will want to participate in VA’s Co-managed Care.

Co-managed Care is when you and your VA health care provider team up with your community health care provider and agree to work together and

Why Should I Know What My Top Blood Pressure Is?

HOUSTON, TX - High blood pressure has long been recognized as the most common risk factor for suffering a heart attack or a stroke.

Blood pressure is traditionally measured as two separate numbers: the **systolic** (top) and the **diastolic** (bottom) blood pressure. A normal blood pressure usually is less than 120 (top) over 80 (bottom) mm hg.

However, which of the blood pressure measurements - the top or the bottom - should you worry about the most?

Traditionally, doctors focused on the diastolic blood pressure. But more recently, they have come to realize systolic blood pressure is, in fact, a more powerful predictor of the risk of a future heart attack or a future stroke.

A high systolic (top) blood pressure of 180 mm hg predicts a ten times greater risk of suffering a heart attack. In contrast, a high diastolic (bottom) blood pressure of 110 mm hg predicts only a two fold greater risk.

Why is a high systolic (top) blood pressure more dangerous than a high diastolic blood pressure? Elevation of the systolic (top) blood pressure indicates that hardening of the arteries, due to cholesterol build-up, has already begun. This means a greater risk for future heart attack or stroke.

Next time you see your Primary Care Physician, ask this important question, “How high is my systolic blood pressure and how can I get it lower to prevent a future heart attack or a future stroke?” ■ *Dr. Gabriel Habib, M.D., F.A.C.C., CCU Director*

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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. *VA Pride* is produced every other month by Houston VA Medical Center Public Affairs, Room 4A-310, mailcode 580/00X, telephone number (713) 794-7349, fax number (713) 794-7890, and email address vhahouexternalaffairs@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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Don't Let Summer Heat Ruin Your Backyard Barbecue

HOUSTON, TX - Summer will be here soon and everyone will be enjoying summer vacations, fishing, and backyard barbecues. Keeping your food safe will make your time with family and friends much more memorable.

Use the following tips to keep your food safe in the summer heat.

Meat Safety

Properly thaw meats in the refrigerator. You may thaw meat in the microwave if you will be cooking it immediately. NEVER thaw meat or poultry by letting it sit on the kitchen counter.

Marinate meats and poultry in the refrigerator. Reserve part of the marinade if you want to use it as a sauce when you serve your meat. Do not reuse the marinade.

Smoking meats is a slower cooking method. To keep the meat safe maintain a cooking temperature of 250 to 300 degrees.

Cook meats and poultry thoroughly to kill harmful bacteria. Check the temperature with a thermometer by inserting it into the middle of the piece of meat, away from the bone. Whole poultry should be 180 degrees; hamburger, 160 degrees; pork, 160 degrees; and beef or veal chops, 145 degrees.

Use a clean serving platter for cooked meat or poultry. Do not cross contaminate your cooked meat by having it touch the juices from the raw meat.

Serving

Keep hot foods hot. When grilling, keep the food on the grill until it is time to serve. Place it on the side of the grill or in a 200-degree oven to keep it warm.

Keep cold foods cold. Keep cold foods 40 degrees or colder until ready to serve. If packing foods in an ice chest use plenty of ice or ice packs to keep the foods cold.

Keep things clean. Use clean platters for serving. Have clean clothes and wet wipes handy. Wash your hands often and always after handling raw meat and poultry.

Foods should not remain out for serving more than one hour if the temperature is above 90 degrees (2 hours if below 90 degrees). Throw away any foods that sit out longer than one hour in the summer heat.

Leftovers should be promptly refrigerated in shallow pans. ■ *Nancy Baker, RD, LD, Quality Management Dietitian*

A doctor at the Houston VA Medical Center knows what to look for and how to treat it . . .

Could You Have a Serious Heart Condition and Not Even Know It?

HOUSTON, TX - A 60-year old veteran jogs three miles a day and feels fine. During a routine visit to his primary care physician at the Houston VA Medical Center (HVAMC), an examination reveals he has a heart murmur caused by the narrowing of one of his aortic valves. This is called aortic stenosis, which unfortunately, sometimes develops with age, says Dr. Blase Carabello, HVAMC Medical Care Line Executive, whose article on the subject recently appeared in the *New England Journal of Medicine*.

Doctors at HVAMC are seeing this serious condition more frequently today, due to the aging baby boomer generation. Most people don't know they have aortic stenosis. They feel fine and have no symptoms.

When people do have symptoms of aortic stenosis, they usually come in the form of breathlessness, blacking out, and angina or chest pain. Many conditions besides aortic stenosis can cause these symptoms; but, if aortic stenosis is the culprit, sufferers generally have from only one month to three years to live unless the aortic valve is surgically replaced by an artificial one.

"We recommend an echocardiogram be performed on patients who do

not have symptoms, should a physical examination point to aortic stenosis," Dr. Carabello said.

Dr. Carabello, who has studied aortic stenosis for 25 years, further advises that if the echocardiogram reveals severe aortic stenosis, the patient should undergo an exercise test. Dr. Carabello recommends that if the results are abnormal, a coronary arteriography and aortic valve replacement surgery be immediately performed on the patient.

Patients who have undergone aortic valve replacement surgery can usually get on with their lives and enjoy an almost normal life-expectancy.

In January of this year, HVAMC's Cardiac Surgery Program received VA's highest health care award for excellence. The award recognizes VA medical center programs that provide quality service while meeting the highest standards of

health care, patient satisfaction, exceptional use of VA resources, and for research.

The HVAMC is a state-of-the-art facility with 360 hospital beds, a 40-bed Spinal Cord Injury Center, and a 120-bed transitional care unit for long term care. The facility handles nearly 600,000 out-patient visits annually. ■ *Bobbi D. Gruner, Public Affairs Officer*



Dr. Blase Carabello, HVAMC Medical Care Line Executive, demonstrates what happens when a patient suffers from aortic stenosis, the narrowing of the aortic valves. He advises that if a veteran's echocardiogram reveals severe aortic stenosis, the patient should undergo an exercise test. If the results of the exercise test are abnormal, a coronary arteriography and aortic valve replacement surgery should immediately be performed on the patient.

The HVAMC library staff can assist you in finding dietary information for all types of medical conditions . . .

PERC Offers Free Medical, Health Care, and Nutrition Information

HOUSTON, TX - Good nutrition is important for everyone, and especially so for those with specific medical conditions.

The Nutrition Section of the Houston VA Medical Center (HVAMC) has coordinated with the HVAMC library to provide patients and their families with information on healthy food choices for a variety of medical conditions.

Currently, there is a table-top display devoted to nutrition in the Patient Education Resource Center (PERC), located on the HVAMC fourth floor.

The Nutrition Section will be adding new health topics throughout the year. Information is now available on the following topics: Making Healthy Food Choices, Recipes for Good Nutrition, Eating Well with COPD, Heart Healthy Eating, DASH Hand-out, Diabetes Keys to Control, Behavior Modification and Weight Loss, Type 2 Diabetic Meal Planner, and Nutrition Tips.

The library staff can also assist you in finding dietary information for other medical conditions. This information is free and can be mailed to you or picked up in the library. We will also bring information to the patient's bedside.

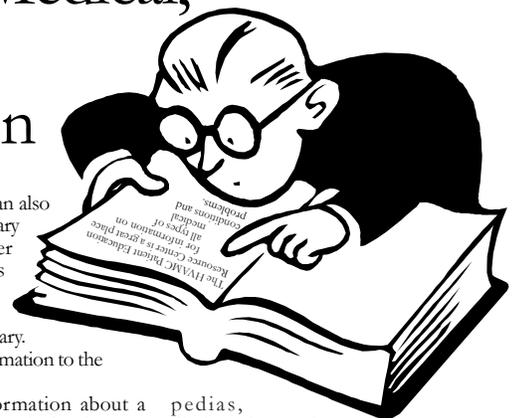
If you need information about a medical condition, a particular drug, or medical test, the PERC is also offering demonstrations of the consumer health database, MEDLINEplus. Available free of charge from any computer with an Internet connection, this National Library of Medicine database provides reliable, 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 encyclo-

pedias, dictionaries, and data on medications. Other components of the database include health materials for women, older adults, and children.

The database works by providing links to patient health education handouts from trusted agencies and associations in the United States.

If you need assistance with nutrition information or any other health concern, please call the library at (713) 794-7856 or visit the PERC in Room 4A-400 on the fourth floor. ■ *Marsba Sullivan, HVAMC Lead Librarian*



Telerehab System Brings Back “House Calls”

HOUSTON, TX - Imagine the Telerehab system in development at the Houston VA Medical Center (HVAMC) as a way of beaming “house calls” into veterans’ homes.

HVAMC’s technologist John Wright and rehabilitation engineer Tom Krouskop created the Telerehab system for just that purpose. They wanted to create “house calls” without the travel for doctor or patients.

Computers are the backbone of the HVAMC Telerehab system, carrying information through the telephone wires from home to office. Cameras extend

temperature sensor partially replaces the sense of touch for the doctor who might be miles away.

But all these gadgets don’t work by themselves. HVAMC researchers are examining ways to turn the system into a valuable part of a veteran’s medical care. Health science specialist Diana Rintala, Ph.D. and Rehabilitation Care Line Executive Dr. Trilok Monga are evaluating Telerehab’s usefulness and determining the impact Telerehab can have on a veteran’s health.

From the beginning, it was obvious which group of veterans might benefit the most from Telerehab - veterans at risk of amputation or post amputation, due to

multiple follow-up visits and specialized care.

Many veterans have long commutes to get to HVAMC, and long journeys are detrimental to an already difficult process of healing. Amputation wounds also need special follow-up care, requiring multiple visits.

The veterans

Early results have been promising. In most cases, the diagnosis was the same. At least for wounds, the system



In the Telerehab system, cameras extend the doctor’s vision. The system allows the doctor and patient to see and talk to each other.

vision, transmitting pictures from home to office and back again. Speaker and cell phones let the doctor and patient talk to each other. And finally, a hand-held

chronic unhealed wounds. These veterans attend a special clinic, the Preservation-Amputation Care and Treatment Program (PACT).

Veterans in PACT face real challenges in the healing process. Conditions like diabetes and peripheral vascular disease interfere with healing. Leg wounds develop easily and heal slowly, needing

attending the PACT clinic were asked to help test Telehab.

First, the veterans were taken into the Telerehab laboratory, where a camera and a computer were set up just as they might be in a veteran’s home. Then, in another section of the hospital, a doctor would examine their wound. Talking with the patient over a speakerphone and asking a special set of questions, the medical expert would examine the patient’s wound.

The same expert would then walk down the hall and into the Telerehab laboratory to inspect the wound in person, to see if his or her diagnosis matched his or her original rating.

seems to allow the examiner to judge the state of the wound without being in the same room.

In addition, the Telerehab system was taken to a veteran’s home for a trial run, to test how the system fits into a real home and how a veteran might learn to best use it at home.

This test went well, but many more questions remain. For now, participating veterans from the PACT program have the hope that Telerehab “house calls” can save their energy for healing. ■ Amanda Williams, Research Assistant, Research & Development



In tests, Telerehab allows a doctor to judge the state of a veteran’s wound without being in the same room. The hope is that recovering patients could avoid fatiguing trips to the hospital.

VA Researchers Develop Oral Drug to Treat Deadly Smallpox

WASHINGTON, D.C. — In a multi-institutional study, Department of Veterans Affairs (VA) researchers have found an oral drug that kills smallpox and other viruses and could be the answer to saving thousands of lives during a bioterrorism attack or widespread epidemic.

Smallpox begins with fever, malaise, and backache. The rash appears within two to four days and evolves from macules to papules to vesicles to pustules and finally crusts. The initial skin abnormalities occur on the palms and soles and feel firm, like “BB shots.”

The new drug, called hexadecyloxypropylcidofovir (HDP-CDV), stops the smallpox virus from replicating and spreading. To date, the drug has only been tested in mice and is not available for human use. Researchers at the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) are conducting further studies.

“This is a big step for VA and the country,” said Secretary of Veterans Affairs Anthony J. Principi. “The discovery combines VA’s extensive, national research program with VA’s mission to respond to national emergencies, which was put to a dramatic test on September 11.”

Fear of bioterrorism soon followed the September attack and the smallpox virus was a major concern. Caused by the variola

virus, smallpox is highly contagious. Additionally, there is concern that even people who were vaccinated before 1972 are no longer immune to the disease.

USAMRIID researchers, headed by Dr. John Huggins, screened hundreds of existing drugs to combat smallpox at the Centers for Disease Control and Prevention in Atlanta before identifying an existing compound called cidofovir.

“HDP-CDV is a potent derivative of cidofovir,” said developer of the new drug, Dr. Karl Y. Hostetler, director of the Endocrine and Metabolism Clinic at VA San Diego Healthcare System (VASDHS) and professor of medicine at the University of California at San Diego. “However, cidofovir must be administered intravenously, thus limiting its fast application in an emergency. If you’ve got thousands of people exposed to smallpox, oral treatment would be far more effective.”

If continuing studies support HDP-CDV’s effectiveness and safety, the drug could be given in pill or capsule form over five to 14 days for prevention or treatment of smallpox in people exposed to the disease, said Hostetler.

The VA and University of California work was done in collaboration with research groups headed by Huggins and Dr. Earl Kern, University of Alabama, Birmingham. The effort was initiated in 1999 when the National Institute of

Allergy and Infectious Diseases (NIAD) asked the VA and UCSD team to develop an oral version of cidofovir.

Hostetler, along with Huggins and Dr. James Beadle, also a VA researcher and UCSD professor, presented their results at the 15th International Conference on Antiviral Research in Prague, Czech Republic, on March 20. Not only were the smallpox findings presented, but Huggins reported the results of HDP-CDV therapy in mice infected with cowpox, a pox virus closely related to smallpox. Huggins found that five daily oral doses of HDP-CDV provided complete protection from the lethal cowpox infection.

“Until now, the eradication and control of smallpox relied on vaccination,” Hostetler said. “The results from this research suggest that we may be able to treat and contain future outbreaks of smallpox with simple oral medications.”

Hostetler’s research was supported by grants from DoD, the National Institute of Allergy and Infectious Diseases, the National Eye Institute and the VA San Diego Healthcare System.

“Make no mistake, what the VA health care system does concerns not only the health and well-being of veterans, but also the strength of the nation,” said Principi. “We have become integral to the country’s health — in direct care, in research, in education and in homeland security.” ■

Volunteers Needed for Speech Therapy Study for Stroke Survivors

HOUSTON, TX - The Houston VA Medical Center’s Center for Healthy Aging with Disabilities is conducting a research project investigating ways to rehabilitate individuals with aphasia.

Sometimes after suffering a stroke, individuals experience difficulties with speech and language. One of the difficulties that can occur is called aphasia, or problems speaking, listening, reading, and/or writing.

Participants eligible for the study must have suffered a left-hemisphere stroke as indicated by CT and/or MRI studies and have difficulty speaking. Call for additional requirements.

There are no guarantees, but preliminary data suggests that patients may benefit from the proposed interventions in the form of improved communication and continued opportunities for social interaction. All therapy services are free.

Interested persons should contact Lynn M. Maher, Ph.D. at (713) 794-7152. ■



From our Veterans

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

Question: How do I get a scooter?

Answer: Scooter requests are submitted via a consult to the Wheelchair/Specialty Seating Clinic. The patient will be evaluated to determine if they meet the medical criteria for a scooter. No scooters will be issued until the patient has been fully evaluated by the clinic team members.

Question: Who do I talk to about my prescriptions charges?

Answer: The Veterans Millennium Health Care and Benefits Act (Public Law 106-117) authorized the Department of Veterans Affairs (VA) to increase the medication co-payment amount and to establish annual caps on the medication copayment amount.

Effective February 4, 2002, the medication co-payment amount increased from \$2 to \$7 per 30 day supply.

An annual cap was established to eliminate a financial hardship for certain veterans who may require an unusually large amount of medications. Veterans

enrolled in priority groups two through 6 have an annual cap of \$840. The annual cap will be tracked on a calendar year basis. When a veteran reaches this annual cap, they will no longer make medication co-payments for that calendar year. No annual cap was established for veterans enrolled in priority group 7.

The Medication Co-payment applies to medications and over-the-counter medications (aspirin, cough syrup, vitamins, etc.) that are dispensed from a VA pharmacy. You are not charged a Medication Co-payment for medical supplies such as syringes or alcohol wipes.

If you have been charged for medications you have not received, contact the VA Pharmacy at (713) 791-1414, ext. 2458 or toll-free 1 (800) 553-2278, ext. 2458.

If you have been charged for medications that were prescribed for your service-connected disability or if you have been charged for medications sent to you that you did not order and do not need, call the Patient Accounts Medication Co-payment Office at (713) 794-

7178 or toll-free 1 (800) 553-2278, ext. 7178. Please note you are required to return the unopened medication to the Medication Co-payment Office to receive credit.

If you choose to discontinue any over-the-counter medications (you found you can purchase for less than the \$7 per 30 day supply or the \$21 per 90 day supply that the VA must charge), contact your Primicare Provider at (713) 791-1414, ext. 2458 or toll-free 1 (800) 553-2278, ext. 2458.

If you wish to have a repayment plan established, enabling you to make monthly payments for up to two years on existing debts, contact the Patient Accounts Office at (713) 794-7796 or toll-free 1 (800) 553-2278, ext. 7796.

Question: Is there a quick and easy way for me to print out forms I need to submit to the VA in connection with my disability claim?

Answer: Yes. On the Internet, please go to the VA's Web site www.va.gov, click on the Compensation and Pension Benefits icon, and then click on the word Forms in the left margin. A large selection of VA forms are available to print out. You may also apply online by clicking on the appropriate application. If you do not have a computer, stop by the HVAMC library on the fourth floor of the medical center. Their telephone number is (713) 794-7856.

Question: I last served in Vietnam 1966 and was diagnosed with lung cancer in December 2001. Am I eligible for service-connected disability benefits based on exposure to Agent Orange?

Answer: Yes. The law recently changed, eliminating the previous requirement that respiratory cancer become evident within 30 years of a veteran's departure from

Vietnam to qualify for the presumption for service connection based on exposure to herbicides.

Question: I received an honorable discharge from the Army after two years of service during the Korean War. I am now age 67. Do I need a medical examination to qualify for VA pension benefits?

Answer: No. Since you are over age 65 and a wartime veteran, you are presumed to be permanently and totally disabled for VA nonservice-connected pension purposes. You must still meet certain income and net worth requirements, however.

Question: How long does a former prisoner of war have to be continually rated totally disabled in order for his surviving spouse to be eligible for Dependency and Indemnity Compensation (DIC) even if his death is not service-connected?

Answer: A former prisoner of war who dies after Sept. 30, 1999 needs to have been continually rated totally disabled for one year prior to death in order for his surviving spouse to qualify for DIC benefits.

Question: I owe VA money for a benefit debt, but I am not sure what to do. Who can I contact?

Answer: Call VA Debt Management Center's (DMC's) toll-free number at 1-800-827-0648 or contact DMC by e-mail at vavbaspl/dmc/89@vba.va.gov. VA can explain your rights and obligations, provide information about how your debt was calculated, and tell you how to pay the debt. For your convenience and fast results, VA accepts VISA, Master Card and Western Union "Quick Collect."

Important VA Telephone Numbers

Houston VAMC Main Line.....	(713) 791-1414 or toll-free 1-800-553-2278
VA Direct	(713) 791-1414 extension 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
Pharmacy Helpline	(713) 794-7653
Appointment Information	(713) 794-7648 or toll-free 1-800-454-1062
VA Eligibility & Enrollment	(713) 794-7288
Vet Center (Post Oak Road)	(713) 682-2288
Vet Center (Westheimer)	(713) 523-0884
Patient Representatives	
Houston	(713)794-7883
Beaumont.....	1-800-833-7734 extension 113
Lufkin	(936) 633-2753
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

Flag Day Program

June 14, 2002, 11 a.m.
4th Floor Auditorium
HVAMC
Contact Bobbi Gruner at
(713) 794-7349 for
more information.

French Consulate Recognition Ceremony

June 20, 2002, 10 a.m.
HVAMC Gymnasium
Contact Ann Pons at
(713) 985-3260 for
medal eligibility criteria
and more information.

Korean War Ceremony

June 23, 2002
11 a.m.
HVAMC Gymnasium
Contact David Ortiz at (713)
695-5767 for medal eligibility
criteria and more information.

